

DUBAI RESIDENCY TRAINING PROGRAMME



SPECIALIST TRAINING PROGRAMME IN OBSTETRICS AND GYNAECOLOGY (2007-8)

Five Year Residency Training Programme

Continuing Education Department
Dubai Department of Health and Medical Services

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I. Mission Statement

The mission of the programme is to train specialists in obstetrics and gynecology who are highly capable and confident in managing the complete spectrum of conditions that arise in the area of women's reproductive health care, humanely and with the highest of ethical standards and integrity. These specialists will contribute to the community in the areas of education and research as well providing excellent clinical care.

II. Goals and Objectives

The goals and objectives of the programme reflect the Mission Statement above and will be elaborated on further in Section III below.

The goals and objectives may be summarized as follows. The physicians completing the programme will

- have special education and expertise in the field of women's' health and reproduction and leadership skills in these area as well as in health care delivery, education and research
- possess medical, surgical and obstetrical knowledge and skills for the prevention, diagnosis and management of a broad range of conditions affecting women's reproductive and gynaecological health
- be capable of independently providing high quality clinical care and education in normal and complicated obstetrics and gynaecology
- be able to contribute to research
- have self-evaluation and learning skills in the areas of problem-solving, evidence based medicine, and critical appraisal at a level to ensure that they remain effective clinicians, teachers and investigators throughout their careers

III. Educational Objectives:

At the end of the training, the graduate will have achieved the following competencies of a specialist obstetrician and gynaecologist:

1. Medical Expert:

Consultants will possess a defined body of knowledge and procedural skills, which are used to collect and interpret data, make appropriate clinical decisions, and carry out diagnostic and therapeutic procedures within the boundaries of their discipline and expertise. Their care is characterized by up-to-date (and whenever possible evidence-based), ethical, and cost-effective clinical practice and effective communication in partnership with patients, other health care providers, and the community. The role of medical expert/clinical decision maker is central to the function of the specialist clinician.

The resident in Obstetrics and Gynaecology is required to develop diagnostic and therapeutic skills for the ethical and effective care of patients with obstetrical/gynaecological-related health problems through:

- Exposure to a wide variety of generalist and specialist rotations.
- A process of graded responsibility as trainees proceed through their core years, with trainees assuming more patient-care and triage responsibility in their more senior years.
- The development of skills in history-taking and physical examination.
- The development of skills necessary for the development of an integrated differential diagnosis and a treatment plan for the patient.
- The use of evidence-based medicine in effective decision-making strategies

- The learning of a variety of core procedures pertaining to the practice of obstetrics and gynaecology.
- Adequate exposure to in-patients through hospital-based rotations and out-patients through hospital-based ambulatory rotations.
- The integration of basic and clinical sciences and how they apply to patient care.
- The understanding of epidemiological principles and how they apply to patient care. (See the section under “Syllabus” for more details)

2. Communicator

In order to provide humane, high-quality care, consultants establish effective relationships with patients, other physicians, and other health professionals. Communication skills are essential for the functioning of a specialist, and are necessary for obtaining information from, and conveying information to, patients and their families. Furthermore, these abilities are critical in eliciting patients' beliefs, concerns, and expectations about their illnesses, and for assessing key factors impacting on patients' health.

A resident obstetrician and gynaecologist will

- Establish effective relationships with patients and their families
- Interact with community care-givers and other health resources to obtain and synthesize relevant information about the patient.
- Develop a discharge plan for hospitalized patients and learn to involve the family physician, home care and other care-givers in the development of long-term community health planning
- Learn to communicate effectively and efficiently with colleagues both verbally and through written records (ie. the medical record, discharge summaries, consultation notes).

3. Collaborator:

Consultants work in partnership with others who are appropriately involved in the care of individuals or specific groups of patients. It is therefore essential for consultants to be able to collaborate effectively with patients and a multidisciplinary team of expert health professionals for provision of optimal patient care, education, and research activities.

A resident obstetrician and gynaecologist will

- Know when to consult other care-givers appropriately.
- Work with the interdisciplinary team to develop appropriate diagnostic and therapeutic strategies for patient care.
- Work with the interdisciplinary team for and discharge planning.

4. Manager:

Consultants function as managers when they make everyday practice decisions involving resources, co-workers, tasks, policies, and their personal lives. They do this in the settings of individual patient care, practice organizations, and in the broader context of the health care system. Thus, consultants require abilities to prioritize and effectively execute tasks through teamwork with colleagues, and make systematic and rational decisions when allocating finite health care resources. As managers, consultants take on positions of leadership within the context of professional organizations and the health care system.

A resident obstetrician and gynaecologist will

- Utilize resources to effectively balance patient care and health care economics.
- Understand the interplay between governments and the health care sector in allocating finite health care resources.
- Work to develop effective and efficient patient management strategies by:

- Avoiding duplication of services
- Involving other caregivers
- Obtaining appropriate patient information from other health care sources
- Appropriate use of information technology.
- Learn to effectively delegate responsibility to junior house staff.

5. Health Advocate

Consultants recognize the importance of advocacy activities in responding to the challenges represented by those social, environmental, and biological factors that determine the health of patients. They recognize advocacy as an essential and fundamental component of health promotion that occurs at the level of the individual patient, the practice population, and the broader community. Health advocacy is appropriately expressed both by the individual and collective responses of specialist physicians in influencing public health and policy.

A resident obstetrician and gynaecologist will

- Identify important determinants of patients' health.
- Work to develop effective preventive medicine strategies for patients.
- Intercede on behalf of their patients as the patient weaves his/her way through complex health care institutions and services.
- Recognize and respond to those issues where advocacy is important.

6. Scholar:

Consultants engage in a life-long pursuit of mastery of their domain of professional expertise. They recognize the need to be continually learning and model this for others. Through their scholarly activities, they contribute to the appraisal, collection, and understanding of health care knowledge, and facilitate the education of their students, patients, and others.

A resident obstetrician and gynaecologist will

- Develop and implement an effective long-term learning strategy.
- Attend academic half day to develop learning skills in evidence-based medicine, medical ethics, physical examination skills, acquisition of medical knowledge
- Attend other available rounds to enhance learning
- Develop effective teaching strategies to teach more junior house staff.
- Facilitate teaching of patients about their health problems directly or through the involvement of other professionals.
- The furthering of new knowledge through participation in research projects under the supervision of knowledgeable faculty.

7. Professional:

Consultants have a unique societal role as professionals with a distinct body of knowledge, skills, and attitudes dedicated to improving the health and well being of others. Consultants are committed to the highest standards of excellence in clinical care and ethical conduct, and to continually aspiring to mastery of their discipline.

A resident obstetrician and gynaecologist will

- Develop an ethical framework for the delivery of the highest quality care.
- Understand professional obligations to patients and colleagues.
- Exhibit appropriate personal and interpersonal professional behaviours.
- Act with integrity, honesty and compassion in the delivery of the highest quality health care.

IV. Administrative Structure

1 Programme Director

The programme director is senior physician for the overall conduct of the Residency Programme. The Residency Programme Director is responsible to the Chair of the Department of Obstetrics and Gynecology and to the Postgraduate Dean and is a member of the Postgraduate Education Committee.

2 Programme Site Co-Director

The Programme Site Co-directors are responsible for the day to day functioning of the Residency Program at each institution participating in the Programme. The Programme Site Co-directors are responsible to the Programme Director. There must be active liaison between the Programme Director and the Programme Co-directors.

3. Residency Programme Committee

The Residency Programme Committee assists the Program Director in the planning, organisation, and supervision of the Programme. The Residency Programme Committee must meet regularly, at least quarterly, and keep minutes. It is chaired by the Programme Director who is its executive officer.

This committee includes

- a representative from each participating institution,
- the Programme Site Co-Directors
- a representative of each major component of the program: these being Gynaecologic Oncology, Maternal-Fetal Medicine, Reproductive Endocrinology/Infertility and General Obstetrics and Gynaecology
- representatives of Residents in the Programme, nominated and elected by their peers in the programme. This representation consists of at least one each from Dubai Hospital and Al Wasl Hospital.

4 Responsibilities of the Programme Director

The responsibilities of the Program Director, assisted by the Residency Programme Committee include:

- development and operation of the Programme such that it meets the standards of accreditation for a specialty program in Obstetrics and Gynaecology.
- selection of candidates for admission to the program
- evaluation and promotion of residents in the program in accordance with policies approved by the Postgraduate Medical Education Committee.
- maintenance of an appeal mechanism.
- establishment of mechanisms to provide career planning and counseling for residents and to deal with problems such as those related to stress in collaboration with the Residents Affairs
- an ongoing review of the Programme to assess the quality of the educational experience and to review the resources available in order to ensure that maximal benefit is being derived from the integration of the components of the program. This review must include:
 - an assessment of each component of the Programme to ensure that the educational objectives are being met
 - an assessment of resource allocation to ensure that resources and facilities are being utilized with optimal effectiveness

- an assessment of the teachers in the programme

Further to those responsibilities listed above, the Programme Director must function as a resident advocate and aid in the organization of other educational opportunities. The Program Director is responsible for assigning residents their rotation and service schedules. The Programme Director is responsible to the residents to train them well in a humane atmosphere.

The Programme Director reports to the Postgraduate Dean.

5. Programme Sites

The Residency Programme in Obstetrics and Gynaecology will utilize the following sites:

- Dubai Hospital, Dubai
- Al Wasl Hospital, Dubai
- Other hospitals or institutions recognized for training by the Accreditation Committee of the Postgraduate Medical Education Committee

6. Entry Requirements

Prospective candidates:

- should have successfully completed basic medical training leading to MBBS, MD, or MBCh from a recognized institution.
- must have completed a one year internship programme that included at least two months of Obstetrics and Gynaecology. (The candidate may be required to complete a period of internship in Obstetrics and Gynaecology before commencing the Residency Programme if their internship experience did not include Obstetrics and Gynaecology.)
- must be fully registered by the competent Authority, to practice medicine in the United Arab Emirates.
- must be successful at an Evaluation Examination which may include an oral and/or written examination and oral interview. The Office of Postgraduate Education in collaboration with the Admission Committee will supervise the Evaluation. Applications will be submitted on line in response to advertisement.

7. Number of Posts and Duration of Programme

- The number of posts in the Obstetrics and Gynaecology Residency Program is **9**. This number reflects the available resources at the program sites and the need within the community.
- The duration of the Programme is five years of formal supervised training plus two years of apprenticeship in a senior specialist position. The resident would have successfully challenged the Arab Board and the British membership examinations by the end of the fourth year. Residents may start applying for overseas fellowship at this time. The fifth year is a Chief of resident year in General Obstetrics and Gynaecology. The remaining two years could be spent in one or other of the sub-specialty of interest. The end of training is marked by an assessment by a panel of external and internal examiners and certification by a competent authority. The structure of this final examination is being developed.

V. Program Structure

Residents will enter the programme having received a broad foundation in several aspects of general medicine and surgery during their internship year. **Fundamental to the programme is a graded increase in responsibility for the resident as they proceed**

through the training. This level of responsibility will be dependent on their ability, experience and level of training. Appropriate levels of supervision for the trainee will be maintained throughout the program to maximize educational opportunities as well as to optimize patient care and satisfaction.

1. Core Rotations:

The programme will provide a strong base of general obstetrics and gynaecology in the first two years that will be followed by introductory training in each of the major subspecialty areas: maternal fetal medicine, reproductive endocrinology/infertility and gynecologic oncology. A minimum of 3 months will be spent in each of these subspecialty rotations during years 2 to 4 of the programme.

The residents would have completed all the requirements for the Arab Board and the British College of Obstetrics and Gynaecology during the first four years, and are expected to have passed all the examinations.

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
SHO 1	Obstetrics and Gynaecology 40 weeks; Neonatology 8 weeks; Leave 4 wks											
Part 1, Arab Board, MRCOG, MCCEE, USMLE												
SHO 2	Ob&Gyn 24 wks; MFM 8 wks;Repro&Infert 12 wks; Res 4 wks; Leave 4 wks											
SHO 3	Gyn Oncol 12 wks;MAS &Uro 12 wks; Ob/Gyn 20 wks, Res 4 wks;Leave 4											
SHO 4	Ob&Gyn 24 wks; MFM 8 wks;Elective 12 wks; Res 4 wks; Leave 4 wks											
Part 2 Arab Board, MRCOG, Overseas Fellowship												
SpReg	Obstetrics and Gynaecology											
Board Eligibility												
SSpReg1	Obstetrics and Gynaecology OR Local Fellowship											
SSpReg2	Obstetrics and Gynaecology OR Local Fellowship											
Board Certification												

2. The last two years:

The last two years are supervised apprenticeship aimed at developing skills for independent practice. The end will be marked by an assessment and certification.

3. Electives:

The resident will be given the opportunity for additional experience in an area of interest that may be outside of the prescribed selective experiences. This 12 week elective period will be in an area to be chosen by the resident in consultation with her Programme Director.

4. Academic Half-Day:

One half-day per week will be designated as protected academic time. This period will be utilized to bring all residents in the programme together in order to undertake lectures, workshops and other learning experiences that are best delivered in this format. These sessions are meant to compliment and augment learning that is taking place in the clinical setting.

5. Research Half-Day:

One half-day per week will be designated as protected research time. This time will be utilized to develop and carry out a project that fulfills the research requirements of the programme. Further research time may be granted in the form of a block elective period for residents who have qualifying projects. A faculty member or a supervisor approved by the Department Chairman and Programme Director will supervise this project.

6. Chief Resident Year:

In the senior year, the resident will assume responsibility, under supervision, approximating and consolidating consultant skills. He/she will provide care for ambulatory patients and in-patients with complex problems and will have administrative and educational responsibilities for a significant portion of the year. This year will include a minimum of 6 months in each of general obstetrics and gynaecology.

7. Vacation and Conference Leave:

Each year will include four weeks of vacation and one week of conference leave that may be taken at any time in the program with the approval of the Programme Director and the supervisor of the affected rotation. An effort will be made to avoid significantly impacting the educational experience on any single rotation that might occur should a prolonged leave take place within a single rotation.

8. Absences from training

Residents are entitled to short breaks as shown in the form of special leave, compassionate leave, sick leave and maternity leave. The totality of leave for these purposes should not exceed ten weeks during the five years of training. If this period is exceeded, additional training will be required and the date of Certification will be postponed.

VI. Evaluation of Resident Performance

1. Format

The ultimate responsibility for compiling the Final In-Training Evaluation of the resident lies with the Programme Director. During each rotation of the programme the resident will be supervised and evaluated by the rotation supervisor directly or by the members of the rotations teaching faculty as co-ordinated by the rotation supervisor. Evaluations will reflect the goals and objectives for the rotation as set out in this document. At the beginning of each rotation the goals and objectives for the rotation will be reviewed by the rotation supervisor with the resident and these will be reviewed periodically during the rotation to ensure that progress is being made towards their attainment.

Evaluation will be ongoing throughout the rotation and be composed of several components and will include a formal written exam, oral exam as well as by direct observation of resident performance in clinical situations. This evaluation will be at the end of each year. The programme will explore the opportunity to have its residents take part in the annual Council on Resident Education in Obstetrics and Gynaecology (CREOG) examination that occurs in January of every year. This examination is a day long multiple choice paper that examines the knowledge as outlined Core Curriculum in Obstetrics and Gynaecology and is sanctioned by the American College of Obstetrics and Gynaecology.

Clinical and operative skills will be assessed by direct observation by the rotation's teaching staff. Communication skills will be assessed by direct observation of resident interaction with patients and families as well as by examining written communications to patients and colleagues. Resident's interpersonal skills will be assessed by observing collaborations with all members of the patient care team and their wise use of consultations with other specialties, subspecialties and non-medical disciplines. Teaching skills will be assessed by written student evaluation and by direct observation of the resident in seminars, lectures and case presentations. Attitudes will be assessed by observation and by using feedback from peers, supervisors, allied health personnel, and patients and their families.

2. Feedback:

Honest and constructive feedback will be provided to the resident in a timely fashion. Formal feedback sessions will take place at the midpoint of each rotation and at the end of the rotation following the evaluation process. Examples of formats for the end of rotation In-Training Evaluation Form are in the appendix. There should also be regular feedback to residents on an informal basis. To facilitate this and to provide the rotation supervisor with further information to complete the end rotation In-Training Evaluation Form a day to day evaluation tool will be used. This tool will be either in the form of paper 'Encounter Cards' or one of the Palm Pilot based problem management programs currently available for postgraduate resident education. An example of an 'Encounter Card' is given in the appendix. As well, a case log will be maintained by the resident and signed by the senior clinician involved with the particular case. This will be inspected periodically by the rotation supervisor and by the Programme Director and discussion around the cases will occur to ensure progress in the area of patient management. Examples of a case log page may be found in the appendix.

3. Standards

The residents and the Programme Director are ultimately responsible for the candidates' successful progress through and completion of the Programme. Each rotation evaluation will be reviewed by the Programme Director and any concerns will be reviewed with the resident. As well, rotation supervisors and site co-coordinators will be encouraged to make any concerns about the resident known at the earliest opportunity in order that any deficiencies may be addressed in a timely and effective manner. A clear plan for addressing any deficiencies will be developed by the involved parties.

If two consecutive evaluation reports are either "Borderline" or "Poor", or the resident is absent from the Programme for two months in any one year, the resident will be invited for counseling by the Programme Director and the resident's progress reviewed. Such a resident is allowed to continue with the Programme at the discretion of the Postgraduate Dean and based on the recommendation of the Programme Director and the Residency Programme Committee. It is expected that inputs from the tutors and the involved rotation and supervisors will weigh heavily in these considerations.

Any period of absence in excess of two months will result in the addition of a make-up period. The duration, timing and composition of this period will be at the discretion of Programme Director after consultation with the Residency Programme Committee and the involved resident.

The resident must pass the Part 1 examination of either the Arab Board for Specialization or the MRCOG starting at the end of the first year. If a resident has not passed either of these examinations after two attempts, the Programme Director will commence a review of the resident's progress and consideration may be given to withdrawing from the program and selecting an alternate career path.

Before the end of Year 5, a resident must have successfully completed all components of the Arab Board and British Royall College of Obstetrician and Gynaecologist Examinations. At the end of year 7 the residents will be assigned by an examination with the following components; a comprehensive written examination, a clinical examination and OSCE. This is a requirement for completion of the programme.

If a resident fails to successfully complete the Final Examination, a re-sit examination will be arranged within one month of the first attempt. If the resident fails to pass the re-sit examination, a review with the Programme Director will be undertaken. The resident will be required to complete another year in the Programme prior to attempting the examination again. Only one additional year may be spent in the Programme and a resident cannot be certified as having successfully completed the program if they do not pass the Final Examination even if they pass the Part 2 of either the Arab Board for Specialization or the MRCOG.

Should a resident be dissatisfied with their assessment at any point in the program they are encouraged to review the issues with the involved rotation supervisor or the Programme Director. If satisfactory resolution cannot be obtained the resident has the right to lodge a formal complaint with the Programme Director, the Residency Program Committee or the Postgraduate Dean. The complaint will then undergo the process as outlined in the guidelines for appeal.

VII. Evaluation of the Programme

1. Residency Programme Committee

The Residency Programme Committee under the leadership of the Programme Director will be responsible for the ongoing evaluation of the programme. This will include an assessment of the strengths and weaknesses of the programme and recommendation of improvements. As well, all residency training sites, including elective experiences will be assessed and evaluated. Formal evaluation of all of the teaching staff affiliated with the programme. Discussion regarding the programme will occur at all residency programme committee meetings and a formal evaluation of the programme accompanied by a report should occur on a yearly basis.

2. Internal Review

The internal review is intended as a mechanism to assist the sponsor in maintaining the quality of Residency Programme and providing the Programme Administrators with information about the strengths and weaknesses of the Programme, so that necessary corrective measures may be taken.

The internal review should be initiated by the Postgraduate Dean and the team should include: a Programme Director from another Programme, a staff member from another discipline who is experienced in postgraduate medical education, and a resident from another discipline. The review team should have available all documentation regarding the Programme. A series of interviews should take place with the Programme Director,

teaching staff, members of the resident group, and with the Residency Programme Committee.

Visits to individual sites should occur when indicated. The internal review team should review all residency education sites and elective experiences. There should be a careful assessment of the quality of the program and the degree to which it fulfills its Goals and Objectives.

The written report of the internal review should include the strengths and weaknesses of the Programme and specific recommendations for continued development and improvements. This report should be submitted to the Postgraduate Dean, and made available to the Chair of the department, the Programme Director, and members of the Residency Programme Committee.

Internal Review should take place every two years

3. External Review

The Programme should undergo an external review every 5 to 6 years. The process of the external review is similar to that of the internal review with the exception of the make up of the review committee. The external review is initiated by the Postgraduate Dean and the team should include: a representative of an accrediting body in Obstetrics and Gynaecology, a Programme Director from another Obstetrics and Gynaecology Programme accredited by the aforementioned body, a faculty member from another discipline who is experienced in postgraduate medical education, and a resident from an accredited external program.

The external review committee would generate a report that should include the strengths and weaknesses of the program and specific recommendations for continued development and improvements. This report should be submitted to the Associate Dean for Medical Education and made available to the Chair of the Department, the Programme Director, and members of the Residency Programme Committee.

VIII. THE CERTIFICATE:

On satisfactory completion of the entire programme of specialist training, the Programme Director will notify the Postgraduate Dean and a certificate of completion of training will be issued. The authorized signatories on the certificate will be the Programme Director, Director General/Assistant Director General (MA) and Postgraduate Dean

IX. References

- The "Rookie Book" - A Guide for New Program Directors, S.L. Moffatt, Royal College of Physicians and Surgeons of Canada, June 2001
- General Information Concerning Accreditation of Residency Programs, Royal College of Physicians and Surgeons of Canada, September 2006
- Specific Standards of Accreditation for Residency Programs in Obstetrics and Gynecology, Royal College of Physicians and Surgeons of Canada, 2006
- Objectives of Training and Training Requirements in Obstetrics and Gynecology, Royal College of Physicians and Surgeons of Canada, 2006

- Educational Objectives: Core Curriculum in Obstetrics and Gynecology, Council on Resident education in Obstetrics and Gynecology, American College of Obstetrics and Gynecology, 2000
- Ezimokhai, M., 'Specialist Training Program in Obstetrics and Gynaecology', Five Year Programme. UAE University, 1999, 2004, 2005
- Smith, JRS 'Specialist Training Program in Obstetrics and Gynaecology - Four Year Residency Training Program' 2003
- Frank JR. The CanMEDS 2005 Physician Competency Framework, 2005

APPENDIX 1

Textbooks & Resources*

- Cunningham, F.G., 'Williams Obstetrics', McGraw-Hill, 2001
- Cuilligan, E., 'Douglas-Stromme's Operative Obstetrics', McGraw-Hill, 1992
- Baron, W., 'Medical Disorders During Pregnancy', Mosby-Yearbook, 2000
- Enkin, M., 'Guide to Effective Care in Pregnancy and Childbirth', Oxford University Press, 2000
- Callen, P., 'Ultrasonography in Obstetrics and Gynecology', Saunders, W. B., 2000
- Rock, J., Te Linde's Operative Gynecology', Lippincott Williams & Wilkins, 1997
- Disaia, P., 'Clinical Gynecologic Oncology', Mosby-Yearbook, 1998
- Speroff, L., 'Clinical Gynecologic Endocrinology and Infertility', Lippincott Williams & Wilkins, 1999
- 2001 Compendium of Selected ACOG Publications, American College of Obstetrics and Gynecology, Washington, DC, 2003
- Cochrane Collaboration, 'The Cochrane Library', Oxford University Press,
- Update Software, 2003

*suggested texts and resources are meant as a guide only. It is recognised that learning materials will be individualized based on need and learning style.

APPENDIX 2

Program Resources

1. Hospitals

The two hospitals utilized by the program are Dubai and Al Wasl Hospitals. The Rashid Medical Library subscribes to all major medical journals and allows access to computer databases and on-line searching. Each hospital has a small library.

Dubai Hospital is a large general hospital with active adult and paediatric medical services including adult and neonatal intensive care units. There is a busy adult surgical service supported by operating room services and anaesthesia. There is an active Casualty department and ambulatory clinics. The Department of Obstetrics and Gynaecology supervises obstetrical ultrasound services.

Al Wasl Hospital is a Mother and Child hospital with active adult and paediatric medical services including adult and neonatal intensive care units. There is a busy adult surgical service supported by operating room services and anaesthesia. There is an active Casualty department and ambulatory clinics. There are the Genetic and Thalassaemia Centres. It also has Paediatric Surgery Services.

Department of Obstetrics and Gynaecology, Al Wasl Hospital:

This facility has a total of 211 in-patient beds, including 19 Labour and Delivery beds. General Obstetric and Gynaecology services are provided by all the consultants and in addition there are sub-specialty interests in Fetal Medicine, Urogynaecology, and Minimal Access Gynaecological Surgery. There are seven teams providing services and each team is led by at least one western trained consultant. All the Specialists are trained and experienced clinical teachers. The annual delivery rate is in excess of 8,000 and the perinatal mortality rate is about 11/1000, mostly due to congenital malformations and prematurity. The caesarean section rate is about 24%.

Department of Obstetrics and Gynaecology, Al Wasl Hospital:

This facility has a total of 88 in-patient beds, including 15 Labour and Delivery beds. General Obstetric and Gynaecology services are provided by all three consultants and in addition there are sub-specialty interests in Urogynaecology. The clinical team is led by at least a western trained consultant. All the Specialists are trained and experienced clinical teachers. The annual delivery rate is in excess of 3,000 and the perinatal mortality rate is about 9/1000, mostly due to congenital malformations and prematurity. The caesarean section rate is about 30%.

APPENDIX 2

Syllabus

Two levels of knowledge and proficiency are referred to in this document.

A **working level** indicates a level of knowledge sufficient for the clinical management of a condition, and/or an understanding of an approach or technique sufficient to counsel and recommend it, without having personally achieved mastery of that approach or technique. The physician should refer patients requiring this level of care to appropriate subspecialty trained colleagues.

An **extensive level** refers to an in-depth understanding of an area, from basic science to clinical application, and possession of skills to manage independently a problem in the area.

The following objectives must be achieved by the completion of Residency Training.

1. General Obstetrics

a. Antepartum Care:

The resident must have an extensive knowledge of maternal physiological changes in pregnancy, fetal development and physiology, antepartum assessment of mother and fetus, and the effects of underlying medical, surgical, social and environmental conditions on pregnancy.

The resident must have a working knowledge of genetic screening, testing and counseling.

The resident must have the extensive knowledge and skills necessary to evaluate the health of mother and fetus, including appropriate history taking and physical examination, provision of comprehensive ongoing antepartum surveillance, ability to identify deviations from normality, and the effective use of laboratory testing, imaging and non-stress testing. He/she will be able to implement appropriate management strategies where deviation from normal is identified.

b. Medical and Surgical Complications:

The resident must have a broad working knowledge of medical, surgical and psychosocial complications of pregnancy and their appropriate management, including timely consultation or transfer of care.

c. Obstetric Complications:

The resident must have extensive knowledge of the pathophysiology, prevention, investigation, diagnosis and management of common obstetric complications at all stages of pregnancy including second trimester pregnancy loss, preterm labour, premature rupture of membranes, antepartum hemorrhage, gestational hypertension, multiple gestation, fetal growth restriction, isoimmunisation, dystocia, post-term pregnancy, and fetal death.

d. Intrapartum Care:

The resident must have the extensive knowledge and skills necessary to conduct normal and complicated labour and delivery.

He/she will be able to assess maternal and fetal health and progress in labour utilizing history and physical examination, intermittent auscultation, electronic fetal monitoring, basic ultrasound imaging and fetal scalp blood sampling.

The resident must have extensive knowledge of techniques of induction and augmentation of labour, including indications, methodology, pharmacology, management and complications.

e. Delivery:

The resident must have extensive knowledge and skills with respect to the mechanisms and techniques of spontaneous and assisted vaginal delivery. He/she will have the ability to identify situations requiring assisted delivery, and be able to appropriately perform forceps delivery, vacuum extraction, cesarean section, breech delivery, management of shoulder dystocia, repair of obstetric lacerations and vaginal birth after cesarean delivery.

f. Postpartum:

The resident must have extensive knowledge of the puerperium and the skills necessary to provide postpartum care, including the recognition and management of early and delayed postpartum hemorrhage and sepsis, diagnosis management and prevention of thrombo-occlusive diseases, promotion of breast feeding, family planning, recognition of risk factors for depression and support in psychosocial adjustment.

g. Medical Imaging:

The resident must be able to perform a limited diagnostic obstetric ultrasound scan for the purpose of ascertaining placental localization, fetal number, fetal presentation, and the level of fetal well-being, including viability.

h. Neonatal Resuscitation:

The resident will have the working knowledge and skills necessary to recognize abnormalities of the neonate. He/she must be able to carry out an appropriate physical examination of the newborn and know when to seek the assistance of a pediatrician. He/she must be able to institute initial resuscitation and stabilization of the newborn.

iii. General Gynaecology

a. Reproductive Physiology and Temporal Changes:

The resident must have an extensive knowledge of normal reproductive physiology and the changes that take place from birth to senescence.

b. Paediatric and Adolescent Gynaecology:

The resident must have a working knowledge of the pathophysiology, investigation, diagnosis, management and possible psychosocial ramifications of gynecologic problems in children and adolescents. These problems include developmental anomalies, precocious and delayed puberty, abnormal vaginal discharge and bleeding, sexual abuse, family planning, teenage pregnancy, and the medico-legal aspects of consent and confidentiality specific to this age group.

c. Reproductive and Endocrine Disorders:

The resident must have extensive knowledge of normal physiology and pathophysiology, investigation, diagnosis, and treatment in the areas of menstrual irregularity, amenorrhea,

dysfunctional uterine bleeding, hormonal underactivity and overactivity, galactorrhea, hirsutism, polycystic ovarian disease and premenstrual syndrome.

d. Menopause:

The resident must have extensive knowledge of the changes associated with menopause and aging, and be able to provide appropriate periodic assessment and management including hormonal and non-hormonal modalities.

e. Human Sexuality:

The resident must have the ability to identify problems related to sexual dysfunction including dyspareunia, vaginismus, inhibited sexual desire and anorgasmia, and be able to initiate management and/or referral.

f. Family Planning:

The resident must have an extensive knowledge of methods of contraception including mechanisms of action, indications, contraindications, and possible complications. He/she must be able to inform women of options available to them and provide any required service (such as counseling in contraception, diaphragm fitting, prescription of oral contraceptives, insertion of intrauterine device, and sterilization) or refer appropriately to meet the patient's needs.

g. Gynaecologic Infections:

The resident must have extensive knowledge of pathophysiology, investigation, diagnosis, and treatment in vaginal and vulvar infections, sexually transmitted diseases, gynecologic aspects of HIV and pelvic inflammatory disease.

h. Breast Conditions:

The resident must have a working knowledge of the pathophysiology, diagnosis, and management of benign breast disease, screening and referral for breast cancer, and the effect of breast cancer and its therapies on the reproductive system.

i. Other Non-Malignant Gynecologic Conditions:

The resident must have extensive knowledge of the underlying physiology, pathophysiology, investigation, diagnosis, medical and surgical treatment in the areas of pelvic support defects, pelvic masses, acute and chronic pelvic pain, endometriosis, abnormal uterine bleeding, and vulvar pain and dermatoses, Urinary Incontinence.

j. Imaging:

The resident must have a working knowledge of the use of imaging techniques including ultrasound, and will have the skills to assess normal pelvic structures and identify abnormalities.

k. General Gynaecologic Surgery:

The resident must have extensive knowledge of the indications for and be skilled in the performance of common gynecological procedures including vulvar, vaginal and cervical surgery for benign conditions, hysterectomy (abdominal and vaginal), myomectomy, adnexal surgery, abdominal exploration, identification and repair of operative complications, paracentesis, cystourethropexy, anterior and posterior colporrhaphy and evacuation of the pregnant uterus.

The resident must be able to discuss with the patient the risks, benefits, and complications of any surgical treatment, as well as non-surgical treatment alternatives.

I. Laparoscopic and Hysteroscopic Surgery:

Laparoscopic Surgery

The resident must have an extensive knowledge of the indications for and be skilled in diagnostic laparoscopy, laparoscopic sterilization, needle aspiration of simple cysts, ovarian biopsy, lysis of adhesions, laser or diathermy treatment of endometriosis (stages 1 and 2), linear salpingotomy or salpingectomy for ectopic pregnancy, salpingectomy and salpingo-oophorectomy and ovarian cystectomy.

Hysteroscopic Surgery

The resident must have an extensive knowledge of the indications for and be highly skilled in hysteroscopy for purposes of diagnosis, treatment of intrauterine synechiae, simple polyp removal, removal of IUCD, and endometrial ablation.

The resident will require a working knowledge of more advanced laparoscopic and hysteroscopic techniques. He/she should know the indications for and limitations of laparoscopically assisted vaginal hysterectomy in comparison with vaginal and abdominal hysterectomy.

m. Preoperative and Postoperative Patient Care:

The resident must have the extensive knowledge and skills necessary to provide appropriate preoperative and postoperative care, including recognition and assessment of perioperative risk factors, provision of nutritional support, promotion of wound healing, and management of medical and surgical complications.

n. Medical and Surgical Diseases:

The resident will have a working knowledge of the important medical and surgical disorders that may have an effect on or be affected by the female reproductive system.

iv. Gynaecologic Oncology

a. Risk Factors

The resident must have extensive knowledge of known risk factors for gynaecologic malignancy and of pre-malignant gynaecologic conditions.

b. Screening

The resident must have extensive knowledge of the current guidelines and indications for screening for cervical, endometrial and ovarian cancer, and an understanding of the reliability of current screening methods.

c. Colposcopy

The resident will have a working knowledge of colposcopic technique and interpretation, the indications for and limitations of the procedure, and indications for referral for colposcopic assessment.

d. Vulvar Neoplasia

The resident will have the working knowledge and skills for diagnosis and staging, and for appropriate referral for treatment.

e. Vaginal Neoplasia

The resident will have the working knowledge and skills for diagnosis and staging, and for appropriate referral for treatment.

f. Cervical Neoplasia

The resident will have the working knowledge and skills for the management of benign and preinvasive lesions of the cervix using techniques such as LEEP, laser, cryotherapy and cone biopsy.

He/she will have a working knowledge of diagnosis, staging and appropriate surgical management (simple or radical hysterectomy) for cervical carcinoma. He/she will be able to refer appropriately for radical surgery, radiotherapy and/or adjuvant therapy.

g. Endometrial and Uterine Cancer

The resident must have the extensive knowledge and skills necessary for diagnosis, staging and appropriate use of simple hysterectomy and bilateral salpingo-oophorectomy and node sampling in management of endometrial and uterine cancer. He/she will refer appropriately for more extensive surgery, radiation, and systemic therapy.

h. Ovarian and Tubal Cancer

The resident must have the working knowledge and skills for diagnosis, and for appropriate referral for surgical staging, radiation chemotherapy, and other treatment modalities. He/she must be able to appropriately use the techniques of hysterectomy, salpingo-oophorectomy, omentectomy and debulking in this context.

i. Gestational Trophoblastic Disease

The resident will have the working knowledge and skills necessary for diagnosis, primary intervention and follow-up. He/she will be able to carry out appropriate metastatic work-up and distinguish low and high risk disease with appropriate referral for further assessment and treatment.

j. Adjuvant Cancer Therapies

The resident will have a working knowledge of the principles and complications of adjuvant therapy, including an understanding of the indications for consultation with appropriate specialists.

k. Imaging:

The resident must have a working knowledge of the use ultrasound, and will have the skills to assess normal pelvic structures and identify abnormalities. The resident must have a working knowledge of the indications for and limitations of other imaging modalities including CT and MRI scanning in the assessment of gynaecologic lesions.

l. Palliative Care

The resident will have a working knowledge of palliation in incurable gynaecologic disease, including the social, ethical and legal implications of the various options.

v. Reproductive Endocrinology / Infertility**a. Infertility:**

The resident must have an extensive knowledge of factors contributing to infertility, enabling him/her to diagnose, evaluate and manage the major causes.

He/she will be able to utilize and interpret the tests and procedures commonly used in diagnosis, such as hormonal evaluation, semen analysis, basal body temperature charting, ovulation prediction, endometrial biopsy, hysterosalpingography and endoscopy.

The resident will be aware of the effectiveness, and complications of current standard treatments as well as appropriate indications for subspecialty referral.

The resident must have the necessary knowledge for diagnosis and management of ovulatory disorders. He/she must have an extensive knowledge for situations requiring simpler regimens such as clomiphene citrate and progestogens and a working knowledge for more complex regimens utilizing GnRH analogues and gonadotropins.

The resident must have a working knowledge of the surgical techniques used in treating tubal and pelvic causes of infertility, including pelvic adhesions, endometriosis, tubal obstruction and uterine malformations.

The resident must have a working knowledge of the assisted reproductive technologies currently available, including appropriate indications for referral.

b. Pregnancy Loss:

The resident must have extensive knowledge of pathophysiology, investigation, diagnosis, and treatment in spontaneous abortion, ectopic pregnancy and recurrent pregnancy loss.

vi. Maternal-Fetal Medicine

a. Medical and Surgical Complications:

The resident must have a broad working knowledge of medical, surgical and psychosocial complications of pregnancy and their appropriate management, including timely consultation or transfer of care. These conditions include: renal, cardiac, pulmonary, GI hepatic, hematologic, endocrine, and neuropsychiatric diseases as well as autoimmune and neoplastic conditions.

b. Obstetric Complications:

The resident must have extensive knowledge of the pathophysiology, prevention, investigation, diagnosis and management of common obstetric complications at all stages of pregnancy including second trimester pregnancy loss, preterm labour, premature rupture of membranes, antepartum hemorrhage, gestational hypertension, multiple gestation, fetal growth restriction, isoimmunisation, dystocia, post-term pregnancy, and fetal death.

c. Infectious Diseases:

The resident must have extensive knowledge of the infectious diseases that commonly impact pregnancy as well as their pathophysiology, prevention, investigation, diagnosis and management and how they effect the developing fetus and newborn.

d. Imaging:

The resident must have and extensive knowledge of the indications and technique for basic obstetrical ultrasound and tests of fetal well-being. They must have a working knowledge of the indications, technique and limitations of Level 3 ultrasound.

e. Fetal Diagnosis and Therapy:

The resident must have a working knowledge of the techniques and procedures involved in prenatal genetics and fetal diagnosis and therapy including ultrasound, amniocentesis, chorionic villus sampling, cordocentesis, fetal transfusion and fetal drug therapy.

Epidemiology and Clinical research Methods:
Epidemiological terms in obstetrics, gynaecology and neonatal paediatrics.

Understand the following epidemiological terms: live birth, abortion, miscarriage, still birth, preterm birth, neonatal mortality, perinatal mortality, infant mortality, maternal morbidity, maternal mortality and low birth weight.

Population terms:

Understand birth, immigration, death, emigration, the 4 demographic processes, which might act on a population group.

Other epidemiological terms:

Understand and able to apply the following:

- Etiological factor: the reduction in disease when a risk factor is removed
- Density dependence: effects in which intensity increases with increasing population density
- Cumulative incidence
- Patterns of infection: endemicity, epidemics, and herd immunity
- Rates: attack rate, case fatality rate, mortality rate
- Risk: risk factor, attribute, exposure, competing risk, induction period and latent period, risk determinant and risk marker

Epidemiological methods:

Be able to:

- Search the literature and data-bases purposefully
- Appraise critically relevant articles and reports
- Interpret findings and consider their applications to other contexts
- Know how to select and draw on clinical evidence to inform practice

Research methods

Be able to define the following terms:

Clinical significance

Statistically significant / insignificant

Variability

Biological variability

Laboratory variability

Observer variability

Data types: categorical, continuous, discrete, qualitative, quantitative

Understand the following methods of, and terms associated with, data collection:

Epidemiological studies

Randomized controlled clinical trials

Randomized cross over clinical trials

Randomized controlled laboratory study

Observational studies

Discrete and continuous variables

Sample size determination

Recognize and understand the following concepts of problems associated with data:

- Bias: confounding bias, measurement bias, sampling bias
- Randomization
- Stratification
- Blindness (masking)
- Relevance of sample size to the ultimate
- Outcome of the statistical analysis
- Understand the significance and limitations of measures of central tendency:
 - Mean, median, mode
 - Variance
 - Co-variance
 - Standard deviation
 - Confidence interval

Understand and apply the following statistical terms:

- Probability and probability distribution models
- Regression and correlation analysis
- Risk – sensitivity analysis, particularly:
 - Absolute risk
 - Absolute risk difference
 - Absolute risk reduction
 - Attributable risk
 - Etiologic fraction
 - Relative risk
 - Exposure odds ratio
 - Number needed to treat
 - Significance testing
 - Meta-analysis

Research skills:

- Using electronic databases such as Medline and the Internet to conduct literature searches and to locate information
- Critically appraise/evaluate relevant literature, reviews and new techniques/technologies
- Use word processors, databases, spreadsheets and statistical packages to produce statistical analysis and research papers
- Conduct a literature review
- Develop an hypothesis to be tested
- Choose an appropriate research methodology and design a research study
- Write a grant application to fund a research project.
- Apply for ethics committee approval for a clinical or laboratory based study
- Collect, collate and interpret data
- Apply basic statistical analysis to clinical data
- Develop an outline structure for a research paper
- Write a literature review for a research paper
- Apply the developed outline to write a research paper

SUPERVISION OF THE RESIDENTS

Policy:

1. Clinical Teaching staff are essential and important to the successful implementation of the Dubai residency training Programme.
2. Clinical Teaching staff are expected to be familiar with the goals and objectives of the programme as well as of the rotation for which they have responsibility.
3. Clinical Teaching staff are expected provide a direct and appropriate level of clinical supervision to all residents during clinical rotations.
4. Clinical Teaching staff are expected to foster an effective learning environment by ensuring that the (a) residents share responsibility for decision-making in patient care under supervision, (b) residents have constructive feedback from the concerning clinical skills at diagnosis and management (c) participation of residents in patient care adds to the effectiveness, appropriateness and quality of care.

Procedures:

1. Clinical responsibilities must be assigned to the residents in a carefully supervised and graduated manner, so that the resident assumes progressively increasing responsibility in accordance with their level of education, ability, and experience.
2. Teaching staff supervision must include timely and appropriate feedback to the residents.
3. The resident's clinical involvement must be in fulfillment of the programme's written educational curriculum.
4. Teaching staff must demonstrate concern for each resident's well-being and professional development.
5. Teaching staff who supervise the residents have overall responsibility for patient care and are the ultimate authority for final decision.
6. Teaching staff schedules must be structured to ensure continuous supervision of residents and availability of consultation.
7. All decisions regarding diagnostic tests and therapeutics, initiated by the residents will be reviewed with the responsible Consultants during patient care rounds.
8. Patients will be seen by the team of residents, interns and medical student and their care will be reviewed with the Consultant at appropriate intervals.
9. The residents are required to promptly notify the patient's Consultant physician in the event of any controversy regarding patient care or any serious change in the patient's condition.
10. In clinics and consultation services, the Consultant or supervising physician must review overall patient care rendered by residents.
11. In the operating theatres, the Consultant or supervising physicians are responsible for the supervision of all operative cases. Consultants supervising physicians must be present in the operating room with residents during critical parts of the procedure. For less critical parts of the procedure, the Consultant or supervising physician must be immediately available for direct participation.

APPENDIX 3

LogBook Contents

An example of a Case Log Book page is shown on the next page. The items that will be kept in the case log will be reviewed periodically by the Residency Programme Committee and the teaching staff. Current suggestions for log book tracking include:

- Case Presentations
- Pre-Operative Assessments
- Post-Operative Follow-Up and Management
- Discharge Summaries of Patient's Managed
- Ambulatory Care – Obstetrics
- Ambulatory Care – Gynecology
- Ambulatory Care - Gyn Oncology
- Ambulatory Care - Reproductive Endocrinology/Infertility
- Ambulatory Care – Urogynecology
- Ambulatory Care - Maternal-Fetal Medicine
- Ambulatory Care – Community Health Care Centre
- NICU Cases
- Ultrasound – Obstetrics
- Ultrasound – Gynecology
- External Cephalic Version
- Management of Labour
- Normal Deliveries
- Vacuum Deliveries
- Forceps Deliveries
- Breech Delivery
- Episiotomy/Laceration Repair
- Caesarean Section
- Cystoscopy
- Hysteroscopy
- Dilatation and Curettage
- Evacuation of Retained Products
- Laparoscopy
- Laparoscopic Tubal Ligation
- Laparotomy - Ovarian / Tubal
- Laparotomy – Hysterectomy
- Laparotomy – Oncology
- Vaginal Hysterectomy
- Anterior and Posterior Colpoperineorrhapy
- Operations for Stress Incontinence
- Health Maintenance – the Climacteric
- Colposcopy and Cytology

LOGBOOK

Year ONE	Topic : Basic Clinical Skills
----------	-------------------------------

Skill	Competence Level				
	1	2	3	4	5
Communication					
Obstetric History					
Gynaecological History					
Counselling Skills					
Breaking bad news					
Breast Examination					
Non pregnant Abdominal Examination					
Pregnant abdominal Examination					
Speculum Examinations					
Obtain Vaginal Swab					
Obtain cervical smear					

TRAINING

Communication Skills					
Clinical Examination in Obstetrics and Gynaecology					

Year ONE	Topic Basic Surgical Skills
----------	-----------------------------

Clinical Experience	Competence Level				
	1	2	3	4	5
Interpret preoperative investigations					
Arrange preoperative management					
Obtain informed consent					
Successfully tie various surgical knots					
Identify various types of suture materials					
Recognise various types of surgical blades					
Recognise various types of surgical needles					
Correctly perform surgical handwash					
Prepare the operation field for surgery					
Successfully remove surgical sutures					
Insert intravenous cannulas					
Prescribe fluid requirements after major surgery					
Prescribe opiate and nonopiate analgesics after a major surgery					
Manage urethra catheter after a major operation					
Manage surgical drains after a major operation					

TRAINING

Skills	Trainer/Supervisor
Obtaining Consent for treatment/surgery	
Basic Surgical Skills	

Years ONE and TWO	Topic :Antenatal Care
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Clinical Experience	Competence Level				
	1	2	3	4	5
Correctly conduct first antenatal care visit					
Correctly conduct follow-up antenatal care visits					
Manage medical complications of pregnancy					
Manage antepartum haemorrhage					
Manage multi-fetal gestation					
Manage breech presentation					
Manage other malpresentations					
Manage pregnancy complicated by diabetes					
Master antenatal monitoring of fetal wellbeing					
Recognise indications for emergency and elective caesarean sections					

TRAINING

Skills	Signature of Trainer
Obstetric Examination	
Early pregnancy ultrasonography	
External cephalic version	
Antenatal Cardiotocography	
Obstetric Examination	

Year TWO	Obstetric Ultrasound
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Clinical Experience	Competence Level				
	1	2	3	4	5
The Ultrasound Machine					
First trimester scanning (Viability, Number, Mensurations, -CRL, Nuchal thickness) Transvaginal scan					
Second trimester Scanning (Mensurations – BPD, HC, AC, Cervical length, Placenta site. Anomaly scan)					
Third Trimester Scanning (Viability, presentation, placenta site, Fetal weight, Maturity)					

TRAINING

Skills	Signature of Trainer
Obstetric Ultrasonography	

Year ONE, TWO, THREE, FOUR	Topic :Medical Disorders in Pregnancy
----------------------------	---------------------------------------

Diagnose, Investigate and Manage	Competence Level				
	1	2	3	4	5
Hypertensive Disorders of Pregnancy					
Abnormal glucose metabolism & pregnancy					
Liver Diseases and Pregnancy					
Thrombo-embolic Disorders and pregnancy					
Rheumatoid Disease and pregnancy					
Infections (viral and bacteria) and Pregnancy					
Kidney Diseases and Pregnancy					
Psychiatry disorders and pregnancy					
Neurological disorders and pregnancy					
Autoimmune diseases (incl Rh) and Pregnancy					
Dermatological problems and Pregnancy					
Drug prescription and Pregnancy					
Drug and substance abuse and pregnancy					
Haemoglobinopathies & Anaemia in Pregnancy					

TRAINING

Skills	Signature of Trainer
Presentation Skills	

Year ONE and TWO	Topic : Labour
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	Competence Level				
	1	2	3	4	5
Induce Labour					
Triage patients presenting in Labour Ward					
Advise on Pain relief in Labour					
Manage normal labour					
Manage labour after previous C/S					
Manage preterm labour					
Manage severe pre-eclampsia					
Manage eclampsia					
Manage intra-uterine fetal death					
Manage obstetric haemorrhage					
Manage maternal collapse					
Interpret intrapartum CTG					
Conduct fetal scalp blood sampling					

TRAINING

Skills	Signature of Trainer
BCLS, ACLS, ALSO, ALARM	
Drill for maternal collapse	

Year ONE and TWO	Topic :Delivery
------------------	-----------------

Conduct appropriately	Competence Level				
	1	2	3	4	5
Normal delivery with and without episiotomy					
Repair of Episiotomy					
Assisted vaginal delivery -Vacuum					
Assisted vaginal delivery – Forceps without rotation					
Assisted vaginal delivery –Forceps with rotation					
Assisted vaginal delivery - Breech					
Assisted vaginal delivery -Twins					
Primary uncomplicated caesarean section					
Repeat caesarean section					
Manual removal of placenta					
Caesarean section with placenta praevia					
Neonatal resuscitation					

TRAINING

Skills	Signature of Trainer
Training on mannequin Normal delivery Forceps delivery Shoulder dystocia	
Neonatal resuscitation	

Year ONE and TWO	Topic :Postpartum Problems
------------------	----------------------------

Diagnose and manage appropriately	Competence Level				
	1	2	3	4	5
Postpartum haemorrhage					
Perineal and vaginal lacerations					
Lactational disorders, incl engorgement					
Normal puerperium					
Post-operative delivery					
Thromboprophylaxis					
Puerperal psychological problems					
Puerperal pyrexia					

TRAINING

Skills	Signature of Trainer
Drill for maternal collapse	
Counselling for Contraception	
Lactation Consultant Course	
Breaking 'bad news'	

Year ONE and TWO	Topic : Gynaecological Problems
------------------	---------------------------------

Diagnose, investigate and manage	Competence Level				
	1	2	3	4	5
Bleeding in early pregnancy					
Recurrent early pregnancy losses					
Ectopic pregnancy					
Irregular menstrual bleeding					
Menorrhagia					
Oligomenorrhoea					
Amenorrhoea					
Dyspareunia					
Dysfunctional uterine bleeding					
Endometriosis					
Chronic pelvic pain					
Premenstrual syndrome					
Hirsutism					
Polycystic ovary syndrome					
Vaginal discharge					
Pelvic Inflammatory Disease					

TRAINING

Skills	Signature of Trainer
Evacuation of retained products of conception	
Diagnostic D and C	
Diagnostic laparoscopy	
Early pregnancy ultrasound	
Interpretation of hCG levels	
Non-surgical management of ectopic pregnancy	

Year ONE and TWO	Topic : Gynaecological Problems
------------------	---------------------------------

Diagnose, investigate and manage	Competence Level				
	1	2	3	4	5
Disorders of puberty					
Precocious puberty					
Delayed puberty					
Adolescent sexuality					
Emergency contraception					
Infertility					
Contraception problems in the adolescent, reproductive years and perimenopausal woman					
The Climacteric and HRT					

TRAINING

Skills	Signature of Trainer
Insertion of IUCDs (Workshop)	
Counselling for contraception	

Year THREE and FOUR	Topic :Oncology
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	Competence Level				
	1	2	3	4	5
Cervical Cytology (Counselling, perform and interpret)					
Colposcopy (Perform and report)					
Recognize, counsel and plan management of premalignant and malignant conditions of					
Cervix					
Endometrium					
Ovary					
Vulva					
Management of trophoblastic diseases					

TRAINING

Skills	Signature of Trainer
Basic Cytology Course	
Basic Colposcopy Course	

Year THREE and FOUR	Topic : Urogynaecology & Pelvic Floor Problems
---------------------	--

Clinical Skills	Competence Level				
	1	2	3	4	5
Obtain Urogynaecological history					
Interpret Urinary frequency/volume charts Uroflowmetry profiles Cystometry investigations Residual Volume measurements					
Non-surgical management of voiding disorders					
Evaluation and management of uterovaginal prolapse					

TRAINING

Skills	Signature of Trainer
Cystometry	
Colposuspensions	
TVT's	
Pelvic Floor repairs	

Year ONE, TWO, THREE, FOUR	Topic : Surgical Procedures
----------------------------	-----------------------------

Able to conduct the following surgeries	Competence Level					Year
	1	2	3	4	5	
Evacuation of retained products of conception						1
Diagnostic D&C						1
Vulvar Surgeries Biopsy Bartholin's cyst marsupialisation/excision						1
Diagnostic hysteroscopy						2
Therapeutic hysteroscopy						2
Diagnostic Laparoscopy						2
Operative laparoscopy (Ectopic, ovarian cysts)						2 and 3
Laparotomy for Ectopic pregnancy Ovarian cystectomy Total abdominal hysterectomy Total abdominal hysterectomy+ BSO						3
Cervical Biopsy						2
Cervical cerclage						2
Repair of uterovaginal prolapse						4
Repair of cystocele						4
Repair of rectocele						4
Reduction or expansion of perineal orifice.						4
Vaginal hysterectomy						4

TRAINING

Skills	Signature of Trainer

Suggested figures for minimum levels of experience:

Figures for procedures refer to the number of procedures performed, not assessed, by the trainee. All figures refer to the minimum levels of experience, which hospitals must agree to arrange for each trainee over the 4 year period.

These figures guide only; they do not define absolute requirements that must be met by each trainee:

- 100 normal deliveries (supervision and management)
- 100 cesarean sections
- 50 operative vaginal deliveries (including multiple pregnancy, ventouse, breech, forceps)
- 50 major abdominal surgical procedures
- 50 major vaginal procedures
- 50 laparoscopic examinations or procedures
- 50 hysteroscopic examinations or procedures
- 50 colposcopic examinations
- At least 150 hours of ultrasound experience (must include 20 transvaginal ultrasound)
- 300 hours in obstetric clinics (including specialist clinics in urogynaecology and reproductive medicine)
- 300 hours in obstetrics clinics
- 12 weeks in an approved gynaecologic oncology unit (at least 50% of this time must be spent in clinical work in gynaecological oncology)

APPENDIX 4 Encounter Card

An example of a resident evaluation Encounter Card that would be used in day to day clinical settings is shown below:

Encounter Cards

Resident _____ Staff _____ Date _____

Clinical Situation _____

	Unsatisfactory		Adequate		Excellent		N/A
Knowledge							

	Unsatisfactory		Adequate		Excellent		N/A
Professional Skills							

	Unsatisfactory		Adequate		Excellent		N/A
Manual Skills							

	Unsatisfactory		Adequate		Excellent		N/A
Overall							

Comments: _____



DOHMS Obstetrics and Gynaecology Residency Program Clinical ROTATION Evaluation

Resident Name: (optional) _____ Rotation _____

This Form is designed to provide resident feedback to Programme Administrators concerning strengths and areas to improve in the variety and organization of clinical exposures provided in the different clinical rotations of the Paediatric Programme. The forms will be given to the rotation supervisor of each rotation at the end of the rotation. Please feel free to be candid and objective. All comments will not be traceable by the division in question to the resident completing the form.

Rank the following statements on a scale of 1 to 7 on whether you agree or disagree with them as they pertain to this rotation (1= strongly disagree; 7 = strongly agree)

Evaluation Scale:	Could not Judge	Strongly Disagree	→		→		→	Strongly Agree
Organization of the Rotation								
The overall workload of the rotation was appropriate (please make a comment in comments section as to if workload was too light or too heavy)	0	1	2	3	4	5	6	7
Patient Rounds were run in an efficient manner balancing teaching with patient care needs	0	1	2	3	4	5	6	7
The amount of scut in the Rotation was appropriate	0	1	2	3	4	5	6	7
The clinical material I saw provided a good exposure to the field of practice of the rotation	0	1	2	3	4	5	6	7
I was given clinical responsibilities appropriate for my level of training (please make a comment in comments section as to whether too much or too little was expected of you)	0	1	2	3	4	5	6	7
Teaching								
The academic activities of the division provided good learning opportunities	0	1	2	3	4	5	6	7
There was adequate access to internet resources and books if I needed to look something up	0	1	2	3	4	5	6	7
The bedside teaching was very good	0	1	2	3	4	5	6	7
I received my evaluation before the rotation ended	0	1	2	3	4	5	6	7
I received feedback about my performance throughout the rotation	0	1	2	3	4	5	6	7
Logistics								
There was adequate space for me to complete my work	0	1	2	3	4	5	6	7
The secretarial support was good	0	1	2	3	4	5	6	7
The attending staff were available for back up and consultation if needed	0	1	2	3	4	5	6	7
The rotation was arranged in such a way that I was able to attend other Teaching Activities	0	1	2	3	4	5	6	7
Resident – Faculty Interactions								
I felt that my contributions to the department's clinical activities were valued	0	1	2	3	4	5	6	7
My opinions were respected and I felt like a member of the team.	0	1	2	3	4	5	6	7
Overall								
Overall this rotation allowed me to meet most of the rotation specific educational objectives	0	1	2	3	4	5	6	7



DOHMS Obstetrics and Gynaecology Residency Program
Clinical Rotation FACULTY Teaching Evaluation

Resident Name: (optional) _____ Rotation _____

This Form is designed to provide resident feedback to Programme Administrators concerning strengths and areas to improve in the quality of training by providing an assessment of teaching staff in the Paediatric Programme. The forms will be given to the resident at the end of each rotation. Please feel free to be candid and objective. All comments will not be traceable by the division in question to the resident completing the form.

Rank the following statements on a scale of 1 to 7 on whether you agree or disagree with them as they pertain to this rotation (1= strongly disagree; 7 = strongly agree)

Clinical Teaching Faculty: _____ Rotation: _____

(Note: Use a separate sheet for each supervising Faculty Member)

Please Rate the Faculty Member's teaching style and capacity to function as a role model in the provision of the most competent, compassionate, and professional care to patients in the following domains:

	Could not Judge	Strongly Disagree	→		→		→	Strongly Agree
Medical Expert								
Up-to-date in area of practice; sound scientific and clinical knowledge	0	1	2	3	4	5	6	7
Promotes development of trainee's judgement and decision making	0	1	2	3	4	5	6	7
Supervised the teaching of procedural skills	0	1	2	3	4	5	6	7
Communicator								
Role model for effective & compassionate communication with patients & families	0	1	2	3	4	5	6	7
Clear written communications documentation	0	1	2	3	4	5	6	7
Collaborator								
Role model for care in interdisciplinary setting	0	1	2	3	4	5	6	7
Respectful interaction with trainees/ other colleagues in clinical situations	0	1	2	3	4	5	6	7
Provided appropriate graded responsibility to the resident during the rotation	0	1	2	3	4	5	6	7
Manager								
Role modeled the use of health care resources cost effectively	0	1	2	3	4	5	6	7
Organization of work and time management	0	1	2	3	4	5	6	7
Health Advocate								
Role-modeled just advocacy for his/her individual patients	0	1	2	3	4	5	6	7
Scholar								
Promoted critical appraisal skills in teaching and clinical work	0	1	2	3	4	5	6	7
Enthusiasm for and effectiveness at teaching	0	1	2	3	4	5	6	7
Professional Role modelled and promoted the values of:								
The highest levels of integrity and honesty	0	1	2	3	4	5	6	7
Sensitivity to and respect for diversity	0	1	2	3	4	5	6	7
Compassion and Empathy	0	1	2	3	4	5	6	7
Recognition of own limitations	0	1	2	3	4	5	6	7
Application of the principles of medical ethics to clinical situations	0	1	2	3	4	5	6	7



DOHMS OBSTERICS AND GYNAECOLOGY RESIDENCY PROGRAM
ROTATION IN-TRAINING ASSESSMENT (RESIDENT)

Name:

Program:

Period of Training

FROM:

TO:

Resident: I II III IV V

Site:

Specific rotations included in this evaluation:

	Could not Judge	Strongly Disagree	→	→	→	→	Strongly Agree	
MEDICAL EXPERT								
Basic scientific knowledge	0	1	2	3	4	5	6	7
Basic clinical knowledge	0	1	2	3	4	5	6	7
History & physical examination	0	1	2	3	4	5	6	7
Interpretation & utilization of information	0	1	2	3	4	5	6	7
Clinical judgment & decision making	0	1	2	3	4	5	6	7
Technical skills required in the specialty	0	1	2	3	4	5	6	7
COMMUNICATOR								
Interprofessional relationships with physicians	0	1	2	3	4	5	6	7
Communication with other allied health professionals	0	1	2	3	4	5	6	7
Communication with patients	0	1	2	3	4	5	6	7
Communication with families	0	1	2	3	4	5	6	7
Written communication & documentation	0	1	2	3	4	5	6	7
COLLABORATOR								
Interacts and consults effectively with all health professionals by recognizing and acknowledging their roles & expertise	0	1	2	3	4	5	6	7
Delegates effectively	0	1	2	3	4	5	6	7
MANAGER								
Understands & uses information technology	0	1	2	3	4	5	6	7
Uses health care resources cost-effectively	0	1	2	3	4	5	6	7
Organization of work & time management	0	1	2	3	4	5	6	7
HEALTH ADVOCATE								
Advocates for the patient	0	1	2	3	4	5	6	7
Advocates for the community	0	1	2	3	4	5	6	7
SCHOLAR								
Motivation to read and acquire knowledge	0	1	2	3	4	5	6	7
Critically appraises medical literature	0	1	2	3	4	5	6	7
Teaching skills	0	1	2	3	4	5	6	7
Completion of research/project	0	1	2	3	4	5	6	7
PROFESSIONAL								
Integrity & honesty	0	1	2	3	4	5	6	7
Sensitivity & respect for diversity	0	1	2	3	4	5	6	7
Responsibility and self-discipline	0	1	2	3	4	5	6	7
Communicates with patients with compassion	0	1	2	3	4	5	6	7
Recognition of own limitations, seeking advice when needed	0	1	2	3	4	5	6	7
Understands and applies principles of ethics clinical situations	0	1	2	3	4	5	6	7
GLOBAL EVALUATION OF COMPETENCE AND PROGRESS	Incomplete 0	1	2	3	4	5	6	7

