**Curriculum of the**

**OB & GYN Egyptian Board**

**This part contains the intended learning outcomes (ILOs), which are the minimum outcomes that trainers should acquire /master after successful completion of the program.**

**ILOs are organized in the following categories.**

1. **Knowledge & understanding.**
2. **Intellectual & professional skills.**
3. **General & transferrable skills.**

**Knowledge and Understanding**

By the end of the first year the obstetrics and gynecology resident should be able **to demonstrate an adequate level of knowledge and demonstrate understanding** in the following areas of core knowledge pertaining to the corresponding rotations. Items should be covered by Lectures and self and E- Learning, as well as training courses:

**Obstetrics**

* The components of prenatal care
* Prenatal labs
* Normal and abnormal labor
* Antepartum and intrapartum fetal monitoring
* Normal physiological changes of pregnancy
* Obstetrical lacerations
* Routine postpartum care
* Indications for operative vaginal deliveries Indications for cesarean delivery
* Indications of cesarean section
* Recognize common abnormalities in the obstetrical exam such as abnormal fundal height, abnormal blood pressure

**Gynecology**

* Pelvic anatomy
* Physiology of a normal menstrual cycle
* Contraceptive options
* Gynecological emergencies
* Infections that primarily affect the vagina and vulva
* Differentiate between Types of abortion
* Sterile techniques and infection prevention measures
* Informed consent process
* Normal postoperative care
* Postoperative pain management

**Reproductive endocrinology and Infertility**

* Physiology or reproduction including the hypothalamic -pituitary-ovarian axis, adrenal steroidogenesis and thyroid gland
* Female and male gametogenesis
* Hyperprolactinemia
* Primary and secondary infertility
* Polycystic ovarian disease
* Galactorrhea

**First year proposed lecture**

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| **Week no** | **Name of the lecture** |
| 1- | Anatomy of the female genital organs (lecture -1) |
| 2- | Anatomy of the female genital organs (lecture -2) |
| 3- | Embryology and congenital anomalies of FGT. |
| 4- | Reproductive physiology - endocrinology (hypothalamo-pituitary ovarian axis). |
| 5- | Reproductive physiology-endocrinology (ovarian and endometrial cycle including chemistry and physiology of ovarian hormones). |
| 6- | Reproductive endocrinology – endocrinology (puberty and menopause, normal and abnormal). |
| 7- | Normal early developed pregnancy (normal process of fertilization, transport, gametogenesis, implantation, and placentalfetal circulation). |
| 8- | Normal physiological changes during pregnancy (genital and extra genital and its impact on mother’s health and course of pregnancy). |
| 9- | Diagnosis of pregnancy. |
| 10-- | Pre-conception counseling and antenatal care. |
| 11 | Drug prescription during pregnancy. |
| 12- | Normal labor-1 (anatomy of female pelvis and fetal skull). |
| 13 | Normal labor -2 (physiology, mechanism). |
| 14- | Normal labor -3 (management and partogram). |
| 15- | NST and CTG. |
| 16- | Induction and augmentation of labor and drugs acting on the myometrium. |
| 17- | Pain relief in labor and complications of analgesia and anesthesia in labor. |
| 18- | Assessment of fetal wellbeing and compromise in labor. |
| 19- | Abnormal labor-Malposition (occipito-posterior). |
| 20- | Abnormal labor –malpresentation (face, brow and shoulder). |
| 21- | Abnormal labor –malpresentation (breech presentation). |
| 22- | Prolonged labor- labor dystochia (fetal causes) |
| 23- | Prolonged labor- Labor dystochia (maternal causes) |
| 24- | Management of postpartum obstetric emergencies (PPH, maternal collapse, pulmonary embolism,..etc). |
| 25- | Abnormal uterine bleeding -1 (classifications and etiology) |
| 26- | Abnormal uterine bleeding -2 (management options) |
| 27- | Painful menstruation and PMS |
| 28- | Amenorrhea -1 (classifications and etiology) |
| 29- | Amenorrhea -2 (intervention and management options). |
| 30-- | Ovulatory dysfunction, hyperprolactinaemiaand PCOS |
| 31- | Fertility problems 1- (types of infertility, male and female causes) |
| 32- | Fertility problems 2- (investigations for a an infertile couple and management option) |
| 33- | High risk pregnancy. |
| 34- | Bleeding in early pregnancy 1- (abortion; etiology, types, diagnosis and ttt) |
| 35- | Bleeding in early pregnancy 2- (ectopic pregnancy, risk factors, types, diagnosis and ttt). |
| 36- | Bleeding in early pregnancy 3- (gestational trophoblastic tumors; risk factors, types, diagnosis and ttt). |
| 37- | Dilatation and curettage operations (indications, steps, complications). |
| 38- | Hypertensive disorders with pregnancy. |
| 39- | Immune and non-immune fetal hydrops. |
| 40- | Genital infection 1- Lower genital tract infection |
| 41- | Genital infection 2- endomtritis and PID |
| 42- | Genital tract infection 3- (STD). |
| 43- | Drug prescription during pregnancy. |
| 44- | Contraception 1- (physiological, hormonal and mechanical types) |
| 45- | Contraception 2- (surgical, male types, emergency contraception, future contraception). |
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**Intellectual and Professional Skills**

**Primary Care**

By the completion of the RY 1 year, each resident should gain competency in the following categories listed below. In addition, these learning topics are reinforced throughout the next four years during the inpatient and outpatient management of Obstetric and Gynecologic patients.

1. Elements of routine health maintenance and screening history and physical examination.

2.Required immunizations throughout age

3. Manage the following medical conditions:

**Emergency Medicine**

* ***Perform*** a history and physical examination on a patient with a medical or surgical emergency
* ***Order and interpret*** diagnostic tests on patients with a medical or surgical emergency
* ***Correctly interpret***
* electrocardiograms and cardiac monitoring data
* ***Perform:***
* ECG, Arterial blood gas, Suturing and stapling of lacerations, Intravenous access on difficult patients, Intubation, Participate in code situations
* ***Efficiently assess, develop a differential diagnosis and effectively manage*** the common non-obstetrical/non-gynecological emergencies such as:
  + Headache, Syncope/dizziness/seizures, Cardiac arrest, Hyper/hypoglycemia, Nausea/vomiting/diarrhea, GI bleeding, Fever, Shock, Arrhythmias, Chest pain, Allergic reactions, Muscle weakness/paralysis, Shortness of breath, Asthma, Urinary tract disorders: Infection, retention, calcular obstructions, Thrombotic/hemorrhagic events

**Obstetrics**

* **Take a *targeted* history and perform a relevant physical** **examination** on the obstetrical patient who presents to triage
* · Appropriately triage patients who present for urgent evaluation and labor checks
* ***Recognize***
* common abnormalities in the obstetrical exam such as abnormal fundal height, abnormal blood pressure
* Factors in the history or physical that indicate possible medical, genetic or obstetrical complications
* Postpartum complications such as:
* Endometritis and puerperal infections
* Postpartum hemorrhage
* Deep venous thrombosis
* ***Perform:***
* Appropriate prenatal labs for uncomplicated patients
* Obstetrical dating
* Fundal height
* Fetal heart tones
* Leopold’s maneuver for presentation and estimated fetal weight
* Cervical dilation, effacement, station and position and plotting in Partorram
* Spontaneous vaginal delivery
* Midline episiotomy and repair
* Repair first and second degree lacerations
* Primary low transverse cesarean delivery
* Artificial rupture of membranes
* Sterile speculum exam to diagnose ruptured membranes
* Post partum tubal ligation
* ***Prescribe:***
* RhoGAM
* Antibiotics
* Pitocin and utero-tonics drugs
* Cervical ripening agents
* Postpartum contraception
* Postpartum analgesia
* Blood components Transfusion
* ***Interpret***
* Non-stress test

**Gynecology**

* ***Recognize***
* An intrauterine pregnancy, an ectopic pregnancy and adnexal mass on ultrasound
* Interpret BHCG results in normal and abnormal pregnancy
* ***Perform:***
* Pelvic exams
* Pap smear
* Wet prep
* pH of the vagina
* Suction and Dilation and curettage
* Insertion of Ward catheter
* routine postoperative care
* focused physical examination to evaluate for an abnormality of the breast

·**Diagnose**

* post-operative complications
* Wound infection
* Ileus
* Bowel obstruction
* Fluid overload
* DVT and PE
* ***Prescribe:***
* Medical contraception
* Patient controlled analgesia
* Medical therapy for an ectopic pregnancy
* ***Perform:***
* History and physical exam to assess the cause of infertility
* Selected diagnostic tests to assess the cause of infertility
* Hysterosalpingogram

**Training Schedule**

**During the 1st year the trainee should be allowed to participate in the following activities as minimal requirements for the training. The actual schedule we be available in each hospital depending on their original schedules:**

* **Outpatient Clinics twice weekly ( one for OB and one for GYN if possible)**
* **Obstetrics Emergency (including Reception room and Labor ward) 3 sessions each of 12 hrs.**
* **Ward round and clinical sessions twice weekly**
* **Clinical meetings and Journal Clubs once weekly**
* **Lectures and Clinical Teaching ( 6 hours Every two weeks as scheduled in each Area)**
* **Mandatory courses:**
  + **Basic surgical skills**
  + **Basic ultrasound**
  + **CTG interpretation course**
  + **Perineal repair (if available)**

**The Cases needed to be performed by the trainee in the 1st year**

|  |  |  |  |
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| **Miscarriage , Molar pregnancy and ectopic pregnancy** | **Year 1** | | |
| **O** | **A** | **P** |
| **S** |
| **Dilation and curettage – Evacuation** | **5** | **5** | **5** |
| **Molar pregnancy evacuation** | **3** | **-** | **-** |
| **Diagnostic laparoscopy for ectopic pregnancy** | **5** | **-** | **-** |
| **Therapeutic laparoscopy for ectopic pregnancy** | **-** | **-** | **-** |
| **Laparotomy for ectopic pregnancy** | **5** | **2** | **-** |

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| **Reproductive Health** | **Year 1** | | |
| **O** | **A** | **P** |
| **S** |
| **IUD insertion** | **5** | **5** | **5** |
| **Implant Insertion\*** | **2** | **2** | **2** |
| **Implants Removal\*** | **2** | **2** | **2** |
| **Pap Smear** | **10** |  | **10** |
| **Endometrial Sampling** | **5** |  | **5** |

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| **Delivery** | **Year 1** | | |
| **O** | **A** | **P** |
| **S** |
| **Normal Delivery**  with Perineal repair | **10** | **10** | **25** |
| **Vacuum extraction without rotation** |  |  |  |
| **Forceps delivery without rotation** |  |  |  |
| **Uncomplicated Caesarean section** | **20** | **20** | **10** |
| **Repeat caesarean section** |  |  |  |
| **Acute emergency CS**  **Cord prolapsed**  **Placenta Previa**  **Placental Abruption** |  |  |  |
| **Vaginal delivery of twins** |  |  |  |
| **Vaginal breech delivery** |  |  |  |
| **Preterm (< 28 weeks) caesarean section** |  |  |  |
|  |  |  |  |
| **labour after a previous LSCS** |  |  |  |
| **Induction of Lab** | **10** | **10** |  |
| **Shoulder dystocia** |  |  |  |
| **Retained placenta** |  |  |  |
| **Ruptured Uterus** |  |  |  |
| **Caesarean-Hysterectomy** |  |  |  |

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| **Surgical procedures** | **Year 1** | | |
| **O** | **A** | **P** |
| **S** |
| **Excision biopsy of benign vulval lesion** | **2** |  |  |
| **Marsupialisation of bartholin’s cyst** | **2** |  |  |
| **Abdominal hysterectomy ± bilateral salpingo-oophorectomy** | **5** |  |  |
| **Vaginal hysterectomy** | **2** |  |  |
| **Oophorectomy** | **2** |  |  |
| **Ovarian cystectomy** | **2** |  |  |
| **Transabdominal myomectomy** | **2** |  |  |
| **Surgical management of pelvic abscess** |  |  |  |
| **Diagnostic laparoscopy** | **10** |  |  |
| **Laparoscopic Adhesiolysis** | **2** |  |  |
| **Laparoscopic sterilisation** | **2** |  |  |
| **Diagnostic hysteroscopy** |  |  |  |
| **Hysteroscopy and polypectomy** |  |  |  |
| **Minor cervical procedures** |  |  |  |
| **Minor perineal revision surgery** |  |  |  |
| **Repair of anterior prolapse** | **2** |  |  |
| **Repair of posterior prolapse** | **2** |  |  |
| **Slings/bladder neck procedures** |  |  |  |
| **Identify the ureter** |  |  |  |
| **Ovarian cancer debulking** |  |  |  |
| **Radical hysterectomy** |  |  |  |

**OSATS**

(objective structured assessment of technical skills), one of the workplace-based assessment tools

A small number of procedures are so fundamental to the practice of O&G that we’ve developed an objective assessment tool to aid the review process. OSATS are validated assessment tools that assess your technical competency in a particular technique. You’ll complete OSATS throughout your training until you’re competent to practice independently.

**Skills assessed using OSATS**

The curriculum indicates the skills that are assessed using OSATS. In the core curriculum, these are:

1. **Opening and closing the abdomen**
2. **Uterine evacuation / D&C**
3. **IUD Insertion**
4. **Perineal repair**
5. **Diagnostic laparoscopy**
6. **Diagnostic hysteroscopy**
7. **Caesarean section**
8. **Management of the 3rd stage of lab.**
   * **( including EUA and Manual removal of the placenta)**
9. **Operative laparoscopy**
10. **Operative vaginal delivery**

There is also an ‘other procedure’ OSATS, for procedures where you wish to record your experience (formative) or competence (summative), such as:

* **Marsupialisation of Bartholin’s abscess**
* **Cervical cerclage**

**Formative vs summative OSATS**

OSATS can be either formative or summative:

* Formative OSATS (supervised learning event, or SLE) – these give you the opportunity to practise and get feedback for a given procedure
* Summative OSATS (assessment of performance, or AoP) – these allow you to demonstrate your competence in a procedure and progress in your training

Both formative and summative OSATS are an excellent opportunity for feedback on observed performance.

**Number of OSATS**

You should take as many formative OSATS (SLEs) as you need to feel sufficiently competent in a procedure to request a summative OSATS (AoP). Before the competences can be signed off in your eLogbook, you must successfully complete each OSATS (i.e. every box ticked for level 3 practice) on at least three separate occasions.

**You should pass well through at least one OSATS in each of the first 3 skills to go to R2, and all The 3 occasions to go to R3.**

**For skills from 4 to 7 you should pass well at least in one OSATS to go to R3 and all the 3 occasions to R4.**

**For skills from 8 to 10 you should pass well at least in one OSATS to go to R4 and all the 3 occasions to R5.**

**How to undertake an OSATS**

When you are ready to undertake an OSATS, meet with your clinical supervisor, who will:

* Assess the procedure
* Complete the OSATS form on the ePortfolio
* Record the date that each OSATS is signed off

Please note:

* You must declare in advance whether an OSATS is summative or formative and there must always be a distinction between the two – you won’t be able to ‘upgrade’ a formative assessment that’s gone well.
* The Formative OSATS can be signed by the trainer of the supervisor.
* You must not use the same assessors for all OSATS
* The 1st summative OSATS can be signed by the candidate supervisor, the 2nd by another supervisor, while the third should be done by one of the O&G board committee member or whom they authorized.
* Taking consent for the procedure is not part of OSATS; taking of consent is assessed separately using a [mini-CEX](https://www.rcog.org.uk/en/careers-training/about-specialty-training-in-og/assessment-and-progression-through-training/workplace-based-assessments/mini-cex/)
* You must retain all OSATS forms in your ePortfolio, whether they were completed satisfactorily or not – this allows your Educational Supervisor to review your progress
* Once you’ve been signed off as fully competent for independent practice (minimum of three satisfactorily completed summative OSATS per procedure), you should undergo an annual OSATS assessment (one per procedure) to demonstrate continued competence until you achieve [CCT](https://www.rcog.org.uk/en/careers-training/about-specialty-training-in-og/certification-of-training-specialist-registration/cct/)
* You must also keep count of the number of each procedure you perform annually until you achieve CCT

Before undertaking a summative OSATS, you must demonstrate on several occasions that you are able to perform the procedure competently under direct supervision. Bear in mind that it’s not envisaged you will complete the OSATS successfully at the first attempt, and this should not be seen as a failure.

**Progression through training**

Trainees will progress at different rates. The competency levels are the minimum that you must achieve before moving to the next stage of training.

You can use the OSATS forms to assess technical skills at different levels of complexity (e.g. use the caesarean section OSATS to assess a simple or a complex caesarean section), recording the level of complexity on the assessment form.

Checking equipment/environment

Communication with patients and/or relatives

Peri-operative planning e.g. positioning

Use of assistants

Technical ability Communication with staff

Selection of instruments and equipment

Forward planning

Economy of movement

Dealing with problems and/or difficulties

Tissue handling

Documentation

Completion of task as appropriate

Safety considerations