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**CURRICULUM  
FOR  
2 YEARS DIPLOMA PROGRAMME  
IN  
GYNAECOLOGY AND OBSTETRICS  
(DGO)**



**2007**

**UNIVERSITY OF HEALTH SCIENCES  
LAHORE  
PAKISTAN**

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## FOREWORD

University of Health Sciences (UHS) Lahore was inaugurated by the President of Pakistan on the 3<sup>rd</sup> of October 2002 with the vision to explicitly address academic and research needs in the field of health sciences and allied disciplines and to uplift their existing level to bring them on a par with the international standards.

The mission of the University is to develop an intellectual nexus to provide excellence and innovation in medical education and research in order to;

- Impart knowledge and skills to health care providers to enhance their competence in providing community oriented and multi-disciplinary patient-centered care
- Train and produce researchers and specialists in basic and clinical medical sciences
- Establish and maintain continuing professional development programmes for the faculty
- Provide trained professionals and scientists/researchers for the field of Electro Medical/Bio-Medical disciplines
- Assure quality in health education and research at all levels

A university is the zenith of knowledge that imparts quality education and awards degrees for extensive educational attainments in various disciplines with attendant advancement for the development of intellectual community. Protection of traditional knowledge, making exploration about it and obtaining deep understanding of modern technology and research techniques are some of the responsibilities of any university.

UHS is running a number of courses in the field of health sciences in Punjab. The list extends from undergraduate level courses up to the doctorate level both in basic, clinical and allied health sciences.

Since its inception, certain vital tasks were taken into serious consideration by UHS, for instance, curricula development and their up-gradation were among the most important ones besides introduction of contemporary educational programmes.

UHS has revised and finalized curricula for undergraduate Medical/Dental Education, BSc Nursing, and Allied Health Sciences.

In keeping with its commitment for further improvement in the standard of medical education, UHS has taken an initiative to modify and improve one year postgraduate diploma courses to 2 years structured training programmes.

I do not believe in selling an old product in a new packing with a fresh label on it, just to do the job. Original products with actual outcomes for the society must be guaranteed. Being the Vice Chancellor of a public sector health university, I believe, it is my duty to remain vigilant and committed to the cause of improvement of the conventional medical and allied health sciences' curricula on regular basis. This will help produce technically sound professionals with advanced knowledge and skills.

Presently, UHS has designed and facilitated curriculum development committees for eleven clinical disciplines namely: DTCD, DPM, DMRT, DOMS, DLO, Dip. Card, DCH, DCP, DGO, DMRD and DA.

This document precisely briefs the details of updated curriculum for Diploma in Gynaecology and Obstetrics (DGO) as prepared by the Experts' Committee.

I am pleased to acknowledge the efforts made by Prof. I. A. Naveed, the Department of Medical Education and the members of the committee for DGO consisting of: **Prof. Muhammad Tayyab (PGMI), Prof. Sohail K. Lodhi (PGMI), Prof. Arif Tajammul (AIMC) and Prof. Shahida Sheikh (AIMC)**. The contributions made by them will go a long way in the education and training of doctors in this field.

I hope, the revised course will be able to meet the needs of latest trends in Gynaecology and Obstetrics and will certainly produce competent mid-level specialists in the field, which is the main objective of this programme.

**Prof. M. H. Mubbashar**

Hilal-e-Imtiaz, Sitara-e-Imtiaz  
MB, FRCP, FCPS Psych, FRC Psych, DPM  
Vice Chancellor/ Chief Executive

## NOMENCLATURE AND DURATION

### **NOMENCLATURE OF THE PROPOSED COURSE:**

The name of diploma course should be retained as DGO. This name has been recognized and established for the last many decades worldwide. Duration of the course should be two years structured training in a recognized department under an approved supervisor.

**Course Title:** DGO (Diploma in Gynecology and Obstetrics)

**Training Centres:** Departments of Gynecology & Obstetrics (accredited by UHS) in affiliated institutes of the University of Health Sciences Lahore

### **Course Duration and Scheme of the Course:**

**Total Duration:** 2 years structured training in a recognized department under the guidance of an approved supervisor

# ELIGIBILITY CRITERIA FOR ADMISSION

## **GENERAL REQUIREMENTS**

Candidates eligible for admission should have MBBS or equivalent qualification, registered with Pakistan Medical & Dental Council (PMDC) and can fulfill one of the following criteria:

- a. One year experience in Gynecology and Obstetrics as house surgeon/medical officer from a recognized institution.
- b. Six months experience in Gynecology and Obstetrics and six months in any other specialty as house officer/ house surgeon/medical officer.
- c. One year experience after MBBS in any clinical field.

## **SPECIAL REQUIREMENTS**

1. Obtaining pass percentage in the entry test as determined by the UHS rules
2. Qualifying the interview successfully
3. Having up to the mark credentials as determined by the UHS rules (no. of attempts in each professional, any gold medals or distinctions, relevant work experience, research experience from a recognized institution, any research article published in a National or an International Journal)

## **DOCUMENTS REQUIRED FOR THE ADMISSION**

Completed DGO application form

1. Copy of MBBS degree with mark sheets of professional examinations and certificate of number of attempts in the professional examinations
2. Copy of PMDC registration certificate
3. Three latest passport size photographs
4. Reference letters from two consultants, with whom the applicant has worked
5. Certificates of completion of required experience

## **REGISTRATION AND ENROLLMENT**

- The total number of students enrolled for the course must not exceed 8 per unit
- UHS Lahore will approve supervisors for diploma courses
- Candidates selected for the courses will be registered with relevant institution and enrolled with UHS

## RECOGNITION/EQUIVALENCE OF THE DEGREE AND INSTITUTION

After successful completion of two years training course and passing final DGO, candidate should be given status of mid-level specialist equivalent to any other similar qualification.

### **ACCREDITATION RELATED ISSUES OF THE INSTITUTION:**

#### **1. Faculty**

Qualified teaching staff in accordance with the requirements of Pakistan Medical and Dental Council (**PMDC**)

#### **2. Adequate Space**

Preferably make available class-rooms (with audiovisual aids), computer lab, pathology lab, examination room, labour room, operation theatre, etc. for clinical training.

#### **3. Library**

Departmental library should preferably have latest editions of recommended books for DGO, reference books and latest journals (two National and one International).

#### **4. Clinical workload**

Availability of adequate supervised clinical exposure to candidates

## AIM AND OBJECTIVES OF THE COURSE

### **AIM**

The aim of 2 years diploma programme in Gynecology and Obstetrics is to equip medical graduates with relevant professional knowledge, skills and ethical values to enable them to apply their acquired expertise at primary and secondary health care organizations as non-academic mid-level consultants.

### **GIO (GENERAL INSTRUCTIONAL OBJECTIVES)**

By the end of training (2 years), the candidate should be able to:

#### **Knowledge:**

1. Discuss etiology, pathogenesis, epidemiology and management of disorders in Obstetrics and Gynaecology **on topics given in the list of course contents.**
2. Show initiative and become life long self-directed learners tapping on resources including clinical material, faculty, internet and on-line learning programmes and library
3. Be aware of Health Indicators in Pakistan, & comprehend local Community & Health issues.
4. Discuss principles of basic sciences as applied to Obstetrics and Gynaecology.

#### **Skills:**

1. Take a comprehensive and pertinent history of a patient presenting with Obstetrical and Gynecological complaints.
2. Perform detailed physical examination in a rational sequence that is both technically correct as well as methodical.
3. Elicit physical signs without discomfort to the patient.
4. Evaluate patients in the setting of outpatients department, hospital wards, labour room, emergency.
5. Formulate a working diagnosis and consider relevant differential diagnosis
6. Order a set of relevant investigations considering availability, diagnostic yield, cost-effectiveness, side effects, and implications for management.
7. Decide and implement suitable treatments considering safety, cost factors, complications and side effects
8. Practice proper procedures in operating theatres & labor wards including gowning, gloving, use of various sutures, surgical principles, & use & working of electro medical equipment



9. Assist at major Gynecological surgery and perform minor procedures independently.
10. Handle Comprehensive EmOC independently.
11. Maintain follow-up of patients at appropriate intervals, recognizing new developments and/or complications and offering sensible management protocols.

**Attitudes:**

1. Counsel patients and relatives in patient's preferred language in elective and emergency situations in keeping principles of good communication skills, empathy and empowerment to patients
2. Exhibit emotional maturity and stability, integrity, ethical values and professional approach, sense of responsibility in day-to-day professional activities
3. Take proper informed consent for physical examination and ensure confidentiality and appropriate environment for intimate physical examination
4. Comprehend Community Indicators related to individual's health
5. Aware of and can apply national and international guidelines for treatment and assessment
6. Act as an independent specialist at community level/Tehsil and District Headquarter Hospital

# SYLLABUS PART I DGO

## **Part I DGO**

For Part 1, in all basic subjects, special emphasis will be on Clinical and Applied aspects of the relevant areas. In each subject, content must be read with this proviso.

### **ANATOMY**

- a) Anatomy of the Pelvis, Breast, and Abdomen
- b) General Embryology, and development of the Genito-urinary tract
- c) Histology of the genitalia, breast, and endocrine tissues

### **PHYSIOLOGY**

- a) Endocrinology related to male and female reproduction
- b) Physiology of puberty, adolescence, menstruation, & menopause
- c) Physiological adaptations during pregnancy & labor
- d) Physiology & endocrinology of Placenta & Lactation

### **PHARMACOLOGY**

- a) Pharmacology of drugs used in Obstetrics & Gynecology
- b) Drug usage principles in Pregnancy and Lactation
- c) Usage of hormones as medication
- d) Analgesia and anesthesia in labor

### **PATHOLOGY**

- a) General Pathology
- b) Pathology of Male and Female genitalia
- c) Sterilization and Disinfection
- d) Pathology of Placenta and Umbilical cord
- e) Tumor markers in Gynecology
- f) Bacterial, Viral, Parasitic, and Fungal infections in relation to Obstetrics & Gynecology
- g) Immunization
- h) Lab Investigations in Obstetrics & Gynecology

## **BEHAVIOURAL SCIENCES**

- a) Bio-Psycho-Social (BPS) Model of Health Care
- b) Use of Non-medicinal Interventions in Clinical Practice
- c) Crisis Intervention/Disaster Management
- d) Conflict Resolution
- e) Breaking Bad News
- f) Medical Ethics, Professionalism and Doctor-Patient Relationship
- g) Delivery of Culturally Relevant Care and Cultural Sensitivity
- h) Psychological Aspects of Health and Disease

## **BIOSTATISTICS AND RESEARCH**

- a) Introduction to Biostatistics and Research Methodology
- b) Health Indicators of Pakistan
- c) Population and Demographic Statistics of Pakistan
- d) Understanding of common jargon / terminology of Research articles

# SYLLABUS PART II DGO

## **Part II DGO**

### **OBSTETRICS**

#### **Antenatal Care**

- Book patients for confinement
- Plan frequency of antenatal visits
- Treat 'minor disorders' of pregnancy
- Identify high risk pregnancy
- Identify cases for referral to specialized centres

#### **Normal Labour And Delivery**

- Care appropriately for first stage of labour
- Offer correct labour analgesia
- Monitor labour, identifying and managing clinical problems as and when they arise
- Conduct normal vaginal delivery
- Manage 3<sup>rd</sup> stage of labour effectively
- Identify cases for referral to specialized centres
- Induce labour effectively and appropriately

#### **Operative Delivery**

For proper medical and ethical reasons:

- a) Perform Forceps Ventouse delivery
- b) Perform emergency and elective Caesarean Section
- c) Perform Breech delivery
- d) Identify complications of operative delivery
- e) Call for help judiciously

#### **Neonatal Care**

Immediate care of the newborn; every trainee must have experience in resuscitation of the newborn in addition to theoretical know how, including tracheal intubations; principles of general neonatal complications must be learned as well

#### **Puerperium**

- Identify common clinical problems of puerperium
- Manage Post Partum Haemorrhage (Primary and Secondary), Puerperal fever and postpartum 'blues'
- Manage breast-feeding and identify problems in relation to it

#### **Preterm Labour/PROM**

- Identify preterm labour/ PROM
- Manage Preterm Labour/ PROM

### **Intrauterine Growth Retardation (IUGR)**

- Identify Pregnancies with IUGR
- Manage IUGR pregnancy and its complications

### **Twin Pregnancy**

- Monitor Twin Pregnancy
- Plan and implement labour/delivery appropriately
- Manage complications of pregnancy
- Refer higher order multiple pregnancy

### **Anaemia With Pregnancy**

- Identify and diagnose anaemia with pregnancy
- Manage pregnancies with anaemia

### **Hypertension With Pregnancy**

- Manage pregnancies with hypertension
- Conduct appropriate delivery/labour
- Manage Eclampsia

### **Diabetes With Pregnancy**

- Screen for diabetes Mellitus in pregnancy
- Manage Diabetic pregnancies
- ? Manage Labor/delivery of diabetic pregnancy
- ? Seek medical advice

### **Fetal Congenital Anomalies**

- ? Seek expert advice
- ? Manage pregnancies complicated with congenital anomalies
- ? Offer rational follow-up

### **Intra Uterine Death (IUD)**

- ? Manage IUD pregnancy
- ? Perform follow-up / subsequent advice

### **Placenta Previa And Abruptio**

- ? Diagnose Ante-partum Haemorrhage (APH)
- ? Offer emergency management
- ? Manage all severities of APH

### **Malpresentations**

- ? Manage Malpresentations, e.g., face, brow, shoulder, cord
- ? Manage Breech presentations

- ? Perform external cephalic version

### **Emergency Obstetric Care (EmOC)**

- ? Practice Comprehensive Emergency Obstetric Care

## **GYNAECOLOGY**

### **Contraception**

- ? Offer sensible contraceptive choice to appropriate patients
- ? Carry out correctly various contraceptive procedures
- ? Identify side effects and complications of contraception

### **Early Pregnancy Loss (EPL)**

- ? Manage and follow-up cases of EPL
- ? Manage recurrent Miscarriage
- ? Manage cases of Septic Abortions
- ? Refer cases of Hydatidiform Mole

### **Ectopic Pregnancy**

- ? Diagnose Ectopic Pregnancy
- ? Manage Ectopic Pregnancy surgically
- ? Follow up conservative cases

### **Pelvic Infection / Sexually Transmitted Diseases (STD)**

- ? Manage cases of Acute Pelvic Inflammatory Disease (PID)
- ? Manage cases of Chronic PID
- ? Manage cases of STD
- ? Manage all types of Vaginal Discharge
- ? Manage Vulval Pruritus

### **Abnormal Uterine Bleeding**

- ? Diagnose patients with Dysfunctional Uterine Bleeding (DUB) by pertinent investigations
- ? Manage patients with DUB medically
- ? Offer Dilatation and Curettage (D & C) sparingly
- ? Refer potential surgical cases

### **Infertility**

- ? Investigate rationally couples with infertility
- ? Manage couples with infertility at Primary level

### **Utero Vaginal Prolapse (UVP)**

- ? Evaluate UVP
- ? Manage patients with UVP by conservative measures
- ? Refer for potential surgical management

### **Gynecological Cancer**

- ? Diagnose patients with Cervical, Endometrial, Ovarian, & Vulval Cancer
- ? Refer cancer patients to expert centre

### **Miscellaneous**

- ? Diagnose menopausal symptoms and signs
- ? Diagnose varieties of incontinence
- ? Diagnose uterine fibroids, and refer
- ? Diagnose Adnexal Cysts, benign or malignant
  - Perform Pap Smear
- ? Effectively counsel, protect, promote, and advance Women's Rights to Sexual and Reproductive Health (WRSRH)
- ? Full range of commonly employed gynecologic diagnostic and surgical procedures, including imaging techniques

## INSTRUCTIONAL STRATEGY

The entire responsibility of teaching the Syllabi of both Part I and II DGO will rest with the faculty of Obstetrics & Gynecology. However, teachers may be co-opted / engaged if felt so by the supervisors in Obstetrics & Gynecology e.g. Behavioral Sciences

1. Lectures
2. Small Group Discussions
3. Bedside Teaching
4. Grand Rounds / Clinical Rounds
5. Clinico-pathological conferences
6. SEQ as assignments on the content areas
7. Skill teaching in operating theatres and labour wards
8. Self study, assignments and use of internet
9. Long and short case presentations
10. Journal Club

### **Annual Grand Meeting**

Once a year all students enrolled for DGO should be invited to the annual meeting at UHS Lahore.

One full day will be allocated to this event. All the chief students will present their annual reports. Issues and concerns related to their relevant diploma courses may be discussed during the meeting.

Feedback should be collected and also suggestions can be sought in order to involve students in decision making. The research work and their literary work may also be displayed.

In the evening an informal gathering and dinner should be arranged. This will help in creating a sense of belonging and ownership among students and the faculty.



## LOG BOOK

The trainees must maintain a log book and get it signed regularly by the supervisor. A complete and duly certified log book should be part of the requirement to sit for DGO examination. Log book should include adequate number of diagnostic and therapeutic procedures, routine and emergency management of patients, case presentations in CPCs, journal club meetings etc.

### **No. of Procedures during training:**

This area is highly debatable & individual ObGyn departments may feel a much lower or higher number of procedures is feasible depending upon local circumstances. However a minimum number of Procedures done under supervision is suggested as an overall guideline.

	<b>Procedures</b>	<b>No.</b>
<b>1</b>	<b>Pap Smear</b>	<b>5</b>
<b>2</b>	<b>Ring Pessary</b>	<b>2</b>
<b>3</b>	<b>Mini Lap</b>	<b>2</b>
<b>4</b>	<b>Cervical Biopsy</b>	<b>2</b>
<b>5</b>	<b>D &amp; C</b>	<b>5</b>
<b>6</b>	<b>ERPC</b>	<b>5</b>
<b>7</b>	<b>IUCD Insertion</b>	<b>2</b>
<b>8</b>	<b>HSG</b>	<b>2</b>
<b>9</b>	<b>NVD, with or without Episiotomy</b>	<b>20</b>
<b>10</b>	<b>Forceps delivery</b>	<b>2</b>
<b>11</b>	<b>Ventouse</b>	<b>5</b>
<b>12</b>	<b>LSCS</b>	<b>20</b>
<b>13</b>	<b>Twin Vaginal Delivery</b>	<b>2</b>

**Procedures**

Sr.#	Date	Name of Patient, Age, Sex & Admission No.	Diagnosis	Procedure Performed	Supervisor's Signature
1					
2					

**Emergencies Handled**

Sr.#	Date	Name of Patient, Age, Sex & Admission No.	Diagnosis	Procedure /Management	Supervisor's Signature
1					
2					

**Case Presented**

Sr.#	Date	Name of Patient, Age, Sex & Admission No.	Case Presented	Supervisor's Signature
1				
2				

**Seminar/Journal Club Presentation**

Sr.#	Date	Topic	Supervisor's signature
1			
2			

**Evaluation Record**

(Excellent, Good, Adequate, Inadequate, Poor)

Sr.#	Date	Method of Evaluation (Oral, Practical, Theory)	Rating	Supervisor's Signature
1				
2				

# EXAMINATIONS

## **Assessment**

It will consist of action and professional growth oriented ***student-centered integrated assessment*** with an additional component of ***informal internal assessment, formative assessment*** and measurement-based ***summative assessment***.

The paper setting (both Part I and Part II DGO), and OSCE setting, and entire conduct of the theory and clinical examination will only be done by faculty of Obstetrics & Gynecology.

## **Student-Centered Integrated Assessment**

It views students as decision-makers in need of information about their own performance. Integrated Assessment is meant to give students responsibility for deciding what to evaluate, as well as how to evaluate it, encourages students to '**own**' the evaluation and to use it as a basis for self-improvement. Therefore, it tends to be growth-oriented, student-controlled, collaborative, dynamic, contextualized, informal, flexible and action-oriented.

In the proposed curriculum, it will be based on:

- Self Assessment by the student
- Peer Assessment
- Informal Internal Assessment by the Faculty

## ***Self Assessment by the Student***

Each student will be provided with a pre-designed self-assessment form to evaluate his/her level of comfort and competency in dealing with different relevant clinical situations. It will be the responsibility of the student to correctly identify his/her areas of weakness and to take appropriate measures to address those weaknesses.

## ***Peer Assessment***

The students will also be expected to evaluate their peers after the monthly small group meeting. These should be followed by a constructive feedback according to the prescribed guidelines and should be non-judgmental in nature. This will enable students to become good mentors in future.

### ***Informal Internal Assessment by the Faculty***

There will be no formal allocation of marks for the component of Internal Assessment so that students are willing to confront their weaknesses rather than hiding them from their instructors.

It will include:

- a. Punctuality
- b. Ward work
- c. Regular assessment, minimum quarterly
- d. Participation in interactive sessions

### **Formative Assessment**

Will help to improve the existing instructional methods and the curriculum in use

### ***Feedback to the faculty by the students:***

After every three months students will be providing feedback regarding their course components and teaching methods. This will help to identify strengths and weaknesses of the relevant course, faculty members and to ascertain areas for further improvement.

### **Summative Assessment**

It will be carried out after 6 months as Part 1 DGO, and at end of 2 years as Part 2 (Final) DGO.

### **Eligibility to Appear in Final Examination**

- Only those candidates will be eligible to take final examination, who have passed Part 1 examination and have completed two years of structured/supervised training programme.
- Candidates who have completed their log books and hold certificates of 75% attendance should be allowed to sit for the exam
- The application for the final examination will be forwarded with recommendations of the supervisor
- Only those candidates who qualify in theory will be called for clinical examination
- The UHS shall hold Part 1 exam twice a year

## **DGO Examination**

### **Part I DGO**

**One MCQ Paper only, all One Best Type of 3 hour duration.**

**100 MCQs, total marks 100.**

**Topics included in the paper are from syllabus of Part 1 DGO**

Anatomy	(20 MCQs)
Physiology	(25 MCQs)
Pharmacology	(20 MCQs)
Pathology	(20 MCQs)
Behavioural Sciences	(10 MCQs)
Biostatistics and Research	(05 MCQs)

### **Part II DGO**

#### **Theory**

**Paper I** (OBSTETRICS) **100 Marks** **3 Hours**

10 SEQs	50 Marks
50 MCQs	50 Marks

**Paper II** (GYNECOLOGY) **100 Marks** **3 hours**

10 SEQs	50 Marks
50 MCQs	50 Marks

The candidates who pass in theory papers, will be eligible to appear in the clinical & viva voce.

**OSCE** **80 Marks**

10 stations each carrying 8 marks of 8 minutes duration; each evaluating performance based assessment with at least 4 of them interactive

**Clinical** **100 Marks**

One long case of 50 marks in Obstetrics  
One long case of 50 marks in Gynecology.

## **Components of the Part II examination (each component to be passed separately at 60% marks)**

### **Component 1**

Theory paper 1	100 marks
Theory paper 2	100 marks

### **Component 2**

Clinical	100 marks
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### **Component 3**

OSCE	80 marks
Log Book	20 marks

Total Marks	400
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A panel of four examiners from Gynae & Obstetrics (Two internal and two external) will be appointed for practical examination. However, senior faculty members may co-opt as examiners from the Institution for OSCE only.

The clinical examination will be assessed by both pairs of examiners awarding marks simultaneously and independently (separate for Obstetrics & Gynecology long cases). The final score awarded will be an average score, as agreed by both examiners.

### **Pass Percentage and Other Regulations Regarding Examination**

- Criterion referenced assessment principles will be used
- 60% marks will be a pass score in each component
- Candidates failing in any one component will have to re-sit the entire examination
- A maximum of 5 attempts to sit for the examination will be allowed, to be availed within 3 calendar years of the first attempt
- Re-admission in DGO course is not permissible under any circumstances
- The results will be announced according to rules and regulations set by the Examination Branch of University of Health Sciences Lahore

## RECOMMENDED BOOKS (in 2007 onwards)

### CORE TEXTBOOK

- Edmonds ***Dewhurst's Post Graduate Obstetrics & Gynecology*** 7<sup>th</sup> Ed. 2007
- D James, P Steer, C Weiner, B Gonik. ***High Risk Pregnancy – Management Options***. 3<sup>rd</sup> Ed. 2006.
- Berek ***Novak & Berek's Gynecology***. 14<sup>th</sup> Ed. 2007
- Chard & Lilford. ***Basic Sciences for Obstetrics & Gynecology***. 5<sup>th</sup> Ed. 1998
- De Swiet, Chamberlain, Bennet. ***Basic Science in Obstetrics and Gynecology*** 3<sup>rd</sup> Ed. 2002
- Rana M. H., Ali S., Mustafa M. ***A Handnook of Behavioural Sciences for Medical and Dental Students***. Lahore: University of Health Science; 2007

### GYNECOLOGICAL SURGERY (for reference only)

- Monaghan, Tito, Naik. ***Bonney's Gynecological Surgery***. 10<sup>th</sup> Ed. 2004.
- J. Apuzzio, A. Vintelioz, L. Iffy. ***Operative Obstetrics***. 3<sup>rd</sup> Ed. 2005.

### SUPPLEMENTARY BOOKS

- Snell. ***Clinical Anatomy***.
- Langman J. ***Embryology***.
- DTY Liu. ***Labor Ward Manual*** 4<sup>th</sup> Ed. 2007
- Studd. ***Progress in O & G***. Vol 17 (2006), Vol 16 (2005), Vol 15 (2003)
- Bonnar. ***Recent Advances in O & G*** Vol 23 (2005), Vol 22 (2003).
- ***RCOG Clinical Greentop Guidelines***

## **REVISION TEXTBOOKS**

- Stirrat, Mills, Draycott. ***Notes on Obstetrics & Gynecology***. 5<sup>th</sup> Ed. 2003.
- Magowan B. ***Churchill's Pocketbook – Obstetrics & Gynecology***. 3<sup>rd</sup> Ed. 2005.
- Norwitz & Schorge. ***Obstetrics & Gynecology at a glance***. 2<sup>nd</sup> Ed. 2006.
- Chin, H. ***On call Obstetrics & Gynecology***. 3<sup>rd</sup> Ed. 2006

## **PRACTICE TEXTS FOR SEQ / MCQ / OSCE**

- Chard MCQs on **Basic Science for Obstetrics & Gynecology** 1998
- Setchell & Lilford. **MCQs in Gynecology & Obstetrics** 3<sup>rd</sup> Ed. 1996
- J. Konje. ***Short Essays, MCQs, & OSCEs for MRCOG Part II, a comprehensive guide***. 2003.
- P. Abedin, K Sharif. ***MRCOG II Short Essay Questions***. 2003.
- R. de Courcy-Wheeler. ***MCQ for MRCOG Part II***. 2003.
- D. Luesley. ***MCQ & Short Essays for MRCOG***. 2004.
- Cox, Werner, Gilstrap. ***William's Obstetrics Study Guide***. 22<sup>nd</sup> Ed. 2006.
- Rymer, Ahmed. ***OSCEs in Obstetrics & Gynecology*** 1998
- Konje, Taylor ***OSCEs in Obstetrics & Gynecology*** 1998
- Pickersgill, Meshki ***OSCEs for Obstetrics & Gynecology*** 2001