Ministry of Higher Education and Scientific Research
Scientific Supervision and Scientific Evaluation Apparatus
Directorate of Quality Assurance and Academic Accreditation
Accreditation Department

Academic Program and Course Description Guide

2024/2025

وزارة التعليم العالي والبحث العلمي
جهاز الاشراف والتقويم العلمي
دائرة ضمان الجودة والاعتماد الاكاديمي

استمارة وصف البرنامج الاكاديمي للكليات والمعاهد

الجامعة: القادسية
الكلية : الطب
القسم العلمي: النسائية والتوليد
تاريخ ملىء الملف: ١ / ٩ / ٢٠٢٤

التوقيع:
اسم رئيس الفرع: ا.د ياسمين حمزة شريف
التاريخ:

التوقيع:
اسم المعاون العلمي:ا.د عدنان حمد الحمداني
التاريخ:

دقق الملف من قبل
شعبة ضمان الجودة وتقويم الاداء
ا.د انوار جاسب ثعبان
التاريخ: / / ٢٠٢٤
التوقيع:

مصادقة السيد عميد كلية الطب
ا.د عقيل رحيم البرفعاوي
التوقيع:

وزارة التعليم العالي والبحث العلمي
جهاز الاشراف والتقويم العلمي
دائرة ضمان الجودة والاعتماد الاكاديمي

استمارة وصف البرنامج الاكاديمي للكليات والمعاهد

الجامعة: القادسية
الكلية : الطب
القسم العلمي: النسائية والتوليد
تاريخ مليء الملف: ١ / ٩ / ٢٠٢٤

التوقيع:
اسم رئيس الفرع: ا.د ياسمين حمزة شريف
التاريخ:

التوقيع:
اسم المعاون العلمي:ا.د عدنان حمد الحمداني
التاريخ:

دقق الملف من قبل
شعبة ضمان الجودة وتقويم الاداء
ا.د انوار جاسب ثعبان
التاريخ: / / ٢٠٢٤
التوقيع:

مصادقة السيد عميد كلية الطب
ا.د عقيل رحيم البرقعاوي
التوقيع:

1. Program Vision

Seeking to make the College of Medicine in Al-Qadisyiah University a distinguished college among the medical colleges in Iraq in the field of medical education. Additionally, to make it has a clear imprint in promoting the health field in the Iraqi community and works to provide distinctive proposals and views for basic and clinical medical sciences to ensure meeting the health needs of the community at the local and national levels.

2. Program Mission

Al Qadisiyah medical college aims at producing medical doctors that are able to participate effectively in the health care delivery system whether in Iraq or any other country

The curriculum is designed to provide students with the necessary knowledge, skills and attitudes in order to function as safe doctors and have the baseline for lifelong learning in the medical field in the future

The teaching methods are guided by learning objectives that ensure delivering basic biomedical, behavioral and social and clinical subjects which help creating an efficient junior doctor who is competent, motivated and professional.

It is a well-established strategy that students are heard and welcomed to provide feedback about different aspects of the learning process and they are considered as an essential part in the decision making in the college used for continuous planning for improvement of the whole institution.

3. Program Objectives

Graduating distinguished doctors and rehabilitating them scientifically, professionally and ethically so that they can provide health and medical care to individuals, families and society on sound scientific bases and in accordance with the noble moral, social and humanitarian values with great interest in primary health care

- Developing curricula, teaching aids and methods to improve quality based on international quality standards and academic accreditation
- Achieving accreditation through the institutional capacity standards of the college. Achieving academic accreditation standards for student and graduate programs offered by the college

Continuous support for distinguished cadres of faculty members through an academic environment that encourages production and creativity

θ Continuous development of the scientific research system to identify and diagnose major health problems in the community, propose appropriate scientific solutions to them, and keep pace with development in basic and clinical medical sciences.

4. Program Accreditation

An application has been made for national accreditation for medical colleges

5. Other external influences

Not found

Course Description Form

1. Course Name:
Obstetric and Gynecology
2. Course Code:
GYO 6203
3. Semester / Year:
4 clinical training courses (medicine , surgery , pediatrics ,gynecology and obstetrics)
4. Description Preparation Date:
1/9/2024
5. Available Attendance Forms:
Attendance sheet
6. Number of Credit Hours (Total 300h) / Number of Units (Total 10)
10 wks (total 300h) / 10 units
7. Course administrator's name (mention all, if more than one name)
Name: Email:

THE ACADEMIC DEPARTMENT OF OBSTETRICS & GYNECOLOGY
AL-QADISIYAH MEDICAL COLLAGE
Sixth year of MBCHB program

Course Specifications

Course title: OBSTETRICS & GYNECOLOGY for the 6th year students

Code: GYO 6203

A) Basic Information:

Allocated marks: 100 marks.

Course duration 10 weeks x 3 groups

Teaching hours for each group: 300 hours

Attendance / Absence

Students are required by university regulations to be present during daytime from 8:30 a.m. till 2:30 P.m. Student attendance is compulsory. This means that you are required to attend all:

- **Clinical teaching sessions**
- **Formative assessment and review sessions**

Students who fail to attend for any reason is instructed to notify the secretary and give the reason why he/she was unable to attend.

Failure of students to attend (unauthorized absence) for 10% of total weeks is subjected to disciplinary actions (from alarming him till review with MEU committee / head / deputy dean and if absence reached 15% the student is subjected to further

disciplinary action. This ranges from a meeting with the year coordinator to (in the worst cases) referral to deanery with a view to expulsion.

1. Course duration: 10 weeks of teaching for each group of sixth year MBCHB program (4 groups , each group contains = 50-55 students and each group further subdivided into two subgroups which =25-30 students) in form of 6 hours daily , for 5 days per a week (from 8:30 AM to 2:30 PM) followed by end term examination .
2. Final courses examination done at the end of 6th year .
3. Total teaching hours :300h
4. The teaching hours in 10 weeks course of sixth year program are 300 hours (5 day per week X 10 weeks) .

Professional Information

I-AIM OF THE COURSE

The aim of this course is to:

1. Provide students with basic knowledge of normal and abnormal growth and development of the female genital tract and normal and abnormal pregnancies and labor.
2. Enable students to provide basic health care for females in different age group (prepubertal, pubertal, childbearing, perimenopausal, and menopausal)
3. Provide students with an appropriate background covering the common and important obstetrics and gynecological emergencies and diseases (causes, diagnosis and management)
4. 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
5. Provide lifelong learning competencies necessary for continuous professional development and research studies.

II-INTENDED LEARNING OUTCOMES:

AKNOWLEDGE and UNDERSTANDING: ***By the end of the course, all students should be able to*:**

1. The student will be able to diagnose pregnancy in first trimester in normal and abnormal conditions, stressing on the use of HCG, and on the indications and limitations of various pregnancy tests.

2. The student will be aware of the structure and function of feto-placental unit including the placenta, membranes, amniotic fluid, the cord and the fetal circulation.
3. The student will be aware of major maternal changes during pregnancy.
4. The student will observe the booking of the patients, request for appropriate investigations, assessment of the risk and plan the management.
5. Antenatal, the student will be able to:
   a) Follow up normal pregnancy.
   b) Educate mothers on: diet, hygiene, exercise, abnormal symptoms of pregnancy, drugs, preparation for labour and family planning.
   c) Recognize abnormal symptoms and signs during pregnancy.
   d) Assess gestational age, clinically.
   e) Assess lie and presentation.

f) Listen to fetal heart with doptone .

g) Read and interpret fetal heart monitoring during pregnancy {NST}
and to do biophysical profile.

6. The student will be able to define induction of labour, differentiate it from augmentation of labour, list indications for induction of labour, select patients for different methods of induction and list possible maternal and fetal complications of labour induction.

7. Intranatally, the student should observe and learn to :

a) Evaluate perinatal record.

b) Assess the progress of labour and interpret normal and abnormal signs on partogram, fetal monitoring, and fetal blood sampling.

c) Select and effectively use analgesic and anaesthetic agents.

d) Assess clinical conditions of newborn by Apgar score and list criteria for immediate Pediatric consultation.

8. Students should observe delivery during their clinical rotation

9. In puerperium:

a) Student will observe and be able to monitor normal recovery process including recognition, evaluation and solution of problems of the puerperium.

b) Manage lactation and its suppression and, describe physiology of lactation.

c) Counsel puerperal patients regarding physical activities, sexual activity, contraception and rubella vaccination.

d) Observe discharge examination and record it in the appropriate form.

e) Observe a postnatal examination in the clinic doing a Pap’s smear, order Hb, and advise on family planning.

ABNORMAL OBSTETRICS

1.Given a case with bleeding in the first trimester of pregnancy, the student should be able to list the causes and differentiate miscarriage all type Ectopic pregnancy , Trophoblastic disease and to interpret the associated symptoms and signs and draw the appropriate management.

2. The student should be aware of the problems of prematurity and postmaturity, small for date and big for dates, premature rupture of membranes, intrauterine death and antepartum haemorrhage together with the management of these cases.

3. The student should be able to diagnose and manage cases of multiple pregnancies, malpresentation and malpositions.

4. The student should be able to recognize and outline the management of: PIH and chronic hypertension, anemia, CHO intolerance, cardiac disease, asthma and other respiratory disease, UTI and other renal diseases, appendicitis, intestinal obstruction and abdominal masses during pregnancy.

5. The student should be able to state patho-physiology of Rh isoimmunization disease, significance of Rh titre, explain to the patient the course and plan of management of Rh disease and state indications for immuno-globulin therapy for prevention of Rh disease.

6. The student will be aware of the causes and management of :PPH, Puerperal morbidity and venous thrombosis.

OBSTETRIC OPERATIONS:

1. The student is expected to observe the following operations:
   - caesarian section, cervical cerclage, antepartum and intrapartum fetal heart monitoring, episiotomy.
2. Student is expected to observe instrumental delivery if possible during their clinical attachment.

-

GENERAL GYNAECOLOGY

1. 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 and characterization
- Marital, obstetrics and contraceptive history
- Complaint
- Menstrual History
- Past History including medical, surgical, habits, allergies and consanguinity whichever relevant to the case.
- Family history relevant to the case.

2. 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.

3. The student will be able to diagnose and outline the management of:

- Bartholin abscess
- Vulvo-vaginitis
- Cervicitis and cervical ectropion

ϖ Pelvic infections including: Sexually transmitted diseases.

4. The student will show adequate capability in making the diagnosis and outlining the management of: Endometriosis and Adenomyosis, Leiomyoma, tuboovarian and ovarian masses.
5. Given a case of acute lower abdominal pain, the student will outline the causes and plan the management.
6. The student will be able to discover vulval, cervical and uterine pre-malignancies and malignancies.
7. Given a case of abnormal vaginal bleeding, the student will be able to outline the investigations and management.
8. The student will be able to diagnose Genital Prolapse and its varieties, uro-genital fistulas, and to outline the management.

REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY

The student should be aware of the hypo-thalamic pituitary ovarian axis.

a. Given a case the student will be able to take proper history perform physical examination, plan the investigation and management of: Precocious or delayed puberty, premature Menopause, Amenorrhea, Galactorrhea and Hirsutism.

b. Given a case of infertility, the student will be able to interview the couple, perform physical examination, plan the investigations and outline the management.

GYNAECOLOGICAL PROCEDURES AND SKILLS.

1. The student will be able to perform speculum examination and to observe if done during their clinical attachment how to obtain high vaginal swabs, urethral and cervical swabs, wet smears, pap smears and to do bimanual examination.
2. The student may observe if possible:

   Loop insertion, cervical biopsies, cervical cauterizations, examination under Anaesthesia, evacuation of retained products of conception, hysterosalpingography, and laparoscopy.
3. The student will be able to observe major operations, like: Laparotomies, abdominal and vaginal hysterectomies, and pelvic floor repair if possible during their clinical rotation.

II-B: CLINICAL and INTELLECTUAL SKILLS :

By t-he end of the course all students should be able to:

1. Assess the gestational age of a pregnant lady through history taking, */focused clinical examination, beta-HCG level, and ultrasound assessment

2. Clinically differentiate between normal pregnancies and high risk pregnancies.

3.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.

4.Point out the warning signs of late pregnancy and early referral to specialized centers.

Evaluate the risk of bleeding in late pregnancy and how to start management with emphasis on NOT doing vaginal examination.

5. Appraise different methods of assessment of fetal wellbeing with proper use of Pinard, Sonicaide, US to evaluate fetal wellbeing, and distressed fetuses which need immediate intervention

6.Manage normal labor appropriately and identify cases requiring referral (EBM).

7.Examine the female during labor and early recognition of obstructed labour through clinical symptoms and signs and call for help or refer to a special center

8.Assess complication of the third stage of labor and apply first aid management of each till a senior obstetrician is involved

9.Differentiate normal from abnormal neonate through Apgar score and participate in the initial management of those in need of resuscitation.

10.Counsel problems occurring in menopause with emphasis on postmenopausal bleeding, (any case of postmenopausal bleeding should be considered malignant until proved otherwise)

11.Counsel regarding methods of contraception suitable for each patient and how to use or apply it.

II-C: ETHICAL and SOCIAL SKILLS:

By the end of the course all students should be able to:

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.

1.Counsel the patient before doing any intervention and in different situations with respect to her wish whenever this is possible

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

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

Teaching and learning methods :

The objectives of the Obstetrics and Gynecology course are covered by the following:

1. Clinical Attachment
2. Teacher centered tutorials and problem base learning
3. Student centered Seminars
4. Audio-visual material, demonstrations and practice of skills TEACHER CENTERED
5. SEMINARS 12.30 am – 2.30 pm

   Every weeks 8 students (4 students are given obstetrical topic and 4 students are given gynecological topic and each topic last 2 hours) to prepare and present in front of the class. There will be discussion, question and answer sessions. Teacher will evaluate the presentation of the students and explain the subject if students have any difficulty to understand the subject.
6. Audio-visual material demonstrations and practice skills:

   Each week at 11:30 am to 12:30 pm

The time table of topics of clinical course:

1. **1st week:**

Day	8:30-9:30	9:30-10:30 Tutorial / Small Group Discussion	10:30-11:30 Tutorial / Small Group Discussion	11:30-12:30 Procedures and technical skills	12:30-1:30 Seminars	1:30-2:30 Team Based Learning (TBL):
Sunday	patient, safety and safety procedures	Gynecological history and Examination	Maternal and fetal assessment in labour suite, discuss partogram and bishops score	starting IV drip, inserting urethral catheter, suture removal, change dressing, completing various forms, and checking vital signs	Mechanism and stages of labour	Mechanism and stages of labour
Monday	record a structured patient-centered medical history	Patient with a diagnosis of Endometriosis /clinical presentation /dx /treatment	Antenatal booking and follow up	Basic obstetric examination -fetal heart detection -Use of speculum - insertion of follies catheter for female	Normal and abnormal development of female genital tract	Normal and abnormal development of female genital tract
Tuesday	record a structured patient-centered medical history	Various Contraception methods	APH ,Clinical presentation of a patient& management at various gestational age	speculum examination and how to obtain high vaginal swabs, urethral and cervical swabs, wet smears, pap smears and to do bimanual examination.	Problem solving.	EBM
Wednesday	record a structured patient-centered medical history	Case presentation	Case presentation	Given u/s films in late pregnancies, the student will be able to diagnose the presenting part, localize and grade the placenta and how to assess the fetal wellbeing by the Bio Physical Profile.	Problem solving.	EBM
Thursday	record a structured patient-centered medical history	Case presentation	Case presentation	Assess the gestational age of a pregnant lady through history taking, */focused clinical examination, beta-HCG level, and ultrasound assessment	Problem solving.	EBM

2nd week:

Day	8:30-9:30	Tutorial / Small Group Discussion 9:30-10:30	10:30-11:30 Tutorial / Small Group Discussion	11:30-12:30 Procedures and technical skills	12:30-1:30 Seminars	1:30-2:30 Team Based Learning (TBL):
Sunday	record a structured patient-centered medical history	Patient with PPH in the labour room or admitted after one week with bleeding	Patient with vaginal discharge – discuss about various types of vaginitis	The student is expected to observe the following operations: cervical cerclage, antepartum and intrapartum fetal heart monitoring, episiotomy.	Diabetes in pregnancy	Diabetes in pregnancy
Monday	record a structured patient-centered medical history	Pregnant patient admitted with lower abdominal pain . (history taking- diagnosis – differential diagnosis and management)	Patient admitted in the ward with suspected ectopic (history investigation and management)	Student have to observe instruments used in instrumental delivery (forceps and ventouse).	Diabetes in pregnancy	Diabetes in pregnancy
Tuesday	Case presentation	Pregnant patient admitted with swollen painful Leg. History taking, diagnosis, investigations, treatment-talk about deep vein thrombosis	physiology of menstruation	to observe major operations, like: caesarean section	Inter sex (causes , presentations and management)	Inter sex (causes , presentations and management)
Wednesday	Case presentation	Case presentation	Case presentation	use of Pinard, Sonicaide, US to evaluate fetal wellbeing, and distressed fetuses which need immediate intervention	Problem solving.	EBM
Thursday	Case presentation	Case presentation	Case presentation	Basic Life Support (BLS)	Problem solving.	EBM

3rd week:

Day	8:30-9:30	9:30-10:30	10:30-11:30 Tutorial / Small Group Discussion	11:30-12:30 Procedures and technical skills	12:30-1:30 Seminars	1:30-2:30 Team Based Learning (TBL):
Sunday	Gynecological& Obstetrical history and Examination	Pregnant patient with a history of Epilepsy admitted with conclusion History – investigation management	Patient with leiomyoma of uterus – various presentation and management	Medication Administration medicine and surgery	Multiple pregnancy	Multiple pregnancy
Monday	Gynecological& Obstetrical history and Examination	Pregnant patient admitted with high blood pressure, history taking ,examination – diagnosis , investigation and management	Patient admitted with suspected ovarian tumor)history taking , diagnosis and management)	- Routes of administration (oral, IV, IM, SC)	Anovulation (types,causes and management)	Anovulation (types,causes and management)
Tuesday	Case presentation	Pregnant patient admitted with pain, fever, dysuria in pregnancy – history taking , diagnosis , investigation, management.	Patient admitted with heavy and prolong bleeding history taking – differential diagnosis – investigations and management	Given the ultrasound film, the student will be able to recognize the normal pelvic organs, i.e. the uterus, ovaries and the bladder, and to recognize an early intrauterine gestational sac and fetus	Problem solving.	EBM
Wednesday	Case presentation	Case presentation	Case presentation	The student will be able Student have to observe how to manage female presented post caesarean section	Problem solving.	EBM
Thursday	Case presentation	Case presentation	Case presentation	Basic Life Support (BLS)	Problem solving.	EBM

4th week:

Day	8:30-9:30	9:30-10:30 Tutorial / Small Group Discussion	10:30-11:30 Tutorial / Small Group Discussion	11:30-12:30 Procedures and technical skills	12:30-1:30 Seminars	1:30-2:30 Team Based Learning (TBL):
Sunday	Gynecological & Obstetrical history and Examination	Pregnant patient – 32 weeks admitted because of suspected IUGR – history , investigations, management.	Patient with history of oligomenorrhea and hirsuitism discuss management	Bimanual uterine compression and other uterine maneuvers	Instrumental delivery forceps & vacuum	Instrumental delivery forceps & vacuum
Monday	Gynecological & Obstetrical history and Examination	Mechanism of labour& pelvic assessment(discuss in labour room)	Patient with history of primary and secondary amenorrhea discuss management	-Normal delivery simulation	Cervical cancer (Pre malignant & malignant	Cervical cancer (Pre malignant & malignant)
Tuesday	Case presentation	Discuss about postnatal patient (post caesarean and post normal delivery). History, examination, counseling before discharge.	Patient admitted with Bleeding in early pregnancy (discuss history , diagnosis and management of different types of miscarriage	Normal delivery simulation ,Management of normal labor appropriately and identify cases requiring referral,	Problem solving.	EBM
Wednesday	Case presentation	Case presentation	Case presentation	Examine the female during labor and early recognition of obstructed labour through clinical symptoms and signs and call for help or refer to a special center	Problem solving.	EBM
Thursday	Case presentation	Case presentation	Case presentation	Episiotomy & suturing	Problem solving.	EBM

5. 5th week:

Day	8:30-9:30	9:30-10:30	10:30-11:30 Tutorial / Small Group Discussion	11:30-12:30 Procedures and technical skills	12:30-1:30 Seminars	1:30-2:30 Team Based Learning (TBL):
Sunday	Gynecological & Obstetrical history and Examination	prelabour Preterm rupture of membrane – history , investigation and management	Patient with hx of dysmenorrhea discuss management	normal from abnormal and participate in the initial management of those in need of resuscitation.	Breech Presentations	Breech Presentations
Monday	Gynecological & Obstetrical history and Examination	Pregnant patient admitted in the ward with itching at 34 weeks of pregnancy (history , diagnosis , investigation and management)	Clinical presentation ,dx and treatment of precocious puberty	neonate through Apgar score	Normal puberty	Normal puberty
Tuesday	Case presentation	Patient admitted in the ward with increased vomiting in early pregnancy (history taking-investigation-management)	Clinical presentation ,types,dx ,and treatment of ovarian cyst	The student may observe if possible: examination under anaesthesia, evacuation of retained products of conception,	Problem solving.	EBM
Wednesday	Case presentation	Case presentation	Case presentation	hysterosalpingography	Problem solving.	EBM
Thursday	Case presentation	Case presentation	Case presentation	Loop insertion, cervical biopsies, cervical cauterizations,	Problem solving.	EBM

6th week:

Day	8:30-9:30	9:30-10:30	10:30-11:30 Tutorial / Small Group Discussion	11:30-12:30 Procedures and technical skills	12:30-1:30 Seminars	1:30-2:30 Team Based Learning (TBL):
Sunday	Gynecological & Obstetrical history and Examination	Patient admitted for induction of labour (history assessment, indications method of induction , discuss	Clinical presentation ,dx and treatment of pelvic organ prolapse	The student will be familiar with gynecological instruments and their uses	Postmaturity	Postmaturity
Monday	Gynecological & Obstetrical history and Examination	Clinical presentation and treatment of HELLP	Patient with history of previous recurrent miss carriages – now admitted at 11 weeks pregnancy. History taking, diagnosis, investigation and management.	The student will be familiar with gynecological instruments and their uses	Trophoblastic Diseases	Trophoblastic Diseases
Tuesday	Case presentation	management of Rh. Negative pregnant patient	Clinical presentation ,dx and treatment of chronic pelvic pain	The student will be familiar with gynecological instruments and their uses	Problem solving.	EBM
Wednesday	Case presentation	Maternal Pelvis –Types of pelvis Pelvic measurement Fetal skull measurement	Patient admitted with stress incontinence ,management	The student may observe if possible: How to perform colposcopic examination .	Problem solving.	EBM
Thursday	Case presentation	Case presentation	Case presentation		Problem solving.	EBM

7.7th week:

Day	8:30-9:30	9:30-10:30	10:30-11:30 Tutorial / Small Group Discussion	11:30-12:30 Procedures and technical skills	12:30-1:30 Seminars	1:30-2:30 Team Based Learning (TBL):
Sunday	Gynecological & Obstetrical history and Examination	Fetal heart monitoring (when to do it-How to interpret-management of fetal distress)	Clinical presentation ,dx and treatment of premalignant and malignant disease of cervix	Slide show of various types of contraceptive methods	Hypertensive diseases in pregnancy	Hypertensive diseases in pregnancy
Monday	Gynecological & Obstetrical history and Examination	Prolonged ,abnormal and obstructed labour, Clinical presentation with partogram and its management	Management of infertile couple	Slide show of laparoscopic procedures (i.e ovarian drilling , ovarian cystectomy)	Infertility	Infertility
Tuesday	Case presentation	Clinical presentation of patient with multiple pregnancy, Management in pregnancy and labour	Menopause ,clinical presentation and management	Slide show of various types of contraceptive methods	Problem solving.	EBM
Wednesday	Case presentation	Clinical presentation of liver Diseases in pregnancy	Benign and malignant tumors of Ovary – clinical presentation and management	Slide show of laparoscopic procedures (i.e ovarian drilling , ovarian cystectomy)	Problem solving.	EBM
Thursday	Case presentation	Case presentation	Case presentation	MCQ	Problem solving.	EBM

8th week:

Day	8:30-9:30	9:30-10:30 Tutorial / Small Group Discussion	10:30-11:30 Tutorial / Small Group Discussion	11:30-12:30 Procedures and technical skills	12:30-1:30 Seminars	1:30-2:30 Team Based Learning (TBL):
Sunday	Gynecological & Obstetrical history and Examination	Mx of pregnant lady with hx of cardiac disease	Patient admitted with abdominal pain fever and discharge - management	utilization of ultrasound technology in the diagnosis of missed miscarriage, early pregnancy , Leiomyoma, ovarian and Tubo-ovarian masses,	Anemia in pregnancy	Anemia in pregnancy
Monday	Gynecological & Obstetrical history and Examination	Clinical presentation of a patient with Diabetes in pregnancy – (Gestational Diabetes, known Diabetic) explain management	Patient admitted with post menopausal bleeding. history , examination and management	utilization of ultrasound of retained products of conception, Ectopic pregnancy, uterine	Benign and malignant ovarian tumour	Benign and malignant ovarian tumour
Tuesday	Case presentation	Clinical presentation of patient with breech, unstable lie- management in pregnancy &labour	Patient admitted with bleeding – increased vomiting and large for date uterus at 12 weeks history taking, diagnosis , differential diagnosis and management	the use of serial ultrasound to monitor follicular growth and ovulation	Preterm labour	Preterm labour
Wednesday	Case presentation	Clinical Presentation of a pregnant patient with anemia Explain Anemia in pregnancy	Clinical presentation of patients with irregular bleeding- D.U.B Inter menstrual and post coital bleeding management	MCQ	Polycystic ovarian syndrome	Polycystic ovarian syndrome
Thursday	Case presentation	Case presentation	Case presentation	MCQ	Problem solving.	EBM

9. 9th week: Emergency of Obstetrics and Gynecology

Day	8:30-9:30	9:30-10:30 Tutorial / Small Group Discussion	10:30-11:30 Tutorial / Small Group Discussion	11:30-12:30 Procedures and technical skills	12:30-1:30 Seminars	1:30-2:30 Team Based Learning (TBL):
Sunday	Case presentation	Emergency delivery	Emergency delivery	How to know that the mother had cord prolapse	complications that may be a occur during delivery	complications that may be a occur during delivery
Monday	Case presentation	Emergency delivery	Emergency delivery	speculum examination : see the cord prolapsing -Per vaginal examination	complications that may be a occur during delivery	complications that may be a occur during delivery
Tuesday	Case presentation	Shoulder dystocia	Breech presentation	Shoulder dystocia	What to do in Shoulder dystocia?	What to do in Shoulder dystocia? ?
Wednesday	Case presentation	Case presentation	Case presentation	How to diagnose? TURTL sign	Problem solving.	EBM
Thursday	Case presentation	Case presentation	Case presentation	HELPERR	Problem solving.	EBM

10.10th week: Emergency of Obstetrics and Gynecology

Day	8:30-9:30	9:30-10:30 Tutorial / Small Group Discussion	10:30-11:30 Tutorial / Small Group Discussion	11:30-12:30 Procedures and technical skills	12:30-1:30 Seminars	1:30-2:30 Team Based Learning (TBL):
Sunday		Postpartum hemorrhage (PPH)	Postpartum hemorrhage (PPH)	A)General measures 1)call for help 2) Start with resuscitation 3) Blood type and cross match 4) give uterotonic agent	Approach Postpartum hemorrhage (PPH)	Management Postpartum hemorrhage (PPH)
Monday	Case presentation	Uterine rupture and uterine inversion	Uterine rupture and uterine inversion	Management Uterine rupture and uterine inversion	Approach Uterine rupture and uterine inversion	MCQ
Tuesday	Case presentation		Amniotic fluid embolism	Management Amniotic fluid embolism	Problem solving.	EBM
Wednesday	Case presentation	Case presentation	manage obstetric emergencies like eclamptic fit	Basic Life Support (BLS)	Problem solving.	EBM
Thursday	Case presentation	Case presentation	manage obstetric emergencies like eclamptic fit	Neonatal resuscitation CPR	Problem solving.	EBM

1. Faculty						
Faculty Members						
Academic Rank	**Specialization**		**Special Requirements/Skills (if applicable)**		**Number of the teaching staff**	
	General	**Special**			**Staff**	**Lecturer**
5 prof	MBChB					
2 Ass.prof	MBChB					
2 Lecturer	MBChB					

Professional Development

Mentoring new faculty members

One-on-one mentorship with a near-peer mentor. The department chair will assign new faculty a mentor who is in more of a peer position.

Professional development of faculty members

Teaching: Demonstrate an interest and growth in teaching

- Establish and maintain a teaching portfolio
- Classroom observations, student outcomes
- Become an effective advisor
- Other activities, e.g., undergraduate research, implement safe laboratory procedures, support co- or extra-curricular activities or events.

Professional Growth:

- Plan for publication or other significant professional activity, as appropriate for discipline.
- Participate in local or regional conferences or professional organization activities

1. Program Development Plan

1.Focusing mainly on making pathology lectures more interactive by asking the fundamental questions in pathology "how & why "
2. Reliance on clinical tutors; we recruit recent medical graduates for small groups in teaching lab
3. Focusing more on Sample questions: that should be posted weekly based on the learning objectives for the week for the students to study by themselves.

Program Skills Outline															
				Required program Learning outcomes											
Year/Level	Course Code	Course Name	Basic or optional	Knowledge				Skills				Ethics			
				A1	A2	A3	A4	B1	B2	B3	B4	C1	C2	C3	C4
6th stage	GYO 6203	gynecology and obstetrics	Basic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

- **Please tick the boxes corresponding to the individual program learning outcomes under evaluation.**

Teaching & learning facilities

The facilities available used for teaching in this sixth 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 :

-20-30 patients in each day available in inpatient units (words) in the hospital .

-Emergency unit serving = 30 patients per day

-Labour word facing = 30 deliveries per day with 4 delivery rooms

-Operating rooms : 4 rooms for gynecology & obstetric operations (emergency & elective)

Assessment methods:

A) Assessment criteria:

According to the undergraduate Faculty bylaws the students should attend 75% of The total hrs as a prerequisite to attend any of the allocated exams.

B) GRADING SYSTEM:

Summative Assessment:

It is allowed after meeting the requirement of each training course It is important for ranking after graduation.

1-End course assessment

It differs according to the clinical course and may include a long case presentation or short case examination or written examination. It will be given 20% of the final score.

2-Final comprehensive ministry Written Examination:

It is achieved through MCQ questions in form of problem base and case sinario. It is given 40% of the final score.

3- Final Clinical Examination:

It is achieved by long case examination, OSCE and slide examination. It is given 40% of the final Score. As showed in table below

Examinations description:

Marks allocated	examination	parameters
20 degree	End of the course/Clinical exam	OSCE, short cases، Slides, oral, Logbook
40 degree	Final comprehensive ministerial theoretical written exam	MCQ in the form of problem base and case sinario and most appropriate
40 degree	Final clinical exam	Long case ,OSCE, slides ,short cases

Re-sit Examinations

Students who fail in a in the course will be required to re-sit (second sitting) the entire examination after 6 months , in the same format and duration as the original or in an equivalent format as deemed appropriate by the examiners. Students, who fail at the second-sitting examination, will be allowed to re-sit the year with full attendance.

*Students assessment tool

1. Attendance

a. Behavioral & ethical attendance

b. Logbook for clinical cases

c. Attendance in emergency &labour room

They whole should be fulfilled. the minimum accepted attendance is 70 % at the end of term examination .

2. Assessment tools

a. Written examination : for assessment of general knowledge & understanding .

b. Oral examination by two members of teaching staff to assess how sixth year student deal with obstetrics & gynecology scenario problems .

c. Clinical examination (long case exam) . to medical students attendance in managing clinical cases in apprehensive way .

d. OSCE examination : including basic & clinical obstetrics & gynecology

learning resources:

Learning resources:

1-Obstetrics by Ten Teachers: 20th edition edited by Louise C Kenny, Jenny E. Myers . 2017

2-Gynecology by Ten Teachers: 20th edition edited By Emma Crosbie, Louise C Kenny Copyright 2017

3-Dewhurst's Textbook of Obstetrics & Gynecology

Editor(s): D. Keith Edmonds MB, ChB, FRCOG, FRANZCOG,, Christophe Lees MD, MRCOG,, Tom Bourne PhD, FRCOG, FAIUM (Hon), 2018