

Postgraduate training in Obstetrics and Gynaecology – a practical approach

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Out of all specialities in medical service probably this speciality is facing maximum challenges in state like Assam and country like India, where maternal mortality ratio is still running very high in comparison to the other developing countries. We need to produce lot of young obstetrician and gynecologist who are efficient, skilled, well informed and at the same time smart enough to face the difficult situations. We have to review our curriculum in this context to produce the best specialist who are really useful for the service of the society and can help in reducing maternal mortality and morbidity.

Different university's curriculum

John Hopkins of USA imparts in their fellows the tools necessary to succeed in all three areas of their tripartite mission - clinical care, research and education¹. The school of obstetric and gynaecology of Oxford University, London imparts training for post graduation in 7 years out of which first 2 years are spent in basic training on the subject, next 3 years intermediate training with exposure to all sorts of clinical exercises in different hospitals while the last 2 years are dedicated to the selected programme of advanced training skill modules².

Practical and clinical training under the university of Delhi can be grossly outlined as follows³ – 1) 1st semester : working under supervision of senior residents and teaching faculty, 2) 2nd & 3rd semester: besides patient care in OPD, wards, casualty, labour room and family welfare carrying out minor operations

under supervision and assisting in major operations, 3) 4th, 5th & 6th semester: independent duties in management of patient (including major operations under supervision of teaching faculty).

Teaching and learning methods of PG students as per guidelines of Medical Council of India (MCI) are as follows - [The same is also followed by Srimanta Sankardev University of Health Sciences (SSUHS)]⁴

- 1) Seminars/ Symposia
- 2) Journal Clubs
- 3) Group Discussions
- 4) Clinical rounds/ Combined case discussions
- 5) Case Presentations/ Bed side teaching
- 6) Maternal care review meetings
- 7) Perinatal meetings
- 8) Clinico- pathological meetings
- 9) Attending conferences, CMEs, workshops etc
- 10) Operation theatre
 - Assist procedures
 - Operate under supervision
 - Operate independently
- 11) Emergencies – Participation in diagnosis decision making & management - In the community - visits to RHC/ camps
- 12) Active involvement in patient care in -
 - General Gynae – OPD
 - Antenatal clinic
 - Postnatal clinic
 - Infertility clinic
 - Cancer clinic etc.

Teaching schedule for PG students are suggested by the curriculum MD Obst & Gynae Index has included the following besides those suggested by MCI⁴ -

1. Intradepartmental Statistical Meet (with all the staff, in charge, residents & faculty) – Once a month
2. Interdepartmental meet which includes meet with other specialities viz. Medicine, Pathology, Microbiology, Gastroenterology, Anaesthesia – Twice a month
3. Grand round of the wards – Twice a month

A practical approach

Considering the need of individual involvement in the patient care under super vision of the senior faculties a practical approach of training and supervision of post graduate students were tried in FAAMC, Barpeta, Assam during June, 2012 to June, 2014 while I had been serving there as Prof. & HOD, Dept of O & G. At that time we had been training a batch of MBBS doctors for the course of “Diploma in Maternal Health” under SSUHS, Assam, India. They had been trained for 2 years for this Diploma (equivalent to DGO) and are supposed to be prepared for rendering specialist care in the peripheral rural and semi urban hospitals which are well equipped. We had seven students. In the first year of training the trainees were exposed to all sorts of conventional ways of postgraduate training. In the second year, the trainees were allotted a particular patient individually right from the beginning under supervision of a senior faculty (PG teacher).

Gynecological case

The teacher supervises the PGT, observe and evaluate at the end. The trainee is supposed to take history, do the clinical examinations and prescribe necessary investigations in the OPD in front of the PG teacher. The teacher will observe the clinical and communication skill of the trainee and do the necessary correction.

After the patient is admitted in the ward the same patients will be followed by the particular trainee in the next few days and prepare for surgery (in gynecological care). This is also supervised by the

teacher on daily basis. The student is asked to present the case in front of the teacher and other students before the surgery performed, preferably on the immediate post operative day. This session is some time planned just before the surgery or the day of operation if it was not possible earlier. The students are supposed to explain the detailed progress of the patient’s investigations and plan of management.

On the day of surgery, the PGT is allowed to assist in the particular case which will be performed by the teacher himself. The teacher will observe the skill and approach of the student, at the same time will teach him the correct procedure. The student is supposed to write the operation note, send the histological specimen if any and will be in over all charge of management in the post operative period. The teacher will enquire about the daily progress of the patient and guide accordingly.

On discharge of the patient (or before), the PG student is asked to present the case in a formal way in the departmental seminar room. There is threadbare discussion on the case in presence of other faculties and PG students.

At the end the teacher will award mark to the students on the following categories -

1. Communication skill
2. Knowledge of the subject
3. Operative skill
4. Sincerity
5. Presentation skill

A maximum mark awarded was 2 for each category, total being 10.

Obstetrical case

The trainee was allotted one particular case in the Antenatal OPD. He/ She is supposed to interact with the patient, do the clinical examination and prescribe accordingly under supervision of the teacher. The PGT will follow the case in the ward and inform the teacher about the patient in the morning and evening. The PGT will be associated with any sorts of clinical maneuver of the patient and keeps informing the teacher. If the patient goes in to labour, the particulars PGT will remain in Labour Room and have to conduct the labour, if necessary will take the help of the seniors if

the patient has to undergo major surgery, the PGT will assist the senior faculty or registrar, who will observe his skill during surgery and at the same time correct if there was any fault.

During the last 6 months of the 2nd year training period the PG students were allowed to perform surgeries independently but under supervision (with senior person as an assistant). At that time the senior faculty assisting the PG student was supposed to assess and correct the procedure wherever necessary.

The PG students had to present the case at the time of discharge or after (within a week) in the departmental seminar room in presence of other faculties and students. The teacher concerned remind as moderator for the case presentation.

At the end marks were awarded in the following categories -

1. Communication skill
2. Subject Knowledge(including), history taking, clinical methods, investigation, follow up
3. Operative skill
4. Sincerity
5. Presentation

A maximum mark awarded was 2 for each category, totally to 10. These marks were counted in Internal Assessment.

After completion of the course, application of this practical approach for PG training, showed encouraging result. The students gained confidence on the subject. They developed more interest to go to the depth of the subject and were encouraged to learn more. It helped to prepare the student to face the difficulties in future in their practical field more reasonably and confidently.

Conclusion

This method of Practical approach for PG training in O&G both for training and evaluation is just a humble initiative. We tried it in a small group for a limited period, but with encouraging results. A large study for a longer period will definitely be more informative. Expansion of this module to the other aspects of PG training viz. Contraceptives and minor procedures may also help in a greater way for a practical training approach. This method brings the PG trainees in more closer contact with the PG teacher and they get the opportunity to learn the technique correctly first hand, at the same time the teacher who is also an internal examiner get the opportunity to assess the student in a proper way.

Conflict of interest: None. **Disclaimer:** Nil.

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