



**POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA**

**PROSPECTUS
POSTGRADUATE DIPLOMA
IN
REPRODUCTIVE HEALTH**

(To be effective from the year 2017)

BOARD OF STUDY IN OBSTETRICS & GYNAECOLOGY

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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. 4 of 2016 for Postgraduate Diplomas and Postgraduate Certificates.

1. NOMENCLATURE

Full title: Postgraduate Diploma in Reproductive Health

Abbreviated title: PgDRH

University: University of Colombo

Faculty / Institute: Postgraduate Institute of Medicine

Departments: Board of Study in Obstetrics & Gynaecology

2. BACKGROUND

The PgDRH was launched by the PGIM in 2008 with the aim of equipping medical professionals with the basic expertise in knowledge, skills and attitudes required of a medical officer assigned to a service area in obstetrics and gynaecology with special reference to reproductive health. The required expertise may be in a hospital setting or in the field setting. The duties will consist of clinical responsibilities, prevention, early identification, counseling and provision of health education in relevant areas in Reproductive Health. In doing so the medical officer should function with other members of the health team as a productive member providing leadership when necessary.

The PgDRH is accepted by the Public Service Commission and Ministry of Health for promotion of medical officers to Grade 1.

The 2017 revisions take into consideration the requirements stipulated in the updated Sri Lanka Qualifications Framework of the University Grants Commission for the award of a postgraduate diploma, as well as the advances in and expectations of the field of Reproductive Health which is a health priority area in Sri Lanka. The programme meets the requirements of the relevant qualification descriptors and level descriptors, and is set at Level 8 of the Sri Lanka Qualifications Framework.

3. LEARNING OUTCOMES

At the completion of the training programme the trainee should be able to:

- a. demonstrate clear understanding of theoretical knowledge.
- b. display critical awareness of current issues in the subject area.
- c. apply techniques relevant to professional practice.

- d. deal with complex issues systematically and creatively, and make sound judgments and communicate decisions clearly to others.
- e. demonstrate self-direction and originality in tackling and solving problems.
- f. plan and implement tasks independently in a professional manner.
- g. demonstrate their ability to engage in continuing professional development.

4. ELIGIBILITY FOR ENTRY

To be eligible to apply for the PgDRH applicants must meet the following criteria:

- a. Hold a medical degree registered with the Sri Lanka Medical Council.
- b. Satisfactory completion of internship acceptable to the Sri Lanka Medical Council.
- c. Satisfactory completion of three years of work experience after completion of internship.
- d. Comply with PGIM general regulations relevant to selection of trainees.

The above criteria must have been satisfied by the applicant as at the date of closure of applications. Non-state sector graduates and foreign nationals seeking entry are governed by the relevant General Regulations and Guidelines of the PGIM. The decision of the Board of Management of the PGIM shall be final in all such applications.

5. SELECTION EXAMINATION

The selection examination shall consist of two components: written examination and an interview.

- (a) **The written examination – 200 marks – Two hours.** This shall consist of a multiple choice question paper (MCQ) based on general topics in the field of obstetrics and gynaecology of two hours duration.
- (b) The MCQ paper will consist of 40 true/false type questions with 5 responses in each question (total of 200 responses). Each question will be marked out of five and the total marks allocated to the paper shall be 200. Negative marks shall only apply within the question and will not be carried over.
- (c) Candidates who obtain 50% or more for the written examination shall proceed for the interview.
- (d) **Interview - 100 marks – 20 minutes.**
A panel of two examiners shall assess each candidate. At the interview, the relevance of present and past involvement of the candidate in the field of

reproductive health will be evaluated and marks shall be assigned for Service and Seniority / Present as well as past experience in maternal and child health work as follows.

- Service and Seniority: Five marks shall be given for each year of service after the initial three (3) years required for selection up to a total of 40 marks.
- Present and past experience in MCH work after internship: a total of up to 60 marks as follows:

Public health service - 4 for each year of service up to 20 marks

SHO / O&G - 5 per each year of service up to 30 marks

Other posts - 2 per each year of service up to 10 marks

- (e) **A candidate must obtain a minimum of 50% (150/300 marks) of the total aggregate AND a minimum of 50% for the MCQ paper AND a minimum of 40% for the interview** to pass the examination and be eligible for enrolment to the course.
- (f) The **permitted number of attempts** at the selection examination is unlimited. Guidelines for the Selection Examination is given in [Annex 01](#).

6. NUMBER TO BE SELECTED

Available training opportunities will be indicated by the PGIM in the public circular for the PgDRH selection examination. The number of training slots will be predetermined each year by the Board of Study in Obstetrics and Gynaecology and the Board of Management of the PGIM in consultation with the Ministry of Health. This predetermined number shall be selected from among those who have passed the Selection Examination, in the order of merit and in compliance with the General Regulations and Guidelines of the PGIM and relevant Examination Circulars.

7. DURATION OF THE COURSE

This is full-time course consisting of 40 weeks of module activities with 1250 notional learning hours. The total number of credits of the course shall be 25 (50 notional hours = 1 credit). It is essential to have more than 80% attendance for each module to be eligible to sit for the final examination.

8. COURSE STRUCTURE

The course shall consist of lectures, clinical work, tutorials/SGD, problem based learning, seminars, self-directed learning, preparation of two audit reports and maintaining a log book. The course consists of 12 **Modules**. The curriculum, teaching

methods and allocated number of hours are given in [Annex 02](#). The duration of the respective learning activities and credit calculation are given in table 1.

Table 1. Modules, time allocation and credit calculation

	Module / Activity	Notional Learning Hours
1	Basic sciences	72 hours
2	Benign gynaecology	150 hours
3	Contraception	72 hours
4	Sexually Transmitted Infections	72 hours
5	Subfertility	60 hours
6	Adolescent health	72 hours
7	Post reproductive health	60 hours
8	Gynaecological malignancies	60 Hours
9	Promotion of health and nutrition	60 hours
10	Antenatal and post-natal care	60 hours
11	Labour room and emergency obstetrics	120 hours
12	Maternal medicine	72 hours
13	Audit reports, Log Book and Self Directed Learning	320 hours
	Total notional learning hours and credits	1250 hours 25 credits

9. LEARNING ACTIVITIES

A variety of teaching-learning methods will be used to ensure maximum acquisition of knowledge, skills and attitudes. These will be in the form of lectures, clinical sessions, small group discussions, seminars, tutorials, workshops, field work, distance education modules, internet use, the use of videos / CDs / Cassettes, independent self learning and preparation of two audit reports and maintenance of a log book.

10. TRAINERS AND TRAINING CENTRES

The teachers for the course will be identified by the BOS in Obstetrics and Gynaecology from among specialists with at least 3 years of experience following Board Certification in Obstetrics & Gynaecology, Community Medicine, and other relevant fields.

Details of training centres and trainers are given in [Annex 03](#) and [Annex 04](#).

11. MONITORING PROGRESS

- 11.1. Students are expected to attend at least 80% of the scheduled sessions and clinical work , AND at least 80% of the sessions in each module.
- 11.2. The trainee is expected to prepare two audit reports (details in [Annex 05](#)) on a selected topic in Reproductive Health and submit it to the Academic Branch of the PGIM within four (4) weeks of completing the modules.
- 11.3. The trainee should maintain a Log Book (details are in [Annex 06](#)) and submit it to the Academic Branch of the PGIM within four (4) weeks of completing the modules.
- 11.4. Progress reports should be submitted to the PGIM by the course coordinator at 20 weeks and forty weeks of the training programme ([Annex 07](#)).

12. POSTGRADUATE DIPLOMA IN REPRODUCTIVE HEALTH EXAMINATION

12.1 Eligibility to register for the Examination

- a. Satisfactory completion of the 12 modules with at least 80% attendance in each module. The module coordinators must certify attendance.
- b. Submission of the two audit reports.
- c. Submission of the log book.
- d. Acceptance of the progress reports by the Board of Study.

12.2 Components of the Postgraduate Diploma Examination

The examination shall consist of three components (**Total 500 marks**)

- a. Written component – 200 marks
- b. Clinical component – 200 marks
- c. Oral examination – 100 marks

12.2.1. Written component shall consist of two papers

- a. MCQ paper: 20 True/False questions and 30 SBA - 02 hours – 100 marks
- b. Structured Essay paper: 4 questions - 02 hours – 100 marks

12.2.2. Clinical component

A clinical Examination of **02 patients (Out of the two one would be pregnancy related and the other non-pregnancy related) - 30 minutes per patient and 20 minutes for discussion** of each case with two examiners – 100 marks for each case. Independent marking by the two examiners.

12.2.3. Oral examination

This shall be a structured oral examination - 30 minutes - discussion with two examiners. Independent marks shall be awarded by the two examiners – 100 marks

12.3 Requirements to pass the examination

- (i) An overall mark of 50% or more (250/500) (aggregate of the marks of all the three components).

AND

- (ii) A minimum of 45% each for the theory and Clinical components.

AND

- (iii) Acceptance of the two audit reports. If the audit reports are not accepted the candidate shall resubmit the same after corrections and the final results shall be released only after acceptance of the audit reports.

AND

- (iv) Acceptance of the Log Book. If the Log Book is not accepted the candidate shall resubmit the same after corrections and the final results shall be released only after acceptance of the Log Book.

On completion of the above requirements the candidate shall be recommended for the award of the Postgraduate Diploma in Reproductive Health.

12.4 Failed candidates

A failed candidate shall sit only for the failed components (i.e. achieving <50% for a particular component) at subsequent attempts.

If the Log Book and or audit reports are not accepted the candidate shall resubmit the same after corrections and the final results shall be released only after acceptance of the Log Book and/or audit reports.

Total number of six (6) attempts shall be permitted within a period of eight years from the date of first attempt.

13 RECOMMENDED READING

The details of recommended reading material are given in [Annex 08](#)

ANNEX I GUIDELINES FOR THE SELECTION EXAMINATION

Guidelines for the Selection Examination for entry to the course of study leading to the Diploma in Reproductive Health

The following information is intended to serve as a guide to candidates and indicates the general scope of the examination.

The selection examination for entry to the course of study leading to the PGDRH Reproductive Health evaluates the candidate's basic knowledge in anatomy, physiology, pathology, pharmacology, microbiology, genetics, immunology, molecular biology, demography, statistics, computing and biomedical engineering, any other aspect of basic sciences relevant to reproductive health. The candidate is also expected to have a basic knowledge in clinical aspects of safe motherhood, gynaecological disorders, medical disorders in pregnancy, contraception, teenage and post - reproductive health, sexually transmitted diseases, infertility, gynaecological malignancies and nutrition. It should be clearly understood that these subjects cannot be rigidly separated from each other. Further, the candidate is expected to be familiar with any other aspects of basic sciences as applied to Obstetrics and Gynaecology. The standard expected is that of the final examination for medical degrees.

ANNEX 2 CURRICULUM

The curriculum consists of 12 modules. The Teaching / learning activities are outlined below.

Lectures / tutorials / seminars / small group discussions

These shall be conducted by approved lecturers appointed by the BOS at an identified location mainly between 1-4 pm.

Clinical rotations

The clinical training shall be conducted by approved trainers in approved training units in hospitals or special service delivery units. These will be morning sessions of four hours during each day. During the clinical rotation each trainee should maintain a Log Book and signature obtained from the trainer. Assessments of trainee's performance during the clinical attachments should be made by the trainer using the log Book which shall include "Reflective Writing". This will provide, an opportunity to identify their weaknesses and counsel in order to rectify them shortcomings.

Details are given in under the respective modules below.

Small Group Discussions/Tutorials/Seminars

These will be based on selected practical training sessions (eg IUCD insertion, Jadelle implants, Condom catheter, Vacuum delivery, Suturing of perineal tears, etc. The available skills laboratories may be used when appropriate)

Self Directed Learning (IT Materials, Journals, Guidelines, CDs, Educational web sites, etc.)

Skills: The skill levels required are indicated under the competencies in each module. The Skills code used is given below.

Skills code:

- A – Acquire knowledge and skill using teaching aids such as models, Audio-visuals, etc.**
- B – Observe the task when performed by the trainer.**
- C – Assist the trainer to perform the task.**
- D – Perform the task under the supervision of the trainer**
- E –Perform the task independently**

MODULE 1: BASIC SCIENCES (72 HOURS – 12 DAYS)

Objective: To apply the principles of anatomy, physiology, pathology, immunology, microbiology and pharmacology to understand the disease processes that affect reproductive health and develop management protocols for their treatment.

Knowledge criteria	Clinical competence	Professionalism and Attitudes	Teaching methods
<p>At the completion of training the trainee should be able to acquire the knowledge in following to apply in clinical practice:</p> <ul style="list-style-type: none"> • Anatomy of female reproductive organs, abdomen, pituitary, hypothalamus, pelvis and breast. • Embryology and development of female genital tract, fetus, placenta and implantation • Physiology of the reproductive, cardiovascular, respiratory and lactation. • Physiological changes during pregnancy • Structure and function of sex hormones, normal cell, proteins, peptides, amino acids enzymes, vitamins and minerals. • Microbiology Normal and disease causing microorganisms encountered in gynaecological and obstetric practice. • Pathology Causes and effects of cell 	<ul style="list-style-type: none"> • Ability to identify important anatomical landmarks relevant to gynaecology and pregnancy. (E) • Clinical applications of Reproductive Endocrinology. (E) • Ability to link the hypothalamo - pituitary - ovarian activity to menarche, gynaecological disorders, pregnancy and the menopause. (E) • Assess the physiological basis of assessment of cardiovascular, respiratory, hepatic and renal functions and correlate the changes to reproductive health and pregnancy. (E) • Pathogenesis and relevant classifications of neoplasms and infections in the genital tract. (E) • Evaluate the status of reproductive health and the significance of diseases affecting the reproductive health in 	<ul style="list-style-type: none"> • To comply with ethical guidelines including informed consent in collection of data for research. • To maintain confidentiality in reports of investigations. • Develop appropriate communication skills to provide reproductive health care. • Comply with the SLMC guidelines on professional conduct. 	<ul style="list-style-type: none"> • Lectures. (30) • Skills lab training with models and instruments. (5) • Web based self study. (5) • Seminar. (10) • Tutorial. (10) • Formative Assessment. (5) • Self study. (10)

<p>damage and healing of tissue, hyperplasia, metaplasia, dysplasia and neoplasia.</p> <ul style="list-style-type: none"> • Scientific basis of cell response to injury and immunology • Pharmacology Pharmacokinetics relevant to medications used in pregnancy, labour, lactation, gynaecological disorders subfertility, menopause, contraception and infections in O & G. • Describe the disinfections & sterilization methods • Understand the principles and methods of conducting and reporting scientific research and audits as applied to reproductive health. • Understand the appropriate use of IT for patient care and personal development. 	<p>the community.(D)</p> <ul style="list-style-type: none"> • Ability to organize infection control, treatment of infections, safe prescribing in pregnancy/lactation. (D) • Ability to interpret reports of investigations relevant reproductive health. (D) • Correlate the Fetal development with imaging techniques. (D) • Principles in prevention and screening of pregnancy linked disorders and malignancy (D) • Ability to do a literature search .(E) • Make a Power Point presentation. (E) • Ability to use a spreadsheet software for data storage and simple analysis.(E) 		
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MODULE 2 – BENIGN GYNAECOLOGY (150 HOURS – 25 DAYS)

Objective: Should be able to understand the prevention, causes, diagnosis and management of common benign gynaecological conditions at Primary and Secondary health care levels.

Knowledge criteria	Clinical competence	Professionalism and Attitudes	Teaching methods (Hours)
<p>At the end of the training the trainee should be able to describe the following Benign gynaecological conditions (BGC):</p> <ul style="list-style-type: none"> • Abnormal uterine bleeding (AUB) and benign gynaecological conditions in uterus, cervix, ovaries and genital tract. • The terminology of AUB (FIGO classification). • The available investigations for AUB and BGC. • Acute and chronic pelvic pain • Endocrine disorders (PCO) • Urogynaecological disorders • Early pregnancy complications • The value of post-operative care at the primary health care level • 	<ul style="list-style-type: none"> • Obtain a relevant history and perform an examination including general, abdominal, speculum and bimanual vaginal examination of a female with BGC.(E) • Identify the investigations require to confirm the diagnosis.(E) • Evaluate the management options (medical and surgical) available for BGC and selection of appropriate method/s.(D) • Familiarize with pelvic ultrasound scan, hysteroscopy, diagnostic laparoscopy, endometrial sampling and minor & major gynaecological surgeries. (C) • Identify patients who need referral for specialist care, follow up patients who have received different 	<ul style="list-style-type: none"> • Understand that BGC may affect quality of life and can potentially cause psychological distress. • Exhibit an empathetic understanding. • Appropriate counseling methods. • Ethical and confidentiality issues. 	<ul style="list-style-type: none"> • Case based discussions at gynaecology clinic.(70) • Case based discussions at gynaecology clinic.(20) • Lectures. (30) • Tutorials. (10) • Seminars. (10) • Self-directed learning. (5) • Formative Assessments (5)

	<p>modalities of treatment and decide on back-referral.(D)</p> <ul style="list-style-type: none"> • Identify life style modifications in management.(E) 		
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MODULE 3 – CONTRACEPTION (72 HOURS – 12 DAYS)

Objective: To understand and demonstrate appropriate knowledge, skills and attitudes in relation to fertility control.

Knowledge criteria	Clinical competence	Professionalism and Attitudes	Teaching methods (Hours)
<p>By the end of the training programme the trainee should be able to:</p> <ul style="list-style-type: none"> • Understand the global trends in family planning and national policy. • Develop awareness of locations and agencies where family planning methods are available. • Describe reversible, irreversible and emergency contraception. • Describe and explain modes of action, effectiveness, indications and complications of reversible hormonal and non-hormonal contraceptive 	<ul style="list-style-type: none"> • Take a relevant history and perform an examination to select an appropriate method.(E) • Arrange emergency contraception and hormonal (E) • Insertion of IUD/ PPIUCD/ Implants(D) • Selection and referral after obtaining consent for surgical contraception(E) • Arrange the appropriate follow up(E) • Able to detect complications and failures(E) • In the presence of risk factors how to recommend a method or seek advice(C) 	<ul style="list-style-type: none"> • Ethical and legal issues relating to fertility control. • Demonstrate the ability to counsel women sensitively about options available, and associated sexual health issues • Display tact, empathy and concern to counsel of fertility • Understand the ability to respect women’s rights, dignity and confidentiality • Control methods to facilitate selection. • Respect women’s rights, dignity and confidentiality. 	<ul style="list-style-type: none"> • Lectures (12) • FHB (24) • Procedural training (18) • FP clinic (4) • Skills lab (4) • Problem Based Learning (4) • Tutorial (3) • Seminar (3) • Formative Assessments (3)

<p>methods.</p> <ul style="list-style-type: none"> • Familiar with contraindications and complications (WHO MEC). • Knowledge on available different methods of female sterilization. 	<ul style="list-style-type: none"> • When appropriate suggest methods to the husband.(E) • Create opportunities to discuss other health issues such as prevention of cancer and STD with clients who visits the family planning clinic.(E) • Emphasize non contraceptive benefits(E) • Identify reproductive and sexual health implications related to contraceptives. (E) 	<ul style="list-style-type: none"> • Demonstrates effective liaison with colleagues in other disciplines, clinical and non-clinical. • Understand the need to respect cultural and religious beliefs as well as sexual diversity. • Sympathetically approach in the event of failure or complications. 	
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MODULE 4 – SEXUALLY TRANSMITTED INFECTIONS (STI) (72 HOURS – 12 DAYS)

Objective: To understand and demonstrate appropriate knowledge, skills and attitudes in relation to fertility control.

Knowledge criteria	Clinical competence	Professionalism and Attitudes	Teaching methods (Hours)
<p>By the end of the training programme the trainee should be able to:</p> <ul style="list-style-type: none"> • Recognize the epidemiology of STI in Sri Lanka. • Understand the global trends of STI. • Describe the types of STI. • Describe the available diagnostic procedures. • Outline the treatment options and limitations. • Describe the preventive methods recommended. • Outline the activities of the STI/AIDS control program & explain as to how their services could be obtained. 	<ul style="list-style-type: none"> • Take a relevant history and perform an examination.(E) • Recognize the presentations of common STI seen among Sri Lankan females.(D) • Evaluate the available different diagnostic methods and interpret the reports. (D) • Selection of appropriate treatment methods. (D) • Screening methods and contact tracing methods available for the community. (E) • Educate the public and organize strategies in prevention of STI at a primary health care level. • Identify reproductive and sexual health implications. (D) • Identify patients who need referral for specialist care, follow up patients who have received different modalities of treatment and decide on back-referral. (D) 	<ul style="list-style-type: none"> • Counsel patients with STI • Ethical and legal issues in management. • Sympathetic approach. • Respect woman’s rights, dignity and confidentiality. • Demonstrates effective liaison with colleagues in other disciplines, clinical and non-clinical. • Respect cultural and religious beliefs as well as sexual diversity. • Appreciate the impact on family members. • Value the multidisciplinary approach in care and prevention. 	<ul style="list-style-type: none"> • Lectures (20) • STD clinic (30) • Tutorial (10) • Seminar (10) • Formative Assessments (2)

MODULE 5 – FERTILITY (60 HOURS=10 DAYS)

Objective: Should be able to understand and demonstrate appropriate knowledge, skills and attitudes in relation to the management of a couple with subfertility at primary, secondary and tertiary health care level.

Knowledge criteria	Clinical competence	Professionalism and Attitudes	Teaching methods (hours)
<p>By the end of the training programme the trainee should be able to:</p> <ul style="list-style-type: none"> • Discuss the epidemiology, pathogenesis and male/female aetiological factors. • Describe the investigations of subfertility and including SFA, hormone assay, tubal patency tests, USS, laparoscopy, PCT, hysteroscopy and SFA. • Assess the limitations of investigations. • Familiar with the medical, surgical and ART options (ART/ IUI/ IUD/GIFT/IVF/ ICSI) available for treatment. • Understand the advantages, disadvantages and limitations of above methods. 	<ul style="list-style-type: none"> • Skill to obtain a comprehensive and relevant history and perform an examination (E) • Interpret the results of investigations and explain these to the patient. (D) • Formulate a management plan and select an appropriate method. (D) • Perform follicular tracking, PCT, HSG, TVS, IUI (D) • Identify patients who will require referral for higher ART. (D) • Ability to organize the subfertility services at a Primary care level.(D) 	<ul style="list-style-type: none"> • Ethical and legal issues in subfertility. • Able to counsel a couple with subfertility. • Show an appreciation of the importance of psychological factors. 	<ul style="list-style-type: none"> • Subfertility clinic (30) • Lectures (10) • Diagnostic facility (10) • SGD (2) • PBL (2) • Seminar (4) • Formative Assessment (2)

MODULE 6 – ADOLESCENT HEALTH (72 HOURS=12 DAYS)

Objective: Should be able to understand and demonstrate appropriate knowledge, skills and attitudes in relation to the management of adolescents with psychosocial and specific endocrine linked disorders at primary and secondary care level.

Knowledge criteria	Clinical competence	Professionalism and Attitudes	Teaching methods (hours)
<p>By the end of the training programme the trainee should be able to:</p> <ul style="list-style-type: none"> • Explain adolescence, puberty and menarche (Physiological and pathological). • Describe special factors (including social) which influence adolescent behavior and health. • List the difficulties encountered in the management of adolescent disorders. • Discuss the common reproductive health problems in adolescents. • Familiar with the life time modifications and medical treatment options available in management. • Understand the advantages, disadvantages and 	<ul style="list-style-type: none"> • Skill to obtain a comprehensive and relevant history and carry out a complete examination using appropriate methods (may differ from the methods used in the adult).(E) • Identify appropriate investigations and interpret results.(D) • Formulate a management plan (including life style modifications) and select an appropriate method. (D) • Recognize that adolescents carry a high risk for Sexually Transmitted Infections (STI) and advise adolescents on the importance of prevention and how to prevent.(E) • Identify sexual abuse in an adolescent.(E) • Ability to organize the adolescent care 	<ul style="list-style-type: none"> • Ethical and legal issues in the management including obtaining consent for examination. • Appreciate the value of sensitivity and empathy in the clinical approach. • Counsel (including parents) regarding problems identified and promote good health. • Show appreciation of the importance of psychological factors. • Motivate sexually active adolescents to adopt a reliable and suitable method of contraception. • Counsel on adolescent sexuality and explain its implications. 	<ul style="list-style-type: none"> • Adolescent/ special/ Gynaecology clinic. (20) • Wards.(20) • Lectures.(20) • SGD.(4) • PBL.(3) • Seminar.(3) • Formative Assessment.(2)

limitations of above methods.	services at a Primary care level and skill to organize a referral system for needy patients.(E)		
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MODULE 7 – POST REPRODUCTIVE HEALTH (60 HOURS =10 DAYS)

Objective: Trainee should be able to understand and demonstrate appropriate knowledge, skills and attitudes in relation to management of physical and psychological ailments in post-reproductive life at primary and secondary level.

Knowledge criteria	Clinical competence	Professionalism and Attitudes	Teaching methods (Hours)
<p>At the end of the training, the trainee should be able to:</p> <p>Explain the Pathophysiology of</p> <ul style="list-style-type: none"> • Define phases of peri and post reproductive phases of life. • Understand the non-physiological causes of menopause. • List the anatomical, endocrine and psychosomatic complications of menopause. • Discuss the hormonal, non hormonal and non therapeutic options available for management of 	<p>The trainee should be able to:</p> <ul style="list-style-type: none"> • Diagnose the clinical features of menopause related endocrine, anatomic and psychosomatic problems.(E) • Examine the genital tract and elicit signs of post reproductive pathological changes. (E) • Examine a woman with postmenopausal bleeding and provide appropriate management and referral.(E) • Interpret the hormonal, 	<ul style="list-style-type: none"> • Should exhibit an empathetic understanding of the presented problems. • Counsel relevant identified problems to promote physical and psychological wellbeing. • Appreciate the value of a holistic approach in providing care. 	<ul style="list-style-type: none"> • Lectures (10) • Role play (2) • Small Group Discussion (6) • Case based discussion (4) • Setting: Clinic attendance at:- Gynaecology clinic (20) Endocrinology clinic (6) • USS and procedure room: (6) • Setting: MDT meeting discussion (4) • Formative Assessments (2)

<p>each of these clinical situations.</p> <ul style="list-style-type: none"> • Understand the preventive measures of possible problems and long term complications. • Understand the impact of ill health in post reproductive years on the individual and economy of the country. 	<p>hematological, imaging and other investigations done in relation to post reproductive health issues. (E)</p> <ul style="list-style-type: none"> • Evaluate the selection, benefits and drawbacks of the treatment options available for each problem linked to menopause (E). 		
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MODULE 8- GYNAECOLOGICAL MALIGNANCIES (60 HOURS=10 DAYS)

Objective: Trainee should be able to understand and demonstrate appropriate knowledge, skills and attitudes in relation to management of gynaecological malignancies at primary/secondary level and liaise with colleagues in the tertiary level.

Knowledge	Clinical competence	Professionalism and Attitudes	Teaching methods (hours)
<p>At the completion of the module trainee should:</p> <ul style="list-style-type: none"> • Understand epidemiology, risk factors, clinical presentation, pathology, FIGO classification and management of premalignant and malignant 	<ul style="list-style-type: none"> • Counsel about cervical cytology and HPV report • Able to take a cervical smear and Pipelle biopsy(E) • Perform Endometrial assessment(D) Colposcopy and LEEP/LLETZ (C) • Available surgical options for staging (C) • Member of a 	<ul style="list-style-type: none"> • Empathy towards patients and families • Respect for the patient’s dignity and confidentiality • Assistance from colleagues when relevant • Concern with issues regarding palliative care and alternative therapies 	<ul style="list-style-type: none"> • Lectures (10) • Role play (2) • Small Group Discussion (4) • Case based discussion (4) • Setting: Clinic attendance at:- Gynae-oncology clinic (20) Colposcopy clinic (8) • Setting Pathology laboratory:(2) • Setting: MDT

<p>diseases of the female genital tract.</p> <ul style="list-style-type: none"> • Be able to describe diagnostic modalities available such as imaging, cytology and histology. • Describe indications and limitations of screening for gynaecological malignancies. • Learn principals of palliative care and end of life support. • Evaluate the available preventive strategies. 	<p>multidisciplinary meeting (C)</p> <ul style="list-style-type: none"> • Know the onward referral pathway of suspected/confirmed gynaecological cancer (E) • Breaking bad news (E) 	<ul style="list-style-type: none"> • Awareness of cultural and religious issues • Appreciate the importance of multidisciplinary approach 	<p>meeting discussion (4)</p> <ul style="list-style-type: none"> • Setting: operating theatre (4) • Formative Assessments (2)
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MODULE 9 – PROMOTION OF HEALTH AND NUTRITION (60 HOURS=10 DAYS)

Objective: Should be able to understand and demonstrate appropriate knowledge, skills and attitudes in relation to nutritional need in adolescent, post reproductive period, pregnancy and lactation at primary and secondary care level.

Knowledge criteria	Clinical competence	Professionalism and Attitudes	Teaching methods (hours)
<p>By the end of the training programme the trainee should be able to:</p> <ul style="list-style-type: none"> • Describe the energy and nutritional value of food items. • Understand the nutritional requirements (protein, carbohydrate, fat and minerals) during different periods in the life of a female, pregnancy and lactation • Explain the role of fibre in diet. • Describe the common nutritional deficiency states. • Identify the benefits of optimum nutrition on health. • Describe the different natural and artificial methods available to support nutritional needs. • Lists the methods available for investigation of common nutritional deficiencies. • Familiar with the influence of life time modifications in 	<ul style="list-style-type: none"> • Skill to obtain a relevant history and carry out a complete examination in females with nutritional deficiency states.(E) • Recognize that pregnancy and lactation carry a high risk of nutritional deficiencies.(E) • Identify appropriate investigations and interpret results.(D) • Formulate a management plan for different nutritional deficiency states (including life style modifications) and select an appropriate method. (D) • To be able to prevent, identify and manage anaemia in pregnancy.(E) • Identify the importance of nutritional supplementation. (E) • Ability to identify the nutritional value of common food items.(E) • Advise on food habits and healthy living especially during adolescence, pregnancy and lactation. (E) 	<ul style="list-style-type: none"> • Counsel to promote healthy diet. • Show appreciation of the importance of social and psychological factors. • Appreciate the importance of motivation in promotion of nutrition. 	<ul style="list-style-type: none"> • Clinics.(12) • Wards. (12) • Lectures.(20) • SGD.(4) • PBL.(4) • Seminar.(4) • Formative Assessment.(2)

<p>management.</p> <ul style="list-style-type: none"> • Understand the myths and beliefs in management. 	<ul style="list-style-type: none"> • Application of information leaflets and guidelines issued by Family Health Bureau in management.(E) 		
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MODULE 10 -ANTENATAL AND POSTNATAL CARE (60 HOURS = 10 DAYS)

Objective: Trainee should be able to understand and demonstrate appropriate knowledge, skills and attitudes in relation to the management of a pregnant woman during antenatal period and her care during the post-partum period and Timely referral of complications to tertiary care level

Knowledge	Clinical competence	Professionalism and Attitudes	Teaching methods (hours)
<p>By the end of this module the trainee should be able to</p> <ul style="list-style-type: none"> • Discuss the physiological changes of relevant systems in pregnancy and effects of these on existing medical diseases. Explain the physiological basis of common complaints. • Discuss the diagnosis and dating of pregnancy • Explain the importance of early booking. • Discuss the risk assessment and referral pathways • Be Familiar with interventions recommended to 	<ul style="list-style-type: none"> • Ability to obtain a complete history and a risk assessment in the antenatal period.(E) • Ability to perform a complete obstetric examination.(E) • Ability to recognize complications in mother and fetus.(E) • Interpretation of Haematological, Biochemical, Microbiological and ultrasound reports and application of results to optimize the care of the mother and fetus.(E) • Identification of high risk pregnancies and referral.(E) • Ability to organize a antenatal clinic in a community.(E) • Appropriate skill to 	<ul style="list-style-type: none"> • Empathetic approach in the antenatal clinic and respect the mother’s autonomy. • Honor and respect mother’s privacy, confidentiality and beliefs. • Sympathetic hearing to the mother’s personal and psychosocial issues. • Proper consent process before examination and treatment. 	<ul style="list-style-type: none"> • Conduct antenatal clinics and postnatal follow up clinics.(30+10) • Lectures on antenatal and post-natal care (10) • SGD on development and management of a antenatal clinic (2) - Materials needed - Staff requirement - Equipment - How to get mothers involved in the participation • PBL on

<p>promote of fetomaternal health</p> <ul style="list-style-type: none"> • Be familiar with existing guidelines and good practices relevant to antenatal care • List complications of puerperium • Discuss how to establish, maintain breast feeding, and problems and complications of breast feeding. • Discuss the neonatal examination and care of the newborn and the resuscitation of the new born. • Be familiar with laws and regulations applicable to pregnancy. 	<p>provide care to mother and baby in hospital and community.(E)</p> <ul style="list-style-type: none"> • To diagnose complications of the mother and baby and provide appropriate care in hospital and community.(E) • Ability to identify relevant lifestyle modifications and to promote them.(E) • Ability to select a contraceptive method appropriate for the patient.(E) • Demonstrate the neonatal examination (D) 		<p>postpartum complications (2)</p> <ul style="list-style-type: none"> • Seminars (4) <ul style="list-style-type: none"> - APH management - Postpartum sepsis - How to optimize breast feeding - Physiological changes in pregnancy • Formative Assessment(2)
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MODULE 11 – LABOUR WARD AND OBSTETRIC EMERGENCIES (120 HOURS=20 DAYS)

Objective: Trainee should be able to understand and demonstrate appropriate knowledge, skills and attitudes in relation to the management of a pregnant woman during labour and demonstrate knowledge and skills necessary to manage common emergencies encountered in the labour room.

Knowledge	Clinical competence	Professionalism and Attitudes	Teaching methods (hours)
<p>By the end of this module the trainee should be able to</p> <ul style="list-style-type: none"> • Discuss the physiological changes of relevant systems in labour • Explain the physiological basis of fetal surveillance in labour. • Discuss the diagnosis of labour • Discuss the mechanisms of labour in normal and abnormal labour • Discuss the management of labour and delivery • Discuss the physiological mechanisms of pain in labour and basis of methods used for pain relief in labour • Be familiar with existing guidelines and good practices relevant to labour and delivery care • Discuss common labour room emergencies and interventions need to manage them. 	<ul style="list-style-type: none"> • Ability to assess a woman presenting in labour and to identify the risk factors based on the antenatal history. (E) • Ability to perform a complete assessment of mother and fetus in labour. (E) • Ability to recognize complications in mother and fetus in labour. (E) • Diagnosis of labour and initiating maternal and fetal monitoring using partogram. . (E) • Identifying abnormalities of labour in first, second and third stages and managing them. (E) • Choosing various methods available for induction and augmentation of labour. (E) • Appropriate skills to provide care to mother and fetus in labour and delivery. (E) • To diagnose common labor related emergencies and to organize and lead appropriate response as a team. (E) • Choosing appropriate pain relief method in labour (E). 	<ul style="list-style-type: none"> • Empathetic, approach in the labour ward and respect the mother’s autonomy. • Honor and respect mother’s privacy, confidentiality and beliefs. • Sympathetic handling of the mother’s personal and psychosocial issues. • Proper consent process before examination and treatments and procedures. • Appropriate documentation of all activities in management of labor and obstetric emergencies. 	<ul style="list-style-type: none"> • Attending labour room sessions. (40) • Lectures on labour care and management of emergencies (20) • SGD on maintaining partogram in detecting and managing labour disorders, fetal distress, (10) • Drills on fetal distress, Post-partum haemorrhage, shoulder dystocia, breech deliver, assisted delivery (18) • Seminars (10) • Formative Assessment (2)

	<ul style="list-style-type: none"> • Interpreting intrapartum cardio-tocographs and take appropriate responses to abnormalities (E). • Appropriate techniques used in spontaneous vaginal delivery, breech delivery, outlet forceps delivery and vacuum delivery.(D) 		
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MODULE 12 – OBSTETRIC MEDICINE (72 HOURS=12 DAYS)

Objective: Should be able to understand the prevention, early recognition, management and complications of medical disorders commonly encountered in pregnancy.

Knowledge criteria	Clinical competence	Professionalism and Attitudes	Teaching methods (hours)
<p>At the completion of training trainee should be able to</p> <ul style="list-style-type: none"> • Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic features and management of the conditions listed below: Anaemia, GDM, Hypertensive diseases, Haemoglobinopathies, VTE, Asthma, Heart disease, Hypo and Hyperthyroidism, 	<ul style="list-style-type: none"> • To differentiate the normal changes in pregnancy from the abnormal. (C) • To understand the principles of prevention and early detection. (E) • To determine the appropriate diagnostic tests for each of the conditions listed. (D) • To refer a patient to relevant specialists. (E) • To decide on immediate treatment options during 	<ul style="list-style-type: none"> • Ability to counsel mothers and immediate family members with a medical disorder. • Interact with a multidisciplinary team. • Awareness of the impact of medical complications on daily living and family. • Understand the ethical and legal framework for abortions in 	<ul style="list-style-type: none"> • Patient based discussions in the ward, clinic and ICU (40) • Small group discussions (05) • Tutorials (10) • Lectures (13) • Student directed learning (05) • Formative Assessments (2)

<p>Jaundice and Cholestasis, Epilepsy, Puerperal psychosis , Relevant bacterial and viral diseases , Rhesus incompatibility and Kidney disorders.</p>	<p>pregnancy and recognize the limitations of such treatment in pregnancy (C)</p> <ul style="list-style-type: none"> • Be conscious of the effects of drugs used in the treatment on the fetus and on lactation. (D) 	<p>severe medical disorders.</p>	
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ANNEX 3 TRAINING UNITS

1. National Hospital and Special Clinics
2. Castle Street Hospital for Women, Colombo
3. De Soysa Maternity Hospital, Colombo
4. Colombo South Teaching Hospital
5. Colombo North Teaching Hospital
6. Sri Jayewardenepura Teaching Hospital
7. Teaching Hospital, Galle
8. Teaching Hospital, Kandy
9. Teaching Hospital, Peradeniya
10. Teaching Hospital, Jaffna
11. Family Health Bureau
12. Kalutara Training Institute
13. Clinics of Special campaigns such as STI clinics, Well women clinics, Cancer screening clinics, Adolescent clinics,
14. Any other training unit approved in the future by the Board of Study

ANNEX 4 TRAINERS

The trainers shall be the:

1. Board Certified Consultants who are in charge of accredited obstetrics and gynaecology training units in Teaching Hospitals of Ministry of Health with three years' of service and experience following Board Certification as stated in the PGIM Ordinance.
2. Board Certified Consultants in other specialties such as Community Medicine, General Medicine, Family Medicine, Medical Administration, Paediatrics and others, named by the BOS with three years' of service and experience following Board Certification as stated in the PGIM Ordinance.

ANNEX 5 GUIDELINES FOR PREPARATION OF CLINICAL AUDIT REPORTS

The Clinical audit is a process that has been defined as “a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change”.

The processes facilitate learning and evaluate of the benefits and pitfalls of selected management options.

The number of audits: Two (2)

The audit cycle should include:

- How To: Choose and Prioritize Topics.
- How To: Set an Audit Sample & Plan Your Data Collection.
- How To: Engage Patients, Service Users & Carers in Clinical Audit.
- How To: Apply Ethics to Clinical Audit.

The length of the report:

About 400-500 words

Time line;

Submission of first report – at the end or before the 5th month of training

Submission of second report – at the end of 10 months of training

Assessment:

Two examiners appointed by the BOS shall assess the audit reports. They should independently assess and subsequently arrive at a consensus as to whether the reports are accepted or not. In the event the reports are not accepted feedback should be the trainee given on how to improve the reports. Base on this feedback the trainee should resubmit the reports within six weeks.

Implication of assessment:

Acceptance of both reports is a prerequisite to be eligible to pass the exit examination

ANNEX 6 LOG BOOK

Instructions to trainees

The purpose of the log book is to:

- 1) Assist trainees record his/her training in brief detail so that the experience acquired can be assessed and deficiencies identified and remedied.
- 2) To help trainers to assess the overall training and provide guidance in the areas where it is needed. Entries in the log book should be made by the trainee at the time of acquiring the skill and Counter signed by the supervisor immediately following the procedure. During the appointment an assessment based on the log book will be done by the trainer.

It is the trainee's responsibility to get the assessment sheets completed by the supervisors within 2 weeks of completion of the appointments. Completed log book is essential to assess the eligibility of the candidate to sit for the examination.

Instructions to trainers

It is the responsibility of the trainer to see that the entries in the log book are authentic and made regularly. Please take the assessment seriously. It is vital to give the trainee accurate feedback on your views about the trainee's performance in the job. Please review regularly the trainee's record of educational activities. It is also necessary to review the record of medical training and if there are deficits, attempts must be taken to rectify these.

Components of the Log Book

A] Personal details

Name :

Address :

Telephone :

Email Address:

Registration number:

Date of commencement of training:.....

B] Clinical appointment time table

Name of clinical rotation (Module)	Period	Trainer

C] Certificate of attendance

Name of clinical rotation (module)	Venue	Date	Trainer's signature

D] Record of procedures; performed (E)/assisted (D)/observed (C)

Venue/module	Name of procedure	Competency Level (C,D,E)	BHT	Date	Signature

Two assessors appointed by the BOS shall independently assess the log book.

Name of the assessor:

Comments:

Decision: Accepted/Rejected (list reasons and suggestions for improvement)

Signature:

Date:

Decision of the BOS:

Signature of secretary BOS:

Date:

ANNEX 7 PROGRESS REPORT – PgDRH

At 20 weeks AND 40 weeks of the training programme

Name of the trainee:

Name of the coordinator:

Period covered:

Please use, when appropriate, the log book maintained by the trainee and a combination of work based assessments to arrive at your judgment. The coordinator shall use the following guideline and grading scheme to assess the trainee’s progress during Stage 1 of training.

Marking Guide: Excellent (5) ≥70, Very good (4) =60-69%, Pass (3) =50-59%, Borderline (2) =40-49% Fail (1) = < 40 %

An overall minimum grade of a “pass” is required for acceptance of the progress report.

(Please tick [v] in appropriate cages)

Training modality	Excellent	Very Good	Pass	Borderline	Fail
Clinical skills :- History taking					
Clinical skills :- Examination					
Clinical decision making					
Use of diagnostic tests					
Procedural / Technical skills					
Doctors-patient relationship					
Communication skills					
Staff relationships					
Professional responsibility					
Participation in research activities					
Participation in Seminars, Case presentations/audits etc.					
Punctuality					
Attitudes					

General / Specific comments and action taken to improve (especially when the Grade awarded is borderline or fail):

Signature of the Coordinator:

Date:-

ANNEX 8 READING MATERIALS

Text Books

- Basic Sciences for Obstetrics and Gynaecology: Core Material for MRCOG Part 1, (1st Ed), Oxford Specialty Training: Basic Science
- Clinical Pharmacology and Therapeutics: Lecture Notes (9th Ed), Gerald A McKay and Matthew R Walters, ISBN: 978-1118344811
- Family planning: a global handbook for providers 2011 edition, Johns Hopkins Bloomberg School of Public Health/Centre for Communication Programs and World Health Organization
- Contraception Your Questions Answered (6th Ed), John Guillebaud, Anne MacGregor, ISBN-13: 978-0702046193
- Handbook of Obstetric Medicine, Fifth Edition (5th Ed), Catherine Nelson-Piercy, ISBN-13: 978-1482241921
- Dewhurst's Textbook of Obstetrics and Gynaecology (8th Ed), D Keith Edmonds, ISBN: 978-0470654576

Journals

- Sri Lanka Journal of Obstetrics and Gynaecology

Web Based material

- RCOG Green top guidelines:www.rcog.org.uk
- SLCOG Website:www.slkog.com
- FHB web site: www.fhb.health.gov.lk
- WHO reproductive Health: http://www.who.int/topics/reproductive_health/en/
- Global library of women's health:www.glowm.com