

Case based clinical assessment of post graduate students of obstetrics and gynaecology

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Obstetrics, unlike other specialities deals with two individuals at a time - mother and the foetus, foetus being always at risk of many unforeseen complications at any point of time. On the other hand, pregnancy through a physical condition, may lead to different type of complications in due course depending on many other factors with individual variations. As a result, the Obstetricians dealing with such situations should be specially trained so that they can deal with the problems efficiently and smoothly. It has been observed that in most of the post graduate curriculum of different medical education authorities in the country and abroad equal emphasis has been given to theoretical and practical training. But there is some lacunae in assessment and training of the students in case base management which may sometime lead to lack of confidence on the part of the students to deal with difficult situations.

It has become evident in the practical field that after successfully completing the course of MS in OBGY, many good students could not cope properly in the real scenario when they face a critical case or situation, considering all the facts, the author himself along with his co-faculties initiated a novel 'Case based clinical assessment' module and implemented amongst the post graduate students of his own institution for last 10 years.

Post graduate training curriculum

In USA including John Hopkins University Obstetrics & Gynaecology Residency System is of 4(four) years duration, after obtaining the medical graduation. It includes basic training on the subject as well as the sub specialities with their tripartite mission –clinical care, research and education¹. In United Kingdom post graduate training in OBGYN is of 7(seven) years duration in total, out of which

initial 2 years are earmarked for foundation training and last 2 years of the course are dedicated for specialised training and practical exposure². In Australia, fellowship with the Royal Australian and New Zealand college of Obstetrician & Gynaecologists is of 6 (six) years duration, consisting of 4 years core training and 2 years advanced training. In India, under Delhi University, practical and clinical training may be outlined as follows³ –

1. First semester, working under the guidance of senior residents and training faculties.
2. Second and third semester - besides patient care in OPD and IPD, carrying out minor procedures and assisting in major surgeries - under supervision of the teaching faculties.
3. 4th, 5th and 6th semester - independent management of patients including major. Surgeries under supervision of the teaching faculties.

National Medical Commission (NMC) in India, which is the highest regulatory body for medical education, has framed meticulous guideline for post graduate training in OBGYN. The present guideline is competency based with emphasis on the following points⁴ –

1. District Residency Programme has been incorporated during the 2nd year of the course for orientation in rural setup.
2. Publication of research article in indexed journal and paper or poster in presentation in national/regional scientific forum.
3. Completion of a course on bio medical research methodology is now mandatory.

Besides the usual teaching and learning methods for both theoretical and practical learning students are posted in

different allied departments viz, critical care, anaesthesiology, paediatrics & neonatology, radiodiagnosis, radiotherapy, surgery and oncology for total 8 weeks period in rotation. Students also take part in undergraduate teaching (specially in clinical and practical).

The curriculum also includes the following -

1. Intradepartmental statistical meet (with all staff, in charge, residents and faculty) - once a month.

2. Interdepartmental meet including other specialities viz. medicine, pathology, microbiology, anaesthesia etc - twice a month.

3. Grand round of the wards - twice a month.

Assessment of PG trainees are of 2 types -

1. Summative: At the end of 3 years training period which includes (a) Thesis, (b) Theory- 4 paper and (c) Clinical and practical with oral/viva voce examination.
2. Formative: During the training period, assessed quarterly on the following points: (a) Journal based/Recent advances – learning, (b) Patients based/Laboratory/skill based – learning, (c) Self divested learning and teaching, (d) Departmental and interdepartmental learning activity, (e) External and outreach activity/CME, (f) Thesis/Research work, (g) Log book maintenance, (h) Publications.

Cost based dynamic clinical assessment: With an intention to create sense of involvement and responsibility in management of a patient and get firsthand experience under expert guidance, thus creating full confidence in dealing with the case and situation, a module of ‘Case based Dynamic Clinical Assessment’ was initiated by the author. This module has been implemented amongst the post graduate trainees of the author for the last 10 years in Fakhruddin Ali Ahmed Medical College, Barpeta (FAAMC) and Jorhat Medical College, Jorhat (JMC) during the tenure of his services in those institutions. Results were very encouraging⁵. Initially during June 2012 to June 2014, in FAA Medical College, Barpeta (India), this module was tried amongst 8 (eight) number of students of ‘Diploma in Maternal Health’ (under Srimanta Sankar Dev University of Health Sciences). Of course, at that time only obstetrics cases were selected for the module. In the second phase this module was implemented in Jorhat Medical College in 2018 and 2019 amongst 4 Diploma in Maternal Health Students. In the third phase during 2020 to 2021 and 2022 to 2023 amongst 6 students of MS (OBG) course in each batch, it was implemented. This time both Obstetrics and

Gynaecological cases were used for the module. In this module the particular PGT is allotted a patient by the faculty (Senior faculty/HOD with whom the PGT is attached). The PGT is to take the history, examine the patient, counsel the patient and her attendants then prescribe the required medicines. The faculty use to observe all these events. The patient is followed up by the concerned PGT and update the faculty everyday morning and evening.

In case of obstetric cases, when the patient goes into labour the concerned PGT will follow the case and conduct the delivery. If caesarean section is required, the PGT will perform under supervision of a faculty (if possible, the concerned one), then follow up the patients till discharge. Post Natal counselling will be done by the PGT. In case of a gynaecological case, the patient is prepared for surgery and pre operative counselling (documented) is done by the PGT under supervision of the faculty. On the day of surgery, the concerned faculty observes, while the PGT is performing the surgery. The patient is followed by the PGT till discharge. Before the patient is discharged, on a convenient day and time (preferably a fixed day and week day) the case is presented in power point in presence of the faculties, HOD and fellow PGT’s. All these events are observed and properly evaluated by the faculty concerned, marks awarded accordingly (as per protocol). The results are summed up on quarterly basis. At the end, students give their feedback, accordingly remedial and counselling is done by the faculty concerned along with HOD and unit head.

The whole process resulted in a positive direction in various aspects viz,

1. Good students’ teacher relationship.
2. First-hand experience under expert supervision.
3. Gaining self-confidence.
4. Minimal chances of acquiring wrong skill-minimal.
5. Patient’s risk is minimum while under treatment.

This care based dynamic clinical assessment, starts in the Out Patient Department, continues in the ward, through the operation theatre (or labour room) and ends in the seminar room with the presentation of the case. The primary assessor is the faculty with whom the PGT is attached, assisted by the unit head and the HOD. There is also 360 degree assessment at work place (labour room and ward- as the case may be) where the ward and labour room in charges also take part.

Conclusion

It has been observed that a case based dynamic clinical assessment, where a particular case is allotted to a particular PGT and he/she is continually assessed by his his/her faculty

(guide) is an appropriate addition to the post graduate training curriculum in OBGYN. This gives immense scope of learning correctly at the same time helps to grow self-confidence on the part of the student. It also helps to cultivate better students - teacher relationship. Besides these the teacher who is likely to be an internal examiner also gets better scope to assess the students and correct the shortcomings in due course of time. Overall, the students develop keen interest on the subject to study deeply with proper guidance and interaction.

Of course, our study was a humble attempt only limited to a small number of students and institutions. It needs a larger study in multiple institutions to evaluate further. Similar modules in different competencies like some Obstetric and Gynaecological minor procedures may help further in the process of teaching and learning of post graduate students.

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

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