

*Ministry of Health and Medical Education
Deputy of Educational Affairs
Secretariat of the Council for Undergraduate Medical Education
JPRM 2008-2009 Final Report*

*The Core Curriculum of Obstetrics and Gynecology
Clerkship of Undergraduate Medical Education*

*Translator:
Zahra Abbaspour-Tamijani M.D.*

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Preface

A word with the educational authorities, faculty members, and medical students

The curriculum of the clerkship of internal medicine is prepared based on the consensus of the faculty members of universities of medical sciences and vast inquiry from experts of medical education in the universities of medical sciences and deputy of health affiliated to ministry of health and medical education.

Obviously curricular communication with the students, faculty members, educational authorities, and other members of the medical school and university and providing appropriate educational environment is of a considerable importance.

At the end, we bring to your notice that the secretariat of the council for undergraduate medical education welcomes all suggestions and viewpoints of the connoisseurs of universities of medical sciences regarding improvement of the curriculum of undergraduate medical education.

Thus, please kindly communicate your valuable opinions to us at the following address:

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Secretariat of the council for undergraduate medical education

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1- Length of the course: 2 months

2- Effective teaching hours during the course: 240 hrs (5 days a week, 6 hours each day)

Timing of the lecture-based courses and clinical rotations is generally determined according to the educational program of the clerkship course. All medical students are required to attend in the hospital ward at least since 7:30 AM to 2:00 PM each day and 5 days per week. In medical schools it is possible to teach theoretical and elective courses in the evenings and on Thursday.

3- Program manager: to be filled by the medical school.

4- Faculty members: to be filled by the medical school.

5- The expected outcome of the program:

- a- expected outcome of the program in the domains of knowledge, skill and attitude,
- b- the core content that must be taught and learned,
- c- The place of education and the teaching method (based on the available educational facilities) and the minimum time required to teach the content
- d- Method of assessment of knowledge, attitude and skill (during and at the end of the course).

6- The criteria and methodology for determining the core content ;

- Prevalence of the disease
- Influence on the community health
- Needs of community
- General practitioners' role in the community health system
- Preventability of the disease and availability of a screening program
- The national program of ministry of health including immunized mother and maternal mortality care

7- The content to be taught to yield the stated outcomes:

Number	outcome
1	Anatomy of genital tract
2	Physiology of menstruation and normal and abnormal menses and dysmenorrhea
3	Menopause

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4	Venereal diseases of the lower genital tract
5	Infections of upper genital tract
6	Abnormal uterine bleeding (classification, differential diagnosis, diagnostic methods and diagnostic approach)
7	Abortion (classification, diagnosis and treatment)
8	Infertility(classification, causes, diagnostic and therapeutic methods)
9	Ectopic pregnancy
10	Amenorrhea (classification, diagnosis and diagnostic approach)
11	Pre-invasive and invasive cervical lesions [predisposing factors, classification of pre-invasive lesions, pop smear, cervical cancer (including simple staging, therapeutic methods and prognosis)]
12	Benign and malignant ovarian diseases, method of approach to pelvic mass
13	Familiarity with benign and malignant diseases of uterus (simple staging, predisposing factors, classification, differential diagnosis, to mention the diagnostic and therapeutic methods by name)
14	Gestational trophoblastic diseases (including simple staging, treatment, and prevention)
15	Contraceptive methods (classification, efficiency and failure, mechanism of effect, indications and contraindications, advantages and disadvantages)
16	Breast cancer screening, diagnostic approach to galactorrhea
17	Physiologic changes during pregnancy(including changes in the weight, blood, skin, breast, thyroid gland, and respiratory, genitourinary, cardiovascular and gastrointestinal systems)
18	Pre-conceptual counseling(screening , diagnosis and treatment of common diseases) diagnostic methods of pregnancy and prenatal care(timing and frequency, examination, paraclinical investigations, common complaints, warning symptoms and signs, and immunization)
19	Anatomy of pelvis, delivery(mechanism, management, course, and anesthetic methods)

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20	Puerperium and the related disorders (bleeding and infection)
21	Dystocia (classification, diagnosis, induction of labor, instrument- assisted delivery, cesarean section and its complications)
22	Obstetrical bleedings (detachment of placenta, placenta previa, DIC)
23	Hypertensive disorders during pregnancy
24	Preterm delivery, post term delivery, and intrauterine growth retardation
25	Assessment methods of fetal health, fetal distress, prenatal diagnosis
26	Approach to high risk pregnancy and multiple pregnancy
27	Common surgical and medical diseases during pregnancy (diabetes, anemia and thrombocytopenia, thyroid diseases, infection, renal stone, cardiac diseases, asthma, epilepsy, and acute abdomen)
28	Diagnostic approach to the patient with pelvic pain
29	Common available medications and imaging techniques in obstetrics and gynecology(classification of drugs in pregnancy: A,B,C,D,X)
30	Legal aspects regarding issuance of the death certificate, sick leave letter, sexual abuse, abortion, termination of pregnancy, report of the side effects of the drugs
31	leading causes of maternal mortality and the status of this index in Iran, our region and the world, Familiarity with maternal health care Familiarity with the national system of maternal care

8- Skills and abilities that the student must obtain during clerkship of obstetrics and gynecology:

Outcome
1- Ability to take clinical history from the patient and accompanying person(s)
2- Ability for physical examination of genital tract

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| <ol style="list-style-type: none">3- Ability to perform uterine massage (single manual and bimanual)4- Ability to auscultate fetal heart and perform Leopold examination5- Ability to insert speculum and take pop smear6- Ability to control fetal movements and uterine contractions7- Ability to interpret the report of pop smear |
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9- Teaching and learning method:

Medical schools are required to apply the most appropriate educational strategies and teaching and learning methods for each of the above -mentioned contents according to the subject and within the limits of available educational facilities. Some of these methods are mentioned below:

Role playing, role model, video presentation, small group discussion, bedside- teaching, procedural skill teaching, task- based teaching, case- based teaching, etc.

10 - Formative assessment of knowledge, skill, and attitude and feedback technique during the course (Timing and frequency of assessments must be stated.)

- Formative and summative assessments must be done during and at the end of the course, respectively.

Assessment is required to target the knowledge, skill, and attitude. Assessment tools must be valid and reliable

For instance , some assessment tools are mentioned below:

1- Logbook, 2- DOPS, 3- Mini CEX, 4- OSCE, 5- CBD (case based discussion), 6- descriptive written examination and MCQ, 7- oral examination,8- global rating form

11- Curricular communication

- The curriculum must be available to the learners, faculty members, and educational and executive authorities of medical school or university at the beginning of the course and reachable at the university website.

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12- Curricular management

-For implementation of the program, the necessary preparations including faculty member education must be considered.

- Continuous monitoring of the program by the deputy of undergraduate medical education is necessary.

- Department chair must report the program evaluation to the medical school in regular intervals.

- Dean of the medical school is required to resolve the problems regarding implementation of the program with joint work of the authorities of the faculty.

13- Principal examination resources ;

Principal examination resources are the same as the comprehensive (pre- internship) examination, including:

Danforth David N, et al. Danforth Obstetrics and Gynecology, 9 th edition. Lippincot, Williams 7 Wilkins; 2003

Other resources for more information are:

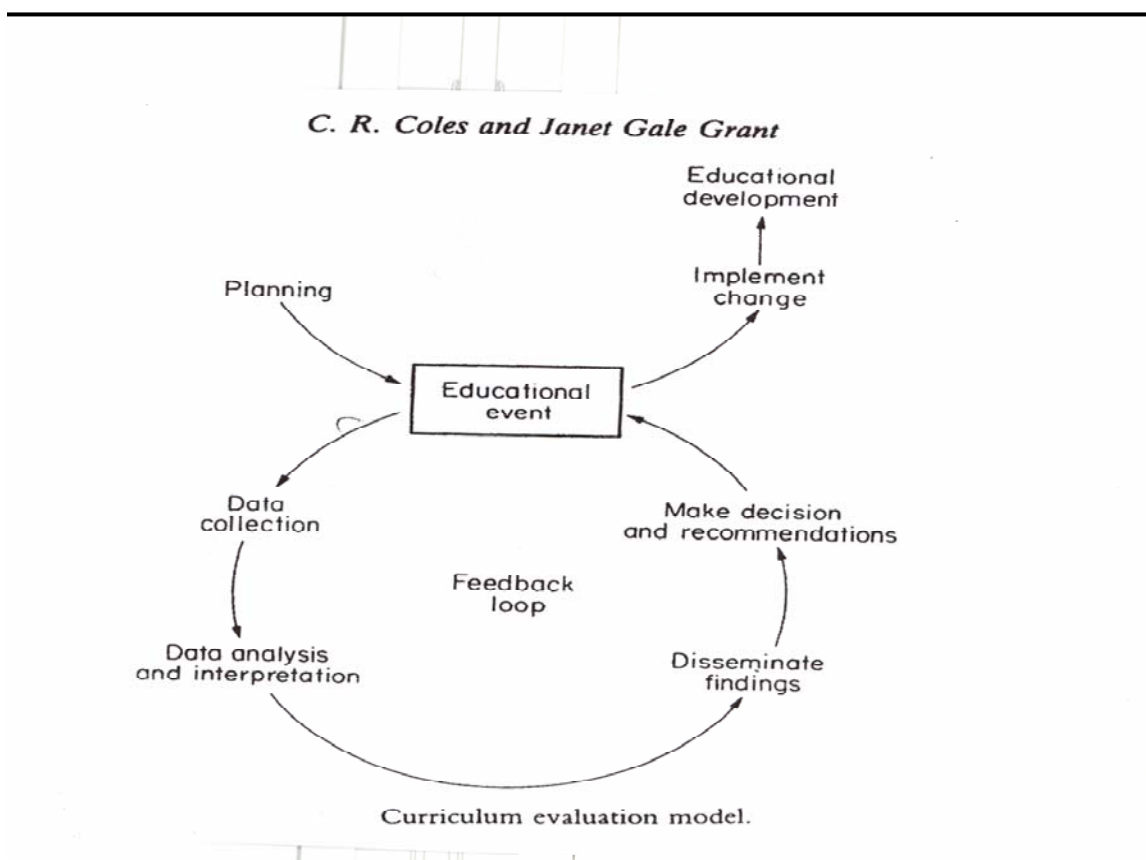
- 1- National system of maternal mortality care (office of maternal health of ministry of health and medical education)
- 2- Integrated care of maternal health , guideline of outpatient care for general practitioners, 5th edition (office of maternal health of ministry of health and medical education)
- 3- The minimum required competencies of general practitioners graduated from universities of medical sciences of Islamic Republic of Iran (deputy of educational affairs, ministry of health and medical education)
- 4- Clinical teaching and assessment , everything a clinical teacher must know (Dr Elaheh Malakan Rad et al)
- 5- Criteria of internal evaluation according to the basic standards of undergraduate medical education program (deputy of educational affairs, ministry of health and medical education)

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14 - Curriculum evaluation

- For each course, the curricular program must be evaluated by the educational department and under supervision of the medical school, according to the following model. The results must be considered for quality improvement of the educational program in the future courses:



- Educational department is required to submit the written report of the program evaluation to the medical school in regular intervals and also a copy of the report and actions taken to the members of the evaluation unit of secretariat of the council for undergraduate medical education in order to improve and ameliorate the program.

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