

# Curriculum



## Diploma in Gynaecology & Obstetrics (DGO)

**Bangabandhu Sheikh Mujib Medical University  
Shahbagh, Dhaka.**

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## Curriculum Outline

1. **General Information:**
2. **Rational and objectives:** Describes the background of the development of the curriculum, the structure of training and the purpose of the curriculum in medical training.
3. **Learning process:**
4. **Course Content:** Syllabus section of the curriculum and learning issues, describing the knowledge, skills and attitudes that trainees need to learn.
5. **Training rotation, supervision and feedback:**  
Recommends how a trainee should be supervised during the training programme and how feedback on learning should be given.
6. **Assessment strategy:** Outlines the systems for assessment of competences.

7. **Examination format:**

**1. Name of the course** : **Diploma in Gynaecology & Obstetrics (DGO)**

**2. Duration** : Two academic years

**3. Date of commencement:** July of each year

**4. Aims and objectives** :

**a. General**

To develop a medical expert who shall acquire specialized knowledge, skill and expertise in the field of Obstetrics and Gynecology and maintain medical ethics and professionalism.

**b. Specific**

The academic and training process will go side by side with aim to produce specialists in the field of obstetric and gynaecology who:

- shall be able to assess the patients seeking Obs & Gynae treatment by obtaining patient's history, eliciting physical findings, formulating provisional diagnosis, deciding whether patient needs hospitalization or not.

-shall acquire knowledge, competency and expertise in obstetrical and gynaecological practical skill and surgical techniques during training periods and should be able to manage all types of emergencies and routine problems.

-shall be aware of one's professional limitations and be able to refer to appropriate centers/specialist when required.

**5. Eligibility for admission:**

a. MBBS or its equivalent degree recognized by BMDC.

b. Minimum two years after passing MBBS or its equivalent degree.

**6. Admission Test:**

Entrance exam will be MCQ type, containing 60% of questions from basic subjects related to the practice of Obstetrics and Gynaecology and 40% from Obstetric and Gynaecology.

## 7. Rotation Schedule:

The total period will be divided into 4 blocks and rotation schedule will be as follows:

<b>Block</b>	<b>Specialty</b>	<b>Duration</b>	
1	General Obs & Gynae	6 months	
2	General Obs & Gynae	6 months	
3	General Surgery	15 days	3 months
	Anaesthesia	15 days	
	Neonatology	15 days	
	Radiology	15 days	
	Endocrine Medicine	15 days	
	Medical Oncology	15 days	
	General Obs & Gynae	3 months	
4	General Obs & Gynae	6 months	

Student will perform full time residential duties along with academic activities. They will attend the theoretical classes, morning sessions, maternal and neonatal audit, seminar and conferences arranged by the department.

**8. The Learning Process:****Principle of Learning**

- Need based, problem oriented, structured learning
- Structured supervised outcome based training.
- Learning in non-clinical aspects of the curriculum (Soft skills like professionalism ethical issues and others).

**Teaching - Learning methods:**

- Lecture.
- Tutorial / Small group teaching.
- Interactive session / Clinical meeting
- Seminar/conference
- Clerkship, Ward round, IPD, OPD, Pre-theater and theater training
- Skill training through different diagnostic and therapeutic multidiscipline clinic

## **9. Assessment Strategy**

### **A. Formative assessment-**

- End block examination will be held on the topics learned in each 6 months.
- It will be conducted by the department where placed as per their own schedule.
- Satisfactory completion of block examination and 75% attendance in the course will be taken as the prerequisite for sent up in the final examination.
- Process of end block assessment
  - Written test
  - Oral, Clinical, practical examination
  - Logbook evaluation

### **B. Summative assessment:**

- This assessment will be conducted by the Examination Department of the University, at the end of course
- Examination format will be:

**Written tests:**

- There will be 3 papers.
  - Paper - I – Basic science and allied subjects.
  - Paper – II – Obstetrics.
  - Paper – III – Gynaecology.
- Questions of each paper will be divided in two groups
  - Group – A
  - Group – B

In each paper there will be four questions. Two of them will be Structured Essay questions (SEQ) and two will be Short Answer questions (SAQ), five in each question.

**Oral Examination****Clinical - practical**

A total of four teachers of Obs & Gynae department, associate professor and above will conduct the oral, clinical and practical examination; among them two will be internal and two will be external.

<b>Nature of Exam.</b>	<b>No. of papers and topics</b>	<b>Marks allotted</b>	<b>Pass Marks</b>
A. Written	Paper I <b>Basic science and allied subjects</b>	100	180
	Paper II <b>Obstetrics</b>	100	
	Paper III <b>Gynaecology</b>	100	
B. Clinical- Practical	Clinical	100	120
	OSCE	100	
C. Viva		100	60
<b>Total</b>		<b>600</b>	<b>360</b>

## **10. Content of Learning: The Educational and Clinical Syllabus**

This section lists the contents of the syllabus including general obstetrics & gynaecology, basic medical sciences and allied subjects.

### **Group A : (Applied Basic Sciences)**

1. Applied anatomy, physiology, pathology, pharmacology and biochemistry.

### **Group B: (Allied subjects)**

1. Anaesthesia
2. Neonatology
3. Internal Medicine

4. Radiology & Imaging
5. General surgery
6. Radiation & Medical Oncology

## **Obstetrics & Gynaecology**

### **Obstetrics**

#### **Group A**

1. Conception and development of fetoplacental unit.
2. Anatomical and Physiological changes during pregnancy.
3. Normal labour.
4. Normal puerperium
5. Hypertensive disorders in pregnancy.
6. Medical disorders in pregnancy.
7. Antepartum haemorrhage.
8. Malposition and malpresentation.
9. Multiple pregnancies.
10. Abnormalities of labour.
11. Postpartum haemorrhage.
12. Abnormal puerperium.

**Group B:**

1. Pregnancy in Rh-ve women.
2. Preterm labour, preterm rupture of membrane.
3. IUGR, IUD
4. Prolonged pregnancy.
5. The newborn.
6. Induction of labour.
7. Drugs in pregnancy
  - Oxytocics, Anti-hypertensive in pregnancy, diuretics, tocolytics, anticonvulsant, anti-coagulants.
8. Obstetric analgesia & anaesthesia.
9. Diagnostic aids in obstetrics.
10. Operative procedures in obstetrics.
11. Safe motherhood and epidemiology of obstetrics.
12. Special topics in obstetrics
  - Shock in obstetrics
  - Blood coagulation disorders.
  - High-risk pregnancy.
13. Medicolegal aspects of obstetric practice

## **Gynaecology**

### **Group A**

1. Anatomy of female reproductive organs.
2. Physiology of reproduction.
3. Bleeding in early pregnancy.
4. Menstrual disorders.
  - Amenorrhoea
  - Menorrhagia
  - Metrorrhagia
  - Dysmenorrhoea
  - Dysfunctional uterine bleeding
5. Genital tract infection
  - PID
  - STI
  - Genital tuberculosis
6. Genital prolapse.
7. Endometriosis.
8. Neoplasia of reproductive organs.
  - Benign and malignant conditions of vulva and vagina

- Benign and malignant conditions of cervix
- Benign and malignant conditions of uterus
- Benign and malignant conditions of ovary

**Group B:**

1. Sub fertility.
2. Vaginal discharge.
3. Urinary incontinence.
4. Contraception.
5. Menopause.
6. Diagnostic aids in gynaecology.
7. Operative procedure in gynaecology

**PROPOSED CORE CURRICULUM**  
**Obstetrics & Gynaecology (block no – 1)**

**1<sup>st</sup> three months**

**Learning Issues**

**A. Basic Medical Science**

- Anatomy of female reproductive organ.
- Fundamentals of reproduction.
- Diagnosis of pregnancy.
- Anatomy of maternal pelvis and foetal skull.
- Physiological aspect of normal labour.

**B. Clinical**

- Student must progressively develop how to provide routine antenatal care, care during labour.
- Pre – operative preparation / assessment.
- Post – operative care.
- Universal precaution for infection prevention.

**C. Problem based competence**

- Management of hypovolumic shock.
- Management of PPH.
- Management of retained placenta.

**D. Emergency management**

- Insertion of cannula
- Urethral catheterization

**E. Skill / Procedure / Interpretation**

- Hand wash
- Wearing of gown and gloves
- Methods of obstetrical examination.
- Monitoring labour through Partograph (maternal and fetal condition and progress of labour)
- Conduct normal vaginal delivery.
- Episiotomy repair.
- Conduction of ARM

## **F. Essential records**

- Case Note (Minimum Three)
- Log book
- Case Presentation, Journal club
- Attendance in Seminar and Symposium.

## **2<sup>nd</sup> three months**

### **Learning Issues**

#### **A. Basic Medical Science**

- Physiological changes during pregnancy.
- Placenta and the membrane.
- Endocrinology in relation to reproduction.
- Ovarian function
- Clinical aspects of menstruation and ovulation.

#### **B. Clinical**

- Student must progressively develop to obtain complete case based history taking from patient, caretaker or outside records.

- To progressively develop the activity to perform focused & accurate clinical examination.
- To relate physical findings with history in order to establish diagnosis & to formulate a management plan.

### **C. Problem based competence**

- Manage case of normal puerperium
- Manage patients having abnormal puerperium (puerperal sepsis, UTI, wound infection, breast – complications, Respiratory Tract Infection)
- Plan and manage case of IUFD (Intra – uterine foetal death)
- Manage patients with history of previous cesarean section, Rh –ve blood group.
- Evaluate and manage menstrual problem (puberty menorrhagia, DUB).

**D. Emergency management**

- Different type of abortion
- Evaluation and management of endotoxic shock
- Evaluation and management of ectopic pregnancy.
- Management of hypovolumic shock
- Management of post – partum heamorrhage
- Management of Eclampsia

**E. Skill / Procedure / Interpretation**

- Interpret the routine investigations done during antenatal care.
- Formulate and interpret the base line investigations for minor and major gynaecologic operation
- Minor surgical procedures – D & C, excision of cyst, drainage of abscess.
- Observe and assist – LUCS, Hysterectomy, laparotomy.
- Decontamination

**F. Essential records**

- Case Note (Minimum Three)
- Log book
- Case Presentation, Journal club
- Attendance in Seminar and Symposium.

**Obstetrics & Gynaecology (Block no – 2)**

**1<sup>st</sup> three months**

**Learning Issues**

**A. Knowledge based competence:**

- Pre conceptional care
- Ante – partum assessment of foetal well-being.
- Intra partum foetal assessment.
- Embryology – development of urogenital system.
- Malformation and maldevelopment of genital tract.
- Menopause and climacteric

**B. Clinical**

- Student must progressively develop to obtain complete case based history taking from patient, caretaker or outside records.
- Progressively develop the activity to perform focused & accurate clinical examination.
- Relate history with physical findings in order to establish diagnosis & to formulate a management plan.

**C. Problem based competence**

- Management of different problem during pregnancy (Hyperemesis, Hypertensive disorders in pregnancy, antepartum haemorrhage)
- Management of wound infection
- Management of spinal headache
- Management of patient having menorrhagia (fibroid, adenomyosis)

**D. Emergency management**

- Management of eclampsia
- Evaluation and management of cases of acute PID.

**E. Skill / Procedure / Interpretation**

- Interpret – USG, CTG.
- Pap test, VIA, Colposcopy, Self Breast Examination (SBE), Clinical Breast Examination (CBE).
- Opening and closing of abdomen.

**F. Essential records**

- Case Note (Minimum Three)
- Log book
- Case Presentation, Journal club
- Attendance in Seminar and Symposium.

**2<sup>nd</sup> three months****Learning Issues****A. Background Knowledge:**

- Hormone therapy in gynaecology.
- Pharmacotherapeutics in obstetrics (Oxytocic drug, antihypertensives, anticoagulants)
- Breast functions.
- Physiology of lactation.

**B. Clinical**

- Student must progressively develop to obtain complete case based history taking from patient, caretaker or outside records.
- Progressively develop the activity to perform focused & accurate clinical examination.
- Relate history with physical findings in order to establish diagnosis & to formulate a management plan.

**C. Problem based competence**

- Management of different problems during pregnancy (multiple pregnancy, polyhydramnios, preterm labour, preterm rupture of membrane, post maturity, IUFD)
- Management of obstetric patients with malposition and malpresentation.
- Management of gynaecological cases (gestational trophoblastic diseases, STI, PID, genital T.B)

**D. Emergency management**

- Management of acute renal failure.
- Management of obstructed labour.
- Management of rupture uterus.

**E. Skill / Procedure / Interpretation**

- Conduction of vaginal breech delivery.
- Perform assisted vaginal delivery (forcep, ventouse)

**F. Essential records**

- Case Note (Minimum Three)
- Log book
- Case Presentation, Journal club
- Attendance in Seminar and Symposium.

## **Obstetrics & Gynaecology**

### **(Composite Block – 3)**

**1<sup>st</sup> three months**

**Neonatology**

**Learning Issues**

#### **A. Background Knowledge:**

- Applied fetal and neonatal anatomy, physiology, pathology.
- Congenital anomalies
- Congenital infection
- IUGR (Intrauterine growth restriction).

#### **B. Clinical**

- Student must progressively develop to obtain complete case based history taking from parent, caretaker or outside records.
- To progressively develop the activity to perform focused & accurate clinical examination of the newborn (newborn examination, examination of sick newborn).

#### **C. Problem based competence**

- Student must progressively develop how to provide newborn resuscitation.
- Evaluate and manage newborn with jaundice (physiological and pathological).

**D. Emergency management**

- Initiate management of premature/ low birth weight babies.
- Management of newborn developing respiratory distress.
- Detection and management of newborn having convulsion.

**E. Skill / Procedure / Interpretation**

- ENC (Essential Newborn Care)
- Kangaroo Mother Care
- Facilitation of breast feeding
- Assessment of danger signs

**F. Essential records**

- Case Note (Minimum Three)
- Log book
- Case Presentation, Journal club
- Attendance in Seminar and Symposium

**Surgery****Learning Issues****A. Knowledge based competence:**

- Critical care – Fluid, Electrolyte and Acid base balance, blood transfusion, Haemorrhage.

- Different types of shock and their management
- Postoperative pain management
- Wound infection, sinuses fistula, ulcer

## **B. Clinical**

- Student must progressively develop to obtain complete case based history taking from patient, caretaker or outside records.
- To progressively develop the activity to perform focused and accurate clinical examination.
- To relate physical findings with history in order to establish diagnosis and to formulate a management plan.

## **C. Problem or disease based competence**

- Evaluation and management of abdominal pain.
- Evaluation and management of post operative intestinal obstruction

- Pre operative & postoperative management of surgical patient
- Evaluation and management of burst abdomen
- Management of acute and chronic retention of urine
- Evaluation and management of incontinence of urine

#### **D. Emergency management of complications**

- Postoperative acute retention of urine and anuria
- Hypovolumic shock, Septic shock

#### **E. Skill/ procedure/interpretation:**

- Patient counseling
- Abdominal paracentesis
- Ryles tube introduction
- Breast examination, Detection of breast lump

**F. Essential records**

- Case Note (Minimum Three)
- Log book
- Case Presentation, Journal club
- Attendance in Seminar and Symposium.

**Anaesthesiology****Learning Issues****A. Basic medical science:**

- Common drugs used in anaesthesia

**B. Clinical**

- Pre anaesthesia evaluation
- Anaesthesia for Gynaecological & Obstetrical surgery
- Labour analgesia
- Post operative care including analgesic plan

**C. Problem or disease based competence**

- Resuscitation in obstetric & gynaecology patient
- Principles of intensives care medicine

**D. Emergency management**

- DIC in obstetrics practice
- Management of hemorrhagic shock

**E. Skill/ procedure/interpretation:**

- Endotracheal intubation
  - Neonate

**F. Essential records**

- Case Note (Minimum Three)
- Log book
- Case Presentation, Journal club
- Attendance in Seminar and Symposium.

**Endocrinology****Learning Issues****A. Basic medical science:**

- Pathophysiology of Diabetes Mellitus.
- Structure and hormonal function of endocrine organs like pituitary, thyroid, ovary testes, adrenal gland.

**B. Clinical**

- Student must progressively develop to obtain complete case based history taking from patient, caretaker or outside records.
- To progressively develop the activity to perform focused & accurate clinical examination.
- To relate physical findings with history in order to establish diagnosis & formulate a management plan.

**C. Problem or disease based competence**

- Evaluation and management of patients having GDM, pregnancy with DM, pregnancy with thyroid disorders.
- Preoperative and postoperative management of gynaecological cases having endocrinological disorder (DM, thyroid disorder and others).

**D. Emergency management of complications**

- Hypoglycaemia
- Hyperglycaemic Ketoacidosis
- Thyroid storm
- Adrenal crisis

**E. Skill/ procedure/interpretation:**

- Adjust doses of insulin for glycaemic control of obstetrics & gynaecological cases.
- Use insulin pump.
- Hypothyroid and hyperthyroid medication.

**F. Essential records**

- Case Note (Minimum Three)
- Log book
- Case Presentation, Journal club
- Attendance in Seminar and Symposium.

**Radiology & imaging****Learning Issues****A. Basic medical science**

- Role of X-ray, USG, CT scan and MRI in Obstetrics and Gynaecology. Basic principles of these imaging

techniques, their advantages and disadvantages, indications and contraindications in Obstetrics and Gynaecology

### **B. Clinical**

- To progressively develop adequate clinical knowledge for proper patient selection, writing requisition form for patients for X-ray, USG, CT scan and MRI
- To progressively learn to prepare patients for X-ray, USG, CT scan and MRI

### **C. Imaging technique based competence**

- Observe, assist and perform USG (TAS & TVS)

### **D. Emergency management of Patients with**

- Anaphylactic reaction or
- embolization of air/dye while doing contrast x-ray (HSG).

**E. Skill / Procedure / Interpretation**

- Patient preparation, perform and interpretation of the reports of HSG
- Interpretation of the reports of USG

**F. Essential records**

- Case Note (Minimum Three)
- Log book
- Case Presentation, Journal club
- Attendance in Seminar and Symposium.

**Radiation & Medical Oncology****Radiation Therapy****Learning Issues****A. Basic medical science:**

- The student should be familiar with the principles and practices of radiation therapy.
- Complications of surgery and radiation
  - preoperative radiation
  - intraoperative radiation
  - postoperative radiation
- Basic parameters of radiotherapy

General tissue radio sensitivity/ radio resistance and normal tissue dose tolerance.

External beam therapy principles and equipment.

Brachytherapy principles and equipment

### **B. Problem or disease based competence**

- Evaluate and management of the patients having genital tract malignancies (carcinoma cervix) by radiation therapy.
  - preoperative radiotherapy
  - postoperative radiotherapy
  - concurrent chemo - radiotherapy

### **D. Emergency management of complications**

Student should be able to recognize and treat complications involving the:

1. GI tract
2. Urinary tract
3. Skin

4. Bone marrow
5. Kidneys
6. Liver
7. Central nervous system radiation necrosis

**E. Skill/ procedure/interpretation:**

1. Patient education and modification
2. Formulation of treatment by organ site, history and stage of the disease.

**F. Essential records**

- Case Note (Minimum Three)
- Log book
- Case Presentation, Journal club
- Attendance in Seminar and Symposium.

**Chemotherapy**

**Learning Issues**

**A. Basic medical science:**

- The student should understand the pharmacology of major drugs used in human

tumor chemotherapy and be able to use them in a rational manner.

- Classes of chemotherapeutic agents, including:
  - a. alkylating agents
  - b. antimetabolites
  - c. natural products, including plant alkaloids, antibiotics and enzymes
  - d. hormones

## **B. Clinical**

- The Student should be able to describe the general guidelines for clinical evaluation, including:
  - a. the criteria for complete response, partial response, progressive disease relapse
  - b. current evidence for use of neoadjuvant chemotherapy
  - c. the rational for dose schedule (timing), cycle length dose intensity, and duration

**C. Problem or disease based competence**

- Evaluation and management of the patient having genital tract malignancies by chemotherapeutic agents including
  - Neoadjuvant chemotherapy
  - Adjuvant chemotherapy
  - Concurrent chemo - radiotherapy

**D. Emergency management of complications:**

- The resident should be able to recognize and treat the complications including:
  - a. general effects of rapidly proliferating epithelium, such as bone marrow, G.I. tract and hair follicles
  - b. specific major toxic effects of individual and combinations of drugs.
  - c. the management of toxicity using:
    - Supportive (nutritional, hematenic, prophylactic antibiotics) method and

- Specific (blood component therapy, specific antagonist) methods
- d. the management of extravasations of chemotherapeutic agents.

**E. Skill / procedure / interpretation:**

- Patient education and evaluation.
- Formulation of treatment by organ site, histology and stage of the disease.
- Recognize and treat the complication of chemotherapeutic agents.

**F. Essential records**

- Case Note (Minimum Three)
- Log book
- Case Presentation, Journal club
- Attendance in Seminar and Symposium.

## **2<sup>nd</sup> three months**

### **Learning Issues**

#### **A. Background Knowledge**

- Several clinical conditions – sub fertility, endometriosis, PCO, Hirsutism,
- Basics of gynaecological endoscopy.

#### **B. Clinical**

- Student must progressively develop to obtain complete case based history taking from patient, caretaker or outside records.
- Progressively develop the activity to perform focused & accurate clinical examination.
- Relate history with physical findings in order to establish diagnosis & to formulate a management plan.

#### **C. Problem based competence**

- Manage different problems during pregnancy (anemia, heart disease, DM, Jaundice, Thyroid disorder, T.B)
- Management of patients with prolonged labour, cervical dystocia.

- Management of patients with benign tumors of the genital tract (fibroid, ovarian tumor)
- Management of patients with gynaecological malignancies (carcinoma cervix, ovarian carcinoma, endometrial carcinoma, vulval carcinoma)
- Management of patients with sub fertility (primary and secondary)

#### **D. Emergency management**

- Management of coagulation disorders

#### **E. Skill / Procedure / Interpretation**

- Perform minor surgical procedures (manual, removal of placenta, condom catheterization to manage PPH)
- Formulate and interpret the investigations done for subfertility work up.
- To do ovulation induction and its follow up procedure.

#### **F. Essential records**

- Case Note (Minimum Three)
- Log book
- Case Presentation, Journal club
- Attendance in Seminar and Symposium.

## **Obstetrics & Gynaecology (Block no – 4)**

### **Learning Issues**

#### **A. Background Knowledge**

- Different contraceptive methods both temporary and permanent.
- Intersex.

#### **B. Clinical**

- Student must progressively develop the skill to obtain relevant history from the client to help her in selecting the proper contraceptive method.

#### **C. Problem based competence**

- Management of patients with amenorrhoea, dysmenorrhoea.
- Evaluation and management of all kinds of urinary incontinence.
- Evaluation and management of genito urinary trauma.

**D. Emergency management**

- Syncopal attack during insertion of IUCD.
- Emergency situation arising during tubectomy.

**E. Skill / Procedure**

- Counseling of the client.
- Insertion of IUCD.
- Insertion of Hormonal implant
- Tubectomy
- Vasectomy.

**F. Essential records**

- Case Note (Minimum Three)
- Log book
- Case Presentation, Journal club
- Attendance in Seminar and Symposium.

**11. Eligibility for appearing in the final examination:**

- a) Two years in-course training
- b) 3 satisfactory 6 monthly report of formative assessment
- c) 75% attendance in lectures and in other academic activities
- d) Satisfactorily completed logbook including case notes



**Bangabandhu Sheikh Mujib Medical University  
Shahbag, Dhaka**

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### **Diploma trainee's Block progress report**

Name of the trainee : Session :  
 Name of the course : Reg. No:  
 Name of the institute :  
 Period of block :

<b>Performance</b>	<b>Poor</b>	<b>Satisfactory</b>	<b>Good</b>	<b>Excellent</b>
Written*				
Clinical- Practical*				
Oral*				
Attendance*				
Attitude				

\* Poor: <50%, Satisfactory: ≥50-60%, Good: >60-75%, Excellent : >75%

**Note:** "Poor" grade in more than two performance during a particular block means deficient training and also cause disqualification for appearing in the final examination unless training in particular block is complete.

Signature: .....  
 Head of the Department  
 (Seal)