

# OBSTETRICS/GYNECOLOGY CLERKSHIP

## Patient Type Objectives

Presenting Problem	Obstetrics/Gynecology Objectives	Evaluation	MCC Objectives
Abnormal Uterine Bleeding	<p><b>Knowledge Objectives</b></p> <ol style="list-style-type: none"> <li>Determine whether the patient is hemodynamically stable.</li> <li>List the specific causes for post-menopausal bleeding.</li> <li>Define <i>post-menopausal bleeding</i>.</li> <li>Define <i>dysfunctional uterine bleeding</i>.</li> <li>Describe the following: <ul style="list-style-type: none"> <li>endometrial hyperplasia</li> <li>epidemiology of endometrial cancer</li> <li>differential diagnosis of post-menopausal bleeding</li> </ul> </li> <li>Define the following terms: <ul style="list-style-type: none"> <li>menorrhagia</li> <li>polymenorrhea</li> <li>metrorrhagia</li> <li>hypomenorrhea</li> <li>oligomenorrhea</li> <li>primary amenorrhea</li> <li>secondary amenorrhea</li> </ul> </li> <li>Describe the physiology of the disturbance of the normal menopause, which is seen in post-menopausal bleeding.</li> <li>Describe the physiology of the disturbance of the normal menstrual pattern, which is seen in dysfunctional uterine bleeding.</li> <li>Outline the approach to the evaluation and diagnosis of abnormal uterine bleeding, stating the difference in approach based on age.</li> </ol> <p><b>Skills Objectives</b></p> <ol style="list-style-type: none"> <li>Differentiate between causes of gynecologic bleeding. <ul style="list-style-type: none"> <li>Ask about precipitating factors, temporal pattern duration, quantity, associated symptoms, bleeding disorder, medical and drug history, and any weight change.</li> </ul> </li> <li>Perform pelvic and rectal exam. <ul style="list-style-type: none"> <li>Exclude gastrointestinal and urinary tract bleeding.</li> </ul> </li> <li>Interpret critical clinical and laboratory findings which were key in the processes of exclusion, differentiation, and diagnosis.</li> </ol>	<p><b>Summative</b> evaluation for the complete rotation in <b>St. John's, NL</b>, is as follows:</p> <p>Midterm Examination (5%)</p> <p>Final <i>Team</i> ITER: Completed by Staff (25%)</p> <p>Final ITER: Completed by Resident (10%)</p> <p>Final Oral Examination (30%)</p> <p>National Board of Medical Examiners examination (30%)</p>	112 Vaginal Bleeding, Excessive/Irregular/Abnormal

	<p>4. Conduct an effective initial plan of management for a patient with vaginal bleeding.</p> <p><b>Attitudes Objectives</b></p> <ol style="list-style-type: none"> <li>1. Respect patient's anxieties related to embarrassment, fear or disease, and confidentiality.</li> <li>2. Recognize the transmission of information and patient education as an integral part of every gynecological and obstetrical history and physical examination.</li> <li>3. Provide initial counseling and support in situations involving potential or acute emotional reactions.</li> <li>4. Demonstrate sensitivity towards women and their unique health problems and issues.</li> </ol>		
Incontinence	<p><b>Knowledge Objectives</b></p> <ol style="list-style-type: none"> <li>1. Describe the symptoms, signs, differential diagnosis, ancillary tests, and possible therapies for urinary incontinence.</li> <li>2. List the etiologic factors which predispose to this condition.</li> <li>3. Provide patient education and instruction regarding the following: <ul style="list-style-type: none"> <li>• pelvic exercise</li> <li>• role of hormone replacement therapy</li> <li>• use of pessaries</li> <li>• drugs with action on bladder function</li> <li>• appropriate referrals as necessary</li> </ul> </li> <li>4. Define the following forms of pelvic relaxation and name the appropriate corrective operative measure for each: <ul style="list-style-type: none"> <li>• cystocele</li> <li>• rectocele</li> <li>• enterocele</li> <li>• uterine descensus (prolapse): post-hysterectomy vault prolapse</li> </ul> </li> <li>5. List the differential for intermittent incontinence and continuous incontinence.</li> <li>6. Describe the tests routinely used to evaluate urinary incontinence including the following: <ul style="list-style-type: none"> <li>• cystometrogram</li> <li>• urethral pressure profile</li> <li>• uroflowmetry</li> <li>• electromyography</li> <li>• radiographic voiding cystourethrogram</li> </ul> </li> </ol>	<p><b>Formative</b> evaluation for the complete rotation in <b>St. John's, NL</b>, is as follows:</p> <p>Daily clinical shift evaluation card</p>	<p>47-2 Incontinence, Urine</p>

	<p>7. Outline the diagnosis and management of urinary tract infections including the following:</p> <ul style="list-style-type: none"> <li>• symptoms and signs</li> <li>• microbiology therapy</li> <li>• prevention</li> </ul> <p><b>Skills Objectives</b></p> <ol style="list-style-type: none"> <li>1. Determine duration, characteristics, frequency, timing and amount.</li> <li>• Elicit other lower urinary tract symptoms, precipitants, fluid intake patterns, changes in bowel habits or sexual function.</li> <li>2. Differentiate between stress, urgency, functional, and overflow incontinence.</li> <li>3. Perform an abdominal exam and a pelvic exam.</li> <li>4. Interpret critical clinical and laboratory findings which were key in the processes of exclusion, differentiation, and diagnosis.</li> <li>5. Conduct an effective plan of management for a patient with urinary incontinence.</li> </ol> <p><b>Attitudes Objectives</b></p> <ol style="list-style-type: none"> <li>1. Respect patient's anxieties related to embarrassment, fear or disease, and confidentiality.</li> <li>2. Recognize the transmission of information and patient education as an integral part of every gynecological and obstetrical history and physical examination.</li> <li>3. Provide initial counseling and support in situations involving potential or acute emotional reactions.</li> <li>4. Demonstrate sensitivity towards women and their unique health problems and issues.</li> </ol>	<p><b>Summative</b> evaluation for the complete rotation in <b>New Brunswick</b> is as follows:</p> <p>Midterm Examination (5%)</p> <p>Final ITER: Completed by Staff (35%)</p> <p>Final Oral Examination (30%)</p> <p>National Board of Medical Examiners examination (30%)</p>	
Infertility	<p><b>Knowledge Objectives</b></p> <ol style="list-style-type: none"> <li>1. Define <i>infertility</i>.</li> <li>2. Describe the emotional, psychological, and cultural implications for the couple with infertility and the role of counseling.</li> <li>3. Outline the etiology, investigations, therapy, and complications of therapy in the following: <ul style="list-style-type: none"> <li>• male factor infertility</li> <li>• disorders of ovulation</li> <li>• tubo-peritoneal factors</li> <li>• endometriosis</li> </ul> </li> </ol>	<p><b>Formative</b> evaluation for the complete rotation in <b>New Brunswick</b> is as follows:</p> <p>Preceptor-student feedback sessions</p>	46 Infertility

	<ul style="list-style-type: none"> <li>• unexplained fertility</li> </ul> <p>4. Describe the new reproductive technologies such as IVF, gamete donation, ICSI, their applications, limitations, and complications.</p> <p><b>Skills Objectives</b></p> <ol style="list-style-type: none"> <li>1. Obtain a relevant history from a couple presenting with infertility. <ul style="list-style-type: none"> <li>• Determine whether the woman's cycles are ovulatory, based on a careful menstrual history.</li> <li>• Ask about coital frequency.</li> <li>• Identify factors that increase risk of tubal infertility.</li> </ul> </li> <li>2. Examine the woman for signs of endocrinopathy or gynecologic disease.</li> <li>3. Determine who likely has an organic cause for the couple's impotence.</li> <li>4. Interpret critical clinical and laboratory findings which were key in the processes of exclusion, differentiation, and diagnosis.</li> <li>5. Conduct an effective plan of management for a patient with infertility.</li> </ol> <p><b>Attitudes Objectives</b></p> <ol style="list-style-type: none"> <li>1. Respect patient's anxieties related to embarrassment, fear or disease, and confidentiality.</li> <li>2. Recognize the transmission of information and patient education as an integral part of every gynecological and obstetrical history and physical examination.</li> <li>3. Provide initial counseling and support in situations involving potential or acute emotional reactions.</li> <li>4. Demonstrate sensitivity towards women and their unique health problems and issues.</li> </ol>	<p>Midterm exam review</p> <p>Daily clinical shift evaluation card</p>	
Vaginal Discharge/ Vulvar Diseases	<p><b>Knowledge Objectives</b></p> <ol style="list-style-type: none"> <li>1. Describe the appropriate history and physical examination for a patient presenting with vulvar symptoms or signs.</li> <li>2. List the differential diagnosis for vulvar pruritus including local and systemic etiologies, encompassing inflammatory lesions, dermatoses, dystrophy, and neoplasia.</li> <li>3. List the differential diagnosis for ulcerative lesions of the vulva.</li> </ol>		<p>113</p> <p>Vaginal Discharge/ Vulvar Itch/STD</p>

	<p>4. Describe the appearance of lesions caused by sexually transmitted diseases on the vulva.</p> <p>5. Outline the investigation and management of vulvar lesions.</p> <p>6. Describe the diagnostic features, etiology, and management of Bartholin's gland cysts and abscesses.</p> <p><b>Skills Objectives</b></p> <p>1. Determine the appearance of the discharge. • Note that appearance may be misleading, and up to 20% of patients may have two coexistent infections.</p> <p>2. Differentiate between urinary tract infections and vaginal infections.</p> <p>3. Elicit information about precipitating or aggravating factors (oral contraceptives, antibiotics, pregnancy, sexual activity, diabetes, genital hygiene, chemical irritants, etc.).</p> <p>4. Perform genital and pelvic examination. • Determine whether pelvic inflammatory disease is present. • Identify cause and site of the discharge.</p> <p>5. Interpret critical clinical and laboratory findings which were key in the processes of exclusion, differentiation, and diagnosis.</p> <p>6. Conduct an effective initial plan of management for a patient with vaginal discharge.</p> <p><b>Attitudes Objectives</b></p> <p>1. Respect patient's anxieties related to embarrassment, fear or disease, and confidentiality.</p> <p>2. Recognize the transmission of information and patient education as an integral part of every gynecological and obstetrical history and physical examination.</p> <p>3. Provide initial counseling and support in situations involving potential or acute emotional reactions.</p> <p>4. Demonstrate sensitivity towards women and their unique health problems and issues.</p>		
Menorrhagia	<p><b>Knowledge Objectives</b></p> <p>1. Determine whether the patient is hemodynamically stable.</p> <p>2. List the specific causes for abnormal uterine bleeding.</p>		112 Vaginal Bleeding, Excessive/ Irregular/

	<p>3. Define <i>dysfunctional uterine bleeding</i>.</p> <p>4. Define the following terms:</p> <ul style="list-style-type: none"> <li>• menorrhagia</li> <li>• polymenorrhea</li> <li>• metrorrhagia</li> <li>• hypomenorrhea</li> <li>• oligomenorrhea</li> <li>• primary amenorrhea</li> <li>• secondary amenorrhea</li> </ul> <p>5. Describe the physiology of the disturbance of the normal menstrual pattern, which is seen in dysfunctional uterine bleeding.</p> <p>6. Outline the approach to the evaluation and diagnosis of abnormal uterine bleeding, stating the difference in approach based on age.</p> <p><b>Skills Objectives</b></p> <p>1. Differentiate between causes of gynecologic bleeding.</p> <ul style="list-style-type: none"> <li>• Ask about precipitating factors, temporal pattern duration, quantity, associated symptoms, bleeding disorder, medical and drug history, and any weight change.</li> </ul> <p>2. Perform pelvic and rectal exam.</p> <ul style="list-style-type: none"> <li>• Exclude gastrointestinal and urinary tract bleeding.</li> </ul> <p>3. Interpret critical clinical and laboratory findings which were key in the processes of exclusion, differentiation, and diagnosis.</p> <p>4. Conduct an effective initial plan of management for a patient with vaginal bleeding.</p> <p><b>Attitudes Objectives</b></p> <p>1. Respect patient's anxieties related to embarrassment, fear or disease, and confidentiality.</p> <p>2. Recognize the transmission of information and patient education as an integral part of every gynecological and obstetrical history and physical examination.</p> <p>3. Provide initial counseling and support in situations involving potential or acute emotional reactions.</p> <p>4. Demonstrate sensitivity towards women and their unique health problems and issues.</p>		Abnormal
Pelvic Pain	<p><b>Knowledge Objectives</b></p> <p>1. Determine whether the pain is acute or chronic.</p>		73 Pelvic Pain

	<p>2. Determine if the patient's condition is hemodynamically stable and if she is a candidate for possible emergency surgery.</p> <p>3. List the differential diagnosis for pelvic pain.</p> <p>4. Describe the etiologic factors for pelvic pain.</p> <p>5. Differentiate the symptoms and physical findings in acute salpingitis from those in acute appendicitis.</p> <p>6. List and classify the micro-organisms that may be responsible for pelvic pain inflammatory disease.</p> <p><b>Skills Objectives</b></p> <p>1. Stabilize the patient whose pain is acute and life threatening.</p> <p>2. Elicit a history including menstrual, fertility and obstetrical history, and sexual activity.</p> <ul style="list-style-type: none"> <li>• Emphasize urinary tract symptoms, bowel disease, substance dependence, depression, fibromyalgia, sexual, physical or psychological abuse, and domestic violence.</li> </ul> <p>3. Perform abdominal and pelvic examination including speculum exam.</p> <p>4. Interpret critical clinical and laboratory findings which were key in the processes of exclusion, differentiation, and diagnosis.</p> <p>5. Conduct an effective plan of management for a patient with pelvic pain.</p> <p><b>Attitudes Objectives</b></p> <p>1. Respect patient's anxieties related to embarrassment, fear or disease, and confidentiality.</p> <p>2. Recognize the transmission of information and patient education as an integral part of every gynecological and obstetrical history and physical examination.</p> <p>3. Provide initial counseling and support in situations involving potential or acute emotional reactions.</p> <p>4. Demonstrate sensitivity towards women and their unique health problems and issues.</p>		
First Trimester Bleeding	<p><b>Knowledge Objectives</b></p> <p>1. Define the following conditions:</p> <ul style="list-style-type: none"> <li>• threatened abortion</li> </ul>		81 Pregnancy Loss

	<ul style="list-style-type: none"> <li>• first trimester incomplete abortion</li> <li>• first trimester intrauterine death (missed abortion)</li> <li>• complete abortion</li> <li>• ectopic pregnancy</li> <li>• septic abortion</li> <li>• gestational trophoblastic disease</li> <li>• incompetent cervix</li> </ul> <p>2. Describe the signs and symptoms of each of the above conditions.</p> <p>3. Give the etiology of each of the above conditions.</p> <p>4. Describe the methods used to achieve a diagnosis.</p> <p>5. Outline emergency and definitive treatments.</p> <p>6. Discuss the emotional impact of pregnancy loss and the relationship to future pregnancies.</p> <p><b>Skills Objectives</b></p> <p>1. Obtain a focused history including gestational age and viability.</p> <p>2. Assess hemodynamic stability for surgery.</p> <p>3. Determine whether a threatened/inevitable abortion exists.</p> <p>4. Interpret critical clinical and laboratory findings which were key in the processes of exclusion, differentiation, and diagnosis.</p> <p>5. Conduct an effective initial plan of management for a patient requiring pregnancy termination.</p> <p><b>Attitudes Objectives</b></p> <p>1. Respect patient's anxieties related to embarrassment, fear or disease, and confidentiality.</p> <p>2. Recognize the transmission of information and patient education as an integral part of every gynecological and obstetrical history and physical examination.</p> <p>3. Provide initial counseling and support in situations involving potential or acute emotional reactions.</p> <p>4. Demonstrate sensitivity towards women and their unique health problems and issues.</p>		
Suspected Ectopic Pregnancy	<p><b>Knowledge Objectives</b></p> <p>1. Define <i>ectopic pregnancy</i>.</p>		81 Pregnancy Loss



	<ol style="list-style-type: none"> <li>Describe the signs and symptoms of ectopic pregnancy.</li> <li>Give the etiology of ectopic pregnancy.</li> <li>Discuss the methods used to achieve a diagnosis.</li> <li>Describe emergency and definitive treatments.</li> <li>Explain potential complications.</li> <li>Discuss the emotional impact of pregnancy loss and the relationship to future pregnancies.</li> </ol> <p><b>Skills Objectives</b></p> <ol style="list-style-type: none"> <li>Identify a non-viable pregnancy early.</li> <li>Assess hemodynamic stability for surgery.</li> <li>Interpret critical clinical and laboratory findings which were key in the processes of exclusion, differentiation, and diagnosis.</li> <li>Conduct an effective initial plan of management for the patient.</li> </ol> <p><b>Attitudes Objectives</b></p> <ol style="list-style-type: none"> <li>Respect patient's anxieties related to embarrassment, fear or disease, and confidentiality.</li> <li>Recognize the transmission of information and patient education as an integral part of every gynecological and obstetrical history and physical examination.</li> <li>Provide initial counseling and support in situations involving potential or acute emotional reactions.</li> <li>Demonstrate sensitivity towards women and their unique health problems and issues.</li> </ol>		
Pelvic Mass	<p><b>Knowledge Objectives</b></p> <ol style="list-style-type: none"> <li>Explain the physiological basis for the development of functional ovarian cysts.</li> <li>Describe the clinical presentation of these cysts.</li> <li>Describe the investigations used to differentiate these cysts from ovarian neoplasms.</li> <li>Outline expectant management of the functional ovarian cyst and indicate when they should be managed surgically.</li> </ol>		72 Pelvic Mass

	<p><b>Skills Objectives</b></p> <ol style="list-style-type: none"> <li>1. Determine whether the patient may be pregnant, then whether the mass is gynecologic, and its anatomical origin (ovary, tube or uterus).</li> <li>2. Obtain a history including menstrual, fertility and obstetrical history, sexual activity, and associated symptoms.</li> <li>3. Perform abdominal and pelvic examination including speculum exam.</li> <li>4. Interpret critical clinical and laboratory findings which were key in the processes of exclusion, differentiation, and diagnosis.</li> <li>5. Conduct an effective initial plan of management for a patient with a pelvic mass.</li> </ol> <p><b>Attitudes Objectives</b></p> <ol style="list-style-type: none"> <li>1. Respect patient's anxieties related to embarrassment, fear or disease, and confidentiality.</li> <li>2. Recognize the transmission of information and patient education as an integral part of every gynecological and obstetrical history and physical examination.</li> <li>3. Provide initial counseling and support in situations involving potential or acute emotional reactions.</li> <li>4. Demonstrate sensitivity towards women and their unique health problems and issues.</li> </ol>		
Prenatal Care	<p><b>Knowledge Objectives</b></p> <ol style="list-style-type: none"> <li>1. Obtain a comprehensive history.</li> <li>2. Order and interpret routine laboratory tests required during pregnancy.</li> <li>3. Outline lifestyle modifications that improve pregnancy outcome.</li> <li>4. Explain the benefits of breastfeeding.</li> </ol> <p><b>Skills Objectives</b></p> <ol style="list-style-type: none"> <li>1. Conduct a comprehensive physical examination. <ul style="list-style-type: none"> <li>• Examine abdomen for fetal lie presentation.</li> </ul> </li> <li>2. Auscultate fetal heart.</li> </ol> <p><b>Attitudes Objectives</b></p>		80-1 Antepartum Care

	<ol style="list-style-type: none"> <li>1. Respect patient's anxieties related to embarrassment, fear or disease, and confidentiality.</li> <li>2. Recognize the transmission of information and patient education as an integral part of every gynecological and obstetrical history and physical examination.</li> <li>3. Provide initial counseling and support in situations involving potential or acute emotional reactions.</li> <li>4. Demonstrate sensitivity towards women and their unique health problems and issues.</li> </ol>		
Pre-eclampsia (Pregnancy Associated Hypertension)	<p><b>Knowledge Objectives</b></p> <ol style="list-style-type: none"> <li>1. List some risk factors for the development of pre-eclampsia.</li> <li>2. Differentiate between the following: <ul style="list-style-type: none"> <li>• pre-eclampsia and pre-existing chronic hypertension</li> <li>• pre-eclampsia superimposed on pre-existing hypertension and primary pre-eclampsia</li> </ul> </li> <li>3. Outline the treatment for pre-eclampsia including considerations for early diagnosis, medical supervision and need for hospital admission, and timely delivery.</li> <li>4. Describe normal changes in blood pressure during pregnancy; define hypertension in pregnancy with these changes in mind.</li> </ol> <p><b>Skills Objectives</b></p> <ol style="list-style-type: none"> <li>1. Perform roll-over test in patients at risk.</li> <li>2. Elicit symptoms and signs indicative of risk for convulsions; measure pressure.</li> <li>3. Interpret critical clinical and laboratory findings which were key in the processes of exclusion, differentiation, and diagnosis.</li> <li>4. Conduct a management plan for the patient with pre-eclampsia, including the possible use of tocolytic agents.</li> </ol> <p><b>Attitudes Objectives</b></p> <ol style="list-style-type: none"> <li>1. Respect patient's anxieties related to embarrassment, fear or disease, and confidentiality.</li> <li>2. Recognize the transmission of information and patient education as an integral part of every gynecological and obstetrical history and physical examination.</li> <li>3. Provide initial counseling and support in situations involving</li> </ol>		9-1-4 Pregnancy Associated Hyperten- sion

	<p>potential or acute emotional reactions.</p> <p>4. Demonstrate sensitivity towards women and their unique health problems and issues.</p>		
Gestational Diabetes	<p><b>Knowledge Objectives</b></p> <ol style="list-style-type: none"> <li>1. Describe the alterations in maternal carbohydrate metabolism in pregnancy.</li> <li>2. Outline the maternal and fetal/neonatal consequences of uncontrolled pre-existing or gestational diabetes, including the following: <ul style="list-style-type: none"> <li>• congenital anomalies</li> <li>• macrosomia</li> <li>• hydramnios</li> <li>• pre-term labour</li> <li>• fetal/neonatal and maternal trauma</li> <li>• delayed fetal lung maturity</li> <li>• neonatal hypoglycemia and hypocalcemia</li> </ul> </li> <li>3. Discuss the protocols for routine screening of pregnant women for carbohydrate intolerance and the rationale for such screening.</li> <li>4. List the risk factors for gestational diabetes and the diagnostic test for the disease.</li> <li>5. Outline the principles of management, including diet, blood sugar monitoring, and insulin therapy.</li> <li>6. Describe the methods of surveillance of the fetus in pregnancies complicated by diabetes.</li> </ol> <p><b>Skills Objectives</b></p> <ol style="list-style-type: none"> <li>1. Elicit history of pre-existing maternal medical conditions, history of maternal or fetal problems in previous pregnancies, or any other complication inherent to pregnancy.</li> <li>2. Elicit family history, nutrition, alcohol, smoking, obesity, drug use including recreational drugs, maternal age, viral infections, previous fetal congenital abnormalities, genetic disorders, bleeding, leakage of fluid.</li> <li>3. Perform physical examination of mother, uterine height, amount of amniotic fluid, and other fetal parameters.</li> <li>4. Interpret critical clinical and laboratory findings which were key in the processes of exclusion, differentiation, and diagnosis.</li> <li>5. Conduct an effective initial plan of management for a patient with gestational diabetes.</li> </ol>		80-3 Obstetrical Complications

	<p><b>Attitudes Objectives</b></p> <ol style="list-style-type: none"> <li>1. Respect patient's anxieties related to embarrassment, fear or disease, and confidentiality.</li> <li>2. Recognize the transmission of information and patient education as an integral part of every gynecological and obstetrical history and physical examination.</li> <li>3. Provide initial counseling and support in situations involving potential or acute emotional reactions.</li> <li>4. Demonstrate sensitivity towards women and their unique health problems and issues.</li> </ol>		
Diagnosis of Labour	<p><b>Knowledge Objectives</b></p> <ol style="list-style-type: none"> <li>1. Describe the signs and symptoms of the onset of labour.</li> <li>2. List and describe the four stages of labour.</li> <li>3. Outline the seven mechanisms of normal labour.</li> <li>4. Determine whether physical findings are present which necessitate increased levels of maternal or fetal monitoring.</li> </ol> <p><b>Skills Objectives</b></p> <ol style="list-style-type: none"> <li>1. Determine whether the patient is in labour and the presence of rupture of membranes.</li> <li>2. Examine the abdomen for fetal presentation, lie, engagement; vaginal exam for position, station, and cervical dilatation.</li> <li>3. Determine whether labour is in the latent or active phase, and state the approximate duration of each.</li> <li>4. Interpret critical clinical and laboratory findings which were key in the processes of exclusion, differentiation, and diagnostic.</li> <li>5. Conduct an effective plan of management for a patient in labour.</li> </ol> <p><b>Attitudes Objectives</b></p> <ol style="list-style-type: none"> <li>1. Respect patient's anxieties related to embarrassment, fear or disease, and confidentiality.</li> <li>2. Recognize the transmission of information and patient education as an integral part of every gynecological and obstetrical history and physical examination.</li> </ol>		80-2 Intrapartum Care/ Postpartum Care

	<p>3. Provide initial counseling and support in situations involving potential or acute emotional reactions.</p> <p>4. Demonstrate sensitivity towards women and their unique health problems and issues.</p>		
Third Trimester Bleeding	<p><b>Knowledge Objectives</b></p> <ol style="list-style-type: none"> <li>1. Explain the mechanisms of the following causes of third trimester bleeding: <ul style="list-style-type: none"> <li>• placental abruption</li> <li>• placenta previa</li> <li>• ectropion of the cervix</li> <li>• bloody show</li> <li>• carcinoma of the cervix</li> <li>• vasa previa</li> </ul> </li> <li>2. Outline the appropriate method of investigation for each of the above conditions.</li> <li>3. Describe the maternal and fetal outcomes for each condition.</li> </ol> <p><b>Skills Objectives</b></p> <ol style="list-style-type: none"> <li>1. Perform the basic technical skills required to provide examination of the pregnant patient.</li> <li>2. Interpret critical clinical and laboratory findings which were key in the processes of exclusion, differentiation, and diagnosis.</li> <li>3. Develop an effective plan of management for a patient with third trimester bleeding.</li> </ol> <p><b>Attitudes Objectives</b></p> <ol style="list-style-type: none"> <li>1. Respect patient's anxieties related to embarrassment, fear or disease, and confidentiality.</li> <li>2. Recognize the transmission of information and patient education as an integral part of every gynecological and obstetrical history and physical examination.</li> <li>3. Provide initial counseling and support in situations involving potential or acute emotional reactions.</li> <li>4. Demonstrate sensitivity towards women and their unique health problems and issues.</li> </ol>		80-3 Obstetrical Complications
Pre-term Labour	<p><b>Knowledge Objectives</b></p> <ol style="list-style-type: none"> <li>1. Define <i>pre-term labour</i>.</li> <li>2. List the criteria necessary to make a diagnosis of pre-term labour.</li> </ol>		82 Prematurity

	<p>3. Describe available methods to identify women at high risk for pre-term delivery.</p> <p>4. Describe the methods available to confirm the diagnosis of premature rupture of the membranes.</p> <p>5. Outline the management of premature rupture of the membranes including indications and contraindications for induction of labour.</p> <p>6. List the maternal and fetal risks associated with premature rupture of the membranes.</p> <p>7. Describe the management regarding Group B hemolytic streptococcus maternal colonization and the prevention of neonatal infection.</p> <p><b>Skills Objectives</b></p> <p>1. Develop a management plan for the mother.</p> <p>2. Develop a management plan for initial stabilization of the premature neonate.</p> <p><b>Attitudes Objectives</b></p> <p>1. Respect patient's anxieties related to embarrassment, fear or disease, and confidentiality.</p> <p>2. Recognize the transmission of information and patient education as an integral part of every gynecological and obstetrical history and physical examination.</p> <p>3. Provide initial counseling and support in situations involving potential or acute emotional reactions.</p> <p>4. Demonstrate sensitivity towards women and their unique health problems and issues.</p>		
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