



# The Chinese University of Hong Kong Obstetrics and Gynaecology Module

## Student Handbook 2016-2017

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## I. General structure of the 9-week Obstetrics and Gynaecology Module

The 9 - week O&G module will be divided into:

Week 1 - 8

- 4 weeks in Obstetrics
  - Prince of Wales Hospital: 3 weeks
  - [Peripheral hospital](#) (1 week)
- 4 weeks in Gynaecology
  - Prince of Wales Hospital: 3 weeks
  - [Peripheral hospital](#) (1 week)
- Clinical attachments are allocated on Monday, Tuesday, Wednesday and Friday
- The first day of each module is allocated for introduction and teaching of basic skill (please refer to the [list of lectures](#))
- Other [lectures](#), [Students' Forum](#) and [Family Planning Association](#) visit are allocated on Thursday

Week 9

- Revision and module examination

Week Group	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9
I	OBS C	OBS B	OBS A	PH	PH	GYN C	GYN A	GYN B	Revision & Exam
II	PH	OBS C	OBS B	OBS A	GYN B	PH	GYN C	GYN A	
III	OBS A	PH	OBS C	OBS B	GYN A	GYN B	PH	GYN C	
IV	OBS B	OBS A	PH	OBS C	GYN C	GYN A	GYN B	PH	
V	PH	GYN C	GYN A	GYN B	OBS A	PH	OBS C	OBS B	
VI	GYN B	PH	GYN C	GYN A	OBS B	OBS A	PH	OBS C	
VII	GYN A	GYN B	PH	GYN C	OBS C	OBS B	OBS A	PH	
VIII	GYN C	GYN A	GYN B	PH	PH	OBS C	OBS B	OBS A	

Remarks: PH: Peripheral hospitals, OBS A: Fetal Medicine team, OBS B: Maternal Medicine team, OBS C: Maternal Medicine team, GYN A: Oncology team, GYN B: Urogynaecology & Endoscopy team, GYN C: Reproductive Medicine team

## II. Student grouping and supervisor allocation:

Students will be divided into 8 groups (I – VIII) and each group is further divided into 2 or 3 sub-groups with 2 – 4 students each. Each group will have an assigned supervisor to guide them in the module and in [Students' Forum](#).

Group allocation of individual students is available in the curriculum website. The table below shows the rotation by sub-groups:

### **Rotation by sub-group:**

Week		1	2	3	4	5	6	7	8	9
Group										
I	A1	Obs C	Obs B	Obs A	Obs– TMH	Gyn– TMH	Gyn C	Gyn A	Gyn B	Revision & Exam
	A2				Obs– PMH	Gyn– PMH				
	B				Obs– KWH	Gyn– KWH				
II	A1	Obs C	Obs B	Obs A	Gyn B	Gyn C	Gyn– TMH	Gyn A		
	A2						Obs– PMH		Gyn– PMH	
	B						Obs– KWH		Gyn– KWH	
III	A1	Obs A	Obs C	Obs B	Gyn A	Gyn B	Gyn– TMH	Gyn C		
	A2						Obs– PMH		Gyn– PMH	
	B						Obs– KWH		Gyn– KWH	
IV	A1	Obs B	Obs A	Obs C	Gyn C	Gyn A	Gyn B	Gyn– TMH		
	A2							Obs– PMH	Gyn– PMH	
	B							Obs– KWH	Gyn– KWH	
V	A	Gyn– QEH	Gyn C	Gyn A	Gyn B	Obs A	Obs C	Obs– QEH		
	B	Gyn– UCH						Obs– UCH	Obs B	
VI	A	Gyn B	Gyn– QEH	Gyn C	Gyn A	Obs B	Obs A	Obs– QEH		
	B		Gyn– UCH					Obs– UCH	Obs C	
VII	A	Gyn A	Gyn B	Gyn– QEH	Gyn C	Obs C	Obs B	Obs A	Obs– QEH	
	B			Gyn– UCH					Obs– UCH	Obs B
VIII	A	Gyn C	Gyn A	Gyn B	Gyn– QEH	Obs C	Obs B	Obs A	Obs– QEH	
	B				Gyn– UCH				Obs– UCH	Obs A

### III. Obstetrics Rotation

In the 4-week obstetrics rotation, students will be rotated to different obstetric teams in Prince of Wales Hospital and to a [peripheral hospital](#) for 1 week.

- Obstetric team A (PWH) (1 week)
- Obstetric team B (PWH) (1 week)
- Obstetric team C (PWH) (1 week)
- [Peripheral hospitals](#) ([KWH](#), [QEH](#), [PMH](#), [TMH](#), or [UCH](#)) (1 week)

The schedule for the three PWH's obstetrics rotation is listed below. The rotations at the peripheral hospitals are listed on [Part VIII](#).

Team	Time	Mon	Tue	Wed	Thu	Fri
Obs A	AM	Amnio	MPC	Amnio	Lecture	PREM clinic/ FTS*
	PM	FTS		Fetal Medicine Rounds USG9	Meeting	
Obs B	AM	<a href="#">Labour ward</a>	Maternal Medicine Rounds AN Clinic	<a href="#">Labour ward</a>	Lecture	AN Clinic
	PM		USGM	<a href="#">Labour ward/ ECV</a>	Meeting	
Obs C	AM	AN Clinic	Maternal Medicine Rounds <a href="#">Labour ward</a>	AN Clinic	Lecture	<a href="#">Labour ward</a>
	PM		<a href="#">Labour ward</a>		Meeting	

\*Remarks: Students need to take turn for PREM clinic and FTS among the group

Activity	Time	Venue	Description
AMNIO	09:00-12:00	LKS OPD Prenatal Diagnostic Consultation Room	Observe invasive fetal procedures
Fetal Medicine Round	13:00-14:00 Wed	1E Allan Chang Seminar Room	Discuss cases with fetal malformations
GDM clinic	Thu AM	LKS OPD Room 1-6	Antenatal care of GDM patients
AN clinic	10:00-12:00 Mon – Fri	LKS OPD Room 1-6	Antenatal care
Labour ward		Ward 6EF	Learn normal and complicated deliveries
Maternal Medicine Round	09:00-10:00 Tue	1E Seminar Room	Discuss cases with maternal diseases
Medical Obs	Mon AM	LKS OPD Room 1-6	Antenatal care of women with medical diseases
FTS	14:00-17:00 Tue 10:00-12:00 Fri	LKS OPD Room 32 - 34	1 <sup>st</sup> trimester combined screening
MPC	09:00-12:00 Tue	LKS OPD Prenatal Diagnostic Consultation Room	USG for Twin pregnancy
USG9, USGM	14:00-17:00	LKS OPD Prenatal Diagnostic Consultation Room	USG for high risk / abnormal fetuses

**Daily ward rounds** usually start at 08:00 in the antenatal ward 7F during weekdays. Students should join the morning ward rounds and participate in the case discussions. Neonatal Unit (NNU) rounds (every Friday 08:30 – 09:00 at 1E Allan Chang Seminar Room)

**Tutorial:** A doctor of each team will give tutorial to the group of the students who are attending to that team every week. One or two of the students should present a clinical case of that team and the other students should join the case discussion. Students are free to choose any topics for case presentation and discussion, but students can also refer to the “Suggested Topics for Tutorial” for the appropriate topics. Please contact the team doctors or [undergraduate coordinator’s secretary](#) to confirm the time and venue.

All students should attend the Doctors’ Grand Rounds in Allan Chang Seminar Room every Thursday at 2:30pm.

**Contact list for tutorial:**

Team	Contact person	Pager Number	Email
<b>OBS A</b>	Prof CHENG, Yvonne Kwun Yue	7382 1675	<a href="mailto:yvonnecheng@cuhk.edu.hk">yvonnecheng@cuhk.edu.hk</a>
<b>OBS B</b>	Dr LAW, Lai Wa	7382 1776	<a href="mailto:lwlaw@cuhk.edu.hk">lwlaw@cuhk.edu.hk</a>
<b>OBS C</b>	Prof TAM, Wing Hung	7382 1390	<a href="mailto:tamwh@cuhk.edu.hk">tamwh@cuhk.edu.hk</a>

## **Labour Ward Attachment**

Students are assigned to the labour ward on specific days during their rotation to Obstetric teams B and C.

Students are required to stay in the labour ward and the first stage ward to participate in patient management, conduct normal delivery, and assist common procedures. Students should participate in the labour ward rounds (08:00 – 08:30, please ask labour ward senior) and are encouraged to join the labour ward meeting.

Students should meet the ward manager for briefing in the labour ward (Location: Ward 6E/F) before the labour ward rotation. Students will be informed of the briefing schedule at the start of the module.

### **(1) Intrapartum care and deliveries**

Students will be assigned to the first stage ward (Ward 7E) and the labour ward (Ward 6E), and are required to care for a minimum of 3 patients.

Students are expected to perform abdominal and vaginal examinations, and record observations under supervision. At least two vaginal examinations should be performed for each case of intrapartum care and delivery.

With the patient's consent, students can conduct a normal vaginal delivery under the supervision of midwife adjunct tutor.

The record on students' activities has to be certified by their midwife tutor.

### **(2) Caesarean Section**

Students are required to assist 1 caesarean section.

### **(3) Instrumental vaginal delivery**

Students are required to observe 1 instrumental delivery.

### **(4) Perineal repair**

Students are required to observe 2 perineal repairs performed by doctors (at resident level or above) or registered midwives. At least 1 of those should be at least a second degree tear or an episiotomy. Students are encouraged to follow their intrapartum patients through the third stage and until perineal repair is completed.

### **IMPORTANT NOTE:**

- Students should wear O.T. suit and name badge all times in the labour ward.
- Students should follow the infection control guidelines, in particular, proper hand-washing and, when appropriate, put on personal protective equipment.

### **Labour ward co-ordinator:**

- Ms. Lai Chit Ying, Consultant midwife (Email: [cylai@cuhk.edu.hk](mailto:cylai@cuhk.edu.hk))

#### **IV. Gynaecology Rotation (PWH and one of the 5 peripheral hospitals)**

In the 4-week gynaecology rotation, students will be rotated to different gynaecology teams in Prince of Wales Hospital and to a [peripheral hospital](#) for 1 week.

Students will be assigned to one of the following gynaecology teams:

- Gynaecology team A (gynae-oncology) (1 week)
- Gynaecology team B (urogynaecology) (1 week)
- Gynaecology team B (reproductive medicine & endoscopy) (1 week)
- [Peripheral hospitals](#) ([KWH](#), [QEH](#), [PMH](#), [TMH](#), or [UCH](#)) (1 week)

The schedule for the three PWH's obstetrics rotation is listed below. The rotation at the peripheral hospitals is listed on [Part VIII](#).

#### **Clinical Attachment Location:**

Team	Time	Mon	Tue	Wed	Thu	Fri
Gyn A	AM	Gen – OT**/ Onco – OT**	Onco team meeting	Onco – OT**	Lecture	Onco Ward FU
	PM		EPAC**		Meeting	
Gyn B	AM	UDS**	UD – OT**	Endo – OT**	Lecture	PMB**
	PM	Hyst**		Hyst**	Meeting	Gyn Clinic
Gyn C	AM	NDH OT** (Group A)	NDH OT** (Group B)	IVF** (Group B)	Lecture	Rep – OT**
			IVF** (Group A)			
	PM		IVF lunch meeting (Group A)	IVF lunch meeting (Group B)	Meeting	
			Gyn Clinic	Gyn clinic		

**Remarks:** \*\*1 – 2 students per case

Clinical Activities	Time	Time & Venue
Colposcopy, hysteroscopy, PMB clinic, Onco Ward FU		Ward 5E
EPAC		LKS OPD
Gen-OT (General gyn surgery)	Mon AM	OT Rm 304
GYN clinic, Urodynamics		O&G LKS Clinic
IVF		Ward 9F
IVF procedures	Tue & Wed AM	Ward 1F
IVF team lunch meeting	13:00 – 14:00	9F IVF Clinic
Onc-OT (Oncology)	Mon AM & Wed	OT Rm 303
Onco Team Meeting	09:00 – 10:00	Room 34171A/ Room 34053A Pathology Lab
Rep-OT (Reproductive medicine)		OT Rm 303
UD-OT (Urogynaecology)		OT Rm 303
<b>NDH</b>		
NDH OT	Mon & Tue AM	NDH main theatre 2/F

### General gynaecology & subspecialty clinic

	Mon	Tue	Wed	Fri
<b>Rm 1</b>	Urogyn	Menstrual clinic	Fertility & Gynae-endocrine	Minimally invasive clinic
<b>Rm 2</b>				
<b>Rm 3</b>	Urogyn (week 1, 3, 5 of each month)			
<b>Rm 4</b>	General Gyn		Fertility & Gynae-endocrine	
<b>Rm 5</b>			Sexual rehabilitation (1 <sup>st</sup> Wed of each month)	
<b>Rm 6</b>			Fertility & Gynae-endocrine Hormone replacement clinic	
<b>Rm 6</b>			Fertility & Gynae-endocrine Combined Male fertility clinic (1 <sup>st</sup> Wed of each month) Combined Gyn-endocrine clinic (3 <sup>rd</sup> Wed of each month)	
<b>Rm 10</b>				Early pregnancy Assessment Clinic

Subspecialty clinic in each consultation room may vary on Wednesday pm; medical students are not required to attend the Sexual rehabilitation, combined male fertility and combined gyn-endocrine clinic.

**Daily ward rounds** start usually at 08:00 in Gynaecology Ward 5F for Oncology team and Urogynaecology & Endoscopy team; in Ward 9F and 1F IVF lab for Reproductive Medicine team during weekdays. Students should join the morning ward rounds and participate in the case discussions.



**Tutorial:** A doctor of each team will give a tutorial to the group of the students who are attending to that team every week. One or two of the students should present a clinical case of that team and the other students should join the case discussion. Students are free to choose any topics for case presentation and discussion, but students can also refer to the “Suggested Topics for Tutorial” for the appropriate topics. Please contact the team doctors or [undergraduate co-ordinator’s secretary](#) to confirm the time and venue.

All students should attend the Doctors’ Grand Rounds in Allan Chang Seminar Room every Thursday at 2:30pm.

**Contact list for tutorial:**

Team	Contact person	Pager Number	Email
GYN A	Dr YIM, So Fan	7382 1394	<a href="mailto:sfyim@cuhk.edu.hk">sfyim@cuhk.edu.hk</a>
GYN B	Dr CHAN, Symphorosa Shing Chee	7382 1024	<a href="mailto:symphorosa@cuhk.edu.hk">symphorosa@cuhk.edu.hk</a>
GYN C	Prof KONG, Grace Wing Shan	7382 1758	<a href="mailto:gracekong@cuhk.edu.hk">gracekong@cuhk.edu.hk</a>

## **V. Orientation and Lectures at PWH (First day of module & every Thursday mornings)**

The first day of the module is the Orientation Day. Labour ward briefing and clinical skills workshop will be scheduled on the first day of every module. Some lectures are also held on the first day of the module, and then on every Thursday mornings. The attendance record will be checked randomly.

Below is the list of the lectures that will be covered during the 8-week program. The schedules for lectures/tutorials will be posted in the curriculum website. Students should read the suggested pre-teaching materials prior to the workshops and tutorials at the Blackboard <http://elearn.cuhk.edu.hk> as instructed.

### **Workshop:**

- Gyn Clinical skills workshop
- Obs Clinical skills workshop

### **Lecture:**

- Abnormal fetal lie
- Abnormal uterine bleeding
- Amenorrhoea and oligomenorrhoea
- Antenatal screening
- Antepartum hemorrhage
- Assisted reproductive technology and treatment
- Briefing of labour ward
- Causes and Investigation of Infertility
- Cervical cancer
- Early Pregnancy and complications
- Endometriosis, dysmenorrhoea and pelvic pain
- Hyperglycaemia in pregnancy & pre-gestational DM
- Gestational trophoblastic disease
- Gyn History clerking & presentation
- Gyn infections - PID, STD, Bartholin's abscess
- Hormone replacement therapy
- Hypertensive disorder in pregnancy
- Induction & augmentation of labour
- Interpretation of CTG, fetal blood sampling
- IUGR and Macrosomia
- Uterine Fibroids and Adenomyosis  
Management of pelvic organ prolapse
- Multiple pregnancy
- Normal mechanism of labour & use of partogram
- Obs History clerking & presentation
- Obstetric physical examination
- Operative delivery / CS
- Ovarian cancers
- Pap smear screening and colposcopy
- Postpartum hemorrhage
- Prenatal screening and diagnosis of thalassemia
- Preterm labour, PROM & cervical incompetence
- Antenatal screening of fetal aneuploidies
- Termination of pregnancy
- Ultrasound Detection and Management of fetal malformation
- Urinary incontinence and urodynamics

### **Revision:**

- Examination technique
- Gynaecology Tutorial
- Obstetrics Tutorial
- O&G Revision

An example of pre-teaching materials for workshop on clinical skills:

Teaching video and notes from NEJM on pelvic examination: Videos in Clinical Medicine: Pelvic Examination (downloadable at <http://content.nejm.org/cgi/content/short/356/26/e26>)

## **VI. Students' Forum (Thursday mornings)**

Students are assigned into 16 groups. 4 groups of them will do case presentation, 4 groups of them will do debate, 4 groups of them will do role play, and 4 group of them will do O&G in news.

### **Case presentation (4 groups):**

Each of the 4 groups of students is required to give a case presentation (30 minutes including question time) under the supervision of their supervisor. This should be a formal presentation (in power-point format) which includes clinical history, physical examination, relevant investigations, progress and discussion on the management. Students should also present a review on evidence-based management of the related clinical condition.

### **Debate (4 groups):**

A controversial topic (on medical ethics or health policy) will be given to 2 groups of students for debates against each other (totally 2 topics). The debate will take a total of 40 minutes (20 minutes for each side). You are required to prepare the debate under the supervision of your supervisor.

### **Role Play (4 groups):**

A scenario will be given to each of the 4 groups of students. Students may perform the role of doctor, midwife, patient, patient's husband etc. The students are expected to demonstrate the proper management and communication with patients during the role play (30 minutes including time for questions and discussion). You are required to prepare the role play under the supervision of your supervisor.

### **O&G in news (4 groups):**

A real interesting or medico-legal case of O&G reported in the newspaper in Hong Kong or overseas will be selected and assigned to a group of students, who will then study the case, find out the problems and comment on the management. Students will have 30 minutes (including time for questions and discussion) for presentation.

The attendance record of Students' Forum will be checked randomly.

## **VII. Postgraduate Activities in PWH**

All students attached to Prince of Wales Hospital should attend the Doctors' Grand Rounds and Trainee Presentation. They are also encouraged to attend other postgraduate activities while they are at Prince of Wales Hospital rotation.

- CME (every Thursday 13:30 – 14:30): optional
- Doctors' Grand Rounds (every Thursday 14:30 – 15:30): required
- Trainee Presentation (every Thursday 15:30 – 16:00): required
- Neonatal Unit (NNU) Rounds (every Friday 08:30 – 09:00): required

Venue: Allan Chang Seminar Room, 1/F, Block E, Prince of Wales Hospital  
(Department meeting will be held at 16:00 afterwards. Students are not allowed to be present)

## **VIII. Peripheral Hospital Rotation and Family Planning Association**

Students will rotate to one of the five peripheral hospitals for a one-week attachment each in the obstetrics and gynaecology submodules. And, the performance in peripheral hospital and Family Planning Association will be assessed.

List of peripheral hospitals:

- [Kwong Wah Hospital](#)
- [Princess Margaret Hospital \(PMH Guideline\)](#)
- [Queen Elizabeth Hospital \(QEH Guideline\)](#)
- [Tuen Mun Hospital \(TMH Guideline\)](#)
- [United Christian Hospital \(UCH Guideline\)](#)

Students should take note of any changes in the programme during the briefing at the peripheral hospitals. During the attachment, students will visit the Family Planning Association in one of the Thursday afternoon.

### **Family Planning Association Attachment**

Venue: Committee Room, 10/F., Southorn Centre, 130 Hennessy Road, Wanchai, HK

## Kwong Wah Hospital (Timetable)

	Time	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Obstetric Week</b>	AM	Antenatal Clinic	Antenatal Clinic	Labour Ward	PWH +/- Family Planning Association Session	Twin pregnancy/ Obstetric Ultrasound
	PM	Prenatal Diagnosis/ Down screening	High Risk Pregnancy/ Down screening	Labour Ward		Prenatal Diagnosis
<b>Gynaecology Week</b>	AM	Gynae Operations	Gynae Ward/ Gynae Ultrasound	Gynae Operations		Outpatient Hysteroscopy/ LLETZ
	PM	Gynae Ultrasound/ Urogynaecology	Gynae Ward/ Gynae Ultrasound	Gynae Operations		Gynae Clinic

Clinical Activities	Venue
Antenatal Clinic	TTT 4/F OPD Rm 1&2
Prenatal Diagnosis / Down screening	N10 PDC Rm 1&3
High Risk Pregnancy / Down screening	N10 PDC Rm 1&3
Labour Ward	N9
Twin pregnancy / Obstetric Ultrasound	N10 PDC Rm 1, N10 Rm 4
Gynae Operations	S5
Gynae Ultrasound	N10 Rm 4
Urogynaecology	TTT 4/F OPD Rm 1
Gynae Ward	E11
Outpatient Hysteroscopy	N10 Rm 5
LLETZ	N10 Rm 6
Gynae Clinic	TTT 4/F OPD Rm 1&2

### Remarks:

Medical students please report to N10 secretarial office on 1<sup>st</sup> day of their clinical attachment week.  
The above clinical attachment locations are subjected to changes depending on daily circumstances.

**Princess Margaret Hospital (Timetable)**

	Time	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Obstetric Week</b>	08:30		Ward Round + Ward Duty (DS)	Grand Round (A3 + DS)	PWH +/- Family Planning Association Session	Ward Round + Ward Duty (C1)
	09:00	Report to Dept Office (J304)				
	09:30	Ward Round + Ward				
	10:00	Duty (A3)		ECV / CS (A3 / DS)		PDC-Down Screening (B2)
	11:30			Tutorial		
	12:30			Refer to CME timetable		Refer to CME timetable
	14:00	AN New + Old Case Clinic (K9)	Ward Duty (DS)	USG Special (B2)		Ward Duty & Mothercraft (C1)
	16:00					Case Presentation (bedside)
	On- Call till 21:00		Refer to Call List	Refer to Call List		
<b>Gynaecological Week</b>	08:30		Operation Theatre (CLG1)		PWH +/- Family Planning Association Session	Grand Round + Ward Duty (B3)
	09:00	Ward Round + Ward Duty (B3)		Ward Round + Ward Duty (B3)		
	09:30					
	10:00	Gyn New Case Clinic (K9)		EPAC (B2)		Colposcopy Clinic (K9)
	11:30			Tutorial		
	12:30			Refer to CME timetable		Refer to CME timetable
	14:00	USG (B2)	Ward Duty (B3)	MOT (K9)		Gyn Old Case Clinic (K9)
	16:00		Case Presentation (bedside)			
	On- Call till 21:00		Refer to Call List	Refer to Call List		

## **Princess Margaret Hospital Attachment**

### **OBS**

<b>Clinical Activities</b>	<b>Venue</b>
Antenatal ward	A3
Day Ward	B2
Postnatal ward	C1
DS (Delivery Suite)	CLG1
Specialist Out-patient Clinic	K9

### **GYN**

<b>Clinical Activities</b>	<b>Venue</b>
Day Ward	B2
Gynaecology ward	B3
Operating Theatre	CLG2
Specialist Out-patient Clinic	K9

### **Remarks:**

Medical Students should report as a group to Department Office, in Room 304, 3/F, Block J, Princess Margaret Hospital, at 09:00 on the first working day of the attachment. Please use the intercom (metallic colour) and press the button “O&G (婦産科)” for entering the office building.

## Princess Margaret Hospital Attachment

### 1. Ward Round

Each student will be assigned beds in antenatal/labour ward or gynaecological ward. The nursing officer in charge of the wards will look after the bed assignment.

Each student is expected to know the clinical condition of patients so assigned.

Students should join the morning rounds at 8:30 am and may be required to present the cases during the rounds.

### 2. Ward Duties

The students should assist in taking care of patients assigned to them. They should, on admission of a patient, take the history, examine her under supervision, and formulate management plan with the doctor on duty. For obstetric cases, they should follow the patients through the labour, delivery and puerperium, and they may be allowed to perform vaginal delivery in appropriate cases. For gynaecological cases, they should follow the patients through their operations and recovery.

### 3. On-call

Each student is required to be on call till 9:00 p.m. once per week. When they are on-call, the students should assist the on-call doctors in seeing all emergency cases and involve in the management of patients including operations.

### 4. Tutorial

A tutorial will be given by Senior Medical Staff in-charge of obstetric or gynaecological ward once per week. Topic for the tutorial should be discussed with the responsible medical staff prior to the tutorial. Time and venue for the tutorial should also be confirmed with the responsible medical staff.

### 5. Case Presentation

Students should also arrange with the responsible medical staff concerning the time and venue for the case presentation.

### 6. Obstetric Clinic

All students during the obstetric attachment will attend New Case Clinic on Monday afternoon. They will be assigned cases for history taking and their supervisor will have case discussion with them afterwards.

### 7. Gynaecological Clinic

All students during the gynaecological attachment will attend New Case Clinic on Monday morning. They will be assigned cases for history taking and will have case discussion with their supervisor as in the Obstetric Clinic.



8. Operating Sessions

Medical students are assigned to attend operation session Tuesday afternoon. They should also attend the emergency operations on patients they have assisted in the admission.

9. Unit Meetings

Students should attend the Department meetings, on some of the Wednesday lunch time. Please look out for the posters of the meetings for the topics and venue.

10. Other information

Antenatal ward is in A3, postnatal ward in C1, gynaecological ward in B3; delivery suite is located at Block C, 1st Lower Ground Floor, Day Ward is in B2.

Operating theatres (O.T.) are located on 1st and 2nd Lower Ground Floor. A locker will be provided in both male and female changing room inside O.T.; the lock for the locker is kept in gynaecological ward. Students can use visitors' boots in O.T.

Hospital library is on 7/F, Block G.

There are canteens on 4<sup>th</sup> Floor, Block G and 1<sup>st</sup> Floor, Block M. There is a Cafeteria on 2<sup>nd</sup> Floor, Block K.

There are shelves for storage of personal belongings in CD1 M.O. Office. Please ask the nursing officer in-charge of Ward PN for details.

Medical students are required to put on and display their Identity Tag within the hospital compound.

All medical students should have undergone training in Infection Control before coming to PMH.

## Queen Elizabeth Hospital (Timetable)

	Time	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Obstetric Week</b>	AM	Prenatal diagnosis clinic (B3)	Obs ward / labour room duties (B4/C2)	Obs Grand Round (C2)	PWH +/- Family Planning Association Session	Labour room grand round (B4)
	Lunch			Obs ward / labour room duties (B4/C2)		Caesarean section (D4)
	PM	Obs ward / labour room duties (B4/C2)	Multiple pregnancy clinic (B3)	Academic Meeting (B3)		Debriefing by COS (B3)
<b>Gynaecology Week</b>	AM	Orientation (H10)	Gyn elective operations (D2)	Obs grand round (C2)		Labour room grand round (B4)
		Gyn ward round and duties (A2)				Early pregnancy clinic (B3)
	Lunch			Academic Meeting (B3)		
	PM	Gyn new case clinic (ACC 4/F)	Gyn ward round and duties (A2)	Gyn ward round and duties (A2)	Gyn ward round and duties (A2)	

## Queen Elizabeth Hospital Attachment

Clinical Activities	Venue	Phone
Antenatal Ward	C2	3506 6339
Postnatal ward	E2	3506 6318
	G2	3506 6321
Labour Ward	B4	3506 6201
Day Ward	B3	3506 6341
Gynaecology Ward	A2	3506 5011
Private Ward	A11	3506 6343
Obstetric Clinics	ACC, 4/F	3506 6593
Gynaecology Clinics	ACC, 4/F	3506 6593
Gynecology OT	D2 / Rm 9 & 10	3506 7609 / 7610
Caesarean Theatre	D4 / Rm 11	3506 7811
Hospital Library	M4	3506 6748
Department Secretary	H10, Rm 14 (Secretary)	3506 6398
	F2, Rm 7 (Admin Office)	3506 6984 / 6415
Chief of Service	H10, Rm 18	3506 6398
Canteen	A Ground	2384 2656
Nurse Quarter		2384 9535

## **Queen Elizabeth Hospital**

### **Instruction for Medical Students**

#### **General**

1. Students should report as a group to the department admin office at Room 7, F2 at 9:00 am on the first day of attachment. Orientation will be provided by the COS or his delegate.
2. Students should stay in the hospital from 8:30 am to 5:00 pm. Student should join the on-call team to see emergency admission and assist operation till 9 pm once per week.
3. During their free time they can stay in F2 MO room for rest or the hospital library for study. Lockers will be provided in F2 for storage of their personal belongings.
4. Students are required to put on and display their identity tag in the hospital compound at all time.
5. All students should have undergone training in Infection Control before their clinical attachment.
6. An appropriate chaperone is required during the examination of any patients. Vaginal examination should only be performed under the supervision of medical officers.
7. Students should observe patients' confidentiality and privacy at all time. Verbal consent should be obtained before examining patients and before entering delivery suites.
8. Students are welcome to attend various other activities of the department not listed in the timetable. Details are available in the department's duty list. They should inform and obtain permission from the doctor-in-charge beforehand.
9. Medical students are advised not to clerk or present cases under police or custodial.

#### **Ward Round**

1. Student should join the ward rounds which start at 8:30 am. They may be assigned cases to present during second round or grand round.
2. Students are expected to know the clinical conditions of the cases assigned to them.

#### **Ward Duties**

1. They should admit clinical and emergency cases under the supervision of house officers /medical officers.
2. They are expected to take a complete history, perform physical examination and formulate a management plan of the patients under their care.

### **Labour Ward**

1. Students are encouraged to observe procedures in the labour ward such as artificial rupture of membrane, fetal blood sampling, instrumental deliveries, neonatal resuscitation and repair of episiotomies etc.
2. They will be assigned a session to observe and assist in Caesarean delivery.
3. Students may be allowed to conduct normal vaginal deliveries. They must be supervised by medical officers or midwives in charge. Verbal consent should also be obtained from the patient.

### **On Call**

1. Students can stay till 9:00 pm for on call once per week.
2. Students can assist the on-call house officers and medical officers in seeing all emergency admission and assist in emergency operations.

### **Out-patient Clinics**

Antenatal Clinics start at 10:30 am and Gynaecology Clinics start at 2:00 pm. Students will be allocated to different consultation rooms with their mentors. They are expected to take a complete history from the patient and examine the patient under supervision.

### **Operating Theatre Session**

1. Morning session starts at 8:30am and afternoon session starts at 1:30 pm. Students should be punctual.
2. Students should approach the nursing officers at D2 reception to gain access to the changing room in D3.
3. They are expected to observe and assist in the operations.
4. Operating list will be available the working day before the operation session. Students are encouraged to read the patients' case notes and study the relevant procedure beforehand.

### **Tutorials**

Two tutorial sessions on O&G topics will be conducted by their assigned mentors during their attachment. They will be informed of the exact time and venue when they report to the COS on the first day of their attachment.

### **Academic Meetings**

Regular departmental academic meeting will be held on every Wednesday lunch time from 1:00 pm to 2:00pm at B3 discussion room. Other meetings will be posted in the notice board in F2 MO room. Students are encouraged to attend.

## Tuen Mun Hospital (Timetable)

	Time	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Obstetric Week</b>	AM	Introduction & Hospital Round	Ward round at 08:30	Ward round at 08:30	PWH +/- Family Planning Association Session	Ward round at 08:30 in A7
			Grand round at 13:00 in A7 MO's Room	Case Presentation		Case Presentation
PM	Obs clinic at 14:00 in 3/F. ACC	AN ward duty at 14:00 in A7	Labour ward duty at 14:00 pm in T7	Academic meeting at 13:00		
			Obstetrics Tutorial #	Labour ward duty at 14:00 in T7		
				Ward round & P.V. round at 08:30		
<b>Gynaecology Week</b>	AM	Introduction & Hospital Round	Ward round & P.V. round at 08:30	Ward round & P.V. round at 08:30	Ward round & P.V. round at 08:30	
			Case Presentation	Case Presentation	Ward duty/ Gynae. O.T T5	
PM	Ward duty/Gynae OT T5 at 14:00	Ward duty/ Gynae. Clinic at 14:00 in 3/F., ACC	Gynae. Clinic in ACC at 14:00	Academic meeting at 13:00		
			Gynae. Tutorial#	Gynae. Clinic / Gynae. O.T. T5 at 14:00		

# To be arranged with Consultant / SMO / A.C.

Clinical Activities	Venue
Ambulatory Care Centre	ACC

### Remarks:

All students should meet Dr KC AU YEUNG at 09:00 in AB1061 on the first day of the Clinical Attachment.

## For Clinical Attachment in O&G Department, Tuen Mun Hospital

(1) **Ward Round**

Students will be assigned beds at the beginning of each week and they are expected to join the morning round and may be required to present the case to the officer-in-charge.

(2) **Ward Duties**

The student could assist in taking care and management of the patients (including history taking, examination under supervision and formulate management plan ). For labour ward duties, in addition to above, student are encouraged to assist in C/S or instrumental delivery.

(3) **Case Presentation**

Students may be asked to present a complete history and examination under guidance followed by discussion with the S.M.O. after the morning rounds.

(4) **Clinic Sessions**

Students are expected to take history from new cases and then present the history followed by physical examination and discussion under the supervision of SMO / Consultant. They are expected to attend grand rounds. They may also attend the **Urodynamic Study** and **Colposcopy Clinic** if they have time.

(5) **Operating Sessions**

Students are expected to observe / assist in elective operation in O.T. in T5 on Monday and Friday from 2:00 p.m. → 4:30 p.m.

(6) **Tutorial**

A tutorial will be given by Consultant / SMO / AC every week. Timing & venue will be informed in due course.

(7) **Academic Meeting**

On every Tuesday & Friday noon, there will be topic discussion, journal club, case presentation etc. in the A7 M.O. Room. / AB1038.

(8) **Other Information**

- Hospital Canteen is on the 2<sup>nd</sup> floor above the Atrium.
- Hospital Library is on the 1<sup>st</sup> floor i.e. below the Canteen
- Opening Hours : Monday – Friday ( 8:45 a.m. – 6:00 p.m. )
- Accommodation → will be provided.

*2 July 2014*

**All Medical Students in the Delivery Suite should follow the guidelines as below:**

1. All Medical Students have to show their enthusiasm in their learning and have to respect and follow the instructions given by the staff in the Delivery Suite.
2. Medical Student has to observe and care for the client in her labour process before conducting the normal delivery procedure.
3. Students should observe 3 cases of resuscitation of newborns and participate in the resuscitation of newborn for at least 1 case (preferably 2 cases) before conducting normal delivery.

NB: The Medical Student should observe the delivery procedure as he / she is preparing for the resuscitation of newborn.

4. The first case of normal delivery will be conducted by M.O. / N.O., then followed by the labour ward staff, who are eligible to conduct Medical Students which has been mentioned before.
5. Labour ward staff reserve the right to conduct / guide the Medical Students in some situations.

e.g. \* The Delivery Suite is busy  
\* High risk cases e.g. MSL, Big Baby, IUGR

***2 July 2014***



## United Christian Hospital (Timetable)

	Time	Monday	Tuesday	Wednesday	Thursday	Friday
Obstetric Week	AM	Introduction and orientation in LW Obstetric Clinic	Labour ward/ Antenatal ward round/ Amnio/ CVS session	Delivery Suite OT	PWH +/- Family Planning Association Session	Obstetric case presentation (4B) (Dr WK To – Module I & III / Dr D Chan – Module II & IV) Obstetric clinic
	PM	Observation in LW	Antenatal New case clinic	CME Seminar		PDC Clinic
Gynaecology Week	AM	Gynae ward round	Operation Theatre (Gyn/ Main OT)	Gynaecology Clinic / Colposcopy Clinic		Operation Theatre (Day Surgery / Main OT)
	PM	Urodynamic Study (EDU)	Gynaecological USG session (Department of Radiology, S block B1)	CME Seminar		Gynae case presentation (5A) (Dr WW Go) Gynae case clerking

Clinical Activities	Venue
Labour Ward and Delivery Operation Room (DOR)	2/F Block S
Labour Ward and Delivery Operation Room (DOR)	2/F Block S
Antenatal Ward	4B Block S
Gynaecology Ward	5A Block S
Obstetrics & Gynaecology Out-patients	G/F Block S
Main Operation Theatre	1/F Block S
Seminar room for Wednesday CME meeting	4/F Block S
Hospital Library	B4 Block S
Canteen	B2 Block S

## United Christian Hospital Attachment

### **General**

1. All students should report to their assigned mentor at 09:00am at the Labour Ward on the first day.
2. All students are expected to stay in the hospital from 9.00 a.m. to 5.00 p.m. Students can use the Labour Ward Seminar Room for rest during the day (if it is not occupied) or the hospital library for study.
3. An appropriate chaperone during all physical examinations of patients are required. Vaginal examinations should only be performed under the supervision of medical officers or house officers,

### **Ward rounds**

4. Service ward rounds start at 8.30 a.m. Students are encouraged to join these rounds.

### **Out-patient Clinics**

5. Morning clinic sessions start at 10.00 a.m., and afternoon sessions start at 2.00 p.m. Students will be allocated to different consultation rooms by their assigned mentor.
6. Students may be asked to clerk patients at Gynaecology clinics and present the history to the doctor. Physical examination is to be done under supervision.

### **Operation Theatre sessions**

7. Operation Theatre sessions start at 8.30 a.m. in the morning in both the Main OT (1/F, Block S) and Delivery OT (within the Labour Ward, 2/F, Block S). Students should identify themselves to the nursing staff at the Main OT/LW to get access to the changing rooms.
8. The operating list can be obtained from the gynae ward or labour ward in the afternoon the day before operation or from their mentor. Students are encouraged to read the case notes and study the relevant procedures beforehand.

### **Labour ward**

9. Students are encouraged to observe procedures in labour ward such as artificial rupture of membranes, fetal blood sampling, instrumental deliveries, repair of episiotomies, neonatal resuscitation etc.
10. Students may be allowed to conduct deliveries in the Labour Ward, but they must obtain verbal consent from the patients beforehand, and must be supervised by medical officers and midwives on duty.

### **Other clinical activities**

11. Urodynamic Study starts at 2 pm on Mondays and 10am on Tuesdays at the Electro-Diagnostic Unit (EDU).
12. Ultrasound session starts at 2pm on Tuesdays at the X-ray Department at B1, S Block.
13. Colposcopy session starts at 10am on Wednesdays at the minor OT in the OPD.

### **Tutorials**

14. Obstetric case presentation will be carried out on Friday morning of the obstetric week and gynaecology case presentation will be carried out on Friday afternoon of the gynaecology week. Students **should** directly contact the secretary / the doctor involved (Dr. WK To / Dr. Daniel Chan / Dr. WW Go) on **Monday or Tuesday** of that week for arrangement.
15. A tutorial will be given by the assigned mentor during the attachment. The time/venue is to be confirmed with the tutor.

### **Seminars and Library**

16. The Wednesday seminars are held at the seminar room on 4/F, Block S and include selected topic reviews, journal discussions and case presentations. While these are aimed at Postgraduate trainees, students are encouraged to participate actively in these seminars.
17. Hospital Library facilities can be used during the attachment, however books cannot be borrowed.

### **Main Locations:**

Labour Ward and Delivery Operation Room (DOR)	2/F	Block S
Antenatal Ward	4B	Block S
Gynaecology Ward	5A	Block S
Obstetrics & Gynaecology Out-patients	G/F	Block S
Main Operation Theatre	1/F	Block S
Seminar room for Wednesday CME meeting	4/F	Block S
Hospital Library	B4	Block S
Canteen	B2	Block S

## **IX Log Sheet on Clinical experience**

Students should log their clinical experience with the log sheet provided:

Activities	Minimum Requirement
<b>Obstetric Abdominal examination:</b> examination of fetal size, lie and presentation under doctors' supervision in the antenatal outpatient clinics or at bedside teaching	8
<b>Obstetrics case clerking:</b> clerking of obstetric patients in the antenatal clinics/ward at PWH or peripheral hospitals	8
<b>Intrapartum care and deliveries:</b> Perform at least 2 vaginal examinations per case to assess labour progress.	3
Assist caesarean section	1
Observe the following procedures	
• Instrumental delivery	1
• Perineal repair	1
• Amniocentesis or chorionic villi sampling	1
• Ultrasound in twin pregnancy	1
• Fetal morphology scan	1
• Nuchal translucency measurement	1
<b>Gynaecological pelvic and speculum examination:</b> examinations supervised by doctors in the wards or in the clinic	8
<b>Gynaecology case clerking:</b> clerking of gynaecological patients in gynaecology clinics/ward at PWH or peripheral hospitals	8
Observe the following procedures	
• Laparoscopic surgery	1
• Open abdominal surgery (for benign or malignant disease)	1
• Assisted reproductive technology procedure	1
• Vaginal surgery (optional)	Optional
• Colposcopy	1
• Hysteroscopy	1

Students are required to hand in the log sheet by the end of each 4-week sub module.

**If an individual student fails to meet the minimum requirement, the student may not be allowed to attend for the module examination.**

## **X Expected Learning Outcomes**

Students are expected to know and to do the followings at the end of the module:

<b>Topics</b>	<b>Student Learning Outcomes</b>
1.Clinical skills	<ul style="list-style-type: none"> <li>• Obtain an obstetric &amp; gynaecological history from patients with common O&amp;G problems</li> <li>• Communicate appropriately with female patients about sensitive issues in the medical history e.g.               <ul style="list-style-type: none"> <li>○ Sexual history &amp; history of sexually transmitted diseases</li> <li>○ Domestic violence</li> </ul> </li> <li>• Perform abdominal examination of a pregnant woman               <ul style="list-style-type: none"> <li>○ Determine uterine size at any gestation</li> <li>○ Define lie, presentation, head engagement &amp; demonstrate fetal heart rate in singleton pregnancy beyond 34 weeks</li> </ul> </li> <li>• Perform bi-value speculum examination in a female patient &amp; take a cervical smear               <ul style="list-style-type: none"> <li>○ Demonstrate cervix and vaginal wall</li> <li>○ Obtain exfoliated cells at the squamo-columnar junction</li> </ul> </li> <li>• Perform bimanual examination in a female patient               <ul style="list-style-type: none"> <li>○ Define uterine size, position, mobility &amp; the presence of any adnexal mass</li> </ul> </li> </ul>
2.Common obstetric investigation	<ul style="list-style-type: none"> <li>• List &amp; justify appropriate antenatal &amp; intrapartum fetal monitoring e.g.               <ul style="list-style-type: none"> <li>○ Ultrasound for growth and liquor volume</li> <li>○ Cardiotocogram</li> </ul> </li> <li>• Recognize and interpret common patterns on cardiotocogram e.g.               <ul style="list-style-type: none"> <li>○ Early decelerations, variable decelerations and late decelerations</li> </ul> </li> <li>• Outline management of fetal distress in labour               <ul style="list-style-type: none"> <li>○ e.g. fetal blood sampling</li> </ul> </li> <li>• Understand the role of ultrasound scan in fetal monitoring for high risk pregnancy e.g.               <ul style="list-style-type: none"> <li>○ Intrauterine growth restriction</li> <li>○ Fetal structural abnormalities</li> </ul> </li> </ul>
3.Common gynaecological investigation	<ul style="list-style-type: none"> <li>• List and justify the appropriate investigations for common gynaecological conditions and derive the correct diagnosis e.g.               <ul style="list-style-type: none"> <li>○ Ultrasound scan for threatened miscarriage</li> <li>○ Serum HCG monitoring for a confirmed molar pregnancy</li> </ul> </li> <li>• Compare and contrast common gynaecological investigations e.g.               <ul style="list-style-type: none"> <li>○ HSG vs laparoscopic chromotubation for tubal patency</li> <li>○ TVS vs hysteroscopy for postmenopausal uterine bleeding</li> <li>○ Endometrial sampling vs dilatation &amp; curettage for DUB</li> </ul> </li> </ul>
4.Antenatal assessment & pregnancy care	<ul style="list-style-type: none"> <li>• Evaluate the pregnancy risk and provide appropriate counseling e.g.               <ul style="list-style-type: none"> <li>○ Identify the risk of Down's syndrome through universal screening &amp; offer prenatal diagnosis and counseling accordingly</li> <li>○ Identify the risk factors of preterm labour</li> </ul> </li> </ul>
5.Nutrition in pregnancy & lactation	<ul style="list-style-type: none"> <li>• Understand the nutritional requirement for a woman during pregnancy &amp; lactation</li> <li>• Counsel pregnant woman on dietary advice and nutritional supplement</li> </ul>

6. Early pregnancy complications	<ul style="list-style-type: none"> <li>• Diagnose and discuss the management of early pregnancy complications <ul style="list-style-type: none"> <li>○ Threatened miscarriage</li> <li>○ Hyperemesis gravidarum</li> <li>○ Miscarriage</li> <li>○ Ectopic pregnancy</li> <li>○ Molar pregnancy</li> </ul> </li> </ul>
7. Obstetric emergency	<ul style="list-style-type: none"> <li>• Recognize the importance of acute haemorrhage in the antepartum, intrapartum and postpartum periods</li> <li>• Describe initial management of antepartum and postpartum haemorrhage</li> <li>• Describe the diagnosis and management of a life threatening condition <ul style="list-style-type: none"> <li>○ Abruptio placenta</li> <li>○ DIC</li> </ul> </li> <li>• Describe the diagnosis and management of specific obstetric emergencies <ul style="list-style-type: none"> <li>○ Shoulder dystocia</li> <li>○ Umbilical cord prolapse</li> </ul> </li> </ul>
8. Pregnancy complication	<ul style="list-style-type: none"> <li>• Describe the diagnosis and management of common pregnancy complications <ul style="list-style-type: none"> <li>○ Preterm labour</li> <li>○ Abnormal lie (unstable, transverse, breech)</li> <li>○ Preterm prelabor rupture of membranes</li> <li>○ Placenta praevia</li> </ul> </li> </ul>
9. Multiple pregnancy	<ul style="list-style-type: none"> <li>• Diagnose multiple pregnancy</li> <li>• Recognize complications of twin pregnancy <ul style="list-style-type: none"> <li>○ Intrauterine growth restriction</li> <li>○ Intrauterine death</li> <li>○ Twin to twin transfusion</li> </ul> </li> </ul>
10. Medical conditions associated with pregnancy	<ul style="list-style-type: none"> <li>• List common medical conditions specifically associated with pregnancy <ul style="list-style-type: none"> <li>○ Gestational hypertension, pre-eclampsia &amp; eclampsia</li> <li>○ Gestational diabetes</li> <li>○ Gestational hyperthyroidism</li> <li>○ Gestational thrombocytopenia</li> </ul> </li> <li>• Discuss the prevention, diagnosis and management of pre-eclampsia and recognize the serious complications of the diseases</li> <li>• Understand the impact of the diseases on women's long term health, discuss risks and give advice e.g. <ul style="list-style-type: none"> <li>○ Postnatal OGTT and advice on regular subsequent checkup for glucose tolerance in GDM patient</li> </ul> </li> </ul>
11. Medical disorders complicating pregnancy	<ul style="list-style-type: none"> <li>• Understand the physiological changes in pregnancy and recognize the effects of pregnancy on pre-existing maternal medical diseases and vice versa</li> <li>• Describe the diagnosis and management of common medical conditions in women of reproductive age <ul style="list-style-type: none"> <li>○ Diabetes mellitus &amp; impaired glucose regulation</li> <li>○ Thyroid disorders</li> <li>○ Chronic hypertension</li> <li>○ Renal disease</li> </ul> </li> <li>• Discuss pre-conceptual counseling for women with established medical diseases e.g. <ul style="list-style-type: none"> <li>○ Pre-gestational diabetes mellitus and chronic hypertension</li> </ul> </li> </ul>

12. Perinatal infection	<ul style="list-style-type: none"> <li>• Describe the diagnosis and discuss the prevention and treatment of important infectious diseases in pregnancy e.g. <ul style="list-style-type: none"> <li>○ Rubella</li> <li>○ Chickenpox</li> <li>○ Syphilis</li> <li>○ Chlamydia</li> </ul> </li> <li>• Discuss the role of screening for HIV and other STD as a part of antenatal care</li> </ul>
13. Common obstetric procedures	<ul style="list-style-type: none"> <li>• Discuss the indications for and risks of common obstetric procedures <ul style="list-style-type: none"> <li>○ Induction of labour</li> <li>○ CVS &amp; amniocentesis</li> <li>○ ECV</li> <li>○ Stablising induction</li> </ul> </li> </ul>
14. Normal & operative delivery	<ul style="list-style-type: none"> <li>• Provide intrapartum care to a normal laboring patient</li> <li>• Describe appropriate intrapartum pain relief and to give psychological support</li> <li>• Record maternal and fetal monitoring status and labour progress into the partogram and summarize the intrapartum events</li> <li>• Conduct a normal vaginal delivery under supervision</li> <li>• Perform initial neonatal resuscitation after a normal delivery</li> <li>• Understand the indications and the procedures involved in an instrumental delivery</li> <li>• Assess the risk of a procedure prior to it being performed</li> </ul>
15. Psychosocial problems in pregnancy	<ul style="list-style-type: none"> <li>• Diagnose and recognize the risk factors of perinatal depressive disorders</li> <li>• Recognize and formulate management plan for domestic violence</li> </ul>
16. Contraception & family planning	<ul style="list-style-type: none"> <li>• Understand both reversible and irreversible contraceptive methods</li> <li>• Counsel on contraceptive methods to a patient or a couple</li> </ul>
17. Menstrual disorders	<ul style="list-style-type: none"> <li>• Diagnose and formulate a management plan in conditions leading to menorrhagia <ul style="list-style-type: none"> <li>○ Dysfunctional uterine bleeding</li> <li>○ Uterine fibroid</li> <li>○ Adenomyosis</li> </ul> </li> <li>• Diagnose and formulate a management plan in primary &amp; secondary amenorrhoea</li> </ul>
18. Dysmenorrhoea & chronic pelvic pain	<ul style="list-style-type: none"> <li>• List the causes and justify the investigations for dysmenorrhoea &amp; chronic pelvic pain</li> <li>• Discuss the diagnosis and management of adenomyosis &amp; endometriosis</li> </ul>
19. Gynaecological endocrinology	<ul style="list-style-type: none"> <li>• List and justify investigations for oligomenorrhoea &amp; amenorrhoea e.g. <ul style="list-style-type: none"> <li>○ Hormone profile</li> </ul> </li> <li>• Recognize the hormone pattern in common conditions, interpret the investigation results and derive a correct diagnosis <ul style="list-style-type: none"> <li>○ Polycystic ovarian syndrome</li> <li>○ Hyperprolactinaemia</li> </ul> </li> </ul>

20. Infertility	<ul style="list-style-type: none"> <li>• Understand the diagnostic criteria of subfertility &amp; infertility</li> <li>• List common causes of infertility &amp; appropriate investigations e.g. <ul style="list-style-type: none"> <li>○ Semen analysis</li> <li>○ Basal body temperature chart</li> </ul> </li> <li>• Formulate appropriate fertility treatment plans for common condition e.g. <ul style="list-style-type: none"> <li>○ IVF for tubal blockage</li> </ul> </li> </ul>
21. Common gynaecological treatment	<ul style="list-style-type: none"> <li>• Compare and contrast common gynaecological treatments e.g. <ul style="list-style-type: none"> <li>○ Endometrial ablation vs medicated IUCD for DUB</li> <li>○ Myomectomy vs TAH for uterine fibroids</li> <li>○ Laparoscopic approach vs laparotomy for benign pelvic pathology</li> </ul> </li> <li>• Formulate appropriate treatment plan tailored to a particular patient</li> </ul>
22. Common gynaecological infections	<ul style="list-style-type: none"> <li>• Discuss the diagnosis and treatment of common gynaecological infections e.g. <ul style="list-style-type: none"> <li>○ Bartholin's abscess</li> <li>○ Vaginitis</li> </ul> </li> <li>• State the pathophysiology, describe the diagnosis and discuss the management of acute PID &amp; tubal ovarian abscess; counsel on the long term complications such as infertility and risk of ectopic pregnancy</li> </ul>
23. Genital prolapse & urinary incontinence	<ul style="list-style-type: none"> <li>• Understand the role of Sim's speculum examination in the management of genital prolapse</li> <li>• Define the various degree of genital prolapse and its related causes</li> <li>• Discuss the investigation, diagnosis and management of genital prolapse &amp; urinary incontinence</li> <li>• Compare and contrast conservative vs surgical treatment for genital prolapse</li> </ul>
24. Gynaecological malignancy	<ul style="list-style-type: none"> <li>• Diagnose and discuss the management of common malignancies and pre-malignant conditions <ul style="list-style-type: none"> <li>○ Cervical intraepithelial neoplasia &amp; cervical cancer</li> <li>○ Ovarian cancer</li> <li>○ Endometrial cancer</li> <li>○ Persistent trophoblastic disease</li> </ul> </li> </ul>
25. Women's health	<ul style="list-style-type: none"> <li>• Discuss the management of common women's health issues and counsel patient on screening, other primary disease prevention e.g. <ul style="list-style-type: none"> <li>○ Routine pelvic examination &amp; Pap smear screening</li> <li>○ HRT for the prevention of osteoporosis &amp; treatment of climacteric symptoms</li> </ul> </li> </ul>
26. Ethical issue	<ul style="list-style-type: none"> <li>• Understand the most common potential ethical conflicts in the field of O&amp;G and justify an opinion e.g. <ul style="list-style-type: none"> <li>○ Sterilization in mentally incapacitated female patients</li> <li>○ Contraceptive advice &amp; termination of pregnancy in adolescents</li> </ul> </li> <li>• Understand and justify their opinion on legal matters in O&amp;G e.g. <ul style="list-style-type: none"> <li>○ Urgent gynaecological operation or Caesarean section without patient's consent</li> </ul> </li> </ul>



## **XI. Interaction with female patients during the module teaching**

- In all circumstances, all interactions with a female patient by a male student **MUST** have a female colleague, who can be a female classmate, a female nurse, a female health care assistant or a female doctor, as a chaperon at all times.
- Students must properly introduce themselves, state their intention and obtain consent from patients before they obtain clinical history or perform physical examination.
- Students should **NOT** perform any form of internal examination including genital inspection, vaginal examination, speculum examination, or digital pelvic examination, without the direct supervision by a doctor (at least at or above resident level) or a qualified midwife (in labour ward) at all circumstances.
- During examination, student should respect the privacy, autonomy and comfort of the patient at all times.

## **XII. Obstetrics and Gynaecology Assessment**

### **1. Continuous assessments:**

- A. [Students' Forum](#) (contribute 20% of the module mark)
- B. Assessment of History clerking: Students are required to clerk 8 obstetric and 8 gynaecology cases by the end of each 4-week submodule, and submit to the undergraduate co-ordinator's secretary.
- C. Assessment of Clinical experience: [Log sheet](#)
- D. OSATS on Obstetric abdominal examination & Gynaecological Examination: it is conducted during clinic or during ward rounds, in PWH or in peripheral hospital by any doctor with MRCOG qualification or Ms. Lai Chit Ying, Consultant midwife (for abdominal examination). Students are required to complete the objective structural assessment on the 8<sup>th</sup> abdominal examination and speculum examination. A student will require reassessment at week 9 if he/she has failed to conduct a proper physical examination.

### **2. Summative Assessment:**

The end of module examination will be held on the Thursday of week 9, or any day of week 9 if Thursday is a public holiday. The end of module exam divided into two parts:

#### A. Written paper: (50%)

The duration for the written examination is 2 hours. It consists of 2 parts:

##### 1. MCQ (25%)

The paper consists of 40 type A MCQs.

##### 2. Short answer questions (SAQs) (25%)

The paper consists of 6 clinically orientated short answer questions. The question may involve recognition of an instrument, a pathology specimen, use of gestational calendar or interpretation of CTG, etc. Interpretation of investigation results and management of a given in a clinical scenario could also be examined.

#### B. Oral Structured Clinical Examination: (30%)

The examination consists of 3 stations (5 minutes each, and with 1 minute between two stations).

The examination aims to assess students' clinical judgment and systematic approach to clinical problems. Examiners will ask questions regarding the diagnostic process, investigations, and management of clinical scenarios. Students may be given laboratory results or cardiocograms for interpretation and questioned on subsequent clinical management.

Students are mandatory to attend the debriefing after the end of module examination. Debriefing will be held on the same day after the examination. Examination result will be announced on the following week after the examination.

**3. Criteria for passing the O&G module:**

Students must satisfy the following in order to pass the O&G module:

- Satisfactory attendance rate to tutorials, Students' Forum, doctors' grand rounds, all rotations (including FPA visit). Students who failed to attend FPA visit or omitted any rotation without prior approval from the Department or Faculty would not be allowed to sit for the module examination as subjected to the decision of the Chairman.
- Completed the log sheet and fulfilled the minimum requirement on clinical experience
- Achieved an overall module examination marks (raw marks before transformation)  $\geq 50$  (out of 100).

**4. Grades:**

Grade will be based on the transformed module examination marks according to the University guidelines.

**5. Reassessment:**

Students who do not satisfy any of the above are required to sit for a viva examination at the end of the year prior to the combined clinical examination. This examination will be jointly conducted by the Chairman and the External Examiner. Those who can pass the viva will be regarded as a pass in the module. However, the maximum mark the student can obtain in this circumstance is 50.

**6. Distinction Viva**

Students with outstanding performance in the module will be invited for a Distinction Viva conducted by the Department Chairman and the External Examiner at the end of the year. The best student will be awarded a scholarship set by the Hong Kong College of Obstetricians and Gynaecologists.

## **XIII. Textbooks and References**

### **Basic Textbook:**

#### **Essential Obstetrics and Gynaecology International Edition**

*Edited by Symonds I. and Arulkumaran S, Churchill Livingstone 2013 (5<sup>th</sup> Edition )*

#### **Clinical Obstetrics and Gynaecology**

*Edited by Magowan B. A., Owen P., and Drife J., Edinburgh: Elsevier 2014 (3<sup>rd</sup> Edition).*

#### **Obstetrics by Ten Teachers**

*Edited by Baker P., and Kenny L., London: Arnold; New York: Co-published in the USA by Oxford University Press. 2011. (19<sup>th</sup> Edition).*

#### **Gynaecology by Ten Teachers**

*Edited by Monga A. and Dobbs S., London: Arnold; New York: Co-published in the USA by Oxford University Press. 2011. (19<sup>th</sup> Edition).*

### **References:**

#### **Obstetrics**

##### **Best Practice in Labour and Delivery**

*Edited by Warren R. and Arulkumaran S, Cambridge University Press. 2009.*

##### **Fetal Heart Rate Monitoring**

*Edited by Freeman, R.K., Garite T.J, Nageotte M.P., and Miller L. A., Lippincott Williams & Wilkins. 2012 (4<sup>th</sup> Edition).*

##### **Handbook of Obstetric Medicine**

*By Nelson-Piercy C., Informa Healthcare. 2010 (4<sup>th</sup> Edition).*

##### **Williams Obstetrics**

*By Cunningham F. G. et al., New York: McGraw Hill, International Edition, c2014 (24<sup>th</sup> Edition).*

##### **High Risk Pregnancy: Management Options**

*By James D, Steer P, Weiner C and Gonik B, Elsevier. 2011 (4th Edition).*

#### **Gynaecology**

##### **Gynaecology**

*Edited by Shaw R.W., Luesley D. and Monga A.K., Edinburgh: Elsevier, 2010 (4<sup>th</sup> Edition).*

##### **Williams Gynecology**

*By Hoffman B, et al., McGraw-Hill, 2012 (2nd Edition).*

### **On-line References:**

1. Royal college of Obstetricians and Gynaecologists Guidelines  
<http://www.rcog.org.uk/guidelines>
2. Cochrane database of systematic review from electronic resources via Li Ping Medical Library
3. Hong Kong college of Obstetricians and Gynaecologists guidelines  
[http://www.hkcog.org.hk/hkcog/pages\\_4\\_81.html](http://www.hkcog.org.hk/hkcog/pages_4_81.html)
4. NICE clinical guidelines  
<http://guidance.nice.org.uk/>
5. American College of Obstetricians and Gynaecologists (ACOG): Practice Bulletins and Committee Opinions  
<http://www.acog.org/>

## **XIV. Contact person**

Chairman:

- Professor TY Leung (Email: [tyleung@cuhk.edu.hk](mailto:tyleung@cuhk.edu.hk))

Undergraduate co-ordinator:

- Professor Grace Kong (Email: [gracekong@cuhk.edu.hk](mailto:gracekong@cuhk.edu.hk))

Undergraduate coordinator's secretary:

- Miss Maggie Jim (Tel: 2466 8293/ Email: [maggiejim@cuhk.edu.hk](mailto:maggiejim@cuhk.edu.hk))