Mansoura University Faculty of Medicine Obs. & Gyn. Department



### **Contents**

- 1. Log Book
- 2. Course specifications
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### Student's Activities Book

2016 - 2017

6th Year



### 6<sup>th</sup> Year Student's Activities Book

- 1. Log Book
- 2. Course specifications
- 3. Student's guide
- 4. Self-learning

2016 - 2017

Student's Name:	Student's No.:
Address:	
Email:	Mobile:
<b>\</b>	

### تنبيه هام

- الطالب الذي تتجاوز نسبة غيابه عن الدروس الإكلينيكية ٣٠% سيتم حرمانه من دخول امتحان الترم الاكلينيكي وذلك حسب التعليمات واللوائح المنظمة وعليه يلزم حضور ٤٢ يوما على الاقل. (وسيتم مراعاة الاجازات الرسمية) وعليه لا يتجاوز الغياب ١٨ يوم
  - يلتزم الطلاب بالتقدم لامتحانهم في موعد الراوند المخصص لهم .
  - الطلاب المتخلفون عن الحضور للامتحان او المتجاوزين لنسبة الغياب سيتم حرمانهم نهائيا من دخول امتحان اعمال السنة حسب لوائح الكلية .
    - الاعذار لا تقبل الا عن طريق أ.د/ وكيل الكلية لشئون التعليم والطلاب

### الماضرات النظرية.

- المحاضرة الصباحية:
- ٩ ١٠ ص ، من السبت الأربعاء ، يتم القاؤها في مكان الدرس الإكلينيكي
  - محاضرة بعد الظهر :
- ۱۲٬۳۰ ۱٬۳۰ ظ، يوميي الاحد، الاربعاء، يتم القاؤها في مكان الدرس الإكلينيكي

التدريب الاكلينيكي: ١٠,١٥ - ١٢,١٥ ظ ، مدرج: ٩ - ١٠ - ١٥ - ١٨ - العيادة الخارجية - المتحف

### Evaluation Remarks

	Self-learning activities	Log book activities	Total
Type			
Date of assessment			
Comments			
Marks	/10	/10	/20
Staff name			
Signature			

### Student's Guide

### Dear students,

Welcome to the final turn of the long marathon and a special welcome to the OBS & GYN dept. In fact, you should study this subject with more interest. Sometime, you will be a wife / a husband and we wish you will be a mother / a father. So, most of our subjects are directly related to your personal life.

Not only that, but you as a general practitioner should know the common obstetric & gynecologic complaints and you should decide when to refer the patient to a specialist

But, why there is always a high solid barrier between the Dept and the students

### We think the main reasons may be;

- Our image is drawn by others not by ourselves
- The cumulative knowledge of one year is studied and revised in a couple of months
- To listen to a junior inexperienced unripe (teaching person) in a private class is more convenient and comfortable for the student resulting a student with very shallow knowledge & experience
- The general culture and atmosphere of the country
- Huge students number
- Deficient teaching tools
- Vanishing respection

### So , how to bypass this dilemma?

### As this book is directed to the student, so the role of the student is

- Stop listening to others: make your own experience
- Attend clinical rounds: you can learn from any one at least something
- Attend theoretical lecturers: you should realize that you are dealing with the highest qualified and the heaviest trained staff in this specialty in our local community
- To learn, to know and to study are aims & not vehicles
- Speak to your tutors
- Respection
- Honesty with the self

### How to improve our results?

- Regular attendance
- Recollect the missed lessons
- Don't delay your study
- Don't listen to the depressive voices
- Catch the best from each tutor
- someone at risk of death under your supervision
- Study from a respectable source
- Learn from the bright stars not from the dark stones
- Search, ask, negotiate, debate,
- Believe in yourself
- Remember that you will be responsible for lives of others, and sometime there will be

### **About our department:**

- Initiated on 1967
- No of beds: 132
- Services:
  - o 24912 patient /year
- Five working groups
- 54 staff members
- More than 30 assistant staff members

8975 Admission cases/year

### Places in the main MUH buildings

- Dept 9: 3rd floor MUH
- Dept 10: 3rd floor MUH
- · Dept 15: 4th floor MUH
- Dept 18: 3rd floor MUH
- Emergency unit " 1st floor
- Fertility care unit
- Operative theater

### Obs & Gyn Mansoura university hospital:

- Outpatient Obst clinic : Obs & Gyn University Hospital
- Outpatient Gyn clinic : Obs & Gyn University Hospital

### Places in the faculty of Medicine

OBS & GYN museum

Skill Lab

### Sources of study:

Dept Obs Book

Ten teachers book

Dept MCQ Book

Dept Gyn Book

Dept practical book

· Other text books

### Developing steps for the sources of study

- Revision updating and summarization of the Dept Books.
- A new book for the museum, instruments and skill lab.
- A new CD for the museum instruments & skill lab.

### Plan of study:

Theoretical lectures: according to the place & time plan shown in appendix I

### **Clinical training:**

- 3 hours daily for 5 days / week for 11 weeks ( plus one week for exam)
- Clinical training will be held at:

Obs outpatient clinic

Inpatient wards

Gyn outpatient clinic

o Museum: jars & instruments

Fertility care unit

Skill lab

This is shown in appendix

Items for museum training & skill lab are shown in appendix

### **Exams & marks**

Midterm exam multi station 80 marks

Log book activities 10 marks

Self learning activity: 10 marks

• Written paper 150 marks

MCQ: 100 marks

• Clinical exam : 75 marks

Oral exam : 50 marks

• Skill Lab exam: 25 marks

### Midterm exam:

- Will be held at the end of the clinical round as shown in the calendar
- 16 stations 5 marks for each:

<ul><li>2 Obst cases</li></ul>	o 2 Obst questions
o 2 Gyn cases	o 2 Gyn questions
o 2 Jars	o 2 instruments
o 2 models	<ul> <li>2 stations: photos- diagram- contraception- others</li> </ul>

- All questions will be related to clinical knowledge
- This is candidate for any change within the same items

### **Attendance**

 Any student who exceeds 30% absence in clinical rounds will be withheld from attending the clinical exam.

### Log book, Self-learning and Attendance

These are three separate issues

### a. Attendance:

- i. The students should attend at least 70% of the total clinical training period: **39 days**, so **16 days absence interferes with attending the exam**.
- ii. Students with recurrent nonattendance and those with non-real signatures will be subjected for withdrawal from the midterm exam
- iii. Those how miss or withdrawn from the midterm exam are not allowed to attend the exam any more

### b. Log book activities:

- i. It is a tool for long interaction between the student and the staff member
- ii. Each student should fulfill the requirements in the Log book
- iii. Throughout the 10 weeks of the clinical round, students should do their activity and should be evaluated before signing for the activity by all means of evaluation. But putting in mind that subtracting marks is for only activity deficit and not for knowledge deficit
- iv. Each staff member is allowed to sign only for one activity throughout the 10 weeks... we should stop the (signature party) at the end of the clinical round
- v. Log book will be evaluated at the end of clinical round (without oral examination) as shown in the calendar
- vi. Signatures of the staff should be real ones

### c. Self-learning activities:

- i. Each student should make one of the activities by the end of the clinical round
- ii. These may include:
  - PowerPoint presentation (not more than 3 students)
  - Essay
- iii. Students will be subdivided into subgroups
- iv. This small group will be linked to one staff: choose the activity, choose the title, start early the activity and direct them throughout the 11 weeks
- v. Also, this staff will direct this group for proper management of the log book activities (but again only one signature for one activity is allowed for each staff member)

### Course Specifications Obstetrics & Gynecology

### **A-** Professional Information

### 1 - Overall Aims of Course

The general aim of the course is to provide students with knowledge, skills and attitudes necessary to make an essential Obstetrics and Gynecology framework of the general practitioner including awareness of the common Obstetrics and Gynecology emergencies. In addition, the students will be acquainted with the main activities of scientific research and community service provided by the department.

### 2 – Intended Learning Outcomes of Course (ILOs)

a- Knowledge and Understanding:

### a.1.Obstetrics:

### By the end of this course the student (the learner) will be able to:

- **a.1.1.** Define fertilization, implantation and early development of the human fetus.
- **a.1.2.** Enumerate the various physiologic maternal changes in response to pregnancy, nutritional requirements and different precautions in early pregnancy.
- **a.1.3.** Recognize the various complications in early & late pregnancy.
- **a.1.4.** Describe the various causes of antepartum hemorrhage, their diagnosis and management.
- **a.1.5.** Enlist the various medical disorders complicating pregnancy and their management.
- **a.1.6.** Recognize different hypertension related disorders related to pregnancy, their risk factors, prevention of complications and their management.
- **a.1.7.** Explain the different teratogenic subjects and their effects on the growing fetus.
- **a.1.8.** Identify the normal and abnormal human parturition and its management.
- **a.1.9.** Identify the normal and abnormal uterine actions and their effect on the process of labor.
- **a.1.10.** Summarize the different complications of the third stage of labor and how to manage and how to resuscitate new born and describe normal and abnormal perpuerium
- **a.1.11.** Identify the different types of fetal injuries that may occur during labor. Know the etiology, mechanism, types, diagnosis and treatment of common Obstetric injuries.
- **a.1.12.** Memorize of the different causes of maternal & neonatal mortality, especially in Egypt and how to prevent.
- **a.1.13.** Recall the different operative interventions in obstetrics and underline the different drugs use (analgesia and anesthesia)
- **a.1.14.** Describe the normal and abnormal anatomy of fetal skull and female bony pelvis
- **a.1.15.** Recognize criteria of life threatening situations in Obstetrics.

### a.2. Gynecology:

### By the end of this course the student (the learner) will be able to:

- **a.2. 1.** Define normal embryology and anatomy of the genital system.
- **a.2. 2.** Enlist the common genital anomalies that affect the genital tract and describe a summary of their treatments.
- **a.2. 3.** Summarize the common diseases affecting the genital tract.
- **a.2. 4.** Enumerate the various causes of genital tract infection, common pathogens and common infection routes and risk factors.
- **a.2. 5.** Enlist of the different sexually transmitted diseases, illustrate their mode of infection, and discuss their prevention, diagnosis and management.
- **a.2. 6.** Discuss the normal and abnormal aspects of human sexuality and how to deal with the different sexuality disorders.
- **a.2. 7.** Recognize the different causes of abnormal uterine bleeding and how to diagnose and manage.
- **a.2. 8.** Recall of the different causes of male and female infertility, how to diagnose and manage.
- **a.2. 9.** Describe the various types of tumors affecting the genital system, the etiology, pathology, diagnosis and treatment.
- **a.2. 10.** Enumerate the groups of symptoms of the genitourinary tract.
- **a.2. 11.** Identify the different aspects of pelvic floor function and its disorders.
- **a.2. 12.** Recognize the different methods and indications of contraception.
- **a.2. 13.** Review the mechanism and treatment of gynecologic emergencies.
- **a.2. 14.** Recognize the different problems of female breast and how to reach a diagnosis and management.
- **a.2. 15.** Discuss the reproductive medicine and women's health.
- **a.2. 16.** Identify the common uses of laparoscopy in Obstetrics and Gynecology; both diagnostic and therapeutic.
- **a.2. 17.** Memorize the different uses of ultrasound in Obstetrics and Gynecology.
- **a.2. 18.** Recognize criteria of life threatening situations in Gynecology.

### **b- Intellectual Skills**

### By the end of this course the student (the learner) will be able to:

- b.1. Integrate basic biomedical science with clinical care of gynecologic and obstetric patients
- b.2. Reason deductively in solving clinical problems related to the gynecologic, reproductive and obstetric medicine:
- b.3. Apply personal judgment for analytical and critical problem solving.
- b.4. Integrate the results of history, physical and laboratory test findings into a meaningful diagnostic formulation.
- b.5. Construct appropriate management strategies for patients with gynecologic reproductive and obstetric diseases, both acute and chronic, including medical, psychiatric, and surgical conditions.
- b.6. Design an initial course of management for stabilization of patients with serious illnesses.
- b.7. Retrieve, analyze, and evaluate relevant and current data from literature, using information technologies and library resources, in order to help solve a clinical problem based on evidence (EBM).
- b.8. Recognize and cope with uncertainty that is unavoidable in the practice of medicine by accepting and reacting to uncertain situation through proper counseling ,consultation and referral

### c-Professional and Practical Skills

### By the end of this course the student (the learner) will be able to:

- c1. Take focused history in a patient complaining of an obstetric and gynecologic complaint.
- c2. Practice interview and examination of a patient in the outpatient clinic.
- c3. Do obstetric grips examination.
- c4. Demonstrate fetal heart sounds by Pinard's stethoscope and sonicaid.
- c5. Differentiate the normal and abnormal colposcopic findings.
- c6. Perform normal and anormal vaginal delivery. (skill Lab)
- c7. Interpret the hysterosalpingogram and semen analysis for infertile couples.
- c8. Use the equipments used in the Obstetrics and Gynecology department as Cusco's speculum, volselum, uterine sound, cytobrush.
- c9. Assess the mental state of the patient
- c10. Record patients 'data appropriately.
- c11. Adopt suitable measures for infection control.
- c12. Demonstrate naked eye appearance of different obstetrics & gynecology disorders (museum)

### d-General and Transferable Skills

### By the end of this course the student (the learner) will be able to:

- d.1. Communicate ideas and arguments effectively.
- d.2. Work effectively within a team.
- d.3 Perform effective communication with the patient and the tutor.

### **Assessment Schedule**

Assessment 1	Post round exam (mid term exam)	week 12
Assessment 2	Multistation (jars & instruments)	OSPF
	(final term exam)	
Assessment 3	Clinical exam (practical exam)	OSCE
Assessment 4	Written exam (final exam)	
Assessment 5	MCQ(final exam)	
Assessment 6	Oral exam (final exam)	Standard oral cards

### **Weighting of Assessments**

Term Examination		16%	80			
Oral Examination		10%	50			
Practical Examination		15%	<b>75</b>			
skill lab		<b>5%</b>	25			
Final exam		30%	150			
MCQ		20%	100			
Other types of assessment		4%	20	2%	10 logbook	2% 10 self activity
<b>J</b> 1	Total	100%	500			

Any formative: only assessments

### **Instructions for the Students**

■ Each student should fulfill the following: (10 marks)

Order	Activity						
1	Two <i>Obstetric case</i> presentations.						
	Inpatient department						
	Outpatient clinic						
2	Two <i>Gynecologic case</i> presentations.						
	Inpatient department						
	Outpatient clinic						
3	Two attendances in the <i>delivery room</i> .						
4	Attendance of one Obstetric US						
5	Attendance of one Gynecologic US						
6	Other <i>activities</i> attendances which include :						
	Colposcopic examination.						
	Operative theater attendance either obstetric or						
	Gynecologic cases.						
	Fertility Care Unit attendance.						
	Outpatient minor procedures.						
Skill lab	1- Pelvic Examination						
	2- Pap smear						
	3- Management of Second stage						
	4- Management of third stage						
	5- Episiotomy						
	6- Partogram						
	7- IUD insertion						
	8- HSG						

- Each of these items should be *supervised and signed* by the attending *staff member* only (**not** assistants or residents) .
- Information about *Log books collection* and *evaluation* will be available at the *Student's Guide*
- The sheet items given in this log book *are not* the *all items* required in the full sheet form.

### جدول المحاضرات المسائية لطلبة الفرقة السادسة للعام ٢٠١٧

الساعة: ١٢,٣٠-١٢,٢ظ

أيام: الاحد – الثلاثاء المكان: مدرج التدريس الإكلينيكي

### الوحدة .....

المحاضر	المحاضرة	اليوم	التاريخ	
	Anatomy of the Female Genital Tract	08/01/2017	الأحد	1.
	Diagnosis of Pregnancy.	10/01/2017	الثلاثاء	2.
	Embryology of The Female Genital Tract	15/01/2017	الأحد	3.
	Gynecological Endocrinology.	17/01/2017	الثلاثاء	4.
	Physiology of the Menstrual Cycle	22/01/2017	الأحد	5.
	High risk pregnancy	24/01/2017	الثلاثاء	6.
	Puberty	29/01/2017	الأحد	7.
	Teratology	31/01/2017	الثلاثاء	8.
	Menopause & HRT	05/02/2017	الأحد	9.
	Common Fetal Anomalies	07/02/2017	الثلاثاء	10.
	Antepartum Assessment of Fetal Well-being	12/02/2017	الأحد	11.
	Introduction to Gynecological Oncology.			12.
	Preinvasive Diseases of the Lower Female Genital Tract	14/02/2017	الثلاثاء	
	Sexuality and Sexual Dysfunctions	19/02/2017	الأحد	13.
	Female Genital Cutting (Mutilation) .	21/02/2017	الثلاثاء	14.
	Trial Labor			15.
	Soft Tissue Obstruction	26/02/2017	الأحد	
	Fetal Birth Injuries	28/02/2017	الثلاثاء	16.
	Sexually Transmitted Diseases (STDs)	05/03/2017	الأحد	17.
	Puerperium and Postnatal Care			18.
	Puerperal Pyrexia	07/03/2017	الثلاثاء	
	Maternal and Perinatal Mortality	12/03/2017	الأحد	19.
	Endometriosis			20.
	Adenomyosis.	14/03/2017	الثلاثاء	
	Obstetric Analgesia and Anesthesia	19/03/2017	الأحد	21.

### جدول المحاضرات الصباحية لطلبة الفرقة السادسة للعام ٢٠١٧

### ٩-١٠ ص يوميا من السبت الى الاربعاء

### مكان المحاضرة مدرج التدريس الإكلينيكي في نفس يوم المحاضرة

الوحدة .....

المحاضر	المحاضرة	التاريخ	اليوم	
	Fertilization, Implantation and Early Development	08/01/2017	الأحد	1.
	Placenta and placental function, Amniotic Fluid,			2.
	Fetal Circulation	09/01/2017	الإثنين	
	Maternal Physiological Changes During Pregnancy.	10/01/2017	الثلاثاء	3.
	Antenatal Care.	11/01/2017	الأربعاء	4.
	Vomiting During Pregnancy	14/01/2017	السبت	5.
	Urinary Tract Disorders with Pregnancy.	15/01/2017	الأحد	6.
	Abortion.	16/01/2017	الإثنين	7.
	Ectopic Pregnancy.	17/01/2017	الثلاثاء	8.
	Gestational Trophoblastic Diseases. (molar pregnancy)	18/01/2017	الأربعاء	9.
	Anemias during pregnancy	21/01/2017	السبت	10.
	Normal labor	22/01/2017	الأحد	11.
	Dysmenorrhea , Premenstrual Syndrome (PMS), Pelvic			12.
	Pain.	23/01/2017	الإثنين	
	Amenorrhea	24/01/2017	الثلاثاء	13.
	Abnormal uterine bleeding	11/02/2017	السبت	14.
	Rh Isoimmunisation	12/02/2017	الأحد	15.
	Infertility + related problems	13/02/2017	الإثنين	16.
	Anovulation-Virilization in Females-Hirsutism	14/02/2017	الثلاثاء	17.
	Placenta previa	15/02/2017	الأربعاء	18.
	Accidental Hemorrhage	18/02/2017	السبت	19.
	Hypertensive Disorders in Pregnancy	19/02/2017	الأحد	20.
	Hypertensive Disorders in Pregnancy	20/02/2017	الإثنين	21.
	Diabetes in pregnancy	21/02/2017	الثلاثاء	22.
	Amniotic Fluid Abnormalities	22/02/2017	الأربعاء	23.
	Female Urinary Incontinence	25/02/2017	السبت	24.
	Cardiovascular diseases during pregnancy	26/02/2017	الأحد	25.
	IUGR.	27/02/2017	 الإثنين	26.
	Pelvic Inflammatory Disease (PID) .	28/02/2017	الثلاثاء	27.
	Infections of the Female Genital Tract	01/03/2017	الأربعاء	28.
	Occiptoposterior position	04/03/2017	السبت	29.
	Face Presentation - Brow Presentation	05/03/2017	الأحد	30.

Shoulder Presentation			31.
<b>Complex Presentation</b>			
Cord Presentation	06/03/2017	الإثنين	
Uterine prolapse	07/03/2017	الثلاثاء	32.
Multiple Pregnancy	08/03/2017	الأربعاء	33.
Breech Presentation	11/03/2017	السبت	34.
Contracted Pelvis & Cephalopelvic Disproportion	12/03/2017	الأحد	35.
Obstructed Labor	13/03/2017	الإثنين	36.
Uterine Rupture	14/03/2017	الثلاثاء	37.
Chronic Inversion of the Uterus.			38.
Retroversion and Retroflexion (RVF) .	15/03/2017	الأربعاء	
Gestational Trophoblastic Disease (choriocarcinoma)	18/03/2017	السبت	39.
Genital Tract Injuries During Labor	19/03/2017	الأحد	40.
Abnormal Third Stage	20/03/2017	الإثنين	41.
Postpartum Hemorrhage	21/03/2017	الثلاثاء	42.
Fetal Asphyxia	22/03/2017	الأربعاء	43.
Preterm Labor			44.
Premature Rupture of Membranes	25/03/2017	السبت	
Intrauterine Fetal Death	26/03/2017	الأحد	45.
Prematurity & Post Maturity	27/03/2017	الإثنين	46.
Macrosomia & Shoulder dystocia	28/03/2017	الثلاثاء	47.
Induction of Labor, Abortion & Ecbolics	29/03/2017	الأربعاء	48.
Normal and Abnormal Uterine Action	01/04/2017	السبت	49.
Contraception 1	02/04/2017	الأحد	50.
Contraception 2	03/04/2017	الإثنين	51.
Cesarean section			52.
Ultrasound in obstetrics	04/04/2017	الثلاثاء	
Cervicites + leucorrhea + pruritis vulvae	05/04/2017	الأربعاء	53.
			54.
 Revision: Instruments 1 (Powerpoint)			55.
Revision: Instruments 2 (Powerpoint)			56.
Revision : Jars 1 (Powerpoint)			57.
Revision : Jars 2 (Powerpoint)			58.

# جدول التدريس لطلبة الفرقة السادسة ٢٠٠٧ مادة التوليد وامراض النساء

				H.m.			3			الإشاي		֓֞֝֜֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓			٢	•	
	انوحا	1198 - 1180	عيادا	مركز النساء – العيادة الخارجية	اً.د/ لطفی شریف - اُ.د/ عادل هلال د/ احمد الزیادی	مرورنساء	( <mark>ह्रालक</mark> ७ )	اْ.د/ كمال انوار د/ رفيق بركات	Skill Lab	متحف القسم بالكلية	د/ هند شلبی -	مرور حوامل	( <mark>ह्न<i>m</i>धे</mark> ७)	اً.د/ رأفت عبد الفتاح د/ احمد شبانة	عيادة حوامل	مركز التوليد وامراض النساء — العيادة الخارجية	أ.د/ عبد المجيد مشالي - أ.د/ محمد فوزي د/ احمد الزيادي - د/ سارة عبد العزيز
	الوحلة الاوني	1755 - 1140	عيادة نساء	<mark>ميادة الخارجية</mark>	- أ.د/ عادل هلال الزيادى	تساء	( <mark>डिम्म्ब) • (</mark>	أ.د/ احمد بدوى د/ محمود عبد الرازق	Skil	<mark>هم بـالاكلية</mark>	د/ هند شلبی - د/ احمد جبریل	عوامل	( <mark>قسم ۱۰</mark> )	أ.د/ حسام جودة د/ سارة عبد العزيز	حوامل	ساء - العيادة الخارجية	أ.د/ عبد المجيد مشالي - أ.د/ محمد فوزى - د/ احمد الزيادى - د/ سارة عبد العزيز
	اتوجا	1498 - 1480	ail	مركز التوليد وامراض ا	(د/ مصطفی حسان د شیری	4	<mark>مرکز التولید وامراض ا</mark>	د/ رضا عبد الهاد - د/ ء	36	( <mark>हाम्म</mark> ्र ५ )	(أ.د/ محمد امام - أ.د/ حامد يوسف)	Lab	متحف ال	(د/ ماهر شمس - د شیر:	مرور	( <mark>فتسم ۹)</mark>	(أ.د/ طارق شقير - د/ عماد فيالة)
	الوحلة التانية	1855 - 1890	عيادة حوامل	مركز التوليد وامراض النساء — العيادة الخارجية	(د/ مصطفی حسان - د/ محمد إبراهیم ) د شیرین ممدوح	عيادة نساء	مركز انتوليد وامراض النساء - العيادة الخارجية	د/ رضا عبد الهادى – د/ ماهر شمس – د/ عماد فيالة	مرورنساء	( <mark>ब्रे</mark> र्ज्ज • ( )	(أ.د/ محمد نزار - د/ عبد الهادي زايد)	Skill	متحف انقسم بالكلية	(د/ ماهر شمس - د/ عبد الهادی زاید) د شیرین ممدوح	مرور حوامل	( <mark>قسم ۲۰</mark> )	(د/ رضا عبد الهادى - د/ محمد إبراهيم )
	الوجلة التالته	1492 - 1250	مرور حوامل	( <mark>डॉम्फ्न</mark> ०१ )	أ.د/ هشام شعلان د/ حسام عبد الفتاح	عيادة حوامل	مركز التوليد وامراض النساء - العيادة الخارجية	د/ اشرف غانم	عيادةنساء	مركز التوليد وامراض النساء - العيادة الخارجية	د/ وليد الرفاعى	مرورنساء	( <mark>हाम्मु ०।</mark> )	أ.د/ محمد السعيد الغريب أ.د/ أسامة وردة	Skill Lab	متحف القسم بالكلية	د/ علاء وجيه د/ م
4		1988 - 1890	<b>a</b> elati	( <mark>हालके</mark> ५ )	أ.د/ مصطفى الزيات أ.د/ عبد العزيز الرفاعي	حوامل	ساءِ — العيبادة الخيارجيبة	اً.د/ احسان رفاعی	نساء	ساء – العيبادة الخارجية	د/ محمد حسن	13	(قسم ۱۸)	أ.د/ محمد التوتنجي أ.د/ علاء الجوهري	Skil	<mark>م بـائكلية</mark>	د/ محمد سيد عبد الحافظ
	الوجل	1949 - 1980	Lab	م <mark>تحق الق</mark>	د/ محم د/ خا!	29.00	(ब्लूमध्ये ०१)	اً.د/ محمد النجيري د/ أشرف فودة	عيادة	مركز التوليد وامراض ال	د/ حنا د/ ياسر	عياد	مركز التوليك وامراض ال	اً.د/ مصطنا د/ علاء د/ ياسر ن	29.34	( <mark>قسم ۱۰</mark> (	اً.د/ حاتم أبو هاشم اً.د/ ليلى البغدادي
	الوحلةالرابعة	V.TO - 199.	Skill Lab	متحف القسم بالكلية	د/ محمود ثابت د/ خالد سمیر	مرور حوامل	(قسم ۱۸)	أ.د/ احمد رجب	عيادة حوامل	مركز التوليد وامراض النساء - العيادة الضارجية	د/ حنان نبيل د/ ياسر مصباح	عيادة نساء	مركز التوليد وامراض النساء - العيادة الخارجية	اً.د/ مصطفی الخیاری د/ علاء مصباح د/ یاسر عبد الدایم	مرورنساء	( <mark>قسم ۱۸</mark> ۸)	اً.د/ عبد الجواد المتولى اً.د/ محمد السعيد غانم

### Clinical Course For Undergraduate Teaching

Department of Obstetrics & Gynecology

Faculty of Medicine – Mansoura University

2017

- 1. Outpatient gynecologic clinic course
- 2. Outpatient obstetrical clinic course
- 3. Inpatient gynecological round course
- 4. Inpatient obstetric round course
- 5. Jars, skill lab. ,Instruments & Operations.

### **Curriculum for Outpatient Gynecologic Clinic Teaching**

Weeks	Title	Details
Week 1	History taking and examination	Day 1: introduction, History taking, (except present history) Day 2: present history in obstetrics & general examination Day 3: present history in gynecology & general examination Day 4: abdominal examination & obstetrics maneuvers Day 5: local gynecological examination and special tests
Week 2	Bleeding from genital tract	etiologic classification , pattern (menorrahgia – metrorrhgia and polymenorrhea ), life periods ( prepubertal, adolescent , child bearing period, premenopausal, perimenopausal, postmenopausal bleeding) .  Local Gyn examination
Week 3	Pelvi-abdominal mass:	description, differentiation between abdominal and pelvi abdominal, and differentiation between uterine and extrauterine masses Abdominal examination Local Gyn examination
4 Week	Pelvic organ prolapse	deficient perineum and wide introitus, types of vaginal prolpase, degrees of uterine descent and associated urinary symptoms.
Week 5	Infertility factors	male factor (normal and abnormal seminogram), ovarian factor (detection of ovulation: mid luteal progesterone), peritoneal factors (laparoscopy).
Week 6	Vaginitis  Cervicitis	demonstration of discharge of candidiasis and trichomoniasis, bacterial vaginosis, vulvo-vaginitis of children and senile vaginitis, (clinical varieties, demonstration) and <b>PID</b> (definition, symptoms, signs, DD and treatment)
Week 7	Fibroid	risk factors - symptoms – signs – differential diagnosis – ultrasound (demonstration ).  Genital malignancies
Week 8	Infertility factors	tubal factor (HSG and laparoscopy), uterine factor (HSG and hysteroscopy) and cervical factor (post coital test)
Week 9	Female 2ry sex characters.	1ry Amenorrhea: I- developed breast and present uterus II- developed breast and absent uterus III- absent breast and present uterus IV- absent breast and absent uterus. Investigations (buccal smear for karyotype, laparoscopy for gonadal type) hormones (FSH, LH, prolactin) hormone withdrawal test.  2ry Amenorrhea: common causes
Week 10	Missings + revision	
Week 11	Revision + self- assessment	D.D in gynecology
Week 12	Assessment	exam

- These topics to be fulfilled in addition to the usual activities of history taking and clinical examination
- It is the priority of the staff to moderate the scientific contents activities
- يتم الالتزام بقدر الامكان بترتيب مواضيع الاسابيع مع الوضع في الاعتبار ان الاولوية لإجمالي العنوانين حسب توافر الحالات بغض النظر عن الترتيب

### **Curriculum for Outpatient obstetrical Clinic teaching**

Weeks	Title	Subjects
Week 1	History taking and examination	Day 1: introduction , History taking, (except present history)  Day 2: present history in obstetrics & general examination  Day 3: present history in gynecology & general examination  Day 4: abdominal examination & obstetrics maneuvers  Day 5: local gynecological examination and special tests
Week 2	Diagnosis of early pregnancy  Methods of estimation of duration of pregnancy	symptoms suggestive of early pregnancy , signs of early pregnancy, Immunological pregnancy test (demonstration).  excepted date ( Naegel's rule, fundal level, sonar (1st, , 2nd , 3rd )
	Fetus in utero	Fetal lie , presentations, positions, engagement.
Week 3	Abdominal exam High risk pregnancy:	inspection  definition, risk factors from history examination and investigations. Warning (dangerous) symptoms and signs of high risk pregnancy.
	Abdominal exam	inspection + obstetrics grips (demonstration)
Week 4	Obstetric abdominal examination (Training)	fundal level, fundal grip , umbilical grip , pelvic grips .
Week 5	<b>Ultrasonic examination</b> demonstration	1 <sup>st</sup> trimester pregnancy (sac, embryo, CRL) 2 <sup>nd</sup> trimester pregnancy (fetus, placenta, AF, BPD) 3 <sup>rd</sup> trimester pregnancy (AFI, FL)
Week 6	Antenatal care + obstetric examination	visits, procedure and routine investigation during pregnancy.
Week 7	Stages of normal labor(partogram)	physiology and management.
Week 8	Obstetric abdominal examination (Training):	fundal level, fundal grip , umbilical grip , pelvic grips .
Week 9	Approaching labor	symptoms and signs of onset of labor,
	Onset of labor + obstetric examination	symptoms and signs , false labor pain & true labor pain.
Week 10	Missings + revision	
Week 11	Revision + self- assessment	D.D in Obstetrics
Week 12	Assessment	exam

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- It is the priority of the staff to moderate the scientific contents activities
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### **Curriculum for Inpatient Gynecological Teaching**

Weeks	Title	Details
Week 1	History taking and examination	Day 1: introduction, History taking, (except present history) Day 2: present history in obstetrics & general examination Day 3: present history in gynecology & general examination Day 4: abdominal examination & obstetrics maneuvers Day 5: local gynecological examination and special tests
Week 2	Bleeding from	prepubertal bleeding, adolescent bleeding, child bearing bleeding,
	genital tract :	premenopausal bleeding, perimenopausal bleeding, postmenopausal bleeding).
		investigations: sonar, endometrial aspiration and biopsy, CBC, others.
Week 3	Fibroid :	sheet, symptoms, signs, examination, DD, investigation (sonar, demonstration),
		Causes of symmetrically enlarged uterus.
		DD
Week 4	Pelvic organ	types of vaginal prolapse, degrees of uterine prolapse, Lower urinary symptoms,
	prolapse :	operations of genital prolapse.
Week 5	Infertility :	types, Infertility factors: male factor (normal and abnormal seminogram), ovarian factor (mid luteal progesterone, sonar), peritoneal factors (laparoscopy). Tubal factor (HSG and laparoscopy), uterine factor (HSG and hysteroscopy) and cervical factor (post coital test)
Week 6	Ovarian tumors:	characters of ovarian malignancy, staging (clinical, imaging and at laparotomy).
Week 7	Other genital	difference between abdominal and pelvi-abdominal and difference between
	malignancies	uterine and extra uterine.
Week 8	Infertility PCOs:	Def, symptoms, signs, sonar: lab, invest., treatment
Week 9	Female 2ry sex characters.	1ry Amenorrhea: definition , I- developed breast and present uterus II- developed breast and absent uterus III- absent breast and present uterus IV- absent breast and absent uterus. Investigations: hormone withdrawal test , buccal smear for karyotype, laparoscopy for gonadal type, hormones (FSH, LH, prolactin) ,  2ry Amenorrhea: common causes
Week 10	Missings + revision	
Week 11	Revision + self- assessment	D.D in gynecology
Week 12	Assessment	exam

- These topics to be fulfilled in addition to the usual activities of history taking and clinical examination
- It is the priority of the staff to moderate the scientific contents activities
- يتم الالتزام بقدر الامكان بترتيب مواضيع الاسابيع مع الوضع في الاعتبار ان الاولوية لإجمالي العنوانين حسب توافر الحالات بغض النظر عن الترتيب

### **Curriculum for Inpatient Obstetric Teaching**

Weeks	Title	Details
Week 1	History taking and examination	Day 1: introduction , History taking, (except present history) Day 2: present history in obstetrics & general examination Day 3: present history in gynecology & general examination Day 4: abdominal examination & obstetrics maneuvers Day 5: local gynecological examination and special tests
Week 2	Antepartum hge	types, symptoms sigs, sonar, treatment.
	Placenta previa:	Differences between Placenta previa and placental abruption (accidental
		hge).
Week 3	Preeclampsia :	predisposing factors (high risk factors), symptoms of severe preeclampsia
		, signs , degree ,DD, special investigations , treatment .
Week 4	Diabetes mellitus	: effects of diabetes on fetus and newly born, effects of pregnancy on
	with pregnancy	diabetes , antenatal care , intra-natal care ( timing and methods of
		delivery), immediate post natal care (maternal and neonatal care:
		incubator)
Week 5	Heart disease with	functional grades heart disease, effects of pregnancy on heart disease,
	pregnancy:	effects of heart disease on pregnancy,
		Antenatal care, intra-partum care, postpartum care.
Week 6	Anemia with	, common types of anemia with pregnancy, effects of Anemia on
	pregnancy	pregnancy. Treatment of iron deficiency anemia.
Week 7	Previous CS:	indications of CS, advantages and disadvantages of LSCS incision.
Week 8	Habitual abortion :	causes and investigations
	IUGR :	criteria
	Antenatal death:	causes and special investigations.
Week 9	PROM:	diagnosis, effects on pregnancy (maternal, fetal, newly born)
	Preterm labor :	diagnosis, effects on fetus and newly born.)
Week 10	Missings + revision	
Week 11	Revision + self-	D.D in Obstetrics
Week 12	Assessment Assessment	exam

- These topics to be fulfilled in addition to the usual activities of history taking and clinical examination
- It is the priority of the staff to moderate the scientific contents activities
- يتم الالتزام بقدر الامكان بترتيب مواضيع الاسابيع مع الوضع في الاعتبار ان الاولوية لإجمالي العنوانين حسب توافر الحالات بغض النظر عن الترتيب

### Jars, skill lab., Instruments and Operations.

الوقت: ١٠,١٥ ـ ١٢,١٥ ظ من السبت الى الأربعاء المكان: متحف النساء

Week	Subject	Notes
Weeks 1	History Taking	
Weeks 2	<ul><li>1- Female pelvis</li><li>2- Fetal skull</li><li>3- Fetomaternal relationships</li></ul>	
Weeks 3	<ul><li>1- Pelvic Examination (skill lab)</li><li>2- Pap smear (skill lab)</li></ul>	الجارات المطلوب شرحها GYN 1-1 AND GYN 2-1 to GYN 2-3
Weeks 4	<ul><li>1- Management of Second stage (skill lab)</li><li>2- Management of third stage (skill lab)</li></ul>	Instruments used in obstetrics
Weeks 5	Uterine fibroid	الجارات المطلوب شرحها GYN 4-1 to GYN 4-26
Weeks 6	Episiotomy(skill lab)     Partogram (skill lab)	الجارات المطلوب شرحها OBS 1-1 to OBS 1-5 AND OBS 2 to OBS 6 AND OBS 7-1 to OBS 7-2 AND OBS 8
Weeks 7	<ul><li>1- Endometrial hyperplasia</li><li>2- Endometrial cancer</li></ul>	الجارات المطلوب شرحها GYN 3-1 to GYN 3-4 AND GYN 5-1 to GYN 5-6
Weeks 8	<ul><li>1- IUD insertion (skill lab)</li><li>2- HSG</li></ul>	Instruments used in gynecology
Weeks 9	Cancer cervix	الجارات المطلوب شرحها GYN 6-1 to GYN 6-6
Weeks 10	Ovarian Cancer	الجارات المطلوب شرحها GYN 8-1 to GYN 8-13
Week 11	<ul><li>1- Instrumental delivery</li><li>2- Version</li></ul>	يبدأ من الساعة ٩ ص لكل مجموعة على حدة في يوم المتحف الخاص بها
Week 12	1- Cancer vulva 2- Cancer vagina	الجارات المطلوب شرحها GYN 7-1 to GYN 7-2 AND GYN 9-1 to GYN 9-4
	Review of Instruments & Jars	

- These topics to be fulfilled in addition to the usual activities of history taking and clinical examination
- It is the priority of the staff to moderate the scientific contents activities
- يتم الالتزام بقدر الامكان بترتيب مواضيع الاسابيع مع الوضع في الاعتبار ان الاولوية لإجمالي العنوانين حسب توافر الحالات بغض النظر عن الترتيب

### **List of jars**

	Code	Name
1	GYN/1	Hematometra & hematocervix
2	GYN/2/1	Nabothian follicle
3	GYN/2/2	Chronic cervicitis
4	GYN/2/3	Chronic hypertrophic cervicitis
5	GYN/3/1	Metropathia hemorrhagica
6	GYN/3/2	Metropathia hemorrhagica
7	GYN/3/3	Metropathia hemorrhagica
8	GYN/3/4	Metropathia hemorrhagica with fundal polyp & ovarian cysts
9	GYN/4/1	Subserous uterine fibroid
10	GYN/4/2	Submucous fibroid
11	GYN/4/3	Submucous fibroid
12	GYN/4/4	Fundal submucous fibroid
13	GYN/4/5	Submucous fibroid with hyaline degeneration
14	GYN/4/6	Multiple submucous fibroid with calcification
15	GYN/4/7	Multiple submucous fibroid
16	GYN/4/8	Multiple submucous fibroid
17	GYN/4/9	Multiple uterine fibroid
18	GYN/4/10	Multiple corporeal, broad ligament & cervical fibroids
19	GYN/4/11	Multiple corporeal fibroid
20	GYN/4/12	Cornual fibroid
21	GYN/4/13	Fundal fibroid & corporeal fibroid polyp
22	GYN/4/14	Corporeal fibroid polyp
23	GYN/4/15	Cervical polyp
24	GYN/4/16	Cervical polyp
25	GYN/4/17	Cervical polyp
26	GYN/4/18	Cervical polyp
27	GYN/4/19	Cervical polyp
28	GYN/4/20	Cervical polyp
29	GYN/4/21	Cervical polyp
30	GYN/4/22	Cervical fibroid
31	GYN/4/23	Cervical fibroid
32	GYN/4/24	Cervical fibroid
33	GYN/4/25	Uterine fibroid with adenomyosis
34	GYN/4/26	Sarcomatous changes in a fibroid
35	GYN/5/1	Endometrial carcinoma
36	GYN/5/2	Endometrial carcinoma
37	GYN/5/3	Endometrial carcinoma
38	GYN/5/4	Endometrial carcinoma
39	GYN/5/5	Endometrial carcinoma & hyperplasia
40	GYN/5/6	Endometrial carcinoma, myometrial hyperplasia & fundal fibroid

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41	GYN/6/1	Endocervical carcinoma
42	GYN/6/2	Cancer cervix
43	GYN/6/3	Cancer cervix
44	GYN/6/4	Cancer cervix
45	GYN/6/5	Cancer cervix with urinary bladder infiltration
46	GYN/6/6	Cancer cervix with urinary bladder infiltration
47	GYN/7/1	Cancer vulva
48	GYN/7/2	Cancer vulva
49	GYN/8/1	Dermoid cyst
50	GYN/8/2	Complicated dermoid cyst
51	GYN/8/3	Left multilocular ovarian cyst & atrophic right ovary
52	GYN/8/4	Bilateral multilocular ovarian cysts & left solid benign ovarian tumor
53	GYN/8/5	Bilateral complicated ovarian cyst
54	GYN/8/6	Bilateral multilocular ovarian cyst & small submucous fibroid
55	GYN/8/7	Bilateral ovarian tumor (partially solid & partially cystic)
56	GYN/8/8	Right solid ovarian tumor with intramural fibroid
57	GYN/8/9	Left solid ovarian tumor
58	GYN/8/10	Right solid ovarian tumor
59	GYN/8/11	Bilateral solid ovarian tumor & endometrial carcinoma
60	GYN/8/12	Left solid ovarian tumor with pregnancy
61	GYN/8/13	Bilateral solid ovarian tumor (Krukenberg tumor)
62	GYN/9/1	Invasive mole
63	GYN/9/2	Choriocarcinoma
64	GYN/9/3	Choriocarcinoma
65	GYN/9/4	Choriocarcinoma
66	OBS/1/1	Disturbed ectopic pregnancy (tubal mole)
67	OBS/1/2	Disturbed ectopic pregnancy (incomplete tubal abortion)
68	OBS/1/3	Disturbed ectopic pregnancy (incomplete tubal abortion)
69	OBS/1/4	Disturbed ectopic pregnancy (tubal rupture)
70	OBS/1/5	Pregnancy in a rudimentary horn
71	OBS/2	Carneous mole
72	OBS/3	Vesicular mole
73	OBS/4	Couvelaire uterus (uteroplacental apoplexy)
74	OBS/5	Traumatic rupture uterus
75	OBS/6	Subinvolution of the uterus
76	OBS/7/1	Conjoined twins
77	OBS/7/2	Conjoined twins
<b>78</b>	OBS/8	Anencephaly

### خطة التدريس للعام الدراسي ٢٠١٦ - ٢٠١٧ (الفرقة السادسة)

● ستبدأ الدراسة بإذن الله تعالى في يوم السبت الموافق ٢٠١٦/١٢/٣١

### الدروس الإكلينيكية

- يبدأ الدرس الإكلينيكي ١٠,١٥ صباحاً
- مدة الدراسة ستكون فقط: ١٢ أسبوع منه ١١ اسبوع دراسة وأسبوع للمراجعة وتقييم نشاط التعليم الذاتي واسبوع وامتحان أعمال السنة.
- يراعي عند تدريس معمل المهارات أن هناك لجنة كاملة في أخر العام بـ (٢٥) درجة مخصصة لهذا الامتحان بطريقة (Chick list ).
  - يتم تجميع كراسة الأنشطة في نهاية عمل يوم الأربعاء من الأسبوع العاشر:
    - المراجعة الأخيرة للغياب لتحديد المحرومون من دخول الامتحان.
      - تحدید من هناك شك في تزویر إمضاءاتهم.
  - تجهيز المجموعات لوضع درجة الكراسة يوم السبت أو الأحد التاليين (يوم النشاط الذاتي)

### الحضور والغياب:

• نسبة الغياب المسموح بها ٣٠% (١٢ أسابيع X ٥ أيام دراسة ٣٠٨%)= ١٨ يوم غياب لذا يحرم من دخول لامتحان أعمال السنة من غاب ١٩ يوماً أو أكثر (يلزم حضور ٤٢ يوما على الاقل)

### " مع ملاحظة أن الجدول سيراعى الإجازات"

- سيتم الاعتماد علي إمضاء عضو هيئة التدريس لحصر الغياب
- سيتم مراجعة الغياب في نهاية الأسبوع ٤و ٨ للإنذار ثم النهائي في أخر الأسبوع العاشر
- الطلاب الذين لم يحققوا نسبة الحضور أو تغيبوا عن دخول الامتحان في موعده ليس لهم حق دخول الامتحان في أي مجموعة أخرى أو آخر العام حسب لوائح الكلية.

### كراسة الأنشطة:

- هي توثيق لنشاط الطالب على طوال أيام الراوند وليس وثيقة إمضاء في أخر الراوند.
  - كل عضو هيئة تدريس له إمضاء واحدة فقط عن أي من الأنشطة.
- كراسة الأنشطة مخصص لها عشرة درجات مقسمة علي عشرة أنشطة حقيقية لكل درجة وتم تحديد درجة مخصصة لكل نشاط.
  - المطلوب الإمضاء لمن قام بالنشاط الفعلي علي مدار الراوند وليس لمن نقل آخر الراوند

### النشاط الذاتى:

- يراعي أنه مخصص له عشرة درجات كاملة.
- يتم تكليف الطلاب خلال الأسبوع الرابع بالنشاط المطلوب على أن توضع خطته في بداية الراوند مع مراعاة تكليف
   كل طالب بعمل حقيقى يقوم به منفرداً أو في مجموعات لا تزيد عن ثلاثة :
  - Power point Presentation
  - Essay

### امتحان أعمال السنة:

- مخصص له ثمانون درجة
- ستة عشرة محطة لكل خمسة درجات:
  - محطتان: حالة حوامل
  - محطتان: حالة أمراض نساء
  - محطتان: سؤال إكلينيكي حوامل
- محطتان: سؤال إكلينيكي أمراض نساء
- محطتان: موديل محطتان: تنظيم

محطتان: آلات

محطتان: جارات

أسرة/سؤال/جار/آله/حالة/صورة/....

### التدريس النظري

### المحاضرة الصباحية:

- ٥ ٩ ١٠ ص
- من السبت الأربعاء
- يتم القاؤها في مكان الدرس الإكلينيكي
- يتم توزيع الموضوعات كلها على أعضاء هيئة التدريس لكل وحدة على حدة

### ● محاضرة بعد الظهر:

- ا ۱٫۳۰ ۱۲٫۳۰ ظ
- 0 يومى الاحد، الاربعاء
- يتم القاؤها في مكان الدرس الإكلينيكي
  - ٥ ٢١ محاضرة
  - الأسماء محددة سابقا

### 1. Obstetrics Sheet: Case No. 1

• C	Personal History:  Complaint:  Menstrual History:	
• (	Obstetric History:	
• F	Present History:	
• F	Present History:	
• (	General Examination:	
• (	Obstetric Examination:	
•••••		
• [	Diagnosis:	
Staff	off Member : Date:	

### 2. Obstetrics Sheet: Case No. 2

• Co	Personal History:  Complaint:  Menstrual History:	
• OI	Obstetric History:	
• Pa	Past History:	
	Present History:	
•••••		
	General Examination:	
• OI	Obstetric Examination:	
• Di	Diagnosis:	
Staff I	Member: Date	

### 3. Gynecology Sheet: Case No. 1

• C	Personal History:  Complaint:  Menstrual History:	
• 0	Obstetric History:	
• P	Procent History:	
	Present History:	
• 6	General Examination:	
• 0	Obstetric Examination:	
• [	Diagnosis:	
Staff	ff Member : Date	:

### 4. Gynecology Sheet: Case No. 2

• C	Personal History:  Complaint:  Menstrual History:	
• (	Obstetric History:	
• P	Procent History:	
• P	Present History:	
• 6	General Examination:	
• (	Obstetric Examination:	
• [	Diagnosis:	
Staff	ff Member : Date	;

### 5. Delivery Room: Case No. 1

•	Complaint: Menstrual History:		•••
•	Obstetric History:		• • •
•			
••••	······································	 	• • • •
			• • • •
•			
•	Obstetric Examination		
•	Diagnosis:		
Staj	ff Member :	Date:	100

### 6. Delivery Room: Case No. 2

<ul> <li>Personal History</li> </ul>	<i>j</i> :
Complaint:	
<ul> <li>Menstrual Histo</li> </ul>	
Obstetric History	y:
•••••	
• Family History :	
<ul><li>Present History:</li></ul>	
•••••	
•••••	
•••••••	
•••••	
<ul> <li>General Examina</li> </ul>	ation:
<b>-1</b>	
Obstetric Exami	nation:
•••••	
••••••	
Diagnosis:	
•••••	
Staff Member :	Date:

### 7. Obstetric Ultrasound

Sta	off Member : Date:
•	Diagnosis:
••••	
• • • •	
•	Obstetric Examination:
• • • •	
•	General Examination:
••••	
••••	
••••	
• • • •	
•	riesent mstory.
•	Past History:  Present History:
•	Family History:
• • • •	
	-
•	Obstetric History:
•	Menstrual History:
•	Complaint:
•	Personal History:

### 8. Gynecologic Ultrasound

<ul> <li>Personal History</li> </ul>	ory:
Complaint:	
Menstrual His	
Obstetric Hist	ory:
Family History	y:
<ul> <li>Present Histor</li> </ul>	
	• 1 •
•••••	
•••••	
General Exam	ination:
••••	
Obstetric Exam	mination:
•••••	
Diagnosis:	
Staff Member :	Date:
Stujj Member .	Date.

### 9. Other Cases No.1

• C	ersonal History: omplaint: /lenstrual History:
• 0	Obstetric History:
• P	amily History :ast History :resent History:
	·
• G	eneral Examination:
• 0	Obstetric Examination:
• D	piagnosis:
Staff	Member : Date:

### 10. Other Cases No.2

<ul><li>Complaint:</li><li>Menstrual History:</li></ul>	
••••••	
General Examination:	
Obstetric Examination:	
Diagnosis:	
Staff Member :	Date:

### 1-Pelvic Examination (Skill lab)

2-Pap smear (Skill lab)	
2-Pap smear (Skill lab)	

## 3-Management of Second stage (Skill lab) 4-Management of third stage (Skill lab)

### 5-Episiotomy (Skill lab)

6-Partogram (Skill lab)
6-Partogram (Skill lab)

### 7-IUD insertion (Skill lab)

8-HSG (Skill lab)
8-HSG (Skill lab)
8-HSG (Skill lab)