

Learning objectives – Dept. of Obs. & Gyn.

Pl realize the practices, and the logic behind them (rationalize). What you learn today has been tried and tested to become current practice but will be improved on some day (like cell phones or TV's). But you will need to know at least the basic survival basic skills needed of an intern doctor and feel confident in performing his duties at the end of the appointment; your last chance!

Learning ward round – is to see application of theory taught during lectures and block

DO not com to read textbooks in the side rooms as the best learning material is abundant inwards (patients)

Primary objective is to learn how to put t to good use

Learn how to obtain information form patients without being a mere reporter. Objective is to arrive at a provisional diagnosis using your knowledge. Learn to drop the padding. (relevant from irrelevant data may be volunteered by patients)

Presentation skills in a ward round including summarizing

Counseling skills for common problems – eg. Fertility control

Give a comprehensive diagnosis and a provisional management plan.

Labour room

Normal from abnormal progression, of labour interventions, emergencies, **partogram** and note keeping, areas of litigation resuscitation of a new born

Interpretation of CTG

Perform and suture episiotomy

Clinics Gyn/ Obs

Learn to assess patients with a time limit, to grasp the key problems and plan out patient management and follow up.

Interpretation of investigations, imaging and biopsy reports

Be able to identify patients who need admission.

Identify patients who can be discharged from follow up and who could be referred to local hospitals. Shared care concept at ANC.

Operating theatre

Study the case beforehand and know the diagnosis, pre operative investigations and preparation, planned operative procedure, possible postoperative complications.

One student may assist at a time if aware of what to expect but not at operative major laparoscopic procedures.

He should write the operative notes dictated by the SR/ Reg., histopathology form and get corrected by the House officer.

The recovery from anaesthesia in the operating theatre must be observed.

Casualty experience (after 7 pm)/ night ward round

Assess all patients admitted with the house officer and assist in management.

Assess all post operative patients.

Write diagnosis cards, Supervision from HO/Reg/ SR to write only the necessary data. (not a copy of the operating note but only matters relating to future management)

Join the night ward round.

Join the house officers (early) morning round actively.

Casualty-emergencies and how to prioritize when simultaneous problems occur

How to give only but all relevant data in short when informing superiors

A viva/ OSCE will be held during the middle of the appointment with the objective of allowing time for those performing poorly to self realize and take remedial action.