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Saudi Commission for Health Specialties

OBSTETRICS AND GYNECOLOGY


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CHAPTER 1

INTRODUCTION

The ultimate goal of postgraduate medical education is to produce a reliable physician able to meet society's healthcare needs. Medical educators, trainees, and patients recognize that being well trained in the scientific aspects of medicine is necessary but insufficient for effective medical practice. The Canadian Medical Education Directive for Specialists (CanMEDS) framework, which has been implemented in many postgraduate training programs globally, offers a model of physician competency that emphasizes not only biomedical expertise, but also additional non-medical expert roles that aim to better serve societal needs. Therefore, the Saudi Commission for Health Specialties (SCFHS) is adopting the CanMEDS framework to support the core curriculum of all postgraduate medical training programs. Physicians who qualify for certification will be competent to function in the seven Can-MEDS Roles: Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar, and Professional.

The Saudi Board Residency Training Program in Obstetrics and Gynecology (OB/GYN) consists of five years of full-time structured and supervised postgraduate residency training. Upon successful completion of the program, the trainee will be awarded certification by the "Saudi Board in Obstetrics and Gynecology (SBOG)."

1.1 Context of Practice

The Saudi Board of Obstetrics and Gynecology was founded in 1995 as one of the major training programs of the SCFHS. Confirmation by the Saudi Board in Obstetrics and Gynecology is one of the prerequisites for practicing in the

field and for further training in subspecialties such as maternal-fetal medicine, gynecological oncology, reproductive endocrinology and infertility, uro-gynecology, women's health, minimally invasive gynecology, and pediatric/adolescent gynecology.

The SBOG is a five-year training program. It encompasses education in the basic sciences, training in cognitive and technical skills, development of clinical knowledge, and acquisition of sound surgical judgment. The program affords trainees an opportunity to learn the fundamentals of basic sciences as applied to clinical obstetrics and gynecology in depth.

A graduate of the SBOG is expected to work as a competent specialist in the general field of obstetrics and gynecology. Graduates are expected to have the following capabilities and skills:

- ✓ Sound knowledge of the principles of obstetrics and gynecology.
- ✓ Be able to formulate a reasonable and comprehensive differential diagnosis for common disorders.
- ✓ Recognize emergency situations and manage them effectively and safely.
- ✓ Select relevant investigations logically and conservatively and interpret their results accurately.
- ✓ Manage common problems in general obstetrics and gynecology and possess knowledge of management alternatives.
- ✓ Perform a range of required surgical, diagnostic, and therapeutic procedures.
- ✓ Communicate well with patients, their relatives, and colleagues.
- ✓ Keep timely, orderly, and informative medical records.
- ✓ Commit to lifelong learning.
- ✓ Collaborate and communicate with other specialists to determine solutions for problems related to obstetrics and gynecological disorders.
- ✓ Possess high ethical and moral standards when dealing with patients, their families, and colleagues.

1.2 Features of the Revised Curriculum

- Philosophical Orientations
  - Competency-based
  - Graded responsibility for physicians
  - Better supervisory frameworks
  - Demarcations of what should be achieved at each stage of training
  - Core curriculum with elective and selective options
  - Independent learning within formal and informal structures
- Expanded Range of Competencies
  - Balanced representation of knowledge, skills, and attitudes
  - Incorporation of new knowledge and skills
- Evidence-Based Approach
  - Demographic data (e.g., disease prevalence)
  - Practice data (e.g., procedures performed)
  - Patient profile (e.g., out-patient vs. in-patient)
  - Catering toward future needs
- Holistic Assessment
  - Strong emphasis on continuous assessment
  - Balanced assessment methods
  - Logbook to support learning and individualized assessment
  - Built-in formative assessment with constructive feedback

1.3 Definitions Used in the Curriculum

1.3.1 Can-MEDS competencies

1. Medical Expert

As medical experts, physicians integrate all Can-MEDS roles, applying medical knowledge, clinical skills, and professional judgment in their provision of patient-centered care. The Medical Expert is the central physician role in the Can-MEDS framework.

2. Communicator

As Communicators, physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after medical consultations.

3. Collaborator

As Collaborators, physicians effectively work within a healthcare team to achieve optimal patient care.

4. Manager

As Managers, physicians are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare system.

5. Health Advocate

As Health Advocates, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

6. Scholar

As Scholars, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application, and translation of medical knowledge.

7. Professional

As Professionals, physicians are committed to the health and well-being of individuals and society through ethical practice, professionally led regulation, and high personal standards of behavior.

1.3.2 Assumed Knowledge

Subjects that you have studied in undergraduate studies as well as knowledge and skills gained during undergraduate studies.

1.3.3 Knowledge

Familiarity with someone or something, which can include facts, information, descriptions, or skills acquired through experience or education.

1.3.4 Attitude

A behavior that is an observable activity. The aggregate of responses to internal or external stimuli. The action or reaction of any material under given circumstances.

1.3.5 Competency

Possession of a required knowledge, skill, or attitude.

1.3.6 Core

A specific knowledge, skill, or attitude that is specific and essential to obstetrics and gynecology.

1.3.7 Proficiency

Expert knowledge, skill, or attitude.

1.3.8 Universal

A knowledge, skill, or attitude that is not specific to obstetrics and gynecology, but universal to the practice of clinical medicine.

1.3.9 Skills

Competence in performance and dexterity for procedures.

Professional Skills Grading

P1: Observe only

P2: Assist

P3: Perform under supervision

P4: Perform independently

CHAPTER 2

Training Requirements

2.1 General Training Requirements

Please refer to the updated executive policy of SCFHS on admission and registration.

Website: www.scfhs.org.sa

2.2 General Training Instructions

- This is a five-year, full-time training program. Comprehensive training includes inpatient, ambulatory, and emergency room care.
- Trainees are involved in direct patient care with a gradual progression of responsibilities under the supervision of a consultant.
- Regular and punctual attendance is necessary for instructional and learning sessions. A minimum 75% attendance record is necessary for promotion to higher levels of residency training.

- Continuity of effort is essential to achieve maximal learning during “on-the-job” experience. Trainees must commit to being knowledgeable about the latest research and events in the field of obstetrics and gynecology.
- Annual leave should not exceed 25% of the core program rotation, and residents are not permitted to take annual leave during the non-core program rotation of the program.
- On-call duty shall include a minimum of six calls per month for junior trainees and five calls per month for senior trainees; on-call duty comprises 24 hours. Residents are also required to facilitate proper endorsement to ensure continuity of patient care.

CHAPTER 3

Program Structure

3.1 Rationale

The Saudi Board of Obstetrics and Gynecology Training Program, which is supervised by the SCFHS, is committed to a competency-based curriculum that provides the highest level of clinical training, education, and research for the development of future obstetricians and gynecologists.

3.2 Mission

To graduate competent, safe, skilled, and knowledgeable specialists capable of functioning independently in the field of obstetrics and gynecology.

3.3 Overall Goal

At the end of the training, successful residents will have a broad-based understanding of the core knowledge, skills, and attitudes in obstetrics and gynecology. He or she will be capable of functioning independently in the field in all matters relating to the diagnosis and medical/surgical management of obstetrical and gynecological patients.

3.4 Structure of the Training Program

3.4.1 The Program Director

The program director must dedicate no less than 10 hours per week to the administrative and educational activities of the obstetrics and gynecology educational program; he or she will receive institutional support for this task.

3.4.2 Trainee

The five-year postgraduate training program in the specialty of obstetrics and gynecology is divided into two levels:

1. Junior level of training: years R1–R3
2. Senior level of training: years R4–R5
    - The junior level of training years is designed to provide training in core obstetrics and gynecology practice, together with rotations in selected specialized fields.
    - After successful completion of the junior level years, trainees are allocated to various subspecialties in obstetrics and gynecology.

Trainees are required to satisfactorily complete all assigned rotations for each academic year. Successful completion of rotations requires approval by the trainee's direct supervisor(s) and the Program Director.

3.4.3 Chief Resident

During the final 24 months of training, it is preferable for residents to serve 6 to 12 months as a chief resident (appointed by the program director). The clinical and academic experience garnered while serving as chief resident inculcates effective leadership skills.

3.5 General Framework of the Required Rotations

Yearly planning for every trainee is highly recommended. Scheduling rotations will provide equal opportunity for all trainees and avoid conflict or dissatisfaction.

ROTATION	DURATION (weeks)	GENERAL PRINCIPLES AND REMARKS
First Year (R1)		
General OB/GYN	8	1. Orientation of program content and assessment methods by the residency training program director 2. Orientation to different clinical areas 3. Clinical duties supervised by senior residents (4^{th}–5^{th} year)
General Obstetrics	26	Rotation in general obstetrics-related areas
General Gynecology	18	Rotation in general gynecology-related areas
Second Year (R2)		
General Obstetrics and Gynecology	40	Rotation in general obstetrics and gynecology-related areas
Specialty/Subspecialty Rotations	12	4 weeks NICU rotation*
		4 weeks anesthesia rotation*
		4 weeks ICU rotation *
Third Year (R3)		
General Obstetrics and Gynecology	28 4	Rotation in obstetrics and gynecology Family planning and reproductive health rotation
Maternal-Fetal Medicine Rotation	8	Maternal-fetal medicine*
Ultrasound Rotation	6	Both obstetrics and gynecological ultrasound*
Research Rotation	6	Protected time for data collection and analysis phases of the research project
* Specialty/subspeciality rotation can be done anytime during junior training		
Fourth Year (R4)		
General Obstetrics and Gynecology	24	Rotation in obstetrics and gynecology
	12	Gynecological oncology rotation**

ROTATION	DURATION (weeks)	GENERAL PRINCIPLES AND REMARKS
Subspecialty Rotations	8	Reproductive endocrinology and infertility rotation**
Urogynecology Rotation	8	Urology rotation is sufficient if urogynecology rotation is not feasible**
Fifth Year (R5)		
General Obstetrics and Gynecology	48	Obstetrics and gynecology
Elective	4	Elective rotation**
**Specialty/subspecialty rotation can be done at any time during senior training; the final six months of residency training should be an OB/GYN rotation		

Rotations can be taken in any approved center of the SCFHS

3.6 Overall Competency

3.6.1 Continuum of Learning

The expectation is that each stage of learning should confer specific levels of competency. This is accomplished through a structured program of competency-based training with graded progressive responsibility throughout years 1 to year 5, and with supervision and monitoring by a dedicated consultant. The trainees will be closely monitored and objectively assessed throughout the program with continuous objective assessment tools to ensure that the desired training objectives are being met.

3.6.2. Two levels of knowledge and proficiency are referred to in the following:

- Core-Level Training: R1 to R3 (36 months/156 weeks)

Entails mastering high-priority topics in the field of obstetrics and gynecology by the end of the third year of training (R1–R3). The first year is dedicated to basic patient care and the foundations of the specialty disciplines. In the

second and third years, mastery of the specialty with increasing responsibility for patient management is expected. By the end of the third year, the trainee will be promoted to senior level (master level training), provided he or she has successfully passed Part I of the Saudi Board written exam.

- Master-Level Training: R4 to R5 (24 months/104 weeks)

Junior (R1–R3) residents are expected to know the topics taught during this training period. As seniors, residents (R4–R5) are expected to master the topics and achieve full competency in patient management. By the fourth year, trainees make the transition from assisting in patient care to assuming more responsibility for the care of the patient. In a gradual fashion, trainees are expected to develop competence and proficiency in diagnostic ability, technical skills, patient management, and professionalism. By the fifth year, trainees should be able to function as competent practitioners; sufficient knowledge and skills will have been developed to manage emergency situations under direct supervision.

3.6.3 Core Clinical Problem List and Representative Diseases

Core Clinical Problems (CCP) might include: symptoms, signs, laboratory/investigation results, and referrals. Priority is given to conditions and diseases that are common, life threatening, treatable, or preventable.

Expected Level of Competency for Junior (Core-Specialty) and Senior (Mastery-Specialty) Trainees

Competency Level	R1–R3 Core	R4–R5 Mastery
Take a focused history		
Triage and prioritize patients		
Render immediate/emergency management		
Generate the most likely diagnosis and focused differential diagnoses		

Competency Level	R1–R3 Core	R4–R5 Mastery
Describe the pathophysiological/clinic-anatomical basis of the condition		
Rationalize, order, and interpret appropriate investigations		
Recognize secondary complications/adverse events/severity		
Counsel patients/families/caregivers regarding the condition		
Manage complex psychosocial/financial/behavioral aspects of the condition		
Teach medical students, colleagues, and other healthcare professionals regarding the condition		

3.7 Educational Objectives of the Program

3.7.1 JUNIOR LEVEL TRAINEE (R1–R3)

By the end of the junior level of training (R3), the trainee will have acquired the following competencies, as detailed in the CanMEDS framework:

1. Medical Expert

- Establish and maintain clinical knowledge and skills appropriate to obstetrics and gynecology.
- Have an awareness of his or her capabilities, responsibilities, and limitations.
- Recognize and respond to the ethical dimensions of medical decision-making.
- Demonstrate compassionate and patient-centered care.
- Able to elicit a relevant, concise, and accurate history for accurate diagnosis and proper management.
- Able to conduct a focused, relevant, and accurate physical examination for accurate diagnosis and proper management.

- Able to select medically appropriate investigative methods in a resource-effective and ethical manner, including imaging techniques and laboratory investigations.
- Demonstrate an understanding of the value and significance of laboratory, radiological, and other diagnostic studies.
- Demonstrate the ability to integrate findings that generate a differential diagnosis and a management plan.
- Learn the importance of an adequate record-keeping system as a tool in diagnosing medical problems, managing treatments, and assessing quality of care.
- Obtain appropriate informed consent for therapies.
- List and discuss the indications, contraindications, types, variations, complications, and risks and benefits of surgical and non-surgical treatments.
- Activate timely and appropriate consultations with other health professionals.
- Arrange for follow-up care.

A. Clinical Knowledge

Residents are expected to attain knowledge and competency in comprehensive management of the following topics:

Obstetrics

- Embryology and abnormal deviations
- Human conception
- Normal development of the fetus and placenta and abnormal deviations
- Maternal and fetal physiology during human pregnancy
- Prenatal care and antenatal assessment of normal pregnancy
- Management of labor and delivery, assessment of labor progress, and interpretation of intrapartum monitoring of the fetus
- Postnatal care and management of puerperal problems

- Resuscitation of a newborn
- Genetics and embryology of multiple pregnancies
- Antenatal and intrapartum management of multiple pregnancies
- Diagnosis and management of premature rupture of membrane
- Diagnosis and management of preterm labor
- Diagnosis and management of intrauterine growth restriction
- Diagnosis and management of intrauterine fetal death
- Screening and diagnosis of diabetes and hypertension in pregnancy
- Antenatal fetal monitoring (surveillance) and management of abnormalities
- Indications, complications, and contraindications of instrumental deliveries
- Indications and complications of Caesarean section
- Management of the third stage of labor and its complications
- Management of acute obstetrical emergencies
- Obstetric analgesia and anesthesia, and their effects on the mother and fetus

Gynecology

- Anatomy of the female pelvis
- Normal development of the urogenital tract
- Diagnosis and management of abortion
- Diagnosis and management of ectopic pregnancy
- Diagnosis and management of polycystic ovaries
- Diagnosis and management of premenstrual syndrome
- Diagnosis and management of galactorrhea
- Diagnosis and management of urinary tract infection
- Diagnosis and management of vulval and vaginal infections
- Diagnosis and management of dysmenorrhea
- Implementation of family planning methods within the framework of policy and procedure

- Physiology of the female reproductive cycle and pathophysiology of abnormalities and their treatment
- Diagnosis and management of all types of inflammatory diseases
- Preoperative assessment and care
- Recognition and principles of treatment of postoperative complications
- Indications, techniques, and complications of diagnostic laparoscopy
- Indications, techniques, and complications of diagnostic hysteroscopy
- Diagnosis and management of sexually transmitted infections

B. Procedures and Surgical Principles

The trainee should acquire the necessary skills during his or her training period through skills grading. The appropriate use of diagnostic and therapeutic procedures/surgeries is indicated by:

- Demonstrating thorough knowledge of a patient's condition/disease prior to treatment
- Understanding the indications, risks, benefits, and limitations of a specific procedure or surgery
- Obtaining informed consent (as per hospital policies)
- Demonstrating required knowledge about the surgical procedure
- Documenting information related to the procedures performed and their outcomes correctly and precisely
- Demonstrating appropriate knowledge about recommended pre- and postsurgical prophylaxes that guarantee patient safety
- Appropriate postoperative follow-up with patients (i.e., communicating about the procedure findings, relating long-term sequelae, arranging for adequate aftercare)
- Identify and report any adverse event to the appropriate authority in a timely and professional manner

By the end of each year, the trainee is expected to be competent in performing the following procedures/surgeries according to their level:

Professional Skills Grading:

P1: Observe only

P2: Assist

P3: Perform under supervision

P4: Perform independently

PROCEDURE	Skill Grade		
	R1	R2	R3
OBSTETRICS			
Conduct normal vaginal delivery	1–4	4	4
Perform episiotomy (as indicated) and its repair	1–4	4	4
Repair uncomplicated (2nd and 3rd degree) perineal tears	1–4	4	4
Instrumental delivery: vacuum (non-rotational)	1–2	2–3	3
Instrumental delivery: forceps	1	2	2–3
Manual removal of placenta	1	2	3
Twin delivery	1	2	3
GYNECOLOGY			
Speculum examination for taking a high vaginal swab	1–4	4	4
Pap smear	1–4	4	4
Cervical polypectomy	1–2	2–3	4
Endometrial sampling	1–2	3–4	4
Insertion of IUD	1–2	3–4	4
Hysterosalpingogram	1–2	3–4	4
Cervical biopsy	1	2–3	4

SURGERY	R1	R2	R3
OBSTETRICS			
Perform primary uncomplicated elective Caesarean section	1–3	3	3
Perform uncomplicated lower segment Caesarean section (with previous one or two Caesarean sections)	1–2	3	3
Perform Caesarean section with previous three Caesarean sections, twin pregnancy, breech presentation	1	2	3
Repair cervical and third-degree perineal tears	1	2	3
GYNECOLOGY			
Close abdominal incision	1–3	3	3
Perform abdominal incisions (transverse and vertical)	1	2–3	3
Salpingectomy	1	2–3	3
Salpingostomy	1	2–3	3
Tubal ligation	1	2	3
Ovarian cystectomy	1	2	3
Cervical dilatation and curettage, evacuation of retained products of conception (less than 14 weeks gestation)	1–3	3	3
Bartholin cyst incision and marsupialization	1–2	3	3
Diagnostic laparoscopy	1	2	3
Diagnostic hysteroscopy	1	2	3

2. Communicator

The resident will be able to establish a therapeutic relationship with patients and/or family members as appropriate. He or she will be able to perform the following:

- Encourage patient participation in decision-making in consultative, elective, and emergent situations.
- Listen to patients, answer their questions, and decrease their anxiety.
- Demonstrate respect and empathy in relationships with patients.
- Gather sufficient information from the patient, family members, and/or medical personnel to identify all issues that will have implications for antenatal, delivery, and preoperative management
- Impart sufficient information to patients and appropriate family members or delegates to allow a complete understanding of the implications, options, risks, and benefits of the planned procedure
- Obtain complete informed consent for OB/GYN care
- Be able to convey, appropriately and professionally, bad news to patients and family members

3. Collaborator

The resident will be able to perform the following:

- Function in the clinical environment using the full abilities of all team members
- Coordinate the professional care of pregnant and non-pregnant patients with members of the OB/GYN team; operating room, emergency room, and ICU staff; and physicians in other specialties.
- Evaluate urgent and crisis situations (e.g., severe bleeding, uterine rupture), initiate management, and ask for help from senior residents at the appropriate time.
- Resolve conflicts or provide feedback where appropriate.

- Communicate effectively with OB/GYN team members and other specialties to provide optimal patient care.

4. Health Advocate

The resident will be able to perform the following:

- Recognize individual and systemic issues that impact obstetrics and gynecology care and patient safety
- Communicate identified concerns and risks to patients, other healthcare professionals, and administration as applicable
- Intervene on behalf of individual patients and the system as a whole regarding quality of care and safety
- Identify and react to risks to healthcare providers specifically, including, but not limited to, hazards in the workplace environment
- Implement standards and guidelines related to OB/GYN practice

5. Manager

The resident will be able to perform the following:

- Demonstrate knowledge of the management of labor and delivery rooms
- Demonstrate knowledge of national guidelines concerning OB/GYN practice
- Record appropriate information for OB/GYN consultations provided
- Demonstrate principles of quality assurance, and be able to conduct morbidity and mortality reviews
- Utilize personal and outside resources effectively to balance patient care, continuing education, practice, and personal activities
- Participate in the assessment of outcomes of patient care and practice, including quality assurance (QA) methods. These methods include:
    - Maintain personal records of experiences and outcomes (i.e., experience log)
    - Participate in appropriate case reviews

6. Scholar

The resident will be able to perform the following:

- Develop and maintain a personal learning strategy that will lead to additional certifications
- Seek out and critically appraise literature to support clinical care decisions; practice evidence-based application of newly acquired knowledge
- Contribute to the appropriate application, dissemination, and development of new knowledge
- Teach medical students and patients using the principles and methods of adult learning

7. Professional

The resident will be able to perform the following:

- Deliver the highest quality patient care with integrity, honesty, and compassion
- Fulfill the ethical and legal aspects of patient care
- Maintain patient confidentiality
- Demonstrate appropriate interpersonal and professional behavior
- Recognize personal limits through appropriate consultation (with staff supervisors, other physicians, and other healthcare professionals) and show appropriate respect for those consulted
- Accept constructive feedback and criticism, and implement appropriate advice
- Continually review personal and professional abilities and demonstrate a pattern of continued development of skills and knowledge through education

3.7.2 SENIOR LEVEL TRAINEE (R4–R5)

By the end of training (R5), the senior level trainee will have acquired the following competencies:

1. Medical Expert

During the final two years of training, senior level trainees are expected to attain competency in managing the following conditions:

A. Clinical Knowledge

Obstetrics

- Diagnosis and management of all types of bleeding in obstetric practice
- Understanding the concept of maternal as well as perinatal mortality and morbidity
- Diagnosis, management, and follow-up of medical and surgical diseases of pregnancy
- Diagnosis and management of isoimmunized pregnancies
- Indications and management of induction of labor
- Management of abnormal labor
- Obstetric analgesia, anesthesia, and their effects on mother and fetus

Gynecology

- Diagnosis and management of amenorrhea
- Diagnosis and management of abnormal uterine bleeding and applications of hysteroscopy for management
- Diagnosis and management of recurrent pregnancy losses
- Pathogenesis, diagnosis, and management of endometriosis
- Diagnosis and management of genital prolapse
- Diagnosis and management of uterine fibroids
- Evaluation and management of pelvic masses
- Diagnosis and management of urinary incontinence
- Pathophysiology, evaluation, and treatment of hirsutism

- Pathophysiology, diagnosis, and management of galactorrhea
- Diagnosis and management of polycystic ovaries
- Diagnosis and management of problems associated with the climacteric period and menopause
- Diagnosis and management of infertility
- Basic workup of male infertility
- Diagnosis and management of common cervical, uterine, ovarian, vulval, and vaginal malignancies
- Diagnosis and management of gestational trophoblastic neoplasia
- Application of colposcopy, hysteroscopy, and laser therapy
- Pathophysiology, diagnosis, and management of pediatric gynecology disorders
- Pathophysiology, diagnosis, and management of puberty disorders
- Epidemiology, etiology, pathophysiology, clinical presentation, and management of congenital abnormalities of the genital tract

B. Procedures and Surgical Principles

The trainee should independently and skillfully be able to perform most of the procedures and surgeries necessary to manage patients. The necessary skills should be acquired during his or her training period through appropriate skills grading. The appropriate use of diagnostic and therapeutic procedures/surgeries is indicated through:

- Understanding their indications, risks, benefits, and limitations
- Demonstrating appropriate, effective, and timely performance
- Documenting information related to procedures performed and their outcomes
- Monitoring patients appropriately and arranging for adequate follow-up procedures
- Assessing the patient with an optimal attitude that embodies ethical, compassionate, patient-centered medical care

- Treat all patients with respect and equally regardless of their race, religion, or legal standing
- Be able to relate to female patients in an understanding manner that respects their dignity and individuality
- Demonstrate culturally appropriate, caring, and respectful behavior in all patient interactions
- Gather essential information from the patient—or relatives in situations where the patient is unable to give a history—by conducting a complete and informative history
- Gather information about a disease and the patient's beliefs, concerns, expectations, and illness experience
- Demonstrate culturally sensitive and efficient physical examination skills
- Make informed decisions about diagnostic and therapeutic interventions with an understanding of the resource limitations of the practice setting
- Demonstrate the ability to perform a rapid assessment of an unstable woman
- Demonstrate effective clinical problem-solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses and management plans
- Recognize and appropriately respond to relevant ethical issues encountered in OB/GYN practice (e.g., abortion, maternal-fetal dilemmas, reproductive technology, sterilization, issues of confidentiality)
- Be able to prioritize professional duties effectively when faced with multiple patients and problems
- Be able to apply preventive and therapeutic interventions relevant to OB/GYN practice in an appropriate time and manner
- Be able to discuss the relative merits of various treatment alternatives
- Ensure that patients receive appropriate and optimal care

- Accept a responsibility to the community at large to improve medicine through a personal example of professional excellence, self-discipline, and compassion
- Be able to seek appropriate consultation from other healthcare professionals as needed for optimal patient care
- Be aware of one's personal limits of expertise
- Demonstrate effective, appropriate, and timely consultation of other healthcare professionals in order to ensure optimal patient care
- Arrange appropriate follow-up care service for a patient and their family
- Be able to act as a medical expert during legal testimony, or to advise government officials

PROCEDURE/SKILL (In addition to all procedures at the junior level)	R4	R5
OBSTETRICS		
Vaginal breech extraction of second twin	2	2–3
External cephalic version	3	4
Amniocentesis	3	3
GYNECOLOGY		
Colposcopy with directed cervical biopsy	3	3
Vaginal pessary fitting and removal	3	4

SURGERY	R4	R5
Obstetrics		
Repair perineal and vaginal tears, including third- and fourth-degree tears and cervical lacerations	3	3
Manual removal of placenta	3	4

SURGERY	R4	R5
Caesarean section, including repeat low transverse (four or more/low vertical/classical Caesarean section) Caesarean section for preterm babies Caesarean section with concomitant placenta previa Emergency Caesarean section for prolapsed cord, abruptio placentae, or advanced second stage arrest	2–3	3
Caesarean hysterectomy	2	3
Surgical management of severe postpartum hemorrhage and uterine rupture repair	2–3	3
Gynecology		
Hymenal operations, including imperforate hymen	2–3	3
Perineorrhaphy	2–3	3
Bartholin's gland excision	2–3	3
Vaginal septum resection	2	3
Repair of old and acute lacerations of the lower genital tract (i.e., vulva, vagina, cervix, and perineum)	2–3	2–3
Repair of cystocele, rectocele, and enterocele with or without uterine descent	2–3	3
Repair of descents of the genital tract, enterocele, including abdominal repair, vaginal repair, and colpocleisis	2–3	2–3
Vaginal cyst excision	2–3	2–3
Vaginal hysterectomy, with and without vaginal repairs	2–3	3
Cervical conization and loop electrosurgical excision procedure (LEEP)	2–3	2–3
Cervical cautery and cryosurgery	2–3	2–3
Abdominal hysterectomy (supracervical and total)	2–3	3
Myomectomy	2–3	3

SURGERY	R4	R5
Uterine suspension	2–3	2–3
Ovarian biopsy	2–3	3
Oophorectomy	2–3	3
Ovarian cystectomy	2–3	3
Repair of urinary bladder injuries	2–3	2–3
Dilatation and evacuation (greater than 14 weeks)	3	3
Cervical cerclage (elective)	3	3–4
Cervical cerclage (rescue)	2–3	2–3
Diagnostic laparoscopy and hysteroscopy	2–3	2–3
Laparoscopic ovarian cystectomy, salpingectomy in ectopic pregnancy, hysterectomy	2–3	2–3

2. Communicator

The resident will be able to perform the following:

1. Be aware that effective communication with patients is a core clinical skill for physicians, improving clinical outcomes through patient and physician satisfaction
2. Communicate effectively with patients and their families before, during, and after the medical encounter
3. Establish positive therapeutic interpersonal relationships with patients and their families, and engage both parties in shared decision-making to develop a plan of care. This process occurs in a consultative, elective, and emergent situation by:
    - Encouraging discussion, questions, and interaction during the encounter
    - Demonstrating listening skills

- Offering choices and alternatives
- Demonstrating respect and empathy in relationships with patients
- Conveying information to a patient and family in an understandable way that encourages discussion and participation in decision-making
- Delivering interpretations/conclusions of investigations performed to patients and their families
- Explaining indications, risks and benefits, a preoperative management plan, and complications of procedures
- Respecting a patient's point of view, confidentiality, and privacy
- Respecting diversity, including the impacts of gender and religious or cultural beliefs on the decision-making process

4. Providing support and counseling to patients and their families
5. Addressing challenging communication issues effectively (e.g., obtaining informed consent, delivering bad news, responding to anger, confusion, conflict, or misunderstanding)
6. Being aware of and using appropriate nonverbal communication
7. Keeping and conveying effective oral and written information about a medical encounter by maintaining clear, concise, accurate, and appropriate records (written or electronic) of all collected data from patients, families, and other involved healthcare personnel. Laboratory tests, radiological studies, and any communication (oral or written) should also be clearly organized and notated
8. Learning the importance of an adequate record-keeping system as a tool to diagnose medical problems, manage treatments, and assess quality of care
9. Presenting verbal reports of clinical encounters and plans
10. Presenting information to the public or media about a medical issue

3. Collaborator

The resident will be able to perform the following:

- Work effectively within a healthcare team to achieve optimal patient care
- Collaborate effectively with colleagues and members of an inter-professional team
- Develop interdependent relationships with other professions for the provision of quality healthcare
- Work with other healthcare professionals effectively to prevent, negotiate, and resolve inter-professional conflicts
- Coordinate care of patients with others to review tasks (e.g., research problems, educational work, program review, administrative responsibilities)
- Participate in inter-professional team meetings
- Demonstrate leadership in a healthcare team
- Respect differences and address misunderstandings with other healthcare professionals

4. Health Advocate

The resident will be able to perform the following:

- Responsibly use expertise and influence to nurture the well-being of individual patients, communities, and populations
- Respond to the healthcare needs of communities by identifying opportunities for advocacy, health promotion, and disease prevention in communities, and respond appropriately
- Identify the determinants of well-being in populations, including barriers to access and resources for vulnerable or marginalized populations, and respond appropriately
- Advise patients about the local and regional resources available for support and education
- Provide direction to hospital administration regarding compliance with national clinical and surgical practice guidelines

- Describe the role of the medical profession in advocating for health and patient safety, and intervene on behalf of individual patients and the system as a whole regarding quality of care and safety
- Participate in local, regional, and national specialty associations (professional or scientific) to promote better healthcare for women

5. Manager

The resident will be able to perform the following:

- Assess patient care outcomes and assist in systemic quality process evaluations (e.g., QA and patient safety appraisals, morbidity and mortality committees)
- Employ information technology for appropriate patient care
- Demonstrate knowledge of how to manage a labor room
- Set priorities and manage patient care in environments with long patient waiting lists or triage emergency problems
- Apply evidence and management processes for cost-appropriate care, including the costs and benefits of various screening tests available for obstetric diagnosis and gynecologic disease
- Embrace leadership roles, as appropriate, such as:
    - Chair or participate effectively in committees and meetings
    - Lead or implement change in healthcare administration
    - Plan work schedules

6. Scholar

The resident will be able to perform the following:

- Articulate a lifelong learning strategy to stay abreast of developments in the field
- Utilize information technology to manage cases, literature review, and participation in basic or applied clinical research
- Practice evidence-based application of new knowledge to support clinical care decisions

- Develop proficiency at self-assessment in order to identify learning opportunities (based on gaps in skills, knowledge, or attitude)
- Recognize and reflect on learning issues in practice
- Conduct a personal practice audit
- Integrate new learning into practice
- Evaluate the impact of changes in practice
- Document the learning process for other trainees
- Evaluate medical information and sources critically, and apply this appropriately to practice decisions
- Describe the principles of critical appraisal, especially regarding epidemiology and biostatistics
    - Critically appraise evidence in order to address a clinical question
    - Integrate critical appraisal conclusions into clinical care
    - Adapt research findings appropriately to individual patients or the relevant patient population
    - Have knowledge of the purpose of research and familiarity with how to use reference material in managing clinical problems
- Describe the principles of learning relevant to medical education
- Identify the learning needs of others by teaching medical students, other trainees, faculty members, other healthcare professionals, and patients using the principles and methods of adult learning
- Demonstrate an effective lecture or presentation, and assess and reflect on teaching encounters
- Provide effective feedback to colleagues and other healthcare practitioners
- Describe the principles of ethics with respect to teaching
- Identify clinical areas that support the initiation of important research in the field of obstetrics and gynecology
- Conduct a systematic search for evidence
- Select and apply appropriate methods to address research questions

- Perform a research study and disseminate the findings

7. Professional

The resident will be able to perform the following:

- Demonstrate commitment to delivering the highest quality care and maintaining competence
- Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect, and altruism
- Demonstrate self-discipline, responsibility, and punctuality in attending duties, in the operating room, and at meetings and other activities, and be a moral and ethical role model for others
- Recognize and appropriately respond to ethical issues encountered in practice
- Demonstrate knowledge and an understanding of the professional, legal, and ethical codes of practice
- Manage conflicts of interest
- Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
- Demonstrate understanding of the medical aspects and legal ramifications of consent and confidentiality
- Maintain appropriate relations with patients
- Fulfill the regulatory and legal obligations required by current practice standards
- Balance personal and professional priorities to ensure personal health and a sustainable practice
- Strive to heighten personal and professional awareness and insight
- Recognize other healthcare professionals in need of help and respond appropriately

3.8 Top Conditions Encountered in Obstetrics and Gynecology in Saudi Arabia

Below is a list of the most common conditions encountered in three major healthcare areas in Saudi Arabia hospitals: outpatient, emergency rooms, and inpatient. The intention is to provide areas of focus during training, and to help trainees understand which diseases and issues must be prioritized. The list is followed by outcomes from three representative presentations to illustrate how the CanMEDS framework organizes various problems.

Emergency Room	Outpatient Consultations	Inpatient Admissions	Complications
Vaginal bleeding	Antenatal care	Diabetes in pregnancy	Postpartum hemorrhage
Labor pain	Vaginal discharge	Induction of labor	Wound/episiotomy infection
Acute abdominal pain	Abnormal uterine bleeding	Elective vs. emergency Caesarean section	Postoperative Fever
Suspected preterm/ PROM	Chronic pelvic pain	Preterm labor	Pulmonary embolism
Headache and epigastric pain with pregnancy	Amenorrhea/oligomenorrhea	Ectopic pregnancy	Uterine rupture
Decreased fetal movement	Infertility	Hypertension with pregnancy	Maternal birth trauma
Postnatal/postoperative fever	Urinary incontinence	Labor	Birth asphyxia
Wound discharge or gapping (abdominal or vaginal)	Pelvi-abdominal mass	Gynecological malignancy	Bladder and ureteric injury

Emergency Room	Outpatient Consultations	Inpatient Admissions	Complications
Excessive vomiting in early pregnancy	Menopausal symptom/complain t	Pelvic mass	Readmission
Trauma with pregnancy/violence	Women's health/family planning	Ovarian torsion	Retained products of conception

- Example of Emergency Room Visit (Vaginal bleeding in pregnancy)

  Rationale: vaginal bleeding is one of the most common reasons for an emergency room visit

Core specialty level condition (C): causes of vaginal bleeding include anatomical and structural problems

Mastery level condition (M): To understand and demonstrate the appropriate knowledge, skill, and attitude in relation to vaginal bleeding disorders in an unstable patient

Medical Expert	Communicators	Collaborators	Manager	Health Advocate	Scholar	Professional
Performs a standardized history and physical examination for a pregnant patient with vaginal bleeding, with concentration on the specific causes (C) Identify etiologies of abnormal vaginal bleeding in pregnant women Know how to order the appropriate workup and manage different types of vaginal bleeding in a pregnant patient, including early pregnancy, and causes such as ectopic pregnancy, abortion, and gestational trophoblastic disease Able to exclude non-obstetric issues such as cervical laceration, cervical polyp, infection, tumor, or hematological,	Able to break bad news and counsel the patient regarding prognosis and options available for management (M) Communicate with other specialists for appropriate referral for more detailed evaluation (if complicated cases or in cases that require further evaluation (C)) Demonstrate an ability to counsel patients about management options for abnormal uterine bleeding	Liaise with colleagues in other disciplines where required (M)	Put patient in touch with a community support group (M)	Explain the major risk factors and common causes of uterine bleeding (C)	Critically appraise research findings to answer patient questions (C) during supervised clinical sessions	Follow appropriate referral pathways and local protocols if abnormal findings are suspected (C)

Medical Expert	Communicators	Collaborators	Manager	Health Advocate	Scholar	Professional
endocrinological, vulval, or vaginal causes. Know the appropriate workup for each cause of vaginal bleeding to reach an accurate diagnosis (C) Know how and when to refer a patient for consultation to endocrinological, surgical, or hematological services (M)						

- Example of Outpatient Consultation (Antenatal care)

  Rationale: Antenatal follow-up care is important to detect early risk factors and prevent complications

Core specialty level (C): To understand and demonstrate appropriate knowledge, skill, and attitude in relation to antenatal care

Mastery level (M): To recognize and detect high-risk patients, arrange for appropriate follow-up care, and plan a safe delivery

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
Understand and practice antenatal care with focused obstetric history and proper examination, screening, and routine investigations (C) Assess fetal well-being by interpretation of the non-stress test (NST) and ultrasound as required (C) Management of normal pregnancy, birth, and puerperium (C) Understand the epidemiology, etiology, pathophysiology, investigations, diagnosis, prevention, management, complications, and mode of delivery of for common pregnancy	Counsel the patient regarding the importance of pre-conception care (C) Counsel regarding the diagnosis, investigation, complications, and outcome in high-risk cases (M) Counsel regarding the importance of follow-up care and the risk and possible outcomes of high-risk pregnancy; provide support if needed (M)	Liaise with midwives and other healthcare professionals to optimize care for pregnant women (C) Collaborate with other obstetric subspecialists, if needed (C)	Identify low-risk patients for follow-up at family medicine clinics to relieve overcrowding at hospitals (C)	Respond to individual healthcare needs and issues as part of patient care (C) Ensure awareness of antenatal care services provided for pregnant women (C) Inform women, their families, and community members about the danger signs in pregnancy, and when to seek emergency care (C)	Critically appraise research findings to answer patient questions (C) Evaluate medical information and its sources critically and apply findings appropriately to practice (C) Follow current developments in the field (M)	Demonstrate familiarity with the ethical issues that arise in antenatal care (M) Follow appropriate referral pathways and local protocols if abnormal findings are suspected (C)

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
complications in Saudi Arabia: pregnancy-induced hypertension (PIH), chronic hypertension, diabetes, antepartum hemorrhage, preterm premature rupture of membranes (PPROM), and others (M)				Explain the importance of lactation for the mother and the baby (C)		

- Example of Inpatient Admission (Diabetes in pregnancy)

  Rationale: In Saudi Arabia, diabetes is a very common medical problem. Gestational diabetes screening is required routinely for all pregnant women, with special attention to this high-risk group.

Core specialty level (C): Screening and diagnosis, blood sugar control

Mastery level (M): Maternal and fetal complications, insulin adjustment, timing and mode of delivery

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
Knowledge of the epidemiology of diabetes, gestational diabetes in Saudi Arabia (C) Pre-pregnancy counseling for diabetic patients and follow-up management (M) Initiate management with blood sugar monitoring and adjusting treatment accordingly (M) Awareness of drug types and their actions and effects on the fetus (M) Initiate fetal surveillance for stability, growth, and well-being (M) Able to plan time and mode of delivery with intrapartum monitoring of blood sugar (M)	Communicate with patient about diagnosis and management (C) Explore and respond to patient needs and concerns (C) Encourage discussion with patients about: the importance of compliance (C) Hypoglycemic symptoms (C) Breastfeeding (C) Methods of contraception (C)	Liaise effectively with colleagues in other disciplines (C) Establish multidisciplinary team (obstetrician, endocrinologist, dietician, and educator) (C) Collaborate with primary healthcare provider for postpartum management (C)	Identify patients who need admission for blood sugar monitoring and insulin therapy adjustment (C) Plan for timing of delivery (M) Identify women who need early intervention	Recognize the risk factors for gestational diabetes mellitus (GDM) (C) Select women who are at risk of GDM for early screening (C) Develop hospital guidelines for diabetes care in pregnancy (M) Educate the woman and/or family about the disease and treatment methods	Develop a life-long learning strategy (C) Critically review and appraise current key research findings in diabetes management (M) Educate junior staff about screening and follow-up (M)	Remain up-to-date with local and international guidelines regarding gestational diabetes and related disorders (M) Maintain appropriate relations with patients if they need counseling or referral (C)

- Example of Common Complication (Labor problem: postpartum hemorrhage)

Rationale:

Core specialty level (C): To understand the physiology associated with puerperium

Mastery level (M):

- To understand and demonstrate appropriate knowledge, skill, and attitude in relation to labor and its complications
- To manage emergencies, and deal with complications in relation to labor

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
Knowledge about definition, risk factors, types, causes, complications, and prevention of postpartum hemorrhage (C) Demonstrate diagnostic and therapeutic skills for effective patient care (M) Able to manage postpartum hemorrhage(M) medically and surgically Able to follow up with patients during postpartum	Establish a professional relationship with patients and families (C) Discuss appropriate information with patients, families, and other members of the healthcare team (C) Obtain informed consent for possible invasive investigations	Evaluate urgent and crisis situations such as severe bleeding, uterine rupture, etc. (M) Initiate management and ask for help from senior staff in a timely manner(C) Contribute effectively to other interdisciplinary team	Set priorities and manage time to balance patient care in situations such as patient waiting lists and triage emergency problems (M) Understand the roles of other	Advise patients about the local and regional resources available for support and education (M) Apply the principles of quality improvement and quality assurance	Develop a lifelong learning strategy (C) Critically review and appraise current key research findings (M) Educate	Appropriate use of local protocol and guidelines (C) Demonstrate understanding of the medico-legal aspects of consent and confidentiality specific to

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
period Able to appropriately use blood and blood products (C) Understand cost-effectiveness, limitations, and complications associated with hemorrhage (M) Formulate a comprehensive patient problem list, synthesize an effective diagnostic and therapeutic plan, and establish an appropriate follow-up plan (M)	or surgical intervention, if needed (M) Display empathy with women and their families when problems arise (C) Establish effective communication on other healthcare professionals regarding all aspects of patient care (C)	activities (C)	healthcare professionals (e.g., social workers, lab technician, psychiatrist) (C) Work effectively and efficiently in a healthcare organization (C)		junior staff about active management of postpartum hemorrhage (M)	obstetric emergencies (M) Demonstrate skills in providing clear, concise, and timely verbal and written communication as applied to progress notes, release of patient care, and discharge planning (A)

3.9 GENERIC ISSUES

Generic issues address “health maintenance” and “preventive” aspects of the specialty that are not generally covered under the present problem-based model. These issues include:

1. Women's well-being
2. Prevention of osteoporosis
3. Family planning and safe sex counseling
4. Smoking and substance abuse
5. Obesity and nutrition
6. Pre-conception counseling
7. Pre-marital counseling
8. Ethical issues in obstetrics and gynecology (e.g., illegal pregnancy, rape, domestic violence)

1. Women's Well-Being

Rationale	Health maintenance includes a proactive assessment of health, nutrition, lifestyle-related risk factors, and prevention of diseases by education, counseling, immunization, screening, dietary modification, and promotion of a healthy environment and a healthy lifestyle. It is an essential element of holistic patient care. Obstetricians/gynecologists are considered by many women as their primary healthcare physician whom they consult on a regular basis. Thus, these specialists play a crucial role in the overall healthcare of women
Prerequisites	• A pro-health approach to medical care • Focused data gathering through history, identification of risk factors, and targeted physical examination • Knowledge of the effects of modifiable risk factors on health and disease, including smoking, a sedentary lifestyle, risk-taking behaviors • Knowledge of normal immune responses, mechanisms of immunization, and modes of transmission of communicable diseases • Knowledge of clinical epidemiologic concepts and the appropriate use of screening in clinical medicine as well as the characteristics of a good screening test (i.e., sensitivity, specificity, positive and negative predictive values)
Competencies	Knowledge A. Describe appropriately the epidemiology of common preventable morbidities in adult women in Saudi Arabia

	B. Describe the components of a health supervision visit, including health promotion, disease and injury prevention, the appropriate use of screening tools, adult immunizations, and smoking prevention C. Describe the indications, appropriate use, interpretation, and limitations of the following screening tests for adults: • Diabetes screening • Cholesterol screening • Hypertension screening • Osteoporosis screening • Mammography and breast self-examination (females) • Cervical cancer screening (females) D. Describe the indications and contraindications of adult immunization E. Describe the importance and impact of spacing pregnancies on women's health F. Describe the diet and exercise required to achieve a healthy lifestyle G. Describe the importance of breast self-exam and good hygiene H. Be aware of the institution's human rights policies and procedures
	Skills Demonstrate an ability to deliver culturally appropriate counseling and education to patients and families regarding: • Diet and nutrition • Smoking cessation • Exercise • Immunizations • Injury prevention (for older patients) • Safe sexual practices • Family planning • Preventable diseases and their screening tests • Breast self-exam and good hygiene • Identifying a victim of domestic violence

Processes	All residents should incorporate health maintenance and disease prevention related to obstetrics and gynecology as a part of patient care

2. Prevention of Osteoporosis

Rationale	The risks of osteoporosis and fracture increase with age and other factors. Bone density measurements are currently the recognized method for predicting the risk for fractures. Therefore, screening and treatment of postmenopausal asymptomatic women with osteoporosis reduces their risk for fracture.
Prerequisites	• The influence of lifestyle choices such as diet and exercise on bone health • Basic science coursework on metabolism and the respective roles of calcium and vitamin D in a balanced diet • The role of screening and early diagnosis
Competencies	Knowledge • Describe the advantages of daily/weekly exercise • Describe the advantage of daily sunlight exposure without sunscreen (10 min twice/d) • Describe the advantage of daily intake of vitamin D (10 mcg/d) and calcium (at least 700 mg/d) from different sources of natural supplements • Describe endocrine disorders and their direct and indirect effects on osteoporosis

	Skills
	• Provide nutritional advice to women regarding calcium and vitamin D
	• Explain the importance of exercise and its influence on general health
	• Educate about other lifestyle factors that can help prevent osteoporosis:
	  ○ Smoking cessation
	  ○ Reduce caffeine intake (e.g., from soft drinks, coffee)

Processes	• Residents should recognize who should be screened for osteoporosis and when • Interpret BMD reports. Differentiate between osteopenia and identify patients with osteoporosis who may need referral to a rheumatologist for special treatment

	• Residents are expected to educate women regarding natural changes that occur with declining ovarian hormone production (e.g., bone loss, increased risk of cardiovascular disease) • Emphasize the importance of a healthy diet, lifestyle modification, and so on • Counseling can be done in the context of a specialized clinic for "Menopausal Medicine"

3. Family Planning and Safe Sex Counseling

Rationale	Family planning helps families have the desired number of children, which as a result improves the health of mothers and contributes to the nation's social and economic development. Healthcare providers play a significant role in assessing the sexual health of adolescents and counseling them on risk reduction.
Prerequisites	The effects of high fertility rates on maternal, child, and infant morbidity and mortality rates Common sexually transmitted infections Different methods of preventing sexually transmitted infections
Competencies	Knowledge • Define the terms "method effectiveness" and "user effectiveness" • Describe the mechanisms of hormonal and non-hormonal contraception Describe the advantages, disadvantages, contraindications, failure rates, complications, and appropriate follow-up care associated with the following methods of contraception: ○ Sterilization ○ Combined oral contraception ○ Progesterone-only oral contraception ○ Transdermal contraception ○ Vaginal contraception ○ Injectable steroid contraception ○ Intrauterine devices ○ Barrier methods ○ Natural family planning • Pharmacology of hormonal contraception

	• Describe the impact of contraception on population growth in Saudi Arabia and other nations • Describe the factors that influence an individual patient's choice of contraception • Describe the appropriate methods, use, and effectiveness of post-coital contraception • Describe how religious, ethical, and cultural differences affect providers and users of contraception • Assess the risk and accurately evaluate for the presence of sexually transmitted infections Educate and council high-risk women about the importance of safe sex and the different methods for risk reduction Skills Obtain a detailed history and perform a focused physical examination to detect findings that might influence the choice of the contraception

4. Smoking and Substance Abuse

Rationale	Smoking and substance abuse are now well-recognized hazards to the health and well-being of individuals and to the community. There are treatments or interventions for individuals who smoke or have used substances. Early identification and intervention lead to better outcomes. Confidential screening tests are available for patients
Prerequisites	• The influence of lifestyle choices such as exercise or smoking cessation • Group educations on the effects of smoking and substance abuse and their short- and long-term implications for women and their families • The role of screening and early diagnosis with culturally appropriate methods
Competencies	Knowledge • Problems related to smoking and substance abuse in general and for specific substances

	• Identify patients who would benefit from screening for smoking and substance abuse • Identify alternative methods to improve well-being during counseling sessions
	Skills • Advise women regarding the risks of smoking and substance abuse • Suggest lifestyle modifications that provide early-stage benefits and explain their influence on overall health • Provide referral to treatment and rehabilitation centers dedicated to smoking and substance abuse
Processes	Resident should be aware whom need screening for substance abuse and offer for them treatment with referral to treatment Center. This can be in context of women health during any clinics. Residents are supposed to educate the patients regarding the adverse consequences of smoking and substance abuse and to encourage them to follow healthy lifestyle. This should be in context of routine health care.

5. Obesity and Nutrition

Rationale	Body mass index (BMI), calculated as weight in kilograms divided by height in meters squared, is usually reliable for identifying adults at increased risk for mortality and morbidity due to obesity. However, measurements are influenced by the volume of muscle mass. Hip-to-waist ratio is often considered a more valid indicator for association with cardiovascular problems and other obesity-related risks
Prerequisites	• The influence of lifestyle modifications such as diet and exercise together with behavioral interventions aimed at sustained weight loss for obese adults • The role of assessment and early recognition of weight gain and obesity in health maintenance • Co-morbidities of obesity, including hyperlipidemia, hypertension diabetes, the full range of "metabolic syndrome," and the association with increased morbidity and mortality
Competencies	Knowledge

	• Describe the advantages of daily/weekly exercise • Describe the advantages of a balanced diet, vitamins, and using different sources of natural supplements • Describe and define what it means to be overweight or obese; impart a full understanding of the current modalities for prevention and treatment • Describe endocrine disorders and their direct and indirect effects on obesity
	Skills • Provide nutritional advice to women regarding calories and daily nutritional requirements • Promote exercise and its influence on overall health • Educate patients and family members about other lifestyle factors that can prevent obesity • Order important investigations required to evaluate and manage obese patients (blood pressure, lipid profile, Hba1c, etc.)
Processes	• Offer counseling in collaboration with a dietician • Counseling can be in the context of a gynecological examination or prenatal care at a clinic

6. Pre-Conception Counseling

Rationale	Pre-conception counseling (PCC) aims to identify and modify risks related to maternal health and pregnancy outcomes, prior to pregnancy. The main components of PCC include maternal risk assessment, maternal education, and initiation of effective interventions
Prerequisites	• Appropriate balance of intake from all food groups • Basic science coursework on metabolism, the respective roles of dietary fats, carbohydrates, and protein, and the need for vitamins and minerals • The role of nutrition in health maintenance
Competencies	Knowledge • Residents should have adequate knowledge of the following topics: • Family planning and spacing pregnancies • Healthy body weight and the role of diet and nutritional supplements (e.g., folic acid)

	• Sexually transmitted infections including HIV screening for hepatitis C for high-risk individuals • Genetic disorders (including cystic fibrosis and sickle cell genotypes) • Smoking, alcohol abuse, and other drug use • Lead and other environmental and/or occupational exposure • The effects of chronic diseases (e.g., diabetes, epilepsy) on pregnancy and the effects of pregnancy on their progression • Domestic violence
	Skills • Conduct a physical assessment, including examination and recording of medical and family history • Interpret carrier screening (racial/ethnic background/family history) • Interpret immunization record, including rubella, hepatitis B, and varicella • Evaluate complications with past pregnancies (e.g., postpartum hemorrhage, thrombotic event, preeclampsia/eclampsia, pregnancy-induced hypertension, gestational diabetes, Rh incompatibility, etc.) • Identify and assist victims of domestic violence • Conduct a psychosocial screening for parents' readiness

7. Pre-Marital Counseling

Rationale	A premarital test may be defined as a test that aims to identify specific potential risks that may adversely affect fetal and/or maternal pregnancy outcome. Examples include screenings for genetic, infectious, and some chronic diseases. Today, premarital testing is considered standard prenatal care:
Prerequisites	• Basic understanding of modes of genetic inheritance (e.g., autosomal dominant, autosomal recessive, X-linked recessive) and mitochondrial diseases • Prevalence of genetic and inheritable disorders in the community and population sub-group • Microbiological characteristics of common perinatal transmissible diseases • Principles of screening and prevention

	• Immunization requirements and guidelines

Competencies	Knowledge
	• Family history
	• Risk identification either from medical diseases or from a positive test finding
	• Basic and advanced types of tests provide:
	  ○ Routine tests that help to identify people with increased risk for a condition or disease before they have symptoms or even realize they may be at risk so that preventive action can be taken. These screenings are an important part of preventive healthcare.
	  ○ Diagnostic tests, which provide in-depth evaluations aimed at identifying a specific condition or problem
	• Routine tests are conducted to check the health status of individuals
	• Any abnormality will direct a couple for further analysis to an advanced level
	• Regular biochemical tests routinely done by laboratories include:
	1. Complete blood count (CBC)
	2. Blood group (ABO & Rh typing)
	3. Abnormal hemoglobin studies (Hb variants)
	4. G6PD (quantitative)
	5. HIV 1 and 2 antibody screening (third generation)
	6. Hepatitis BsAg screening
	7. Hepatitis C total antibodies to hepatitis C virus
	8. VDRL (Syphilis) detection by rapid plasma regain (RPR)
	9. Gonorrhea (Neisseria gonorrhoeae) detection by polymerase chain reaction (PCR) or nucleic acid amplification test (NAAT)
	10. Chlamydia trachomatis (IgG and IgA)

	Skills

	• Be able to interpret the results of all tests • Have adequate skills to counsel couples about findings • Refer for genetic counseling or to the appropriate specialty, if needed • Play a role in detection and prevention of at-risk marriages at the national level
Processes	• All residents should know the importance of the premarital screening program and what tests should be conducted • Screen and counsel women at risk

8. Ethical Issues in Obstetrics and Gynecology (e.g., Illegal Pregnancy, Rape, Domestic Violence)

Rationale	Obstetricians and gynecologists face many challenging issues, including illegal pregnancy, cases of rape, and domestic violence victims. Since these conditions have a profound impact on women's health and human rights, trainees need to understand the medical, legal, and social implications of suspected and referred cases
Prerequisites	• Basic clinical data gathering and communication skills with families and professionals • Knowledge of the policies and procedures for such issues.
Competencies	Knowledge • Describe the medical and legal importance of a full, detailed, carefully documented history • How to conduct a physical examination in the evaluation of suspected or referred cases • Summarize the responsibilities of the "mandatory reporter" to identify and report suspected cases. Know to whom such a report should be made

	Skills
	• Describe the unique communication skills required to work with families around these issues
	  ○ Perform the proper physical examination as per protocol
	  ○ Investigate for sexually transmitted disease
	• Prescribe contraception and preventive medications needed as per protocol

Processes	Counseling can be handled in the context of an acute or routine visit

3.10 ROTATION

3.10.1. Core Program Subspecialty Rotations

1. MATERNO-FETAL ROTATION

Level of Training: R3

Duration of Rotation: 8 weeks

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
Understand: Epidemiology, etiology, physiology, pathophysiology, screening, diagnosis, antenatal follow-up, management, and prognosis of the following conditions: • Fetal growth disorder • Multiple pregnancy • Allo/iso-immunization • Fetal anomalies • Preterm birth • Fetal infection Understand the indications, contraindications, and complications of the following: • Amniocentesis	Gather related information from the patient and her family Accurately document the issues discussed in the counseling session with the patient and her family Deliver information to the parents in a simple, understandable way Able to convey a poor prognosis in a compassionate manner	Interact and consult effectively with all healthcare professionals Organize a team meeting to coordinate care of complex patients	Use appropriate investigations and referrals for diagnosis of MFM disorders Coordinate and implement a plan of care, including communication with consulting services	Appreciate and respect the unique cultural and geographical pressures that affect patients and their families	Evaluate medical information and its sources critically, and apply this appropriately to practice decisions Present at least one topic or case as discussed with MFM staff during rotation	Be aware of patient rights and confidentiality Demonstrate the ability to recognize own limitations and request assistance in patient management when appropriate Apply ethical and legal policies in regard to termination of pregnancy and selective pregnancy reduction

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
• Chorionic villus sampling • Amnioinfusion • Intrauterine blood transfusion • Laser ablation Interpret lab results and radiological imaging Able to differentiate between normal and abnormal fetal scan Perform amniocentesis						

Recommended texts:

- Cunningham, F; Leveno, K; Bloom, S. Williams Obstetrics (24th Edition). New York, NY: McGraw-Hill Professional Publishing; 2014.
- Gabbe, Steven G; Niebyl, Jennifer R; Simpson, Joe Leigh. Obstetrics: Normal and Problem Pregnancies (5th ed.). New York, NY: Churchill Livingstone; 2007.

2. GYNECOLOGICAL ONCOLOGY ROTATION

Level of Training: (R4, R5)

Duration of Rotation: 12 weeks

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
Understand: Epidemiology, etiology, diagnosis, prevention, screening, management, prognosis, complications, and anatomical considerations of pre-malignant and malignant conditions of: vulva, vagina, cervix, uterus, fallopian tubes, and ovaries FIGO classifications and staging for gynecological tumors Indications/limitations of screening and investigative procedures: • Cervical smear • HPV testing • Colposcopy • Cervical conization Understand the principles of gynecological surgeries, chemotherapy, radiotherapy, palliative, and terminal care, Describe gross appearance of different specimens: • Differentiate normal and abnormal histology	Demonstrate the ability to elicit the trust and cooperation of the patient and her family during interactions in different settings (e.g., in patient or outpatient clinics) Demonstrate appropriate communication skills when interacting with all members of the multidisciplinary healthcare team Use the needed skills for breaking bad news to the patient and her family. Deal appropriately	Utilize appropriate health professionals and resources Recognize the need to consult the appropriate allied specialties, such as medical radiation, oncology, and palliative care	Demonstrate an ability to assess patients in an efficient manner in the clinics and in patient settings Determine appropriate setting for patient management (ambulatory clinic or inpatient care) for gynecologic oncology patients Coordinate	Appreciate individual situations and social pressures that affect the oncology patient and their family (e.g., sexuality, fertility, fears, and concerns) Educate women about available screening tests for pre-malignant and malignant diseases, when appropriate	Develop a critical approach to the literature regarding investigations and therapeutics with respect to patients with pre-malignant and malignant disease Complete a literature review and present on one gynecologic oncology topic Participate in review of journal	Participate in the management of oncology patients in the clinic, the ward, and in the emergency department in conjunction with the gynecology/oncology team and nursing staff Be aware of the medicolegal and ethical issues with respect to patient confidentiality Document interaction

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
• Perform basic colposcopy assessment Assess a newly referred patient to the oncologic clinic Manage patients who are: • Post-surgery • Post-chemo and radiotherapy, • Requiring palliative care – provide pain management and appropriate follow up.	with cases of palliative care and death		ambulatory patient care, including organization and follow-up for consulting services		articles and discussion	s with patients and families in the ambulatory clinic setting and in the inpatient setting

Recommended Reading:

Berek, Jonathan S.; Hacker, Neville F. Practical Gynecologic Oncology (3rd ed.). Philadelphia, PA: Lippincott Williams & Wilkins; 2000.

Lickrish, Gordon M.; Weight, V. Cecil. Basic and Advanced Colposcopy: A Practical Handbook for Diagnosis and Treatment. Houston, TX: Biomedical Communication; 1989

3. UROGYNECOLOGY OR UROLOGY

Level of Training: (R4, R5)

Duration: 8 weeks

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
Understand the effects of: • Aging/menopausal state on urinary incontinence and genital prolapse/pelvic support defects Pelvic support mechanism (pelvic floor muscles/ligaments/fascia) Anatomy, physiology, and pathophysiology of female urogenital system Epidemiology, etiology, diagnosis, prevention, management, prognosis, complications, and anatomical considerations of:	Listen effectively to patients and their families. Deliver information to the patient and her family in understandable way Demonstrate appropriate communication skills when interacting with the multidisciplinary healthcare team	Identify the role of the various healthcare team members and recognize their contribution to the urogynecology unit Demonstrate appropriate utilization of healthcare professionals and resources	Demonstrate an ability to assess patients in an efficient manner in ambulatory clinics Determine appropriate investigations for diagnosis of common urogynecological disorders Determine appropriate setting for patient management (ambulat	Appreciate the unique developmental and social pressures that affect older patients and their families, including cultural influences on sexuality Be aware of controversial issues surrounding hormone replacement	Develop a critical approach to the literature regarding investigation, therapeutics, and healthcare delivery with respect to urogynecological care Review the recent urogynecological literature pertaining to a question of investigation, treatment, causation, or natural history of a urogynecolo	Be cognizant of patient rights and confidentiality Demonstrate the ability to recognize personal limitations and request assistance in patient management when appropriate

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
• Urogenital prolapse • Urinary and fecal incontinence • Urinary infections • Lower urinary tract disorder • Ureteric, bladder, and urethral injuries • Fistula • Urinary retention, postoperatively and postpartum Indications and limitations of urodynamic studies Obtain a complete history from patient Conduct the physical examination to evaluate urinary incontinence and genital			ory clinic or inpatient care) for common urogynecological disorders		gical problem Present reviews during urogynecology rounds at least once during the rotation	

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
prolapse in both standing and supine positions and draw appropriate conclusions from the clinical examination - interpret the result of the Urodynamic study						

Recommended reading:

- SOGC Clinical Practice Guidelines for Urogynaecology (www.sogc.org)
- Walters, Mark; Karram, Mickey. Urogynecology and Reconstructive Pelvic Surgery (3rd ed.). Philadelphia, PA: Mosby Elsevier; 2007.

4. INFERTILITY AND REPRODUCTIVE ENDOCRINOLOGY ROTATION

Level of Training: (R4, R5)

Duration: 8 weeks

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
Understand physiology, embryology, and endocrinology of puberty, ovulation, and implantation Epidemiology, etiology, pathogenesis, clinical features, management, and prognosis of: • Primary amenorrhea • Secondary amenorrhea • Polycystic ovary syndrome • Hirsutism • Galactorrhea • Precocious puberty • Ambiguous genitalia • Male and female infertility • Endometriosis Indications of: • Endocrine investigations (male and female) • Hormonal assay • Semen analysis • Radiological imaging (ultrasound and hystosalpingogram)	Learn to establish a good rapport with the couple to be able to obtain an adequate history and perform a general physical examination Communicate effectively with the referring physicians/colleagues in other disciplines, clinical and non-clinical Counsel couples about diagnosis and management plan in a simple, understandable way Realize the psychological effects on infertile couples and the	Identify the need to and benefits of consulting other physicians and healthcare professionals Contribute effectively to interdisciplinary team activities	Utilize resources effectively and efficiently to balance patient care Allocate resources wisely	Identify important determinants affecting a patient's health Be aware of regulations and changes in healthcare and reproductive technologies	Develop, implement, and monitor a personal continuing education strategy Critically appraise medical literature Contribute to the development of new or updated knowledge by presentations	Demonstrate the ability to recognize personal limitations and request assistance in patient management when appropriate Demonstrate respect for the patient's dignity and confidentiality Exhibit appropriate personal and interpersonal professionalism

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
• Diagnostic and operative procedures Be familiar with different ovulation pharmacologic agents and induction protocols -Indications, limitations, and complications of the different assisted reproductive techniques: IUI, IVF, GIFT & ICSI cryopreservation Islamic views of different types of assisted reproductive techniques Diagnose and manage infertile couples Initiate relevant and cost-effective work-up and interpret the results Counsel couples about diagnosis and management options Perform diagnostic and therapeutic laparoscopy and hysteroscopy	importance of their support					

Recommended reading:

- Fritz, Marc A.; Speroff, Leon. Clinical Gynecologic Endocrinology and Infertility. Philadelphia, PA: Lippincott Williams & Wilkins; 2010.
- Keye, William R.; Chang, R. Jeffrey. Infertility: Evaluation and Treatment. Philadelphia, PA: Saunders; 1995.
- Rock, John A.; Jones, Howard W. Te Linde 's. Operative Gynecology. Philadelphia, PA: Lippincott Williams & Wilkins; 2011.

5. ULTRASOUND ROTATION

Level of training: (R1–R3)

Duration: 6 weeks

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
By the end of the rotation, residents are expected to understand: • Ultrasound machine, control panel, the frequency of the probes; the difference between trans-abdominal and transvaginal probes • The difference between 2- and 3-dimensional images	Appropriately communicate and interact with patients and their families	Interact effectively and professionally with the healthcare team, referring physicians, and ultrasound technologists Work with other healthca	Participate in activities that contribute to the effectiveness of the healthcare organizations and systems when appropriate Effectively manage time and healthcare resources	Respond to individual patient health needs and issues as part of patient care Advise screening tests for abnormal obstetric ultrasound cases	Augment medical and ultrasound knowledge by correlating clinical information, medical literature, and other relevant patient studies Attend related conferences	Demonstrate respect for patients and all members of the healthcare team Respect patient confidentiality

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
• Develop strong hand-eye coordination By the end of the rotation, the resident is expected to do: A. Obstetric ultrasound for the following: • Confirm intrauterine pregnancy • Gestational sac • Yolk sac • Confirm viability • Determine fetal number • Undertake fetal measurement to determine gestational age and assess growth • Determine presentation • Assess amniotic fluid volume • Determine placental site and location	Accurately document and communicate relevant information regarding urgent or unexpected radiologic findings Be sensitive to patients receiving bad news or worrying ultrasound findings	re professionals and clinic staff to prevent, negotiate, and resolve conflicts			Present cases at perinatal meetings when appropriate.	

• Determine MCA Doppler B. Gynecological ultrasound for the following: • Extra uterine pregnancy (ectopic) • Pelvic organs • Adnexa, including measurement of ovaries, follicles, and cysts • Doppler flow to adnexa • Uterus: size, endometrial thickness, pathology for any fibroids or polyps, cervical length • POD for free fluid or masses ○ Differentiate between normal and abnormal findings for the above competencies						

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
○ Interpret ultrasound findings						

Recommended references

- Bowra, Justin; McLaughlin, Russell E. Emergency Ultrasound Made Easy (2nd edition). London: Churchill Livingstone; 2011

6. Family planning Rotation

Level of training: (R3)

Duration: 4 weeks

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
Knowledge: Define the terms "method effectiveness" and "user effectiveness" Describe the mechanisms of hormonal and non-hormonal contraception Describe the advantages, disadvantages, contraindications, failure rates, complications, and appropriate follow-up care associated with the following methods of contraception: • Sterilization • Combined oral contraception • Progesterone-only oral contraception	Appropriately communicate and interact with patients and their families Accurately document and communicate relevant information regarding the use of contracept	Interact effectively and professionally with the healthcare team, referring family physicians, and husband. Work with other healthcare professionals and	Participate in activities that contribute to the effectiveness of the healthcare organizations and systems, when appropriate Effectively manage time and healthcare resources	Respond to individual patient health needs and issues as part of patient care Advise and educate women about available family planning methods	Augment medical knowledge by correlating clinical information, medical literature, and other relevant patient studies Attend related workshops or course	Demonstrate respect for patients and all members of the health care team Respect patient confidentiality

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
• Transdermal contraception • Vaginal contraception • Injectable steroid contraception • Intrauterine devices • Barrier methods • Natural family planning Pharmacology of hormonal contraception Describe the impact of contraception on population growth in Saudi Arabia and other nations Describe the factors that influence an individual patient's choice of contraception Describe the appropriate methods, use, and effectiveness of post-coital contraception Describe how religious, ethical, and cultural differences affect providers and users of contraception Assess the risk and accurately evaluate for the presence of sexually transmitted infections Educate and counsel high-risk women about the importance of safe sex and	ive methods Be sensitive to patients' needs for emergency contraception or requests for tubal ligation.	clinic staff to prevent, negotiate, and resolve conflicts, especially when the husband and wife do not agree on contraceptive methods.				

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
the different methods for risk reduction Skills: Obtain a detailed history and perform a focused physical examination to detect findings that might influence the choice of contraception						

3.10.2 A. Non-Core Program Rotation Competencies

1. ANESTHESIA ROTATION

Level of training: R1-3

Duration: 4 weeks

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
Understand the effects of anesthesia and its implications for normal pregnancy, including the importance of each stage of gestation Explain the pharmacological changes in normal	Gather related information about patients going under anesthesia Participate actively in anesthesia consultations with antepartum patients.	Interact effectively and professionally with the healthcare team and referring physicians Work with other healthcare professionals and clinic	Prioritize urgent cases and organize work effectively Share in decisions about the method of anesthesia (GA, spinal, etc.)	Respond to individual women's health needs and issues as part of patient care	Critically appraise sources of medical information Make clinical decisions and judgments based on evidence-based	Deliver the highest quality care with integrity, honesty, and compassion Exhibit appropriate personal and professional behaviors

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
pregnancy and their implications Understand the commonly used drugs in anesthesia and recognize their indications, contraindications, potential drug-drug interactions, and their adverse effects on uterine blood flow and fetal development Provide effective labor analgesia using a variety of modalities: • Parenteral–Opioid IM, IV • Inhalation • Regional analgesia Apply pain management for special cases (e.g., cancer)	Listen effectively to patient and family concerns Show sympathy to patients on palliative therapy	staff to prevent, negotiate, and resolve conflicts	during Caesarean section or for gynecological procedures	Ensure that pregnant women know about the epidural services provided for them during labor	medicine for the benefit of both patient and family	Be aware of the ethical and legal aspects of obstetric patient care, including: • Consent • Hand-over • Monitoring • Risk reduction

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
Able to secure airway and intubate the patient						

Recommended Reading:

- Chestnut's Obstetric Anesthesia: Principles and Practice (5th Edition). Philadelphia, PA: Saunders; 2014.

2. NEONATAL INTENSIVE CARE ROTATION

Level of Training: (R1–R3)

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
Identify the indications for neonatology consultation Differentiate the major neonatal complications resulting from prematurity, birth asphyxia, assisted vaginal delivery, congenital anomalies, and maternal	Gather information about disease of the fetus and ultrasound abnormalities if present Participate actively in neonatology consultations with antepartum patients Listen effectively to parents and their families	Contribute to interdisciplinary team meetings (perinatal meetings)	Prioritize urgent problems and organize work effectively	Act as an advocate for further improvements in outcomes for the fetus and newborn Recognize possible effects of maternal health on fetal or newborn (e.g., infectious diseases)	Critically appraise sources of medical information Make clinical decisions and judgments based on evidence-based medicine for the benefit of	Deliver the highest quality care with integrity, honesty, and compassion • Exhibit appropriate personal and interprofessional behaviors • Appreciate the ethical principles associated with difficult conditions such as starting and

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
medical diseases Recognize the different positions and techniques for breast-feeding normal or sick neonates Learn about: • Ten steps for a baby-friendly hospital • Breast feeding management and promotion • National code for the marketing of breast milk substitutes • Initiate neonatal resuscitation	Deliver information to the family in an understandable way Support parents through the grieving process				both patient and family	stopping neonatal resuscitation

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
• Able to perform suction • Apply basic airway • management skills						

Duration of Rotation: 4 weeks

Recommended Readings:

- Neonatal Resuscitation Program. Neonatal Resuscitation Textbook (6th ed.). Itasca, IL: American Academy of Pediatrics; 2014.
- Fanaroff, Avroy A.; Martin, Richard J.; Walsh, Michele C. Neonatal-Perinatal Medicine: Diseases of the Fetus and Infant (9th ed.). Amsterdam: Elsevier; 2011.

3. INTENSIVE CARE ROTATION

Level of Training: (R1–R3)

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
Define criteria for admission to ICU Diagnose the critical changes in ECG results Identify disturbances of blood gas, fluid, and electrolytes Understand the concept of fluid management Understand the mechanisms of and to be able to differentiate between various types of shock Understand the pathophysiology of systemic inflammatory response syndrome, sepsis, and septic shock Institute immediate management and supportive care for patients with sepsis and septic shock Assess and provide acute management for hypotensive patients	Demonstrate effective tools for gathering information from patients and their families in the critical care setting Demonstrate skills in communication with patients and families regarding informed consent, medical condition, plan of treatment, prognosis, and adverse events Ability to convey poor prognosis to patient and families Communicate and coordinate with other healthcare professiona	Identify the need to and benefit of consulting other physicians and healthcare professionals Contribute effectively to interdisciplinary team activities	Develop time management skills to reflect and balance priorities for patient care, sustainable work practice, and personal life Appreciate the importance of attempting to keep ICU beds open to ensure flow of patients through various sectors of the hospital (e.g., emergency room, operating rooms, ward) Use healthcare resources in a cost-	Identify opportunities for patient counseling and education regarding their medical conditions	Critically appraise sources of medical information Educate patients and their families regarding their medical condition Make clinical decisions and judgments based on evidence-based medicine for the benefit of both patient and family	Demonstrate the ability to communicate with attending staff and request assistance in patient management Recognize and deal with unprofessional behaviors in clinical practice Understand the professional, legal, and ethical codes in medical practice

Medical Expert	Communicator	Collaborator	Manager	Health Advocate	Scholar	Professional
Identify indications of mechanical ventilation Able to withdraw arterial blood sample Able to connect an ECG monitor Able to initiate proper cardiopulmonary resuscitation Able to apply basic airway management skills Evaluate the hemodynamic status of patient and manage accordingly	ls regarding patient care		effective manner			

Duration of Rotation: 4 weeks

Recommended Readings

Zimmerman, Janice L. Fundamental Critical Care Support (5th ed.). Mount Prospect, IL: Society of Critical Care Medicine; 2012.

Marino, Paul L. Marino's The ICU Book (3rd ed.). Philadelphia, PA: Lippincott Williams and Wilkins; 2013.

4. Resident Research Rotation

Introduction

The Saudi Commission for Health Specialties has mandated that residents of all postgraduate training programs complete and submit a research project before sitting for the final Saudi Board Exams. The goal is to develop residents in some aspects of the Scholar role of the CanMEDS competencies. This section of the curriculum will provide information regarding research requirements and will guide residents through the research milestones during their training, which will eventually culminate in the successful completion and submission of at least one research project.

Assessment of research progress, and of the research rotation, is described under the Assessment section of the curriculum.

Resident Research Requirements (Appendix 1)

Each resident is required to complete at least one (1) research project during his or her residency. The resident is responsible for ensuring that all deadlines are met and all requirements are fulfilled.

There are several components to the research requirement:

A. A preceptor is chosen by October of R2.
B. A written proposal for the research project is developed with the preceptor and is due during R2. The Departmental Research Committee (or similar body) must approve the project. The project should be presented to departmental residents during Research Day.
C. The research project is carried out during R3 and R4. A progress report and interim analysis is presented to the Departmental Research Committee (or similar body) and during Research Day.
D. The project is completed during R4. A final report of the results of the research project is written up in the form of a manuscript, which is presented during Research Day.

E. Type of Research:

- Stream 1 – Non-experimental (observational) study design
- Stream 2 – Experimental study design
- Stream 3 – Systematic review

It is highly recommended that residents with no prior research experience start with a non-experimental observational project due to feasibility and time constraints.

Elective rotation

Candidates are allowed to choose a six-week elective rotation in one clinical (gynecology or non-gynecology) specialty in a locally or internationally recognized training center.

CHAPTER 4

ACADEMIC PROGRAMS

4.1 Teaching and Learning Opportunities

4.1.1 General Principles

- Teaching and learning are structured and designed to foster more responsibility for self-directed learning
- Every week, at least four hours of formal training time will be reserved
- Each trainee must have an assigned mentor in the training center (Appendix 2)

Formal teaching time is an activity that is planned in advance with an assigned tutor, time slot, and venue. Formal teaching time is exclusive of bedside teaching and clinic postings, and includes departmental/hospital scientific activities such as:

- Morning reports or case presentations
- Morbidity and mortality reviews
- Journal clubs
- Systematic reviews
- Hospital grand rounds and other CMEs
- Simulation/standardized patients and workshops

4.1.2 Core Education Program (CEP)

Includes three formal teaching and learning activities:

- Universal topics: 15%
- Core specialty topics: 70%
- Trainee selected topic: 15%

4.1.3. Universal Topics

Universal topics: Universal topics are developed centrally by the SCFHS and are available as e-learning modules. These are high-value, Interdisciplinary topics of the utmost important to the trainee. The reason for delivering the topics centrally is to ensure that all trainees receive high-quality teaching and develop essential core knowledge. These topics are common to all specialties. Below is a list of universal topics for obstetrics and gynecology trainees:

1. Safe drug prescribing (R1)

At the end of the unit, you should be able to:

- Recognize the importance of safe drug prescriptions in healthcare
- Describe various adverse drug reactions with examples of commonly prescribed drugs that can cause such reactions
- Apply principles of drug-drug interactions, drug-disease interactions, and drug-food interactions in common situations
- Apply principles of prescribing drugs in special situations (e.g., renal failure, liver failure)
- Apply principles of prescribing drugs in elderly or pediatrics patients, and during pregnancy or lactation
- Promote evidence-based, cost-effective prescribing
- Discuss the ethical and legal frameworks governing safe drug prescribing in Saudi Arabia

2. Hospital-Acquired Infections (HAI) (R1)

At the end of the unit, you should be able to:

- Discuss the epidemiology of HAI with special reference to HAI in Saudi Arabia
- Recognize HAI as one of the major emerging threats in healthcare
- Identify the common sources and presentations of HAI

- Describe the risk factors of common HAIs such as ventilator-associated pneumonia, methicillin-resistant Staphylococcus aureus (MRSA) infection, central line-associated blood stream infection (CLABSI), and vancomycin-resistant enterococcus (VRE)
- Identify the role of healthcare workers in the prevention of HAI
- Determine appropriate pharmacological (e.g., selected antibiotic) and non-pharmacological (e.g., removal of indwelling catheter) measures in the treatment of HAI
- Propose a plan to prevent HAI in the workplace

3. Antibiotic Stewardship (R1)

At the end of the unit, you should be able to:

- Recognize antibiotic resistance as one of the most pressing public health threats globally
- Describe the mechanism of antibiotic resistance
- Determine the appropriate and inappropriate use of antibiotics
- Develop a plan for safe and proper antibiotic usage, including indications, duration, type of antibiotic, and discontinuation
- Appraise local guidelines in the prevention of antibiotic resistance

4. Blood Transfusion (R1)

At the end of the unit, you should be able to:

- Review the different components of blood products available for transfusion
- Recognize the indications and contraindications for blood product transfusion
- Discuss the benefits, risks, and alternatives to transfusion
- Undertake consent for specific blood product transfusion
- Perform the steps necessary for a safe transfusion
- Develop an understanding of special precautions and procedures necessary during massive transfusions

- Recognize transfusion-associated reactions and provide immediate management

5. Sepsis, SIRS, DIVC (R2)

At the end of the unit, you should be able to:

- Explain the pathogenesis of sepsis, SIRS, and DIVC
- Identify patient-related and non-patient-related predisposing factors to sepsis, SIRS, and DIVC
- Recognize a patient at risk of developing sepsis, SIRS, or DIVC
- Describe the complications of sepsis, SIRS, and DIVC
- Apply the principles of management of patients with sepsis, SIRS, and DIVC
- Describe the prognosis for sepsis, SIRS, and DIVC

6. Preoperative Assessment (R2)

At the end of the unit, you should be able to:

- Describe the basic principles of pre-operative assessment
- Preform pre-operative assessment in uncomplicated patients with special emphasis on
    - General health assessment
    - Cardiorespiratory assessment
    - Medications and medical device assessment
    - Drug allergy
    - Pain relief needs
- Categorize patients according to risks

7. Acute Pain Management (R2)

At the end of the unit, you should be able to:

- Review the physiological basis of pain perception
- Proactively identify patients who might be in acute pain
- Assess a patient with acute pain

- Apply various pharmacological and non-pharmacological modalities available for acute pain management
- Provide adequate pain relief for uncomplicated patients with acute pain
- Identify and refer patients with acute pain who can benefit from specialized pain services

8. Management of Fluid in Hospitalized Patients (R2–R3)

At the end of the unit, you should be able to:

- Review physiological basis of water balance in the body
- Assess a patient for his or her hydration status
- Recognize a patient with over or under hydration
- Order fluid therapy (oral as well as intravenous) for a hospitalized patient
- Monitor fluid status and response to therapy through history, physical examination, and selected laboratory investigations

9. Management of Acid-Base Electrolyte Imbalances (R2–R3)

At the end of the unit, you should be able to:

- Review the physiological basis of acid-base and electrolyte balances in the body
- Identify diseases and conditions that are likely to cause or be associated with acid-base and electrolyte imbalances
- Correct acid-base and electrolyte imbalances
- Perform careful calculations, checks, and other safety measures while correcting acid-base and electrolyte imbalances
- Monitor response to therapy through history, physical examination, and selected laboratory investigations

10. Postoperative Care (R3)

At the end of the unit, you should be able to:

- Devise a postoperative care plan that includes monitoring of vitals, pain management, fluid management, medications, and laboratory investigations
- Hand over the patients properly to appropriate facilities
- Describe the process of postoperative recovery in a patient
- Identify common postoperative complications
- Monitor patients for possible postoperative complications
- Institute immediate management for postoperative complications

11. Principles of Management of Cancer (R4–R5)

At the end of the unit, you should be able to:

- Discuss the basic principles of staging and grading cancers
- Enumerate the basic principles (indications, mechanism, types of) for:
  - Cancer surgery
  - Chemotherapy
  - Radiotherapy
  - Immunotherapy
  - Hormone therapy

12. Side Effects of Chemotherapy and Radiation Therapy (R4–R5)

At the end of the unit, you should be able to:

- Describe important side effects of common chemotherapy drugs
- Explain principles of monitoring side effects in a patient undergoing chemotherapy
- Describe measures (pharmacological and non-pharmacological) available to ameliorate side effects of commonly prescribed chemotherapy drugs
- Describe important (e.g., common and life-threatening) side effects of radiation therapy
- Describe measures (pharmacological and non-pharmacological) available to ameliorate side effects of radiotherapy

13. Oncologic Emergencies (R4–R5)

At the end of the unit, you should be able to:

- Enumerate important oncologic emergencies encountered both in hospital and ambulatory settings
- Discuss the pathogenesis of important oncologic emergencies
- Recognize oncologic emergencies
- Institute immediate measures when treating a patient with oncologic emergencies
- Counsel patients in an anticipatory manner to recognize and prevent oncologic emergencies

14. Cancer Prevention (R4–R5)

At the end of the unit, you should be able to:

- Conclude that many major cancers are preventable
- Identify that smoking prevention and lifestyle modifications are major measures toward prevention
- Recognize cancers that are preventable
- Discuss the major cancer prevention strategies at the individual and national levels
- Counsel patients and families in a proactive manner regarding cancer prevention, including screening

15. Surveillance and Follow-Up of Cancer Patients (R4-R5)

At the end of the unit, you should be able to:

- Describe the principles of surveillance and follow-up of patients with cancer
- Enumerate the surveillance and follow-up plan for common forms of cancer
- Describe the role of primary care physicians, family physicians, and others in the surveillance and follow-up of cancer patients

- Liaise with oncologists to provide surveillance and follow-up for patients with cancer

16. Chronic Pain Management (R4–R5)

At the end of the unit, you should be able to:

- Review biopsychosocial and physiological bases of chronic pain perception
- Discuss various pharmacological and non-pharmacological options available for chronic pain management
- Provide adequate pain relief for uncomplicated patients with chronic pain
- Identify and refer patients with chronic pain who can be benefit from specialized pain services

17. Occupation Hazards of Healthcare Workers (R4–R5)

At the end of the unit, you should be able to:

- Recognize common sources and risk factors of occupational hazards among healthcare workers
- Describe common occupational hazards in the workplace
- Develop familiarity with legal and regulatory frameworks governing occupational hazards among healthcare workers
- Develop a proactive attitude to promote workplace safety
- Protect yourself and colleagues against potential occupational hazards in the workplace

18. Evidence-Based Approach to Smoking Cessation (R4–R5)

At the end of the unit, you should be able to:

- Describe the epidemiology of smoking and tobacco use in Saudi Arabia
- Review the effects of smoking on the smoker and family members
- Effectively use pharmacologic and non-pharmacologic measures to treat tobacco use and dependence

- Effectively use pharmacologic and non-pharmacologic measures to treat tobacco use and dependence among special population groups such as pregnant women, adolescents, and patients with psychiatric disorders

19. Patient Advocacy (R4–R5)

At the end of the unit, you should be able to:

- Define patient advocacy
- Recognize patient advocacy as a core value governing medical practice
- Describe the role of patient advocates in the care of patients
- Develop a positive attitude toward patient advocacy
- Be a patient advocate in conflicting situations
- Be familiar with local and national patient advocacy groups

20. Ethical Issues: Transplantation/Organ Harvesting and Withdrawal of Care (R4–R5)

At the end of the unit, you should be able to:

- Apply key ethical and religious principles governing organ transplantation and withdrawal of care
- Be familiar with the legal and regulatory guidelines regarding organ transplantation and withdrawal of care
- Counsel patients and families in light of applicable ethical and religious principles
- Guide patients and families to make informed decisions

21. Ethical Issues: Treatment Refusal and Patient Autonomy (R4–R5)

At the end of the unit, you should be able to:

- Predict situations where a patient or family is likely to decline prescribed treatment
- Describe the concept of a "rational adult" in the context of patient autonomy and treatment refusal
- Analyze key ethical, moral, and regulatory dilemmas in treatment refusal

- Recognize the importance of patient autonomy in the decision-making process
- Counsel patients and families declining medical treatment in light of the best interests of patients

22. Role of Doctors in Death and Dying (R4-R5)

At the end of the unit, you should be able to:

- Recognize the important role a doctor can play during the dying process
- Provide emotional as well as physical care to a dying patient and family
- Provide appropriate pain management for a dying patient
- Identify suitable patients and refer patients to palliative care services

4.2. Core Specialty Topics

These topics are to be prepared and delivered by the respective training sites. Training sites may expand the list as needed.

4.2.1. Junior Residency Years

	Subject Title	Objectives
A	Obstetrics	
1	Prenatal care	1. Pregnancy assessment 2. Recognize significant deviations from normal during physical examination 3. Pregnancy follow up & management 4. Health promotion & BF classes
2	Management of fetal growth restriction (FGR)	1. Causes of FGR 2. Assessment of fetal growth retardation 3. Short- and long-term risks of FGR for newborns
3	Diagnosis and management of premature rupture of the membranes (PROM)	1. Obstetric complications of PROM 2. Management of PROM and premature PROM

	Subject Title	Objectives
4	Diagnosis and management of preterm labor (PTL) and preterm delivery (PTD)	1. Definition of PTL and PTD 2. Diagnosis and management of preterm labor 3. Maternal and fetal risks of PTD 4. Breech presentation with preterm labor
5	Antenatal and intrapartum management of multiple pregnancies	1. Differential diagnosis of multiple pregnancy 2. Types of multiple pregnancy 3. Maternal and fetal risks associated with multiple pregnancy
6	Management of intrauterine fetal death	1. Causes and management of fetal death 2. Maternal follow-up and prognosis
7	Isoimmunization and prevention and management	1. Pathophysiology and screening of Rh-hemolytic disease and other blood group isoimmunization 2. Management and outcomes
8	Induction of labor	1. Indication and management 2. Contraindications and possible complications
9	Abnormal labor	1. Definition, monitoring, and diagnosis 2. Fetal presentation 3. Emergency management
10	Antepartum and intrapartum fetal monitoring	1. Physiology of fetoplacental circulation 2. Pathogenesis of fetal placental insufficiency; maternal and fetal acid-base values in pregnancy before and during labor 3. Tools for fetal monitoring 4. Management of abnormal findings
11	Labor and delivery	1. Demonstrate skill in evaluating and integrating clinical and laboratory data from the prenatal record with examination data to plan labor and delivery 2. Labor progress 3. Maternal and fetal assessment during labor 4. Stages of labor and use of the partogram for diagnosis of abnormal labor 5. Management and fetal resuscitation
12	Management of third stage of labor	1. Define postpartum hemorrhage 2. Causes and prevention

Subject Title		Objectives
		3. Management of postpartum hemorrhage and shock patients
13	Indications, complications, and contraindications of instrumental deliveries	1. Describe commonly used obstetrics forceps and vacuum extraction, with special indications and contraindications for the use of each 2. Discuss the advantages, disadvantages, and complications of instrumental delivery
14	Indications and complications of Caesarean section	1. List and describe the different surgical techniques of Caesarean delivery, including the indications and contraindications of each 2. List the maternal and fetal indications for Caesarean delivery 3. List the immediate and remote complications of Caesarean delivery for mother and infant and prevention
15	Puerperium	1. Physiologic changes of pregnancy and delivery 2. Puerperal morbidity and mortality
16	Lactation	1. Mechanism of initiation of lactation and suppression 2. Promote breastfeeding
17	Family planning	1. Methods 2. Indications and contraindications 3. Advantages
18	Contraception	1. Methods 2. Indications 3. Policy and ethics
19	Sterilization	1. Classification of bleeding during pregnancy 2. Pathophysiology of pain and bleeding for each possible cause 3. Diagnosis and management 4. Complications and prognosis
20	Bleeding in obstetric practice	1. Classification of bleeding during pregnancy 2. Pathophysiology of pain and bleeding for each possible cause

Subject Title		Objectives
		3. Diagnosis and management 4. Complications and prognosis
21	Late pregnancy bleeding	1. Causes and pathophysiology 2. Diagnosis and management 3. Prevention of complications
22	Medical and surgical conditions complicating pregnancy	1. Effect of pregnancy on maternal health and preexisting disease 2. Preconception management 3. High-risk pregnancy
B	**Gynecology**	
SN	**Subject Title**	**Objectives**
1	Amenorrhea	1. Definition and types 2. Diagnosis and approach 3. Appropriate management
2	Fibroids	1. Diagnosis 2. Complications 3. Management 4. Counseling patients on management options
3	Infertility	1. Evaluation of both members of a couple 2. Pathophysiology of reproductive function 3. Diagnosis and approach 4. Counseling and appropriate management
4	Gestational trophoblastic neoplasia	1. Definition and types 2. Pathophysiology 3. Diagnosis and management
5	Vulval and vaginal infections	1. Lesions of infectious agents 2. Diagnosis and appropriate management
6	Pelvic inflammatory diseases	1. Clinical presentation and causes 2. Complications 3. Diagnoses and management
7	Urinary tract infection	1. Pathophysiology and diagnosis 2. Impact on maternal health and pregnancy outcomes 3. Management

	Subject Title	Objectives
8	Diagnosis and treatment of dysmenorrhea	1. Definition, classification, and pathophysiology 2. Diagnosis and management 3. Counseling
9	Menstrual disorders	1. Pathophysiology 2. Definition and approach 3. Management

4.2.2 Senior Residency Years

SN	Subject Title	Objectives
A	Obstetrics	
1	Diagnosis and management of medical and surgical conditions complicating pregnancy	1. To apply best practice guidelines during maternal management 2. Discuss the prognosis and outcomes while counseling the pregnant women 3. Coordinate management with a multidisciplinary team 4. Treat emergency cases
2	Diagnosis and management of frequent pregnancy loss	1. Application of evidence-based medicine during management 2. Ability to decide the involvement of other medical and nonmedical specialty 3. Understand complications
3	Maternal mortality	1. Ability to calculate maternal mortality rate (MMR) 2. Cause of maternal mortality 3. Roles of healthcare providers in lowering MMR
4	Perinatal mortality and morbidity	1. Definition of fetal death, neonatal death, infant death, perinatal mortality rate, neonatal mortality rate, and infant mortality rate 2. Causes and prevention 3. Applications of statistics in defining the quality of healthcare

SN	Subject Title	Objectives
5	Medicolegal aspects of OB/GYN conditions	1. Discuss the increasing rate of cases dealt with in courts and how to avoid litigation 2. Importance of understanding forensic terminology and application to medical reports 3. Policy of hospitals in police cases and conditions that concern officials
B	Gynecology	
1	Pathogenesis, diagnosis, and management of endometriosis	1. Differential diagnosis of pelvic (acute and chronic) pain 2. Appropriate approach and management 3. Evaluation of clinical guidelines of treatment
2	Diagnosis and management of genital prolapse and urinary incontinence	1. Definition and expected clinical presentation 2. Evaluation 3. Management using best practice guidelines 4. Exploration of social and psychological aspects of the problem
3	Evaluation and management of pelvic masses	1. Differential diagnosis 2. Differences of management 3. Counseling the patient
4	Pathophysiology, evaluation, and treatment of hirsutism (androgenism)	1. Clinical presentation and normal variations 2. Appropriate approach and management 3. Coordination with other specialties
5	Pathophysiology, diagnosis, and management of galactorrhea	1. Evaluation of the condition 2. Ability to apply best practice guidelines in management
6	Diagnosis and management of polycystic ovaries	1. Ability to evaluate the patient's condition and well-being 2. Management types and complications

SN	Subject Title	Objectives
7	Diagnosis and management of menopause	1. Effect of menopausal complications on the national healthcare system 2. Clinical approach to improve quality of life 3. Awareness of a gynecologist's role in menopausal medicine
8	Diagnosis and management of gynecological malignancies	1. FIGO classifications for staging 2. Ability to coordinate management with other medical and non-medical teams 3. Follow-up plan
9	Applications of colposcopy, laser therapy, and cryotherapy	1. Clinical indications and applications 2. Appropriate approach and management of women with abnormal findings

4.3 Trainee Selected Topics

Trainees will be given choice to develop a list of topics on their own.

- All topics must be planned
- All topics need approval from the local education committee
- Delivery will be local
- Institutions may work with trainees to determine the topics as well
- Each resident has to perform at least one scheduled presentation
- Each presentation will be evaluated by at least two different consultants
- The average score from the two evaluators will be considered part of the resident's record for this particular activity (see Appendix 3)

Example of Trainee Topics

- Presentation skills
- Decision making
- Passing multiple-choice questionnaires
- Breaking bad news

- Objective Structured Clinical Exam (OSCE) preparation
- Medication safety practices
- Stress coping and management

4.4 List of Behavioral/Communication Skills

4.4.1. Category I (Core Specialty/Universal):

includes previously learned behavioral and communication skills and skills that are universal in nature (e.g., obtaining consent to administer a blood transfusion)

Category I Behavioral/Communication Skills	Declaration by the Trainee
Conduct an open interview	
Unexpected outcomes	
Obtain informed consent for blood transfusion	
Dealing with difficult patient	

4.4.2. Category II (Mastery Specialty):

includes specific behavioral and communication skills (e.g., obtaining informed consent for a procedure, explaining a poor prognosis).

Category II Behavioral/Communication Skills

Behavioral/communication skill	Certified competent by supervisor	Rating and comments by supervisor				Declaration by the trainee
		Acceptable	Good	Excellent	N/A	
Explain procedure						
Obtain informed consent						
Answer patient questions with good justifications						
Confidentiality						
Empathy						
Explain poor prognosis						
Professional referral to another subspecialty						
Respect seniority						
Mentoring junior students						
Communication with colleagues						
Communication with the staff						

4.4.3 List of Communication and Counseling Situations

COMMUNICATION SITUATION
Disclosing medical errors
Documentation
Explaining poor prognosis
Expressing empathy
Dealing with patient emotions (e.g., anger, fear, sadness)

COMMUNICATION SITUATION
Cultural diversity
End-of-life discussion
Informed consent
Special needs patients (e.g., learning disability, low literacy)
Disclosing adverse events
Establishing boundaries
Explaining diagnosis, investigation, and treatment
Involving patients in the decision-making process
Communicating with relatives and dealing with difficult patients or family members
Communicating with other healthcare professionals
Seeking informed consent/clarification for an invasive procedure or obtaining consent for a post-mortem examination
Giving instructions on discharge
Giving advice on lifestyle, health maintenance, or risk factors

4.5 Teaching and Learning Opportunities

4.5.1 Example of an Activity Table

Weekly Schedule of Formal Educational Activities

TIME	Sunday	Monday	Tuesday	Wednesday	Thursday
7:45–8:45 A.M.	Morning Report/Case Presentation	Morning report	Morning report	Morning report	Grand rounds
9:30 A.M.–12:00 P.M.		Teaching time (Core topic: managing pain in			

TIME	Sunday	Monday	Tuesday	Wednesday	Thursday
		labor) and MQ			
1:00–3:00 P.M.				Departmental educational activity morning meeting histopathology, perinatology, journal club meeting on alternate weeks	Meeting with mentor/ mini-CEX, etc.

ACTIVITY TABLE

ACTIVITY	RATIONALE	OBJECTIVES	CanMEDS COMPETENCIES	COMMENTS
Morning Report (MR)	The morning report is conducted daily (Sunday–Thursday) in the morning for 45 to 60 minutes. The on-call team from the previous night will present briefly and discuss all admitted patients, with an emphasis on the history, clinical findings, differential diagnoses, acute management, and future plans. The chief resident or morning report moderator decides the format/theme of the meeting. The meeting should include routine	• To educate all attending residents, monitor patient care, and review management decisions and their outcomes • To develop competence in brief presentations of all admitted patients in a scientific and informative fashion • To learn and gain confidence in presenting long cases in a systematic fashion	Manager Medical Expert Professional Scholar	Performance of presenter should be evaluated by the moderator of the session and any deficiencies should be resolved

ACTIVITY	RATIONALE	OBJECTIVES	CanMEDS COMPETENCIES	COMMENTS
	cases, complex cases, data interpretation, and a 5-minute topic presentation.	• To develop appropriate differential diagnosis and proper management plan. • To present 5-minute topic presentations of the disease of interest		
Morbidity and Mortality Report (MM)	Mortality and morbidity conferences are conducted at least once every 4 to 8 weeks. The program director and the department chairperson will assign the task to a group of trainees, who will prepare and present the cases to the entire department. The proceedings are generally kept confidential by law.	• To focus on patient care and identify areas of improvement for clinicians involved in case management • To prevent errors that lead to complications • To modify behavior and judgment based on previous experiences • To identify systemic issues that may affect patient care, such as outdated policies and changes in patient identification procedures	Professional Manager Medical Experts	Records of proceedings are kept confidential
Grand Rounds/	These events will be presented by	• Increase medical knowledge and	Medical Expert	Presenter is a

ACTIVITY	RATIONALE	OBJECTIVES	CanMEDS COMPETENCIES	COMMENTS
Guest Speaker Lectures	experienced senior staff from different disciplines of Internal Medicine on a weekly basis. The topics will be selected from the core knowledge of the curriculum.	skills, and ultimately improve patient care • Understand and apply current practice guidelines in OB/GYN and related fields • Describe the latest advances in the field of OB/GYN and research • Identify and explain areas of controversy in the field of OB/GYN	Professional	senior staff member
Case Presentation	Case presentation is conducted weekly by the assigned resident under the supervision of a senior staff member. Cases must include interesting findings, unusual presentations, and difficult diagnoses or management.	• Be able to present a comprehensive history and physical examination with details pertinent to the patient's problem • Formulate a list of all problems identified in the history and physical examination • Develop a proper differential diagnosis for each problem	Medical Expert Scholar	Records of proceedings are kept confidential

ACTIVITY	RATIONALE	OBJECTIVES	CanMEDS COMPETENCIES	COMMENTS
		• Formulate a diagnosis/treatment plan for each problem • Present a follow-up case in a focused, problem-based manner that includes pertinent new findings and diagnostic and treatment plans • Demonstrate a commitment to improving case presentation skills by regularly seeking feedback on presentations • Resident should accurately and objectively record and present data		
Journal Clubs, Critical Appraisal, and Evidence-Based Medicine	Journal club meetings are conducted at least once every 4 weeks. The chief resident or program director will choose a new article from a reputed journal and forward it to one of the senior residents at least	• To promote continuing professional development • Keep up-to-date with the current literature • Disseminate information and generate debate	Medical Expert Scholar Health Advocate	Presenter is a senior resident under the supervision of a senior

ACTIVITY	RATIONALE	OBJECTIVES	CanMEDS COMPETENCIES	COMMENTS
	2 weeks prior to the scheduled meeting.	about good practices • Ensure that professional practice is evidence-based • Learn and practice critical appraisal skills		staff member
Joint Specialty Meetings (Neonatology)	Joint specialty meeting with neonatologist and other practitioners as needed	• Generate continuous feedback about cases diagnosed antenatally that have a specific problem or cases with intrapartum complications in relation to neonatal outcome • Provide knowledge, technical skills, and experience necessary for OB/GYN residents to interpret and correlate clinical findings and laboratory data such as radiological antenatal imaging • Promote effective communication and	Medical Expert Communicator Collaborator Manager	Resident will present a brief history followed by discussion with other staff as needed

ACTIVITY	RATIONALE	OBJECTIVES	CanMEDS COMPETENCIES	COMMENTS
		information sharing with peers and colleagues		
Half-day activity				
Emergency & Non-Emergency Topic Lectures	Emergency and common conditions will be prepared and presented by a senior staff member. The series of topics will be repeated annually to ensure adequate dispersal.	• Review common emergency and non-emergency situations in term of diagnosis and management	Medical Expert Scholar	Topics will be prepared by residents and moderated by a senior staff member
Procedures		• Apply knowledge and expertise in performing a procedure, interpreting the results, and understanding personal limitations • Demonstrate effective, appropriate, and timely performance of therapeutic procedures	Medical Expert Professional Collaborator	A list of procedures in OB/GYN will be explained and watched on video when possible

ACTIVITY	RATIONALE	OBJECTIVES	CanMEDS COMPETENCIES	COMMENTS
		• For each procedure, a resident should master: ○ Indications and contraindications ○ Complications and complication rates ○ Procedural technique ○ Sterile technique ○ Consent for procedure ○ Reporting complications		
Clinical Skills	Most clinical skills sessions will be done at bedside. This includes history taking, physical examination, and practicing communication skills. However, lectures and demonstration of videos can be added to the academic half-day activities prior to bedside implementation. Also, clinical skills will include instrumental deliveries, shoulder dystocia management, and other problems that need clinical skills training	• Master skills for basic interviewing and communication • Master basic skills in physical examination	Medical Expert Scholar Communicator Professional	Conducted by a senior staff member

ACTIVITY	RATIONALE	OBJECTIVES	CanMEDS COMPETENCIES	COMMENTS
		• Exhibit professional behavior, including demonstration of respect for patients, colleagues, and faculty in all settings • Help residents pass clinical exams		
Communication Skills	These competencies are important for establishing rapport and trust, formulating a diagnosis, delivering information, striving for mutual understanding, and facilitating a shared plan of care.	• Enable patient-centered therapeutic communication through shared decision-making and effective dynamic interaction with patients, families, caregivers, and other healthcare professionals	• Communicator • Professional	Presenters are experienced senior staff members

ACTIVITY	RATIONALE	OBJECTIVES	CanMEDS COMPETENCIES	COMMENTS
Medical Ethics	Ethical issues are frequently encountered during clinical practice and discussing medico-legal aspects of care with experts is of paramount for safe training and practice. A senior staff member will raise medico-legal issues for interactive discussion with the resident during academic half-day trainings.	The objectives of this activity are: • Resident should recognize the humanistic and ethical aspects of a career in medicine • Enable residents to examine and affirm their personal and professional moral commitments • Provide residents with a foundation of philosophical, social, and legal knowledge • Enable the resident to use this knowledge in clinical reasoning and supply them with interaction skills needed to apply insight, knowledge, and reasoning to human clinical care	Communicator Medical Expert Professional	Lectures will be conducted by an experienced senior staff member
Data Interpretation	A full range of laboratory data encountered daily during practice (e.g., blood tests, ABGs, ultrasound images) will be presented during the academic half-days. A	• Knowledge of the different investigational tools used in OB/GYN according to the case	Medical Expert Scholar	Resident should take the initiative and participate

ACTIVITY	RATIONALE	OBJECTIVES	CanMEDS COMPETENCIES	COMMENTS
	case-based approach is used to help the trainee understand the data	• Enhance proper interpretation of different investigational data • Enhance proper utilization of investigational tools • Knowledge of the limitations of different investigation tools		actively in this activity
Research and Evidence -Based Practice	The SCFHS promotes and supports research by the trainees. Hence, it is expected that each resident will participate in an annual research project. The presentation and dissemination of the work produced will occur during the formal Resident Research Day held annually at different centers.	• Become familiar with the generation and dissemination of research through oral presentations, poster presentations, and abstract preparation • Learn core academic teachings applicable to research, including ethics, study design, abstract writing skills, and presentation skills • Gain competence in literature review and data synthesis, analysis, and interpretation	Professional Manager Scholar	Arrangements will be made for each resident to attend a research course with an experienced senior staff member

ACTIVITY	RATIONALE	OBJECTIVES	CanMEDS COMPETENCIES	COMMENTS
ROTATIONAL (PRACTICE-BASED) COMPONENT OF THE CURRICULUM				
Daily-Rounds-Based Learning	Daily rounds is a good opportunity to conduct bedside teaching with a small group of residents, usually those who are involved in caring for the patient.	• Present a focused history and physical examination finding to the team Document historical and physical examination findings according to accepted formats, including a complete written database, problem list, and focused SOAP note • Make sense of the patient's story and physical findings and begin to generate differential diagnoses appropriate to the level of training • Admission notes, discharge	Medical Expert Communicator Health Advocate Professional	Must be centered on patient care and safety

ACTIVITY	RATIONALE	OBJECTIVES	CanMEDS COMPETENCIES	COMMENTS
		summaries, and medical reports • Evidence-based plan of management • Interpretation of lab investigation results (imaging, blood tests, etc.) • Consultation with other disciplines • Communicate with patients and families • Risk factors counseling • Discharge and follow-up plans		
On-Call, Duty-Based Learning (OBL)	Junior residents will have to do a minimum of 6 on-call sessions per month, and senior residents will have to do a minimum of 5 on-call sessions.	R1–R3 • Elicit a comprehensive history and perform a complete physical examination upon admission. Clearly write an assessment and differential diagnosis of medical problems for the patient; initiate a management plan • Discuss the management plan,	Medical Expert Scholar Health Advocate Professional	Must be centered on patient care and safety

ACTIVITY	RATIONALE	OBJECTIVES	CanMEDS COMPETENCIES	COMMENTS
		including investigations and treatment plan, with senior staff • Communicate the plan to the nurse assigned to patient care • Perform basic procedures necessary for diagnosis and management R4–R5 • Supervise junior residents' admission notes and orders, discuss the proposed plan of management, and supervise implementation • Supervise junior residents as they learn to master history-taking and physical examination • Help junior residents interpret laboratory investigations and		All sessions take place under the supervision of a senior staff member

ACTIVITY	RATIONALE	OBJECTIVES	CanMEDS COMPETENCIES	COMMENTS
		perform bedside diagnostic and therapeutic procedures • Attend consultations, including emergency consultations, and participate in outpatient clinic		
Clinic-Based Learning (CBL)	All residents are expected to run outpatient clinic with supervision for a minimum of 2 clinics per week.	R1–R3 • Elicit a focused history and physical examination under supervision of a consultant • Present briefly the clinical finding to the attending consultant • Discuss the differential diagnosis and management plan with the attending consultant • Write the patient's assessment and differential diagnosis, and the plan of management	Medical Expert Communicator Health Advocate	Must be centered on patient care and safety Conducted under supervision of a senior staff member

ACTIVITY	RATIONALE	OBJECTIVES	CanMEDS COMPETENCIES	COMMENTS
		• Learn communication skills from the attending consultant or specialist R4–R5 • Supervise junior residents' notes, orders, and management of the attending junior residents. • Discuss the plan of management, including investigations, treatment, and referral to other disciplines, with consultant • Discuss the need for specialized procedures with consultant • Interpret and discuss laboratory results with junior residents		
Self-Directed Learning (SDL)		• Achieve personal learning goals beyond the	Medical Expert Scholar Manager	Recommended books, journals, and

ACTIVITY	RATIONALE	OBJECTIVES	CanMEDS COMPETENCIES	COMMENTS
		essential core curriculum • Maintenance of personal portfolio (self-assessment, reflective learning, personal development plan) • Audit and research projects • Maintain reading journals • Attendance at training program organized on a regional basis (symposia, conferences, board review, etc.)		other materials are distributed to residents at the beginning of each academic year

4.5.2 Practical Skills Training (Simulation and Workshops)

Mandatory Workshops and Courses

The following workshops and courses are an integral part of the program for the candidate to improve his or her theoretical knowledge and practice skills. Consultants in the specialty fields indicated should provide these workshops and courses. A mixture of more than one educational tool (e.g., didactic lectures, problem-based learning, small group exercises, task-training hands-on workshops, simulation training) should be included in these workshops to meet the appropriate objectives.

Mandatory and Recommend Workshops/Course Objectives

WORKSHOPS AND COURSES TO BE TAKEN DURING JUNIOR (R1–R3) AND SENIOR (R4–R5) TRAINING YEARS

No.	Workshops/Course Title	Learning Outcomes	Duration	R1–R3	R4–R5
1	Basic Life Support (BLS) Mandatory	• Understand the importance of scene safety for the patient, rescuer, and bystanders • Carry out primary survey • Demonstrate the effective use of resuscitation adjuncts • Obtain appropriate and timely assistance	1 day		
2	Research Methodology and Statistics Mandatory	This workshop is designed to provide a hands-on opportunity to acquire the necessary skills in basic research methods and biostatistics. The workshop comprises two sections: Section 1: Research Methods By the end of this section, residents will be able to: • State research objective(s) • Justify choosing a research design • Discuss study variables and measurement issues, bias, study population, and samples • Document the above information in a comprehensive research proposal Section 2: Biostatistics By the end of this section, residents will be able to: • Understand the basic principles of the scientific	3 days		

No.	Workshops/Course Title	Learning Outcomes	Duration	R1–R3	R4–R5
		method as applied to clinical research • Acquire skills in using the necessary methodology and statistical tools and techniques in analyzing collected data using standard supporting software • Design and analyze surveys • Arrange approaches to statistical analysis and questionnaires based on research method • Plan, develop, and execute research project			
3	Communication Skills Course Recommended	After attending and participating in this course, the resident is expected to: • Articulate the importance of effective communication in personal and professional applications • Identify key verbal and non-verbal communications skills in the workplace and ways to enhance the effective use of both forms of communication • Enhance small group dynamics for effective teamwork • Be able to break bad news in an effective manner • Be able to use verbal and non-verbal communication	1 day		

No.	Workshops/Course Title	Learning Outcomes	Duration	R1–R3	R4–R5
		• Take into account the age, mental ability, religious, spiritual beliefs of the patient/relative • Be proficient at the art of patient referral and manage colleague interference to a patient's benefit • Answer questions and give justification and instructions to patients			
4	Professionalism and Ethics in Obstetrics and Gynecology Recommended	By the end of this interactive case-based workshop, residents will be able to recognize their ethical responsibilities (as per national and international guidelines governed by Islamic regulations) toward: their patients, colleagues, healthcare facilities, and community as well as to themselves. Skills include: • Obtain obstetric and gynecology-related consents from patients in recognition of the difference between consent and assent • Justify the use of obstetric and gynecology patients for teaching medical students and residents while maintaining patient respect and safety • List signs of impaired competence of self or colleagues (to justify	1 day		

No.	Workshops/Course Title	Learning Outcomes	Duration	R1–R3	R4–R5
		reporting threats to a patient's life) • Discuss controversies regarding providing care for DNR patients in the operating room of an intensive care unit • Generate an opinion of the limitations of ethics in relationship with the pharmaceutical industry • Apply basics of ethics in different case scenarios, including research conduction			
5	Risk Management and Patient Safety Mandatory	• Know how to apply risk management principles by identifying, assessing, and reporting hazards and potential risks in the workplace and their influence on patient safety	1 day		
6	Evidence-Based Medicine (EBM) Recommend	• Promote the use of EBM • Develop a pattern of lifelong learning using EBM principles • To help residents become familiar with the medical literature and its application to patient care	1 day		
7	Episiotomy and Perineal Repair Mandatory	• Understand the anatomy and physiology of the anal sphincter • Learn how to identify, repair, and mange different types of tearing • Understand the dilemmas regarding prevention and management of subsequent pregnancy	1 day		

No.	Workshops/Course Title	Learning Outcomes	Duration	R1–R3	R4–R5
8	Basic Operative Surgical Skills Mandatory	• Know the scrub-and-draping technique • Understand knot-tying techniques • Be proficient with instrumentation, suture material, and suturing techniques	5 days		
9	Cardiotocography (CTG) Interpretation and Fetal Monitoring Mandatory	• Understand the physiology and pathophysiology behind the CTG • Interpret CTG traces in order to reduce hypoxic ischemic encephalopathy (while reducing unnecessary operative interventions) • To appreciate the wider clinical picture, such as inflammation, infection, and meconium, while interpreting CTG trace	1 day		
10	Obstetric Emergencies Mandatory	Know how to predict, prevent, and manage obstetrical emergencies To be trained in the proper way to manage various obstetric drills Understand the importance of limitations and seek help in emergency situations	3 days		
11	Basic Hysteroscopy Recommended	• Train residents on the use of outpatient hysteroscopy	1 day		
12	Basic Laparoscopy Recommended	• Understand the importance of the laparoscope as a new modality • Understand the proper way to use trocars	1 day		

No.	Workshops/Course Title	Learning Outcomes	Duration	R1–R3	R4–R5
		• Correctly identify the instruments used in laparoscopy • Competently perform diagnostic laparoscopy			
13.	Family planning and Reproductive Health Mandatory	• To define the basic principles of population demographics • To list and define basic indicators related to population and family planning • To list the basic steps on counselling in reproductive health, focusing on family planning counselling • To identify the need and requirements for an informed decision-making process on contraceptive choice • To characterize the following contraceptive methods based on mechanism of action, indicators of effectiveness, side effects, non-contraceptive benefits, eligibility criteria and interventions for certain problems during use. • Competently perform: IUCD insertion and removal. • Competently perform Implanon insertion and removal.	2–3 days		

4.6 Learning Resources

4.6.1 Textbooks

Recommended books:

The most recent edition is preferred. Trainees are encouraged to have in-depth knowledge of the major parts of the following books:

- Cunningham, F; Leveno, K; Bloom, S. Williams Obstetrics (24th Edition). New York, NY: McGraw-Hill Professional Publishing; 2014.
- Edmonds, D. Keith. Dewhurst's Textbook of Obstetrics & Gynecology. Hoboken, NJ: Wiley-Blackwell, 2012.
- Gupta, Sadhana. Comprehensive Textbook of Obstetrics and Gynecology. New Delhi: Jaypee Brothers Medical Pub.; 2011.
- Lentz, Gretchen M.; Lobo, Roger A.; Gershenson, David M.; Katz, Vern L. Comprehensive Gynaecology. Philadelphia, PA: Elsevier Mosby; 2012.
- Rock, John A.; Jones Howard W. Te Linde's Operative Gynecology. New York, NA: Lippincott Williams & Wilkins; 2011.
- Berek and Novak's Textbook of Gynecology. New York, NA: Lippincott Williams & Wilkins; 2011.

Other books:

- Speroff Leon's Clinical Gynecologic Endocrinology & Infertility. New York, NA: Lippincott Williams & Wilkins; 2010.
- Jeffcoate's Principles of Gynecology. New Delhi: Jaypee Brothers Medical Pub.; 2014.
- Studd, J. Progress in Obstetrics & Gynaecology. London: Churchill Livingstone; 2007.
- Bonnar, J. Recent Advances in Obstetrics & Gynaecology. London: JP Medical Ltd; 2014.
- Ostergard, Donald R. Gynecologic Urology and Urodynamics. Biblioteca Medica; 1985.

4.6.2 Guidelines

- Royal College of Obstetricians and Gynaecologists, Green-top
- National Institute for Health and Clinical Excellence (NICE)
- American Congress of Obstetricians and Gynecologists
- The Society of Obstetricians and Gynaecologists of Canada

4.6.3 Journals

JOURNALS: Trainees are expected to have current knowledge of material published in at least two of the following journals:

- American Journal of Obstetrics & Gynecology
- British Journal of Obstetric & Gynaecology
- Obstetrics & Gynecology Clinics of North America
- Clinical Obstetrics & Gynaecology
- International Journal of Gynecology & Obstetrics

CHAPTER 5

ASSESSMENT

Evaluations and assessments throughout the program are carried out in accordance with the Commission's training and examination rules and regulations. The process includes the following steps:

5.1. Annual Assessment

1. Continuous Appraisal

This assessment is conducted toward the end of each training rotation throughout the academic year, and at the end of each academic year as a continuous assessment in the form of a formative and summative evaluation.

1.1 Formative Continuous Evaluation

To fulfill the CanMEDS competencies based on the end-of-rotation evaluation, the resident's performance will be evaluated jointly by relevant staff for the following competencies:

1. Performance of the trainee during daily work.
2. Performance and participation in academic activities.
3. Performance in a 10–20-minute direct observational assessment of trainee–patient interactions. Trainers are encouraged to perform at least one assessment per clinical rotation, preferably near the end of the rotation. Trainers should provide timely and specific feedback to the trainee after each assessment of a trainee–patient encounter.

4. Performance of diagnostic and therapeutic procedural skills by the trainee. Timely and specific feedback for the trainee after each procedure is mandatory.
5. The CanMEDS-based competencies end-of-rotation evaluation form must be completed within two weeks following the end of each rotation (preferably in electronic format) and signed by at least two consultants. The program director will discuss the evaluation with the resident, as necessary. The evaluation form will be submitted to the Regional Training Supervisory Committee of the SCFHS within four weeks following the end of the rotation.
6. The assessment tools, in the form of an educational portfolio (i.e., monthly evaluation, rotational Mini-CEX* and CBDs,** DOPS,*** MSF****; Appendix 3).
7. Academic and clinical assignments should be documented on an annual basis using the electronic logbook (where applicable). Evaluations will be based on accomplishment of the minimum requirements of the procedures and clinical skills, as determined by the program.

* Clinical evaluation exercise

** Case-based discussion

*** Direct Observation of Practical Skills

**** Multi-source feedback

1.2 Summative Continuous Evaluation

This is a summative continuous evaluation report prepared for each resident at the end of each academic year. The report may also involve a clinical examination, oral examination, objective structured practical examination (OSPE), and objective structured clinical examination (OSCE).

2. End-of-Year Examination

The end-of-year examination will be limited to R1, R2, R3, and R4. The number of exam items, eligibility, and passing score will be in accordance with the Commission's training and examination rules and regulations. Examination details and blueprints are posted on the commission website: www.scfhs.org.sa

5.2. Principles of Obstetrics and Gynecology Examination (Saudi Board Examination: Part I)

This written examination, which is conducted in a multiple-choice format, is held at least once a year. The number of exam items, eligibility, and passing score will be in accordance with the Commission's training and examination rules and regulations. Examination details and blueprints are published on the commission website: www.scfhs.org.sa This should be re-written according to the new quarterly assessment exams.

5.3. Final In-Training Evaluation Report (FITER)/Comprehensive Competency Report (CCR)

In addition to approval of the completion of clinical requirements (resident's logbook) by the local supervising committee, FITER is also prepared by program directors for each resident at the end of his or her final year in residency (R5). This report might also involve clinical exams, oral exams, or other academic assignments.

5.4. Final Obstetrics and Gynecology Board Examination (Saudi Board Examination: Part II)

The final Saudi Board Examination comprises two parts:

1. Written Examination

This examination assesses the trainee's theoretical knowledge base (including recent advances) and problem-solving capabilities in the specialty of obstetrics and gynecology. It is delivered in multiple-choice format and held at least once a year. The number of exam items, eligibility, and passing score will be in accordance with the Commission's training and examination rules and regulations. Examination details and blueprints are published on the commission website: www.scfhs.org.sa

2. Clinical Examination

This examination assesses a broad range of high-level clinical skills, including data gathering, patient management, communication, and counseling skills. The examination is held at least once a year, preferably in an OSCE format in the form of patient management problems (PMPs). The exam eligibility and passing score will be in accordance with the Commission's training and examination rules and regulations. Examination details and blueprints are published on the commission website: www.scfhs.org.sa

5.5. Certification

Certificates of training completion will only be issued upon the resident's successful completion of all program requirements. Candidates passing all components of the final specialty examination are awarded the "Saudi Board in Obstetrics and Gynecology" certificate.

CHAPTER 6

APPENDICES

Appendix 1

Resident Research Requirement

Departmental Residents Research Day

Each year the Department of Obstetrics and Gynecology holds a Departmental Residents Research Day. R2, R3, and R4 residents are required to present to attendees and faculty, and all residents are required to attend the event in its entirety unless excused by the Residency Training Program Director. Preceptors are also expected to attend. Call schedules should be arranged to allow for participation by all residents.

A. General format

Departmental Residents Research Day will be held in a convenient venue. Presentations and discussions will be uninterrupted. Talks will be 10 to 15 minutes in length, with a 5-minute question period. Presentations should be presented in PowerPoint.

R2: The research proposal is presented during the event and should follow the format prescribed for the written proposal.

R3: Presentations take the form of a progress report in an interim analysis. The report should describe what progress has been made so far and present an analysis of the results obtained. In addition, a clear outline of future plans for completion of the project should be presented. Any changes from the original proposal should be explained.

R4: The final results of the project are presented. This presentation should be a summary of the entire research project, from its inception to completion.

B. Evaluation

An ad hoc evaluation committee is formed in advance of each Departmental Residents Research Day. The committee consists of members of the Departmental Research Committee, and may also include visiting research experts from the same institution or other institutions invited to participate in Research Day. The committee will evaluate and present a numerical grade to each presentation. This grade will become part of the resident's permanent record.

Recommended Research Project Milestones and Deadlines

R1: Preliminary Work

- Attend an evidence-based medicine (EBM) workshop
- Attend a basic research methodology course
- Think of a research question (PICO), and choose your preceptor

R2: Research Project Proposal Development

November		Deadline for choosing preceptor for research project (resident and preceptor submit a "Choice of Resident Research Project Preceptor" form)
		Departmental Research Committee (or similar body) approves preceptor choice and sends written notice to the resident
November–February		Research stream chosen and research project proposal developed with preceptor
February 28		Deadline for submitting proposal
End of March		Proposal presented and evaluated by the Departmental Research Committee (or similar body), then sent to hospital research committee

R3: Research Project Carried Out

November		Resident and preceptor meet with Departmental Research Committee (or similar body) to discuss progress and plans
February 15		Deadline for submission of abstract describing progress and interim analysis
End of March		Progress report and any interim analysis presented at Departmental Residents Research Day

R4: Research Project Carried Out and Completed

January		One-page abstract to be submitted to the Departmental Research Committee (or similar body)
April		Completed manuscript submitted to Departmental Research Committee (or similar body) with signed approval from the preceptor (submit "Submission of Research Project Manuscript" form). Project results presented at the Departmental Residents Research Day
April Research day		Departmental Research Committee (or similar body) "peer reviews" each manuscript and either: 1. Accepts it 2. Asks for revisions 3. Requests additional work be completed before further consideration The process continues until the manuscript is accepted, completing the research requirement.
End of R4		

ADVICE FOR RESIDENTS:

Choosing a Preceptor for your Research Project

You must choose your preceptor and develop your research project during R2, so you will need to gather the information required to make this decision during R1.

One of the most important steps in choosing your research project will be choosing your preceptor. The area of expertise and interest of your preceptor will largely determine possible research topics. The resources available to you to do your research and the amount of help provided will depend on how carefully you have made your choice.

The specific research project that you undertake will be developed with your preceptor. First, you must decide which research stream is right for you. The proposed research must be extensive enough to be appropriate for a two-year project. On the other hand, it must be feasible to complete your proposed project within the time period allotted, given the time constraints facing residents. Above all, spend time with your preceptor developing a clear, strongly written proposal.

Once a preceptor is chosen, the resident should submit the Choice of Resident Research Project Preceptor form by the deadline, which is November 1 of R2. The resident and preceptor will work together to decide which research stream is suitable, and to develop a research proposal as described in the following pages. Both the choice of research stream and the proposal must be submitted to the Departmental Research Committee by February 28 of R2.

Developing a Proposal (R2)

The resident develops the research proposal with their preceptor during R2. The proposal serves two purposes: First, it is the outline that will guide the research project as it is carried out during R3 and R4. Second, it allows the

Departmental Research Committee to judge the appropriateness of the project and determine if it will be approved.

The resident and preceptor should develop a proposal aimed at one of these three research streams:

- Stream 1 – non-experimental research project
- Stream 2 – experimental research project
- Stream 3 – a systematic review

The first step is to gain a thorough understanding of the field of the proposed research. Reading relevant literature with the guidance of the preceptor is a good place to begin. Only then has the proposal begun.

The proposal should be detailed enough so that it is clear what the resident will be doing throughout the course of the two-year project. The resident must show that the project is feasible and can be completed within two years. The reasons for conducting the project and method to be used for accomplishing its goals must be described in detail.

The proposal must be written using the designated hospital's approved research proposal form. Incomplete proposals will be returned for revision. Prepare the proposal including the following elements

A. Cover page
B. Abstract of proposed research
C. Purpose of proposed investigation and its significance (maximum one page)
D. Specific aims of project
E. Background information
F. Methods (maximum of four pages)
G. References
H. Budget
I. Facilities to be used (maximum one page)
J. Work plan (maximum one page)

K. Organization and management (maximum one page)

L. Informed consent form (if appropriate)

M. Departmental approval

N. Potential hazards and toxicity

O. Curriculum vitae (investigator personal data form)

The proposal will be read and assessed by members of the Departmental Research Committee and/or other experts chosen by the Committee. The Committee must find the proposal acceptable. Written comments will be provided by the Committee and any other designated reviewers. It will be clearly stated whether the proposal is acceptable or needs to be revised. After being reviewed by the Departmental Research Committee, the proposal should be submitted to the Hospital Research Committee.

In general, proposals will require revision. It is the responsibility of the resident and preceptor to ensure that the proposal is revised until it is satisfactory to the Committee and any other designated reviewers. Revisions must be completed by the deadline for final acceptance of the proposal, which is February 28 of R2.

Once the proposal is accepted, the abstract will be used for presentation of the proposal at the Departmental Residents Research Day in late March.

Making Progress (R3–R4)

During R3, it is expected that reasonable progress will be made on the research project. There are several opportunities for progress to be assessed and problems identified and rectified.

A. Meeting of Resident, Preceptor, and Departmental Research Committee

During November of R3, a meeting of the resident, preceptor, and Departmental Research Committee will be scheduled. The purpose of this meeting is to assess whether reasonable progress is being made. It is also an opportunity to identify ongoing or potential problems with the project.

B. Progress Report/Interim Analysis Presented at the Departmental Residents Research Day

A progress report describing what has been accomplished on the research project is presented at the Departmental Residents Research Day during R3.

First, a one-page abstract describing the progress and any results attained must be produced and submitted to the Departmental Research Committee by February 15 of R3. This abstract will be used for the Departmental Residents Research Day presentation.

At the Departmental Residents Research Day, each R3 resident will give a talk outlining the results obtained to date and an interim analysis of these results. Plans for completion of the project must also be presented.

The resident will receive an evaluation from the Departmental Research Committee.

What happens next?

After Departmental Residents Research Day, the resident will have a good idea of whether the research project is on track or if it needs to be reworked. If the project is proceeding smoothly, the next step is to complete the project during R4, culminating with the writing of a manuscript. If there are problems, the resident and preceptor should work together to remedy them. The resident may also approach the Departmental Research Committee for assistance.

The Manuscript (End of R4)

After the research project is completed, a final report of the results and analysis are required. This report is to be in the form of a manuscript, tailored to the guidelines of a medical journal. This manuscript should be essentially identical in form to papers found in the journals you have read during your training.

Publication of the manuscript in a journal is not required. However, the preceptor and Departmental Research Committee will give support to residents who wish to publish their manuscripts. Publication is strongly encouraged for all research projects.

The resident produces the manuscript with guidance from the preceptor. The resident, however, must do the actual writing.

A. Abstract

A one-page abstract summarizing the manuscript is due by the end of January of R4. This abstract will be presented during Departmental Residents Research Day.

B. Deadline for Submission of Completed Manuscript

The deadline for submission of the completed manuscript to the Departmental Research Committee is April 30 of R4. The resident and the preceptor should sign the "Submission of Research Project Manuscript" form.

C. Departmental Residents Research Day

The results of the research project are presented at the Departmental Residents Research Day during R4. Any substantive comments made at this activity, especially by the evaluation committee, should be taken into account when the final version of the manuscript is prepared.

D. Evaluation of the Manuscript

The final revised manuscript is due by May 30 of R4. It is to be submitted to the Chair of the Departmental Research Committee.

The preceptor again must approve submission of the manuscript. A "Submission of Research Project Manuscript" form signed by the preceptor must accompany the manuscript.

The Research Training Committee will peer review the manuscript. Depending upon the expertise required, the committee may enlist the help of

other faculty or outside experts. Based on this review, the committee will either:

1. Accept the manuscript
2. Return the manuscript for revision
3. Require that additional work be done on the project and that the manuscript be resubmitted

This decision can be appealed to the Residency Training Committee.

This process will continue until a satisfactory manuscript is produced. A manuscript that is deemed satisfactory by the Departmental Research Committee is required to fulfill the research requirement of a residency in obstetrics and gynecology (i.e., requirement of the SCFHS).

CHOICE OF RESIDENT RESEARCH PROJECT PRECEPTOR

Deadline for submission: November 1 of R2

Instructions

You must choose a preceptor for your Research Project and forward the required information to the Ob/Gyn Departmental Research Committee using this form. Both the resident's and preceptor's signatures are required. The Departmental Research Committee must approve the choice of preceptor. Preceptors must be a consultant, and must commit to being actively engaged in the research project.

Section 1 (to be completed by resident)

Resident's name	
Preceptor's name	
Resident's email	
Resident's signature	
Date	

Section 2 (to be completed by preceptor)

I agree to serve as preceptor for a research project to be undertaken by this resident. I have read the Residents Research Manual in Ob/Gyn and understand what is expected of preceptors.

Preceptor's signature	
Date	

SUBMISSION OF RESEARCH PROJECT PROPOSAL AND CHOICE OF RESEARCH STREAM

Deadline for submission of the Proposal and this form to the Research Training Committee: February 28 of R2

PROPOSAL

Resident's name:_____

Preceptor's name:_____

Title of project:_____

CHOICE OF RESEARCH STREAM

Three research streams are available. After reviewing each of them and discussing the choice with your preceptor and Director of the Residency Training Program, indicate your choice here:

£	Research Stream 1: Non-Experimental Research Project
£	Research Stream 2: Experimental Research Project
£	Research stream 3: Systematic Review

I have read the information provided and understand the requirements for resident research projects. I am submitting a Research Project Proposal with this form that conforms to the requirements. I also have chosen a research stream as indicated above.

Signature of Resident:_____

Date:_____

ACCEPTANCE BY PRECEPTOR (to be signed by preceptor)

This proposal is acceptable for submission to the Departmental Research Committee and conforms to the requirements. I agree to act as preceptor for the research project described in this proposal.

Signature of Preceptor:_____

Date:_____

SUBMISSION OF RESEARCH PROJECT MANUSCRIPT

Deadline for submission of Manuscript and this form: April 30 of R4

Resident's name:_____

Title of Manuscript:_____

_____

_____

Signature:_____

Date:_____

I find that this manuscript is satisfactory for submission and conforms to the requirements.

Preceptor's name:_____

Signature:_____

Date:_____

Comments (optional):

Appendix 2

Guidelines for Mentors and Residents

A mentor is an assigned faculty supervisor responsible for the professional development of residents. Mentoring is the process by which the mentor provides support to the resident. The mentee is the resident under the supervision of the mentor.

A) The needs:

Postgraduate residency training is a formal academic program for residents to develop to their full potential as future specialists. This is potentially the last substantial training program before becoming an independent specialist. However, unlike the undergraduate program's well-defined structure, residency training is inherently less organized. Residents are expected to be in clinical settings delivering patient care. They are rotated through multiple sites and sub-specialties.

This structure of the residency program, while necessary for good clinical exposure, does not provide the opportunity for a long-term professional relationship with a faculty member. Residents may feel lost without proper guidance. Moreover, without a long-term relationship it is extremely difficult to identify a struggling resident. Residents also struggle to develop a professional identity with the home program, especially when they rotate away in other disciplines for a long period of time.

Finally, the revised curriculum has a more substantial, work-based continuous assessment of clinical skills and professional attributes. Residents are expected to maintain a logbook, complete mini-CEX and DOPS, and meticulously chart their clinical experience. This requires a robust and structured monitoring system in place with clear accountability and defined responsibility.

B) Nature of the Relationship:

Mentorship is a formal yet friendly relationship. This is a partnership between mentor and resident (i.e., the mentee). Residents are expected to take the mentoring opportunity seriously and help the mentor to achieve the outcomes. Mentors should receive copy of any adversarial report by other faculty members about the resident.

C) Goals

- Guide residents toward personal and professional development through continuous monitoring
- Early identification of struggling residents as well as high achievers
- Early detection of residents who are at risk of emotional and psychological disturbances
- Provide career guidance

D) Roles of the Mentor

The primary role of the mentor is to nurture a professional relationship with the assigned residents. The mentor is expected to provide an "academic home" for residents so that they can feel comfortable in sharing their experiences, express their concerns, and clarify issues in a non-threatening environment. The mentor is expected to keep sensitive information about residents in confidence.

The mentor is also expected to make an appropriate and early referral to the Program Director or Head of the Department if a problem is identified that would require expertise or resources beyond his or her capacity. Examples of such referral might include:

- Serious academic problems
- Progressive deterioration of academic performance
- Potential mental or psychological issues
- Personal problems interfering with academic duties

- Professional misconduct

However, the following are *not* expected roles of a mentor:

- Provide extra tutorials, lectures, or clinical sessions
- Provide counseling for serious mental and psychological problems
- Become involved in residents' personal matters
- Provide financial or other material support to the resident

E) Roles of the Resident

- Submit résumé at the start of the relationship
- Provide mentor with medium- (1–3 years) and long-term (3–7 years) goals
- Take primary responsibility for maintaining the relationship
- Schedule monthly meetings with mentor in a timely manner; do not request an ad hoc meeting except in an emergency situation
- Recognize self-learning as an essential element of residency training
- Report any major events to the mentor in a timely manner

6.1.2 Who can be mentor?

Any consultant or senior registrar can be a mentor. There is no special training required.

6.1.3 Number of residents per mentor

In general, each mentor should not have more than four resident mentees. As much as possible, the residents should be from all years of training. This will create an opportunity for the senior residents to work as a guide for junior residents.

6.1.4 Frequency and duration of engagement

The recommended minimum frequency of meetings is once every four weeks. Each meeting might take 30 minutes to 1 hour. It is also expected that once assigned, the mentor should continue with the same resident for the entire duration of the training program or at least for two years.

6.1.5 Tasks during the meeting

The following are suggested tasks to be completed during the meeting

- Discuss overall clinical experience of the residents, with particular attention to any concerns raised
- Review logbook with the residents to determine whether the resident is on target of meeting the training goals
- Revisit earlier concerns or unresolved issues, if any
- Explore any non-academic factors interfering with training
- Document excerpts of the interaction in the logbook

Appendix 3

Workplace-Based Assessment (WBA)

A minimum of eight mini-CEX or CBD are needed per academic year (two per 12-week rotation).

Mini Clinical Exercise (Mini-CEX)

The mini-CEX is one of the mandatory tools within the SCFHS Obstetrics and Gynecology Residency Training Program framework used to evaluate resident competencies. Residents will have the opportunity to receive immediate feedback on essential skills that are important to provide good and safe clinical care to their patients. This will be guaranteed through direct observation of actual clinical encounters. The mini-CEX will reflect residents' performance doing practical skills that are considered an essential part of patient encounters. The mini-CEX is integrated in different aspects of the clinical environment, including inpatient and outpatient settings.

- The resident is responsible for conducting the event
- The process should end with a structured discussion followed by constructive feedback between the resident and supervisor

- A selected case from various inpatient or outpatient settings will be the subject of the exam
- A specific task will be requested from the resident and performed under direct supervision
- Multiple supervisors should do mini-CEX exams of one resident; one supervisor should not complete more than two mini-CEX exams per year per trainee
- Cases need to be different and from various sites; a particular clinical case (e.g., contraceptive counseling) should not be repeated more than twice in a given training year
- The task required from the resident should be focused and not general
- The resident should present the case, conclusion, and reasons for actions; the process should take no longer than 15 minutes
- The presentation should be followed immediately by feedback lasting 5 to 10 minutes. The feedback should focus on things done right as well as those that need improvement
- A mini-CEX form should be completed with the resident present
- The marked assessment form should be submitted to the Program Director
- Ensure the completed form is submitted in a timely manner

Skills to be assessed

- History-taking
- Physical examination
- Clinical diagnostic
- Clinical judgment and synthesis
- Patient management
- Communication
- Humanistic qualities and professionalism
- Overall clinical competence

Feedback: To maximize the educational impact of the assessment, aspects of the resident's performance that are particularly good as well as those where there is room for improvement should be discussed. Feedback should be delivered sensitively, in a suitable environment. Areas for development should be identified, agreed on, and recorded on the assessment form.

Outcome of assessment: The outcome of the assessment is a global professional judgment of the assessor that the resident has completed the tasks to the standard expected at his or her level.

Case-Based Discussion (CBD)

CBD is a tool to assess clinical judgment, decision-making, and the application of knowledge in relation to patients' care. It allows residents to apply clinical reasoning in their practice. This may include discussing the ethical and legal framework of practice and facilitate feedback in order to guide learning. As an actual patient record is used, CBD allows the trainer to evaluate the quality of record-keeping and case presentation.

- The resident is responsible for conducting the event
- The supervisor will provide the resident with patient data
- The supervisor should be aware of the patient's details in order to offer learning opportunities for discussion
- The supervisor discusses the case in depth with the resident for 15 to 20 minutes
- The supervisor then provides immediate feedback to the resident for approximately 5 to 10 minutes and completes an assessment form
- Multiple supervisors should conduct CBD exams with one resident; one supervisor should not complete more than 2 CBD per year per trainee
- Cases need to be different and from various sites; a particular clinical case (e.g., HSG interpretation) should not be repeated more than twice in a given training year
- Ensure that the completed form is submitted in a timely manner

Skills to be assessed

- Professional approach to patient
- Data gathering and interpretation
- Making diagnoses/decisions
- Clinical management
- Managing medical complexity
- Working with colleagues and in teams
- Community orientation
- Maintaining an ethical approach
- Fitness to practice

Feedback: To maximize the educational impact of the assessment, aspects of the resident's performance that are particularly good as well as those where there is room for improvement should be discussed. Feedback should be delivered sensitively, in a suitable environment. Areas for development should be identified, agreed on, and recorded on the assessment form.

Outcome of assessment: The outcome of the assessment is a global professional judgment of the assessor that the resident has completed the tasks to the standard expected at his or her level.

Direct Observation of Procedural Skills (DOPS)

This method of assessment focuses on the core skills that trainees require when undertaking a clinical practical procedure. DOPS is a focused observation, or "snapshot," of a trainee undertaking a practical procedure. Not all elements of resident skills need be assessed on each occasion.

- The patient must be aware that DOPS is being carried out
- Assessors should directly observe the trainee performing the procedure to be assessed in an authentic environment and explore knowledge, where appropriate

- At least two occasions of DOPS should be encountered in each 12-week rotation
- Assessors should score the trainee on the scale listed in the DOPS assessment form
- Multiple supervisors need to assess the same resident; one supervisor should not complete more than two DOPS per year per trainee
- Cases need to be different and from various sites; a particular clinical case (e.g., performing diagnostic hysteroscopy) should not be repeated more than twice in a given training year
- Scoring should reflect the performance of the trainee against that which the assessor would reasonably expect at their year of training and level of experience
- Assessors are to provide feedback to the trainee after the assessment. If the trainee has performed below expectations, the DOPS should be repeated
- The DOPS should not be undertaken until such time that the trainee is likely to perform satisfactorily
- After completing and signing the form, assessors are to give the form to the trainee. Trainees are responsible for submitting the completed satisfactory DOPS to their program director

Multi-Source Feedback (MSF) (360-Degree Assessment)/Rotation Exercise

An end-of-rotation exercise will be performed in the form of multisource feedback (a.k.a. 360-degree exercise). By the end of each 12-week rotation:

- The MSF form has to be distributed to healthcare providers, nurses, administrative assistants, unit assistants, and preferably patients who are in contact with the resident

- For practicality, the program director may confidentially invite at least 10 junior and senior physicians (including residents) for a meeting where they can independently complete the forms
- A similar meeting can be held for nurses and other healthcare providers who are in contact with the resident
- Each resident MSF has to be completed by at least 10 independent evaluators in order to be considered valid and reliable
- The data should be entered into the computer and simple frequency statistics should be performed
- The resident must receive constructive feedback on his or her performance by the program director or designee
- Longitudinal improvement/deterioration should be monitored and action should be taken accordingly

Logbook

The logbook is a detailed inventory maintained by the trainee to record learning processes and key events, experiences, and progress, during training. The purpose of the logbook is to assist trainees and supervisors in planning and implementing learning needs, and to facilitate trainee development of critical and reflective learning and practice.

A) The objectives of the learning logbook are to

- Document the trainee's progress through approved training
- Clarify areas for improvement
- Give greater responsibility to trainees for their learning experience
- Provide an opportunity for reflective learning
- Provide additional information to supervisors regarding trainee progress and learning
- Facilitate communication between supervisors and trainees
- Establish (and allow for revision of) learning plans and time-management schedules

B) Structure of the logbook

The trainee is responsible for ensuring that the information within the logbook is kept up-to-date and accurate throughout their training.

Each resident should have a logbook that fulfills the following requirements:

- Required activities and surgical performance
- The cases must be authenticated by the resident's supervisors
- The program director must review all logbooks, identify deficiencies, and establish a corrective plan, if needed
- The logbook should be reviewed before providing the residents a "Completion of Training Certificate"
- Computer-based logbooks (e-logbook/T-Res) are recommended

General structure of non-core specialty program rotations:

1. End-of-rotation exercise that carries half the rotation-assigned mark (50%)
2. At least two DOPS filled out by the assessor (the same form used for obstetrics and gynecology rotations). These two DOPS will carry the remaining 50% of the continuous assessment mark.
3. The resident is responsible for giving their supervisor/designee the DOPS form and logbook assessment
4. The external supervisors need to be informed about the method of assessment for the obstetrics and gynecology residency training program at the time of rotation approval. (Approval box should be included in the letter.)
5. Upon approving the resident's rotation, the accepting supervisor has to indicate his or her acceptance of the rotation objectives in a reply letter
6. If the assessment is not completed, the resident will not receive an assigned assessment mark

➢ **Assessment of Anesthesia Rotation (four weeks)**

The above-mentioned criteria for the non-obstetrics and gynecology rotation assessment are also applicable to this rotation. The recommended practical objectives to be assessed during the anesthesia rotation DOPS are:

- Analgesia and anesthesia during labor
- Airway maintenance and intubation
- Fluid balance and massive transfusion

➢ Assessment of Neonatal Intensive Care Rotation (NICU) (four weeks)

The above-mentioned criteria for the non-obstetrics and gynecology rotation assessment are also applicable to this rotation. The recommended practical objectives to be assessed during the neonatology DOPS are:

- Initiation of basic neonatal resuscitation
- Management of neonates with jaundice
- Breastfeeding and breastfeeding positioning
- Principles in managing the extremely premature neonate
- Principles of newborn resuscitation

➢ Assessment of Intensive Care Unit (ICU) Rotation (four weeks)

The above-mentioned criteria for the non-obstetrics and gynecology rotation assessment are also applicable to this rotation. The recommended practical objectives to be assessed during the ICU DOPS are:

- Demonstrate the ability to conduct an efficient patient assessment
- Management of fluid and electrolyte balance
- Order appropriate investigations and integrate results to help manage medically compromised patients in a timely fashion

➢ Assessment of Urology Rotation (eight weeks)

The above-mentioned criteria for the non-obstetrics and gynecology rotation assessment are applicable for this rotation. In situations where a urogynecology rotation is not feasible, a urology rotation may be substituted.

The recommended practical objectives to be assessed in the urology rotation DOPS are:

- Take a focused urogynecological history and perform the specific physical examination
- Interpret the results of urodynamic studies
- Clinically assess different types of female incontinence

➢ Assessment of Research Rotation (six weeks)

The above-mentioned criterions on Non-Obstetrics and Gynecology rotation assessment are applicable for this rotation. The recommended practical objectives to be assessed in the Research rotation DOPS are:

- Literature search skills
- Proposal writing skills
- Basic understanding of statistical principles
- Manuscript writing skills

The rotation should end with completion and submission of the proposal, for otherwise the resident assessment cannot be finalized.

➢ Assessment of Elective Rotation (six weeks)

The above-mentioned criteria for the non-obstetrics and gynecology rotation assessment are also applicable to this rotation. The recommended practical objectives to be assessed are dependent on the rotation discipline.

- If the resident is selected to rotate in one of the approved rotations as per the curriculum, he or she will be assessed accordingly
- If the resident is selected to rotate in any other specialty, the supervisor must select two major relevant competencies to be the subject of his or her DOPS assessment (30%), in addition to the end-of-rotation evaluation (30%)

➢ Assessment of ULTRASOUND ROTATION (six weeks)

Although this is a core program specialty rotation, assessment criteria are similar to non-obstetric and gynecology rotation criteria. Therefore, the above-mentioned criteria are also applicable to this rotation. The recommended practical objectives to be assessed during the ultrasound rotation DOPS are:

- Confirm intrauterine pregnancy
- Confirm viability
- Identify gestational sac and yolk sac
- Determine fetal number
- Undertake fetal measurements to determine gestational age, assess fetal growth, and determine presentation
- Assess liquor volume, determine placental site, and assess cervical length and biophysical profile (BPP)
- Perform and interpret umbilical artery Doppler
- Define sign that suggests extrauterine pregnancy (ectopic)
- Identify pelvic organs and adnexa, including measurement of ovary, follicles, cysts, and assess Doppler flow to adnexa
- Measure uterine size, endometrial thickness, and identify any pathology such as fibroids, polyps, etc.

Obstetrics and Gynecology Residency

Mini Clinical Evaluation Exercise Form

Name: _____ Badge No: _____

SCFHS No.: _____

Subspecialty: _____ Rotation Period: _____

Hospital: _____

This mini-CEX form is to be completed at the time assigned for this activity. The resident must be observed performing a focused clinical task. The form

should be completed upon conclusion of the procedure and constructive feedback should be offered by the assessor.

Patient Problem/Diagnosis: _____

Case Setting: ☐ Out-Patient ☐ In-Patient ☐ Emergency

Dept. ☐ Delivery Room ☐ Others: _____

Case Complexity: ☐ Low ☐ Moderate ☐ High

	Competencies	Satisfactory (4)	Average (3)	Below average (2)	Poor (1)	Not achieved (0)	N/A
1.	Professional approach						
2.	History-taking skills						
3.	Physical examination skills						
4.	Clinical diagnostic skills						
5.	Clinical judgment and synthesis						
6.	Patient management skills						
7.	Communication skills						
8.	Overall clinical competence						
Total		/10					
Resident satisfaction/comment							

Assessor Comments on Resident's Performance	
Assessor	Resident
Name: _____	Name: _____
Signature: _____	Signature: _____

Date: _____	Date: _____

Case-Based Discussion Assessment Form

Obstetrics and Gynecology

Name: _____Badge No: _____

SCFHS No.: _____

Subspecialty: _____

Rotation Period: _____

Hospital: _____

The CBD form is to be completed in the time frame assigned for this activity. The form should be completed upon conclusion of the procedure and constructive feedback should be offered by the assessor.

Patient Problem/Diagnosis:

Case Setting: ☐ Out-Patient ☐ In-Patient ☐ Emergency

Dep. ☐ Delivery Room

☐ Other: _____

Case Complexity: ☐ Low ☐ Moderate ☐ High

Focus (More than one may be selected): ☐ Data Gathering ☐ Diagnosis

☐ Management ☐ Counseling

Competencies	Satisfactory (4)	Average (3)	Below Average (2)	Poor (1)	Not Achieved (0)	N/A
Professional approach to patient						
Data gathering and interpretation						

Competencies	Satisfactory (4)	Average (3)	Below Average (2)	Poor (1)	Not Achieved (0)	N/A
Making diagnosis and decisions						
Clinical management						
Managing medical complexity						
Working with colleagues and in teams						
Maintaining an ethical approach						
Fitness to practice						
Overall assessment						
Total				/10		
Resident comments						

Assessor comments on resident's performance	

Assessor	Resident
Name: _____ Signature: _____ Date: _____	Name: _____ Signature: _____ Date: _____

Direct Observation of Procedural Skills Form

Obstetrics and Gynecology Residency Program

Name:	SCFHS No.:
Training Period (R1–R5):	
Rotation/Place of Rotation	

Procedure details			
Degree of difficulty	o Low o Moderate o High	Setting	o Labor and Delivery o Ward o Operation room o Others
Time pressure (setting)	o Elective o Critical	Number of times same procedure has been performed before by trainee	
Clinical knowledge	Demonstrates relevant knowledge and understanding of the procedure 1 2 3 |4 5 6 | 7 8 9 | NA		
Consent	Explains procedure to the patient and obtains valid informed consent 1 2 3 |4 5 6 | 7 8 9 | NA		
Preparation	Prepares appropriately for the procedure (i.e., assisting staff, evaluating equipment, etc.) 1 2 3 |4 5 6 | 7 8 9 | NA		
Vigilance	Demonstrates awareness through constant monitoring, maintains focus 1 2 3 |4 5 6 | 7 8 9 | NA		
Infection control	Demonstrates aseptic/clean technique and standard precautions 1 2 3 |4 5 6 | 7 8 9 | NA		

Procedure details	
Technical ability	Demonstrates confidently the correct procedural sequence, minimal hesitation 1 2 3 |4 5 6 | 7 8 9 | NA
Patient interaction	Provides reassurance and checks for discomfort, concerns, or complications 1 2 3 |4 5 6 | 7 8 9 | NA
Insight	Knows when to seek assistance, abandon procedure, or arrange for alternative 1 2 3 |4 5 6 | 7 8 9 | NA
Documentation	Fully documents entire procedure, including problems and complications; plans for aftercare 1 2 3 |4 5 6 | 7 8 9 | NA
Team interaction	Provides clear and concise instructions and conveys relevant information 1 2 3 |4 5 6 | 7 8 9 | NA
Was the procedure completed satisfactorily?	o Yes o No
General feedback	
Suggestions for improvement	

Description of assessment schema	Trainee needs assessor in the theater suite	Trainee needs assessor in the hospital	Trainee could manage this procedure independently
	1 2 3 |	4 5 6 |	7 8 9

1. Not comfortable leaving trainee unsupervised for any period of time
2. Comfortable to leave trainee briefly (e.g., to take a brief call)
3. As in point 2, but comfortable staying away for a bit longer
4. Happy to leave the area, but remain immediately available in the hospital. Feels the need to check in on the trainee at regular intervals
5. Happy to leave the area but remain immediately available in the hospital (e.g., not take on another case)
6. As in point 5, but happy to take on another case
7. Could potentially be off-site, but would want to consult with the trainee prior to the start of the procedure
8. Supervisor off-site. Confident that trainee can do the procedure but wants to be notified when it is being performed
9. Trainee could complete the procedure as a consultant; no contact with the supervisor is necessary

N/A Not applicable

Does another DOPS need to be completed for this clinical case?	o Yes o No	If yes, why?
Trainee comments and signature		

Date of assessment			
Trainee final mark	----------/10	Assessor institution	
Assessor name		Assessor department/division	

Obstetrics & Gynecology Residency Program

Oral Presentation Evaluation Form

Name of Resident:	SCFHS No.:		
Training Period (R1–R5)			
Rotation			

Purpose: to recognize strengths and areas of needed improvement; give constructive feedback

Assessment	Excellent 5	Good 4	Average 3	Below Average 2	Poor 1	NA
1. Clearly state the objectives						
2. Clear statement of ideas (basic reasoning, logical conclusion, adequate evidence)						
3. Appropriate selection and effective organization of delivered information (easy for audience to follow)						
4. Competence and comfort with information (well-prepared, knows content, answers questions)						

Assessment	Excellent 5	Good 4	Average 3	Below Average 2	Poor 1	NA
5. Physical composure (maintains eye contact, appears comfortable, gestures appropriately)						
6. Professionalism (dresses and behaves appropriately, uses correct technical terms, focuses on presentation)						
7. Audio/visual support (slides are neat and correct, visuals are appropriate and support presentation)						
8. Speech mechanics (voice fluctuation, speaks clearly, professional language, maintains audience interest)						
9. Demonstrates credibility (adheres to time constraints, supports conclusions with relevant convincing evidence)						
10. Overall performance						

Comments:

FINAL Mark = _____/10

Ev aluator:

Obstetrics & Gynecology Residency Training Program

End-of-Rotation Evaluation (MSF-360 Evaluation)

Name of Resident:	SCFHS No.:	Level of Training :
Training Period		
Rotation		

Evaluation Domains Medical Expert (3%) Proficiency in:	1	2	3	4	5	NA
1. Function effectively as a specialist, integrating all of the CanMEDS roles to provide optimal, ethical, and patient-centered medical care						
2. Establish and maintain clinical knowledge, skills, and attitudes appropriate to obstetrics and gynecology						
3. Perform a complete and appropriate assessment of a patient						
4. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic						
5. Seek appropriate consultation from other healthcare professionals, recognizing the limits of their expertise						
Comments						

Communicator (3%) Proficiency in:	1	2	3	4	5	NA
1. Develop rapport, trust, and ethical therapeutic relationships with patients and families						
2. Elicit accurately and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals						
3. Convey relevant information and explanations accurately to patients and families, colleagues, and other professionals						
4. Develop a common understanding of issues, problems, and plans with patients, families, and other professionals to develop a shared plan of care						
5. Convey effective oral and written information about a medical encounter						
Comments						

Collaborator (3%) Proficiency in:	1	2	3	4	5	NA
1. Participate effectively and appropriately in an interprofessional healthcare team						
2. Work with other health professionals effectively to prevent, negotiate, and resolve interprofessional conflicts						
Comments						

Manager (3%) Proficiency in:	1	2	3	4	5	NA
1. Participate in activities that contribute to the effectiveness of their healthcare organizations and systems						
2. Manage their practice and career effectively						
3. Allocate finite healthcare resources appropriately						
4. Serve in administration and leadership roles as appropriate						
Comments						

Health Advocate (2%) Proficiency in:	1	2	3	4	5	NA
1. Respond to individual patient health needs and issues as part of patient care						
2. Respond to the health needs of the communities that they serve						
3. Identify the determinants of health for the populations that they serve						
4. Promote the health of individual patients, communities, and populations						
Comments						

Scholar (3%) Proficiency in:	1	2	3	4	5	NA
1. Maintain and enhance professional activities through ongoing learning						
2. Evaluate medical information and sources critically, and apply knowledge appropriately to practice decisions						
3. Facilitate the education of patients, families, students, residents, other healthcare professionals, and the public as appropriate						
4. Contribute to the development, dissemination, and translation of new knowledge and practices						
Comments						

Professional (3%) Proficiency in:	1	2	3	4	5	NA
1. Demonstrate a commitment to patients, the profession, and society through ethical practice						
2. Demonstrate a commitment to patients, the profession, and society by adhering to professional regulations						
3. Demonstrate a commitment to personal health and a sustainable practice						
Comments						

FINAL Score = _____/20					
Evaluator:					
Name:	_____	Signature:	_____	Date:	_____

References:

- Frank JR, Snell L, Sherbino J, editors. CanMEDS 2015 Physician Competency Framework. Ottawa: Royal College of Physicians and Surgeons of Canada; 2015.).