

Hashemite University

Faculty of Medicine

Department of Obstetrics and Gynecology

2023 - 2024

Obstetrics and Gynaecology II Syllabus

Course information

Course title: Obstetrics and Gynaecology Number II

Course number: 111505601

Credit hours: 9

Course date: 3rd of September 2023 for 8 weeks

Repeated

Course meeting time: 08:00 – 17:00 hours Sunday through Thursday

Course location:

Prince Hamza Hospital (PHH)

Queen Alia Hospital/ Royal medical services

Al-Zarqa Government Hospital

Prince Hashem Hospital/Royal Medical Services

Al-Bashir Hospital

Al-Mafraq Hospital

King Hussein Medical City

Online sessions

Instructors:

| Instructor | Office Location | Office hours | Phone | E-mail |
|--------------------|-----------------|---------------------------|------------|--|
| Dr Fida Al-Asali | | Thursday 0800-1700 hrs | 0791752614 | Fida_a_99@yahoo.com |
| Dr Rami Kilani | | Thursday 0800-1700 hrs | 077540100 | Rkilani200@yahoo.com |
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| Dr Lubna Masaadeh | | Thursday 0800-1700 hrs | 0797905793 | lubna4_7@hotmail.com |

Instructors can be contacted at PHH.

What's app group is created every rotation for easier communication and announcements.

MS teams group is created every rotation for online sessions

Pre-requested course: Passing year Five successfully

Course description

This course offers a general obstetrics-gynaecology experience over eight weeks. Rotating within six hospitals, the students will be exposed to a variety of cases including antenatal, postnatal patients, obstetric and gynaecological assessment, pre-operative patients in a clinic setting. Hospital rounds, assisting in patient deliveries, including operative deliveries (Instrumental and C/Sections) and Gyn Surgery, are expected.

Course Expectations: Progressive levels of responsibility, culminating in the ability to evaluate and formulate an appropriate treatment, care plan.

Learning outcomes

Upon completion of the basic clerkship, each student should be able to:

- A. Demonstrate skills in independent learning and critical thinking.

- B. Obtain and record clearly a complete medical history, conduct a complete Physical Examination, and,
 - (1) Identify normal and abnormal patterns (physical, intellectual and social).
 - (2) Identify and accurately record the patient's problems (physical, intellectual and social).
 - (3) Assess the data in the context of the patient's status; formulate a problem

list for both acute and long-term problems, and a provisional diagnostic and therapeutic plan.

(4) Obtain necessary supplementary information and reassess the patient's status at appropriate intervals

(5) Present verbally at bedside or in conference, a concise summary of the patient.

C. Establish a relationship of mutual respect between the physician, patient and the patient's family, and acquire the basic interpersonal skills which facilitate this relationship.

D. Appreciate the role of community agencies, practicing physicians and community health care programs in facilitating optimal care.

E. Develop positive attributes which will serve as the basis for a successful Professional career.

F. Develop study habits which will enhance lifelong learning.

Medical Knowledge:

- The student will be able to describe the maternal physiologic and anatomic changes associated with pregnancy and the physiologic functions of the fetus and placenta.

- The student will be able to describe the stages, mechanisms and management of normal labor and delivery and identify common problems in obstetrics.

- The student will be able to describe potential consequences of medical and surgical conditions in pregnancy.

- The student will be able to explain the physiologic or pharmacologic basis of action, effectiveness, benefits and risks and financial considerations of various methods of contraception.
- The student will be able to describe the endocrinology and physiology of the normal menstrual cycle, including menopause, and to describe causes, evaluation methods and therapeutic options for abnormal uterine bleeding.

Patient Care:

- The student will demonstrate the ability to perform a thorough Ob/Gyn history, including menstrual history, obstetric history, gynaecologic history, contraceptive history and sexual history.
- The student will demonstrate the ability to perform an obstetric-gynaecologic examination, including breast examination and complete pelvic examination that is comfortable for the patient.
- **For the obstetrical patient** the student should be able to:
 1. Assess the presence /absence of normal labour
 2. Assess and diagnose ruptured membranes
 3. Assess common problems in pregnancy such as perception of decreased fetal movement, abdominal pain and vaginal bleeding

4. Assess fetal well-being during labor and delivery and the student will demonstrate the ability to interpret electronic fetal monitoring.

5. Assess analgesia /anesthesia needs for a labouring patient

6. Assess and manage postpartum complications

• **For the gynaecology patient** the student should be able to:

1. To describe the age appropriate screening procedures and recommended time intervals for routine health maintenance and disease prevention in women.

2. Assess common emergency gynaecologic problems such as abortion, ectopic pregnancy, pelvic inflammatory disease, appendicitis and torsion

3. Manage common gynaecological issues such as contraception, menopausal symptoms, dysfunctional uterine bleeding, sexually transmitted infections, vaginal and vulvar disorders

4. Assess pelvic masses

5. Interpret cervical cytology results.

6. Have a working knowledge of infertility

7. Have a working knowledge of incontinence

8. List possible surgical complications and methods to minimize them

Instructional methods:

Various learning approaches and activities are incorporated into this course including:

Bedside teaching/ward rounds ➤

Students prepare the cases and present them. Physical examination is demonstrated and students are observed doing the examination with a feedback.

RIME with Reasons ➤

RIME is a classification measure of a student's progression from that of a **R**eporter to **I**nterpreter, to **M**anager/**E**ducator. Most medical students should be able to demonstrate they can reliably gather the facts on patients and present this information in an organized manner. It is expected that the students will progressively synthesize this information, learning to connect signs and symptoms with tests, and to develop a differential diagnosis.

Prompting students by asking questions to think and search evidence- ➤ based resources.

Students value questioning, especially when we ask their opinion and ask them to formulate a plan. Active questioning will give them the opportunity to demonstrate their knowledge, reasoning and management skills.

Presentations/Seminars ➤

These are done by both the instructors and the students in big and small groups both in teaching rooms in hospitals or through online sessions.

The students are asked to attend morning reports and all departmental meetings.

Shadowing in the outpatient clinics ➤

Attending/Assisting in the operating theatre ➤

Attending the labour ward, the student will interpret Non-stress test, do ➤
obstetric and vaginal examination, watch normal and instrumental
deliveries and have hands on practice.

Log books to check competencies and tailor individual plans if needed ➤

OSCE assessment at the end of the 8-week rotation ➤

Text book and materials

Recommended books:

Hacker & Moore's Essentials of Obstetrics and Gynecology .1

Monga A. Gynaecology by Ten Teachers .2

Baker PN. Obstetrics by Ten Teachers .3

Magowan B, Owen P, Drife J. Clinical Obstetrics and Gynaecology .4

Callahan TL, Caughey AB, Heffner LJ. Blueprints Obstetrics and
Gynaecology .5

Edmonds DK. Dewhurst Textbook of Obstetrics and Gynecology .6

Morgan M, Siddighi S. National Medical Series for Independent Study .7
Obstetrics and Gynecology

Novak's Gynaecology .8

Williams Obstetrics .9

Current clinical strategies, gynecology and obstetrics.10

Grading Policy:

Grades can be based on the following:

Class and online sessions attendance/ participation: 10%

End of Course OSCE evaluation: 30%

Final MCQ Exam: 45%

Final Oral exam: 15%

Total points 100

Course Policies:

Late Assignments will not be accepted

Missed exams (OSCE) will only be repeated if there is an acceptable excuse at the departmental meeting. The exam will be done with the following group.

Theory and oral exams follow the HU guidelines and need approval at the Faculty meeting.

Absence as per the HU guidelines 10% of the rotation without an excuse, 15% with an excuse. Missing any part of the daily allocated activities will be counted for as absence.

Cheating will be treated as per the HU guidelines.

Classroom and online session Protocol:

The students should demonstrate the following professional and ethical behavior and skills:

1. Each student is dutiful, arrives on time, stays until all tasks are complete, attend online sessions on time and open his/her camera through them
2. Consistently follows through on patient care responsibilities

3. Accepts and readily responds to feedback, is not resistant to advice
4. Assures professionalism in relationships with patients, staff & peers
5. Displays integrity & honesty in medical ability and documentation
6. Acknowledges errors, seeks to correct errors appropriately
7. Is well prepared for and seeks to provide high quality patient care
8. Identifies the importance to care for underserved populations in a non-judgmental manner

Important Dates to Remember:

Last Thursday of the 8-week rotation: OSCE assessment

Final MCQ Exam: 2nd to 16th of May 2024

Final Oral Exams: 19th to 22nd of May 2024

Students' rights and responsibilities

Students are expected to be present for the various elective activities that will be noted by the clinical staff in the department.

Attendance is expected at the various clinical activities including morning ward rounds, operating room when assigned, afternoon rounds, conferences, online sessions and any activity specifically requested by the attending instructor.

Students are expected to be punctual for all of the various activities noted on the weekly schedule.

Failure to adhere to the schedule will result in undue delays and inconveniences to patients, students and faculty.

Dress Code: It is expected that students carry themselves in professional manner; this includes appropriate clothing while engaged in patient care. This also applies to the operating room where scrubs are needed.

Responsibilities of the Instructors:

Treat all learners with respect and fairness. .1

Treat all learners equally regardless of age, gender, race, ethnicity, .2
national origin, religion, disability, or sexual orientation.

Provide current materials in an effective format for learning. .3

Be on time for didactic, investigational, and clinical encounters. .4

Provide timely feedback with constructive suggestions and opportunities .5
for improvement/remediation when needed.

Course Schedule:

The group will be subdivided into 8 smaller groups rotating in 7 hospitals. ➤

Seminars will be presented weekly on thursdays, either in hospitals' teaching ➤
rooms or through online sessions.

| Date | Seminars |
|-------------------|--|
| Week 1 | Management of patient with abnormal smear |
| | Management of abnormal vaginal bleeding Approach and management of fibroids □ |
| Week 2 | Abnormal labour and caesarean section |
| | Maternal & perinatal mortality |

| | |
|-------------------|--|
| Week 3 | Management of early pregnancy bleeding |
| | Management of obstetric haemorrhage |
| Week 4 | Management of sub-fertile couple Assisted reproductive techniques |
| | Approach to fetal anomalies |
| Week 5 | Urinary problems in gynaecology |
| | Principles of gynaecological surgery Principles of gynaecological surgery and procedures <input type="checkbox"/> Procedure, indications and possible complications of D&C ERPC, suction evacuation Laparoscopy Laparotomy TAH+/-BSO Consenting patients <input type="checkbox"/> |
| Week 6 | Management of abdominal pain in pregnancy |
| | Operative delivery |
| Week 7 | Management of pelvic mass |
| | Management of patient with severe PET & eclampsia |
| Week 8 | Management of recurrent miscarriage |
| | Management of obstetric emergencies including trauma and resuscitation in pregnancy |

Outline for topics to be discussed during the OB/GYN rotation: ➤

Obstetrics

First week:

Antepartum Care •

- a. Distinguish an at-risk pregnancy
- b. Assess fetal growth, well-being & maturity

Be Able to Describe:

- a. Appropriate diagnostic studies
- b. Patient education programs
- c. Nutritional needs of pregnant women
- d. Adverse effects of drug & environment

Be able to do:

- a) Perform a physical exam on obstetrical patients
- b) Answer commonly asked questions regarding pregnancy, labour & delivery

Intrapartum Care •

- a) Pain management during labour
- b) Methods of monitoring the mother and fetus
- c) Management of normal delivery
- d) Vaginal repair
- e) Indication for operative delivery

Intrapartum Fetal Surveillance •

- a) Give the standards of monitoring in labor using clinical and electronic monitoring

Postpartum Care •

Describe:

- a) Normal maternal physiologic changes of the postpartum period
- b) Normal postpartum care
- c) Appropriate postpartum patient counseling including post-partum depression
- d) Risk factors for postpartum infection
- e) List most common infectious organisms
- f) Indications for use of prophylactic antibiotics

Second week:

Medical Complications of Pregnancy •

Know the interaction between

a) Pregnancy and the following medical and surgical conditions:

a. Anemia

b. Diabetes Mellitus

c. Urinary Tract infection

d. Infectious Diseases including:

I. Herpes

II. Rubella

III. Group B Streptococcus

IV. Hepatitis

V. HIV, HPV & other sexually transmitted infections

VI. Cytomegalovirus (CMV)

VII. Toxoplasmosis

VIII. Varicella & parvovirus

b) Cardiac Disease

c) Asthma

d) Alcohol, tobacco, other substance abuse

Third week:

Preterm Labour •

- a) Factors predisposing to preterm labour*
- b) Signs & symptoms of premature uterine contractions*
- c) Causes of preterm labour*
- d) Differential Diagnoses*
- e) Management of preterm labour, including:*
 - i. Tocolytics*
 - ii. Steroids*
 - iii. Antibiotics*

Premature Rupture of Membranes (PROM) •

- a) History, physical findings, and diagnostic method to confirm ROM*
- b) Factors predisposing to PROM*
- c) Risk & benefit of expectant management versus immediate delivery*
- d) Methods to monitor maternal and fetal status during expectant management*

Fourth week:

Dysfunctional labor •

- a) Discuss the principles of Active Management of Labor*
- b) Methods of evaluating fetopelvic disproportion*
- c) Indications and contraindications for oxytocin administration*
- d) Management of abnormal fetal presentations*
- e) Vaginal birth after caesarean delivery*

Shoulder Dystocia •

- a) Risk factors for shoulder dystocia*

- b)* Demonstrate immediate management
- c)* Discuss options if immediate management not available

Fifth week:

Second and third-Trimester Bleeding •

- a)* Describe the approach to patient
- b)* Compare symptoms, physical findings, diagnostic methods, that differentiate patients with placenta praevia, abruption placenta, and other causes of 3rd trimester bleeding
- c)* Describe complications of placenta praevia & abruption placenta
- d)* Describe immediate management of shock secondary to 3rd trimester bleeding
- e)* Describe the components of various blood products and indications for their use

Postpartum Haemorrhage •

- a)* Risk factors for postpartum haemorrhage
- b)* Differential Diagnosis of postpartum haemorrhage
- c)* Immediate management of the patient with postpartum haemorrhage including:
 - a.* Inspection for lacerations
 - b.* Use of uterine contractile agents
 - c.* Management of volume loss
 - d.* Management of coagulopathy
- d)* Knows the importance of active management of the third stage of labor
- e)* Physiologic adaptations of the body to accommodate blood loss
- f)* Pregnancy adaptations protective against blood loss during pregnancy

Sixth week:

Gestational Hypertension •

- a) Definition and classification of hypertension in pregnancy
- b) Pathophysiology of Preeclampsia-Eclampsia Syndrome
- c) Symptoms, physical findings, and diagnostic methods
- d) Approach to management
- e) Maternal and fetal complications

Multi-fetal Gestation •

- a) Aetiology of monozygotic, dizygotic, multizygotic gestation
- b) Altered physiologic states of multifetal gestation
- c) Symptoms, physical findings, and diagnostic methods
- d) Approach to antepartum, intrapartum, and postpartum management
- e) Complications of multifetal gestation

Seventh week:

Fetal Death •

- a) Common causes of fetal death in each trimester
- b) Symptoms, physical findings, and diagnostic methods to confirm the diagnosis
- c) Management of a patient with fetal death
- d) Emotional reactions and the effect on management

Fetal Growth Abnormalities •

- a) Define Macrosomia and fetal growth restrictions
- b) Describe etiologies of abnormal growth
- c) Cite methods of detection of fetal growth abnormalities
- d) Cite associated morbidity and mortality

Gynecology

First week

Ectopic Pregnancy •

- a)* Develop a differential diagnosis of 1st trimester bleeding
- b)* List risk factors predisposing patients to ectopic pregnancy
- c)* Describe symptoms and physical findings suggestive of entopic pregnancy
- d)* Understand methods and tests used to confirm the diagnosis of ectopic pregnancy
- e)* Explain treatment options

Abortion •

- a)* Surgical and non-surgical pregnancy termination methods
- b)* Potential complication:
 - a.* Haemorrhage
 - b.* Infection
 - c.* Psychosocial considerations

Second week

Contraception •

- a)* Council patients on the various methods of contraception:
- b)* Physiologic or pharmacologic basis of action
- c)* Effectiveness
- d)* Benefits and risks
 - a.* Methods of male & female surgical sterilization

- b. Risks and benefits of procedures
- c. Factors needed to help the patient make informed decisions, including:
 - i. Potential surgical complications
 - ii. Failure rates
 - iii. Reversibility
- e) Financial considerations
- f) Sterilization

Third week

Sexually Transmitted Infections •

List Organisms and methods of transmission, symptoms, physical findings, evaluation and management of each of the following:

- a) Gonorrhoea
- b) Chlamydia
- c) Herpes Simplex Virus
- d) Syphilis
- e) Human Papillomavirus Infection
- f) Human immunodeficiency virus (HIV) infection
- g) Hepatitis B virus infection Council patients on public health concerns, including:
 - h) Screening programs
 - i) Costs
 - j) Prevention and immunizations
 - k) Partner evaluation and treatment

Fourth week

Pelvic Relaxation and Urinary Incontinence •

Knowledge of the following:

- a) Predisposing risk factors for pelvic organ prolapse and incontinence
- b) Anatomic changes
- c) Signs and symptoms of pelvic organ prolapse and incontinence
- d) Physical exam
 - a. Cystocele
 - b. Rectocele
 - c. Enterocele
 - d. Vaginal vault or uterine prolapse
- e) Methods of Diagnosis
 - a. Urine culture
 - b. Post-void residual
 - c. Cystoscopy
 - d. Urodynamic testing
 - e. Bladder diary
- f) Nonsurgical and surgical treatments:
 - a. Behavioral and physiotherapy
 - b. Pessary
 - c. Medications
 - d. Reconstructive Surgery

Fifth week

Amenorrhea •

List:

- a) Definitions of primary and secondary amenorrhea, and oligomenorrhea
- b) Causes of amenorrhea
- c) Evaluation methods
- d) Treatment options

Hirsutism and Virilization •

- a) Cite normal variations in secondary sex characteristics
- b) List definition of hirsutism and virilization
- c) List causes including ovarian, adrenal, pituitary and pharmacological
- d) Evaluate patient with hirsutism or virilization

Sixth week

Normal and Abnormal Uterine Bleeding •

- a) Distinguish abnormal uterine bleeding from dysfunctional uterine bleeding
- b) List causes of abnormal uterine bleeding
- c) Evaluate and diagnose abnormal uterine bleeding
- d) Describe
 - a. Prevalence of uterine leiomyomas
 - b. Symptoms and physical findings
 - c. Methods to confirm the diagnosis
 - d. Indications for medical and surgical treatment

Seventh week

Oncology •

Describe

- a) Endometrial cancer
- b) Ovarian Cancer
- c) Cervical Dysplasia
- d) Cervical Cancer
- e) Vulvar Cancer

This will be followed by OSCE exam on the last Thursday in the 8th week. ➤