**Gynecology course specification**

**Course title: Gynecology 5th year course of M.B.Ch.B program**

**Allocated marks:**

**Course duration :every 2 week**

**Head of Gynecology department** :Dr.Yasmin Hamza shereef

**Teaching staff:** 8 assisted professors , 2 lecturer

**I-Aim of the course:** Provide students with basic knowledge of normal and abnormal growth and development of the female genital tract enable students to provide basic health care for female in different age group ( prepubertal , pubertal, childbearing, premenopausal , and menopausal),& provide students with an appropriate background covering the common and important gynecological emergencies and diseases (causes, diagnosis and management).

Provide appropriate ethical and professional education necessary for establishment of excellent communication with patients and colleagues and using sound ethical principles in clinical decision making .

Provide lifelong learning competencies necessary for continuous professional development and research studies.

**II-Intended learning outcomes**: by the end of the course, all students should be able to:

**1-Knowledge and understanding** :describe the anatomical features and development of the female genital tract and their clinical application.

 Explain the physiology of menstruation, puberty (its abnormalities and their management), menopause (abnormalities and their management).

 Discuss etiology of bleeding in early pregnancy (i.e. Abortion, ectopic, vesicular mole) and their manner . Differentiate the types, causes and treatment of dysmenorrhea and premenstrual syndrome (PMS) Discuss the magnitude of the infertility problem and its different etiologies, basic diagnostic tools, and treatment of infertility .

1. Describe causes, types, and methods of diagnosis and management of STDs (sexually transmitted diseases) with emphasis on methods of prevention and serious complication of STDs.
2. Outline the pathology of cervical, uterine, ovarian, vaginal and vulval cancers, with emphasis on screening methods and early recognition and broad lines of management of these condition.

**2-Skills:** by the end of the course all students should be able to:

**Professional skills**: distinguish between different causes of bleeding in early pregnancies with judgment of life threatening conditions e.g.: hypovolemic shock of inevitable abortion, disturbed ectopic pregnancy, through vital signs, general, abdominal and pelvic examinations. Counsel problems occurring in menopause with emphasis on postmenopausal bleeding, (any case of postmenopausal bleeding should be considered malignant until proved otherwise). Counsel regarding methods of contraception suitable for each patient and how to use or apply it.

**Intellectual skills:** The student should obtain a complete and reliable history in gynecological clinic or ward, and will be able to give a good history .History must include: Patient's identity an characterization

Marital, obstetrics and contraceptive history , menstrual history. Past history including medical, surgical, habits, allergies and consanguinity whichever relevant to the case. Family history relevant to the case. The student should be capable of performing physical examination, including: general, cardiovascular system, respiratory system, breast, abdomen and pelvic examination. The student's findings will show at least 80% accuracy rate as compared to the instructor’s findings. The student will be able to diagnose and outline the management of: Bartholin abscess ,Vulvo-vaginitis Cervicitis and cervical ectropion,pelvic infections including: Sexually transmitted diseases. The student will show adequate capability in making the diagnosis and outlining the management of: endometriosis and adenomyosis, Leiomyoma, tub ovarian and ovarian masses.

Given a case of acute lower abdominal pain, the student will outline the causes and plan the management. The student will be able to discover vulvar, cervical and uterine pre-malignancies and malignancies.

Given a case of abnormal vaginal bleeding, the student will be able to outline the investigations and management.

The student will be able to diagnose Genital Prolapse and its varieties, urogenital fistulas, and to outline the management .perform physical examination, plan theinvestigation and management of: Precocious or delayed puberty, premature menopause, amenorrhea, galactorrhea and hirsutism..Given a case of infertility, the student will be able to interview the couple, perform physical examination, plan the investigations and outline the management. The student willbe able to perform speculum examination and to observeobtaining high vaginal swabs, urethral and cervical swabs, wet smears, pap smears and to do bimanual examination.The student may observe if possible: Loopinsertion, cervicalbiopsies, cervical cauterizations..

**Communication and general skills** : Communicate with the patient as a person, not as a disease, and understand that the patient is a person with beliefs, values, goals, and concerns, which must be respected in addition to respecting the patient’s dignity, privacy, information confidentiality and autonomy. Counsel the patient before doing any intervention and in different situations with respect to her wish whenever this is possible.

 Maintain the atmosphere of cooperation, peer relationships, and mutual respect in the university society.

Advance the knowledge base of gynecology by developing and encouraging scientific researches.

**3-Attitudes:** The student willbe able to perform speculum examination and to do during their clinical attachment high vaginal swabs, urethral and cervical swabs, wet smears, pap smears and to do bimanual examination.

The student may observe& share if possible in :Loop insertion, cervicalbiopsies, cervical cauterizations, examination under anesthesia,

evacuation of retained products of conception ,hysterosalpingography, and laparoscopy.

The student will have fair knowledge of utilization of ultrasound technology in the diagnosis of missed miscarriage early pregnancy ,retained products of conception, Ectopic pregnancy, uterine Leiomyoma, ovarian and tubo-ovarian masses, and the use of serial ultrasound to monitor follicular growth and ovulation.

**III- Course contents:**

**1-Topies:**

Lectures:

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| No. | Topics  | Hours |
| 1 | Anatomy of female genital organs  |  |
| 2 | Physiology of menstruation  |  |
| 3 | Normal and abnormal development of female genital tract  |  |
| 4 | Inter sex  |  |
| 5 | Amenorrhea ( primary and secondary ) |  |
| 6 | Abnormal vaginal bleeding  |  |
| 7 | Miscarriages  |  |
| 8 |  Recurrent miscarriage  |  |
| 9 | Ectopic pregnancy  |  |
| 10 | Benign gestational trophoblastic diseases |  |
| 11 | Malignant gestational trophoblastic diseases |  |
| 12 | Premenstrual tension syndrome and dysmenorrhea \ |  |
| 13 | Non hormonal contraception  |  |
| 14 | Hormonal contraception  |  |
| 15 | Polycystic ovarian syndrome  |  |
| 16 | Hirsutism |  |
| 17 | Female infertility  |  |
| 18 | Male infertility |  |
| 19 | Assisted reproduction therapy  |  |
| 20 | Normal vaginal discharge and vaginal infections  |  |
| 21 | Sexually transmitted diseases |  |
| 22 | Pelvic inflammatory diseases  |  |
| 23 | Benign and malignant diseases of the vulva  |  |
| 24 | Pruritis vulva |  |
| 25 | Premalignant and malignant disease of the vagina  |  |
| 26 | Benign and premalignant disease of the cervix  |  |
| 27 | Carcinoma of the cervix  |  |
| 28 | Uterine fibroid  |  |
| 29 | Carcinoma of the endometrium  |  |
| 30 | Endometriosis and adenomyosis |  |
| 31 | Benign tumour of the ovary  |  |
| 32 | Malignant tumour of the ovary  |  |
| 33 | Anatomy of female pelvis  |  |
| 34 | Genital tract prolapse  |  |
| 35 | Urinary incontinence  |  |
| 36 | Genito-urinary fistula  |  |
| 37 | Menopause and hormone replacement therapy HRT |  |
| 38 | Post menopause bleeding  |  |
| 39 | U/S in gynecology |  |
| 40 | Hysteroscopy and laparoscope |  |
| 41 | Chronic pelvic pain  |  |
| 42 | Child hood disorders  |  |

**2-Clinical cases: as**

 **Reproductive Endocrinology and Infertility:**

Interpretation of different HSG( Hysterosalpingographies) to determine uterine, cervical, and tubal lesions that may cause infertility

History taking and examination of cases of amenorrhea

**Displacements, Traumatic Lesions, and Urogynecology:**

History taking and examination of different cases of genital prolapse and cases with SUI (Stress Urinary incontinence)

History taking and examination of genital fistula.

**Contraception and Family Planning:**

Examination of different types of contraceptive devices, and observation of the methods of their application in the outpatient clinic.

**Pelvic-abdominal mass cases :**

History taking and examination of different cases.

**Abnormal genital tract bleeding cases:**

History taking and examination of different cases

**3- Medical skills A**: further subdivision of the students into small groups with the residents to observe them while managing the outpatient clinic, also they can watch ultrasound being done by the staff members, and interpret different gynecological diseases& can enter the emergency gynecology room watching for minor operations as dilatation and curettage and Bartholin abscess .

**4-Clinical Diagnostic Studies:** The students will be trained adequately on self-learning methods and procedures. So, they can continuously update their knowledge and skills. The role of teachers in these activities is to supervise and guide the student’s effort.

**IV. TEACHING METHODS:**

**Methods used:**

**1-lectures:** two lectures per week from 11.00am till 12:00pm & from 2:00 pm till 3:00pm (general topics)to cover the basic minimal knowledge required for all physicians &to utilize the available time (45-50 minutes) in presenting the knowledge as simple , updated, well-illustrated, and easily understood as possible. Rare topics, and those irrelevant to our community should be omitted or given less importance and time. Lectures are delivered whenever possible by the senior academic staff. Lectures given as clinical presentation to cover each areas.

**2-clinical attachments::** Each term, students are divided into 10-11 groups , students will have a clinical round in the morning from 8:00am -9.15 discussing a clinical case from outpatients then they are subdivided to small groups to examine the patients& in the gynecology outpatient clinic, they take history from an outpatient lady & do gynecological examination.

**3-problem based learning** :if there is no patients with particular problem in the ward, teacher has to be a "role player" and make the students take history followed by diagnosis, investigation and management:

1.Bleeding in early pregnancy (miscarriages and Trophoblastic disease)

2.Leioyomyoma of uterus

3.Antepartum haemorrhage& postpartum haemorrhage

4.Episiotomy &perineal tears

5.Endometriosis, Adenomyosis

6.Cervical cancer (Pre malignant & malignant).

7.infertility

**2. CLINICAL ATTACHMENT**

The students are offered clinical attachment in Gynaecology for 10 days. 10 courses during 1st term , each course, nearly 30-35 students .

students will have a clinical round in the morning from 8:00am – 8:30am discussing a clinical case from inpatients ,outpatients, emergency room , then from 8:30 till 9:15 start clinical cases& from 9.15–10 am start with video skills or modell & from 10 till 10.45 am problem based learning PBL.

**3. TEACHER CENTERED TUTORIALS and PROBLEM BASE LEARING 10 am- 10.45 am**

Tutorial in s gynecological case are taken by senior staff , student will take history from patient and examine them under the supervision of the teacher. Different cases will be discussed daily.

Patients are taken from various wards and or outpatient clinic. If there is no patient teacher will act as a role player. interpret value, read ultrasound pictures, x-rays, instruments, contraceptive method and pathology specimen. These are shown during tutorial with explanation and discussion .

 Ultimate objective No: 1 is to be covered by these activities. The student will be trained adequately on self-learning methods and procedures. So, they can continuously update her knowledge and skills. The role of teachers in these activities is to supervise and guide the student’s effort. If there is no patients with particular problem in the ward, teacher has to be a "role player" and make the students take history followed by diagnosis, investigation and management This occurs daily for the course which is 10 days.

**4. TEACHER CENTERED Audio-visual material demonstrations and practice skills9.15am–10. am.**

Daily, the teacher will discuss for the student the procedures & operation in gynecology, this is started from Sunday till Thursday for 10 days

5th year

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| ***Tutorials*** | ***Day*** | ***Gynecology*** |
| **Week 1** | Sunday | Gynecological history and Examination |
| Monday | Patient with a diagnosis of Endometriosis /clinical presentation /dx /treatment |
| Tuesday | Discuss Various Contraception methods |
|  | Wednesday | Patient with vaginal discharge – discuss about various types of vaginitis & it is management |
| Thursday | Patient admitted in the ward with suspected ectopic (history investigation & management) |
| **Week 2** | Sunday | Patient with leiomyoma of uterus – various presentation and management |
| Tuesday | Patient admitted with heavy and prolong bleeding history taking – differential diagnosis – investigations and management |
| Wednesday | Patient with history of previous recurrent miss carriages – now admitted at 11 weeks pregnancy. History taking, diagnosis, investigation and management |
| Thursday | Assessment |

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| **Audio-visual** | ***Day*** | ***Gynecology*** |
| **Week 1** | ***Sunday*** | Learn the students how to perform speculum examination and how to obtain high vaginal swabs, urethral and cervical swabs, wet smears, pap smears and to do bimanual examination. |
| Monday | Loop insertion, cervical biopsies, cervical cauterizations, examination under anesthesia, evacuation of retained products of conception, hysterosalpingography  |
| Tuesday | The student may observe if possible:Implanon insertion and mirena insertion |
| Wednesday | The student will be familiar with gynecological instruments and their uses Set of D&C and how can perform hysterosalpigography |
| Thursday | The student may observe if possible:How to perform colposcopic examination |
| Sunday | Slide show of various types of contraceptive methods. Side effect & complication |
| Monday | The student will have fair knowledge of utilization of ultrasound technology in the diagnosis of missed miscarriage early pregnancy ,retained products of conception, Ectopic pregnancy, uterine Leiomyoma, ovarian and Tubo-ovarian masses, and the use of serial ultrasound to monitor follicular growth |
| Tuesday | Slide show of laparoscopic procedures (i.e ovarian drilling , ovarian cystectomy) |
| Wednesday | The student will be able to observe major operations, like: myomectomy, abdominal and vaginal hysterectomies, and pelvic floor repair |
|  Monday | Assessment |

**Teaching & learning facilities**

The facilities available used for teaching in this fifth year course include :

1. Lecture hall in the OBGYN hospital contains writing board , overhead & slide projector
2. 12 rooms at clinical words of OBGYN hospital
3. Data show & computer
4. Two outpatients clinical rooms in OBGYN outpatients clinics .
5. Multiple learning dolls of models

**\*Clinical facilities**

25 patients in each day available in inpatient units ( words ) in the hospital .

Operating rooms : 2 rooms for gynecological operations

**\*Students assessment**

1. Attendance
2. Behavioral & ethical attendance
3. Logbook for clinical cases
4. Attendance in outpatient clinic

They whole should be fulfilled .

 the minimum accepted attendance is 70 % at the end of term examination .

1. Assessment tools
2. Written examination : for assessment of general knowledge & understanding .
3. Oral examination by two members of teaching staff to assess how fifth year student deal with gynecological scenario problems .
4. Clinical examination ( long case exam ) . to medical students attendance in managing clinical cases in apprehensive way .
5. Assessment schedules : fifth year MBCHB program assessment schedules include :

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| --- | --- | --- | --- |
| **Marks allocated** | **Examination** | **Marks** | **Parameters** |
| **20% M** | **Term exam held at the end of 10 days of clinical attachment** | **4****16** | **Attendance****Long gynecology cases** **oral examination** |
| **2o%M****60%M****40%****60%** | **Term 2****End course****Mid year****Final exam** | **2****3****5****60%****40%****50%**  | **attendance****activity****exam 4 written** **6 slides****cases MCQ , most appropriate answers , matching**  **short assay ( 2 hours )****Short cases exam in gynecology** **60% cases MCQ , most appropriate answers , matching** **40% short assay( 3 hours )** |

\* **The minimum passing score is 50 marks , the passing grades :**

Excellent > 90

Very good > 80

Good > 70

Fair > 60

\* Recommended readings & books for students :

1. Gynecology by ten teachers . Arnold
2. Evidence based medicine in obstetrics & gynecology
3. Dewhurst's textbook for obstetrics & gynecology
4. Essential of obstetrics & gynecology
5. Jeff coat's principles of gynecology
6. William's obstetrics Appleton century croft