



MEMBERSHIP IN OBSTETRICS AND GYNAECOLOGY (MCOG – ECSA) CURRICULUM

A FRAMEWORK TO GUIDE THE TRAINING AND PRACTICE OF OBSTETRICS AND GYNECOLOGY



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ACRONYMS/ABBREVIATIONS

AC Abdominal Circumference

ACE Adverse Childhood Events

ACOG American College of Obstetricians and Gynecologists

ADR Adverse Drug Reaction

AFI Amniotic Fluid Index

AFR Adolescent Fertility Rate

AI/D/H Artificial Insemination/Donor/Husband

AIDS Acquired Immune-Deficiency Syndrome

ALSO Advanced Life Support in Obstetrics

AMH Anti-Mullerian Hormone

ANC Antenatal Care

APGR Annual Population Growth rate

APH Ante-Partum Hemorrhage

ARM Artificial Rupture of Membranes

ART Assisted Reproductive Technology

ARVT Anti-Retroviral Treatment (Therapy)

AS Advanced Skills

BSO Bilateral Salipingo-Oophorectomy

CAT Continuous Assessment Test

CBC Complete Blood Count

CEO Chief Executive Officer

CIN Cervical Intraepithelial Neoplasia

CIS Carcinoma in Situ

CME Continuous Medical Education

COG (SA) College of Obstetricians and Gynecologists of South Africa

COPD Chronic Obstructive Pulmonary Disease

COSECSA College of Surgeons of East Central and Southern Africa

COVID-19 Corona Virus Disease 2019

CPAP Continuous Positive Airway Pressure

CPE Continuous Professional Education

CPR Contraceptive Prevalence Rate

C/S Caesarean Section

CTG Continuous Tocography

CVA Cerebrovascular Accident

D&C Dilatation and Curretage

DIC Disseminated Intravascular Coagulation

DM Diabetes Mellitus

DVT Deep Venous Thrombosis

ECSA East, Central and Southern Africa

ECSA-HC East, Central and Southern Africa Health Community

ECSA-CHS East, Central and Southern Africa College of Health Sciences

ECSACOG East, Central and Southern Africa College of Obstetrics and Gynecology

ECSAOGS East, Central and Southern Africa Association of Obstetrical and Gynecological Societies

ED Erectile Dysfunction

EmONC Emergency Obstetric and Neonatal Care

EUA Examination under Anesthesia

FBO Faith Based Organization

FCOG Fellow of the College of Obstetrics and Gynecology

FIGO International Federation of Gynecology and Obstetrics

FSFI Female Sexual Function Index

FL Femur Length

FSB Fresh Still Birth

FSD Female Sexual Dysfunction

FWCW Fourth World Conference on Women

GA Gestational Age

GDM Gestational Diabetes Mellitus

GS Gestational Sac

HC Head Circumference

HDU High Dependence Unit

HIV Human Immune Deficiency Virus

HRH Human Resources for Health

HSG Hysterosalpingogram

HSDD Hypoactive Sexual Desire Disorder

HSIL High-Grade Squamous Intraepithelial Lesion

HTN Hypertension

ICPD International Conference of Population and Development

ICSI Intra-Cytoplasmic sperm injection

ICT Information, Communication and Technology

ICU Intensive Care Unit

I&D Incision and Drainage

IRB Institutional Review Board

IUI Intra-Uterine Insemination

IVF-ET In-Vitro Fertilization and Embryo Transfer

LAVH Laparoscopic Assisted Vaginal Hysterectomy

LGBTQ Lesbian, Gay, Bisexual, Transgender & Queer

LLQ Left Lower Quadrant

LSIL Low-Grade Squamous Intraepithelial Lesion

LUQ Left Upper Quadrant

LUS Lower Uterine Segment

LUSCS Lower Uterine Segment Caesarean section

M.B Ch.B Bachelor of Medicine; Bachelor of Surgery

MCOG Member of the College of Obstetrics and Gynecology

MCQ Multiple Choice Question

MD Doctor of Medicine

MDGs Millennium Development Goals

MDRSR Maternal Deaths' Review, Surveillance and Response

M. Med. Master of Medicine

MMR Maternal Mortality Ratio

MNCAH Maternal Newborn, Child and Adolescent Health

MoU Memorandum of Understanding

MRP Manual Removal of Placenta

MSB Macerated Still Birth

MTCT Maternal-To-Child Transmission

MVA Manual Vacuum Aspiration

NGO Non-Governmental Organization

NILM Negative for Intraepithelial Lesion or Malignancy

NMR Neonatal Mortality Rate

NPO Nil by Mouth

NSR Normal Sinus Rhythm of the Heart

OB-GYN Obstetrics and Gynecology

OSCE Objective Structured Clinical Examination

PAC Post Abortion Care

PCOS Polycystic Ovarian Syndrome

PLO Program Learning outcome

PNC Postnatal Care

PNMR Perinatal Mortality Rate

PMTCT Prevention of Maternal-To-Child Transmission

PPH Post-Partum Hemorrhage

PRN As needed

PROM Premature Rupture of Membranes

PPROM Pre-Term Premature Rupture of Membranes

RCOG Royal College of Obstetricians and Gynecologists

RDS Respiratory Distress Syndrome

RI Resistive Index

RLQ Right Lower Quadrant

RMNCAH Reproductive, Maternal, Newborn, Child and Adolescent Health

RPoC Retained Products of Conception

RUQ Right Upper Quadrant

RVF Recto-Vaginal Fistula

SAC Safe Abortion Care

SB Still Birth

SBA Skilled Birth Attendance/Attendant

SDGs Sustainable Development Goals

SLO Student Learning Outcome

SRH Sexual and Reproductive Health

SRMNACH Sexual, Reproductive, Maternal, Neoantal, Adolescent & Child Health

SROM Spontaneous Rupture of Membranes

SSA Sub-Saharan Africa

STI Sexually Transmitted Infection

SWOT Strengths, Weaknesses, Opportunities and Threats

TAH Total Abdominal Hysterectomy

TFR Total Fertility Rate

UAE Uterine Artery Embolization

UFMR Under-Five Mortality Rate

UHC Universal Health Coverage

UN United Nations

UNICEF United Nations International Children's Emergency

UNFPA United Nations Fund for Population Activities

URTI Upper Respiratory Tract Infection

USS Ultrasound Scan

UTI Urinary Tract Infection
UVF Uretero-Vaginal Fistula

VBAC Vaginal Birth After Caesarean Section

VIA Visual Inspection with acetic acid

VILI Visual Inspection with Lugol's Iodine

VVF Vesico-Vaginal Fistula

WHO World Health Organization

XRT Radiotherapy

FOREWORD

Development of this curriculum is one of the major milestones in the establishment of the East, Central

and Southern Africa College of Obstetrics and Gynaecology (ECSACOG). It is a result of consultative

work by numerous foundation fellows and members of the College.

We have attempted to include as much as possible here in. We are however cognizant of the fact that

in order to remain relevant and in tandem with the ever-changing socio-demographic, healthy concerns

globally, and evolving innovations and technology the curriculum will require regular updates and

periodic reviews.

It will guide training within the College over the next several years. I am convinced that this curriculum

will be useful to the trainers, for whom it will serve as training guide, our students as a learning guide

and all related stakeholders.

I wish to register my appreciation to all individuals who in one way or the other contributed to the

development of this document.

Prof. Josephat Byamugisha

President, ECSACOG

PREFACE

This curriculum is a product of robust consultative efforts by members of the ECSACOG. Its

development involved the preparation of a comprehensive draft curriculum in October 2017, by the

Education, Scientific and Research Committee. The draft was subsequently subjected to detailed

review by eminent senior obstetricians and gynecologists in the ECSA Region with long experience in

training, practice and curriculum development. These reviews were interactive, mature and of high

academic standards. It is therefore, believed that it is the very best that has been produced to pioneer

the training of specialist obstetricians and gynecologists within the ECSA region.

The curriculum is aimed at producing specialist obstetricians and gynecologists over a minimum of

four years of training. Upon successful completion of the programme, the graduates will be awarded

Membership of the College of Obstetrics and Gynaecology of the East, Central and Southern Africa,

(MCOG (ECSA)).

The curriculum details training methodologies, contents, elective period terms, research, and forms of

assessment for one to qualify as MCOG (ECSA). It delves into fine details of the units that will have

to be covered before one attains competency level expected of the graduates. It is my hope that this

curriculum will be a useful tool to guide the training of specialists in the region and a platform for

building partnerships within the sub-Saharan Africa and beyond.

Please join me in recognizing everyone who spent sleepless night to come up with such masterpiece

product.

Prof. Bellington Vwalika

Secretary General, ECSACOG

ACKNOWLEDGEMENT

ECSACOG wishes to express its gratitude to the previous and current Education, Scientific and Research Committee members and Examinations and Credentials Committee members for the roles they played during the preparation of this curriculum. Special thanks go to Professor Valentino Lema for leading the initial development of this curriculum and Professor Dereje Negussie for working on finalization of the curriculum.

Special thanks also go to Prof. Japheth G. Mati, the father of obstetrics and gynecology and first African professor of obstetrics and gynecology in Kenya, Eastern, Central, and Southern Africa, a pioneer in many areas of the specialty in Africa, who reviewed the first draft and made invaluable comments therein. We are grateful for his time and contribution.

The college is immensely grateful to the senior colleagues (obstetricians and gynecologists) from across the region who, despite their busy schedules, found time to review the draft of the curriculum and made invaluable comments. Our gratitude goes to each and every individual who participated in one way or another at various stages in the process of making this curriculum a reality.

ECSACOG acknowledges the critical oversight roles played by Professors Josaphat B., Annette N., and Belington V. in their official capacities as Presidents and Secretary General of ECSACOG respectively, which ensured the successful production of this curriculum.

The College is greatly indebted to Professor Khama Odera Rogo and the World Bank/IFC team for their advisory and financial support, which made this work possible.

The college also wishes to thank Dr. Odongo Odiyo, our consultant, who coordinated the various activities that culminated in finalizing the curriculum.

1. INTRODUCTION

1.2

1.3 1.1 BACKGROUND

The East, Central and Southern Africa College of Obstetrics and Gynaecology ECSACOG), is a collegiate training institution with a mandate to train specialists' obstetricians and gynecologists within the Eats Central and Southern Africa. The regional headquarter is based in Arusha Tanzania, with national chapters housed by the respective obstetrical and gynecological societies. The Regional Minsters of Health through a resolution passed in 2017 mandated the establishment of ECSACOG as an autonomous constituent college of ECSA-CHS, with the purpose of enhancing development and growth of skilled human resource in Obstetrics and Gynaecology.

The college was officially launched on 27 September 2017, in Kigali, Rwanda during the First Joint Conference of the Rwanda Society of Obstetricians and Gynecologists (RSOG) and the East, Central and Southern Africa Association of Obstetric and Gynecological Societies (ECSAOGS). The launch was a culmination of many years of concerted efforts by many senior colleagues, some of whom never lived to witness this historic moment.

The ECSA Region has some of worst SRHMNACH indices in the world. SRHMNCAH care needs are constantly evolving because of demographic and social changes across the globe; expanded formal education; technological advances; increased awareness/information; migration (internal and external), among other factors. There is also an increasing emphasis on evidence-based and patient-centered health care principles. The College was established in response to the regional challenges in the healthcare system such as resource constraints, (human and financial), increasing demand for quality health services, with changing social and demographic patterns and economic profiles.

The establishment of the college was aimed at addressing some of the challenges on human resource for health (HRH) specifically specialist

obstetricians and gynecologists. It is geared towards training specialist obstetricians and gynecologists with requisite knowledge, skills and competences able to provide quality, state of the art and evidence-based, yet culturally sensitive and wholesome reproductive health care to the people of ECSA Region. The training is supposed to be standardized across the Region, and to remain a regional institution recognized by all the governments and regulatory bodies therein, such that the graduates of the College will be able to work across national borders without further vetting.

1.2. VISION, MISSION AND CORE VALUES OF ECSACOG

1.4

Vision

To be a reference body for reproductive, maternal, newborn health (RMNH) in the region of East, Central and Southern Africa and beyond

Mission statement:

To be a lead organization for clinical excellence in reproductive health in the region of East, Central and Southern Africa and beyond, and a platform for shared experiences and skills transfer

2. TRAINING SITES

These will be health facilities within the member countries, which will have indicated interest in this training programme. Interested facilities will submit formal application to the College through their national association/society, after which the sites will be assessed for accreditation by the respective college committee using an approved accreditation tool. The College will work with the national O/G society/association and regulatory authority, in the evaluation and accreditation process. Once the committee is satisfied with the standards of the training sites, the college will enter into a Memorandum of Understanding (MOU) with the training site. A country can be allowed to register more than one site as long as each site

fulfills the accreditation requirements.

3. THE TRAINERS

Individuals who will beeligible to become trainers will be;

- 1. Fellows of the College (Obstetricians & Gynecologists who have attained a minimum of fiveyears after qualification) these will be the
- 2. Individuals with a minimum of specialist recognition within their respective medical areasthat are relevant to the training (e.g. including gynecologists, pathologists, radiologists)
- 3. Specialists who are duly recognized by their relevant regulating bodies (e.g. lawyers, pathologists, anatomists, microbiologists, nutritionists, statisticians and anthropologists)
- 4. All the trainers will have to undergone training under the college structures

4. THE CURRICULUM

The Philosophy of the Programme: The philosophy behind this programme is to produce well- balanced obstetricians/gynecologists with requisite knowledge, skills, competencies, and professional qualities including attitudes and ethics, appropriate to the reproductive healthcare needs of people of all ages and gender in the Region.

The Curriculum: The social and cultural diversity of the region calls for a Human Resource for Health (HRH) training programme which is scientifically robust, flexible and cognizant of patterns and burdens of health conditions, their potential determinants (including socio-cultural, traditional practices), and preventive strategies. The changing socio-demographic and economic profiles and effects of globalization among other MEMBERSHIP IN OBSTETRICS AND GYNAECOLOGY (MCOG – ECSA) CURRICULUM

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factors as well as the rapidly evolving reproductive health scenario globally and demands thereto, necessitate a paradigm shift in the development of requisite human resources for health A related training programme such as this must embrace scientific/medical advances, appropriate technologies as well as evidence-based practices.

This curriculum is designed with the foregoing in mind. It aimed at addressing a continuum of care with regards to obstetrics and gynecology (reproductive health), from pre-conception to geriatrics, reflected in life-cycle approach.

It is a framework to guide the training of specialist obstetricians and gynecologists in the East, Central and Southern Africa, through collegiate training. Its main aim is to equip future reproductive health specialists with the requisite knowledge, skills, competencies, and professional qualities including attitudes and ethics, appropriate to the reproductive healthcare needs of men and women of various age groups in the Region.

It encompasses an educational plan designed to bring about change. Skills and competency will be achieved through an incremental process of learning and professional development. Educational objectives are specified to provide clear information of the knowledge and relevant aspects of practice where competency and skills are required and will be assessed. It indicates ways in which learning will be conducted in the key areas of relevant knowledge, clinical expertise, academic abilities and professional qualities. It also specifies assessment formats to test the articulated objectives and ensure that all outcome expectations are seen as valued achievements. Assessment of knowledge base and competencies is structured to reflect the pathway of learning required throughout training.

1.5 4.1. LEARNING OUTCOMES

1.6

At the end of the training the grad and will have acquired the necessary knowledge, skills, competencies, and other professional attributes to;

- Provide essential, quality obstetric and gynecological services
- Teach/train other health professionals on obstetrics and gynecology.
- Carry out relevant operations research, clinical audits, analyse the data therefrom and disseminate it as well as advocate for appropriate utilization

of the results.

- Advocate for needed reproductive, maternal, newborn, child and adolescent (RMNCAH) care services in their respective localities, including but not limited to
 - Allocation of adequate resources for effective delivery of quality services in reproductive health,
 - Availability and accessibility of services within the realms of relevant international documents and national constitutional dispensation,
 legal provisions and policies and guidelines
- Management of health facilities and other relevant institutions for the provision of quality sexual, reproductive, maternal, newborn, child and adolescent (SRMNCAH) care services.
- Provide leadership in and advisory role/function to the local/national authorities on RMNCAH matters.

1.7 4.2. QUALIFICATION AND SALUTATION OF ECSACOG GRADUANDS

1.8

At the end of the training in ECSACOG the graduands will be referred to as "Members of the College of Obstetrics and Gynecology of ECSA {MCOG(ECSA)}

1.9 4.3. THE PROGRAMME

1.10

4.3.1 The title

This training programme will be known as the "Membership of the East, Central and Southern Africa College of Obstetrics and Gynaecology [MCOG (ECSA)]"

4.3.2 Goal and Objectives

Goal

To produce skilled and competent obstetricians and gynecologists who will contribute to thehealth care of women, men, newborns, children and adolescents as well as improve the indicators for SRMNCAH in the region.

Objectives

- To train specialists able to practice quality, evidence-based, obstetrics and gynaecology (SRH) in line with global standards, regional and national legal provisions, policies and guidelines.
- To train specialists with the right attitude, culture and passion for continued pursuit of further learning even after they graduate (CPE).
- To train future trainers in obstetrics and gynecology within and outside the College
- To train specialists who will be leaders in and advocates for appropriate andresponsive RMNAH care services for all peoples of the region

4.3.3 Rationale

The high maternal and perinatal morbidity and mortality in the ECSA Region calls for adequate number of appropriately trained, skilled and dedicated obstetricians and gynecologists to lead, guide and train requisite health workers as well as provide essential and relevant/appropriate (evidence-based; best practices) maternal and perinatal health care,

Reproductive Maternal Newborn and Adolescent Health situation in Sub-Saharan Africa region and ECSAincluded is poor. The region accounts for 66% of all maternal deaths globally.

The lifetime risk of maternal death for women in the region is 1 in 56, Most of these deaths are preventable if all women receive requisite healthcare when they need it. Adolescent fertility is also high in countries with high fertility in the region, being 102 births per 1,000 girls. More than a quarter of girls and women in the region cannot access family planning services, fueling unplanned pregnancies and maternal, infant and child mortality MEMBERSHIP IN OBSTETRICS AND GYNAECOLOGY (MCOG – ECSA) CURRICULUM

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and morbidity. One of the contributing factors to these poor indicators is shortage of skilled human resource. These gaps in skilled human resource are addressed through highly trained health providers, at the level of specialist

For several decades now, obstetricians and gynecologists in the region have been trained through university-based Master of Medicine {M.Med.(Obs/Gyn)} programmes either in-country or neighboring countries. A few countries send doctors for postgraduate training abroad. The countries are only able totrain and produce a few specialist obstetricians and gynecologists at any given time through these approaches, which are not adequate to meet the demands. This type of training deprives the public health sector of the much-needed clinical services of these doctors for long periods of time in addition to the high cost of training and upkeep. A good proportion of the trained specialists opt to remain in the countries they are training in or seek better remuneration elsewhere. These compound an already dire situation. At the inception of the university-based M. Med specialist training it was agreed that this would be a temporary measure as the Countries worked out modalities of collegiate training programmes. It is envisaged that through this collegiate specialist-training programme which will be facility-based, we will not only retain the doctors in their workstations, but also minimize the risk of personnel attrition, improve the quality of care as well as reduce training costs.

4.3.4 Mode of Delivery

This training programme will be delivered using different approaches as approved by the council:

Lectures

The students will be given regular lectures by the designated trainers on various areas, which are key to the specialist training. There will be mandatory units that will be covered during the lectures throughout the training course. The lectures will form a guide to the basic knowledge required, as students will be encouraged to use these as foundations to search for more knowledge on each subject matter. The lectures will be guided by the syllabus to be covered.

Group discussions

For improved understanding of the subject matters, students will be encouraged to form discussion groups. These groups will enable an atmosphere of free and independent thinking, given them an opportunity to express oneself and gain confidence required of a specialist.

Group exercises

The trainees will be given assignments that to be done in groups. This mode encourages students to appreciate various approaches used to solve a clinical problem. At the end of such an exercise the students may share their various experiences in a plenary, such as morbidity/mortality meetings; case presentations, journal clubs, etc.

Assignments

These normally provoke wider and deeper thinking and search through further reading of various relevant documents.

Journal clubs

Another mode of delivery will be the establishment of Journal Clubs. These encourage and nurture students to develop writing skills for publications and presentations at conferences. They will be encouraged to critically look at specific publications and to be analytical, which will enable them to develop the necessary skills for their own publications.

Evidence-based clinical seminars

The programme will also include the development of evidence-based approaches to the topical issues in obstetrics and gynaecology. Seminars for

such evidence base will be nurtured and encouraged.

Practicum

This programme by and large is competency-based. This means that the practical sessions will be the backbone of the training. The students will be supported to take practical sessions throughout the course to ensure they come out as hands-on specialists and be able to solve the topical problems. Rotation in other collaborative centres will be encouraged to broaden the practical skills.

4.3.5 Expectations

At the end of the residency program, the graduate should be able to demonstrate the following essential competencies:

Patient Care

Residents are expected to provide patient care in obstetric and gynecologic conditions which is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and end of life care. The graduate is expected to:

- Gather accurate & essential information from all sources, including medical interviews, physical examinations, medical records and diagnostic/therapeutic procedures.
- Make informed recommendations about preventive, diagnostic and therapeutic options and interventions that are based on clinical judgment, scientific evidence, and patient preference.
- Develop, negotiate and implement effective patient management plans and integration of patient care.
- Perform competently the diagnostic and therapeutic procedures considered essential to the practice of obstetrics and gynecology.
- Communicate to the patient and family about end of life concerns, issues, and rights. Work with ancillary services to help with these issues.

Medical Knowledge

Residents are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others. They have to:

- Apply an analytical approach to acquiring new knowledge.
- Access and critically evaluate current medical information and scientific evidence.
- Develop clinically applicable knowledge of the basic and clinical sciences that underlie the practice of obstetrics and gynecology.
- Apply the acquired knowledge to clinical problem solving, clinical decision-making, and critical thinking in patient care.

Practice Based Learning and Improvement

Residents are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices. They have to:

- Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes and processes of care.
- Analyze and evaluate practice experiences and implement strategies to continually improve the quality of patient care.
- Develop and maintain a willingness to learn from professional mistakes and use these challenges to improve the system or processes of care.
- Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education.
- Design and implement quality improvement (QI) projects.

Communication and Interpersonal skills

Residents are expected to demonstrate interpersonal communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams. They have to:

- Provide effective and professional consultation to other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families, and colleagues.
- Use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families.
- Interact with the health care team in a respectful, appropriate manner.
- Respect seniors' decisions for betterment of patient care.
- Maintain comprehensive, timely, and legible medical and electronic records.
- Work effectively as a member of the ward team and the clinic form.

Professionalism and Ethics

Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession, and society. They have to:

- Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues.
- Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues.
- Adhere to principles of confidentiality, scientific/academic integrity, and informed consent.
- Recognize and identify deficiencies in peer performance and advise for timely correction when and if appropriate.
- Remain professional in appearance and behavior in the performance of all duties.

System Based Practice

Residents are expected to demonstrate both understanding of the contexts and systems in which health care is provided and the ability to apply this knowledge to improve and optimize health care. They have to:

- Recognize, access, and utilize the resources available, providers and systems necessary to provide optimal care.
- Evaluate the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient.
- Apply evidence-based, cost-effective strategies to prevention, diagnosis, and disease management.
- Collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and to improve systematic processes of care.
- Collaborate with the national champions in reproductive health.

5. Course Contents

5.1 Course Outline

YEAR ONE: SCIENTIFIC FOUNDATIONS OF OBSTETRICS AND GYNAECOLOGY	
Topics	Weeks
Applied Human anatomy in reproductive health	8
Reproductive biochemistry, physiology, immunology and laboratory medicine	8
Human Reproductive pathology, hematology and blood transfusion	4
Human Reproductive pharmaco-therapeutics and radiotherapy	4
Emergency and critical care in reproductive health	4
Human sexuality and social cultural issues in reproductive health	4
Reproductive epidemiology, statistics, research methods and evidence-based practice	4
Leadership in health systems management with emphasis in sexual and reproductive health care	4
Communication, ethics, and medico-legal issues in sexual and reproductive health care	4
Imaging in reproductive health	4
Clinical skills, surgical skills, nursing procedures, and infection prevention in reproductive health	4
Family planning, abortion care	4
Junior residency	120
TOTAL	186

Year (2) TWO CLINICAL SCIENCES IN OBSTETRICS AND GYNECOLOGY 1	
Topics	Weeks
Human Sexuality	4
Human Reproduction and Fertility	4
Infertility and reproductive endocrinology	4
Pre-conception, prenatal, intrapartum, postpartum and newborn care	4
Disorders during pregnancy	8
Pediatric and adolescent reproductive health	4
Benign gynecological conditions	4
Pre-malignant and malignant conditions in gynecology	4
Gynecological endoscopy	4
Senior residency	172
TOTAL	190

Title/Topics	Weeks
Elective external rotations (Urological surgery; radiotherapy in Gynecology; Medical	12
conditions in Obstetrics; Programme Management in RH)	
Radiology rotation	6
General surgery	6
Palliative care	6
Health management	6
Neonatology	6
Anesthesia and critical care	6
Dissertation Writing	52
TOTAL	100

Year 4. CLINICAL SCIENCES IN OBSTETRICS AND GYNECOLOGY 2	
Topics	Weeks
Advanced foetal maternal medicine	75
Advanced emergency gynecology	34
Advanced surgical gynecology	30
Advanced gynecological oncology	24
Advanced Family planning and contraception	12
Advanced Infertility and Gynecological endoscopy	24
Pediatric and Adolescent gynecology	4
Family Formations, Structures and Reproductive Health	4
Postmenopausal & Andropause medicine	4
Total units	207

5.2 Course Description

1. BASIC SCIENCES: APPLIED ANATOMY, REPRODUCTIVE BIOLOGY, PATHOLOGY, IMMUNOLOGY PHARMACOLGY, BIOCHEMISTRY HAEMATOLOGY, MICROBIOLOGY ANDLABORATORY MEDICINE IN REPRODUCTIVE HEALTH	
Purpose	The learner is expected to acquire knowledge of the basic sciences related to reproductive health and its
	application in clinical practice
Learning outcomes	By the end of the course, the learner should be able to:
	2. Discuss the principles of Cell Biology and Molecular Genetics.
	3. Describe the anatomy of the abdomino-pelvic structures including the bony pelvis and organs, the breast
	and relevant endocrine glands.
	4. Discuss Embryology, Fetal development and feto-placental physiology
	5. Discuss the anatomical, physiologic and biochemical changes associated with pregnancy, labour and the
	puerperium
	6. Explain the physiology, biochemistry, and endocrinology relevant to reproductive health.
	7. Discuss immunology of conception& pregnancy, immunological changes in pregnancy and apply the
	basic principles of immunology relevant to reproductive health.
	8. Discuss the basic principles of general pathology, microbiology and hematology relevant to reproductive
	health.
	9. Demonstrate knowledge of the pharmacology of commonly used drugs in sexual and reproductive

health.

Course contents

- Apply knowledge of histologic and gross structure and function of reproductive systems to address obstetric and gynecologic issues i.e Applied Anatomy in Reproductive Health.
- Apply knowledge and concept of embryogenesis, physiology and pathophysiology of the fetus, its development, and its environment to give meticulous care to pregnant women and to diagnose anomalies and diseases that affect the fetus and newborn i.e Reproductive Biochemistry, Physiology, Immunology and laboratory medicine.
- Apply knowledge of anatomical, physiological, metabolic and biochemical adaptations to pregnancy to identify the disease processes that can threaten women during pregnancy i.e Reproductive Pathology, Hematology and Blood transfusion.
- Apply knowledge of genes, heredity and pathogenesis of diseases that are genetic in origin to diagnose,
 manage and prevent gynecologic and obstetric problems.
- Apply knowledge of the basic principles of immunology as they relate to response to infection, immunization, establishment of feto-maternal tolerance and development of gynecologic diseases.
- Apply knowledge of biochemical, structural, and functional changes that occur in cells, tissues, and organs
 to identify causes and underlying mechanisms that result in obstetric and gynecologic diseases.
- Apply knowledge of the interaction in chemical and physical systems of the body and the effect of hormonal changes within the human body during puberty, reproductive age and menopause.
- Apply knowledge of impact of pregnancy on serum and tissue drug concentrations to ensure safety and efficacy of drugs in pregnancy.
- Apply knowledge of pharmacokinetics and pharmacodynamics principles of substances that are used to prevent, diagnose and treat gynecologic and obstetric diseases.
- Apply knowledge of teratogens, related manifestations and mechanisms of developmental toxicity to

provide therapeutic guidance and prevent untoward effect.
 Apply knowledge of microbes and the molecular mechanisms of microbial diseases to approach problems
in the field of obstetrics and gynecology.
• Apply knowledge of the molecular, cellular and biochemical mechanisms that maintain the body's
homeostasis in order to approach obstetrics and gynecologic diseases.
 Apply knowledge of hemodynamic monitoring for diagnosis and management of obstetric and gynecologic
patients.
Application of basic sciences in patient management
Overview lectures, Tutorials, Class discussions and Presentations
• Core texts
 Online resources and e-books
 Library
 Laboratory access
 Individual assignments,
Written laboratory reports,
 Class presentations,
 MCQs, short essay questions, modified essay questions.

2. EPIDEMIOLOGY AND BIOST	2. EPIDEMIOLOGY AND BIOSTATISTICS IN REPRODUCTIVE HEALTH	
Purpose	The learner shall be expected to understand epidemiology and biostatistics in reproductive health, as a preparation to facilitate the development of the concept notes, research proposals and dissertation	
Learning outcomes	By the end of the course, the learner should be able to: Understand epidemiology and biostatistics in reproductive health	
Course Contents	 Epidemiology: Health indicators; statistics, measures of disease, frequency, mortality and morbidity rates, and trends. Reproductive health epidemiology: Concepts; safe motherhood, three delay model, Sustainable Development Goals 3 including Universal Health Coverage, maternal morbidity and mortality review, neonatal morbidity and mortalityreview, community strategy in health promotion. Statistics: Maternal indicators; birth rates, fertility rates, maternal mortality, case fatalityrate, caesarean section rate, delivery by skilled providers, contraceptive prevalence rate, adolescent fertility rate. Neonatal indicators; stillbirths, perinatal mortality. Statistical analysis: variables, summary of data, display of data, distributions, tests of significance. 	
Skills	• None.	
Mode of Delivery	 Lectures, Group discussions Group exercises Assignments Journal clubs 	

	 Evidence based clinical seminars Practicum
Instructional	Lecture rooms /conference rooms/classroom
material/Resources	- Library
Course Assessment	Written exam

3. RESEARCH IN REPRODUCTIVE HEALTH: RESEARCH METHODS AND RESEARCH PROJECTS

Purpose	The learner shall be expected to develop a research proposal of their choice in obstetrics and
	gynecology, get ethics approva <mark>l, collect data and write a d</mark> issertation
Learning outcomes	By the end of the course, the learner should be able to:
	 Develop concept notes, proposals and write their dissertation
Course Contents	 Research methods: study populations, case definition, exposure and outcome definition.
	■ Errors in measurement; confounding, effect modification, bias, internal and external validity,
	precision, sensitivity, specifi <mark>city and predi</mark> ctive value.
	 Research methods; quantitative and qualitative.
	• Evidence based practices; literature search and databases, levels of clinical evidence, critical
	appraisal and systematic reviews Research ethics; historical perspectives, human subject
	protection and authorship.
	• Hea <mark>lth indicators; statistics, measures</mark> of disease, frequency, mortality rates and trends
	Reproductive health epidemiology Concepts; safe motherhood, three delay model, Millennium

	Development Goals, maternal morbidity and mortality review, neonatal morbidity and
	mortality review, community strategy in health promotion.
	• Statistics: Maternal indicators; birth rates, fertility rates, maternal mortality, casefatality rate,
	caesarean section rate, delivery by skilled providers, contraceptive prevalence rate, adolescent
	fertility rate.
	Prenatal indicators; stillbirths, perinatal mortality.
	 Statistical analysis: variables, summary of data, display of data, distributions, tests of
	significance.
	 Research methods: study populations, case definition, exposure and outcome definitionStudy
	designs; descriptive, analy <mark>tic, interventional, implemen</mark> tation science, clinical audits, measures
	of effect and impact.
	 Research ethics; historical perspectives, human subject protection and authorship.
	 Proposal development and research writing: title, summary, literature review, rationale,
	research question, hypoth <mark>esis, conceptual</mark> framework, objectives, methodology,ethical issues,
	results, discussion, conclus <mark>ion, recommen</mark> dations, references, dissemination, publication.
Skills	Concept note writing
	Research proposal development
	Dissertation writing
	■ Thesis defense
	Manuscript preparation

Mode of Delivery	• Lectures
	 Group discussions and exercises
	Assignments Journal clubs
	Evidence based clinical seminars
	■ Practicum
Instructional	Lecture/conference rooms/class room
material/Resources	- Library
Course Assessment	 Proposal presentation
	 Dissertation presentation

4. EMERGENCY AND CRITICAL CARE IN REPRODUCTIVE HEALTH		
Purpose	The learner shall be expected to acquire in-depth knowledge and skills to be able to effectively handle obstetric	
	and gynecologic emergencies as an individual and as part of an emergency response team	
Learning outcomes	1. To Describe and manage gynaecological emergencies	
	2. To Describe basic and comprehensive emergency obstetric care	
	3. To Outline the principles of adult resuscitation	
	4. To Outline principles of neonatal resuscitation	
	5. To Perform maternal and neonatal resuscitation	
	6. To Outline the basic principles of life support in critical care and their application	
	7. To Outline the process of performing a maternal death review	
Course Contents	■ EmON/ALSO: Pathophysiology and initial management of obstetric emergencies and complications	
	including pre-eclampsia/eclampsia, haemorrhage, amniotic fluid embolism.	
	■ Critical care: Respiratory system: Airway management including use of oral airways, face masks,	
	laryngeal mask airways, tracheal intubation. Causes, diagnosis and management of respiratory failure.	
	Indications for and methods of mechanical ventilation. Principles of weaning from mechanical ventilators.	
	Principles of oxygen therapy. Cardiovascular system: Pathophysiology and management of cardiogenic	
	and hypovolemic shock. Recognition of and management of basic dysrhythmias.	
	■ Pharmacology of the common ionotropic, chronotropic, vasodilator and vasoconstrictor drugs.	
	Renal/Metabolic system: Diagnosis, prevention and management of acute renal failure. Fluid, electrolyte,	
	and acid-base disorders. Gastrointestinal/Nutritional systems: Nutritional assessments and principles of	
	adequate nutrition including enteral and parenteral nutrition. Prevention of stress ulceration	
	-Management of acute gynaological and obstetric emergencies	

Skills	-Rapid assessment for shock, adult resuscitation, blood transfusion, MVA, C/S, IIAL; Uterine Tamponade
	management of pre-eclampsia/eclampsia, management of cord prolapse, breech delivery, vacuum extraction,
	craniotomy, manual removal of placenta, cervical tear repair, episiotomy repair, bimanual compression,
	aortic compression, new-born resuscitation, endotracheal intubation,
	critical care in ICU: fluid balance, electrolyte monitoring, central line insertion,
	inotropic support, ventilatory support, drug therapy, alimentation, waste management and body care.
Mode of Delivery	-Overview lectures,
	-Tutorials,
	-Class discussions and presentations.
Instructional	-Skills lab
materials/Resources	-Wards
	-ICU & HDU
	-Lecture/conference rooms/class room Library
	-Computer lab
	-Theatres
Course Assessment	Practical exams

5. ICT IN HEALTH	
Purpose	The learner shall be expected to apply information and communication
	technology (ICT) in medical practice, research and advocacy.
Learning outcomes	By the end of the course, the learner should be able to:
	1. Apply information and communication technology in health care delivery
	2. Apply information and communication technology in medical research
	3. Apply information and communication technology in RH advocacy
	4. Appreciate and effectively use health information systems.
Course Contents	Medical statistical software -EPI Info, SPSS, SAS.
	• Health informatics including databases, manual and electronic medical records, report generation
	including morbidity and mortality reports;
	E-health and telemedicine.
	• Application of ICT in research, online literature searches and journal review(medline, Cochrane
	database).
	• Application of health information systems – data collection, storage, retrieval and statistical analysis
	including clinical decision support systems.
Skills	Data collection, storage, retrieval and statistical analysis including clinical decision support systems.
Mode of Delivery	• Lectures
	PBL and
	• Tutorials
	• Class discussions

	• Demonstrations.
Instructional	ICT equipment
material/Resources	Learning Resource Centre
	Computer lab.
Course Assessment	• Assignments
	• Practicum

6. LEADERSHIP, CLINICAL GOVERNANCE, MANAGEMENT AND COMMUNICATION	
Purpose	The learner shall be expected to acquire knowledge, skills and proficiency in
	leadership, clinical governance, management and communication relevant for effective decision-making, advocacy
	and positive influence in the field of reproductive health.
Learning outcomes	By the end of the course, the learner shou <mark>ld be able to:</mark>
	1. Define and characterize the qualities in leadership
	2. Differentiate between leadership and management skills
	3. Develop leadership skills
	4. Deal with conflict management
	5. Participate in problem solving and decision making
	6. Collate leadership, management and clinical governance

Course Contents

To define and characterize the qualities in leadership:

- Leadership style (basic, Autocratic, bureaucratic, democratic, freelance, power and influential, transformational, transactional, servant); theories of styles (great man, trait, behavior, managerial, contingency, situational, fiedler nodel, path- goal model, participation model); leadership tools; leadership power bases (legitimate, coercive, reward, resource, information, referent, expert, connection); ladder of leadership (followership); leadership grid; Leadership process
- Types of leadership in healthcare systems
- Relationship of leadership and management
- · The value of teamwork, integrity and mentorship

To differentiate between leadership and management skills:

· attributes, skills, communication

To develop leadership skills:

Yourself as the leader, emotional intelligence, high individual performance (high potential criteria), high
performance teams, strategic planning and leadership potential, guiding organizational change, developing
organizational culture; Leadership substitute concepts

To address conflict management:

• conflict styles, self-evaluation, situational use of various conflict styles and consequences, confronting conflict

To participate in problem solving and decision making:

• formal techniques, brainstorming, synergistic decision making

To collate leadership, management and clinical governance:

Pillars of clinical governance; linkage of leadership, management and clinical governance

pplication of leadership in health systems:Planning, monitoring, evaluation, policy formulation, policy implementation, innovation, levels in
• Planning, monitoring, evaluation, policy formulation, policy implementation, innovation, levels in
reproductive health care, strategic plan formulation, work management, resource management, staff
development, documentation and translation, operations and policy decisions, institutional and individual
conflict resolution, management of change, organizational development, performance contract,
organogram, logistics and supplies, linkages with community, administrative structures, collaborations,
gender mainstreaming.
ore competencies in leadershi <mark>p an</mark> d rela <mark>tion to health s</mark> ystem strengthening
 Didactics Role play Practical session in the health facility administration office and in the clinical areas Case reports Audio / visual
Lecture/conference rooms/class room
• Library
• Computer lab
og book evaluation MCQ
hort answer questions
ase scenario and OSCE
o h

7. BIOETHICS A	7. BIOETHICS AND JURISPRUDENCE	
Purpose	The learner shall be expected to acquire knowledge on the application of bioethics	
	and jurisprudence in patient management and research	
Learning outcomes	By the end of the course, the learner should be able to:	
	1. Discuss the constitutional provisions governing medical practice and research	
	2. Describe the laws and codes governing the medical practice and research	
	3. Apply ethical principles in patient care and research	
	4. Acknowledge emerging issues and their relevance	
Course Contents	Ethical principles and application in clinical practice;	
	Physician ship:	
	Integrity; compassion, respect, availability, lifelong professional competence, continuing education.	
	Theories of morality and ethics;	
	• Ethical foundations: Hippocratic oath, Physician- patient and Physician-colleague relationship, conduct and	
	practice, conflicts of interest, professional relations, societal responsibilities, consent, patient requests, decisional	
	capacity, patient impairment, surrogate decision maker, dying and death, privacy, confidentiality, chaperons,	
	withdrawal of treatment, substance abuse colleagues, autonomy, beneficence, non-maleficence, justice, data	
	protection, research ethics	
	Understand the principles of ethics:	
	• beneficence; non-maleficence; autonomy; justice; dignity and truthfulness; Understand the nature of ethical	
	thinking and the philosophical basis of ethics; Be able to frame an ethical argument	

Be able to discuss the ethical considerations regarding:

• refusal of treatment; euthanasia; abortion; contraception; blood borne and sexually transmitted infections; genetic screening; human cloning; maternal-fetal conflict; health economics; inequalities in health care.

Legal framework for practice:

• Medical regulatory bodies, licensure, fitness to practice, laws governing practice of medicine, medical certifications (birth and death notifications, mandatory post-mortems), notifiable disease, national and international codes.

Parliamentary law:

understand the legislative process; know how to locate and state the statutes that impose obligations on doctors;
 be able to discuss issues on the basis of interpretation of legislation.

Duty of care:

Be able to describe the duty of care a doctor owes a patient; understand what breach of duty of care/ standard of care implies; how the courts can change what is understood by duty of care; gaining informed consent; the reasons why patients sue for breach of duty of care; how to communicate with patients who have lodged a claim.

Medical Board:

Understand the powers and limitations of medical boards; the public policy reasons for the existence of medical boards; how to respond to requests from medical boards; how to respond to complaints and how to use complaints to improve practice.

Medico-legal aspects:

Know how to review a patient file and provide a report; how to perform and report a medico-legal clinical examination (e.g. transport accident victim, patient involved in litigation, sexual assault victim); how to give evidence in court; the importance of a chain of evidence; the role and responsibilities of an expert witness; criminal and civil suits, professional malpractice and professional negligence, sexual harassment, Penal Code, HIV/AIDS Act, Sexual Offences Act, Legal and ethical issues in reproductive health among persons with mental handicaps and illnesses; Pregnancy in exceptional circumstances: rape, persons with mental handicap and illness.

Consent for procedures performed on minors and those deemed incompetent to consent.

Patient records:

understand the need for clear, contemporaneous notes for defending a claim; be aware of issues related to record retention and storage.

Privacy and confidentiality:

understand the importance of personal privacy to a patient, as well as privacy of personal information, the privacy and confidentiality legislation that applies in your jurisdiction, the potential areas of conflict between patient confidentiality and other overriding obligations such as mandatory reporting or criminal law.

Mandatory reporting:

understand what mandatory reporting refers to and why it exists; understand the reporting obligations of health professionals in their relevant jurisdiction.

Emerging issues:

DNA studies, assisted reproduction, gamete and embryonic storage and disposal, HIV and disclosure (physician to patient), reproductive options of HIV discordant couples, stem cell research and medicine, genetic modification, cloning, organ donation.

Skills	Proficiency in medico-legal documentation and testimony
Mode of Delivery	Overview lectures,
	Tutorials,
	Class discussions and
	Presentations
Instructional	Lecture/conference rooms/class room
material/Resources	Library
	Computer lab
Course Assessment	Individual assignments, written reports, class presentations, written examinations

8. RADIOLOGY AND IMAGING	
Purpose	The learner shall be expected to acquire knowledge and skills in medical imaging, relevant in the management of reproductive health patients.
Learning outcomes	 -Discuss the various types of imaging (scientific basis advantages and disadvantages). Interpret imaging output of various conditions in reproductive health. Carry out appropriate diagnostic imaging procedures in obstetrics and gynecology Discuss imaging hazards in reproductive health
Course Content	Definition; Medical imaging procedures- Scientific principles, Advantages, Disadvantages, Uses in reproductive health (Ultrasonography, Conventional radiology/X-Ray, Hysterography, Hysteroscopy, CT scan, MRI, PET, Mammography, Fluoroscopy); Imaging and telemedicine; (common conditions: Congenital diseases; Endometriosis; Benign and Malignancies the uterus and ovaries; Cervical cancer; Cysts; Inflammatory diseases) Ultrasonography skills including fetal viability, fetal presentation and biometry, placental localisation, biophysical profile and amniotic fluid assessment, umbilical artery Doppler, anomaly scans, transvaginal sonography ultrasound-guided amniocentesis and paracentesis. Extrauterine gravidity, 3-D Ultrasonography. Common artefacts X-ray radiation; bio-effects and safety of ultrasound; imaging procedure-related hazards.
Skills	-Perform basic gynaecological and obstetric ultrasound, performing and reporting on HSG Participate in performing and reporting on intravenous urography Participate in performing and writing on Urethrograms Participate in reporting relevant conventional radiographs Interpret mammographs Participate in basic CT scan and MRI anatomy of the pelvic organs.

Mode of Delivery	Lecturers,
	group discussions,
	presentations,
	assignments,
	journal clubs,
	clinical seminars, clinical rotations,
	Telemedicine
Instructional	ICT materials, radiology machines
material/Resources	
Course Assessment	CAT
	Logbooks

9. CLINICAL SKILLS IN RE	PRODUCTIVE HEALTH
•	The learner shall be expected to develop clinical skills that will be useful in managing reproductive health patients
3	By the end of the course, the learners should be able to demonstrate competencies in selected clinical skills
	Clinical skills: Medical skills: history, examination, investigations, diagnosis, informed consent, treatment, follow-up, referral. Surgical skills: common surgical procedures, anaesthesia, analgesia, pre-operative care, surgical instruments, sutures, positioning, access, surgical techniques, adaptations, limitations, tissue handling, closure, post-operative care. Social and communication skills: problem identification, empathy, sympathy, counselling skills, assurance, professionalism, standard operating procedures. Nursing procedures: observations, patient comfort, bed making, care of the moribund and unconscious patient, wound care, catheterization, drug and fluid administration, blood transfusion, intravenous alimentation, Rye's tube, flatus tube, drains, postoperative management. Infection prevention and control: Universal precautions; hand hygiene, personal protective equipment, safe handling of sharps, handing biological material, management of occupational exposure to infective agents, post exposure prophylaxis, theatre environment, face mask, environmental management, patient flow, premises, cleaning, disinfection, sterilization, autoclaving, waste management, nosocomial infections, wound care.

Skills	Skills Lab:
	• Instrument identification
	• Infection prevention (3 buckets, waste management, 5 swab, instrument management, placenta
	disposal)
	Clinical procedures:
	• Catherization
	Pre-op/post-op preparation
	Wound care
	Operation/procedure set setting (MVA, IUCD, Jadelle, delivery, CS, laparotomy)
Mode of Delivery Lecturers	Multimedia
	Skills lab demonstrations
	Small group discussions
	Demonstration
Instructional	Lecture/conference rooms/class room
material/Resources	Library
	Computer lab
	Skills lab
	Clinical wards
	Outpatient clinics
Course Assessment	Practicum

10. FAMILY PLANNI	ING AND ABORTION CARE
Purpose	To equip learners with the necessary knowledge, skill, and attitude to provide comprehensive family planning
	and abortion care services.
Learning outcomes	By the end of the course, the learners should be able to:
	1. Describe the health, social and economic burden of unsafe abortion and its contribution to maternal
	mortality.
	2. Explain how social, political, economic, cultural, factors that affect abortion care and access to
	reproductive health care.
	3. Recognize reproductive health rights and international and regional regulations.
	4. Comply with the national laws concerning comprehensive abortion services and family planning.
	5. Describe strategies to prevent unsafe abortion and its complications.
	6. Counsel patient about all alternatives available to them for unplanned pregnancy.
	7. Perform clinical assessment (history, physical examination and other investigations) for clients who need
	abortion care services.
	8. Perform Comprehensive Abortion Care (CAC) service.
	9. Identify and manage potential complications.
	10. Provide counseling on all range of family planning options.
	11. Provide all forms of family planning methods including long-acting reversible contraceptive methods and
	permanent methods.
	12. Recognize health systems needs and logistics management for service delivery

Course Content	Contraception/Family planning: relation to socioeconomic development, impact on environmental
	sustainability, national policies, organization of services, indicators of utilization, contraceptive methods,
	dispensation, skills, ethics, counselling, informed choice, special groups, advances, research, advocacy,
	outreach.
	Abortion care: Providing Comprehensive Abortion Care (CAC) which includes Post Abortion Care(PAC) and
	Safe Abortion Care (SAC) services in first and second trimesters of pregnancy, managing abortion
	complications and providing post abortion family planning.
Skills	Skills Lab and clinical procedures:
	Provide counselling for FP and Abortion care clients
	Jadelle insertion/removal
	Implanon insertion/removal
	IUCD (mirena, copper T, Multiloa <mark>d) insertion/removal </mark>
	Bilateral tubal ligation (immediate post-parum and interval)
	MA and Surgical abortions methods
Mode of Delivery	• Lecturers
	Case based learning (SRH clinics, morning sessions, case presentations monthly FP and CAC audit)
	Management sessions/seminars
	Lectures (virtual or in person)
	Journal club/critical appraisal of evidences
	 Demonstration (both in simulated and clinical settings)
	Supervised practice with feedback
	Value clarification for attitudinal transformation exercise

Instructional	Skills lab and lecture hall
material/Resources	Clinics with equipment and commodities
Course Assessment	Progressive assessment (Direct observation of procedural skills)
	Case-based discussion (patient record review)
	Multi-source feedback/360 degree
	Written Exam
	 Clinical assessment
	Objective structured clinical examinations (OSCE)
	 Logbook (paper based or e-logbook)

11. MATERNAL-FETAL N	MEDICINE AND NEONATAL MEDICINE
Purpose	The learner shall be expected to acquire advanced knowledge, experience and skills on pre-conception,
	early pregnancy, antepartum, intrapartum, postpartum and neonatal care.
	The learner is also expected to acquire basic knowledge and skills in resuscitation and ICU
	management in order to participate in management of normal and high-risk neonates.
Learning outcomes	By the end of the course, the learner should be able to:
	1. The learner shall be expected to acquire advanced knowledge, experience and skills on preconception,
	early pregnancy, antepartum, intrapartum, postpartum and neonatal care.
	2. The learner is also expected to acquire basic knowledge and skills in resuscitation and ICU
	management in order to participate in management of normal and high-risk neonates.
Course Content	The normal course of labor and risk factors for abnormal labor.
	■ The appropriate role for and complications of the following interventions for abnormal labor:
	analgesia, amniotomy, augmentation of labor, uterine contraction monitoring, episiotomy, operative
	vaginal and abdominal delivery.
	 Accurate history of a patient's previous operative delivery
	 Focused physical examination in postpartum patients.
	■ Immediate care for the newborn, including neonatal resuscitation, APGAR score assignment.
	■ Focused physical examination and perform/interpret appropriate tests for patients who present to
	triage for third trimester bleeding, pre-term labor, PROM and general medical concerns.
	 Performance of spontaneous vaginal delivery and episiotomy under the supervision of attending staff
	and/or senior resident.
	■ Performance and interpret the following methods of fetal monitoring: intermittent auscultation,

	electronic monitoring, fetal scalp stimulation, and vibroacoustic stimulation.
	 Causes for and clinical significance of bradycardia, tachycardia, increased variability,
	decreased/absent variability, decelerations (early, variable, and late) and the sinusoidal waveform
	 Assessment of the progress of labor.
	 Recognize and appropriately evaluate abnormal fetal presentations and positions.
	 Perinatal care of the new-born
	 Labour management including partograph, cardiotocography, foetal scalp sampling.
	 Neonatal assessment: Examination of the new-born, Apgar scoring and congenital abnormalities
	assessment.
	■ Immediate and routine care of the new-born including drying, warmth, airway patency, oxygenation,
	vitamin K, eye care and neonatal feeding.
	■ Emergency management of neonatal conditions including birth asphyxia; ABCD of resuscitation; cord
	blood sampling.
	Basics of obstetric ICU management
	 Maternal death Review, various methods, including near miss
Skills	 Assessment of bleeding in early pregnancy, early pregnancy loss and hyperemesis gravidarum.
	 Evacuation of the uterus by suction curettage, dilatation and curettage of the uterus.
	 Laparotomy and laparoscopy for ectopic gestation.
	 Dilation and evacuation for second trimester foetal death.
	Obstetric procedures:
	 Antepartum: Amniocentesis (for genetic diagnosis in 2nd trimester and for assessment of foetal lung
	maturity in 3rd trimester;

- Trans abdominal and transvaginal Chorionic villus sampling; Cordocentesis.
- Cervical cerclage.
- Antepartum Feotal assessment: Biophysical profile, Contraction stress test, Nonstress test,
 Vibroacoustic stimulation.
- Intrauterine transfusion; Amnioinfusion. Ultrasound examination, Abdominal ultrasonography, external cephalic version of breech.
- Intrapartum: Intrapartum Feotal assessment: Feotal heart rate monitoring (internal/external), Feotal scalp pH determination, Feotal scalp stimulation test. Amniotomy. Induction of labour: prostaglandins or oxytocin.
- Manual removal of the placenta; Curettage for adherent placenta.
- Vaginal delivery: Spontaneous vaginal delivery; Breech delivery; Forceps delivery; Vacuum extraction.
- Episiotomy and repair; Immediate repair of genital tract lacerations cervical, perineal (second, third- and fourth-degree lacerations);
- Caesarean delivery: Classical, Low transverse, Low vertical; Caesarean hysterectomy; Skin incision
 Vertical, Transverse.
- Post-partum management: Balloon tamponade, B-Lynch technique, Uterine artery ligation,
 Hypogastric artery ligation, sub-total hysterectomy
- Anaesthetic/analgesic procedures, Administration of parenteral analgesics/sedatives, Administration of narcotic antagonists; Anaesthesia: Epidural, General, Spinal
- Postpartum: Haematoma evacuation Intra-abdominal -Vulvar, Vaginal Neonatal resuscitation,
- Wound care- Debridement; Incision and drainage of abscess or hematoma; Repair of dehiscence, secondary closure.

Mode of Delivery	Overview lectures
	PBL Tutorials
	Class discussions
	Presentations
	Demonstrations
Instructional material	ICT equipment (laptops and LCDs)
	Whiteboard/chalkboard
	Learning Resource Centre (LRC)
	Hospital HMIS department
	Division of reproductive health (national and county levels)
	Patient clinics and wards
	Operating theatres
	Critical care units
	New-born unit Imaging departme <mark>nt</mark>
	Resource persons
	Grand Rounds
Course Assessment	Log book of attendance and procedures
	MCQ and short answer questions
	Case reports
	Clerking long and short cases
	OSCE

Purpose	The learner shall be expected to acquire knowledge and skills to appropriately manage individuals
	and couples with infectious diseases in RH and to prevent infectious diseases in the community.
Objectives	1. Describe and recommend management of diabetes mellitus in pregnancy.
	2. Interpret screening tests for gestational diabetes.
	3. Evaluate signs and symptoms of urinary tract pathology in pregnant women.
	4. Describe the indications for the common diagnostic tests for renal disease in pregnancy.
	5. Perform a focused history and physical examination in pregnant patients who have known or suspected infectious diseases.
	6. Choose and perform laboratory tests to confirm the diagnosis of infection.
	7. thrombocytopenia, deep vein thrombosis, and coagulopathy in pregnancy.
	8. Describe the etiology, presentation, Investigation and Management of cardiopulmonary diseases in pregnancy.
	9. Describe the indications for and interpret the results of common diagnostic tests for cardiopulmonary disease in pregnancy
	10. Perform a history and physical examination for the diagnosis and management of
	gastrointestinal disease in pregnancy.
	11. Describe the indications for and interpret the results of common diagnostic tests and
	management for gastrointestinal disease in pregnancy.

- 12. Describe the symptoms of common psychiatric disorders and management in pregnancy.
- 13. Describe the etiology, presentation, Investigation and Management of chronic hypertension, preeclampsia and gestational hypertension and to assess the severity of chronic hypertension, gestational hypertension, and preeclampsia.
- 14. Describe the etiology, presentation, Investigation and Management of Gestational Diabetes and Diabetes in Pregnancy
- 15. Describe the etiology, presentation, Investigation and Management Thyroid Diseases in Pregnancy
- 16. Describe the etiology, presentation, Investigation and Management of Connective Tissue disorders in Pregnancy
- 17. Describe the factors that predispose to multiple gestation.
- 18. Describe the physical findings suggestive of multiple gestation
- 19. Describe the factors that predispose to fetal growth restriction.
- 20. Evaluate the patient for causes of intrauterine growth restriction.
- 21. Describe the possible causes of premature rupture of membranes (PROM) in preterm and term patients.
- 22. Describe the etiology, presentation, Investigation and Management of anemia,
- 23. Describe the clinical history indicative of fetal death.
- 24. Describe the possible causes and Management of fetal death
- 25. Evaluate the public health burden of reproductive tract infections

	26. To understand the epidemiology, pathophysiology, clinical features, prognosis and management
	of infections in RH
	27. Understand the principles of prevention, detection and isolation
	28. Understand therapy (immunization, prophylaxis, antibiotics and antivirals
	29. Manage communicable diseases in Rep <mark>roductive H</mark> ealth including ruptured membranes,
	Chorioa <mark>mnionitis, puerperal seps</mark> is, ma <mark>stitis, endo</mark> metritis, urinary tract infections, wound
	infections, septic shock, m <mark>alaria and</mark> other tropical infections/infestations
	30. Fetus and neonatal infections including streptococcus, gonococcus, syphilis, toxoplasma, listeria,
	haemophilus, chlamydi <mark>a, mycoplasma, ureaplasma, herp</mark> es hominis, rubella, cytomegalovirus,
	varicella, hepatitis A, <mark>hepatitis B, hepatitis C, Parvo</mark> virus, influenza, human immunodeficiency
	virus, neonatal sepsis)
Course Content	-Prevalence and incidence, investigation of Medical Disorders in pregnancy and their management
	-Prevalence and incidence of Reproductive tract infections and their management.
	-Determinants of sexually-transmitted and non-sexually transmitted Reproductive tract infections,
	-Effects of and mortality associated with Reproductive tract infections, relation of Reproductive tract
	infections and HIV/AIDS.
	-Prevalence, diagnosis and treatment of ruptured membranes, Chorioamnionitis, puerperal sepsis,
	mastitis, endometritis, urinary tract infections, wound infections, septic shock, malaria and other
	tropical infections/infestations, leprosy, schistosomiasis and filariasis, brucellosis, toxoplasmosis.
Skills	Skills and clinical competence to address infectious diseases in RH and to prevent infectious diseases in
	the community.

Mode of Delivery	Overview lectures,
	Tutorials,
	Self-Directed Learning,
	Class discussions and Presentations,
	Bedside teachings, Ward Rounds,
	Theatre Practicum, Grand Rounds, Seminars and Conferences
Instructional	ICT equipment, Learning Resource Centre, Resource persons, operating theatres, minor theatres,
material/Resources	wards, outpatient clinics, inte <mark>rnal medicine department, diagno</mark> stic laboratories, radiology and imaging
	department
Course Assessment	MCQs
	Log Book
	Practicum Short Essay questions MEQ
	OSCE , Case write-ups

13. HEALTH SYSTEMS	S AND PROGRAM MANAGEMENT
Purpose	To understand the components of the health system and how it works, with an emphasis on health management.
Leaning Outcome	1. To define and understand the health system building blocks
	2. To acquire skills in using the health system to critique existing programs and policies
	3. To apply the knowledge in delivering high-impact RH programs
Course Contents	Health Service Delivery e.g. Number and distribution of health facilities per 10 000 population, District and
	national databases of health facilities, Number and distribution of inpatient beds per 10 000 population.
	Health Workforce, eg Number and distribution of health workers per 10 000 population, Annual number of
	graduates of health specialization educational institutions per 100 000, deployment and retention.
	Health Information-Health information system performance index Review of national health information
	systems.
	Essential Medicines- availability of 14 selected essential medicines in public and private health facilities, Median
	consumer price ratio of 14 selected es <mark>sential medicines in</mark> public and private facilities, supply chain.
	Health Financing- Total expenditure on health National Health Accounts (NHA), General government
	expenditure on health as a proportion of general government expenditure (GGHE/GGE), The ratio of out-of-
	pocket household payments for health to total expenditure on health.
	Leadership and Governance-in respective with reproductive, maternal, newborn, and adolescent health.
Skills	Skills in using the health system to critique existing programs and policies
Mode of Delivery	Didactic, lectures, practicum site, e-learning platform
Course Assessment	Logbook evaluation, MCQ, Short answer questions, Case scenario and OSCE.

14. NEONATOLOGY	
Purpose	Acquire knowledge, skills and competencies in the management of normal, high risk and sick neonates.
Leaning Outcome	1. To examine and provide basic neonatal care and counsel for infant feeding choices
	2. To recognize and manage complications and abnormalities of the newborn and perform basic resuscitation.
	3. To manage high-risk neonates – pr <mark>emature</mark> babies, small for gestation babies, infants of diabetic mothers,
	rhesus incompatibility and birth asphyxia.
	4. To Understand the basics of IC <mark>U care for neonates</mark>
Course Contents	Perinatal care of the newborn: Neonatal assessment: Examination of the newborn, Apgar scoring and
	congenital abnormalities assessment. Immediate and routine care of the newborn includes drying, warmth,
	airway patency, oxygenation, vitamin K, eye care and Neonatal feeding. Emergency management of neonatal
	conditions, including birth asphyxia; ABCD of resuscitation; cord blood sampling. Basics of ICU management
	for neonates.
	Perinatal death reviews.
Instruction materials/	ICT equipment (laptops and LCDs)
resources	Whiteboard/chalkboard Learning Resource Centre (LRC) Grand Rounds
Mode of delivery	Overview lectures PBL Tutorials Class discussions Presentations Demonstrations
Couse Assessment	Logbook , MCQ and short answer questions
	Case reports Clerking long and short cases
	OSCE, CAT.

15. PAEDIATRI	C AND ADOLESCENT REPRODUCTIVE HEALTH
Purpose	The learner shall be expected to acquire knowledge, skills and experience to effectively manage pediatric and adolescent patients' reproductive health issues
Leaning Outcome	To apply variances in embryology, anatomical and physiological development of male and females To Describe adolescent sexual and reproductive health for prevention, management and control
Course Content	Pediatric: ambiguous genitalia, intersex, vaginal discharge, pseudo-breast, nipple discharge, pre-pubertal vulvo-vaginal disorders, urethral prolapse, reproductive tract infections, urinary tract disorders, mother to child transmission, ovarian cysts, precocious puberty, sexual and gender-based violence, trauma of the reproductive tract, tumours, vaccinations. Adolescent: gonadal dysgenesis, genetic disorders, nutritional disorders, menstrual disorders; surgery for genital tract anomalies, sexuality and sexual dysfunction, pelvic pain, hirsutism, polycycstic ovarian disease, endometriosis, breast abnormalities, tumours, mental health. Adolescent sexuality: legislature, policies, Maslow's needs hierarchy; adverse childhood experiences; Adolescent health indicators, youth friendly services, contraception, reproductive tract infections, adolescent pregnancy, rites of passage, sexual and gender based violence, gender mainstreaming, drugs and substance abuse, healthy relationships, life skills, adolescent sexual health and rights, health education health promotion, primary prevention, screening, prophylaxis, responsibility; re- integration in family and society.
Skills	Knowledge, skills and clinical competence to address pediatric and adolescent reproductive health

Mode of Delivery	Didatics
	Case studies
	Clinical demonstration of obtaining history and physical examination of the pediatric and adolescent.
	Radiological and imaging unit
	Laboratory access
	Laparascopic theatre
Instructional	Lecture/conference rooms/class room
material/Resources	Library
	Computer lab
	Wards Clinics
Course Assessment	Log book of attendance in the respective resource laboratories and auxiliary service delivery points
	MCQ and short answer questions
	OSCE with presentation of:
	Slides, pictures or videos
	Role play of counseling session marked against a checklist

16. BENIGN GY	NAECOLOGICAL CONDITIONS
Purpose	The learner is expected to acquire knowledge and skills in pathophysiology,
	pathology and presentation of benign disorders in reproductive health and their management
Leaning Outcome	1. Explain the pathophysiology, diagnosis and management of menstrual disorders
	2. Explain pathology, diagnosis and management of benign uterine, ovarian, fallopian tube and uterine
	lesions/ neoplasms.
	3. Explain pathology, diagnosis and management of vulval dystrophy and benign vulvovaginal neoplasms
	4. Explain the pathophysiology diagnosis and management of endometriosis and adenomyosis.
	5. Explain pathophysiology, pathology, diagnosis and management of congenital anomalies of the reproductive
	tract
	6. Explain pathophysiology, pathology, diagnosis and management of benign breast disorders
Course Content	Pathophysiology, investigation, diagnosis and management of menstrual disorders. Pathology, investigations
	and management of uterine, ovarian and fallopian tube benign lesions/tumours (fibroids, adenomyosis,
	endometrial hyperplasia,
	endometrial polyps, fibromas, cervical polyps). Pathology, investigations, diagnosis and management of vulval
	dystrophies and benign vulvo-vaginal lesions/tumours (vaginal cysts, vulval swellings, ulcerations). Pathology,
	investigation, diagnosis and management of endometriosis and adenomyosis. Pathophysiology investigations,
	diagnosis and management of congenital anomalies (ambiguous genitalia, absent vagina,

	imperforate hymen, vaginal septum, mullerian duct dysgenesis- cervical duplex, unicornuate uterus,
	bicornuate uterus, rudimentary horns, tunners syndrome, hermerphroditism). Pathophysiology
	investigations, diagnosis and management of benign breast conditions
Skills	Assessment and management of menstrual disorders, vulval dystrophy, benign vulvovaginal tumours, benign
	ovarian tumours, beni <mark>gn fallopian t</mark> ube tumou <mark>rs</mark> , adeno <mark>myosis, co</mark> ngenital abnormalities of the reproductive
	tract. Identify breast les <mark>ions and ref</mark> er for ap <mark>propr</mark> iate m <mark>anagement</mark> . Proficiency in performing vulvo- vaginal
	biopsy, abdominal and vaginal hysterectomy, myomectomy, adnexal surgery, identification of post-operative
	complications. Basic skills in laparoscopic ovarian biopsy, endometriosis surgery, laparoscopic ovarian
	cystectomy and salpingo-oophorectomy, hysteroscopic resections.
Mode of Delivery	Overview Lectures, Tutorials, Self-Directed Learning, Class discussions and
	Presentations, Bedside teachings, Ward Rounds, Theatre Practicum, Grand Rounds, Seminars, Conferences
Instructional	ICT equipment, Learning Resource Centre, Resource persons, operating theatres,
material/Resources	minor theatres, wards, outpatient clini <mark>cs.</mark>
Course Assessment	MCQs
	Log Book
	Practicum
	Short Essay questions MEQ
	OSCE
	Case write-ups



17. PRE-MALIGNANT AND MALIGNANT GYNAECOLOGICAL CONDITIONS	
Purpose	The learner is expected to acquire in-depth knowledge and skills in pathophysiology, pathology, presentation and prevention in order to be able to provide appropriate management of premalignant and malignant disorders in
	reproductive health.
Leaning Outcome	1. Describe screening of gynaecological cancer
	2. Investigate, diagnose and manage premalig <mark>nant</mark> lesions.
	3. Investigate, diagnose and manage and malignant lesions
	4. Describe pathology of ma <mark>lignant</mark> tumou <mark>rs of vulva, vagina, cervix, uterus, fallopian tube and ovary.</mark>
	5. Diagnose, investigate, and manage ma <mark>lignant gynaecological tumours, a</mark> nd refer appropriately.
	6. Describe the principles of chemother apy in treatment of malignancies
	7. Describe the principles of radiation therapy
Course Content	Epidemiology, clinical presentation, pathogenesis and pathology: Vulval cancer, vaginal cancer, uterine cancer,
	ovarian cancer, breast and gestational trophoblastic disease.
	Principles of chemotherapy and Radiation therapy; Surgical intervention; Terminal care for advanced
	gynecological malignancy: basic principles of palliative care; Effect of pregnancy on tumours; Effect of tumors on
	pregnancy; Effect of therapy on fetus and future fertility.
	Vulval intraepithelial neoplasia, Vaginal intraepithelial neoplasia, Cervical intraepithelial neoplasia; Endometrial
	hyperplasia, screening tests including Pap Smears, colposcopy; tumor markers, imaging including mammograms,
	cytology and histopathology, genetic studies.
	Screening for gynecological cancer – pap smear, unaided visual inspection, HPV, Doppler ultrasound, tumour
	markers, Investigations, diagnosis and management of premalignant lesions of vulva, cervix, uterus and ovaries –

	colposcopy, Doppler ultrasound, piplle biopsies, tumour markers. Pathology of vulva, vaginal, cervical, uterine, tubal, ovarian malignancies and choriocarcinoma.
Skills	Overview lectures, Tutorials, Class discussions and Presentations
Mode of Delivery	Overview lectures, Tutorials, Self-Directed Learning, Class discussions and Presentations, Bedside teachings, Ward Rounds, Theatre Practicum, Grand Rounds, Seminars, Conferences
Instructional	ICT equipment, Learning Resource Centre, Resource persons, operating
material/Resources	theatres, minor theatres, colposcopy suite, labs, radiotherapy unit
Course Assessment	MCQs
	Log Book
	Practicum
	Short Essay questions MEQ
	OSCE
	Case write-ups

8. INFERTILITY AND ENDOCRINOLOGY	
Purpose	The learner shall be expected to acquire the knowledge and skills necessary to appropriately manage infertile/subfertile individuals and couples and prevent infertility in the community.
Leaning Outcome	1. Discuss causes of infertility/subfertility (anatomical and endocrinology)
	2. Take a comprehensive infertility history and perform relevant examination
	3. Request and interpret relevant investigations for the infertile couple
	4. Communicate and counsel the infertile couple on diagnosis and management
	5. Understand management and complication of infertility and subfertility treatment including basic
	princip <mark>les of Artifici</mark> al Re <mark>produ</mark> ctive <mark>Techn</mark> ology
	6. Appreciate psychological and cultural impact of sub/infertility
	7. Legal and ethical issues related to infertility

Course Content	Aetiology; male, female, epidemiology, socio-economic impact, psychological impact, socio cultural
	issues, human immunodeficiency virus infection.
	Male infertility investigations; semenalysis, semen-mucus interaction tests, post-coital tests, hormonal
	assay, testicular ultrasound, vasogram, testicular biopsy Female infertility; hysterorosalpingogram,
	ultrasound, hormonal assay, semen-mucus interaction tests, post-coital test, role of magnetic resonance
	imaging. Treatment; ovulation induction, luteal phase support, diagnostic and operative laparoscopy,
	myomectomy, tubal surgery, endometriosis surgery, ovarian drilling, diagnostic and operative
	hysteroscopy.
	Assisted reproductive technology; historical aspects, scope, semen processing, intrauterine
	insemination, ovulation induction, intra-uterine insemination, semen bank, cryopreservation, in vitro
	fertilization and embryo transfer, intracytoplasmic sperm injection, endometrial preparation, testicular
	sperm aspiration, testicular sperm extraction, embryo cryopreservation, gamete and embryo donation,
	pre-implantation genetic determination, surrogacy, adoption, socio-cultural issues, legal and ethical
	aspects
Skills	Detailed assessment for the infertile couple
	Counselling of the infertile coupl <mark>e, appreciating the psychological and cultural impact of infertility,</mark>
	respect a woman's dignity and need for confidentiality.
	Perform hystero-salpingography, perform diagnostic hysteroscopy and laparoscopy,
	assess for tubal patency, and stage endometriosis.
Mode of Delivery	Tutorials, small group sessions, overview lectures, subfertility clinics, bed side teaching,
	training courses
Instructional material/Resources	Library, Faculty, skills lab, laparoscopy/hysteroscopy course, online resources

Course Assessment	Logbook,
	OSATS,
	Theatre log
	Written exam
	OSCEs,
	Reflective diary

19. MINIMALLY INVASIVE SURGERY	
Purpose	The learner shall be expected to able to use various endoscopic procedures for
	diagnosis and treatment of reproductive tract disorders
Learning outcomes	1. Describe the different endoscopic techniques including their basic principles, uses, advantages and disadvantages
	hysteroscopy, laparoscopy, cystoscopy and eme <mark>r</mark> ging tec <mark>hniques.</mark>
	2. Perform endoscopic procedures in different settings
Course Outline	Endoscopic techniques, procedures, approaches, indications, advantages and complications.
Skills	Demonstrate skills in diagnostic laparoscopy and hysteroscopy, Laparoscopic sterilization, Laparoscopic aspiration
	of simple ovarian cyst, Laparoscopic pelvi <mark>c adhesiolysis, laparoscopic tubo</mark> plasty, Laparoscopic diathermy treatment
	of endometriosis, laparoscopic linear salpi <mark>ngostomy/salpingotomy for e</mark> ctopic pregnancy, Laparoscopic salpingectomy
	for ectopic pregnancy, Laparoscopic salp <mark>ingo-oophorectomy ovari</mark> an cystectomy, hysterectomy.
Mode of Delivery,	Tutorials, small group sessions, overview lectures, bed side teaching,
Instructional	Library, online sources, faculty, skills lab <mark>, theatre</mark>
material/Resources	
Course Assessment	EMI/MCQs, log book, theatre log (OSATs) etc

20. ABDOMINAL SUR	20. ABDOMINAL SURGERY AND UROLOGY	
Purpose	The learner shall be expected to acquire advanced knowledge and skills in	
	urology and abdominal surgery. This will be covered in collaboration with the Department of Surgery.	
Learning outcomes	1. To Diagnose and manage intraoperative complications such as bladder, ureteric and bowel injuries	
	2. To Diagnose and initiate management of acute intra-abdominal surgical conditions in a pregnant woman.	
Course Contents	Principles of managing the acute intra-abdominal surgical conditions in reproductive health. Laparotomy, types	
	and indications for colostomy Assist in resection and anastomosis of the small and large gut, colostomy,	
	appendicectomy, splenectomy, ureteric anastomosis, repair of the bladder, repair of perforations of intestines,	
	appendicectomy.	
	Emergency surgical conditions in pregnancy, trauma (accidents, stabs, fractures)	
Skills	Assist in resection and anastomosis of small and large gut, colostomy, appendicectomy, splenectomy, ureteric	
	anastomosis, repair of bladder, repair of perforations of intestines, Cystoscopy.	
Mode of Delivery	Overview lectures,	
	Tutorials,	
	Self-Directed Learning,	
	Class discussions and Presentations,	
	Bedside teachings, Ward Rounds,	
	Theatre Practicum,	
	Grand Rounds, Seminars.	
Instructional	ICT equipment, Learning Resource Centre,	
material/Resources	Resource persons,	
	operating theatres, minor theatres, wards, outpatient clinics	
<u> </u>	/ *	

Course Assessment Reflective wr	ite up, OSATS, demonstrations
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21. UROGYNAECOLOGY	
Purpose	The learner shall be expected to acquire skills in management of a woman with
	lower urinary tract disorders and pelvic floor disorders.
Learning outcomes	Acquire skills in managing a woman with lower urinary tract and pelvic floor disorders.
Course Content	Common urogynecology disorders:
	Urinary incontinence, voiding dysfunction, Recurrent UTIs, Pelvic organ prolapse, Fistula
	History taking and physical examination; Indications and limitations of the various tests employed in
	investigating women with pelvic floor dysfunction, including urine MSSU, ultrasound, MRI, urodynamics, dye
	tests, take a comprehensive urogynaecological history, interpret investigations, Initiate general. Medical
	management of common conditions in Urogynaecology.
	Perform simple Urogynaecology procedures, including fascial plications, cystoscopy and perineal repairs,
	under the direct supervision and assist in complex ones. Perform various fistula repairs. Appreciate the
	psychological aspects and counsel a patient with urogynaecological disorders
Skills	Discuss common urogynaecological disorders
	Take a comprehensive urogynecol <mark>og</mark> y his <mark>tory and o</mark> rder appropriate tests and interpret the results
	Evaluate and treat voiding disorders
	Assess and initiate non-surgical management of pelvic organ prolapse.
	Under direct supervision, undertake fascial plication for simple prolapse.
	Participate in the placement of mid-vaginal slings (TVTs) and other complex procedure

Mode of Delivery	Lecturers
wide of Delivery	Lecturers
	Group discussions
	Presentations
	Assignments
	Journal clubs
	Clinical seminars
	Clinical rotations
Instructional	ICT equipment, Learning Resource Centre, Resource persons, operating theatres,
material/Resources	minor theatres, outpatient clinics
Course Assessment	Theatre log books
	Clinical long case
	MCQ
	OSCE

22. REHABILITA	22. REHABILITATIVE AND PALLIATIVE CARE	
Purpose	The learner shall be expected to acquire advanced knowledge, experience and skills on rehabilitative and palliative	
	care for patients with obstetric and gynecological problems.	
Learning outcomes	By the end of the course, the learner should be able to:	
	Provide rehabilitative and palliative care	
	Institute appropriate referral	
Course Outline	Principles and concepts of palliative care in obstetrics and gynaecology;	
	Pain and symptom management including post-operative complications.	
	Communication (including breaking bad news); Patient and family counselling; Care of the carers, including	
	clinicians.	
	End of life care:	
	Ethical issues: Care of women with neonates and infants with life-threatening illnesses.	
Skills	Counselling, breaking bad news, rational use of analgesics and other supportive care	
Mode of Delivery	Overview lectures,	
	Tutorials,	
	Class discussions and Presentations, Ward Rounds, Bedside Teachings,	
	Seminars, Grand rounds	
Instructional	ICT equipment, Learning Resource Centre, Resource persons, wards, outpatient	
material/Resources	clinics, palliative care centre	
Course Assessment	MCQs	
	Log Book	
	Practicum	

	Short Essay questions Case write-ups

23. ANESTHESIA AND CRITICAL CARE	
Purpose	Acquire in-depth knowledge, skills and competency in anaesthesia and critical care in obstetrics and gynaecology
Learning outcomes	 To describe the principles of anaesthesia and analgesia. To Discuss the physiology of pain. To Manage pain in obstetric and gynecologic patients To Outline the principles and perform adult resuscitation To Outline principles of and perform neonatal resuscitation To Outline the basic principles of life support in critical care and their application.
Course Content	Pathophysiology of pain and pain management, different techniques of anaesthesia, drug delivery and use in anaesthesia and analgesia and their mode of action; the various methods of analgesia/anaesthesia. Anaesthesia for operative delivery; regional techniques: paracervical and pudendal blocks, spinal and epidural anaesthesia; general anaesthesia. Perioperative anaesthetic care and analgesia. Peripartum analgesia. Complications of analgesia and anaesthesia. Pain management in gynaecological conditions and malignancies. Critical care: Respiratory system: Airway management includes oral airways, face masks, laryngeal mask airways, and tracheal intubation. Causes, diagnosis and management of respiratory failure. Indications for and methods of mechanical ventilation. Principles of weaning from mechanical ventilators. Principles of oxygen therapy. Cardiovascular system: Pathophysiology and management of cardiogenic and hypovolemic shock. Recognition

of and management of basic dysrhythmias. Pharmacology of the common ionotropic, chronotropic, vasodilator
and vasoconstrictor drugs.
Renal/Metabolic system: Diagnosis, prevention and management of acute renal failure. Fluid, electrolyte, and
acid-base disorders.
Gastrointestinal/Nutritional systems: Nutritional assessments and principles of adequate nutrition, including
enteral and parenteral nutrition. Prevention of stress ulceration.
Proficiency in identifying appropriate analgesic and anaesthetic options for a patient, performing pudendal
block, paracervical block, spinal anaesthes <mark>ia, epidural, ge</mark> neral anaesthesia, preparing a pain management care
plan for chronic pain in gynaecological patients.
Lecture, Ward and grand rounds,
mortality and morbidity meetings,
Self-directed learning
ICT equipment,
Learning Resource Centre,
Resource persons, operating theatres, minor theatres, palliative care department.
CAT,
Assignments
Logbooks
MCQ/OSCE



24. AGEING IN REF	24. AGEING IN REPRODUCTIVE HEALTH, MENOPAUSE AND ANDROPAUSE	
Purpose	The learner is expected to understand and effectively manage disorders associated with menopause and andropause	
Learning outcomes	By the end of the course, the learner should be able to:	
	1. Describe the pathophysiology of the various changes associated with menopause	
	2. Describe the path <mark>ophysiology o</mark> f the various chang <mark>es associated</mark> with andropause	
	3. Manage menopause	
	4. Manage andropause	
Course Content	Age of onset, magnitude, clinical features and complications of menopause and andropause.	
	The psycho-socio-cultural aspects of menopause and andropause.	
	Public health implication and burden of old age.	
	Oestrogen deficiency state: osteoporosis, urogenital atrophy, cardiac diseases, psychosexual disorders,	
	psychomotor symptoms, arthralgic disorders	
	Replacement therapy: hormonal and nonhormonal.	
	Principles of therapy: indications and contraindications, monitoring, complications.	
Skills	Evaluate Menopausal changes and rationally administer Hormonal replacement therapy.	
Mode of Delivery	Overview lectures,	
	PBL Tutorials,	
	Class discussions,	
	Presentations,	
	Demonstrations.	
Instructional	ICT equipment (laptops and LCDs), whiteboard/chalkboard, Learning Resource Centre (LRC), Patient clinics	
material/Resources	and wards, Resource persons, Grand Rounds	
Course Assessment	Continuous Assessment Tests (Individual assignments, Written	
	reports/presentations, Term paper),	

Clinical assessment

25. GENDER, SEXU	AL AND REPRODUCTIVE HEALTH AND RIGHTS AND BEHAIOURS
Purpose	The learner shall be expected to develop an understanding of human sexuality, gender and reproductive rights so as to be make an effective advocate for the same
Learning outcomes	By the end of the course, the learner should be able to: 1. Explain human sexuality and psychosexual development 2. Explain gender identities/ sexual identities, sexual orientation roles, experiences and social context in relation to Reproductive Health 3. Manage patients with sexual disorders 4. Discuss sexual and reproductive health rights; international and local conventions and charters in sexual and reproductive health. 5. Explain the roles of various environmental factors in human sexual behaviors, orientation, etc and impact/effects on health
Course Content	 Human sexuality: Anatomy and physiology specific to human sexuality, Sexual response, Stages I to VII of psychosexual development, Development of secondary sexual characteristics, Sexual variations, Sexual dysfunctions, sexual orientation, paraphilias, Gender and its attributes: Gender roles, stereotypes, sensitivity, response. Dimensions of sexuality; Gender inequality and inequity, discrimination. Gender mainstreaming: Social construction of gender, Gender issues in reproductive health. Gender and development: production, reproduction, community and gender division of labour. Gender relations: Complementarity, interdependency, exploitation. Types of gender issues: Poverty; marriage practices; low social, legal and economic status; Sexual and gender-based

	 violence. Sexual disorders: Dyspareunia, anogasmia, ED, Global regional and local charters, laws and policies governing reproductive and sexual rights: Human Rights Charter; Sexual and Reproductive Health and Rights; International Conference on Population and Development, +5,+10; Maputo protocol, Abuja declaration. Family formation and structural impact on RH-The types of families - Single parenthood, Lesbian/Gay/Bisexuals, divorcees; widowed and impact on RH.
Skills	History taking in patients with sexual disorders, counselling, community sensitization Gender advocacy
Mode of Delivery	Overview lectures, Tutorials, Class discussions and Presentations Role play for demonstration of counselling session: Class debates on gender and rights
Instructional material/Resources	ICT equipment, Learning Resource Centre, Resource persons
Course Assessment	Individual assignments, written reports, class presentations, written examinations

26. INFECTIOUS DISEA	ASES IN REPRODUCTIVE HEALTH
Purpose	The learner shall be expected to acquire knowledge and skills to appropriately manage individuals and
	couples with infectious diseases in RH and to prevent infectious diseases in the community.
Learning outcomes	By the end of the course, the learner should be able to:
	1. Evaluate the public health burden of reproductive tract infections
	2. To understand the epidemiology, pathophysiology, clinical features, prognosis and management of
	infections in RH
	3. Understand the principles of prevention, detection and isolation
	4. Understand therapy (immunizati <mark>on, prophylaxis, antibiotics an</mark> d antivirals
	5. Manage communicable diseases in Reproductive Health including ruptured membranes,
	Chorioamnionitis, puerperal sepsis, mastitis, endometritis, urinary tract infections, wound infections,
	septic shock, malaria and other tropical infections/infestations
	6. Fetus and neonatal infections including streptococcus, gonococcus, syphilis, toxoplasma, listeria,
	haemophilus, chlamydia, mycopl <mark>asma, ureaplasma</mark> , herpes hominis, rubella, cytomegalovirus, varicella,
	hepatitis A, hepatitis B, hepatiti <mark>s C,parvovirus,</mark> influenza, human immunodeficiency virus, neonatal
	sepsis)
	7. Plan and implement strategies for the prevention of mother-to-child transmission of HIV/AIDS
Course Contents	Prevalence and incidence of Reproductive tract infections and their management. Determinants of sexually-
	transmitted and non-sexually transmitted Reproductive tract infections, Effects of and mortality associated
	with Reproductive tract infections, relation of Reproductive tract infections and HIV/AIDS. Prevalence,
	diagnosis and treatment of ruptured membranes, Chorioamnionitis, puerperal sepsis, mastitis, endometritis,
	urinary tract infections, wound infections, septic shock, malaria and other tropical infections/infestations,
	leprosy, schistosomiasis and filariasis, brucellosis, toxoplasmosis.

Skills	History taking, physical examination and investigations in Reproductive tract infections/HIV/AIDS and						
	opportunistic infections associated with HIV/AIDS, Voluntary counseling and testing, Behavior change						
	communication. Planning, organizing, monitoring and evaluation of Prevention of Mother to Child						
	Transmission of HIV/AIDS.						
Mode of Delivery	Overview lectures, Tutorials, Self-Directed Learning, Class discussions and Presentations, Bedside						
	teachings, Ward Rounds, Theatre Practicum, Grand Rounds, Seminars Conferences						
Instructional	ICT equipment, Learning Resource Centre, Resource persons, operating theatres, minor theatres, wards,						
material/Resources	outpatient clinics, internal medicine department, diagnostic laboratories, radiology and imaging						
	department.						
Course Assessment	MCQs						
	Log Book						
	Practicum						
	Short Essay questions MEQ						
	OSCE						
	Case write-ups						

27. INFECTION PREV	VENTION AND CONTROL						
Purpose	The learner is expected to acquire knowledge of infection prevention and control in relation to the practice						
	of obstetrics and gynaecology						
Learning outcomes	By the end of the course, the learner should be able to:						
	1. Develop a cross-sec <mark>tional, mul</mark> tidisciplinary initiative for Prevention and Control of infections associated						
	with healthcare.						
	2. Provide support to help prevent spread of infectious diseases through evidence-based infection control						
	measures in health care settings.						
	3. Provide support for infection control preparedness and response to public health emergencies of						
	potential international concern.						
Course Contents	Develop a cross-sectional, multidisciplinary initiative for Prevention and Control of infections associated						
	with healthcare.						
	Strategic global, national ad institutional programs, financial resource mobilization and health system						
	strengthening; evidence based decision making; assessing economic impact of infection control						
	assessment and response ; infectious disease categories; surveillance and reporting for communicable						
	diseases and infectious diseases; data quality review; policies and protocols; health personnel preventive						
	strategy (vaccination); marketing strategy for IPC measures from community to health Institutions;						
	antibiotic stewardship; comprehensive unit based safety programs						
	Providing support to help prevent spread of infectious diseases through evidence-based infection control						
	measures in health care settings.						
	Infection cycle; Universal precautions (health personnel personal protective equipment; Hand hygiene,						

	preparations for hand hygiene, patient care equipment, injection safety), environmental hygiene; screening						
	and cohorting patients; patient and health personnel handling and management with infectious diseases (e.g.						
	respiratory, TB, Ebola, malaria, HIV); post exposure prophylaxis; nasocomial infections; wound care;						
	continuum of care environmentsinter- department/ surgical disciplines, daycare, long term care, home						
	based care; surgical instrument processing (cleaning, disinfection, sterilization, autoclaving); solid waste						
	management; high level disinfection preparations; socio- cultural practices and IPC; patient and health						
	worker empowerment						
	Provide support for infection control preparedness and response to public health emergencies of potential						
	international concern.						
	Public safety: meningococcal, whooping cough, bioterrorism, TB, legislature and quarantine; emergency						
	medical services; handling of research biological material; International travel and infectious disease;						
	medical examiner infectious disease surveillance report; protocol for evaluation (cause, case reporting,						
	specimen collection and testing, statistics)						
Skills	prevention of infection – Universal precautionary measures and waste disposal, Processing of instruments,						
	prophylactic medications and vaccination						
	Case reporting and notification						
	Isolation for patient and health personnel safety						
	Specimen collection						
	Surveillance						
	Use of the various checklists and job aids						
Mode of Delivery	Didactic sessions						
	Case studies						

	Audio/ Video training on IPC						
	Practical session in the health facility						
Instructional	Wards						
material/Resources	CSSD						
	Skills lab						
	Lecture/conference rooms/class room Library						
	Computer lab						
Course Assessment	Log book observation and conducting of IPC practices such as: Hand washing, gowning, gloving and						
	Instrument processing in CSSD						
	MCQ and Short answer structured questions						
	OSCE with demonstration of: waste disposal, Gloving, Gowning.						

28. MEDICAL EDUCATION					
Purpose	The learner shall be expected to acquire knowledge, skills, and attitudes to provide				
	appropriate teaching, learning opportunities, appraisal, assessment and mentorship.				
Learning outcomes	1. Demonstrate knowledge of the principles of adult learning, mentoring and giving feedback				
	2. Apply a range of teaching strategies and learning methods, appropriate to audience and context				
	3. Provide mentorship and effective feedback				
	4. Utilize available resources for effective educational practice				
Course Contents	Concepts of teaching and learning:				
	Principles of teaching and learning, learning models, principles of adult learning and experiential				
	learning. Traditional medical education; Innovative medical education; Models and approaches -				
	SPICES, outcome based, evidence based, CAL, PRISMS, competence based and mastery; Educational				
	objectives: Bloom's taxonomy (cognitive, psychomotor, and affective).				
	Teaching strategies/methods: Didactic lectures, small group learning, large-group learning, problem				
	based learning, journal clubs and case studies, bedside teaching, practical procedures, Seminar,				
	Symposium, Panel Discussion, Role Plays, Computer assisted/E-Leaning; Work based learning;				
	Advantages and disadvantages of each of the above as a teaching/ learning method; Competence and				
	mastery; Principles of evaluation and Assessment; Assessment of clinical competence; Assessment				
	methods: Long case, Short cases, OSCE, OSPE, MEQs', computer assisted assessment (CAA).				
	Mentoring and feedback; Giving and Receiving feedback; Mentoring and mentorship; Career support;				
	Continuing professional development (CPD) and life-long learning				
	Resources for effective practice:				
	Human, Financial, Infra-structure, Books and learning materials, Time				

Skills	Presentation skills (different audiences and different settings)						
	Provide teaching sessions for junior colleagues and other health workers						
	Mentorship and feedback						
	Facilitate learning of practical procedures						
	Evaluation and assessment skills						
Mode of Delivery	Overview lectures, Tutorials, Class discussions and Presentations						
Instructional materials/Resources	Lecture/conference rooms/class room Library						
	Computer lab						
Course Assessment	Individual assignments, written reports, class presentations, written examinations						

29. COMMUNITY HEALTH AND H	ARMFUL PRACTICES IN REPRODUCTIVE MEDICINE						
Purpose	The learner shall be expected to understand community health and harmful.						
	practices in reproductive health						
Learning outcomes	By the end of the course, the learners should be able to:						
	1. gain entry into the community						
	2. provide health education						
	3. advocate for reproductive health issues						
	4. conduct outreach activities						
	5. contextualize socio-cultural determinants of reproductive health						
Course Content	Community entry: Gate keepers. Key informants, interpersonal relations, focus group discussions,						
	lead champions, community health workers.						
	Health education: information, education, communication.						
	Advocacy: policy dialogue.						
	Outreach: preventive, curative, rehabilitative services in reproductive health, STIs, MCH, FP,						
	PMTCT, cervical cancer screening, lifestyle modification, contraception, ITP/ITN, Public health.						
	Reproductive Health Anthropology: cultural and social practices in reproductive						
	health, enabling practices, harmful practices (including female genital mutilation)						
Skills	Communication skills						
	Giving health talk						
	Prepare an IEC material						
Mode of Delivery	Didactic lectures						
	Small group discussions						
	Demonstration						

	Practicum Multimedia channels Community/field attachments
Instructional material/Resources	Lecture/conference rooms/class room Library; Computer lab Skills lab Clinical wards, Community attachments
Course Assessment	Logbook

30. MENTAL HEAI	TH IN REPRODUCTIVE HEALTH							
Purpose	The learner shall be expected to acquire the knowledge, skills and competencies to effectively manage mental disorders related to							
	sexuality, fertility issues, pregnancy losses, continuing pregnancy, childbirth, puerperium and postnatal periods.							
Learning outcomes	By the end of the course, the learner should be able to:							
	1. Outline mental disorders.							
	2. Appreciate the relationship between mental health and sexuality, fertility, prenanncy and pregnancy losses, childbirth, puerperium and the postnatal periods							
	3. Discuss the principles of management including preventive strategies of these mental disorders.							
	4. Appreciating the legal and ethical issues related thereto							
Course Contents	Mental health disorders in reproductive health:							
Course contents								
	postpartum blues, puerperal psychosis, postnatal depression, infanticide, schizophrenia, Bipolar mood disorders,							
	depression and substance abuse, women with special intellectual needs.							
	Management of mental health disorders in reproductive health: safety of psychiatric therapeutic interventions in pregnancy: pharmacological and non-pharmacological. Multi-disciplinary approach in the management of mental health patients							
Skills	Proficiency in taking a comprehensive psychiatric history, participation in multi- disciplinary care of patients with mental health issues.							
Mode of Delivery	Overview lectures, Tutorials, Class discussions and Presentations							
Instructional	ICT equipment writing boards,							
material/Resources	Learning Resource Centre,							
material resources	Resource persons,							
	mental health department Clinics and wards							
Course Assessment	Individual assignments,							
	written reports,							
	class presentations,							
	written examinations							

5.3 Summary of Course Units Offered

LEARNING	YEAR 1		YEAR 2		YEAR 3		YEAR 4	
OUTCOMES								
PROGRAMME LEARNING OUTCOMES								
	Courses	Credit/	Courses	Credit/	Courses	Credit	Courses	Credit
		Lecture	10	Lecture		/Lecture		/Lecture
PLO 1	F01	Hours 16		Hours		Hours		Hours
ILOI	8		37					
	F02	16	7					
	F03	8	7					
	F04	8	į.	A 4				
	F05	8	Á		-			
	F06	8	/ /					
	F07	8	A					
	F08	8	A	96	Barrasan.	· · · · · · · · · · · · · · · · · · ·		
	F09	8				2.50		
	F10	8	Å		192			
	F11	8			1,31,50			
	F12	8			A Property of the Control of the Con			
	F13	240		y	7			
PLO2			C01	8				
			C02	16				
			C03	8				
			C04	8				
			C05	8				
			C06	8				
			C07	8				
			C08	8				
			CO9					

SPECIALIZA	ATION LEAR	NING OUT	COME					
Specialization	n 1							
SLO 1.1					R01	24		
					R02	12		
					R03	12		
SLO 1.2			100	<i>P</i>	R04	12		
					R05	12		
			3		R06	12		
			7		R07	12		
SLO 1.3			ý		R08	104		
Specialization	n 2		V		3 A			
SLO 2.1	1		A				AS 01	150
SLO 2.2		N	1		V		AS 02	68
			A		States		AS 03	60
SLO 2.3							AS 04	48
							AS 05	24
							AS 06	48
							AS 07	8
							AS 08	8

AS- Advanced Skills

C01- Course No.1

SLO—Student Learning Outcome

PLO-Program Leaning Outcome

R01-Rotation 1, R02- Rotation 2 etc.

6. ACADEMIC REGULATIONS FOR THE PROGRAMME

Admission to the programme is open to all qualified, registered medical doctors who fulfill the requisite professional requirements.

9.2 6.1 Eligibility Criteria

9.3

The Common Regulations for the admission to contemporary specialty programme in Obstetrics and Gynecology in the Region and elsewhere where similar programmes are conducted will apply. An applicant must:

- i. Be a holder of at least a degree in medicine such as Bachelor of Medicine and Bachelor of Surgery (M.B,Ch.B.) or similar degree e.g. Doctor of Medicine (MD), from a recognized university by the respective national professional regulatory body.
- ii. Further training/qualifications especially in reproductive health, epidemiology, community or public health, will be an advantage but not mandatory.
- iii. Have practiced clinical medicine for at least one-year post-internship with exposure to reproductive health practice in a recognized clinical or relevant research setting.
- iv. Be registrable as a medical practitioner in both the native country and in the country of intended training.
- v. Possess certificate of good professional conduct from the regulatory authority of the country of origin or current country of practice.

9.4 6.2 Application Process

Applications will be invited online through the ECSACOG website. Interested individuals will be required to apply Online through the ECSACOG website, providing:

- i. Copies of the relevant academic certificates,
- ii. Copies of current practice license,
- iii. A letter of good standing from the national professional regulatory authority,
- iv. Brief Curriculum Vitae.
- v. Two recommendation letters from two verifiable practitioners of specialist status, and
- vi. A non-refundable processing of 100 USD fee.

9.5 6.3 Selection process

9.6

- Shortlisted applicants will be invited for a selection interview.
- Successful applicants will be notified accordingly in writing.
- Unsuccessful applicants will equally be notified in writing.

9.7

6.4 Structure and Duration

9.8

This will be a full-time training program of a minimum of four (4) calendar years from enrolment to graduation. It will be:

Undertaken during the first to fourth academic year and involves acquisition of requisite
knowledge of the scientific foundations of obstetrics and gynecology. One has to successfully
complete each academic year before being allowed to proceed to the part two of the
programme. During this period, one is expected to continue doing clinical work under
supervision.

7. STUDENT ASSESSMENT

9.9 7.1 Policy/Principles

9.10

- Assessment is an integral part of the training programme. To be meaningful and useful to the trainee, it must be continuous, supportive, objective and predictable.
- Trainees must be informed about the time, duration, what they are being assessed on, when, how and why.
- The assessment should be on a regular basis.
- The CATs will be taken twice in a year (February and August).
- The supervisors' comments will be documented in the student's academic records, for reference.
- The trainees' scores will be recorded in the student's College academic records.
- One must have completed all the relevant components of the training programme and be successfully adjudged as such before appearing for the final examinations.

9.11 7.2 Areas to be assessed on

9.12

The areas to be assessed will include, but not limited to the following:

- Basic science knowledge and its relevance to clinical practice
- Clinical knowledge base
- Clinical skills
 - o Patient evaluation, history-taking skills, physical examination skills and interpretation of findings.
 - Relevant investigative procedures and interpretation of results thereto interpersonal communications,
- Surgical skill
- Decision making and their implementation and follow up
- Patient counseling and education.
- Teaching, learning, research and community service.
- Advocacy, leadership and clinical governance.

9.13 7.3 The Logbook

- Each trainee will be provided with a logbook on which s/he will document all surgical and clinical procedures carried out or assisted at.
 - These will be detailed and must be signed or approved by the supervisor soon after they are performed.
- At the end of each academic year the logbook must be submitted by the trainee to the college for evaluation.
- Details from each candidate's logbook will be made available to the College Examinations and Credentials Committee in advance of the final examinations.
 - o Only procedures logged therein will be taken into account.
 - o The trainee must have attained all the minimum requirements as detailed in the logbook before s/he can appear for the final college examinations.
- The trainee may be asked questions on some of the procedures documented in the logbook during the oral examinations.

9.14 7.4 Dissertation

9.15

Regulations for Dissertation

The writing of dissertation for the award of the MCOG-ECSA will be done and submitted before the final examinations. It will be guided the college regulations and the research proposal must have been approved by the respective College Committee and National/local review board

- The dissertation will be marked by both internal and external examiners.
- The candidate should submit at least two manuscripts and receive confirmation of acceptance for publication in order for the dissertation to qualify for examination.

9.16 7.5 College Examinations

9.17

7.5.1 Examination regulations

- A trainee shall take the College Examinations as approved by the Senate.
- A trainee shall have completed all the programme components before the examinations.
- The dissertation shall be examined in the fourth academic year.
- The logbook shall be examined at the end of the each academic year.
- A student must pass with an overall score of at least 60% in addition to achieving at least 60% in the clinical examination.
- A candidate who fails to sit the examination at the appropriate time may be allowed to do so at the next scheduled examinations.
- CATS will contribute to 40% while the final examinations will contribute 60% of the overall score.
- A candidate who fails an examination qualifies to re-sit it twice, after which they will be discontinued from the college upon the third failure.

7.5.2 Examination Timelines

The first CAT will be taken at the middle of the first trimester and the second taken at the end of the first trimester of year one. The third CAT will be taken at the middle of second trimester of year one. The end of part two will be taken at the end of second trimester. The student will not be allowed to proceed to year two before s/he passes examination. At the end of second trimester (year two) students will be assessed on the competencies gained through signing off from clinical experiences. In year two students will be assessed through OSCE on both clinical and rotations. There will be one CAT at the middle of seventh and eighth trimester. End of part two examination will be taken at the end of mid of August.

Code	Examination	Examination Type			
CA 01	First Continuous assessment Y1	Written: MCQ & Essay, oral and	2 days		
		clinical practical exam			
CA 02	End of semester Assessment Y2	CAT and Clinical practical exam	2 days		
CA 03	First Continuous Assessment Y 3	CAT and Clinical practical exam	2 days		
FE 04	Final year examination Y 4	Written (MCQ, Essay), Oral and	2 days		
		clinical practical exam (long & short			
		cases-OSCE), dissertation.			

7.5.3 Examination Calendar

The following Examination Calendar Schedule was adopted

- A. 2023 1ST CAT 29th March 2023, 2ND CAT 14TH June 2023. Time 10hrs EAT
- B. Subsequent years CAT Last Wednesday of month of January and Last Wednesday of month of May
- C. Final Yearly Examination Second Week of month of August
- D. Final Yearly Results shall be released within 2 weeks of End of Exam.

7.5.4 Examination format and conduct

This will be a formal College Examination consisting of written papers assessing basic scientific knowledge of the human body related to obstetrics and gynecology.

These will be conducted at the end of Year 1 of the programme.

It will consist of:

Two papers - one on MCQs, and one on short answer questions. These shall be followed by

- Clinical examination and
- Oral examination

7.5.5 Examination Scoring

Each year examination aggregate will be marked out of 100% (Both written and practical where applicable-Year I and IV and only practical exam for years II and III).

The student/candidate must pass each component of the evaluations with a score of at least 60%.

Examination grading system:

<60%: Fail (D)

60% - 67%: Pass (C)

68% - 74%: Credit (B)

 \geq 75%: Distinction (A)

7.5.6 Examiners

A panel of examiners will be chosen by the Examination and Credentials Committee from amongst Fellows of the College for each examination.

An examination board will be constituted for each set of examinations, comprising the chairman of the examination committee, two members from each examination panel and at least one external examiner who will be appointed by Council on recommendation of ECC.

The role of the external examiner(s) is to:

- Moderate written question papers
- Assist with the clinical examination of candidates
- Provide externally independent assessment of the examination, and quality of performance
- Submit a written report on the conduct of the examination to the College Council.

7.5.7 Examination Malpractices and Disciplinary Actions

Examination and Credentials Committee (ECC) will oversee all the examination procedures and malpractices. Cases of malpractice will be punished in line with the policy and regulations. These may take the form of reprimand, disqualification, suspension or cancelation, or arrest and prosecution depending on the nature and the committee's discretion.

7.5.8 Mode of Appeal

The appeal application must be made within 10 days of the decision of the committee. On receipt of a written appeal, an enquiry will be conducted by an appointed member of the committee who is not involved in the internal assessment decision. The enquiry will be fair and just and will be made in line with the Codes of Practice. Considerations will be made on whether the marks given are fair and just, comparing with other students' work to help determine a correct and appropriate mark. An

appeal against the decision of the committee on malpractice will be deemed invalid and not held if it is based purely on the academic judgment of the examiners; extenuating circumstances affecting performance; and the candidate's lack of awareness of examination regulations and procedures.

A written response to the appeal will be sent to the candidate within 10 working days of the college receiving the appeal. A written record of the appeal and the outcome will be kept on file with the awarding body being informed of any amendments. If a candidate is not happy with the written response, a letter requesting a personal hearing will be sent to the registrar, and a date for a hearing shall be given to the candidate and any trainer /examiner involved in the assessment. The new panel will consist of a least two individuals who have not previously dealt with the particular case. The College will make a written record of the hearing, which should include the outcome of the appeal and the reasons for that outcome.

7.5.9 Classification of Degrees

As in all medical degrees there will be no classification of the degree. The candidate will be deemed to have passed the examinations and qualified as a Member of the College of Obstetrics and Gynecology of ECSA.

7.5.10 The Graduation Requirements

The candidate will qualify for the award of the Member of Obstetrics and Gynecology of the East Central and Southern Africa (MCOG-ECSA) after going through all the course work and examinations including part one and part two and gaining a minimum pass of 60% in all categories of competency based course work and written examinations.

8. LEARNING RESOURCES

9.18 8.1 Reference Books

9.19

- 1. Leon Speroff, Robert H. Glass, Nathan G. Kase (2011). Clinical Gynaecologic Endocrinology and Infertility. The University of Michigan, Williams & Wilkins.
- 2. Elliot Philipp & Marcus Setchell (1991), Scientific Foundations of Obstetrics and Gynaecology.

 Oxford; Boston: Butterworth-Heinemann.
- 3. D.C Dutta. (2011) Textbook of Obstetrics including perinatology and contraception; Calcutta, India: New Central Book Agency Ltd.
- 4. D.C. Dutta. (2011) Textbook of Gynaecology including contraception. Calcutta, India: New Central Book Agency Ltd.
- 5. D.C.Dutta. (2012) A guide to clinical Obstetrics and Gynaecology. Calcutta, India: New Central Book Agency Ltd.
- 6. Alan DeCherney, Martin L. Pernoll (2012). Current Obstetrics and Gynaecologic diagnosis and treatment; McGraw-Hill Medical, A Lange Medical Book.
- 7. Cunnigham, MacDonald, Gant (2009). Williams Obstetrics, McGraw-Hill Professional
- 8. Robert Shaw, David Luesley and Ash Monga. (2003) Gynaecology United States: CHURCHILL LIVINGSTONE (NJ/IL).
- 9. SabarantnamArulkumaran, V Sivanesaratnam, Alokendu Chatterjee, Pratqap Kumar (2011), Essentials of Gynaecology New Delhi: Jaypee Brothers; Tunbridge Wells, UK: Anshan, JAPEE Publication.
- 10. B D Chaurasia (2010). Anatomy regional and applied Dissection and clinical Volume 2 Lower limb, abdomen and pelvis. India book stores, CBS Publisher
- 11. Keith L Moore, T V N Persaud, (2011). The Developing Human: Clinically Orientated Embryology
- 12. John Howkins, Christopher N. Hudson Churchill Livingstone (2002), Shaws Textbook of operative Gynaecology, Lippincott Williams & Wilkins,
- 13. P.R. Wheather H.G. Birkitt and V.G Daniels (2002) Functional Histology, A text and colour atlas. Edinburgh: Churchill Livingston.
- 14. Michael Swash, Michael Glynn (2012). Hutchinsons Clinical Methods an integrated approach to clinical Practice. Saunders Ltd.
- 15. WHO resource materials: www.who.int/reproductive health/publications.
- 16. William's Gynaecology (3rd Edition).

17. Telinde's Gynecology (10th Edition).

N.B. The students are encouraged to get the latest version of each of the recommended reference books. These form the core only. For specialist training reading as widely as possible is always advisable and essential. N.B. This list is by no means exhaustive.

8.2Key Websites

ACOG ----- https://www.acog.org/

WHO----- https://www.who.int/

FIGO----- https://www.figo.org/

ICOG----- https://icogacc.com/

UNFPA----- https://www.unfpa.org/

UNICEF----- https://www.unicef.org/

RCOG ----- (Australia and New Zealand)- https://ranzcog.edu.au

RCOG (UK)-- https://www.rcog.org.uk/

GLOWM----- https://www.glowm.com/

EAMJ----- https://www.ajol.

ECSACOG--- https://ecsacog.org/



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