"This prospectus is made under the provisions of the Universities Act, the Postgraduate Institute of Medicine Ordinance, and the General By-Laws No. 1 of 2016 and By-Laws No. 2 of 2016 for Degree of Doctor of Medicine(MD) and Board Certification as a Specialist"

POSTGRADUATE INSTITUTE OF MEDICINE

UNIVERSITY OF COLOMBO, SRI LANKA

PROSPECTUS

DOCTOR OF MEDICINE (MD)
AND
BOARD CERTIFICATION

IN

OBSTETRICS & GYNAECOLOGY

2012

BOARD OF STUDY IN
OBSTETRICS & GYNAECOLOGY

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DOCTOR OF MEDICINE (MD) AND BOARD CERTIFICATION
OBSTETRICS & GYNAECOLOGY

1. DESCRIPTION, NOMENCLATURE AND ASSOCIATED AGENCIES OF THE DEGREE PROGRAMME

1.1. Name of the degree programme-MD in Obstetrics & Gynaecology
1.2. Full title–Board Certification in Obstetrics & Gynaecology
1.3. University–University of Colombo, Sri Lanka
1.4. Faculties and institutes–Postgraduate Institute of Medicine of the University of Colombo (PGIM)
1.5. Departments, external resources and associated agencies–Board of Study in Obstetrics & Gynaecology (BOS), Boards of Study in Medicine/Surgery/Paediatrics, Ministry of Health, The Sri Lanka College of Obstetricians and Gynaecologists

2. INTRODUCTION

The Postgraduate in-service training programme of the Postgraduate Institute of Medicine of the University of Colombo will lead to the degree of MD (Obstetrics and Gynaecology) awarded by the University of Colombo.

The successful completion of post MD (Obstetrics and Gynaecology) training programme will entitle the trainee to be eligible for Board Certification by the Senate/Board of Management on the recommendation of BOS as a Specialist in Obstetrics and Gynaecology.

The objective of the training programme shall be to ensure that the trainee gains adequate knowledge, clinical acumen, procedural skills, communicative skills and attitudes which will enable him to; manage pregnancy and its complications, manage disorders affecting the female genital tract and problems in relation to human reproduction. The trainee should also acquire the professional skills to be an effective leader and a manager in the provision of sexual and reproductive health information and care, and organization of services. The trainee will also need to be able to design and conduct audits and research projects, critically appraise research publications and be committed to the practice of evidence based medicine and continuing professional development. The trainee will also be exposed to important areas in professionalism and moral and ethical conduct.

3. RATIONALE

In the recent past new changes to postgraduate training has been introduced locally and globally to improve the quality of training and assessments with the objective of producing a specialist to fulfill the expectations of the patients, employers and the Higher Education Sector. To achieve this University Grants Commission and the PGIM has introduced guidelines and recommendations. The external examiners who participated in postgraduate examinations in the PGIM have also recommended amendments to enhance the quality and standards of the training programmes in order to meet the new challenges in the field of postgraduate education. These include changes to the assessment instruments and introduction of In-Courses assessments, a portfolio viva, structured progress reports, Peer Team Ratings (PTR) and a Pre Board Certification Assessment (PBCA).

4. ELIGIBILITY CRITERIA FOR ENTRY

To be eligible to sit for the Selection Examination and to be selected for admission, a candidate should fulfill all of the following eligibility criteria:

i. Hold a medical degree registered with the Sri Lanka Medical Council
ii. Completed an internship recognized by the Sri Lanka Medical Council
iii. Completed one year work experience in Sri Lanka, after internship
iv. Have six (6) months of experience in Obstetrics and Gynaecology as a pre-registration House Officer/Senior House Officer/Medical Officer/Resident House Officer under the supervision of a specialist Obstetrician and Gynaecologist
v. Produce a medical certificate from a specialist physician, to confirm general mental and physical fitness
vi. Comply with any other PGIM regulations.

A candidate with CCST (UK) or equivalent may be exempted from the Selection Examination. However the candidate should complete the pre MD training recommended by the BOS and be successful at the MD Examination as well as complete the post MD training recommended by the BOS and be successful at the PBCA in order to be eligible for board certification.

5. NUMBER TO BE ADMITTED

The number to be admitted for training will depend on the requirements of the Ministry of Health and the training facilities available, as determined by the BOS. The number to be admitted each year will be indicated in the circular/news paper advertisement calling for applications. The number may vary from year to year.

6. SELECTION EXAMINATION

To enter the training programme in obstetrics and gynaecology a candidate is required to pass the Selection Examination. ***The permitted number of attempts is unlimited.*** The examination questions shall be based on the curriculum described in **Annex 1** which will include subjects such as Anatomy, Embryology, Genetics, Physiology, Biochemistry and Molecular Biology, Endocrinology, Microbiology, Pathology, Immunology, Pharmacology, Biophysics, Epidemiology and Statistics.

6.1 Components

There shall be three components:

1. Multiple Choice Question (MCQ) Paper:
There shall be **40 true/false type MCQs and Extended Matching Questions (EMQ) with 20 items** to be answered in three hours (60 questions). Candidates who obtain a mark of 50% or more for the MCQ paper will be allowed to proceed to the other two parts.

2. Theory Paper:
This paper shall consist of **one long essay** question and **four (4) structured essay** questions (Total duration of the theory paper shall be three hours).

3. Structured Oral Assessment (SOA):
There shall be Six (6) stations of fifteen (15) minutes each.

6.2 Format of the examination

1. Composition of the MCQ Paper
The **approximate number** of questions will be:

Anatomy	- 15
Physiology	- 20
Pathology	- 10
Miscellaneous	- 15

2. Composition of Theory Paper

One Long Essay Question (ESQ)-Physiology or Pathology
Four Structured Essay Questions (SEQ)-From any of the following subjects:
Anatomy (gross anatomy/embryology/histology), Genetics, Physiology Biochemistry and Molecular Biology, Endocrinology, Microbiology, Pathology, Immunology, Pharmacology, Biophysics, Epidemiology and Statistics.

3. Composition of Structured Oral Assessment (SOA)

Six (6) stations on any of the following subject areas:

Anatomy (gross anatomy/embryology/histology)

Genetics, Physiology, Biochemistry and Molecular Biology, Endocrinology, Microbiology, Pathology, Immunology, Pharmacology, Biophysics, Epidemiology & Statistics.

6.3 Marking Scheme

1. MCQ Paper: 150 marks.

A true/false type MCQ shall score +5 marks. In a True / False type MCQ, (five responses) each correct answer shall score +1, wrong answer shall score –1 or if not attempted shall score 0. Negative marks will apply within the question and will not be carried forward.

In the Extended Matching Questions (EMQ), each correctly answered item shall score +4 marks, incorrectly answered or not attempted items shall score a 0.

The marks scored by the candidate, out of a maximum of 280, will be converted to a mark out of 150 in order to arrive at the final mark for the MCQ paper.

2. Theory Paper: 150 marks. The long essay (ESQ) will carry 50 marks. Each structured essay (SEQ) will carry 25 marks.

The Panel of Examiners shall determine the expected answers and the proportionate allocation of marks.

Each Question will be independently marked out of 100 by two examiners, and only multiples of 05 marks will be allocated. The mark for each question will be the average of the two marks given by the two examiners based on the predetermined marking scheme for the expected answers, provided the two marks are within 15 marks of each other. If the two marks are more than 15 marks apart for any question, the two examiners will re-correct such questions and arrive at an agreed mark.

The total marks shall be converted to a final mark out of 50 for the ESQ and out of 25 for each SEQ.

3. Structured Oral Assessment: 150 marks.

There shall be **six stations** and each station will consist of two examiners (a specialist from the relevant subject areas where relevant and a trainer in obstetrics and gynaecology). Each station shall be independently marked out of 100 by the two examiners. The mark for each station will be the average of the two marks given by the two examiners based on a predetermined marking scheme for the expected answers, provided the two marks are within 15 marks of each other. If the two marks are more than 15 marks apart for any station, the two examiners will discuss and arrive at an agreed mark. The total marks shall be converted to a final mark out of 25 for each station.

6.4 Examiners

The chief examiner and the local examiners shall be appointed by the Senate/Board of Management of the PGIM on the recommendation of the BOS in Obstetrics & Gynaecology. Responsibilities of the examiners are described in the PGIM guideline to examiners book. The panel of examiners shall include Obstetricians & Gynaecologists, Physiologists, Pathologists, Anatomists and any other relevant specialists.

1. MCQ Paper:

The Panel of examiners will select 40-50 questions from the bank or will prepare new questions if appropriate questions are not available in the bank. The external examiner shall provide the balance 10-20 questions.

2. Theory Paper:

The Panel of examiners including the external examiner should submit questions for discussion and the final selection shall be done at the Scrutiny Board.

3. Structured Oral Assessment:

At each station there shall be two examiners. The panel of examiners shall select six questions from the bank or shall prepare new questions if appropriate questions are not available in the bank.

6.5 Marks required to pass the Selection Examination

The candidate should obtain an **aggregate of 50%** or more of the total (225 or more out of 450) **and**

50% or more for the MCQ paper (75 out of 150) **and**

50% or more for the Theory Paper (75 out of 150) **and**

50% or more for the SOA (75 out of 150).

6.6 Dr. Nalin Rodrigo Gold Medal for the Selection Examination in Obstetrics & Gynaecology

For a candidate to be eligible for the award of the Gold Medal, all of the following criteria must be fulfilled:

1. Should be successful at the first attempt
2. Should obtain highest marks at the selection examination
3. Should obtain a **total aggregate of 300** or more **marks and pass all three components with 97 or more for two of the three components** (MCQ, Theory and SOA).

7. STAGES AND DURATION OF THE TRAINING PROGRAMME

The training programme shall consist of five stages.

1. **Pre MD (Stage 1) - 2 years – 1 year each in** general obstetrics & gynaecology in 2 training units as a Registrar.
2. **Pre MD (Stage 2) - 1 year**–12 **months** of rotational appointments allocated according to the availability of units and trainee's preferences.
   3 months in gynaecological oncology. Details are given in **Annex 7**
   2 months peripheral appointment in obstetrics & gynaecology
   2 months in Medicine/Paediatrics/SCBU/ICU
   2 months in General Surgery/GU Surgery
   And 3 months in general obstetrics & gynaecology to be done in the second year training unit
3. **Pre MD (Stage 3) -** This stage involves preparation and presentation of a dissertation.
4. **Post MD training as a Senior Registrar (Stage 4) – 1 year in** general obstetrics & gynaecology in a training unit as a Senior Registrar.
5. **Post MD overseas training (Stage 5) – 1 year** training in an approved centre abroad.

7.1 In-service training for MD in Obstetrics and Gynaecology

Stage 1: This will consist of two appointments as a Registrar of 12 months each in recognized training units. The Board of Study in Obstetrics and Gynaecology (BOS) will allocate the training units. **During the entire training period the trainee shall maintain the Training Portfolio** to document and reflect on his training experience and identify and correct any weaknesses in the competencies expected of him, and also recognize and analyze any significant clinical events experienced, so that appropriate changes in management could be adopted in order to reduce the risks arising from such situations in the future.

Stage 2: This will consist of five appointments in rotation. These shall be 3 months in gynaecological oncology, 2 months peripheral appointment in obstetrics & gynaecology, 2 months in General Medicine/Paediatrics/SCBU/ICU, 2 months in General Surgery/GU Surgery and 3 months in general obstetrics & gynaecology to be done in the second year training unit. All the appointments should be under the supervision of a named trainer.

Stage 3: This stage involves preparation and presentation of a dissertation. The dissertation should be submitted to the PGIM for assessment at the end of the stage I of the in-service training on or before the date decided by the BOS. This will be approximately three months before the closing date of applications for the MD Examination.

7.2 In-service training for Board Certification

Stage 4 **: A 12-month period of supervised training as a Senior Registrar in Sri Lanka in a training unit approved by the board of study.

Stage 5 **: A 12-month period of supervised training to be spent at a centre overseas which has been approved by the board of study.

**** During Stages 4 and 5 the Post MD Training Portfolio has to be maintained by the Trainee.**

8. TRAINING UNITS AND ALLOCATION OF UNITS

8.1 Training Units and resources

- Obstetrics and gynaecology training Units approved by the BOS
  Other training units approved by the BOS. eg. Gynaecological oncology, genitourinary, general medical, general surgical, intensive care and special care baby units etc.
- Family Planning Clinics. eg: FHB etc.
- Imaging Units. eg: Ministry of Health and Private Sector Hospitals etc.
- Diagnostic Laboratories. eg: Haematology , Blood Bank , Reproductive Biology etc.
- Skills Laboratories. eg: at Colombo, Ruhuna and USJP etc.
- IT Laboratories. eg: PGIM IT Lab, CAL labs in Universities etc
- Libraries eg. at PGIM, SLMA ,Universities, Hospitals Units etc,
- International Web Sites. eg: NICE, Cochrane, RCOG, WHO – RHL etc
- Books and Journals.

8.2 Allocation of Units

Based on the guidelines made by the BOS, allocation of following training appointments will be made by the allocation committee.

a. Training units in Obstetrics and Gynaecology for stages 1 and 4

The trainee shall undergo training for a period of one year each, in one of the training units in each of the following three circuits during stages I and 4.

Circuit 1: Training units in Galle, Kandy, Peradeniya and Jaffna Teaching Hospitals.

Circuit 2: Training units in Colombo North, Colombo South and Sri Jayewardenepura Teaching Hospitals.

Circuit 3: Training units in De Soysa Hospital for Women and Castle Street Hospital for Women.

b. Training units for rotational training for stage 2

Gynaecological Oncology, Peripheral Obstetrics & Gynaecology, General Medicine, Genitourinary Surgery, General Surgery, Paediatrics, Special Care Baby Unit, Intensive Care Unit

9. TRAINING INSTRUMENTS AND CALCULATION OF CREDITS

- Clinical training in wards/clinics
- Operative skills training operating theatre/labour room/skills lab
- Lectures (schedule with topics in **Annex 2**)
- Tutorials/Small Group Discussions (schedule with topics in **Annex 3**)
- Workshops/Study Days (schedule with topics **Annex 4**)
- Research and Dissertation Writing
- Portfolio writing

Table 1 - Calculation of Credits-MD in Obstetrics and Gynaecology

Training component	Credits
A. Pre MD O&G clinical training in stage 1[45 hours per week x 96 weeks (45 hours =1 credit)]	96
B. Pre MD Special clinical training in stage 2 [22.5 hours per week x 48 weeks (45 hours =1 credit)]	24
C. Dissertation in stage 3 and Portfolio	5
D. Tutorials/Small Group Discussions [30x2hours=60 hours (30 hours=1 credit)]	2
E. Lectures [15x2 hours =30 hours (15 hours=1 credit)]	2
F. Workshops/Study days [15x6 hours=90 hours(30 hours=1 credit)]	3
Total	**132**

10. CURRICULUM – SELECTION EXAMINATION

The curriculum shall include 12 modules. The course content of each module is described in **Annex 1.** The candidate should acquire sufficient knowledge (above undergraduate level) in all content areas of all modules. The modules are listed below:

- Anatomy
- Embryology
- Genetics
- Physiology
- Biochemistry and Molecular Biology
- Endocrinology
- Microbiology
- Pathology
- Immunology
- Pharmacology
- Biophysics
- Epidemiology & Statistics

11. CURRICULUM - MD TRAINING PROGRAMME

The curriculum described in this section is the framework for systematic training in obstetrics & gynaecology. The overall objective is to ensure that the trainee gains adequate knowledge, clinical acumen, procedural skills, teaching skills, communicative skills and attitudes which will enable him to practice as a specialist obstetrician & gynaecologist.

11.1 Modules

The curriculum shall include 28 modules. The **learning outcomes** of each module are described in **Annex 5.** The modules are listed below:

- Basic Clinical Skills
- Teaching, Appraisal and Assessment
- Information Technology
- Standards, Audits and Clinical Governance
- Risk Management
- Research
- Ethics and Legal Issues
- Core Surgical Skills
- Surgical Procedures
- Postoperative Care
- Contraception and Family Planning
- Adolescent Health
- Pre conception and Early Pregnancy Care
- Antenatal care
- Maternal Medicine
- Management of Labour
- Management of delivery
- Postpartum Care
- Gynaecological Problems
- Subfertility
- Sexual and Reproductive Health
- Post Reproductive Life Issues
- Gynaecological Oncology
- Urogynaecology and Pelvic Floor Problems
- Developing Professionalism
- Health Services in Sri Lanka
- National, Regional and Global Health Policies and Health Economics
- Health Statistics and their applications

11.2 Specific learning outcomes

At the end of his training the Trainee should have:

11.2.1 adequate knowledge in the basic sciences related to the reproductive system and the changes during the different phases of life including pregnancy.

11.2.2 adequate knowledge of the pathophysiological events of the diseases of the reproductive system.

11.2.3 developed skills in the diagnosis and management of pathological states presenting in obstetrics and gynaecology practice,

11.2.4 developed correct attitudes for good clinical practice.

11.2.5 developed the skills required for the organization of reproductive and gynaecological health care services and evaluate its outcome.

11.2.6 developed the skills required to conduct audits and scientific research, with a view to contributing to the scientific knowledge in this field and participating in the task of improving the obstetric and gynaecological services in the community.

11.2.7 developed the skills required to be a medical teacher / resource person in order to impart medical education to medical personnel and the public.

11.2.8 the experience to make clinical decisions pertaining to management, undertake undergraduate and paramedical training, train intern medical officers and be able to participate and supervise clinical audit and research, and be equipped with knowledge on current developments and advances in the specialty.

11.1.9 the ability to critically appraise research publications and practice evidence based medicine

11.1.10 the ability to maintain the highest standards of professionalism, moral and ethical conduct

11.1.11 the commitment to engage in continuing professional development.

12. EVALUATION PROCESS/PROGRESS REPORTS

Progress reports should be submitted to the PGIM by the respective trainers once in six months during stages 1 and 4 **(Annex 6.1 & 22.1).** The reports during stage 2 are to be submitted at the completion of each appointment (**Annex 7**). The reports during overseas training (stage 5) should be sent by the trainer every six months (**Annex 22.2**). If reports are not received on time immediate action must be taken by the Chairperson and Secretary of the BOS to obtain the reports.

Internal Periodic In-Service Training Assessments (ISTA) should be carried out by the respective trainers during **stage 1 training at 3,6,15, and 18** months, and submitted to the PGIM **(Annex 6.2)**. External Periodic ISTA should be carried out by a pair of examiners appointed by the BOS at **9-12 months and 21-24 months of stage 1 (Annex 6.3).**

The Peer Team Rating forms (**Annex 9)** should be submitted by the raters once in six months. The trainer should supervise this activity and ensure that the forms are sent to the Monitoring Unit of the PGIM.
In the event of negative reports with adverse comments the BOS should take prompt action according to the General Rules and Regulations and initiate a preliminary Investigation if necessary.

13. TRAINING PORTFOLIO

Objectives: To be appointed as a Specialist in Obstetrics and Gynaecology to practice independently in Sri Lanka, on completion of the in-service training before and after the MD (Obstetrics and Gynaecology) Examination, the Trainee should:

a) have administrative and organizational skills
b) be able to clearly document and prioritize problems
c) have skills appropriate to a specialist (diagnostic, operative, counseling, risk management, management of medico-legal issues)
d) have appropriate attitudes
e) be able to carry out and also supervise research and clinical audits
f) be committed to Continuous Professional Development
g) be able to disseminate knowledge effectively
h) have adequate knowledge of the English Language and be able to communicate effectively
i) have adequate knowledge and skills in Information Technology

The Trainee should maintain a Training Portfolio to document and reflect on his training experience and identify and correct any weaknesses in the competencies expected of him, and also to recognize and analyze any significant clinical events experienced, so that appropriate changes in management could be adopted in order to reduce the risks arising from such situations in the future. The Training Portfolio should be maintained from the time of entry to the training programme up to Board Certification (stage 1 to stage 5). The supervisors/Trainers are expected to review the candidate's progress at regular intervals. It is the responsibility of the Trainee to obtain the signature of the Trainer after these reviews, and submit the Training Portfolio for evaluation by the BOS annually and also at the Pre Board Certification Assessment for evaluation of his competence to practice independently as a Specialist in Obstetrics and Gynaecology.

During the Pre MD Training Programme(years 1 to 3) the Trainee should maintain the Pre MD Training Portfolio. The Trainer needs to conduct regular assessments and certify that

the Trainee has satisfactorily acquired the required competencies. During years 4 to 5 Post MD Training Portfolio should be maintained.

Pre MD Training Portfolio: During years 1-3 of the Pre MD Training Annex 10

The main content areas of the Pre MD Training Portfolio shall include the following, authenticated by the Supervisor/Trainer:

- Log of Clinical activities
- Reflective Practice
- Teaching (undergraduates / nurses /midwives)
- Research and Audit
- Information Technology
- Ethics and Medico-legal Issues
- Professional Development
- Record of attendance at essential courses
- Record of experience obtained in tutorials, journal clubs, Clinico-pathological Conferences and audits
- Self-assessment of the Training/Acquisition of clinical experience by the Trainee
- Assessment of the Trainee's progress by the Educational supervisor

These assessments should include:
Mini Clinical Evaluation Exercises
Case-Based Discussions
Objective Structured Assessments of Technical Skills
Peer Team Ratings
And Other

Post MD Training Portfolio: During post MD Training (Section 17.4 below)

14. RESEARCH PROJECT LEADING TO A DISSERTATION

The objective of this exercise is to expose the trainee to research methodology and scientific writing. The work should be original. In the research project the trainee should demonstrate his ability to identify a problem, conduct a literature search, design and conduct a study, collect and manage data, carry out appropriate statistical analyses and present the results, and prepare a dissertation with rational conclusions after a discussion.

The Research Proposal for the Dissertation should be submitted to the BOS for approval **within six weeks** following commencement of the stage 1 Registrar training. This is to be prepared as described in **Annex 11.** The proposal will be assessed by a reviewer as described in **Annex 12.** A supervisor (as much as possible should be one of the trainers) will be appointed by the BOS to assist the trainee. The instructions to the supervisor are

described in **Annex 13** and the supervisor should sign the form in **Annex 14** and accept the appointment. The supervisor should submit progress reports as described in **Annex 15.** The completed Dissertation with approximately 8000 words and at least 20 recent references prepared as described in **Annex 16** should be submitted to the PGIM at **least three months before the closing date** of the applications for the MD Examination. The acceptance of the dissertation and obtaining a "Pass Grade" is a prerequisite to be eligible to sit for the MD Examination.

15. ASSESSMENT PROCEDURE –CONTINUOUS ASSESSMENTS DURING STAGE 1

C1) Internal Periodic In-Service Training Assessment (ISTA) = 200 Marks
at 3,6,15,18 months (50+50+50+50)
C2) External Periodic In-Service Training Assessment (ISTA) = 300 Marks
at 9-12 and 21-24 months (150+150)
C3) Essays = 100 Marks
at 6, 9, and 15 months (50+50 at 9 & 15 months only)
C4) Research Project Proposal and Dissertation = 200 Marks
C5) Portfolio Assessments = 200 Marks
at 10 and 22 months (100+100)

TOTAL=1000 Marks

C1-Details of Internal Periodic In-Service Training Assessment (ISTA)

Internal Periodic In-Service Training Assessments (ISTA) should be carried out by the respective trainers during **stage 1 training at 3,6,15 and 18** months. The assessments will be based on work experience obtained by the trainee, performance, skills and abilities demonstrated at the clinics, wards, operating theatres and during **one to one trainer trainee dedicated discussions over a period of 45 minutes**. During the Internal Periodic ISTA progress of the research project planned and conducted by the trainee and the portfolio maintained by the trainee shall also be reviewed. The Final mark will be decided based on a predetermined marking scheme.

The minimum pass mark at the end of the two internal periodic ISTA conducted during the year of training shall be 50% (50 marks out of 100).

If the trainee has scored less than 50%, re-training in the areas that the trainee has failed will be required and the trainee will be given an opportunity before proceeding to the next component in training for re-appraisal in the specific areas. **In such a reappraisal the maximum mark to be awarded shall be 50%**. If 50% is not obtained a reappraisal will be held after re-training for a period of three months and in such a reappraisal the maximum mark to be awarded shall be 50%. **This process shall continue in the same manner, and the**

trainee will not be allowed to proceed to the next component of the training programme, until the minimum 50% is obtained.

C2-Details of External Periodic In-Service Training Assessment (ISTA)

External Periodic ISTA should be carried out by a pair of examiners appointed by the BOS. This pair of examiners should not have been trainee's previous trainers. The assessment should be done at **9-12 months and 21-24 months of stage 1**. The examiners shall conduct a dedicated discussion over a period of 45 minutes. This should be designed to review the trainee's clinical skills, rational clinical decision making, investigatory and analytical thinking, and evidence based approach to clinical care. During this External Periodic ISTA, the research project planned or conducted by the trainee and the portfolio maintained by the trainee may also be reviewed. The Final mark will be decided based on a predetermined marking scheme.

The minimum pass mark at the External Periodic ISTA conducted during stage 1 training shall be 50% (75 marks out of 150).

If the trainee has scored less than 50% (75 marks out of 150), re-training in the areas that the trainee has failed will be required and the trainee will be given an opportunity before proceeding to the next component of the training programme for re-appraisal in the specific areas. **In such a reappraisal the maximum mark to be awarded shall be 50%**. If 50% is not obtained, reappraisal will held after re- training for a period of three months. In such a reappraisal the maximum mark to be awarded shall be 50%. **This process shall continue in the same manner until the minimum 50% is obtained and the trainee will not be allowed to proceed to the next component of the training programme.**

C3-Details of Essay Question (ESQ) Papers

Each ESQ paper held at **6, 9 and 15 months of the training programme** shall have **02 questions** to be answered in 2 hours. The content area of the curriculum from which questions will be given shall be communicated to the trainees one month before the scheduled date of the ESQ Paper. These questions shall be prepared by a panel of examiners appointed by the BOS.
For the ESQ paper held at **6 months no marks will be awarded**.

Each answer shall be hand written by the candidates and will be independently marked out of 100 by two examiners, and only multiples of 05 marks will be allocated. When marks are awarded for the essay question papers, 30% of the marks should be allocated for non content areas (spelling/grammar/hand writing/organization).

The mark for each question will be the average of the two marks given by the two examiners based on a predetermined marking scheme for the expected answers, provided the two marks

are within 15 marks of each other. If the two marks are more than 15 marks apart for any question, the two examiners will re-correct such answers and arrive at an agreed mark. The total marks shall be converted to a final mark out of 25 for each question.

To Pass Each Essay Paper the trainee should score 30 % (15 marks out of 50) or more. If it is less the trainee shall sit for a repeat examination in six to eight weeks. At the repeat examination the maximum mark to be awarded shall be 30%. This process shall continue in the same manner until the minimum 30% is obtained.

C4-Details of Assessment of the Research Project Proposal and Dissertation

Two examiners will be appointed by the BOS to **assess and award a mark independently out of 80 for the project proposal and out of 120 for the dissertation,** using a predetermined marking scheme as described in **Annexes 12 & 17.** The **final mark for the dissertation out of 200** shall be the total of the means **of the marks given by the two examiners for the project proposal and the dissertation respectively.**

For the Project Proposal to be accepted, the trainee should **score 40 % (32 marks) or more.** If it is **less than 40%,** the trainee should **resubmit** the **Project Proposal** at a prescribed date attending to the recommended amendments and improvements, for **reassessment** by the **same pair of examiners**. At the repeat assessment the **maximum mark to be awarded shall be 40%**. This process shall continue in the same manner until the minimum 40% is obtained.

To Pass the Dissertation the trainee should **score 40 % (48 marks) or more.** If it is **less than 40%,** the trainee should **resubmit** the Dissertation at a prescribed date attending to the recommended amendments and improvements, for **reassessment** by the **same pair of examiners**. At the repeat assessment the **maximum mark to be awarded shall be 40%**. This process shall continue in the same manner until the minimum 40% is obtained.

C5-Details of Portfolio Assessments

Each trainee will be evaluated by a pair of external examiners who have not been trainers of the trainee **at 10 and 22 months** of the Pre MD training programme. At these interviews **the Pre MD Training Portfolio** will be evaluated over a period of 45 minutes to review the trainee's capabilities in rational clinical decision making, investigatory and analytical thinking, surgical skills and evidence based approach to clinical care. Each portfolio clinical assessment shall be **marked out of 100** based on a predetermined marking scheme given in **Annex 18.** The **Final mark for Pre MD Portfolio Clinical Assessment will be the Total obtained for the two Assessments out of 200**.

The minimum pass mark for each Portfolio Clinical Assessment shall be 50% (50 marks out of 100). If the trainee has scored 30 - 49%, Re-checking in the areas that the trainee has

failed will be required and the trainee will be given an opportunity for **re-appraisal in the specific area in six to eight weeks**. **In such a reappraisal the maximum mark to be awarded shall be 50%.**

A score below 30 % (30 marks out of 100) at Portfolio Assessment will be considered a definite failure. This will warrant a re-assessment after **re-training for a period of three months** to pass that assessment. **In such a reappraisal the maximum mark to be awarded shall be 50% (50 marks out of 100).**

16. ASSESSMENT PROCEDURE–MD EXAMINATION

16.1 Eligibility criteria to appear for the MD Examination

- Satisfactory completion of two years training in Obstetrics & Gynaecology
- Satisfactory completion of one year rotational appointments
- Satisfactory progress reports (nine) acceptable to the BOS
- Satisfactory Peer Team Ratings (6) acceptable to the BOS
- A duly completed Training Portfolio which is accepted by the examiners
- Satisfactory completion of dissertation which is accepted by the examiners
- Satisfactory professional conduct and attendance during the training period certified by the trainers
- Good health certified by a specialist approved by the PGIM
- Obtained the minimum pass marks for continuous assessments in stages 1 to 3

16.2 Format of the MD Examination

The MD examination shall be held at the successful completion **of stages 1 to 3** as a Registrar. The examination shall have **four sections:**

S1.Written examination		= **1000 Marks**
	S1.1.SEQ - 600	
	S1.2.MCQ - 400	
S2. Objective Structured Clinical Examination		**= 600 Marks**
S3. Clinical Examination		**= 400 Marks**
S4. Continuous Assessments		**=1000 Marks**
Total		**=3000 Marks**

16.3 The details of MD Examination

S1. Written Examination

The written examination shall consist of:

S1.1. SEQ paper – Six questions/ Three hours

There shall be **six questions** in the SEQ paper.

Each Question will be independently marked out of 100 by two examiners, and only multiples of 05 marks will be allocated. The mark for each question will be the average

of the two marks given by the two examiners based on a predetermined marking scheme for the expected answers, provided the two marks are within 15 marks of each other. If the two marks are more than 15 marks apart for any question, the two examiners will re-correct such questions and arrive at an agreed mark. Total Final mark for S1.1 shall be **calculated out of 600.**

S1.2. Multiple Choice Question (MCQ) Paper – 40 questions/Two hours

There shall be 40 questions to be answered in two hours. This will include 2**0 true/false type MCQ, 10 Single Best Answer type (SBA) and Extended Matching Questions (EMQ) containing 10 items.**

The true/false type MCQ will carry +5 marks, SBA will carry +3 marks and each item in an EMQ will carry +4 marks.

In a True/False type MCQ, (five responses) each correct answer shall score +1, wrong answer shall score –1 or if not attempted shall score 0. Negative marks will apply within the question and will not be carried forward.

In a SBA type question (five responses) a correct answer shall score +3, a wrong answer or if not attempted shall score a 0.

In the Extended Matching Questions (EMQ), each correctly answered item shall score +4 marks, incorrectly answered or not attempted items shall score a 0.

Total Final mark for S1.2 shall be **calculated out of 400**

S2. Objective Structured Clinical Examination (OSCE) - Nine stations/135 minutes

There shall be nine stations and each station shall consist of two examiners. The duration in each station will be 15 minutes. Each station will be independently marked out of 100 by the two examiners. The mark for each station will be the average of the two marks given by the two examiners based on a predetermined marking scheme for the expected answers, provided the two marks are within 15 marks of each other. If the two marks are more than 15 marks apart for any station, the two examiners will discuss and arrive at an agreed mark. The total marks for the nine stations shall be converted to a final mark out of 600 for S2.

S3. Clinical Examination-100 minutes

Each candidate will be allocated one gynaecology patient and one obstetric patient. The examiners will be with the candidate while the patient is interviewed (history taking) and the physical examination is carried out. There after there will be a discussion

The final mark for each case (out of 200) will be the average of the two marks given by the two examiners based on a predetermined marking scheme. The Total Final mark shall be calculated out of 400.

The total time allocated for each patient will be 50 minutes (25 minutes for clinical interview (history taking) and physical examination and 25 minutes for discussion).

S4. Continuous Assessments-See section 15 above.

16.4 The Requirements to Pass the MD Examination

The candidate must obtain a **total mark of 1800 (60%) or more out of 3000.**
AND
50% (300 marks) or more for S1.1 (SEQ)
AND
50 % (200 marks) or more for S1.2 (MCQ)
AND
60% (360 marks) or more for S2 (OSCE)
AND
60% (240 marks) or more for S3 (Clinical)
AND
Fulfill criteria in S4 Continuous Assessments (see 15 above) 50% or more for C1; 50% or more for C2; 30% or more for C3; 40% or more for C4; 50% or more for C5.

Summary of Assessments and Marking Scheme are given in Annex 19

16.5 Procedure for candidates who fails the MD Examination at first attempt

For a candidate ***who fails the MD Examination at first attempt***
The Total Mark required to pass the examination at any subsequent attempt shall be 1200 (60%) or more out of 2000, with minimum percentages for S1.1 (50%), S1.2 (50%), S2 (60%) and S3 (60%).

A candidate ***who fails the MD Examination at the third attempt*** will be permitted to attempt the examination for the fourth time, only following further compulsory **training for a period of six months**, under a trainer who has not been a previous trainer. A candidate ***who fails the MD Examination at the fifth attempt*** will be permitted to attempt the examination for the sixth time, only following further compulsory **training for a one year**, under a trainer **decided by the BOS.**

16.6 Number of attempts

The maximum number of attempts allowed for the MD (Obstetrics and Gynaecology) Examination will be **six (6) within eight years** from the first attempt.

16.7 Professor Henry Nanayakara Gold Medal for MD in Obstetrics and Gynaecology

The following criteria have been recommended for the award of the above Gold Medal. The candidate,

a) Has to be successful at the first attempt.
b) Should obtain highest marks in the examination.
c) Should be a PGIM trainee.

d) Should obtain a total minimum aggregate of 2000 **marks and pass in all four sections with 65% or more for at least two sections** [Written examination (S1), Objective Structured Clinical Examination (S2), Clinical examination (S3), and Continuous Assessments (C1-5)].

17. POST MD TRAINING

17.1. Description

The Post MD training programme is described in **Annex 20**

17.2. Duration

This will consist of 12 months of training locally as a Senior Registrar in general obstetrics and gynaecology, and 12 months of training at a recognized centre overseas, approved by the PGIM. The 12 months of local training can be done *en bloc* or in two parts before and after the period of overseas training. The trainee should obtain approval for the overseas placement from the BOS by submitting an application on the prescribed form **(Annex 21).**

17.3. Progress Reports

During the Post MD training period, progress reports will have to be submitted once in six months using the forms shown in **Annex 22.1 & 22.2**.

17.4. Guidelines for maintenance of Post MD Training Portfolio

During this 24 month period, the trainee has to document the progress of his training and maintain a comprehensive record in the **Training Portfolio – Section II (Post MD)**. This will enable the Trainee to reflect on his training experience and identify and correct any weaknesses in the competencies expected from him, and also recognize and analyze any significant clinical events experienced, so that appropriate changes in management could be adopted in order to reduce the risks arising from such situations in the future. The Trainer needs to conduct regular assessments and certify that the Trainee has satisfactorily acquired the required competencies. The Training Portfolio – Section I (Pre MD) and Section II (Post MD) will be used at the Pre Board Certification Assessment, to evaluate the trainee's competence to practice independently as a Specialist in Obstetrics and Gynaecology.

18. PRE BOARD CERTIFICATION ASSESSMENT (PBCA)

18.1. Eligibility criteria

After the completion of the prescribed post MD training programme, to be eligible to sit the PBCA, the trainee should provide the following one month before the PBCA:

- Completed Training Portfolio
- Evidence of audits and research projects undertaken / carried out / presented / published

- Satisfactory progress reports of local and overseas training
- Certificate of good standing
- Certificate of good attendance

18.2. Format of the Pre Board Certification Assessment (PBCA)

The Assessment shall consist of four sections listed below:

B1.Portfolio assessment and Viva **(Annex 23)**	–400 Marks
B2. Evidence of Research publication: (minimum of 1 original research paper in a peer reviewed Journal)	–300Marks
B3. Evidence of Scientific Presentation (Minimum of 2 presentations at National or International Scientific Meetings)	– 150 Marks
B4. Overseas progress reports (75x2) **(Annex 22.2)**	– 150 Marks
Total	**= <u>1000 Marks</u>**

18.3 Operational details of the Post MD Training Portfolio Viva

A pair of examiners shall conduct the viva at the end of two years Post MD training and award marks independently as described in **Annex 23**.

18.4. Requirements to Pass the PBCA

A candidate should obtain 60% (600 marks) or more out of the Total Mark **AND** 50% or more for each of the four sections (B1-≥200, B2-≥150, B3-≥75, B4-≥75) in 18.2 above. Board certification may be deferred if the candidate is unsuccessful in the above assessment. Such candidates should follow a counseling session/s and sit for the assessment again within a maximum period of three (3) months. If successful at the first attempt after counseling, the date of Board certification should be backdated to the original date of Board Certification.

However if unsuccessful, the date of Board certification shall be the date of passing the subsequent PBCA following further training for a minimum period of six months in a unit selected by the BOS.

19. ELIGIBILITY CRITERIA FOR BOARD CERTIFICATION

A trainee who has fulfilled the following criteria shall be deemed to be eligible for Board Certification:

(a) Passed the MD Examination
(b) Satisfactorily completed one year local and one year overseas training (Post MD) in units approved by the Board of Study.
(c) Submitted satisfactory progress reports from the local supervisor appointed by the Board of Study
(d) Submitted satisfactory progress reports from the overseas supervisor appointed by the Board of Study

(e) Passed the Pre-Board Certification Assessment
(f) Made an Oral Presentation acceptable to the Board of Study-Approximately 30 minutes duration to the BOS regarding his/her post-MD training and future vision regarding improvement of quality of patient care/diagnostic services in Sri Lanka.

20. TRAINERS

Specialists with at least three years experience after Board Certification in the field of Obstetrics and Gyneacology or in other specialties such as oncology, surgery, urology, medicine, paediatrics/neonatology, anaesthesiology, will be appointed as trainers by the BOS.

The roles and responsibilities of a trainer are identified in **Annex 24**

The current list of trainers is shown in **Annex 25**

21. RECOMMENDED BOOKS/JOURNALS FOR READING

See Annex 26 for recommended reading material

POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA

ANNEXES

DOCTOR OF MEDICINE (MD)
AND
BOARD CERTIFICATION

IN

OBSTETRICS & GYNAECOLOGY

2012

BOARD OF STUDY IN
OBSTETRICS & GYNAECOLOGY

ANNEXES

Contents

ANNEX 1
Curriculum – Selection Examination

Candidates should have a comprehensive knowledge of the following Learning Modules. There are 12 Modules which are based on modifications and adaptations of the modules of the Part I Membership Examination of the Royal College of Obstetricians and Gynaecologists, Great Britain.

1. Anatomy

The student should be able to understand;

Surgical anatomy of the pelvis and abdomen; Detailed structural and functional anatomy of abdominal wall, abdominal cavity and pelvis, their contents, relevant bones, joints, muscles, blood vessels, lymphatics, nerve supply and histology; Structural and functional anatomy of the hypothalamus and pituitary, and the male and female reproductive organs; Breast and endocrine gland anatomy;

Organization and structure of the cell and its organelles; Histological appearance of the pelvic organs, breast, endocrine glands, hypothalamus and pituitary;

Structural and functional anatomical changes of the female reproductive tract during puberty and after the menopause; Anatomical adaptations to pregnancy; Breast changes in pregnancy;

Anatomical interpretation of fetal and maternal images from X-ray, ultrasound and magnetic resonance imaging; Obstetric anatomy of the pelvis and abdomen; Changes during late pregnancy, in labour and childbirth;

Structural changes in the newborn;

Functional anatomy of the pelvic floor, kidney and urinary tract;

Surface anatomy of important abdominal and pelvic viscera.

2. Embryology

The student should be able to understand;

Development of the gametes, fertilization, implantation and early embryonic development; Regulation of the embryonic genome; Development of the reproductive tract; Fetal and placental growth and development-particularly neural tube, gut and cardiac development; Changes occurring in the cardio respiratory system at birth; Developmental abnormalities in the female especially in the female reproductive tract; Development of the uro-genital tract and structural abnormalities; Chromosomal abnormalities associated with pregnancy loss; Congenital abnormalities of the renal tract.

3. Genetics

The student should be able to understand;

Structure and function of chromosomes and genes; Genomics and regulation of gene expression;

Chromosomal and genetic disorders-principles of inheritance; Features and effects of common inherited disorders and origins of fetal malformation; Single gene disorders, sex linked inheritance;

Screening for fetal anomaly; Diagnosis of fetal anomalies;

Chromosomal abnormalities leading to infertility;

Genetic origins of cancer and DNA mutations; Principles of molecular testing for gynaecological cancers.

4. Physiology

The student should be able to understand;

Distribution and composition of body fluids; Principles of fluid and electrolyte and acid-base balance;

Methods of measurement of clinically important physiological variables;

Physiology of wound healing;

Cardiovascular, respiratory, urinary and gastrointestinal physiology; Basis of assessment of cardiovascular, respiratory, hepatic and renal functions;

Fluid and electrolyte balance in the peri-operative period;

Nutritional physiology in health and disease;

Haemopoiesis and iron metabolism; Blood transfusion;

Physiology of liver and nervous system;

Physiology of pregnancy; fetal physiology and its development with fetal growth;

Cellular physiology of the major organ systems in the non-pregnant and pregnant state; Luteo-placental shift and feto-maternal communication;

Acid-base, fluid and electrolyte balance in healthy and pathological pregnancy;

Physiology of onset of parturition, myometrial contractility and cervical dilatation;

Fetal physiology in late pregnancy and during labour, including scientific basis of methods of assessment of fetal wellbeing;

Physiology of the third stage of labour;

Physiology of the neonate including cardiovascular and respiratory changes at birth; Lactation and uterine involution;

Physiology of the reproductive tract in men and women; Regulation of gametogenesis, fertilisation and establishment of early pregnancy;

Human sexuality; The impact of contraceptives on the physiology of the reproductive tract;

Structure, function and regulation of genes and chromosomes in relation to gynaecological oncology;

Abnormal physiology in the genital tract.

5. Biochemistry and Molecular Biology

The student should be able to understand;

Structure and function of normal cell;

Proteins, peptides, amino acids; Catabolism; Nutrition, proteomics, metabolism of proteins, carbohydrates and fats;

Biochemistry of enzymes, vitamins and minerals, especially Fe and Ca; Cell signaling and second messengers;

Acid-base balance;

Placental transfer;

Biochemistry of prostaglandins and steroid hormones; Hormones, receptors and intracellular signaling;

Biochemistry of myometrial contractility; Second messenger systems;

Cellular biochemistry in disorders of pregnancy;

Hormonal changes associated with pregnancy loss;

Regulation of the cell cycle; Cell biology-including regulation of gene activation, DNA/RNA and cytoplasmic processing;

Molecular biology of tumorigenesis and regulation of cell growth and division.

6. Endocrinology

The student should be able to understand;

Mechanisms of hormone action and second messenger systems; Hormone types; Understanding of hypothalamus, pituitary, pancreas, thyroid and adrenal structure and function;

Basis of perioperative care in common endocrinopathies (eg.diabetes & thyroid disorders); Effects of anaesthesia and surgery on endocrine homeostasis and fluid balance;

Endocrinology of pregnancy; the placenta as an endocrine gland; maternal recognition of pregnancy, endocrinology of the corpus luteum and early pregnancy;

Diabetes in pregnancy; Pituitary, thyroid, adrenal and other endocrine disorders relevant to pregnancy;

Endocrinology of parturition;

Development and maturation of the fetal endocrine system;

Endocrinology of lactation;

Endocrinology of the H-P-O axis and its abnormalities; Puberty and growth; menstrual cycle;

Menopause and endocrine effects on bone, vasomotor system etc.;

Interactions between hormonal contraceptives and endocrine physiology;

Hormone secreting and hormone dependent tumours in gynaecology.

7. Microbiology

The student should be able to understand;

Biology of micro organisms encountered in surgical practice;

Principles of infection control and outbreak management;

Biology of micro-organisms in the post surgical patient; Principles of antimicrobial prophylaxis and wound care;

Infection in pregnancy; Screening for infection; Virus biology;

Laboratory diagnosis of infections in Obstetrics & Gynaecology;

Infectious complications of pregnancy and the basis of their management;

Fetal impact of maternal infection;

Infection and the basis of its management in labour and delivery;

Puerperal sepsis; Infection and the basis of its management in the postpartum period;

Infectious diseases in gynaecological practice;

Pelvic inflammatory disease and its effects on fertility;

Sexually transmitted infections;

Infective factors predisposing to pregnancy loss and ectopic pregnancy;

HPV and other viral origins of cancer;

Urinary tract infection.

8. Pathology

The student should be able to understand;

Quality control, diagnostic accuracy of tests;

Obtaining and handling tissue for diagnostic tests;

Trauma, infection, inflammation and healing of tissues;

Effects of radiotherapy, cytotoxics, hormones on tissues;

Hyperplasia, metaplasia, dysplasia, neoplasia, atrophy;

Disturbance in blood flow, neoangiogenesis, shock, infarction, abnormal coagulation;

Renal failure;
Sepsis–localized and general-e.g. septicaemia;
Causes and effects of cell damage;
Effect of pregnancy on disease and disease on pregnancy; Teratogenesis;
Haematological disorders; Immunosuppressive drugs;
Placental site and implantation and its abnormalities (e.g. placenta accreta);
Congenital abnormalities of genital tract;
Osteopenia/osteoporosis;
Pathological conditions of the uterus (endometrium and myometrium), tubes and ovaries;
Pathology of tubal damage, polycystic ovary syndrome, endometriosis and the pituitary disorders;
Histology and pathology of the male genital tract;
Pathological features of STD and female genital infections. ;
Endometrial effects of contraceptives;
Pathology of miscarriage, ectopic pregnancy, trophoblastic disease;
Carcinogens and spread of tumours;
Pathology, histology, and classification of gynaecological cancers and premalignant conditions; Aetiological factors; Cervical cytology;
Pathology of pain and transmission of pain signals centrally;
Pathological conditions of the bladder, urethra and vagina;
Developmental tumours in the female.

9. Immunology

The student should be able to understand;
Innate and aquired immunity; Organisation of immune system; Cells and humoral elements of adaptive immunity; Immunogenetics and principles of antigen recognition; Hypersensitivity; Immunology of graft rejection and immune responses in infection, inflammation and trauma;
Graft versus host reaction, autoimmunity, immunization and immunosuppression;
Maternofetal immunology; Immunology of pregnancy and miscarriage; The fetus as an allograft; Isoimmunization;
Principles of reproductive immunology;
Tumour surveillance and immunotherapy.

10. Pharmacology

The student should be able to understand;
Safe prescribing, avoiding drug errors, drug interactions, side/adverse effects; Comparison of efficacy and effectiveness; Cost- effectiveness, number needed to treat, number needed to harm; Pharmacokinetics and factors affecting drug action;
Properties and actions of drugs used during and after surgery-analgesia, thromboprophylaxis etc.; Effects of drugs on renal and cardiac function; Antibiotics and antibiotic prophylaxis; The use of steroids and other drugs in the perioperative period;
Effect of drugs on haemostasis and uterine bleeding;
Prescribing in pregnancy; Placental handling of drugs; Effects of drugs on the pregnant woman and fetus; Drugs for fetal development and wellbeing;
Drugs and their side/adverse effects in pregnancy;
Drugs used in pregnancy specific pathologies and complications of pregnancy-e.g. antihypertensives and other drugs in pre-eclampsia, steroids in pregnancy, use of anti-D immunoglobulin;

Tocolysis and stimulants of uterine contractility; Pain relief in labour and the peurperium;
Drugs in management of delivery; Third stage of labour and its problems; Effects of drugs on the newborn;
Contraception in the postpartum period; Use of drugs during lactation; Anti D, and other prophylaxis;
Drugs in gynaecology, including treatment of menorrhagia, dysmenorrhoea, endometriosis, polycystic ovary syndrome, menopause, osteoporosis and contraception; Effects of drugs on female reproductive system and menstrual function;
Drugs used to treat infertility; Drugs used in anovulation, superovulation and assisted conception; Drug teratogenicity; Drugs that interfere with fertility;
Contraceptives; Drugs used for medical termination of pregnancy; Drugs used for STIs including antimicrobial resistance;
Properties and actions of drugs used to treat miscarriage, ectopic pregnancy, gynaecological cancers and trophoblastic disorders; Effects of chemotherapeutic agents on gonadal function; Drugs in the treatment of vulval disease;
Properties and actions of drugs used in Urogynaecology.

11. Biophysics

The student should be able to understand;
Principles of electrocardiography, cardiotocography, ultrasound, doppler, X-rays and MRI; Principles of laser, electro surgery and cryotherapy;
Physics of Doppler, ultrasound and magnetic resonance imaging;
Principles of radiotherapy;
Principles of assessment of bladder function.

12. Epidemiology and Statistics

The student should be able to understand;
Principles of screening and study designs; Epidemiology, research methodology and statistical methods used in research; Understand audit cycle and its difference from research; Levels and grading of evidence, quantification of risk and chance, and the basis of evidence based medicine; Qualitative and quantitative research; Types of clinical trials-multicentre, RCT, etc.; Statistical methods-power of study, level of significance;
Confidence intervals, relative risk, odds ratio, attributable fraction;
Principles of informed consent; Ethical and regulatory approval;
Epidemiology of surgical complications;
Factors affecting surgical rates, operative success and complication rates;
Screening in pregnancy for fetal disorders; Epidemiology of disorders and complications of pregnancy;
Definitions of maternal, neonatal and peri-natal mortality and their interpretation;
Epidemiology of infertility;
Epidemiology of contraception and STIs;
Epidemiology of pregnancy failure;
Epidemiology of cancers affecting women.

ANNEX 2

Lecture Schedule

Learning activities

Learning content	Activity	Time
Research, Audit & Evidence Based Medicine	Lecture	2 h
Overview of Clinical Epidemiology & Study Designs	Lecture	2 h
Diagnostic Tests & the 2X2Contingency Table	Lecture	2 h
Formulating a Research Project Proposal	Lecture	2 h
Clinical Audit, Clinical Governance & Risk management	Lecture	2 h
Contraception & Family Planning	Lecture	2 h
Antenatal care	Lecture	2 h
Postpartum & Post abortion Care	Lecture	2 h
Subfertility	Lecture	2 h
Post Reproductive Life Issues	Lecture	2 h
Unsafe Abortion and Post Abortion Care	Lecture	2 h
Obstetric haemorrhage	Lecture	2 h
Hypertension in Pregnancy	Lecture	2 h
Health Services in Sri Lanka	Lecture	2 h
National, Regional & Global Health Policies and Health Economics, Health Statistics & their applications	Lecture	2 h
		Total 30 h

ANNEX 3
Tutorial/Small group discussion schedule

Learning activities

Learning content	Activity	Time
Research Questions, Study Designs, PICO & RCT	Tutorial/SGD	2 h
Statistical Tests	Tutorial/SGD	2 h
Informed Consent	Tutorial/SGD	2 h
Breaking Bad News	Tutorial/SGD	2 h
Health Promotion & Health Improvement	Tutorial/SGD	2 h
Administration, Management & Team Leadership	Tutorial/SGD	2 h
Reflective Practice	Tutorial/SGD	2 h
Clinical Governance & Risk Management	Tutorial/SGD	2 h
Clinical Audits	Tutorial/SGD	2 h
Clinical Reasoning: Diagnostic & Therapeutic Plans	Tutorial/SGD	2 h
Safe and Cost– effective Prescribing	Tutorial/SGD	2 h
Ante Natal Care - I	Tutorial/SGD	2 h
Ante Natal Care - II	Tutorial/SGD	2 h
Management of Labour	Tutorial/SGD	2 h
Management of Delivery	Tutorial/SGD	2 h
Third Stage Complications	Tutorial/SGD	2 h
Post Partum Care	Tutorial/SGD	2 h
Contraception	Tutorial/SGD	2 h
Gynaecological Problems–I	Tutorial/SGD	2 h
Gynaecological Problems–II	Tutorial/SGD	2 h
Reproductive Endocrinology	Tutorial/SGD	2 h
Subfertility	Tutorial/SGD	2 h
Gynaecological Oncology	Tutorial/SGD	2 h
Endoscopic Procedures	Tutorial/SGD	2 h
Major Gynaecological Surgery	Tutorial/SGD	2 h
Minor Gynaecological Surgery	Tutorial/SGD	2 h
Surgical Equipment, Instruments & Suture Materials	Tutorial/SGD	2 h
Infection Control & Management of Septicaemia	Tutorial/SGD	2 h
Safe Surgery	Tutorial/SGD	2 h
Medico Legal Issues	Tutorial/SGD	2 h
	Total	60 h

ANNEX 4
Workshops/Study days schedule

Learning activities

Learning content	Activity	Time
Literature Search (Pub Med, WHO RHL, Cochrane, Google)	Workshop	4 h
Critical Appraisal of Research Proposals	Workshop	4 h
Randomized Controlled Trials	Workshop	4 h
Data Presentation & Analysis	Workshop	4 h
Scientific Writing (eg. Dissertation)	Workshop	4 h
Critical Appraisal of Scientific Publications	Workshop	4 h
Basic Surgical Skills	Workshop	4 h
Ultra Sound Scanning – I	Workshop	4 h
Ultra Sound Scanning – II	Workshop	4 h
Instrumental Vaginal Delivery, Assisted Vaginal Breech Delivery, Management of Shoulder Dystocia	Workshop	4 h
Operative Obstetrics & Obstetric Procedures (eg.ECV, Oxytocin/Manual Removal of Retained Placenta, Genital Tract Trauma etc)	Workshop	4 h
Endoscopic Procedures	Workshop	4 h
Urogynaecology & Pelvic Floor Problems	Workshop	4 h
Counselling–I	Workshop	4 h
Counselling–II	Workshop	4 h
Ethics, Professionalism & Legal Issues	Study Day	6 h
Teaching, Appraisal and Assessment	Study Day	6 h
Maternal Medicine (GDM, Heart Disease, Mental Health etc)	Study Day	6 h
Preconception and Early Pregnancy Assessment & Care	Study Day	6 h
Sexual and Reproductive Health	Study Day	6 h
		Total 90 h

ANNEX 5
Curriculum – MD (Obstetrics & Gynaecology) Programme

Trainees should gain a comprehensive knowledge of the following Learning Modules and achieve the respective learning outcomes. There are 28 Modules and some of them are based on modifications and adaptations of the 19 modules of the Membership Examination of the Royal College of Obstetricians and Gynaecologists, Great Britain.

1. Basic Clinical Skills

The Trainee should be able to;
Acquire knowledge, skills and attitudes necessary to assess women by means of clinical history taking; appropriate physical examination and investigations (where relevant);
Plan and execute management;
Acquire communication skills (with patients, relatives and colleagues);
Keep records concisely, accurately and legibly, and protect and keep the data confidentially;
Be an effective time manager;
Effectively collaborate and work in a team;
Effectively communicate verbally and non-verbally;
Structure a consultation appropriately;
Break bad news.

2. Teaching, Appraisal and Assessment

The Trainee should be able to;
Recognize the importance of the role of the doctor as an educator within the multidisciplinary team and use medical education to enhance the care of patients;
Balance the needs of service delivery with education;
Teach trainees and other healthcare workers in a variety of settings to maximise effective communication and practical skills and to improve patient care;
Encourage discussions with colleagues in clinical settings to share knowledge and understanding
Identify learning theories, principles, needs and styles relevant to medical education;
Gain adequate knowledge regarding new developments in medical education;
Use appropriate and current curricula;
Set objectives and structure of educational sessions;
Prepare formal teaching sessions and use audiovisual aids effectively and encourage audience participation;
Understand the principles of adult learning and facilitate the learning process;
Encourage feedback of the teaching session and act upon feedback;
Understand the skills and practices of a competent teacher and use appropriate teaching strategies in the workplace; Teach in small (<10) and large groups (>20) and at the bedside;
Teach common practical procedures in obstetrics and gynaecology;
Understand the principles of evaluation and use appropriate evaluation strategies and provide timely and effective formative feedback;
Communicate professionally and motivate learners;
Recognize and assist a trainee experiencing difficulty in making progress within the training programme including, where relevant, referral to other services;

Define the roles of the various bodies involved in medical education;
Participate in the organization of a programme of postgraduate education e.g. short course or multidisciplinary meeting;
Improve patient education e.g. talking at support group meetings;
Lead departmental teaching programmes including journal clubs;
Contribute towards staff development and training, including mentoring, supervision, appraisal and workplace-based assessments;
Allow learners to make contributions to clinical practice in keeping with their competence.

3. Information Technology

The Trainee should be able to;
Search medical literature using Pub Med, Medline, Cochrane Data Base, WHO RHL and the Internet;
Use IT for patient care and for personal development;
Use databases, word processing techniques, statistical programmes and electronic mail;
Adopt a proactive and enquiring attitude towards new technology;
Understand the principles and be able to use computing systems for data collection, storage, retrieval, analysis and presentation;
Maintain confidentiality of data collected.

4. Standards, Audits and Clinical Governance

The Trainee should be able to;
Understand quality improvement and management, and the principles of evidence-based practice, types of clinical trial/evidence classification and grades/strength of recommendations;
Identify and formulate auditable clinical standards;
Recognize the need for audit in clinical practice to promote standard setting and quality assurance;
Formulate clinical guidelines and care pathways and protocols;
Use patient feedback questionnaires, hospital sources and national reference data to carry out clinical audits;
Interpret and use clinical audit cycles to improve patient care and services and risk management and formulate recommendations;
Review evidence and contribute to the construction, evaluation, review and updating of local (and national) guidelines and protocols of good practice using the principles of evidence based medicine;
Support audits being undertaken by junior medical trainees and within the multidisciplinary team;
Listen to and reflect on the views of patients and relatives, dealing with complaints in a sensitive and cooperative manner;
Contribute to local and national audit projects as appropriate;
Critically appraise publications, multicentre trials, systematic reviews which address clinical questions;
Discuss the relevance of evidence in the clinical situation and critically evaluate a care pathway, and apply conclusions from critical appraisal to clinical care;
Recognize knowledge gaps and keep a logbook of clinical questions;
Acknowledge and show regard for individual patient needs when using guidelines;
Appreciate the advantages and disadvantages of guidelines and protocols, and use them appropriately;
Recognize the need to practice outside clinical guidelines;

Analyze feedback and comments and integrate them into the service;
Act as an advocate for the service;
Keep up to date with national reviews, key new research and guidelines of practice.

5. Risk Management

The Trainee should be able to;
Understand the principles of risk management and their relationship to clinical governance and complaints procedures;
Understand the basic measures of risk and uncertainty;
Be aware of particular issues pertinent to the specialty and specifically to trainees;
Understand potential sources of risk and risk management tools, techniques and protocols;
Understand best practice, transparency and consistency;
Recall side effects and contraindications of prescribed medications;
Outline human factors theory and understand its impact on safety;
Understand and carry out root cause analysis;
Understand and be able to report and review critical incidents;
Outline local procedures and protocols for optimal practice including early warning systems;
Outline the hazards of clinical equipment in common use;
Outline methods and associated problems of quantifying risk e.g. cohort studies;
Outline the concepts and drawbacks of quantitative assessment of risk or benefit Eg numbers needed to treat, numbers needed to harm;
Explain how relative and absolute risks are derived and the meaning of the terms: predictive value, sensitivity and specificity, in relation to diagnostic tests;
Use a reflective approach to practice with an ability to learn from previous experience;
Participate in risk management;
Access advice on occupational hazards from a range of sources;
Access and analyze situations, services and facilities in order to minimize risk to patients, the public and colleagues;
Monitor the quality of equipment and safety of working environment relevant to the specialty (personal, clinical and organizational settings);
Adopt strategies to reduce risk;
Discuss risks with patients;
Document adverse / critical incidents;
Investigate adverse / critical incidents; Root cause analysis, Assess risk, Formulate recommendations, Debrief staff and Prepare a report;
Recognize limits of own professional competence and only practice within these;
Recognize when a patient is not responding to treatment, reassess the situation, and encourage others to do so;
Ensure the correct and safe use of clinical equipment, ensuring that faulty equipment is reported appropriately;
Improve patients' and colleagues' understanding of the side effects and contraindications of therapeutic interventions;
Sensitively counsel a colleague following a significant untoward event, to encourage improvements in the practice of individuals and the unit;
Construct concise and applicable problem lists using available information;

Understand processes for dealing with and learning from clinical errors, including the management of complaints procedures risk management incidents, near miss reporting, complaints management, litigation and claims management;
Keep abreast of national patient safety initiatives;
Be aware of how healthcare governance influences patient care, research and educational activities at a local, regional and national level;
Ensure patient, user involvement;
Apply quantitative data of risks and benefits of therapeutic intervention to an individual patient;
Search and comprehend medical literature to guide reasoning;
Demonstrate respect to and accept patients' views and choices;
Seek advice, assistance when concerned about patient safety;
Display eagerness to use evidence in support of patient care when evaluating risk;
Communicate risk information, and risk benefit trade-offs, in ways appropriate for individual patients;
To take responsibility for clinical governance activities, risk management and audit in order to improve the quality of the service;
Show probity by being truthful and be able to admit error to patients, relatives and colleagues;
Demonstrate the ability to act constructively when a complaint is made and use assessment, appraisal and reflection as insight to understand one's own development needs;
Develop awareness of equity in healthcare access and delivery;
Maintain a high level of safety awareness and consciousness at all times;
Encourage feedback from all members of the team on safety issues and encourage discussion amongst colleagues on evidence-based practice;
To take action when concerns are raised about performance of members of the healthcare team, and act appropriately when these concerns are voiced to you by others;
Maintain a portfolio of information and evidence, drawn from own clinical practice;
Engage with an open, no blame culture;
Respond positively to outcomes of audit and quality improvement;
Co-operate with changes necessary to improve service, quality and safety.

6. Research

The Trainee should be able to;
Understand the difference between audit and research and their inter-relationship;
Describe basic principles of qualitative, quantitative, biostatistical and epidemiological research methods;
Apply statistics in scientific and medical practice;
Understand the difference between population-based assessments and unit-based studies and be able to evaluate outcomes from epidemiological work;
Identify a research topic;
Conduct a literature search;
Evaluate the limitations of different methodologies for collecting data;
Design a study;
Formulate a research question and a research project proposal (*vide* Annex 11);
Apply for appropriate ethical approval of a research project;
Conduct a study by collecting and managing data and carrying out appropriate statistical analyses, and present and discuss the results and give rational conclusions;

Abide by the principles of Good Clinical Practice when conducting any research on human subjects;
Ensure the rights, safety well being of trial subjects;
Ensure the research is consistent with ethical principles;
Ensure the trial data is credible (quality control);
Ensure the research is scientifically valid;
Demonstrate good verbal and written presentations skills;
Write a scientific paper and dissertation (*vide* Annex 16);
Realize the issues underlying plagiarism and how this relates to the duties of a doctor;
Appreciate innovations resulting from research publications;
Understand issues and potential solutions before acting on conclusions and recommendations of published literature;
Critically appraise scientific publications including scientific papers, multicentre trials and systematic reviews;
Use critical appraisal skills always when reading scientific literature;
Get research into practice;
Encourage other colleagues to take part in research.

7. Ethics and Legal Issues

The Trainee should be able to;
Describe and explain the ethical principles of, respect for autonomy, beneficence & non maleficence, justice and equity;
Understand the principles and legal issues surrounding informed consent;
Understand that consent is a process that may culminate in, but is not limited to, the completion of a consent form;
Give appropriate information and conduct a consultation to obtain consent in a suitable setting and at a suitable time;
Discuss clinical risk;
Only obtain consent for procedures where competence has been attained to perform the procedure;
Inform a patient and seek alternative care where personal, moral or religious belief prevents usual professional action;
Obtain consent in a manner that patients and relatives understand;
Assess their comprehension having considered the patient's and the relatives'/carers' level of understanding and mental state and the patient's needs as an individual;
Adopt a patient-focused approach to decisions that acknowledge the rights, values and strengths of the public;
Respect a patient's rights of autonomy even in situations where their decision might put them at risk of harm;
Keep within the scope of authority given by a competent patient;
Provide all information relevant to proposed care or treatment to a competent patient;
Gain valid consent from patients, and ask for a second opinion, senior opinion, and advice from;
Specialist Judicial Medical Officers in difficult situations of consent or capacity;
Understand specific legal issues about consent in under 16 years olds, (especially regarding parental consent and the Fraser Guidelines), and vulnerable adults;
Understand the implications of the relevant sections including the section on Sexual Offences in the Penal Code of Sri Lanka;
Obtain advice from Specialist Judicial Medical officers when necessary;

Appreciate and respect diversity;
Realize the implications of the legal status of the unborn child;
Understand appropriateness of consent to post mortem examination;
Outline the procedures for seeking a patient's consent for disclosure of identifiable information;
Recognize the problems posed by disclosure in the public interest, without patient's consent;
Decide when to involve social services, police, and how to do so;
Seek advance directives when needed;
Use written material correctly and accurately;
Use and share information properly using appropriate strategies to ensure confidentiality, which is a patient's right;
Develop awareness on situations when confidentiality might be broken;
Understand the principles of data protection including electronic and administrative systems;
Understand that interpreters and patient advocates must be aware of confidentiality issues;
Develop awareness regarding the obligations for confidentiality following a patient's death;
Understand the requirements of children, adolescents and patients with special needs;
Act in the best interests of the patient and the public good;
Understand the legislative framework within which healthcare is provided in Sri Lanka;
Use sources of medical legal information;
Understand disciplinary processes in relation to medical malpractice and the procedure to be followed in such cases;
Follow the relevant procedures when substance abuse is suspected in a patient;
Familiarise with and uphold the rights of children and vulnerable adults;
Familiarise with and uphold the rights of disabled people to participate in healthy and rewarding employment;
Practice in accordance with an appropriate knowledge of contemporary legislation;
Conduct appropriately with ethically sound professionalism in challenging situations;
Cooperate with other agencies with regard to legal requirements, including reporting to the Coroner, the police or the proper officer of the local authority in relevant circumstances;
Incorporate legal principles in to day-to-day practice;
Practice and promote accurate documentation within clinical practice for legal purposes;
Seek advice from the employer, appropriate legal bodies (including defense societies), and the SLMC on medico-legal matters;
Promote informed reflection on legal issues by members of the team;
Issue maternity, birth, sickness and death certificates while being aware of the legal responsibilities;
Identify the types of deaths that should be referred to the Coroner;
Understand the principles of advance directives and living wills;
Understand the implications when dealing with a mentally ill or mentally challenged person;
Obtain advice from a Specialist Psychiatrist when necessary;
Obtain suitable evidence, and realize whom to consult;
Act with compassion at all times;
Abide by the professional, legal, and ethical codes of the Geneva Declaration, SLMC, SLCOG, RCOG, and FIGO eg. Fitness to Practice and any other codes pertaining to obstetrics and gynaecology;
Understand prejudice and preferences within self, others, society and cultures;
Develop awareness of the current legal situation when deciding to withhold or withdraw life-prolonging treatment;

Outline the main methods of ethical reasoning: case based reasoning, the justification of decision and moral judgment;
To practice Value- Based Medicine;
Recognize, analyze and know how to deal with unprofessional behaviour in clinical practice, taking into account local and national regulations;
Develop open and non-discriminatory professional working relationships with colleagues' and realize the need to prevent bullying and harassment;
Recognize the factors influencing ethical decision making, including religion, personal and moral beliefs, cultural practices;
Use and promote strategies to ensure confidentiality eg. anonymisation;
Counsel patients on the need for information distribution within members of the immediate healthcare team;
Counsel patients, relatives, carers and advocates (where relevant) tactfully and effectively when making decisions about resuscitation status, and withholding or withdrawing treatment;
Demonstrate probity and the willingness to be truthful and to admit to errors;
Encourage informed ethical reflection in others;
To seek advice of peers, local clinical ethics committees, legal bodies, and the SLMC and SLCOG in the event of ethical dilemmas over disclosure and confidentiality or when making decisions about resuscitation status, and withholding or withdrawing treatment;
Respect patient's requests for information not to be shared, unless this puts the patient, or others, at risk of harm;
Share information about medical care with the patients, unless they have expressed a wish not to receive such information.

8. Core Surgical Skills

The Trainee should be able to;
Obtain valid informed consent to surgical procedures and be aware of the procedure in special situations; eg. Children, adults with incapacity and adults and children in emergency situations;
Name and describe the use of common surgical instruments and sutures;
Adequately describe regional anatomy and histology and general pathological principles;
Describe commonly encountered infections, and adopt appropriate measures to prevent or control infection;
Describe the possible complications of surgery and adopt appropriate measures to prevent or minimize them;
Describe the early diagnosis and management of possible complications of surgery;
Understand and describe the principles of nutrition; water, electrolyte and acid base balance and cell biology;
Describe the appropriate use of blood and blood products;
Interpret pre-operative investigations;
Arrange pre-operative management;
Recognize potential co morbidity;
Explain procedures to patient;
Advise patient on postoperative course;
Choose appropriate operation;
Exhibit technical competence at the skill level required;

Make intraoperative decisions with due regard to degree of urgency, likely pathology and anticipated prognosis;
Manage intra-operative problems;
Recognize the need for and initiate collaboration with other disciplines, before, during and after surgery;
Develop the ability to work under pressure and Recognize limitations.

9. Surgical Procedures

The Trainee should be able to;
Carry out under indirect supervision; Marsupialisation of Bartholin's abscess, Evacuation of uterus, Diagnostic laparoscopy, Sterilisation, Polypectomy, First trimester therapeutic surgical termination of pregnancy (unless conscientious objection), Diagnostic hysteroscopy, Minor cervical procedures, Excision of vulval lesions, Laparotomy for ectopic pregnancy, Ovarian cystectomy for benign disease, Elective peritoneal adhesiolysis, Myomectomy, Abdominal Hysterectomy, Vaginal Hysterectomy;
Choose appropriate instruments, sutures, drains and catheters;
Know own limitations and when to seek help;
Use diathermy, endoscopic and other equipment safely and efficiently;
Think ahead during procedure, anticipate and prevent complications;
Amend surgical procedure appropriately when necessary, following consultation;
Work effectively with other members of the theatre team, showing leadership where appropriate.

10. Postoperative Care

The Trainee should be able to;
Describe the general pathological principles of post operative care;
Make appropriate postoperative plans of management;
Describe the principles of Fluid/electrolyte balance and the factors which influence wound healing;
Conduct appropriate review of; fluid/electrolyte balance, catheter, surgical drainage & sutures;
Describe postoperative complications related to obstetric, gynaecological and non-gynaecological procedures;
Manage complications including primary haemorrhage, wound infection and thromboembolism;
Recognize early and deal competently with unexpected complications; eg. bladder injury or seek assistance when required eg. Ureteric or bowel injury;
Describe possible late postoperative complications, including secondary haemorrhage;
Manage possible late postoperative complications, including secondary haemorrhage;
Give psychological support for patients and relatives;
Effectively communicate with patients and relatives;
Document the surgical procedure with appropriate notes;
Recognize the need and initiate collaboration with other disciplines when indicated;
Effectively communicate with other healthcare professionals;
Construct an appropriate discharge letter;
Recognize limits and refer appropriately.

11. Contraception and Family Planning

The Trainee should be able to;

Counsel and describe reversible, irreversible and emergency contraception and associated sexual health issues to women and their partners;

Describe and explain modes of action, effectiveness, indications, contraindications and complications of reversible, irreversible and emergency contraception (EOC): to women and their partners;

Counsel about contraceptive options (reversible and irreversible) and give adequate information to the women and their partners to enable them to make informed decisions and select the most appropriate method (– actions, safety, side effects, dispel myths & false concerns);

Manage Emergency Contraception, Hormonal Contraception and Insertion of an IUCD;

Deliver all methods of reversible and permanent contraception including different methods of female sterilization;

Respect women's rights, dignity and confidentiality;

Formulate and implement a management plan;

Realise that the main reason for unplanned and unwanted pregnancies in Sri Lanka is an unmet need for contraception;

Recognize groups vulnerable to have an unwanted pregnancy;

Develop awareness for the need to Improve Availability, Access and Utilization of Contraceptive Services in Sri Lanka;

Keep updated with contemporary contraceptive practice guidelines;

Manage side effects and properly follow up the clients;

Address and remove barriers for the provision of contraceptives; physical access, economic, psychological, cultural, availability of Information, administrative, bureaucratic and medical barriers;

Promote IUCD as alternative for sterilization;

Motivate, interact with client & intensively counsel to continue contraception;

Emphasize non contraceptive benefits eg. Combined Oral Contraceptives;

Popularize correct use of EOC and Condoms;

Improve knowledge of and involvement of the male partner;

Stress value of contraception in preventing unwanted pregnancies.

12. Adolescent Health

The Trainee should be able to;

Recognize the special features of adolescents in contrast to children and adults;

Recognize special factors which influence adolescent behaviour and health, and the difficulties encountered in the management of adolescent disorders;

Obtain a comprehensive and relevant history and carry out a complete examination of an adolescent using appropriate methods (which often differ from the methods used in the adult);

Recognize heterosexual development by history, examination and relevant investigations;

Identify, investigate and manage common adolescent disorders such as common menstrual disorders, abdominal pain eg. Psychosexual/Irritable bowel syndrome, common causes of vaginal discharge, and pruritus vulvae;

Identify a Sexually Transmitted Infection (STI) in an adolescent and recognize that adolescents carry a high risk for STI and advise adolescents on the importance of prevention and how to prevent STI;

Identify and manage the causes of hirsutism and virilism;
Identify and manage gynaecological malignancies in adolescents;
Recognize adolescent sexuality and its implications;
Explain the adverse effects (medical and social) of adolescent pregnancy especially in the young teenagers <17 years of age;
Explain the value and role of contraception in adolescents and recognize the barriers for the use of contraceptives by adolescents;
Advise and motivate sexually active adolescents to adopt a reliable and suitable method of contraception;
Identify sexual abuse in an adolescent;
Explain the probable problem/ s identified in an adolescent and propose the future plan of management and prognosis;
Identify situations when an adolescent needs specialized care and refer her to an appropriate specialist when indicated;
Counsel adolescents regarding any problem identified and promote good health.

13. Preconception and Early Pregnancy Care

The Trainee should be able to;
Counsel and carry out preconception care;
Interview a woman and carry out a complete general, systemic, non-pregnant abdominal and vaginal examination to detect or exclude any abnormality which could become an issue if she were to become pregnant;
Manage if possible and optimize any co- morbid condition detected, prior to advising the woman to embark on a pregnancy;
Refer appropriately when needed, for specialized assessment prior to advising the woman to embark on a pregnancy;
Describe the epidemiology, aetiology, pathogenesis and clinical features of miscarriage, Trophoblastic disease and ectopic pregnancy;
Describe medical management of ectopic pregnancy;
Demonstrate adequate knowledge regarding indications and limitations of Investigations;
Endocrine, anatomical, immunological, genetic, radiological, sonographical and bacteriological;
Describe the different management options and the prognosis in women with miscarriage, Trophoblastic disease and ectopic pregnancy;
Clinically assess miscarriage and ectopic pregnancy;
Biochemically assess early pregnancy;
Use ultrasonography for the diagnosis and management early pregnancy complications;
Communicate the findings effectively to patients, their relatives and other health care professionals;
Break bad news and appreciate and describe the possible long term consequences for the woman in a sensitive manner;
Counsel patients in an acute and outpatient environment;
Work with other healthcare professionals to achieve better patient outcomes;
Refer for more complex or detailed evaluation with ultrasound or other imaging techniques when appropriate, recognizing limits of own competence;
Carry out surgical, minimal access surgical and non-surgical management of miscarriage and ectopic pregnancy by appropriate techniques;
Exhibit technical competence surgically, and make appropriate operative decisions.

14. Antenatal Care

The Trainee should be able to;

Describe the purposes and practice of antenatal care;

Recognize features of domestic violence;

Describe the problems associated with teenage pregnancy;

Detect drug and alcohol misuse in a pregnant woman;

Manage normal pregnancy;

Describe placental abnormalities and diseases;

Describe genetic modes of inheritance, common genetic conditions the importance of screening and the diagnosis there of;

Describe the epidemiology, aetiology, pathogenesis and diagnosis of the under mentioned conditions / factors; pregnancy-induced hypertension, haemorrhage, preterm prelabour rupture of membranes, multiple pregnancy, malpresentation, fetal growth restriction, fetal haemolysis, prolonged pregnancy, congenital malformation, social and cultural factors;

Prevent or detect early and manage appropriately, and carry out the delivery to prevent or minimize complications arising out of the above conditions or factors;

Describe immunology of pregnancy and immunological disorders affecting pregnancy;

Carry out pregnant abdominal examination;

Obtain an obstetric history and make appropriate relevant referral;

Conduct booking visit and arrange appropriate investigations;

Understand the positive and negative effects of screening on the individual;

Manage and conduct follow-up visits where appropriate, the following conditions; fetal growth restriction, women after caesarean section, multiple pregnancy, antepartum haemorrhage, malpresentation, preterm labour, preterm prelabour rupture of the fetal membranes, prelabour rupture of the fetal membranes at term, reduced fetal movements, prolonged pregnancy, drug and alcohol abuse in pregnancy;

Assess fetal wellbeing by interpretation of CTG.

Carry out; Ulrasonographic examinations and interpret the findings, External cephalic version (ECV), Cervical cerclage;

Counsel about; Screening for; Down syndrome, genetic disease, fetal abnormality, haemolytic disease, Infection, mode of delivery;

Liaise with senior colleagues, midwives and other health professionals to optimize care of the woman;

Refer appropriately for multidisciplinary specialist inputs;

Empower and inform women to make appropriate choices for themselves and their families in pregnancy and childbirth;

Identify and deal appropriately with domestic violence and have a working knowledge of child protection issues as they relate to the practice of obstetrics and gynaecology in Sri Lanka;

Explain correctly and place in context; detection rates and limitations of anomaly screening, principles of screening for neural tube defects, Down syndrome and haemoglobinopathies, genetic disorders and their inheritance with examples such as Tay-Sachs disease, cystic fibrosis and thalassaemia, effects upon fetus and neonate of infections during pregnancy, including HIV, measles, chickenpox, rubella, cytomegalovirus, parvovirus and toxoplasmosis.

15. Maternal Medicine

The Trainee should be able to;

Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of the under mentioned conditions, the effect that pregnancy may have on them, and also their effect, in turn, upon the pregnancy;

This will include both medical and obstetric problems; Essential hypertension, kidney disease, heart disease, liver disease, circulatory disorders, haemoglobinopathies, connective tissue diseases, impaired glucose tolerance & insulin-dependent diabetes, endocrinopathies, gastrointestinal disorders, pulmonary diseases, bone and joint disorders, psychiatric disorders, infectious diseases, neurological diseases including epilepsy;

Describe the natural history of diseases and illnesses that run a chronic course and know their long term management plans;

Assess and treat these conditions, liaise with colleagues in other specialties and to know when more expert help is required;

Differentiate the normal changes in pregnancy from the abnormal;

Diagnose, investigate and manage, with direct supervision the following; pregnancy-induced hypertension, thromboembolism, coagulation disorders, acute abdominal pain, asthma, infections in pregnancy, psychological disorders.

16. Management of Labour

The Trainee should be able to;

Describe mechanisms of normal labour and delivery;

Decide on the need for and manage Induction and augmentation of labour;

Describe the mechanism of action of drugs acting upon the myometrium;

Use the partograms;

Manage fluid balance in labour;

Prescribe and supervise the appropriate use of blood products;

Manage women who decline blood products;

Use protocols and guidelines appropriately;

Manage prolonged labour;

Manage labour after a previous lower segment caesarean section;

Diagnose and manage preterm labour and prelabour rupture of membranes;

Carry out cervical cerclage;

Remove a cervical suture;

Manage in-utero transfer;

Prioritise labour ward problems and supervise the workload on a labour ward;

Respect cultural/religious differences in attitudes to childbirth;

Evaluate and manage clinical risk;

Recognize personal limitations and the need to refer appropriately;

Liaise with other staff and colleagues in other disciplines, clinical and non-clinical;

Monitor fetal wellbeing and detect fetal compromise;

Interpret a CTG;

Carry out and interpret a fetal blood sample;

Manage multiple pregnancy in labour;

Manage labour in women with severe pre-eclampsia and eclampsia;

Manage obstetric haemorrhage and maternal collapse;
Advise on pain relief and monitor women with regional anaesthesia, analgesia and sedation;
Manage In-utero fetal death;
Counsel and consent for fetal post-mortem in cases of intrauterine fetal death;
Deal sensitively with the issues regarding intrauterine fetal death;
Keep accurate contemporaneous records;
Ensure that adverse incidents are promptly reported and analyzed /investigated.

17. Management of Delivery

The Trainee should be able to;
Use appropriate protocols and guidelines**;**
Carry out a normal delivery;
Carry out a vacuum extraction;
Carry out a forceps delivery without rotation;
Manage shoulder dystocia;
Manage a retained placenta by Intra Umbilical Vein Oxytocin/Manual Removal;
Recognize and manage mal-presentations;
Recognize and manage Cord prolapse;
Carry out an uncomplicated caesarean section;
Carry out a repeat caesarean section;
Carry out a caesarean section in a woman with placenta praevia;
Carry out a caesarean section with sterilization;
Carry out acute emergency caesarean section;
Carry out a rotational assisted delivery;
Carry out a vaginal delivery of twins;
Carry out an assisted vaginal breech delivery including second twin;
Carry out Sterilisation procedures;
Understand principles of general anaesthesia;
Monitor and manage a woman with regional anaesthesia;
Manage an unconscious patient;
Manage uterine rupture;
Manage obstetric haemorrhage, third stage complications and maternal collapse;
Make appropriate decisions in the choice of delivery in partnership with the mother and her partner;
Appreciate the emotional implications for women, families and staff;
Acknowledge and respect cultural diversity and the differences of others;
Respect individual dignity and privacy;
Respect confidentiality;
Communicate clearly and effectively at times of stress;
Prioritise tasks;
Show leadership and manage the healthcare team;
Realistic and recognize own competence level and have self awareness to call for help when necessary.

18. Postpartum Care

The Trainee should be able to;
Manage obstetric haemorrhage and maternal collapse;
Manage acute maternal collapse;
Demonstrate skills in acute resuscitation;
Manage the normal puerperium, counsel and provide appropriate contraception;
Identify, investigate and appropriately manage abnormalities during the postpartum period;
Diagnose and manage postpartum and postoperative complications;
Recognize adverse sequelae of obstetric complications;
Manage postpartum sepsis;
Counsel women and manage damage to genital tract and perineum including anal sphincter trauma;
Manage secondary postpartum haemorrhage;
Manage puerperal psychiatric disorders;
Display empathy with women and their families when puerperal problems arise;
Understand the roles of other healthcare professionals (e.g. social workers, psychiatrists, physiotherapists,) and be able to appropriately refer for relevant multidisciplinary care;
Appropriately manage immediate resuscitation of the neonate;
Appropriately manage common neonatal problems;
Recognize abnormalities in the newborn;
Supervise breast feeding and manage problems of the breasts and breast feeding, and infant feeding;
Liaise with paediatricians and the neonatal team.

19. Gynaecological Problems

The Trainee should be able to:
Understand the epidemiology, aetiology, biological behaviour, patho-physiology, clinical characteristics, and prognostic features of the following conditions ; menstrual disorders, benign conditions of the genital tract, endocrine disorders, problems of the climacteric, acute and chronic pelvic pain, vaginal discharge, emergency gynaecological conditions, congenital abnormalities of the genital tract, paediatric gynaecological conditions, abnormalities of puberty;
Diagnose investigate and manage the above conditions;
Describe the natural history of diseases and illnesses that run a chronic course;
Describe long term management plans for chronic conditions;
Carry out transvaginal sonography including endometrial assessment;
Recognize the need for appropriate referral for more complex or detailed evaluation with ultrasound or other imagine techniques;
Carry out diagnostic hysteroscopy;
Diagnostic laparoscopy including staging of endometriosis;
(See Module 9 for other surgical competences)
Communicate prognosis and counsel patients sensitively about the options available;
Explain the nature, complications and adverse effects of medical and surgical treatments;
Formulate and implement a plan of management and have the ability to modify this as necessary;
Liaise with colleagues in other disciplines where required;
Use appropriate referral pathways and local protocols if abnormal findings suspected.

20. Subfertility

The Trainee should be able to;
Describe the epidemiology, aetiology, pathogenesis, clinical features, treatment and prognosis of male and female subfertility;
Describe and discuss indications, limitations and interpretation of the following investigations; endocrine measurements (male and female), semen analysis, ultrasound, other imaging techniques, genetic analysis, operative procedures;
Describe and discuss indications, techniques, limitations and complications of surgery in relation to; male and female subfertility, endometriosis, developmental disorders;
Describe and discuss Indications, limitations and complications of assisted reproductive techniques; ovulation induction, IVF & ICSI, gamete donation, surrogacy;
Demonstrate an adequate knowledge about legal and ethical issues related to Assisted Conception;
Describe the natural history of conditions that run a chronic course;
Have knowledge of long term management plans for chronic conditions;
Take a history and examine a couple presenting with subfertility;
Arrange basic investigations;
Counsel couples about diagnosis and management options and legal and ethical issues;
Carry out the following; Follicular Tracking, Assessment of tubal patency using the multiple methods available, Laparoscopic ovarian diathermy, In utero insemination;
Appreciate the importance of psychological factors for women and their partners;
Demonstrate respect for a woman's dignity and confidentiality;
Use cost effective management modalities;
Deal sensitively with issues relating to the welfare of the child;
Liaise effectively with colleagues in other disciplines, clinical and non-clinical.

21. Sexual and Reproductive Health

The Trainee should be able to;
Describe and explain sexual and reproductive health rights of an individual;
Counsel women and their partners regarding sexual and reproductive health issues;
Understand the laws relating to termination of pregnancy, sexually transmitted infections, (STIs), consent, child protection and the section on sexual offences in the Sri Lanka Penal Code;
Recognize and manage the sexual healthcare needs of vulnerable groups, e.g. young people, asylum seekers, commercial sex workers, drug users, and prisoners;
Describe the effect of addictive and self harming behaviour, especially substance misuse and gambling, on personal and community health and poverty;
Respect women's rights, dignity and confidentiality;
Formulate and implement a management plan;
Take a history in relation to reproductive and sexual health needs, and risk assessment;
Liaise with colleagues in other disciplines, clinical and non-clinical;
Understand the need to respect cultural and religious beliefs as well as sexual diversity;
Network with other providers in multidisciplinary team, for example; counselors, social workers, Genito Urinary Medicine (GUM) specialists, contraception specialists, primary care workers, voluntary sector/ self-help groups;
Describe prevention, transmission, and clinical features of common STI;
Describe the National STI Screening Programme and local implementation in Sri Lanka;

Understand local care pathways for multi-agency working and cross referrals for individuals with sexual health needs;
Describe the anatomy and physiology of the human sexual response;
Describe epidemiology, aetiology, pathogenesis, clinical features and prognosis of psychosexual / sexual problems;
Recognize and manage the following; common clinical presentations of STIs in the female patient eg. dysuria, discharge, genital ulcerations ,clinical presentations of complications of common STIs e.g. acute pelvic infection;
Carry out appropriate microbiological investigations to investigate the common presentations of STIs;
Recognize and manage the clinical presentations of non-STI genital infections e.g. bacterial vaginosis, genital candidiasis;
Treat and arrange follow-up for patients with STIs as per local protocols / guidelines;
Explain the principles of partner notification and epidemiological treatment for sexual contacts;
Carry out an HIV risk assessment and discuss HIV transmission with patients;
Give appropriate advice to an HIV positive woman about interventions available to reduce vertical transmission in pregnancy;
Perform an HIV pre-test discussion and provide appropriate management for positive and negative results;
Assess risk for Hepatitis A/B/C infections and arrange HAV and HBV vaccination appropriately for at risk groups according to local protocol;
Liaise effectively with local colleagues for effective multi-agency working;
Take a history from the couple – or individual - with a sexual/ psychosexual problem;
Recognize, counsel and plan initial management of sexual/ psychosexual problems, and know when to refer;
Appreciate the importance of psychological factors for women and their partners;
Understand the psychosocial impact of STIs and living with HIV and AIDS including the support systems available for such patients;
Promote healthy lifestyles.

22. Post Reproductive Life Issues

The Trainee should be able to;
Demonstrate appropriate knowledge, skills and attitudes in relation to management of post reproductive health issues including the menopause;
Appreciate the influence of psychosocial and cultural factors on the presentation and management of post reproductive life issues using a woman and couple -centered approach;
Apply the life cycle approach to understand the continuum of changes in a woman in relation to midlife and old age;
Understand definitions, the local and global socio demographic applications, health economic implications, epidemiology, aetiology, pathogenesis, prevention, diagnosis, management options, treatment, controversies in the management, evolution of management, research and evidence, individual and national cost implications and cost effectiveness of the management of post reproductive life issues;
Comprehend the importance of public education through school curriculum development, media and programs aimed towards prevention of pathophysiological changes, recognition of the symptoms related to post reproductive life;

Understand the responsibility of the health care workers in recognizing the women at risk of developing complications of post reproductive life.

23. Gynaecological Oncology

The Trainee should be able to;
Describe epidemiology, aetiology, diagnosis, prevention, screening, management, prognosis, complications, and anatomical considerations of premalignant and malignant conditions of;
Vulva, vagina, cervix, uterus, fallopian tube, ovary;
Describe the FIGO classifications for gynaecological tumours;
Describe palliative and terminal care and relief of symptoms;
Describe and explain indications and limitations in relation to screening and investigative techniques; cytology, colposcopy, diagnostic imaging, gastrointestinal endoscopy and minor procedures;
Describe and explain indications, techniques, complications, and outcomes of; oncological surgery, radiotherapy, chemotherapy;
Counsel about cervical cytology reports and results of other screening / diagnostic procedures;
Carry out cervical colposcopy and biopsy under direct supervision;
Recognize, counsel and plan initial management of premalignant conditions of; cervix, endometrium, vulva.
Recognize, counsel and plan initial management of carcinoma of; cervix, endometrium, ovary, vulva;
Show empathy with patients;
Recognize the importance of psychological factors for patients and their families;
Respect the patient's dignity and confidentiality;
Explain clearly and openly treatments, complications and side effects of drug treatment, chemo and radiotherapy in a language appropriate for the patient;
Deal sensitively with issues regarding palliative care and death;
Liaise with colleagues in other disciplines, clinical and non-clinical;
Appreciate cultural and religious issues, especially with respect to death and burial practices.

24. Urogynaecology and Pelvic Floor Problems

The Trainee should be able to;
Describe the anatomy, physiology and pathophysiology of the pelvic floor and urinary tract;
Describe epidemiology, aetiology, characteristics and prognosis of; urinary and faecal incontinence, urogenital prolapsed, urinary infection, lower urinary tract disorders, urinary disorders associated with other conditions;
Describe and explain indications and limitations of investigations; microbiological examination of urine, quantification of urine loss, urodynamic investigations, videocystourethrography, urethrocystoscopy, imaging;
Describe and explain Indications, techniques, limitations and complications of treatment; non-surgical, drug, surgical;
Take a urogynaecological history;
Interpret investigations;
Assess a woman for non-surgical management of uterovaginal prolapsed;
Treat acute bladder voiding disorders;

Counsel and plan initial management of overactive bladder symptoms and stress urinary incontinence;
Carry out primary repair of anterior and posterior vaginal wall prolapse;
Carry vaginal hysterectomy and repair;
Carry out insertion of trans obturator tension free vaginal tape for urodynamic stress urinary incontinence;
Treat a woman with an overactive bladder;
Explain to a woman how to carry out pelvic floor exercises;
Show empathy with patients;
Appreciate the importance of psychological factors in patients;
Respect patient's dignity and confidentiality;
Explain clearly and openly treatment, complications and side effects of drugs and surgical treatment;
Deal sensitively with issues regarding incontinence;
Liaise effectively with colleagues in other disciplines, clinical and non-clinical.

25. Developing Professionalism

The Trainee should be able to;
Describe and explain the roles and responsibilities of team members involved in delivering care;
Describe and explain the concept of modern medical professionalism;
Appreciate the relevance of professional bodies e.g. SLCOG, SLMA, SLMC, RCOG, SAFOG, AOFOG, FIGO;
Understand how a team works effectively and ways of improving team working; dynamics and function, objective setting and planning, motivation and organization, respect;
Understand team structures, roles, and responsibilities of the multidisciplinary teams within the broader health context relevant to obstetrics and gynaecology;
Understand the contribution of mentoring and supervision to professional and personal development;
Describe and explain the theories of motivation and demotivation;
Communicate both verbally and in writing with patients, relatives and colleagues;
Appreciate and be sensitive to the ways in which cultural and religious beliefs affect approaches and decisions, and to respond them respectfully;
Break bad news appropriately and support distressed patients, the families of patients and colleagues;
Use interpreters appropriately;
Work effectively within a specialty team both as a team member as well as the team leader;
Respect the opinions of others and enable individuals, groups and agencies to implement plans and decisions;
Maintain and routinely practice critical self-awareness, including the ability to discuss strengths and weaknesses with supervisor, recognising external influences and changing behaviour accordingly;
Facilitate, chair and contribute to meetings;
Deal with problems and difficult colleagues by re-building rapport and articulating own views;
Demonstrate the ability to break bad news;
To work in a clinical team;
To manage time, prioritize and delegate safely as necessary;
Recognize personal health as an important issue;
Recognize good advice and continuously promote value-based non-prejudicial practices;

Use authority appropriately and assertively; particularly with reference to the resolution of conflicts and disagreements;
Recognize the importance of active participation in multi-disciplinary meetings;
Identify factors that influence and inhibit team development including different leadership and working styles;
Obtain and deal with feedback professionally;
Use the tools and techniques for managing stress;
Appreciate the limitations of own professional competence;
Understand the roles played by all members of a multidisciplinary team;
Understand the features of good team dynamics;
Understand the principles of effective inter-professional collaboration to optimise patient or population care[
Understand the principles of confidentiality that provide boundaries to communication.
manage anger and aggression in self and colleagues;
Appreciate the responsibility of the doctor in the management of physical and/or mental ill health in self and colleagues;
Encourage staff to develop and exercise their own leadership skills;
Communicate accurately, clearly, promptly and comprehensively with relevant colleagues by means appropriate to the urgency of a situation (e.g. telephone, email, letter etc), especially where responsibility for a patient's care is transferred e.g. at handover;
Use the expertise of the whole multidisciplinary team as appropriately, ensuring when delegating responsibility that appropriate supervision is maintained;
Participate in, and co-ordinate an effective hospital at night or hospital out of hours team where relevant;
Communicate effectively with administrative bodies and support organizations;
Employ behavioural management skills with colleagues to prevent and resolve conflicts, and enhance collaboration;
Take the role of the team leader and manage the following areas; education and training of junior colleagues and other members of the healthcare team, deteriorating performance of colleagues e.g. stress, fatigue, high quality care, effective handover of care between shifts and teams;
Encourage an open environment to foster and explore concerns and issues about the functioning and safety of team- working;
Take part in multidisciplinary teamwork, including adopting a leadership role when appropriate but also recognizing where others are better equipped to lead;
Foster a supportive and respectful environment where there is open and transparent communication between all team members;
Ensure appropriate confidentiality is maintained during communication with any members of the team;
Recognize the need for a healthy work/life balance for the whole team and only takes any leave after giving appropriate notice to ensure that covering arrangements are in place;
Accept additional duties in situations of unavoidable and unpredictable absence of colleagues ensuring that the best interests of the patient are paramount;
Negotiate with and influence colleagues and trainees, and bring together different professionals, disciplines and other agencies, to provide high quality healthcare;
Give career guidance;
Participate in recruitment;

Respect the skills and contributions of colleagues;
Plan and negotiate a contract;
Choose the right job;
Manage self and others;
Recognize when personal health takes priority over work pressure;
Learn from colleagues and personal experience and seeks advice appropriately;
Develop a strategy, formulate a business plan and manage a project;
Maintain the trust of patients, their relatives, colleagues, other members of the staff and trainees;
Promote health and health improvement;
Practice with professionalism including; integrity, compassion, altruism, continuous improvement, aspiration to excellence / perfection, respect cultural and ethnic diversity, regard to the principles of justice and equity.

26. Health Services in Sri Lanka

The Trainee should be able to;
Understand the structure and the organization of the Institutional and field health services in Sri Lanka;
Recognize the Minister of Health and the Deputy Minister of Health as the political leaders of the Ministry of Health (MoH) and the Secretary , the Additional Secretaries of MoH as the policy makers; Recognize the Director General of Health Services (DGHS) as the Head of the Department;
Recognize the DGHS and the Deputy Directors (General Administration, Public Health Services, Medical Services, Laboratory Services, Management Development & Planning, Education Training & Research, Investigation, Bio Medical Engineering, Oral Health, Finance, Buildings & Logistics,) as the technical experts of the MOH;
Recognize that both public and private sectors provide health care in Sri Lanka, with the public health sector providing nearly 60% of health care;
Understand that Department of Health Services and the Provincial Health Sector encompass the entire range of preventive, curative, and rehabilitative health care provision in Sri Lanka;
Recognize that Aururvedic, Unani, Siddha and Homeopathy systems of medicine are also practiced in Sri Lanka, whilst allopathic system of medicine caters to the needs of the majority of the people of Sri Lanka;
Recognize that the majority of the population has easy access to a reasonable level of health care facilities provided by both state and private sector in most parts of the country;
Appreciate a health care unit can be found on an average not more than 1.4km from any home and an allopathic type government health care unit within 4.8 km.

27. National Regional and Global Health Policies and Health Economics

The Trainee should be able to;
Understand the broad aims of national health policy mainly with regard to maternal and child health;
Recognize two broad health policies, (a) to further increase life expectancy by reducing preventable deaths due to communicable and non-communicable diseases (b) to improve the quality of life by reducing preventable diseases, health problems and disability; and also to emphasize the positive aspects of health through health promotion;
Recognize the following as priority areas needing attention;
Preventive healthcare, strengthening existing medical facilities, non equitable access to health care, inadequate quality of health care, ensuring the dignity of the individuals, providing basic health care

free of cost, access to safe, effective, affordable and acceptable methods of family planning, system efficiency and cost effectiveness, implementation of a national drug policy, mal-distribution of resources, interrelationship between governmental and private sector, poor research output, human resource development and emerging new health needs;
Describe the mechanism of implementation of national and regional health policy;
Describe all the millennium development goals and the current status of the MDG 4 and 5;
Understand the difference between a ‘pro-poor ‘and a 'pro-rich’ health policy, and how a ‘pro-poor’ health policy has helped Sri Lanka to achieve its targets;
Recognize the global health policy as, collective global action to achieve the highest attainable standard of health and wellbeing for the world’s people;
Describe the global health initiative and the relevant UN agencies and stakeholders;
Plan, organize, cost effectively budget and implement an action plan to establish a new obstetric unit.

28. Health Statistics and their Applications

The Trainee should be able to;
Demonstrate an adequate knowledge regarding the value and the use of population demographics, birth rates, fertility rates, death rates and life expectancies with reference to Sri Lanka;
Define and describe health statistics with reference to Sri Lanka; eg. maternal mortality, peri-natal mortality, fetal deaths, still births, neonatal deaths, post neonatal deaths, low birth weight and preterm birth, and contraceptive prevalence;
Recognize the value and the use of health statistics in monitoring, evaluating and comparing pregnancy outcomes and quality of care in-between hospitals, regions and countries;
Describe the mechanisms used to obtain data, and monitor and evaluate health statistics in Sri Lanka as well as in other well resourced countries.

ANNEX 6.1
Progress report on trainees – pre MD stage 1
At Six, Twelve, Eighteen and Twenty Four months

Name of Trainee: Specialty: Obstetrics And Gynaecology
Period of Training:
Hospital and Unit:
Name of the Supervisor:

The Trainer shall use the following guideline and grading scheme to assess the trainee's progress during Stage 1 of training. It is essential that justification/reasons are stated if a Grade of excellent or poor is given.

Excellent $\geq$ 70 % **Good = 60 – 69 %** **Average = 50 – 59 %** **Poor = < 50 %**

Please use the portfolio maintained by the trainee and a combination of work based assessments such as multisource feedback (MSF), objective structured assessment of technical skills (OSATS) mini-clinical evaluation exercise (Mini-CEX), direct observation of procedural skills (DOPS), case-based discussions (CbD), acute care assessment tool (ACAT), patient survey (PS), audit assessment and teaching observation to arrive at your judgment.

	Grade	Justification/Reasons
Theoretical knowledge		
Clinical decision making		
Clinical skills		
Operative skills		
Ability to cope with emergencies and complications		
Thinks independently and rationally		
Seek appropriate consultations		
Ability to follow instructions		
Quality of documentation		
Dedication to work		
Professional attitudes		
Reliability		
Availability/punctuality		
Communication skills		
Doctor-patient relationship		
Relationship with colleagues		
Relationship with other staff		
Supervises and help juniors		
Teaching of medical students/junior staff		

Other Comments:

..... **.....**
Signature and name of the trainer: **Date:**

ANNEX 6.2

Internal Periodic In-Service Training Assessment (C1)
At Three, Six, Fifteen, and Eighteen Months, during Stage 1

Name of Trainee:

Training centre:

Period of report: Three/Six/Fifteen/Eighteen Months of Training in Stage 1

The Trainer shall use the following guideline and marking scheme to assess the trainee's progress during Stage 1 of training. It is essential that justification/reasons are stated if a mark of excellent or poor is given.

Excellent $\geq$ 70 % **Good = 60 – 69 %** **Average = 50 – 59 %** **Poor = < 50 %**

Please use the portfolio maintained by the trainee and a combination of work based assessments such as multisource feedback (MSF), Objectives Structured Assessment of Technical Skills (OSATS) mini-clinical evaluation exercise (mini-CEX), direct observation of procedural skills (DOPS), case-based discussions (CbD), acute care assessment tool (ACAT), patient survey (PS), audit assessment and teaching observation to arrive at your judgment.

Practical Skills	Max. Marks	Allocated Marks	Justification/Reasons
1. Clinical Interview	**10**		
2. Clinical Examination	**10**		
3. Selection of appropriate investigations	**10**		
4. Interpretation of investigations	**10**		
5. Clinical judgment and decision making	**20**		
6. Obtaining informed consent for management plan	**10**		
7. Communication skills	**10**		
8. Professionalism	**10**		
9. Organization and efficiency	**10**		
10. Preoperative management	**10**		
11. Ability to choose appropriate operation	**10**		
12. Surgical competence including appropriate intra-operative decision making & management of intra-operative problems	**20**		
13. Appropriate Postoperative care	**10**		
14. Appropriate follow-up	**10**		
15. Documentation & maintenance of records	**20**		
16. Risk management	**10**		

ACADEMIC SKILLS	Max. Mark	Allocated Marks	Justification/Reasons
1. Theoretical knowledge	**10**		
2. Use of medical literature & Internet facilities to update knowledge	**10**		
3. Participation in academic discussions	**10**		
4. Ability to think independently and rationally	**10**		
5. Interest in Continuing Professional Development (CPD)	**10**		
6. Fluency in English	**10**		
7. Teaching and dissemination of knowledge	**10**		
8. Ability to conduct audits & research, critically appraise publications and practice evidence based medicine	**10**		

Interpersonal & Managerial Skills	Max. Mark	Allocated Marks	Justification/Reasons
1. Communication & working with others in the unit	**10**		
2. Communication & working with others outside the unit / discipline	**10**		
3. Supervising & helping juniors and willingness to serve when required	**10**		
4. Following instructions of senior colleagues	**10**		
5. Powers of expression (oral and written)	**10**		
6. Standard of punctuality, ethics, professional attitudes and reliability	**10**		
7. Function effectively in a team & be the team leader when needed	**10**		
8. Acceptance of constructive criticism	**10**		

Projects or other activities carried out during the period of training:

Particular strengths and weaknesses:

Total Marks (Out of 350) =---------- **Marks (50) = ----------**

Signature of Trainer **Name** **Date**

ANNEX 6.3

External Periodic In-Service Training Assessments (C2)

At Ten and Twenty Two months During Stage 1

Name of Trainee:

Name of Trainer:

Training centre:

Period of report: Ten months/ Twenty Two months

The Evaluators shall use the following guideline and marking scheme to assess the trainee's progress during Stage 1 of training. It is essential that justification/reasons are stated if a mark of excellent or poor is given.

Excellent ≥ 70 % **Good = 60–69 %** **Average = 50–59 %** **Poor = < 50 %**

Please use the portfolio maintained by the trainee and a combination of work based assessments such as multisource feedback (MSF), objective structured assessment of technical skills (OSATS), mini-clinical evaluation exercise (Mini-CEX), direct observation of procedural skills (DOPS), case-based discussions (CbD), acute care assessment tool (ACAT), patient survey (PS), audit assessment and teaching observation to arrive at your judgment.

Practical Skills	Max. Marks	Allocated Marks	Justification/Reasons
1. Clinical Interview	**20**		
2. Clinical Examination	**20**		
3. Selection of appropriate investigations	**20**		
4. Interpretation of investigations	**20**		
5. Clinical judgment and decision making	**50**		
6. Obtaining informed consent for management plan	**20**		
7. Communication skills Especially with patients	**20**		
8. Professionalism	**20**		
9. Organization and efficiency	**20**		
10. Preoperative management	**20**		
11. Ability to choose appropriate operation	**20**		
12. Surgical competence including appropriate intra-operative decision making & management of intra-operative problems	**50**		
13. Appropriate Postoperative care	**10**		
14. Appropriate follow-up	**10**		
15. Documentation & maintenance of records	**50**		
16. Risk management	**20**		

Academic Skills	Max. Marks	Allocated Marks	Justification/Reasons
1. Theoretical knowledge	**20**		
2. Participation in academic discussions	**20**		
3. Ability to think independently and rationally	**20**		
4. Fluency in English and Powers of expression (oral and written)	**No marks are given. Feedback to be given to the Trainee**		

Particular strengths: .....

.....

Particular weaknesses: .....

.....

Total Marks (Out of 450) = ----------

Marks (150) = ----------

…… …….…… ……

Signature of Evaluator 1 ***Name*** ***Date***

……..…… ……..…… ……

Signature of Evaluator 2 ***Name*** ***Date***

ANNEX 7

Progress Report on Trainees–Pre MD Stage 2-Rotational Training

(For each of the four appointments)

Name of Trainee :

Specialty: Medicine/Surgery/GU Surgery/ICU/NICU/Peripheral Obstetrics and Gynaecology /Gynaecological Oncology

Period of Training :

Hospital and Unit :

:

The Trainer shall use the following guideline and grading scheme to assess the trainee's progress during Stage 2 of training. It is essential that justification/reasons are stated if a Grade of excellent or poor is given.

Excellent ≥ 70 % **Good = 60–69 %** **Average = 50–59 %** **Poor = < 50 %**

Please use the portfolio maintained by the trainee and a combination of work based assessments such as multisource feedback (MSF), objectives structured assessment of technical skills (OSATS), mini-clinical evaluation exercise (Mini-CEX), direct observation of procedural skills (DOPS), case-based discussions (CbD), acute care assessment tool (ACAT), patient survey (PS), audit assessment and teaching observation to arrive at your judgment.

	Grade	**Justification/Reasons**
Theoretical knowledge		
Clinical decision making		
Clinical skills		
Operative skills		
Ability to cope with emergencies and complications		
Thinks independently and rationally		
Seek appropriate consultations		
Ability to follow instructions		
Quality of documentation		
Dedication to work		
Professional attitudes		
Reliability		
Availability/punctuality		
Communication skills		
Doctor-patient relationship		
Relationship with colleagues		
Relationship with other staff		
Supervises and help juniors		
Teaching of medical students/junior staff		
Other Comments:		

Signature and name of the Supervisor: ..... Date:

ANNEX 8
Gynaecology Oncology Training - Pre MD (Stage 2)

Learning outcomes

Be able to investigate, diagnose, counsel, treat and manage women with gynaecological cancers.

Knowledge to be acquired (Appendix I)

Epidemiology, aetiology, diagnosis, prevention, screening, management, prognosis, complications and anatomical considerations of premalignant and malignant conditions of vulva, vagina, cervix, uterus, fallopian tube, ovary;

FIGO classification for gynaecological tumours;

Palliative and terminal care;

Relief of symptoms;

Community support roles;

Indications and limitations in relation to screening and investigative techniques; Cytology, colposcopy , gastrointestinal endoscopy, minor procedures;

Diagnostic imaging;

Indications, techniques, complications and outcomes of Oncological surgery, radiotherapy, chemotherapy.

Clinical competency (Appendix II)

Take a history and perform an appropriate examination;

Perform cervical smear and counsel about cervical cytology reports;

Perform cervical colposcopy under direct supervision;

Recognize, counsel and plan initial management of premalignant conditions of; cervix, endometrium, vulva;

Recognize, counsel and plan initial management of carcinoma of cervix; endometrium; ovary; vulva.

Professional skills and attitudes

Show empathy with patients;

Recognize the important of psychological factors for women and their families;

Counsel patients regarding a diagnosis of gynaecological malignancy, screening tests and the subsequent management;

Demonstrate respect for the patient's dignity and confidentiality;

Has the ability to explain clearly and openly treatment, complications and adverse effects of drug treatment, chemo- and radiotherapy in language appropriate for the patients;

Deal sensitively with issues regarding palliative care and death;

Is aware of the 'End of life' policy;

Demonstrates effectiveness in liaising with colleagues in other disciplines, clinical and non-clinical;

Demonstrate an awareness of cultural and religious issues especially with respect to death and burial practices.

Training support

Appropriate postgraduate education courses;

Multidisciplinary and clinical team meetings;

Palliative care courses or sessions (including in hospice);

Breaking bad news course;
Basic coloposcopy course.

Evidence/assessment

Logbook;
Daily training record(DTR); ICU & Ward rounds, attending clinics, multidisciplinary meetings (MDM), theatre.

Appendix I: Details of knowledge to be acquired

Epidemiology, aetiology, diagnosis, prevention, screening, management, prognosis, complications and anatomical considerations of premalignant and malignant conditions of;

Vulva; preclinical phase of invasive carcinoma, Paget's disease, Basal cell carcinoma, Squamous cell carcinoma, Sarcoma;
Cervix; Human papilloma virus screening, preclinical phase of invasive squamous cell carcinoma, adenocarcinoma in situ, squamous cell carcinoma, adenocarcinoma, sarcoma, metastatic tumours;
Uterus; adenocarcinoma, sarcoma, leiomyosarcoma, trophoblastic disease, hydatidiform mole (complete, partial, invasive);
Ovary; epithelial tumours, germ cell tumours, sex chord stromal tumours, metastatic carcinoma;
Palliative and terminal care; relief of symptoms, pharmacological, alternative therapies;
Hospice care;
Indications and limitations of screening and investigations techniques; cytology, cervical, other (endometrial, vaginal and peritoneal) colposcopy, cervix, vagina, vulva
Minor procedures; Directed cervical biopsy, cone biopsy of cervix, endocervical curettage;
Diagnostic imaging; Ultrasonography (pelvis & abdomen), CT scan, Magnetic Resonance Imaging (pelvis, abdomen, other).

Appendix II: Details of knowledge to be acquired

Indications, techniques, complications and outcomes of;

Oncological surgery; radical hysterectomy, pelvic lymphadenectomy, radical vulvectomy, vaginal reconstruction, pelvic exenteration, feeding jejunostomy, gastrostomy, optimal debulking;
Surgery on the Urinary tract; Ureter (ureteroneocystostomy, end-to-end ureteral anastomosis), conduits (ileum, transverse colon, sigmoid colon), rapair of vesicovaginal fistulae, hysteroscopy, open biopsies;
Gastrointestinal surgery; Resection, reanastomosis, colostomy;
Radiotherapy; therapeutic methods (interstitial, intracavity, external), complications (gastrointestinal tract, urinary tract, skin, bone marrow, kidneys, liver, central nervous system);
Chemotherapy; drug agents, adverse effects, monitoring.

GYNAECOLOGICAL ONCOLOGY-LOG BOOK

Skills						
	Observation		**Direct Supervision**		**Independent practice**	
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
Cervical cytology:						
Counsel about cytology reports						
Perform basic colposcopy examination						
Management of cervical intraepithelial neoplasia						
Manage premalignant conditions:						
Cervical						
Endometrial						
Lower genital tract						
Recognize, counsel and plan initial management of carcinoma of:						
Cervix						
Endometrium						
Ovary						
Vulva						
Choriocacinoma						
Rapid access clinic						

Training courses or sessions		
Title	**Signature of supervisor**	**Date**
Basic colposcopy training		
Palliative care training		
Pain management		
Counseling and breaking bad news		

COMPLETION OF MODULE **I confirm that all components of the module have been successfully completed:**		
Date	**Name of supervisor**	**Signature of supervisor**

ANNEX 9
Peer Team Rating for Assessment of Registrars/ Senior Registrars

PTR Form of PGIM ***Confidential***

PGIM PTR ASSESSMENT OF REGISTRARS/ SENIOR REGISTRARS

(This form is also available in Sinhala and Tamil)

Name of the Trainee | **Specialty** | **Year training** ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6

Name of Rater

(You can remain Anonymous)

We are very grateful for your independent and honest rating of our trainees.
Please indicate your profession by filling in one of the following circles

○ Consultant ○ Registrars ○ SHO or HO ○ Other Specify

○ Allied Health Professional ○ SR ○ Clerical or Secretarial Staff ……

Please mark one of the circles for each component of the exercise on a scale of 1 (extremely poor) to 9 (extremely good). A score of 1-3 is considered unsatisfactory, 4-6 satisfactory and 7-9 is considered above that expected, for a trainee at the same stage of training and level of experience. Please note that your scoring should reflect the performance of the trainee against that which you would reasonably expect at their stage of training and level of experience. You must justify each score of 1-3 with at least one explanation/example in the comments box, failure to do will invalidate the assessment. Please feel free to add any other relevant opinions about this doctor's strengths and weaknesses.

THE PTR IS NOT AN ASSESSMENT OF KNOWLEDGE OR PRACTICAL SKILLS

1. Attitude to staff: Respects and values contributions of other members of the team			
○ Don't know	○ 1 ○ 2 ○ 3 UNSATISFACTORY	○ 4 ○ 5 ○ 6 SATISFACTORY	○ 7 ○ 8 ○ 9 ABOVE EXPECTED
2. Attitude to patients; Respects the rights, choices, beliefs and confidentiality of patients			
○ Don't know	○ 1 ○ 2 ○ 3 UNSATISFACTORY	○ 4 ○ 5 ○ 6 SATISFACTORY	○ 7 ○ 8 ○ 9 ABOVE EXPECTED
3. Reliability and punctuality			
○ Don't know	○ 1 ○ 2 ○ 3 UNSATISFACTORY	○ 4 ○ 5 ○ 6 SATISFACTORY	○ 7 ○ 8 ○ 9 ABOVE EXPECTED

4. Communication skills: communicates effectively with patients and families			
○ Don't know	○ 1 ○ 2 ○ 3	○ 4 ○ 5 ○ 6	○ 7 ○ 8 ○ 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
5. Communication skills: communicates effectively with healthcare professionals			
○ Don't know	○ 1 ○ 2 ○ 3	○ 4 ○ 5 ○ 6	○ 7 ○ 8 ○ 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
6. Honesty and Integrity, do you have any concerns?	○ **Yes**	○ **No**	

7. Team player skills: Supportive and accepts appropriate responsibility; Approachable			
○ Don't know	○ 1 ○ 2 ○ 3	○ 4 ○ 5 ○ 6	○ 7 ○ 8 ○ 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
8. Leadership skills: Takes responsibility for own actions and actions of the team			
○ Don't know	○ **1** ○ **2** ○ **3**	○ **4** ○ **5** ○ **6**	○ **7** ○ **8** ○ **9**
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
9. OVERALL PROFESSIONAL COMPETENCE			
○ Don't know	○ **1** ○ **2** ○ **3**	○ **4** ○ **5** ○ **6**	○ **7** ○ **8** ○ **9**
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED

Comments about the trainee (BLOCK CAPITALS PLEASE) – Write in English/ Sinhala/ Tamil

Your Signature: (You can remain Anonymous) **Date:** | | | | | | | | |

Please return to the supervising consultant
DO <u>NOT return to the Registrar or Senior Registrar</u>.
To supervising Consultant – Please use this information to give a feedback/counsel the trainee and return this form to Director PGIM under confidential cover.

POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA

ANNEX 10

TRAINING PORTFOLIO

DOCTOR OF MEDICINE (MD)
AND
BOARD CERTIFICATION
IN
OBSTETRICS & GYNAECOLOGY

2012

BOARD OF STUDY IN
OBSTETRICS & GYNAECOLOGY

INTRODUCTION

The trainee should maintain a Training Portfolio to document and reflect on his training experience and identify and correct any weaknesses in the competencies expected of him, and also to recognize and analyze any significant clinical events experienced, so that appropriate changes in management could be adopted in order to reduce the risks arising from such situations in the future. The Portfolio should be maintained from the time of entry to the training programme up to Board Certification (stage 1 to stage 5). The supervisors/Trainers are expected to review the candidate's progress at regular intervals. It is the responsibility of the trainee to obtain the signature of the trainer after these reviews, and submit the Training Portfolio for evaluation by the BOS annually and also at the Pre Board Certification Assessment for evaluation of his competence to practice independently as a Specialist in Obstetrics and Gynaecology.

During the Pre MD Training Programme (years 1 to 3) the Trainee should maintain the Training Portfolio- Section I. The Trainer needs to conduct regular assessments and certify that the Trainee has satisfactorily acquired the required competencies. The Log of clinical and other activities is the first component of the Training Portfolio – Section I (Pre MD).

During years 4 to 5 (Post MD Examination) the Training Portfolio Section II should be maintained.

SECTION I

PRE MD Training Portfolio

The trainee shall maintain a paper based training portfolio in the format given below. The documents shall be computer generated. The Portfolio shall be in the form of a ring binder so that additional sheets of paper could be inserted easily.

1. Personal details
2. Hospital data
3. Portfolio entries

    3.1 Specified Tasks which should be carried out / Log of clinical activities

    3.2 Reflective practice

    3.3 Details of academic activities and Teaching

    3.4 Log of clinical activities during rotational appointments

4. Certifications

1. Personal Details

1 Family Name (Surname):

2 Fore names:

3 Address:

4 Contact telephone No:

5 Sex:

6 Date of Birth:

7 Date and University of Graduation:

8 Pre-Registration Appointments (Grade/Specialty/Hospital):

9 Post-Registration Appointments (Grade/Specialty/Hospital):

10 Date of passing Selection Examination 1:

11 Date of entry to training programme:

12 Pre-MD Appointments (Date/Unit/Hospital/Trainer):

- Year 1 -
- Year 2 -
- Year 3 -

2. Hospital Data

	Registrar Year 1	**Registrar Year 2**	**Registrar Year 3**
Name of the hospital and supervisor			
Obstetric Beds			
Gynaecology Beds			
Labour Beds			
Special Care Cots			
Number of trainers			
Number of Registrars			
Number of Senior Registrars			
Obstetrics Admissions/wee			
Total Deliveries per year			
Caesarean Section Rate			
Instrumental Delivery Rate			
Maternal deaths			
Perinatal Mortality Rate			
Average Gynaecological Admissions per week			
Average Obstetric Major Surgery per month			
Average Gynaecological Major Surgery per month			
Obstetric clinics per month			
Gynaecology Clinics per month			
Special Clinics (name) per month			

3. Portfolio entries

3.1 General Instructions on Specified Tasks which should be carried out and log of clinical activities in Obstetrics and Gynaecology

Main Components of the Modules

There are three main components.
1. Obstetrics
2. Gynaecology
3. General

Main Modules

Each of the above three main components will have several modules.
eg. Obstetric component – Intrapartum Complications Module

Tasks

Each of the modules will have several tasks to be performed.
Ex: Intrapartum Complication Module – Task of Vacuum delivery.

Training period

The minimum competency level and the number required in each task for each section is indicated in the respective boxes.

Competency Level

There will be 5 competency levels for each Task.
A – Required to acquire **knowledge and skill** using teaching aids such as models, audiovisuals, etc.
B – Required to **observe** the task when performed by the trainer.
C – Required to **assist** the trainer to perform the task.
D – Required to perform the task under the **supervision** of the trainer
E – Required to perform the task **independently**.

The minimum required competency level for each task varies depending on the section. The letter indicating the required competency level for each task for each section is given above the respective box.

Minimum Number for Each Task

There will be a minimum number required for the trainee to achieve for each task for each section. The total number for each task is given after each task within brackets & the minimum number for each section is indicated in the respective box. This number

will apply to the required highest skill level for that section. The trainee is advised to place a circle at each number following completion of the task. If the trainee progresses beyond the minimum number required for the section at or above the expected skill level the acquired number can be indicated in the empty cage in the box.

Signature of the Trainer

The trainer will have to initial in the box below each number of each section. The final signature should be placed when the section is completed with the comments. eg. Reasons for non-completion of tasks if any with special observations made on the trainee.

NOTE: The Board of Study in Obstetrics & Gynaecology will change the tasks, skill level and the minimum numbers required for each module if and when necessary to maintain the quality and standard of the training programme.

Modules: Obstetrics

Module: Antenatal care and normal intrapartum procedures

Task No 1	1-6 months			7-12 months			13-18 months			19-24 months		
(Appropriate history, diagnosis, investigations, treatment & counselling**)**												
1.Take an antenatal (120) history	D			E			E			E		
	10	10		20	20		20	20		20	20	
2. Conduct booking (120)	D			E			E			E		
	10	10		20	20		20	20		20	20	
1. Conduct follow-up (120) Visit	D			E			E			E		
	10	10		20	20		20	20		20	20	
2. Advise on nutrition (60) investigations	D			E			E			E		
	10	10		10	10		10	10		10	10	
5. Maintain (120) partogram	D			E			E			E		
	10	10		20	20		20	20		20	20	
6. Interpret CTG (120)	D			E			E			E		
	10	10		20	20		20	20		20	20	
7. Amniocentesis (06)	A											
	0	0		0	0		0	0		3	3	
8. Minor disorders in (60) pregnancy	D			E			E			E		
	10	10		10	10		10	10		10	10	
9. Clinical pelvimetry (120)	D			E			E			E		
	10	10		20	20		20	20		20	20	

Comments of trainer:

Comments of trainee:

Module: Antenatal Obstetric Complications

Task No 2	1-6 months				7-12				13-18				19-24			
(Appropriate history, diagnosis, investigations, treatment & counselling)																
1. Malpresentations (30)	D				E				E				E			
	5	5			5	5			5	5			5	5		
2. Malpositions (30)	D				E				E				E			
	5	5			5	5			5	5			5	5		
3. Polyhydramnios (30)	D				E				E				E			
	5	5			5	5			5	5			5	5		
4. Oligohydramnios (30)	D				E				E				E			
	5	5			5	5			5	5			5	5		
5 Preterm labour (30)	D				E				E				E			
	5	5			5	5			5	5			5	5		
6 PLROM (30)	D				E				E				E			
	5	5			5	5			5	5			5	5		
7 Abruption (18)	D				E				E				E			
	2	2			3	3			3	3			3	3		
8 Placenta praevia (1)	D				E				E				E			
	2	2			3	3			3	3			3	3		
9 PIH (60)	D				E				E				E			
	5	5			10	10			10	10			10	10		

10 Eclampsia (03)	D				D				E				E						
	0	1			0	1			0	1				11					

11 Rhesus negative mother(30)	D				E				E				E						
	2	2			5	5			5	5			5	5					
12 Cord prolapse (04)	A				D				E				E						
	2	2			1	1			1	1			1	1					
13 Scarred uterus (30)	D				E				E				E						
	5	5			5	5			5	5			5	5					
14 Tumours complicating(10) pregnancy	A				D				E				E						
	2	2			2	2			2	2			3	3					
15 Trial of scar (20)	D				D				E				E						
	5	5			5	5			5	5			5	5					
16 HELLP (3)	D				D				D										
					0	1			0	1			0	1					

Comments of trainer:

Comments of trainee:

Module: Medical disorders in pregnancy

Task No 3	1-6 months				7-12				13-18				19-24			
(Appropriate history, diagnosis, investigations, treatment & counselling**)**																
1 Rheumatic Heart disease(18)	D				E				E				E			
	3	3			3	3			3	3			3	3		
2 Congenital Heart Disease(4)	D				E				E				E			
	1	1			2	2			2	2			2	2		
3 Chronic Hypertension(10)	D				E				E				E			
	1	1			1	1			2	2			2	2		
4 Diabetes Mellitus (10)	D				E				E				E			
	1	1			1	1			2	2			2	2		
5 Renal disease (06)	D				E				E				E			
	0	1			1	1			1	1			1	1		
6 Thyroid disease (08)	D				D				E				E			
	1	1			1	1			2	2			2	2		
7 Anaemia (30)	D				E				E				E			
	2	2			5	5			5	5			5	5		
8 Haemoglobinopathy (02)					C				D				D			
	0	0			0	1			0	1			0	1		
9 DVT/Thromboembolism (02)	A				C				D				D			
	0	1			0	1			0	1			0	1		

10 Epilepsy (08)	D				D				E				E						
	1	1			2	2			2	2			2	2					
11 Br.Asthma (10)	D				E				E				E						
	1	1			2	2			2	2			3	3					
12 Malaria (06)	D				E				E				E						
	1	1			1	1			1	1			1	1					
13 STD infections (05)	A				B				D				D						
	0	1			0	1			1	1			1	2					
14 Liver disease (04)	C				D				D				E						
	1	1			1	1			1	1			2	2					
15 Psychological disorders(06)	C				D				D				D						
	1	1			1	1			1	1			1	1					
16 Collagen disorders (02)	C				C				D										
	0	0			0	1			1	1			1	1					
17 Haemostatic and Dermatological(06)	C				D				D				D						
	1	1			1	1			1	1			1	1					

Comments of trainer:

Comments of trainee:

Module: Fetal Medicine

Task No 4	1-6 months				7-12				13-18				19-24			
(Appropriate history, diagnosis, investigations, treatment & counselling**)**																
1 IUGR (20)	C				D				E				E			
	5	5			5	5			5	5			5	5		
2 Macrosomia (10)	D				E				E							
	1	2			2	2				2	3			2	3	
3 Hypoxia (10)	C				D				D				E			
	5	5			5	5			5	5			5	5		
4 DIU (08)	C				C				D				D			
	2	2			2	2			2	2			2	2		
5 Anencephaly (04)	A				B				C				D			
	1	1			1	1			1	1			2	2		
6 Hydrocephaly (02)	A				C				D				D			
7 Fetal hydrops (01)	A				C				D				D			
	0	1			0	1			0	1			0	1		
8 Other malformations (06)	A				C				C				C			
	1	1			1	1			1	1			1	1		
9 Assessment of growth (20)	B				D				E				E			
	5	5			5	5			5	5			5	5		

10 Assessment of hypoxia (20)	B				D				E				E			
	5	5			5	5			5	5			5	5		
11 Interpret CTG (60)	C				D				E				E			
	15	15			15	15			15	15			15	15		

Comments of trainer:

Comments of trainee:

Module: Intrapartum complications

Task No 5	1-6 months				7-12				13-18				19-24			
(Diagnosis, Investigations, treatment)																
1 Fetal distress (40)	D				D				E				E			
	10	10			10	10			10	10			10	10		
2 Twin delivery (10)	C				D				E				E			
	2	2			2	2			2	3			2	3		
3 Breech delivery (10)	C				D				E				E			
	2	2			2	2			2	3			2	3		
4 Shoulder dystocia (02)	A				B				C				D			
	1	1			0	1			0	1			1	1		
5 Hand prolapse (02)	A				C				D				E			
	1	1			0	1			0	1			1	1		
6 Cord prolapse (02)	A				C				D				E			
	1	1			0	1			0	1			1	1		
7 Forceps (40)	C				D				E				E			
	2	2			5	5			10	10			10	10		
8 Rotational forceps (02)	A				B				D				D			
	2	2			01	01			0	1			0	1		
9 Lack of progress of labour (40)	C				D				E				E			
	10	10			10	10			10	10			10	10		
10 Vacuum extraction (30)	C				D				E				E			
	2	3			3	3			7	8			7	8		

11 PPH (20)	C				D				E				E						
	3	3			3	3			5	5			5	5					
12 Retained placenta (15)	C				D				E				E						
	2	2			2	2			3	4			4	4					
13 Uterine inversion (02)	A				A				C				C						
	0	1			1	1			0	1			0	1					
14 Uterine rupture (02)	A				A				C				C						
	0	1			0	1			0	1			0	1					

Comments of trainer:

Comments of trainee:

Module: Obstetric procedures

Task No 6	1-6 months				7-12				13-18				19-24			
(Evaluate the problem, decision making, perform)																
1 Caesarean section (120)	C				D				E				E			
	10	20			20	20			30	30			30	30		
2 Hysterotomy (02)	C				D				E							
	00	00			0	1			0	1			1	1		
3 Obstetric Hysterectomy(02)	C				C				D							
	00	00			0	1			0	1			1	1		
4 Repair vaginal tear (03)	C				D				E				E			
	1	1			2	2			2	3			2	3		
5 Repair cervical tear (08)	C				D				E				E			
	1	1			2	2			2	2			2	2		
6 Exploration of uterus (08)	C				D				E				E			
	1	1			2	2			2	2			2	2		
7 B-Lynch & Compression Sutures (02)	A				C				C							
	0	0			1	1			0	1			0	1		
8 Ligation of Internal Iliac artery(03)	A				C				C				C			
	0	1			0	1			0	1			0	1		
9 Vulval haematoma (04)	C				D				E				E			
	1	1			1	1			1	1			1	1		
10 Cervical cerclage (08)	C				C				E				E			
	1	1			1	1			2	2			2	2		

11 External cephalic version(05)	A				C				D				E			
	1	1			1	1			2	2			2	2		
12 Internal podalic version (01)	A				C				D							
	0	0			0	1			0	1			0	1		

Comments of trainer:

Comments of trainee:

Module: Postpartum complications

Task No 7	1-6 months				7-12				13-18				19-24			
(Evaluate the problem, diagnosis, management)																
1 Secondary PPH (20)	C				D				E				E			
	5	5			5	5			5	5			5	5		
2 Puerperal sepsis (20)	C				D				E				E			
	5	5			5	5			5	5			5	5		
3 Psychological disorders(06)	C				D				D				D			
	0	0			1	1			1	1			1	1		
4 Resuscitation of newborn(10)	C				D				E				E			
	2	3			2	3			2	3			2	3		
5 Venous thrombosis	C				C				D				D			
	0	1			0	1			0	1			0	1		
6 ITU care (10)	C				C				D				D			
	2	3			2	3			2	3			2	3		
7 Problems of lactation (10)	D				D				E				E			
	2	3			2	3			2	3			2	3		

Comments of trainer:

Comments of trainee:

Module: Ultrasound

Task No 8	1-6 months				7-12				13-18				19-24		
(Evaluate the problem, assessment, diagnosis)															
1 Miscarriage (40)	C				D				E				E		
	10	10			10	10			10	10			10	10	
2 Ectopic pregnancy (10)	C				D				D				E		
	2	3			2	3			2	3			2	3	
3 Gestational age (40)	C				D				E				E		
	10	10			10	10			10	10			10	10	
4 Placental site (40)	C				D				E				E		
	10	10			10	10			10	10			10	10	
5 Liquor volume (40)	C				D				E				E		
	10	10			10	10			10	10			10	10	
6 Growth scan (40)	C				D				E				E		
	10	10			10	10			10	10			10	10	
7 Biophysical Profile (40)	C				D				E				E		
	10	10			10	10			10	10			10	10	
8 Anomaly scan (08)	C				C				D				D		
	3	3			3	3			2	2			2	2	
9 Nuchal thickness (09)	C				C				D				D		
	1	1			2	2			2	2			2	3	
10 Doppler for hypoxia (10)	B				C				D				D		
	2	3			2	3			2	3			2	3	

	B			C			D			D		
11 Vaginal scan (20)	2	3		2	3		5	5		5	5	

Comments of trainer:

Comments of trainee:

Module: Gynaecological disorders

Task No 9	1-6 months				7-12				13-18				19-24			
(History, assessment, management)																
1 Miscarriage (40)	D				D				E				E			
	10	10			10	10			10	10			10	10		
2 Ectopic pregnancy (10)	D				D				E				E			
	5	5			5	5			5	5			5	5		
3 Infection (40)	D				D				E				E			
	10	10			10	10			10	10			10	10		
4 Primary amenorrhoea (10)	D				D				E				E			
	5	5			5	5			2	3			2	3		
5 Secondary amenorrhoea(20)	D				D				E				E			
	5	5			5	5			5	5			5	5		
6 Anovulation (40)	D				D				E				E			
	10	10			10	10			10	10			10	10		
7 Abnormal menstruation (40)	D				D				E				E			
	10	10			10	10			10	10			10	10		
8 Dysmenorrhoea (40)	D				D				E				E			
	10	10			10	10			10	10			10	10		

9 Dyspareunia (20)	D				D				E				E						
	5	5			5	5			5	5			5	5					
10 Endometriosis (40)	D				D				E				E						
	10	10			10	10			10	10			10	10					
11 Subfertility (40)	D				D				E				E						
	10	10			10	10			10	10			10	10					
12 Intersex/Hirsuitism (10)	D				D				E				E						
	5	5			5	5			2	3			2	3					
13 Gestational trophoblastic tumours(10)	D				D				E				E						
	2	2			2	2			2	3			2	3					
14 Genital tract anomalies(03)					C				C				C						
	0	0			0	1			0	1			0	1					
15 Acute abdomen (20)	D				D				E				E						
	5	5			5	5			5	5			5	5					
16 Menopausal problems (20)	E				E				E				E						
	10	10			10	10			5	5			5	5					

Comments of trainer:

Comments of trainee:

Module: Gynaecological Neoplasms

Task No 10	1-6 months				7-12				13-18				19-24			
(History, assessment, management)																
1 Fibromyoma (20)	C				C				D				D			
	5	5			5	5			5	5			5	5		
2 Ovarian cyst (20)	C				C				D				D			
	5	5			5	5			5	5			5	5		
3 Vulval dystrophy(06)					C				C				C			
	0	0			1	1			1	1			1	1		
4 Endometrial hyperplasia(10)	C				C				D				D			
	5	5			5	5			2	3			2	3		
5 CIN (10)	C				C				D				D			
	5	5			5	5			2	3			2	3		
6 Ovarian malignancy (05)	C				C				D				D			
	5	5			5	5			5	5			5	5		
7 Endometrial carcinoma(05)	C				C				D				D			
	5	5			5	5			2	3			2	3		
8 Cervical carcinoma (05)	C				C				C				C			
	1	1			1	1			1	1			1	1		
9 Vulval carcinoma (02)	B				B											
	0	0			0	0			0	1			0	1		
10 Fallopian tube tumours (01)					B											
	0	0			0	0			0	0			0	1		
11 Polypi (20)	D				D				E				E			
	5	5			5	5			5	5			5	5		

Comments of trainer:
Comments of trainee:

Module: Gynaecological surgery

Task No 11	1-6 months				7-12				13-18				19-24		
(History, Assessment, Skill)															
1 Basic surgical skills (40)	C				D				E				E		
	10	10			10	10			10	10			10	10	
2 . Minor gynae.surgery (80)	C				D				E				E		
	10	10			10	10			20	20			20	20	
3 Laparotomy (20)	C				D				E				E		
	10	10			10	10			5	5			5	5	
4 Surgery ovarian tumour (20)	C				C				D				D		
	5	5			5	5			5	5			5	5	
5. Myomectomy (20)	C				C				D				D		
	5	5			5	5			5	5			5	5	
6. Diag.laparoscopy (20)	C				C				D				D		
	5	5			5	5			5	5			5	5	
7. Diag.hysteroscopy (04)	C								D						
	0	0			2	2			0	0			2	2	
8. Colposcopy (04)					C								D		
	0	0			2	2			0	0			2	2	
9. Ectopic pregnancy surgery (15)	C				D				E				E		
	5	5			5	5			4	3			4	4	
10 Radical vulvectomy (02)									B				B		
	0	0			0	0			0	1			0	1	

11.Radical hysterectomy (2)										C					C				
	0	0			0	0			0	1			0	1					
12. Ovarian malignancy (08)		C				C				C				C					
	1	1			1	1			1	1			1	1					
13. Surgery bladder trauma (04)		A				C				C				C					
	0	1			0	1			0	1			1	1					
14. Surgery bowel trauma(04)		A				C				C				C					
	0	1			0	1			0	1			1	1					
15. Surgery ureteric injury (04)		A				C				C				C					
	0	1			0	1			0	1			1	1					
16. Tubal patency test (20) (HSG)		D				D				E				E					
	5	5			5	5			5	5			5	5					
17 Incisional hernia (04)		C				C				C				C					
	0	1			0	1			0	1			0	1					
18. Major Reconstructive surgery of the genital tract (01)						A								C					
	0	0			0	1			0	0			0	1					

Comments of trainer:

Comments of trainee:

Module: Gynaecological disorders

Task No 12	1-6 months				7-12				13-18				19-24			
(History, Assessment, Treatment)																
1 Pelvic sepsis (40)	D				D				E				E			
	10	10			10	10			10	10			10	10		
2. Endometriosis (40)	D				D				E				E			
	10	10			10	10			10	10			10	10		
3. Anovulation (40)	D				D				E				E			
	10	10			10	10			10	10			10	10		
4. Menorrhagia (40)	D				D				E				E			
	10	10			10	10			10	10			10	10		
5. HRT (40)	D				D				E				E			
	10	10			10	10			10	10			10	10		
6. Ectopic pregnancy (02)					B								B			
	0	0			0	1			0	0			0	1		
7 Hirsuitism (20)	D				D				E				E			
	5	5			5	5			5	5			5	5		
8. Galactorrhoea (10)	D				D				E				E			
	5	5			5	5			2	3			2	3		
9. Trophoblastic tumour (04)					B								B			
	0	0			1	1			0	0			1	1		
10. Ovarian malignancy (04)					B								B			
	0	0			1	1			0	0			1	1		

Comments of trainer:
Comments of trainee:

Module: Contraception

Task No 13	1-6 months				7-12				13-18				19-24			
(History, Assessment, Treatment)																
1. Natural methods (30)	D				E				E				E			
	5	5			5	5			5	5			5	5		
2. OC pill (30)	D				E				E				E			
	5	5			5	5			5	5			5	5		
3. DMPA (30)	D				E				E				E			
	5	5			5	5			5	5			5	5		
4. IUCD (30)	D				E				E				E			
	5	5			5	5			5	5			5	5		
5. Barrier (30)	D				E				E				E			
	5	5			5	5			5	5			5	5		
6. Emergency (30)	D				E				E				E			
	5	5			5	5			5	5			5	5		
7. Subdermal implants									B				B			
	0	0			0	0			1	1			1	1		
8. Minilap tubal sterilization (30)	D				E				E				E			
	5	5			5	5			5	5			5	5		
9. Laparoscopic sterilization (8)					C				D				D			
	0	0			2	3			2	2			2	2		

Comments of trainer:
Comments of trainee:

Module: Subfertility & assisted reproduction

Task No 14	1-6 months				7-12				13-18				19-24		
(History, Assessment, Treatment)															
1. Preconceptional assessment of a couple (20)	C				D				E				E		
	3	3			4	4			5	5			5	5	
2. Detection of ovulation (20)	C				D				E				E		
	3	3			4	4			5	5			5	5	
3. Ovulation induction (20)	C				D				E				E		
	3	3			3	3			5	5			5	5	
4. Assess stimulation (10)	C				D				E				E		
	3	3			3	3			2	2			3	3	
5. Management of hyperstimulation(02)					C				D				D		
	0	0			0	1			0	1			0	1	
6. HSG (20)	C				D				E				E		
	1	2			2	2			5	5			5	5	
7. Surgical management of tubal obstruction(04)	C				C				C				D		
	0	1			0	1			0	1			2	2	
8. Examination of male (40)	C				D				E				E		
	0	2			2	2			10	10			10	10	
9. Treatment of seminal fluid abnormalities(20)	C				D				E				E		
	2	2			2	2			5	5			5	5	

10. IUI (16)	C				D				E				E					
	2	2			3	3			4	4			4	4				
11.Sperm preparation (04)					C				D				D					
	0	0			0	1			1	1			1	1				
12. Assessment before ART (20)	C				C				D				D					
	0	1			1	1			5	5			5	5				
13. IVF/ICSI of tubal obstruction(06)									A				A					
	0	0			0	0			1	1			2	2				
14.IUI/SMIT	B				C				D				D					
	2	3			2	3			2	3			2	3				

Comments of trainer:

Comments of trainee:

Module: Urogynaecology/Pelvic floor dysfunction

Task No 15	1-6 months				7-12				13-18				19-24			
(History, Assessment, Treatment)																
1. History/examination (20)	C				D				E				E			
	2	2			3	3			5	5			5	5		
2. Cystometry (04)					A				A							
	0	0			0	0			1	1			1	1		
3. Urethrocystoscopy (04)					C				D				D			
	0	0			0	1			2	2			2	2		
4. Pelvic floor exercises (06)					C				D				D			
	0	0			0	1			1	1			2	2		
5. Medical treatment (08)					C				D				D			
	0	0			1	1			2	2			2	2		
6. Manchester repair (08)	C				D				D				D			
	2	2			2	2			3	3			4	4		
7. Vaginal hysterectomy	C				C				D				E			
	2	2			3	3			3	3			5	5		
8. Colposuspension (04)									C				D			
	0	0			0	0			2	2			2	2		
9. Vault suspension (02)									C				D			
	0	0			0	0			2	2			1	1		

10. Kelly's Repair (04)	C				C				D				E				
	2	2			2	2			2	2			2	2			
11. Burch/Stamy & other (02)					C				C				D				
	0	0			1	1			1	1			1	1			
12. TVT and collagen (04) injection									A				A				
	0	0			0	0			1	1			1	1			
13. Anal sphincter damage and repair(2)					A								A				
	0	0			0	1			0	0			0	1			

Comments of trainer:

Comments of trainee:

Module: Research Methodology

Task No 16	1-6 months				7-12				13-18				19-24		
(Knowledge, Skill, Prepare)															
1. Basics in research (08)	A				A				D				D		
	2	2			2	2			2	2			2	2	
2. Prepare a proposal (04)	C				C				D				D		
	0	1			1	1			1	1			1	1	
3. Use of computers (04)	B				C				D				D		
	1	1			1	1			1	1			1	1	
4. Statistical packages (04)	B				C				D				D		
	1	1			1	1			1	1			1	1	
5. Medline (04)	B				C				D				D		
	1	1			1	1			1	1			1	1	
6. Cochrane data base WHO-RHL(04)	B				C				D				D		
	1	1			1	1			1	1			1	1	
7. Appraise publications (04)	B				C				D				D		
	0	0			0	0			0	0			0	0	
8. Prepare Presentation (04)	B				C				D				D		
	1	1			1	1			1	1			1	1	
9. Medical audit (04)	B				C				D				D		
	1	1			1	1			1	1			1	1	

Comments of trainer:

Comments of trainee:

Module: Counselling

Task No 17	1-6 months				7-12				13-18				19-24		
(Knowledge, Skill, Prepare)															
1. Pre-pregnancy (20)	D				D				E				E		
	3	3			3	3			5	5			5	5	
2. Fetal anomaly (06)	C				C				D				D		
	3	3			3	3			1	1			2	2	
3. Obst.complications (40)	C				C				E				E		
	5	5			5	5			10	10			10	10	
4. Perinatal deaths (12)	C				C				D				D		
	5	5			0	5			10	10			10	10	
5. Miscarriage (40)	C				D				E				E		
	5	5			0	5			10	10			10	10	
6. Malignancy (12)	C				C				D				D		
	3	3			3	3			3	3			3	3	
7. Subfertility (24)	C				D				E				E		
	3	5			5	5			6	6			6	6	
8. Psychosexual dysfunction (08)	C				C				D				D		
	1	1			1	1			2	2			2	2	
9. Preoperative (40)	D				D				E				E		
	6	6			10	10			10	10			10	10	

10. Post-operative (40)	D				D				E				E			
	6	6			10	10			10	10			10	10		
11. Sterilization (30)	D				D				E				E			
	5	5			5	5			5	5			5	5		
12. Violence against women(08)	C				C				C				C			
	1	1			1	1			1	1			1	1		

Comments of trainer:

Comments of trainee:

Module: Miscellaneous

Task No 18	1-6 months				7-12				13-18				19-24			
(Organize, Participate, Present)																
1. Duty rota (12)	D				D				E				E			
	2	2			3	3			3	3			3	3		
2. Maternal & Perinatal meeting(12)	D				D				E				E			
	2	2			3	3			3	3			3	3		
3. Clinico-pathological meeting(06)	D				D				D				D			
	1	1			1	1			1	1			1	1		
4. Risk management (12)	D				D				E				E			
	3	3			3	3			3	3			3	3		
5. Audit meeting (12)	D				D				E				E			
	1	2			2	3			3	3			3	3		
6. Case discussion (28)	D				D				E				E			
	3	3			6	6			6	6			8	8		
7. Journal club (12)	C				D				D				D			
	3	3			4	4			6	6			6	6		
8. Student teaching (40)	C				D				E				E			
	6	6			6	6			10	10			10	10		
9. Staff teaching (20)	D				D				E				E			
	0	0			4	4			5	5			5	5		

Comments of trainer:
Comments of trainee:

3.2 Reflective Practice

Include a section of reflective Practice notes on six significant clinical events experienced by you out of the 16 specified areas given below.

Details of Reflective practice are given in section 2 below.

1. Management of antepartum hemorrhage due to placenta praevia
2. High dependency care
3. Management of a patient with Gestational Diabetes Mellitus
4. Management of a patient susceptible to DVT according to RCOG guideline on Thromboprophylaxis
5. Perinatal death
6. Management of a case with a fetal malformation in Sri Lanka
7. Management of a multiple pregnancy
8. Caesarean hysterectomy for post partum haemorrhage
9. The management of an ectopic pregnancy
10. The management of endometrial carcinoma
11. Management of an ovarian malignancy
12. Myomectomy
13. The management of pelvic sepsis
14. Management of anovulation
15. Management of severe endometriosis
16. Management of Stress Urinary Incontinence

3.3 Details of Academic Activities

Add a separate section for each of the following areas of academic activities.

- Cases Presented (Title, Meeting, Date) –10 per year
- Papers Presented (Title, Meeting, Date) – 1 per year
- Research and Audit
- Information Technology
- Ethics and Medico-legal Issues
- Record of attendance at essential courses /Training Programmes /Scientific meetings Attended
- Record of experience obtained in tutorials, journal clubs, Clinico-pathological Conferences and audits
- Continuing Professional Development and Details of CPD Points Collected
- Awards/Prizes
- Teaching (undergraduates / nurses /midwives)
- Self-assessment of the Training/ Acquisition of clinical experience by the Trainee

3.4 Log of clinical activities during rotational appointments

This section should include clinical activities and reflective entries relevant to the four rotational appointments.

4. Certifications

- Assessment of the Trainee's progress by the Educational supervisor

These assessments should be based on the trainee's Portfolio and a combination of the following:

- Mini Clinical Evaluation Exercises (Mini-CEX)
- Case-Based Discussions (CBD)
- Objective Structured Assessments of Technical Skills (OSATS)
- Peer Team Ratings (Multisource feedback)
- Direct Observation of Procedural Skills (DOPS)
- Acute Care Assessment Tool (ACAT)
- Audit Assessment
- Teaching Observation
- Patience Survey

Comments of Trainee:

Signature of Trainee:

Comments of Trainer 1:

Signature of Trainer 1:

Comments of Trainer 2:

Signature of Trainer 2:

Signatures of trainers during rotational appointments: (Give the appointments separately)

Date of submission:

Decision of the Board of Study: Accepted / Recommend

Section 2
Post MD Training Portfolio

Introduction

Candidates who are successful at the MD (Obstetrics and Gynaecology) Examination have to complete a further 24 – month period in-service training: a 12 month period in Sri Lanka as a Senior Registrar and another 12 month period at a center abroad. During this 24 month period, the trainee has to document progress and maintain a comprehensive record in the form of a Training Portfolio. This will enable the Trainee to reflect on his training experience and identify and correct any weaknesses in the competencies expected, and also recognize and analyze any significant clinical events experienced, so that appropriate changes in management could be adopted in order to reduce the risks arising from such situations in the future. The Trainer needs to conduct regular assessments and certify that the Trainee has satisfactorily acquired the required competencies. This Training Portfolio will be used to evaluate the trainee's competence to practice independently as a Specialist in Obstetrics and Gynaecology at the Pre Board Certification Assessment.

Objectives

To be appointed as a Specialist in Obstetrics and Gynaecology to practice independently in Sri Lanka, on completion of the 24–month period in-service training after the MD (Obstetrics and Gynaecology) Examination, the Trainee should:

a) have administrative and organizational skills
b) be able to clearly document and prioritize problems
c) have skills appropriate to a specialist (diagnostic, operative, counseling, risk management, management of medico-legal issues)
d) have appropriate attitudes
e) be able to carry out and also supervise research and clinical audits
f) be committed to Continuous Professional Development
g) be able to disseminate knowledge effectively
h) have adequate knowledge of the English Language and be able to communicate effectively
i) have adequate knowledge and skills in Information Technology

The trainee shall maintain a paper based training portfolio in the format given below. The documents shall be computer generated. The Portfolio shall be in the form of a ring binder so that additional sheets of paper could be inserted easily to different sections.

1. Hospital data
2. Log of Procedures carried out
3. Reflective Practice
4. Teaching (undergraduates / postgraduates/ nurses midwives)
5. Research and Audit
6. Information Technology
7. Ethics and Medico-legal Issues
8. Professional Development
9. Certifications

1. Hospital Data

	Post MD Year 1	Post MD Year 2	Post MD Year 3
Name of the hospital and supervisor			
Obstetric Beds			
Gynaecology Beds			
Labour Beds			
Special Care Cots			
Number of trainers			
Number of Registrars			
Number of Senior Registrars			
Obstetrics Admissions/wee			
Total Deliveries per year			
Caesarean Section Rate			
Instrumental Delivery Rate			
Maternal deaths			
Perinatal Mortality Rate			
Average Gynaecological Admissions per week			
Average Obstetric Major Surgery per month			
Average Gynaecological Major Surgery per month			
Obstetric clinics per month			
Gynaecology Clinics per month			
1. Special Clinics (name) per month	2.	3.	4.

2. LOG OF SURGICAL PROCEDURES PERFORMED INDEPENDENTLY (SKILL LEVEL 3)

2.1 SURGICAL PROCEDURES

(Trainee should document the following, using the given procedure headings)

Procedure	(Minimum Number)
1. Diagnostic Laparoscopy	(25)
2. Laparoscopic Sterilization	(10)
3. Operative Laparoscopy :	(05)
Ovarian drilling	
Ovarian Cystectomy	
Adhesiolysis	
Ectopic pregnancy	
4. Diagnostic Hysteroscopy	(10)
5. TAH & BSO	(50)
6. VH & R / Non – descent VH	(30)
7. Manchester Repair	(05)
8. Ovarian Cystectomy	(10)
9. Myomectomy	(10)
10. Complicated Caesarean Sections	(20)
(Fibroid uterus/3 Previous CS/Severe adhesions/Major Degree Placenta Praevia/Placenta Accreta/Upper segment CS/CS in 2nd stage)	
11. Operative vaginal deliveries	
Low Forceps delivery	(10)
Vacuum delivery	(10)
12. Perineal Repair	(03)

SURGICAL PROCEDURES PERFORMED INDEPENDENTLY (SKILL LEVEL 3)

Example

1. Diagnostic Laparoscopy

No	Name	Age	Parity	BHT No / Hospital	Indication	Date of Surgery	Signature of Supervisor
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
25							

2.2 SPECIFIED ACTIVITIES

OBSTETRICS

The numbers in the *parentheses* mentioned below, refers to the Reflective Practice entries dealt in detail below.

1 Theme on ANC and Monitoring of Labour

1. Partograms; Maintaining Partograms –Audit
   eg. Audit → teaching session to all labour ward staff including doctors →Re-audit

2. Observe how a field based antenatal clinic functions.
   Write an account of it.

3. Observe one maternal mortality review meeting
   Write an account of it.

2. Theme on Antenatal Obstetric Complications

1. ***Reflective practice*** on management of antepartum hemorrhage due to placenta praevia ***[1]***
2. Conduct an eclampsia drill for junior doctors and paramedical staff every six (6) months
3. ***Reflective practice*** on high dependency care ***[2]***

3. Theme on Medical Disorders in Pregnancy

1. Critical Appraisal of RCOG/SLCOG Guideline on Management of Diabetes in Pregnancy

2. ***Reflective Practice*** on management of a patient with Gestational Diabetes Mellitus ***[3]***

3. Thyroid disorders in pregnancy- CME article discussion

4. Anaemia complicating pregnancy- Teaching session for medical students/House Officers

5. ***Reflective Practice*** on management of a patient susceptible to DVT according to RCOG guideline on thromboprophylaxis- ***[4]***

6. Dengue in pregnancy – Teaching session for medical students/ house officers

7. STD/ infections- - Journal club

8. Liver disorders in pregnancy- Journal club

9. Psychological disorders in pregnancy- Journal club

4. Theme on Fetal Medicine

1. Fetal Growth Restriction - Journal club

2. ***Reflective practice*** on a perinatal death ***[5]***

3. ***Reflective practice*** on management of a case with a fetal malformation in Sri Lanka ***[6]***

4. ***Reflective practice*** on management of a multiple pregnancy ***[7]***

5. Theme on Intrapartum Complications

1. Shoulder Dystocia- training drill for junior doctors/ labour room staff

2. Instrumental delivery- Demonstration on a model

3. Vaginal breech delivery- Teaching session for medical students/doctors

4. Post Partum Haemorrhage and 3rd stage complications – Teaching session for medical students/doctors

6. Theme on Obstetric Procedures

1. ***Reflective practice*** on Caesarean hysterectomy for post partum haemorrhage – ***[8]***
2. External cephalic version- Demonstrate to medical students/House Officers

7. Theme on Post partum complications

1. Psychological disorders in puerperium- Teaching session for medical students/ doctors

8. Theme on Ultra sound
1. Attend Basic Ultrasound training session conducted by the SLCOG

GYNAECOLOGY

9. Theme on Gynaecological Disorders

1. ***Reflective practic***e on the management of an ectopic pregnancy- ***[9]***
2. Menstrual disorders: management issues- Journal club
3. Post reproductive health- Journal club

10. Theme on Gynaecological Malignancies

1. ***Reflective practic***e on the management of endometrial carcinoma- ***[10]***

2. Colposcopy- Attend hands on training session / SLCOG workshop / Session at CI, Maharagama

3. ***Reflective practice*** on management of an ovarian malignancy ***[11]***

4. Organize three (3) clinicc– pathological meetings

11. Theme on Gynaecological Surgery

1. ***Reflective practice*** on Myomectomy- ***[12]***

2. Attend workshop on basic surgical skills and / bowel ureteric/bladder surgical trauma management workshop - College of Surgeons

3. Observe/Assist in radical cancer surgery at Cancer Institute Maharagama (CIM). (release for 3 theatre sessions)

4. Pelvic reconstructive surgery- Discuss CME article

12. Theme on Therapeutics in Gynaecology

1. ***Reflective practice*** on the management of pelvic sepsis- ***[13]***

13. Theme on Contraception

1. Lecture to medical students/doctors on contraceptive methods

2. Perform sterilizations, implants, IUCD- Release to FHB 2 sessions

14. Theme Subfertility

1. ***Reflective practice*** on management of anovulation - ***[14]***

2. ***Reflective practice*** on management of severe endometriosis- ***[15]***

3. IUI, sperm preparation, Ovum retrieval, ICSI, ET – observe at an IVF centre. Release for 2 sessions

15. Theme on Urogynaecology/ Pelvic Floor Dysfunction

1. ***Reflective practice*** on management of Stress Urinary Incontinence- ***[*16]**

2. Anal sphincter repair- CME article discussion/attend workshop

OTHER

16, Theme on Research and Audit

1. Present minimum of one Research Paper at a scientific forum – if not presented during the pre MD Part II training period
2. Publish a minimum of one Research Paper in a peer reviewed journal – if not published during the pre MD Part II training period
3. Present minimum of one audit at a scientific forum

2.3 SUMMARY OF TASKS

Audits- [2]

Research projects- [1]

Lectures to Medical Students / Doctors - [5]

I. Contraceptive methods
II. Psychological disorders in puerperium
III. Vaginal breech delivery
IV. Dengue in pregnancy
V. Anaemia complicating pregnancy

Attending specialized training away from place of work- [3]

I. IUI, sperm preparation, Ovum retrieval, ICSI, ET – observe at an IVF centre.

   Release for 2 sessions

II. Perform sterilizations, implants, IUCD- Release to FHB 2 sessions

III. Observe/Assist in radical cancer surgery at CIM. (Release for 3 theatre sessions)

Writing Reports [2]:

I. Observe how a field based ante natal clinic function.
   Write an account of it.
II. Observe one maternal mortality review meeting
   Write an account of it.

Journal clubs [6]

I. Post reproductive health
II. Menstrual disorders & management issues
III. IUGR
IV. Liver disorders in pregnancy
V. Psychological disorders in pregnancy
VI. Sexually Transmitted Infections

Demonstrations/Drills [4]

I. External cephalic version- demonstration for medical students/doctors
II. Shoulder Dystocia- training drill for doctors/ labour room staff every six (6) months
III. Instrumental delivery-demonstrate on a model
IV. Management of eclampsia - training drill for doctors/ paramedical staff every six (6) months

CME Article discussion [2]

I. Pelvic reconstructive surgery- Discuss CME article
II. Thyroid disorders in pregnancy

Clinico - Pathological meetings [3]

Workshops-attendance [4]

I. Anal sphincter repair- CME article discussion /attend workshop
II. Attend workshop in basic surgical skills/ bowel ureteric/bladder surgical trauma management workshop College of surgeons
III. Colposcopy- Attend hands on training session SLCOG workshop/Cancer institute
IV. Attend Basic Ultrasound training session conducted by the SLCOG

3. Reflective Practice

Learning to reflect on and learn from difficult clinical situations in which you have been directly involved, is a vital part of continuous professional development in being a good doctor. This is an integral part of clinical risk management which requires the recognition and analysis of significant clinical situations so that appropriate changes in management could be adopted to reduce the risks arising from such situations in the future. Reflective practice enables you to describe what happened and why, justify or identify any possible lapses in your management, what you have learnt from this experience and, most importantly, what you would do differently next time, considering current best available evidence.

Use the reflective practice format to document and analyse **10 out of the 16 clinical scenarios** (these should not include the six areas that we reflected on section 1) have already specified in the section Specific Tasks. In addition to this, when ever you are involved in a difficult clinical situation, record the event and your thoughts about it in the reflective practice format. Discuss as soon as possible with your Trainer **at least four** such clinical events that you think you should reflect on, especially cases that has been particularly distressing for you. You may need to examine previously held beliefs about your practice and accept that you may have been wrong and therefore need to change your practice. This process will help you to recognize and learn from prior experiences and improve your clinical practice. It is your responsibility to gather and record the material required for this process. The material you record will demonstrate your ability to maintain good continuous professional development by using every learning opportunity to be a reflective self-directed learner. Each clinical event you reflect on will be evaluated by your Trainer.

REFLECTIVE PRACTICE DOCUMENTATION – (Guideline to trainee)

Describe the management of the selected case.

What problems did you see and observe?

What did you do?

Justification for what you did.

What did you learn from this experience?

What is done differently in other clinical units: local and foreign?

What would you do differently next time?

What Evidence influenced you in suggesting these changes?

Has this experience highlighted any deficiencies in your training?

What learning needs did you identify from above?

Have you addressed these learning needs? If so How?

Summary of discussion with Trainer:.....

Comments of the trainer :.....

Comments of the trainee: .....
Assessment: mark/grade: .....

Signature of Trainer: .....Signature of Trainee: .....
Date: .....

Comments of the External Assessors:

.....

.....

Date: .....

REFLECTIVE PRACTICE DOCUMENTATION – (Example)

Describe the management of the selected case:

A Case of Death in Utero due to Gestational Diabetes Mellitus

Mrs. Pushpakanthi, 35 year old multipara was admitted for elective caesarean section at 38 weeks of gestation to the antenatal ward due to previous caesarean section and bad obstetric history.

She had an uncomplicated antenatal period during her first pregnancy and delivered a baby girl vaginally. Baby had passed away on day one at the PBU and she had lost all the details pertaining to that incident including the post mortem report. However, she remembers that the baby being less than 3 kilograms in weight and there had not been any gross morphological abnormalities.

During her second pregnancy she had developed both pregnancy induced hypertension and gestational diabetes mellitus in the third trimester and had been on methyldopa and soluble insulin. She had an elective caesarean section at 38 weeks of gestation and delivered a baby girl weighing 2.5 kilograms. Postpartum period had been uncomplicated for both the mother and the baby. Following delivery she had repeatedly checked her blood pressure and the blood sugar levels and both had been normal.

This is her third pregnancy where she had her booking visit at the local clinic at 12 weeks of gestation. Her booking visit investigations had been normal including the post lunch post prandial blood sugar (PPBS) – 109 mg/dl. She was referred to the tertiary care antenatal clinic at 33 weeks of period of gestation. At the tertiary center she had her investigations repeated and a detailed ultrasound scan which was found to be normal and growth compatible. However, an Oral glucose tolerance test (OGTT) or at least a repeat PPBS had not been performed. She had regular clinic visits up until 37 weeks and was admitted for elective caesarean section at 38 weeks. On admission she had given a history of reduced fetal movements on the previous day morning, but fetal movements had been satisfactory on the day of admission and there had not been any abnormality of fetal heart sounds (FHS) on auscultation. Therefore a cardio tocograph (CTG) was not done on admission. On the same day evening FHS was not detected on routine auscultation in spite of mother's claim that she felt movements an hour ago. Ultrasound scan was carried out and death in utero was confirmed with an estimated fetal weight of 2.8 kilograms. A random blood sugar was performed immediately afterwards and found to be 347 mg/dl. Subsequently all her PPBS values remained very high and she was started on insulin. As the blood sugar was under control and considering that she is having a past section with one living child it was decided

to give adequate time for vaginal birth after caesarean section (VBAC). A full blood count and clotting profile was performed as the initial assessment and repeated weekly. She did not go into labour and after about two weeks it was decided deliver the baby by a caesarean section.

What problems did you see and observe?

Failed to request a booking visit OGTT when indicated

Normal post prandial blood sugar (PPBS) could be falsely reassuring and does not substitute for a diagnostic OGTT.

What did you do?

Routine antenatal follow up and planned for elective caesarean section at 38 weeks.

Justification for what you did:

As the diagnosis of GDM had been missed in this pregnancy therefore, she had routine follow up and offered an elective caesarean section at 38 weeks of POA considering her previous obstetric history.

What did you learn from this experience?

A booking visit OGTT should have been performed in this patient

Identify the risk factors which warrants a booking visit OGTT

This is probably a preventable death had GDM been diagnosed and kept under good control

What is done differently in other clinical units: local and foreign?

1. Do a thorough risk assessment at the booking visit and categorize the pregnancy follow up under high risk category
2. Screening for GDM at booking visit by an OGTT
3. If diagnosed at a early POA proper counseling of the parents with regard to diagnosis, control and pregnancy outcomes.
4. A dating scan to confirm the dates and anomaly scan later on to exclude any major malformation.
5. Frequent antenatal follow up in view of glycaemic control, maternal complications and fetal complications and act accordingly.

What would you do differently next time?

1. Screen her at 6 weeks of post partum period with an OGTT to exclude type 2 diabetes.

2. Advise her to plan out her next pregnancy and for an early booking visit

3. All the interventions mentioned in previous answer.

Evidence and justification for suggested changes

1. Temple R, Preconception care for women with diabetes: is it effective and who should provide it?. *Clinical Obstetrics and Gynecology* 2011 Feb; **25**(1): 3 – 14.

2. Nolan CJ, Controversies in gestational Diabetes. *Clinical Obstetrics and Gynecology* 2011 Feb; **25**(1): 37 – 49.

3. Hawthrone G, Maternal complications in diabetic pregnancy. *Clinical Obstetrics and Gynecology* 2011 Feb; **25**(1): 77 – 90.

4. Mathiesen ER, Ringholm L, Damm P, Stillbirth in diabetic pregnancies. *Clinical Obstetrics and Gynecology* 2011 Feb; **25**(1): 105 – 111.

Has this experience highlighted any deficiencies in your training?

No, but a proper risk assessment of the patient had not been carried out.

What learning needs did you identify from above?

All the medical staff involved in running the clinics should be aware of the risk factors which warrant booking visit OGTT. Therefore, I should be sharing my knowledge with them to provide a better service. Also educate them about the early triage of the pregnancies to monitor them appropriately. Make a unit policy, therefore everyone follow a uniform practice

Have you addressed these learning needs? If so How?

In addition to attending to suggestions I have already mentioned, I did do a literature search to find out new evidence for managing GDM, associated complications and long term follow up of patients.

Signature of Trainer: .....
Date: ……/……/……..
Comments of the External Assessors:

.....
.....
Date: .....

4. TEACHING (undergraduates/postgraduates/nurses/midwives)

	Grade/ Marks	Date	Signature of Trainer	Review Date	Signature of Trainer
Teaching a Small Group (< 10)					
Teaching a Large group (> 20)					
Bed- side Clinical Teaching					
Teaching Practical Procedure (One to one / small group)					
Organization of Teaching Seminars/Workshops					

(Guideline to trainee on acquiring and dissemination of knowledge)

Acquiring Knowledge

Participation at conferences organized by professional colleges and societies
Participation at seminars/lectures/scientific sessions organized by local societies
Participation at guest lectures
Participation at workshops
Participation at regional and international workshops
Journal Clubs
Perinatal Conferences
Maternal Death Reviews

Dissemination of knowledge

Undergraduate

Small Group Teaching
Large group teaching
Clinical teaching
Practical procedures

Postgraduate

Presentations
Case presentations
Presentation of literature review

Teaching Sessions for Nurses and Midwives

Resource person at workshops

Organization of teaching activities and workshops

Presentations at scientific conferences
Lectures
Presentation of scientific work

Publications in peer reviewed journals

5. RESEARCH, AUDIT, CLINICAL RISK MANAGEMENT & GOVERNANCE

	Grade / Marks	Date	Signature of Trainer	Review Date	Signature of Trainer
Ability to Assist, Monitor and Supervise a Research Project					
Scientific writing					
Critically Appraise a Scientific Paper					
Perform an Audit					
Prepare or Revise a Guideline or Care-pathway					
Organizing Risk Management Meetings					
Oral Presentations / Guest lectures at Local / Regional / National or International Conferences					

6. INFORMATION TECHNOLOGY

	Grade / Marks	Date	Signature of Trainer	Review Date	Signature of Trainer
Use of computer software - MS Office - SPSS - Epi Info					
Internet, World Wide Web & E mail					
Literature Search using PubMed Cochrane Data Base WHO-RHL Google					

7. ETHICS AND MEDICO LEGAL ISSUES

	Grade / Marks	Date	Signature of Trainer	Review Date	Signature of Trainer
Clinical Judgment					
Obtain Valid Informed Consent - Management plan					
Obtain Valid Informed Consent - Procedure					
Obtain Valid Informed Consent - Postmortem examination					
Ability to Discuss Clinical Risk					
Ability to Counsel Adverse Events (Morbidity & Mortality)					

8. PROFESSIONAL DEVELOPMENT

	Grade / Marks	Date	Signature of Trainer	Review Date	Signature of Trainer
Responsibility and initiative					
Reliability regarding patient care					
Team work ability					
Leadership skills					
Communication and rapport with patients					
Communication with colleagues					
Relationship with the other professionals					
Documentation and organizational skills					
Issuing signed certificates					
Written communications					
Participation in SLCOG Activities and hands on workshops					

9. CERTIFICATIONS

Guidelines to trainers on assessment of professional development
Assessment of Generic skills (administration, documentation, attitude, feedback from other staff)

Trainers should always accentuate the positive comments and have a critical yet constructive approach for progression.

Mini Clinical Evaluation Exercises (mini-CEX)
The trainer observes and assesses the Trainee directly, during the process of history taking clinical examination, formulating management plans and communicating with patients. Results should be fed back and discussed immediately after the assessment.

Direct Observation of Procedural Skills (DOPS) and Objectives structured Assessment of Technical Skills (OSAT)
These evaluate the trainee undertaking a practical procedure. The trainee receives immediate feedback to identify strengths and areas for development.

Case-based Discussions

Case discussions with Trainees.
- Relevant to knowledge criteria and competences
- Assess clinical decision making, knowledge and application of knowledge.
- Each case-based discussion should involve slightly different clinical situations in the area to be tested.
- Discussion should focus on the information that would be given to the patient and recorded in the notes

Acute Care Assessment Tool (ACAT)
The ACAT allows feedback from a senior doctor on the trainee's performance on the Acute Medical Take or other acute shift.

Patient Survey (PS)
Patient Survey assesses the patient's view of the doctor. It assesses their interpersonal and communication skills and professionalism by concentrating on their performance during the consultation.

Audit Assessment
This assesses a trainee's competence in completing an audit. The Audit Assessment can be based on review of audit documentation or on a presentation of the audit at a meeting.

Teaching Observation
The Teaching observation is provides structured formative feedback to trainee on their competence at teaching. The Teaching Observation can be based on any formal teaching by the trainee that has been observed by the assessor.

Feed back
This process of 'multisource feedback' is intended to provide information for both the Trainee and the Trainer about the Trainees relationships with staff and patients etc. It is only one element of the information that helps the Trainer to assess whether the Trainee is progressing well.

Peer Team Rating (PTR) forms

Not a confidential document and the trainee should be aware of the contents.

The selected assessors should include at least three senior medical colleagues, a senior midwife/nurse on the labour room, a nurse from the antenatal ward/clinic and the gynaecology ward/clinic, a member of the theatre team, other appropriate staff including midwives/nurses from other areas, staff from the specialist clinics that the trainee has been working in, and anaesthetic and paediatric colleagues.

Review of Progress by the Trainer

The Trainers should conduct reviews of the Trainee's progress after there (3), nine (9), fifteen (15) and eighteen (18) months of the post MD training period.

During these reviews the trainee's specific strengths and areas which need improvement should be identified.

1. **Review after three months of post MD training**

Strengths: .....

Areas for improvement: .....

General comments: .....

Signature of Trainer: .....

Date: .....

2. **Review after nine months of post MD training**

Strengths .....

Areas for improvement .....

General comments .....

Signature of Trainer: .....

Date: .....

3. **Review after fifteen months of post MD training**

Strengths .....

Areas for improvement .....

General comments .....

Signature of Trainer: .....

Date: .....

4. **Review after eighteen months of post MD training**

Strengths .....

Areas for improvement .....

General comments .....

Signature of Trainer: .....

Date: .....

ANNEX 11
Format of Detailed Project Proposal - MD Obstetrics and Gynaecology

Section 1

1. Name of trainee
2. Name(s) of supervisor(s)
3. Training centre

Section 2

1. Project title
2. Introduction
    a. Background and justification
    b. Literature Review
3. Objectives of study
4. Research plan
    a. Design
    b. Setting
    c. Method
    d. Sample size and sampling techniques
    e. Outcome measures
    f. Statistical analyses and plan of presentation of results
    g. Ethical considerations
    h. Work plan and time lines
5. References
6. Funding for study
7. Signature of trainee

Section 3

Recommendation of supervisor(s)

Signature of Supervisor 1 Signature of Supervisor 2

Date Date

Section 4

Date of submission to PGIM

Date of approval by BOS Signature of Secretary BOS

ANNEX 12
MD Obstetrics and Gynaecology
Assessment of the Detailed Project Proposal by Reviewers (C4)

Name of Trainee :

Training Centre :

Supervisor :

Name of Reviewer **:**
Designation :
Tel/Fax :
Email :

Official Address:

Title of Project:

.....
.....

The two reviewers appointed by the BoS shall use the following guideline and marking scheme to assess the project proposal of the candidate

1. **Title and Introduction:** Rationale (Justification)–problem identified and quantified. Hypothesis and expected outcome, impact and relevance of the study.
   Comments:

   .....

   .....

   Marks (10):

2. **Literature Review:** Adequacy (evidence of a systematic search for related. similar, relevant studies)
   Comments:

   .....

   .....

   Marks (10):

3. **Objectives:** Clearly defined. Relevant and stated in measurable terms.
   Comments:

   .....

   .....

   Marks (10):

4. **Method:** Appropriate study design to address the objectives with clear detailed description of subjects, sampling technique and sample size, interventions, data collection and management. The study should be, internally valid and reproducible. Where specific details are available in the literature, reference should be made to the original papers, and comments kept to a minimum. If modifications have been made to the published techniques, these should be described in full. Appropriate statistical tests planned should be mentioned and ethical issues addressed
   Comments:

   .....

   .....

   Marks (30):

5. **Ethical considerations/institution from where ethical approval will be /has been obtained:**
   Comments:

   .....

   .....

   Marks (10):

6. **References:** According to the Vancouver system and relevant to the study. Properly documented in the Bibliography and appropriately cited in the text.
   Comments:

   .....

   .....

   Marks (10):

Recommendation of reviewer:

Total Marks (Out of 80):

- Is the project proposal acceptable? Yes/No
- If No, What corrections are required? (Attach a separate sheet of paper if necessary)
  .....

  .....
- Additional Comments: .....

Signature: ..... Date:

Recommendation of the BOS: .....
Signature of Chairperson/Secretary: .....
Date:

ANNEX 13
Instructions to Dissertation Supervisors-MD Obstetrics and Gynaecology

- The dissertation for the MD OG is based on an 18-24 month research project.
- Acceptance of the dissertation is a requirement to sit the MD examination.
- The trainee should write up the project work as a dissertation conforming to the format approved by the Board of Study in OG.
- The supervisor should guide the student in planning and designing, carrying out the research and in presentation of the work.
- The supervisor should forward Progress Report(s) in the prescribed form at the end of 6, 12, 18, and 24 months after the trainee commences work on the research project.
  The objective of the dissertation is to prove the trainee's capability to plan, carry out and present his/her own research. The purpose of this training is to ensure maturity, discipline and scholarship in research.
- The dissertation should comprise the trainee's own account of his/her research.
- It must contribute to existing knowledge of Obstetrics and Gynaecology relevant to Sri Lanka and afford evidence of originality as shown by independent, critical assessment and/or discovery of new facts in the area under study.
- It should be satisfactory as regards literary presentation.
- The dissertation should be certified by the supervisor as suitable for submission.
- General Comments on the contents: The objectives should be clearly stated and should be feasible given the limited time frame. Other published work relevant to the problem (both international and local) should be comprehensively covered and critically evaluated. An appropriate study design and method should be used to achieve the objectives stated. The results should be appropriately analyzed, interpreted and presented effectively. The discussion should include comments on the significance of results, how they agree or differ from published work. If they differ, the probable reasons for these differences need to be discussed. Theoretical/practical applications of the results, if any should be given. The conclusions should be valid and be based on the results obtained on the study.
- Ethics: The candidate should confirm and document that procedures followed were approved by the Ethical Committee of the institution where the work was carried out and that ethical approval was obtained from a recognized Ethical Review Committee.
- The trainee is required to make a short (10 minutes) presentation of the project proposal in July/August of their year 1 training to obtain a feedback from other trainers and invitees, regarding feasibility, appropriateness of study design and method and statistical considerations. Prior to submission of the dissertation, the trainee will be required to make a short (15–20 minutes) presentation of the completed project to the BOS members and other invitees, in July/August of their third year of training This will give the trainee an opportunity to discuss his/her work and obtain a feedback from peers and colleagues. It will not be used for evaluation in any form. The supervisors will also be invited for these presentations.
- If at any time the supervisor is not satisfied with the work progress of the trainee, the trainee should be made aware of the deficiencies and corrective measures suggested. This should be conveyed in writing to the trainee with a copy to the BOS. In such instances, a follow-up report should be forwarded within three months or earlier if necessary to the BOS.

ANNEX 14
Dissertation Supervisor Consent Form-MD Obstetrics and Gynaecology

1. Name of Supervisor:
2. Address:
3. Email:
4. Phone Number:
5. Training Centre:
6. Name of trainee:
7. Title of Project:
8. Place where the Research Project will be carried out:

I consent to supervise the above mentioned trainee's Research Project and Dissertation

Signature of Supervisor: .....

Date: .....

ANNEX 15
Dissertation Progress Report-MD Obstetrics and Gynaecology

To be forwarded by the supervisor to the BOS at 6, 12, 18 and 24 months of Stage 1 of training.

1. Name of trainee:
2. Training Centre:
3. Supervisor:
4. Title of project:
5. Description of work carried out to date:

(To be filled in by trainee): Brief description of progress in conducting the research project and dissertation writing

.....

.....

.....

.....

Supervisor's comments

6. Is the work on schedule? Yes/No
7. Progress in dissertation writing: satisfactory/unsatisfactory
8. Constraints (if any):
9. Recommendation of supervisor:

Signature: **Date:**

---

10. **Recommendation of the BOS:**

Signature of Secretary: Date:

ANNEX 16
Dissertation Submission Format-MD Obstetrics and Gynaecology

General instructions

It is essential to start writing the dissertation early and in all cases before the data collection is completed. At the same time, you should make arrangements to have your manuscript word-processed. Your supervisor should be consulted before you start to write and thereafter at regular intervals. It is much easier to make corrections if the draft is double-spaced and printed on only one side of the paper.

The past tense should be used. To avoid exceeding the given word limit, it is suggested that an approximate running total is kept. The metric system and the International System (SI) of units should be used whenever possible.

Length

An ideal length of text is approximately 8000 words, which equals to about 20-30 pages. With figures, references, etc., the total length is likely to be in the region of 30-40 pages.

Number of copies

Three copies should be submitted to the Director/PGIM, spiral-bound in the first instance. One will be retained in the PGIM, two copies will be sent to the examiners. After acceptance (and necessary corrections), all three copies should be bound in hard covers (black) with the author's name, degree and year printed in gold on the spine. The front cover should carry the title, author's name and year printed in gold. One copy will be returned to the student, one retained by the supervisor, and the third housed in the PGIM library.

Layout

The dissertation should be word-processed and printed single-side only, on A4-size photocopying paper.

Layout of typescript

There should be 1.5" on left-hand and top margins, and 1.0" on right-hand and bottom margins. It is especially important that the left-hand (binding) margin is of the regulatory size.

Line spacing should not be less than 1.5.

Lettering should be in Times New Roman, font size 12.

All pages should be numbered consecutively throughout, including appendices. Page numbers should be inserted in the bottom right hand corner.

Tables, diagrams, maps and figures

Wherever possible, these should be placed near the appropriate text. Tables should be numbered in continuous sequence throughout the dissertation. Maps, graphs, photographs, etc., should be referred to as Figures. Each of these should also be numbered in a continuous sequence. Colour should be avoided in graphic illustrations (unless it is essential) because of the difficulty of photographic reproduction; symbols or other alternatives should be used instead.

Notes

Notes, if essential, should be inserted, in reduced font, at the foot of the relevant page. If too voluminous for this to be practicable, they should be placed in an Appendix. Notes may be typed in single spacing.

Abbreviations

Where abbreviations are used, a key should be provided.

Preliminaries

The preliminaries precede the text. They should comprise the following:

1. Title page

   Title of dissertation
   Author's name
   MD (Obstetrics and Gynaecology)
   Post Graduate Institute of Medicine
   University of Colombo
   Date of submission

2. Statement of originality: The work presented in the dissertation should be the trainee's own and no part of the dissertation should have been submitted earlier or concurrently for any other degree. The statement should be signed by the author, and countersigned by the supervisor.

3. Abstract: Should be structured (introduction, objectives, method, results, conclusions)
   Should not include figures, tables, graphs or references
   Should be limited to 500 words or less

4. Table of contents: The table of contents immediately follows the abstract and lists in sequence, with page numbers, all relevant divisions of the dissertation, including the preliminary pages.

5. List of tables: This lists the tables in the order in which they occur in the text, with the page numbers.

6. List of figures: This lists all illustrative material (maps, figures, graphs, photographs etc) in the order in which they occur in the text, with the page numbers.

7. Acknowledgments

Text

The dissertation should be divided into clearly defined chapters. Chapters may be subdivided and a decimal number system can be helpful to identify sections and subsections. Topics of the sections should not be mixed, e.g. Results should not appear in the Materials and Methods.

Section 1–Introduction: The current position and the reasons for carrying out the present work (Rationale /Justification and problem/s identified and quantified.) Hypothesis and expected outcome, impact and relevance of the study should be stated. Generally, only a few references should be cited here.

Section 2–Literature Review: This section should be reasonably comprehensive, and most of the references to be quoted normally occur here. The relevant references dealing with the general problems should be reviewed first and this should be followed by a detailed review of the specific problem. The review is in many cases approached as a historical record of the development of knowledge of the subject.

Section 3–Objectives: Clearly defined, general, specific and any subsidiary objectives should be stated.

Section 4–Materials and Methods: Appropriate study design to address the objectives with clear detailed description of subjects, sampling technique and sample size, interventions, data collection and management. The study should be, internally valid and reproducible. Where specific details are available in the literature, reference should be made to the original papers, and comments kept to a minimum. If modifications have been made to the published techniques, these should be described in full. Appropriate statistical tests planned should be mentioned and ethical issues addressed.

Section 5–Results: Presentation of data should be done in a logical sequence commencing with the basic / baseline characteristics of the subjects. Summarize the data with a figure, table or graph when appropriate. Present appropriate statistical analyses and interpretations. Each figure, table or graph should be complete and clear without reference to the text. Concise explanations in legends and explanation of abbreviations are needed. The text should complement the figure, table or graph not simply describe them but should give valid interpretations of the results. Complete (raw) data should not be included but should be contained in tables in an Appendix if needed. Only data from the present study should be included and in particular no comparison should be made at this stage with results from other studies.

Section 6–Discussion: Interpret and explain the results so as to provide answers to the study question(s). Comment on the relevance of these answers to the present knowledge of the subject. Consider alternate interpretations. Comment on interesting or unexpected observations and about the method. Critically compare the results with results and conclusions of other published studies within and outside the country, and explain possible reasons for any differences observed. Comment on unexpected outcomes. Comment on further follow-up research required on the subject.

Section 7–Limitations: Any inherent and / or inadvertent limitations / biases and how they were dealt with should be described.

Section 8-Conclusions and recommendations**:** Based of the results of the study and to address the objectives.

References

These are given so that the reader can refer to the original papers for further study. Uniformity is essential, but errors and inconsistencies are very common and authors are advised to check the references most carefully. Examiners will mark students down for

inconsistencies in their references, either omissions or failure to follow the recommended format as given in the following section.

References are very important and must be complete and accurate. All literature referred to should be listed in a consistent form and style, and must contain sufficient information to enable the reader to identify and retrieve them.
There are different styles of citing sources, listing references and compiling a bibliography. The Vancouver style is widely accepted in scientific writings, and is recommended for MD (Obstetrics and Gynaecology) dissertation.

List all references that are cited in the text, using the Vancouver System.

Type the references double - spaced in the Vancouver style (using superscript numbers and listing full references at the end of the paper in the order in which they appear in the text). Online citations should include date of access. Use Index Medicus for journal names. If necessary, cite personal communications in the text but do not include in the reference list. Unpublished work should not be included.

References should be listed in the following style:
The arrangement of the references at the end of the dissertation should be in numerical order as they are cited in the text.
The order of the items in each reference should be:

(a) For journal references: name(s) of author(s), title of paper, title of journal, year, volume number, page numbers.
(b) For book references: name(s) of author(s), title of book, edition, volume, town of publication, publisher. year, chapter and/or page number

Authors' names should be arranged as follows:
Smith CO, James DE, Frank JD
Where an author's name is repeated in the next reference it should also be spelt out in full.
The title of the paper is then included, without quotation marks the journal title should be unabbreviated, *in italics*, and be followed by year; **volume number in bold** (the issue /number): and the first and last page numbers.

1 Mathiesen ER, Ringholm L, Damm P. Still birth in diabetes pregnancy. Clinical Obstetrics and Gynaecology 2011; **25**(1)**:** 105 – 111.

2 Lestrud S. Broncho Pulmonary Dysplasia. In: Nelson Text Book of Pediatrics. 18th Ed, Vol 1: Saunders, Elsevier New Delhi, India. 2008. 1840-1841

3 World Health Organization. Priority Medicines for Mothers and Children 2011. Department of essential medicines and pharmaceutical policies. Geneva, World Health Organization 2011 (WHO/EMP/MAR/2011.1).

Websites

Author's name (if available) must be listed first, followed by the full title of the document in italics, the date of publication or last revision (if available), the full http address (URL). And the date accessed in parentheses.

Examples:

1 National Institute for Health and Clinical Excellence. Induction of Labour NICE Clinical Guideline 70, 2008. available at http://www.nice.org.uk/CG070fullguideline (Accessed 21 October 2011)

2 Hofmeyr JG. Antenatal corticosteroids for women at risk of preterm birth: RHL Commentary (last revised 2 February 2009) The WHO Reproductive Health Library 2011, Geneva, World Health Organization www.who.int/rhl . (Accessed 21 October 2011)

3 Crowther CA, Hardin JE. Repeat doses of prenatal corticosteroids for women at risk of preterm birth for preventing neonatal respiratory disease. Cochrane Data Base of Systematic Reviews 2007, Issue 3. Art .No: CD003935. DOI: 10.1002/ 14651858. CD003935 pub 2. (Accessed 21 October 2011)

ANNEX 17
Dissertation Assessment and Marking Scheme (C4) - MD Obstetrics and Gynaecology

Two examiners will be appointed by the BOS to assess and award a mark independently out of 120 using the marking system described below. The final mark for the dissertation out of 120 shall be the mean of the sum of the marks given by each examiner.

1. Title
2. Author's name and address
3. **Abstract (15 marks)**
4. Table of contents
5. List of tables
6. List of figures
7. Introduction
8. Objectives
9. Review of literature
10. **Materials and methods (05 marks)**
11. **Results (40 marks)**
12. **Discussion (including limitations) (40 marks)**
13. **Conclusion and recommendations if any) (05 marks)**
14. Acknowledgements
15. **References (05 marks)**
16. **The overall presentation (10 marks)**

Total Marks (Out of 120):

To be eligible to sit the MD examination the trainee should score 40 % (48 marks) or more. If it is less than 40% the trainee should resubmit the Dissertation at a prescribed date after attending to the recommended amendments and improvements for re-assessment by the same Pair of examiners. At the repeat assessment the maximum mark to be awarded shall be 40%. This process to be continued in the same manner until the minimum 40% is obtained.

Signature: .....
Name of the Examiner: .....
Date: .....

ANNEX 18
Marking Scheme for Assessment of the Pre MD Portfolio (C5)
Pre MD Training in Obstetrics and Gynaecology

Name of trainee:

Training Centre:

Supervisor:

Period of Training:

1. Documentation: Clarity, Brevity, Correct sequence, Focused presentation

	Marks/10
Fail	1-3
Borderline	4
Pass	5
Good pass	6
Excellent pass	7-10

2. Surgical skills: Number, different types, competency

	Marks/10
Fail	1-3
Borderline	4
Pass	5
Good pass	6
Excellent pass	7-10

3. CPD Activities: Workshops, Seminars, Conferences

	Marks/10
Fail	1-3
Borderline	4
Pass	5
Good pass	6
Excellent pass	7-10

4. Reflective Ability

		Marks/10
Fail	Has not completed Reflective cycle	1-3
Borderline	Has only described the learning experience	4
Pass	Analyzed the reasons for the experience & the reasons for outcome	5
Good Pass	Evaluated how the outcome could have been different if a different course of action was taken	6
Excellent Pass	Provided high quality evidence for implementing changes	7-10

5. Teaching (undergraduates/ nurses /midwives)

	Marks/10
Fail	1-3
Borderline	4
Pass	5
Good pass	6
Excellent pass	7-10

Total Mark out of 50 Examiner 1 =
Total Mark out of 50 Examiner 2 =
Mark out of 100 =

Signature of Examiner 1: ……....

Signature of Examiner 1: ……....

Date: …../……/……

ANNEX 19
Summary of Assessments and Marks–MD Obstetrics and Gynaecology

Continuous Assessments Total Marks = 1000 Marks (C1 to C5)

C1) Internal Periodic In-Service Training Assessment (ISTA) by trainer = 200 Marks
at 3,6,15,18 months of training 50+50+50+50)

C2) External Periodic In-Service Training Assessment (ISTA) = 300 Marks
at 9-12 and 21-24 months of training (150+150)

C3) Essays = 100 Marks
at 6, 9, and 15 months of training (marks are allocated (50+50) at 9 & 15 months only)

C4) Research Proposal and Dissertation = 200 Marks

C5) Portfolio Clinical Assessments = 200 Marks
at 10 and 22 months of training (100+100)

MD Examination - Total Marks = 2000 Marks(S1 to S3)

S1. Written = 1000 Marks
S2. Objective Structured Clinical Examination = 600 Marks
S3. Clinicals = 400 Marks

Grand Total = 3000 Marks

SUMMARY OF CONTINUOUS ASSESSMENTS AND ALLOCATION OF MARKS – MD Obstetrics and Gynaecology

Continuous Assessments	Maximum marks out of 1000	Minimum required to sit the MD examination (%)
C.1. Internal Periodic In-service Training Assessment (ISTA)	200	100 (50 %)
C.2. External Periodic In-service Training Assessment (ISTA)	300	150 (50 %)
C.3. Essays	100	30 (30 %)
C.4. Research Proposal and Dissertation	200	80 (40 %)
C.5. Portfolio Assessment of clinical experience	200	100 (50 %)

SUMMARY OF ASSESSMENTS AND ALLOCATION OF MARKS – MD Obstetrics and Gynaecology

Component	Maximum marks out of 3000	Minimum required to pass the MD examination
Continuous Assessments	1000	The candidate must obtain a total mark of 1800 (60%) or more out of 3000. AND 50% (300 marks) or more for SEQ AND 50 % (200 marks) or more for MCQ AND 60% (360 marks) or more for OSCE AND 60% (240 marks) or more for Clinical Cases
S.1.1. SEQ x 6 (3 hrs)	600	
S.1.2.MCQ / SBA / EMQ x 40 (2 hrs)	400	
S.2. OSCE x 9 stations (135 mins)	600	
S.3. Clinical Cases x 2 (Obst + Gynae) (50 mins x 2)	400	

ANNEX 20
Post MD Training in Obstetrics and Gynaecology

LOCAL POST MD TRAINING

The trainee should review his portfolio with the trainer and plan out the completion of deficiencies. He / She should take part in administrative work with the consultant, learn to play the lead in the labour ward, perform audits, organize risk management, multi disciplinary, and other relevant clinical and educational meetings, take a leading role in postgraduate and undergraduate teaching, understand the necessities for overseas placement and prepare accordingly , take part in CPD and other activities of the professional associations, maintain and introduce new evidence based practices in the unit, take part in research, make presentations at academic meetings and take part in other academic activities.

OVERSEAS POST MD TRAINING

Trainee shall present the portfolio to the overseas trainers and plan relevant training. He/she should maintain the portfolio with constant dialogue with the trainers. Trainees are expected to understand socio-cultural differences while working in overseas centres and adjust accordingly. Trainees are encouraged to look for training & educational opportunities which are not available in Sri Lanka, participate in audits, research, risk management, drills and other standard practices. They are expected to remember at all times that they have a role of an ambassador from Sri Lanka and strive to maintain the dignity and status of the postgraduate programme and the country.

ANNEX 21
Application for Overseas Placement
Post MD Training in Obstetrics & Gynaecology

Full Name : ----------

Date of Birth : ----------
Postal Address : ----------

E –mail Address : ----------
Date of passing MD : ----------
IELTS: ----------
MRCOG Part I:----------
Training Accepted for MRCOG Part II : ----------
Current Post : ----------
Details of the overseas training post
.....
.....

Please submit the above information with detailed curriculum vitae to the examination department of the PGIM.

Signature of the trainee:
Date: ……

ANNEX 22.1

Progress Report on Trainees – Post MD Stage 4 -SR Training

(At Six months and Twelve Months)

Name of Trainee: Specialty: Obstetrics and Gynaecology

Period of Training:

Hospital and Unit:

Name of the Supervisor:

The Trainer shall use the following guideline and gradng scheme to assess the trainee's progress during Stage 4 of training. It is essential that justification/reasons are stated if a Grade of excellent or poor is given.

Excellent $\geq$ 70 % Good = 60 – 69 % Average = 50 – 59 % Poor = < 50 %

Please use the portfolio maintained by the trainee and a combination of work based assessments such as multisource feedback (MSF), objectives structured assessment of technical skills (OSATS), mini-clinical evaluation exercise (Mini-CEX), direct observation of procedural skills (DOPS), case-based discussions (CbD), acute care assessment tool (ACAT), patient survey (PS), audit assessment and teaching observation to arrive at your judgment.

	Grade	**Justification/Reasons**
Theoretical knowledge		
Clinical decision making		
Clinical skills		
Operative skills		
Ability to cope with emergencies and complications		
Thinks independently and rationally		
Seek appropriate consultations		
Ability to follow instructions		
Quality of documentation		
Dedication to work		
Professional attitudes		
Reliability		
Availability/punctuality		
Communication skills		
Doctor-patient relationship		
Relationship with colleagues		
Relationship with other staff		
Supervises and help juniors		
Teaching of medical students/junior staff		
Other Comments:		

Signature of the Supervisor: **Date:**

ANNEX 22.2
Progress Report on Trainees–Post MD Stage 5–Overseas Training
Pleases submit a progress report to the PGIM every Six months

Name of Trainee: Specialty**:** Obstetrics and Gynaecology
Period of Training:
Hospital and Unit:

The Trainer shall use the following guideline and marking scheme to assess the trainee's progress during Stage 5 of training. It is essential that justification/reasons are stated if a mark of excellent or poor is given.

Excellent $\geq$ 70 % Good = 60 – 69 % Average = 50 – 59 % Poor = < 50 %
Please use the portfolio maintained by the trainee and a combination of work based assessments such as multisource feedback (MSF), objectives structured assessment of technical skills (OSATS), mini-clinical evaluation exercise (Mini-CEX), direct observation of procedural skills (DOPS), case-based discussions (CbD), acute care assessment tool (ACAT), patient survey (PS), audit assessment and teaching observation to arrive at your judgment.

	Max. Mark	**Allocated Marks**	**Justification/Reason**
Theoretical knowledge	(10)		
Clinical decision making	(20)		
Clinical skills	(20)		
Operative skills	(20)		
Ability to cope with emergencies and complications	(20)		
Thinks independently and rationally	(20)		
Seek appropriate consultations	(20)		
Ability to follow instructions	(10)		
Quality of documentation	(20)		
Dedication to work	(20)		
Professional attitudes	(20)		
Reliability	(20)		
Availability/punctuality	(10)		
Communication skills	(10)		
Doctor-patient relationship	(10)		
Relationship with colleagues	(10)		
Relationship with other staff	(10)		
Supervises and help juniors	(10)		
Teaching of medical students/junior staff	(10)		
Total (Out of 300)			

Signature and name of the Supervisor: **Date:**

ANNEX 23

Marking Scheme for Pre Board Certification Assessment in Obstetrics and Gynaecology

A pair of examiners shall conduct the Pre Board Certification Assessment at the end of two years Post MD training and award marks independently.

	Max. Mark	Allocated Marks	Justification/Reason
B1.Portfolio: a. Portfolio desk evaluation (Total Marks 250)			
1. Log of Procedures carried out	75		
2. Reflective Practice	100		
3. Teaching	25		
4. Ethics and Medico-legal Issues	25		
5. Professional Development	25		
b. Portfolio Viva (Total Marks 150)			
1. Log of Procedures carried out	25		
2. Reflective Practice	25		
3. Teaching	25		
4. Information Technology	25		
5. Ethics and Medico-legal Issues	25		
6. Professional Development	25		
B2. Publications: Research and Audit (Total Marks 300)			
1. One original research paper in a peer reviewed Journal	180		
2. Additional publications	120		
B3. Presentations: Research and Audit (Total Marks 150)			
1. Two presentations at National or International Scientific Meetings	90		
2. Additional presentations	60		
B4. Two overseas progress reports (75x2 =Total Marks 150) – vide Annex 22.2 (Divide the marks given out of 300 by four to arrive at a mark out of 75)			
Overseas supervisors' reports	150		
Total	**(Out of 1000)**		

Examiners' names and signatures **Date**

To Pass the PBCA a candidate should obtain 60% (600 marks) or more out of the Total 1000 Marks AND 50% or more for each of the four sections (B1-≥200, B2-≥150, B3-≥75, B4-≥75)

ANNEX 24
Roles and Responsibilities of a Trainer

The roles and responsibilities of a trainer are multiple:

A. MD trainer
B. Academic Appraiser
C. Supervisor of a research project
D. Reviewer/assessor of a research project
E. Supervisor of the Training Portfolio
F. Role model
G. Examiner

A. <u>As a MD trainer, he/she should</u>

1. Be involved in teaching and ensure trainees learn on the job.
2. Allocate time for trainees to discuss academic as well as personal issues.
3. In instances of unsatisfactory behavior, attitude or problems of the trainee, first warn the trainee and if the situation persists, inform the Director PGIM and Board of Study so that remedial action can be taken. Communications on such issues should be copied to the trainee's academic appraiser.
4. Consult the Board of Study and inform the academic appraiser of the trainee, if a trainee is required to repeat any duration of a clinical appointment or any other appointment.
5. Send progress reports to the BOS , every six months.
6. Supervise the leave arrangements of trainees. (Warn the trainees if in excess and remind them that leave is not a right but a privilege, but give their due)
7. Encourage trainees to participate in continuing medical and professional development activities such as time to visit the library, participate in other clinical meetings, workshops, critical appraisal of journal articles etc.
8. Encourage presentations by the trainees in clinical meetings, CPD activities etc.
9. Conduct workplace based assessments – DOPS and Mini Clinicals as indicated in the portfolio guidelines.
10. Inform the BOS if more than 2 weeks of leave is to be taken by you.
11. arrange for cover up of leave for training purposes (since this may be different from work cover up)
12. Inform the BOS and give adequate time for the trainee to be moved to another training site if more than 1 month leave is to be taken, since off site cover is not acceptable in such a situation.
13. Handover the required letters of release/ attest to the satisfactory completion of portfolio of the trainees on completion of an appointment by the trainee (it might be difficult for them to come later)
14. Give constructive feedback continuously, which will help the trainees to improve both academically and professionally. Feedback on negative aspects of a trainee should be dealt with in a confidential manner.
15. Provide a pleasant and disciplined environment in the work place for the trainee to work.

B. <u>As an academic appraiser</u>, the trainer should

1. Have regular meetings with the trainees.
2. Be accessible to the trainee and give your contact number and convenient times for meetings.
3. Develop an approachable, friendly relationship so that trainees are not hesitant to contact you in times of need.
4. Supervise the entries and ensure regular updates of your appraisee's(wrong) portfolio.

C. <u>As a supervisor of a research project</u>, the trainer should

1. Be realistic and ensure the trainee gets hands on experience to do research on his or her own.
2. Not have too many goals which will burden the trainee who will find it difficult to finish the project within 4 months.
3. Make sure that trainees submit duly filled forms and suggest the name of a reviewer to review the project proposal.
4. Assist and advice trainees regarding obtaining funds in time for project commencement.
5. Correct the trainee's presentation and writing (including spelling and grammar) before it is presented or sent to the reviewer or submitted for evaluation.
6. Encourage them to publish or present in national and international scientific sessions.

D. <u>As a reviewer and assessor of a research project dissertation</u>, the trainer should

1. Review the work done in the Sri Lankan context.
2. Write a detailed report including the corrections and changes that a trainee has to attend to.
3. complete the review within the allocated time, otherwise trainees will face difficulties in attending to the corrections.
4. Remember that a delay in submission of your assessor report will delay the procedure of sending all the dissertations to the foreign examiner by the PGIM.

E. <u>As a role model</u> the trainer should

1. Be exemplary in your dealings with colleagues of other disciplines and all personnel in the health care team.
2. Always be punctual.
3. Be sympathetic to the trainees appreciating that they too have problems.
4. Avoid criticizing other trainers and training sites.

F. <u>As an examiner</u> the trainer should

Read and abide by the guidelines of the PGIM document.

ANNEX 25
Current Trainers/Training Units

TRAINERS

The trainers shall be the Board Certified Consultants who are in charge of accredited obstetrics and gynaecology training units in Teaching Hospitals, Ministry of Health.

QUALIFICATIONS

MS/MD with Board Certification; MRCOG/FRCOG; FSLCOG

TRAINING UNITS

Castle Street Hospital for Women, Colombo
De Soysa Maternity Hospital, Colombo
Colombo South Teaching Hospital
Colombo North Teaching Hospital
Sri Jayewardenepura Teaching Hospital
Teaching Hospital, Mahamodara, Galle
Teaching Hospital, Kandy
Teaching Hospital, Peradeniya
Teaching Hospital, Jaffna
National Cancer Institute Maharagama

ANNEX 26
Reading Material: Books and Journals

Reading Material for Selection Examination
There are several books available. A few examples are listed below.

ANATOMY

Clinical Anatomy for Medical Students (latest edition) Richard S Snell
Clinical Anatomy (latest edition) Harold Ellis
Last's Anatomy - Regional and Applied (latest edition) Chummy S Sinnatamby
BD Chawrasia's Human Anatomy Regional and Applied [Dissection and Clinical]: 3 volumes (Latest Edition)

EMBRYOLOGY

Langman's Medical Embryology (latest edition). TW Sadler

GENETICS

ABC of Clinical Genetics (latest edition). H Kingston
Basic Medical Genetics (Latest Edition). Rohan W. Jayasekera

PHYSIOLOGY

Ganong's Review of Medical Physiology (latest edition). Kim E Barrett, Scott Boitano, Susan M. Barman, Heddwen L Brooks
Text book of Medical Physiology (latest edition). Gyton and Hall
Essential Reproduction (latest edition) Martin Johnson

BIOCHEMISTRY

Harper's Illustrated Biochemistry (latest edition) Robert K Murray, David A Bender, Kathleen M Botharm, Peter J Kennelly, Victor Rodwell and P Anthony Weil
Lippincott's Illustrated Reviews (latest edition)

ENDOCRINOLOGY

Clinical Gynecologic Endocrinology and Infertility (latest edition) Leon Speroff and Marc A Fritz

MICROBIOLOGY

Medical Microbiology (latest edition) David Greenwood, Richard C B Slack, John F Peutherer
Mims' Medical Microbiology (latest edition) Richard V Goering, Hazel
M Dockrell, Mark Zuckerman, Derek Wakelin, Ivan Roitt, Cedric Mims and Peter Chiodini

PATHOLOGY

Robbins Basic Pathology (latest edition) Kumar, Abbas, Fausto and Mitchell
Muir's Textbook of Pathology (latest edition)

General Pathology, (Latest Edition) Walter & Israel

IMMUNOLOGY

Roitt's Essential Immunology (latest edition) Peter Delves, Seamus Martin, Dennis Burton and Ivan Roitt

PHARMACOLOGY

Clinical Pharmacology (latest edition) Peter N Bennett and Morris J Brown

Lecture Notes: Clinical Pharmacology and Therapeutics (latest edition)John L Reid, Peter Rubin and Matthew Walters

EPIDEMIOLOGY & STATISTICS

Introduction to Medical Statistics (latest edition) M Bland

Introduction to Research Methodology for Specialists and Trainees (latest edition) –Edited by P M Shaughn O'Brien and Fiona Broughton Pipkin (RCOG Press)

OTHER

Basic Science in Obstetrics and Gynaecology - A Textbook for MRCOG Part 1 (latest edition) Phillip Bennett and Catherine Williamson (Formally Edited by Michael de Sweit & Geoffrey Chamberlain)

MRCOG Part I: MCQs Basic Science of Obstetrics & Gynaecology K.W. Sharif

MRCOG Part I: MCQ Revision Book D. Ireland

Leaning Resources MD Examination

There are several books, journals and websites available. A few examples are listed below.

Books

Dewhurst's Textbook of Obstetrics and Gynaecology for Postgraduates (latest edition) DK Edmonds

Oxford Hand Book of Obstetrics & Gynaecology (latest edition) S. Arulkumaran, IM Simmons, A Fowlie

High Risk Pregnancy Management Options (latest edition) - DK James, PJ Steer, CP Weiner and B Gonik

Turnbull's Obstetrics (latest edition) Chamberlain and P Steer

de Swiet's Medical Disorders in Obstetric Practice - Raymond O. Powrie, Michael F. Greene, William Camann,

Handbook of Obstetric Medicine (latest edition) C Nelson-Piercy

Labour Ward Rules TN Fay

Intrapartum Care for the MRCOG and Beyond TF Baskett and S Arulkumaran

Neonatology for the MRCOG P Dear and S Newell

Menopause for the MRCOG and Beyond Margaret Rees

Paediatric and Adolescent Gynaecology for the MRCOG and Beyond AS Garden and Topping

Antenatal Disorders for the MRCOG and Beyond AJ Thompson and IA Greer

Gynaecology (latest edition) RW Shaw, WP Soutter and S Stanton

Management of Infertility for the MRCOG and Beyond
A Templeton, P Ashok, S Bhattacharya, R Gazvani, M Hamilton,
Gynaecological and Obstetric Pathology for the MRCOG H Fox and H Buckley
Menstrual Problems for the MRCOG MA Lumsden, J Norman and H Critchley
Shaw's Text Book of Operative Gynaecology (latest edition) John Howkins and Christopher N Hudson
Te Linde's Operative Gynecology (latest edition) JA Rock and JD Thompson
Obstetrics & Gynaecology for Postgraduates S Ratnam, S.Arulkumaran
Utrasound in Obstetrics & Gynaecology N Malhotra
Introduction to Research Methodology - For Specialists and Trainees
PMS O'Brien and F Broughton Pipkin
Learning Research C Sivagnanasundara
Key Topics in Obstetrics and Gynaecology (latest edition) R Slade, E Laird,
G Beynon and A Pickersgill
Key Questions in Obstetrics and Gynaecology (latest edition) A Pickersgill,
A Meskhi and S Paul
MCQs for MRCOG part 2 MA Khaled
MRCOG Part 2 MCQs - Clinical Obstetrics and Gynaecology KW Sharif and
JA Jordan
MCQs for the MRCOG part 2 P Hogston
OSCEs for Obstetrics and Gynaecology A Pickersgill, A Meskhi and S Paul
MRCOG Oral Assessment Exam KW Sharif
Short Essay Questions for the MRCOG Part 2 – a self-assessment guide
P Latthe, KS Khan, JK Gupta and H Gee
Short Essay questions for MRCOG Part II MA Khaled
Short Essays MCQs & OSCEs for MRCOG Part II: A comprehensive guide JC Konje
Short Essay Questions for the MRCOG Part 2 MA Khaled and AG Ellis
EMQs for MRCOG Part II: A self assessment guide
K. Ramalingam. LM Palanivelu, J Brockelsby & C. Philips
Aids to Obstetrics and Gynaecology for the MRCOG (latest edition) GM Stirrat
Obstetrics and Gynaecology - Cases, Questions and Commentaries PN Baker, TN Fay and RH Hammond
Obstetric Ultrasound. Chudleigh & M Pearce
Munro Kerr's Operative Obstetrics (latest edition) TF Baskett, AA Calder,
S. Arukumaran
Operative Laparoscopy & Hysteroscopy SM Cohen

Journals

Best Practice & Research Clinical Obstetrics & Gynaecology
Obstetrics & Gynaecology Clinics of North America
The Obstetrician & Gynaecologist
Current Opinion in Obstetrics and Gynecology
British J of Obstetrics & Gynaecology
Progress in Obstetrics & Gynaecology
Recent Advances in Obstetrics & Gynecology
Obstetrics & Gynaecology Survey
J of Obstetrics & Gynecology
American J of Obstetrics & Gynecology

International J Obstetrics & Gynecology
British Medical J
Ceylon Medical J
Sri Lanka J of Obstetrics & Gynaecology

Other Publications

RCOG Publications
RCOG Green Top Guidelines
Educational Bulletins - SLCOG

Important Web Sites

www.ncbi.nlm.nih.gov
www.rcog.org.uk
www.who.int/rhl
www.nice.org.uk
www.cochrane.org
www.obgynsurvey.com
www.obgyn.net
www.nejm.org
www.bmj.com