

DEPARTMENTAL HAND BOOK

**DEPARTMENT OF OBSTETRICS,
GYNAECOLOGY AND PERINATOLOGY**

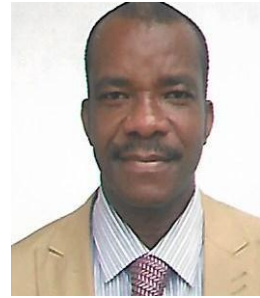
**FACULTY OF CLINICAL SCIENCES
COLLEGE OF HEALTH SCIENCES**

**OBAFEMI AWOLOWO UNIVERSITY
ILE-IFE, NIGERIA**

JANUARY 2018 EDITION

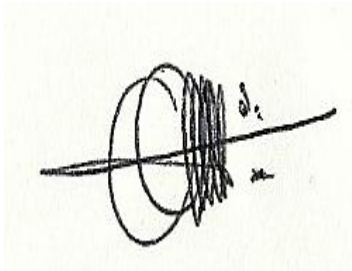
WELCOME ADDRESS

It is my pleasure to welcome the accreditation team of the Medical and Dental Council of Nigeria to the Department of Obstetrics, Gynaecology and Perinatology, one of the foremost departments in the College of Health Sciences.



We appreciate the role the Medical Council is playing in ensuring compliance and maintaining standards and excellence in medical education in the country. This is a cardinal mission of this department and we hope we will be strengthened and encouraged further on this track through your visit

We welcome you to Ile-Ife, the cradle of civilization and wish you a memorable experience.



Prof E.O.Orji MBBS.FMCOG,FWACS

Head of Department

JANUARY 2018.

FOREWARD FROM THE HEAD OF DEPARTMENT

The Department of Obstetrics, Gynaecology and Perinatology is designed to promote excellent academic and research values which translate to evidence based clinical practice in the care of reproductive health of our women. To this end we align our educational mission with that of the Faculty, College and the University, which is to impart the essential knowledge, skills and attitude that will lead to success in medical education, training and clinical practice. The department has members who are knowledgeable and distinguished specialists in various fields of reproductive health of women and translate the goals of the department in the design of their lectures and research. The performance of the department is assessed by annual review and this is seen in the vast number of research publications output. These researches are also in collaboration with other departments and some are from award of grants from the university and from international organizations.

Students who rotate through the department are given instructional objectives and are trained to demonstrate understanding, communication skills and competence in promoting the health and wellbeing of the mother and their newborn. They are also taught the ability to acquire clinical skills, build therapeutic relationship with their patients and are evaluated for these competencies using the continuous assessment and examinations. In addition, to continue to meet the national need for specialists, the department is involved in the Postgraduate fellowship training of resident doctors.

All these have helped in the advancement of highest standards of competencies and ethical behaviour to meet standards for accreditations in medical education and translate gown to town and support the university in its vision to be one of the foremost Universities in Africa.

VISION

The vision of the Department of Obstetrics, Gynaecology & Perinatology is to be a globally acclaimed centre of excellence in training, health research and development through the use of dynamic and innovative curriculum to train and produce outstanding graduates; ensure high quality scholarly and research output that help health care providers to be responsive to the community through community oriented services

MISSION

The mission of the Department of Obstetrics, Gynaecology & Perinatology is to provide exceptionally high quality training through student centred programmes in a scholarly environment, fosters excellence in instructional delivery, research activities, compassionate patient care and health leadership.

SYNOPSIS OF OBSTETRICS, GYNAECOLOGY AND PERINATOLOGY CURRICULUM

Background Information

The Department of Obstetrics, Gynaecology and Perinatology is a foundational department of the College of Health Sciences when it first commenced medical school in 1972. The department has made major contributions to the supply of highly trained medical graduates to the Nigerian health sector. There is the need to continue to contribute to the solutions of the health care problem of Nigeria through continued training of medical manpower that understand the special circumstances of Nigerian environment and can function effectively and efficiently as core health care providers in the Nigerian setting.

Nigeria is faced with enormous health challenges as exemplified by very poor health indices. Nigeria has the one of highest maternal mortality ratio in the world, has high infant and under- five mortality rates. The department is therefore poised to produce quality graduates to tackle these increasingly poor health indices.

Departmental structure and faculty

The department currently runs a subspecialty unit system. Therefore the department has 5 functional units which includes Perinatology / fetomaternal medicine unit, Gynaecologist Oncology Unit, Infertility/ Reproductive Endocrinology Unit, Family planning, Reproductive Health / Community Obstetric Unit, and Uro-gynaecology/ Gynaecology Endoscopy Unit. The faculty is made up of Professors, Readers, Senior Lecturers and Lecturer 1. There are also non-academic staff members in the department.

Undergraduate and Postgraduate Programmes.

Undergraduate training: Obstetrics and Gynaecology remains an important health indicator of a nation and the core of life of a doctor so a broad and comprehensive exposure is given to medical students during their postings in the department. Attendance and participation are assessed using a student posting booklet with structured clinical posting combined with seminar presentations, labour ward attendance and call duty. The attitudes of our students are also graded and this forms part of the final clinical assessment score.

Postgraduate training: The department has a tradition of excellence in the training of specialists in Nigeria . We are certified to train candidates for examinations of both the National postgraduate Medical College and the West African College of Surgeons. Residents undergo rotations through each specialty both within the department and outside the department. The curriculum of both Colleges in Obstetrics and Gynaecology are followed in the training of the residents. The programme is divided in to two phases- junior residency and senior residency. On completion of the programme, candidates are eligible to practice and be registered as consultant Obstetricians and Gynaecologist in tertiary hospitals within the Nigeria and also in West Africa sub region . A lot of our faculty members are examiners for both the West African College of Surgeons and National Postgraduate College of Nigeria respectively .

ACADEMIC STAFF

S/N	Name of Staff	Rank/Designation	Qualification	Full Time	Remarks
1	Prof E.O.Orji	Professor/ Consultant	MBBS, FMCOG, FWACS	Yes	Head of Department
2	Prof. U. Onwudiegwu	Professor/ Consultant	MBCh.B, FWACS	Yes	
3	Prof. F. O. Dare	Professor/ Consultant	MBBS, FWACS	Yes	
4	Prof. O. B Fasubaa	Professor/ Consultant	B.Sc. (Hons.), MBCh.B, FWACS	Yes	
5	Prof. O. Kuti	Professor/ Consultant	MBBS, FWACS, FMCOG, FRCOG	Yes	
6	Prof. A. B. Adeyemi	Professor Consultant	B.Sc. (Hons.), MBCh.B, FWACS	Yes	
7	Prof.. A. T. Owolabi	Professor / Consultant	MBBS, FWACS, M.COMH	Yes	
8	Prof. O. N. Makinde	Professor /Consultant	B.Sc. (Hons.), MBCh.B, FWACS	Yes	
9	Prof O. M. Loto	Professor /Consultant	MBCh.B, M.Sc,FMCOG, FWACS	Yes	
10	Dr. K. O. Ajenifuja	Reader/Consultant	MB.BS, FWACS	Yes	
11	Dr. A.O. Ijarotimi	Senior/Consultant	MBCh.B, FMCOG	Yes	
12	Dr. O.O Badejoko	Senior/Consultant	MBCh.B, FMCOG, FWACS	Yes	
13	Dr. I. O. Awowole	Lecturer I/ Consultant	MBCh.B, FWACS	Yes	
14	Dr. C. A. Adepiti	Lecturer I/ Consultant	MBCh.B, FWACS, FMCOG	Yes	
15	Dr. E.O. Fehintola	Lecturer I/ Consultant	MBCh.B, FWACS	Yes	

SENIOR STAFF

- | | |
|---------------------------------|------------------------------------|
| 1. Mrs Awoniyi Aderemi Olukemi | - Principal Technologist |
| 2. Mr Duduyemi Jacob Olatunde | - Chief Secretarial Assistant |
| 3. Mr Komolafe Olanrewaju Isola | - Technologist I |
| 4. Mrs Akinola Risikat Bolanle | - Chief Secretarial Assistant |
| 5. Mrs Adesina Roseline Bosede | - Senior Laboratory Superintendent |

JUNIOR STAFF

- | | |
|---------------------------------|-----------------------------|
| 1. Mr Ijiwande Funminiyi | - Chief Office Assistant |
| 2. Mr Folorunso Tiamiyu Adeyeye | - Senior Clerical Officer |
| 3. Mrs Awoyinfa Agnes Ayobami | - Laboratory Superintendent |
| 4. Mrs Samuel Iyabo Temitayo | -Secretarial Assistant III |

PERSONNEL ADMINISTRATION

The Head of Department reports directly to the Dean, Faculty of Clinical Sciences. All Academic, Administrative and Junior staff report directly to the Head of Department. Administration within the department is OPEN and highly interactive. Departmental meetings are held statutorily every quarter where issues of importance are brought up. Ad-hoc meetings are called when necessary and decisions are jointly taken. Members of staff are encouraged to attend both Local and International meetings. The University approves support for this on application using university protocol. Staff members are appraised annually. The Departmental Review Committee as constituted meets to consider the recommendation of the Head of Department which is subsequently submitted to the Dean for further processing.

STUDENT WELFARE

a. Students have tutorial/academic adviser whose main function is to organize regular tutorials and counsel the student as the need arises.

b. Handling of Academic grievances

Students are advised to liaise with their adviser regularly at all times. Any grievance that cannot be handled at that level is reported to the Head of Department who may inform the Dean as the need arises.

CURRICULUM FOR UNDERGRADUATE MEDICAL TRAINING

The Department of Obstetrics, Gynaecology and Perinatology undertakes the training of

the following clinical students at two levels:

1. Part IV M.B., Ch.B. (Clinical 1) students - 400 Level
2. Part VI M.B., Ch.B. (Clinical 2) students - 500 Level

Part IV M.B., Ch.B. Programme (400 Level)

This programme is undertaken by both dental and medical students who have just concluded their pre-clinical studies and have passed the Part III M.B., Ch.B. (2nd MB) examinations in Anatomy, Biochemistry and Physiology. They are thus in the first year of their clinical training. There are several courses taught by various departments at this level. The course undertaken at the 400 level in the Department of Obstetrics, Gynaecology and Perinatology is CLI 409 – Human Reproductive System. This serves as one of the general introductory courses and is assessed alongside other courses taught at that level.

Lecture schedule of CLI 409 include:

1. Review of family Planning
2. Obstetric Haemorrhage
3. Vital statistics in Obstetrics
4. Normal antenatal care
5. The Physiology of menstruation
6. Uterovaginal Prolapse/Urinary Incontinence
7. The embryology and anatomy of female genitourinary system
8. Early Pregnancy complications
9. Management of normal and abnormal labour
10. The puerperium and its complications
11. Uterine fibroids/infertility
12. Sexual transmitted diseases including HIV/AIDS
13. Benign and malignant trophoblastic diseases and ovarian tumours
14. Carcinoma of the cervix, uterus, vulva, and vagina
15. Reproductive health and rights

Part V M.B., Ch.B. Programme (500 Level)

This programme is for students who have successfully completed their Part IV courses.

The principal course undertaken in the Department of Obstetrics, Gynaecology and Perinatology at the 500 level is: **CLI 501** –_Obstetrics and Gynaecology.

OBJECTIVES

At the conclusion of the programme in Obstetrics & Gynaecology, the medical student would have acquired knowledge, skills and attitudes which would enable him to:

- Appreciate the principles and practice of the speciality of obstetrics and gynaecology on the basis of the biology of human pregnancy, labour and puerperium.
- Collate the symptoms and physical findings, record, name methodically and analyse the corpus of information towards objective care in obstetric and gynaecological patients.
- Acquire knowledge to become familiar with the common gynaecological illnesses.
- Understand the principles and practices of antenatal care.
- Become familiar with various obstetric situations and be capable of making accurate clinical decisions followed by appropriate action in such cases.
- Understand the principles of preventive gynaecology, especially as they relate to primary health care in obstetrics and gynaecology and reproductive health.

COURSE CONTENTS

Instructional Topics in Gynaecology

- Applied Anatomy of the Female Genital Tract
- Ovarian structure and function.
- Clinical Aspects of Ovarian Function: Puberty, Menstrual Cycle and Menopause
- Aids to diagnosis of Ovarian Dysfunction
- Development of the Female Genital Tract: Congenital Anomalies, Intersexuality
- Amenorrhoea
- Uterine Bleeding
- Tubo-Ovarian Infection
- Diagnosis and Management of Infertility
- Disorder of the Pelvic Floor: Utero-Vaginal Prolapse, Incontinence of Urine.
- Vesico-Vaginal Fistula and Recto-Vaginal Fistula
- Gynaecological neoplasms.
- Trophoblastic Diseases.
- Sexually Transmitted Diseases.
- Chronic Vulval Diseases
- Gynaecological Emergencies.
- Endoscopy and Ultrasonography in Gynaecological Practice
- Principles and Ethics of Assisted Reproductive Technology.
- HIV/AIDS.
- Family planning.

- Abortion and Post abortion care
- Ectopic pregnancy.

Instructional Topics in Obstetrics

- Diagnosis of pregnancy.
- Reproductive physiology.
- Ante-natal care.
- Physiological changes in pregnancy.
- The placenta, amniotic fluid.
- The physiology of lactation.
- Anaemia in pregnancy.
- Malaria in pregnancy.
- Sickle Cell Disease in Pregnancy.
- Pre-eclampsia and Eclampsia.
- Hypertension in Pregnancy.
- Hydramnios and Oligohydramnios.
- Diabetes Mellitus in Pregnancy.
- Cardiac Disorders in Pregnancy.
- Chronic renal disease in pregnancy, renal failure.
- Endocrine Disorders and Pregnancy.
- Infections in Pregnancy.
- Premature Labour; Postmaturity.
- Intra-Uterine Death; Destructive Procedures
- Antepartum Haemorrhage.
- Coagulation Disorders in Obstetrics.
- Nausea and Vomiting of Pregnancy.
- Physiology and Conduct of Normal Labour and Delivery.
- Abnormal Labour and Delivery: Dystocia; Use of Partogram.
- Trial of Labour; Management of Prolonged Labour; Obstructed Labour.
- Abnormal Fetal Presentations.
- Multiple Gestation
- Induction of Labour
- Postpartum Haemorrhage.
- Normal Puerperium; Puerperal Morbidity.
- Maternal Mortality and Safe Motherhood.
- Biological and Social Factors in Obstetrics.
- Post-Natal Examination.
- Organisation of Maternity Services in a Community
- Radiography and Imaging Studies in Obstetrics.
- Assisted Delivery; Caesarean Section
- Anaesthesia in Obstetrics
- Pain Relief in Labour
- Prenatal and Postpartum Detection of Congenital Abnormalities in the Baby.
- Birth Trauma.
- Neonatal Resuscitation.
- Perinatal Mortality.
- Sexually Transmitted Infections and HIV/AIDS in Pregnancy.

Basic Practical Skills in Obstetrics and Gynaecology

- Setting up intravenous (IV) drip and management of IV infusions.
- Insertion and removal of urinary catheters.
- Preparation of patients for minor and major operations.
- Passage of various forms of vaginal specula.
- Culdocentesis and paracentesis.
- Partographic monitoring of labour.
- Conduct of a normal vaginal delivery.
- Conduct of breech delivery.
- Conduct of a twin delivery.
- Repair of episiotomies and perineal tears.
- Repair of cervical lacerations.
- Insertion of intrauterine contraceptive device.
- Induction and augmentation of labour.
- Manual removal of the placenta.
- Management of third stage of labour to prevent postpartum haemorrhage.
- Administration of appropriate oxytocics in labour to treat postpartum haemorrhage.
- Administration of drugs (sedatives, anticonvulsants and anti-hypertensives) to prevent and treat eclampsia.
- Management of incomplete abortion with manual vacuum aspiration.
- Assist in Caesarean section delivery.

General Gynaecology

Evaluation of the gynaecologic patient: Gynaecologic history, gynaecologic physical examination, common laboratory tests in gynaecology, imaging techniques, surgical evaluation in gynaecology. Paediatrics gynaecology: congenital anomalies of the female genital tract, intersex disorders, acquired gynaecological disorders of childhood. Urinary disorders: Genuine stress incontinence, detrusor instability, overflow incontinence and functional incontinence, fistulae (vesico-vaginal) fistulae, vesico-rectal fistulae, uretero-vaginal fistulae. Endometriosis and adenomyosis, chronic pelvic pain, genital tract injuries (dilatation & curettage-box), acquired gynaecostoma, intermenstrual, post coital and post menopausal bleeding, ectopic gestation, displacements of the female genital tract.

Endocrinology and Infertility

The menstrual cycle and associated disorders: the menstrual cycle, primary amenorrhoea, secondary amenorrhoea, menorrhagia, dysmenorrhoea, galactorrhoea, hirsutism, polycystic ovarian disease, intermenstrual, postcoital and postmenopausal bleeding, the climacteric. Sexuality: physiology of coitus, female sexual dysfunction, male sexual dysfunction, rape. Infertility: epidemiology of infertility, male infertility, assisted

reproductive techniques. Pelvic infection: the sexually transmitted organisms, acute pelvic inflammatory disease, chronic pelvic inflammatory disease, other pelvic infection

Induced abortions: abortion, legal & illegal (induced) abortions.

Family Planning and Reproductive Health

Contraception and family planning: general considerations and counseling on family planning, oral hormonal contraception, intrauterine contraceptive device, surgical contraception (female, male) long acting hormonal contraception, barrier methods of contraception, periodic abstinence and emergency contraception.

Gynaecological Oncology

Lesions of the Vulva: Benign lesions of the vulva, pre-malignant lesions of the vulva, malignant lesions of the vulva, pruritus vulvae. Disease of the vagina: vaginal discharge, benign lesions of the vagina, pre-malignant lesions, malignant lesions of the vagina.

Disorders of the cervix: benign lesions of the cervix, pre-malignant lesions of the cervix, malignant lesions of the cervix. Disorders of the Uterus: benign lesions of the uterus, pre-malignant lesions of the uterus. Disorders of the Ovary: ovarian neoplasms, evaluation of ovarian neoplasms, management of ovarian tumours. Gestational trophoblastic tumours: hydatidiform mole, choriocarcinoma. Chemotherapy and radiotherapy in gynaecologic practice: chemotherapy in genital cancer, radiotherapy in genital cancer.

Gynaecology Clinics /Simulation training

Approach to the gynaecological patient in the clinic. Symptoms and clinical signs in gynaecology. History taking in gynaecology. General physical examination. Pelvic examination. Clinic based procedures – Pap smears, high vaginal swabs, cryosurgery, transabdominal and transvaginal ultrasonography, diagnostic hysteroscopy, colposcopy, hysterosalpingography.

Obstetrics Clinics/Simulation training

Approach to the obstetric client in the antenatal clinic. Health education of the pregnant woman. Registration/ booking of the pregnant woman. History taking in the pregnant woman. General physical examination. Physical examination of the pregnant uterus and its contents. Routine laboratory investigations. Clinical pelvimetry. Risk assessment of a pregnancy. Special clinical procedures: obstetric ultrasonography, Pap smears, chorionic villus sampling, X-ray pelvimetry. The postnatal clinic..

Antenatal care/Fetal Medicine

Protocol for antenatal care, nutrition in pregnancy, lie, presentation, position, attitude, engagement of the fetus, the maternal pelvis, imaging in obstetrics, screening for congenital anomalies, prenatal diagnosis, drug use in pregnancy.

Fetal growth and development, antenatal assessment of the fetus, intrapartum fetal assessment, intrauterine fetal death (IUFD), intrauterine growth restriction (IUGR), fetal macrosomia, pregnancy and labour in anencephalic and hydrocephalic fetuses, rhesus isoimmunisation, acute fetal distress, disorders of the placenta, umbilical cord and liquor, the new born infant, examination of the new born, asphyxia neonatorum, other disorder and disease of the newborn, birth injuries.

Complications in Pregnancy/ Medical disorders in pregnancy

Hypertensive disorders in pregnancy, eclampsia, antepartum haemorrhage: Placenta previa, antepartum haemorrhage: placental abruption, preterm labour & delivery, cervical incompetence, premature rupture of membranes, cord prolapse, multifetal pregnancy, breech presentation, unstable lie. Anaemia in pregnancy, heart disease in pregnancy, malaria in pregnancy, heart disease in pregnancy, diabetes mellitus in pregnancy, mental disorders in pregnancy and the puerperium, human immunodeficiency virus (HIV)/ AIDS in pregnancy, human immunodeficiency virus (HIV) infection (Pathophysiology), the haemoglobinopathies in pregnancy, disseminated intravascular coagulation (DIC), obesity in pregnancy, vomiting in pregnancy, liver diseases in pregnancy, viral infections in pregnancy, other medical disorders in pregnancy, surgical disorders in pregnancy.

Labour and its Complication/operative Obstetrics/puerperium and its

Abnormalities / Safe Motherhood

Physiology of labour, management of labour including the use of the partogram, induction of labour, prolonged labour, feto-pelvic disproportion and obstructed labour, face, brow presentations and other malpositions, obstetric injuries, uterine rupture, Obstetric analgesia and anaesthesia, instrumental delivery: forceps, instrumental delivery: vacuum, instrumental delivery: destructive operations, symphysiotomy, caesarean delivery Management of the puerperium, episiotomy, postpartum haemorrhage, retained placenta, placenta accrete and acute uterine inversion, sudden postpartum collapse, puerperal pyrexia, upper genital tract infection, post partum contraception. Safe motherhood initiative, maternal mortality in Nigeria, age and reproductive outcome, parity and reproductive outcome.

CLI 501 Course overview

This course lasts for a total of 14 weeks and is utilized as follows:

Didactic lectures	-	2 weeks (Total Contact Hours - 60 hours)
Clinical rotation	-	10 weeks
Revision	-	1 week
End-of-Posting Examination	-	1 week

STUDENTS ROTATION

The total students for each session are usually divided into three groups A, B and C. Each Group of Part V Clinical Students will resume in the department with didactic lectures for two weeks and they are to start Clinical postings immediately after completion of lectures.

- (i) The incoming Group would be divided into 2 groups- 1 and 2, and they will rotate for 5 weeks each in the 2 Hospital units (IHU & WGH). The students in each group will be further sub-divided into two, A and B. Each sub-group will spend two and a half weeks each in Consultant units and Labour Ward/Family Planning Clinic (IHU & WGH) following the attached Rotation time table.
 - (ii) This rotation shall begin from the 3rd week and end by the 12th week. Week 13 is meant for revision and theory end of posting examination while week 14 is for the Clinical Examination and collation of marks.
 - (iv) Rotation in the Units usually start at 10.00 a.m. after the usual morning report which effectively begins at 8.30 a.m. Mondays through Fridays. Posting ends at 4 p.m. daily and call duty begins thereafter for the students.
 - (v) The Students have been divided into 4 Tutorial groups (1 to 4), each group attached to 3 or 4 consultants. Each group comprises 6-7 students each. In order to minimize back & forth travelling between IHU & WGH, tutorials shall hold with the Consultants based in the hospital unit where the student is currently rotating.
3. Tutorial Units: The students are usually divided into 14 tutorial groups each manned by a consultant

4. There will be Students' Rotation for 2 hours in the Gynaecologic Laboratory Monday through Wednesday (2 p.m. – 4 p.m.) to get acquainted with procedures relating to pathology in Gynaecology and Obstetrics (Semen analysis, post coital test, identification of microbes, pregnancy test etc. Students in the following units will be released as follows.

Mondays- Students Rotating in Labour Ward/Gynae Emergency (IHU).

Tuesdays -Students Rotating in Consultant Unit A (IHU)

Wednesdays -Students Rotating in Consultant Unit B (IHU)

5. **Thursday Academic Programme**

All academic staff attend this programme just for two hours 3 p.m. – 5 p.m. and to help drive residents and students to attend. In this regard; all clinics sessions, theatre sessions, ward rounds ends latest 2.30 p.m. every Thursday to enable academic staff, residents and students to arrive at the venue promptly so that activities can begin on the dot of 3 p.m. and end at 5 p.m. This Thursday programme is a major strength of the department .

POSTING DATE	Consultant Unit A (IHU)	Consultant Unit B (IHU)	LABOUR WARD & Family Planning Clinic (IHU)	Consultant Unit A (WGH)	Consultant Unit B (WGH)	LABOUR WARD & Family Planning Clinic (WGH)

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N.B.: Lecture Series: Already Concluded (WEEKS 1 – 2)

17 days	Group 1Ai	Group 1Aii	Groups 1Bi,1Bii	Group 2Ai	Group 2Aii	Groups 2Bi,2Bii
17days	Group 1Bi	Group 1Bii	Groups 1Ai,1Aii	Group 2Bi	Group 2Bii	Groups 2Ai,2Aii
17days	Group 2Ai	Group 2Aii	Groups 2Bi,2Bii	Group 1Ai	Group 1Aii	Groups 1Bi,1Bii
24days	Group 2Bi	Group 2Bii	Groups 2Ai,2Aii	Group 1Bi	Group 1Bii	Groups 1Ai,1Aii
7days	REVISION AND THEORY END OF POSTING EXAMINATIONS					
11days	CLINICAL END OF POSTING EXAMINATIONS WITH COLLATION OF MARKS					

ASSESSMENT OF STUDENTS

The student are assessed throughout the programme. This assessment omprise of:

1. Continuous Assessment – This contribute 40% to the final examination mark. This consist of:
 - (a) Attendance of lectures, tutorials and bed-side/chair side teaching
 - (b) Clerking
 - (c) End of posting examinations
2. Final Professional Examinations - This contribute 60% to the final examination mark.

Attainment Levels

The procedure to be used for students' assessment correspond to the knowledge, abilities and skills that are to be developed during training.

The end-of-posting examination consists of a Written Paper and Clinicals (long cases). The marks obtained in this examination together with the attitudinal rating constitute 40% of the overall marks of the final Part V M.B., Ch.B. Examination.

SUMMARY OF METHODS OF EVALUATION

	Course Work	Final Examination
Clinical	20	30
Written paper	15	20
Attitue	5	-
Orals	-	10
Total	40	60

Total Marks : 100

1. In-course/continuous assessment
End-of-Posting Examination

Clinicals (2 Long Cases –one obstetrics and one gynaecology cases)

Written Paper- Paper 1: 100 Multiple choice questions

Paper II: Theory (3 Essay questions)

Attitudinal Rating (assessment of attendance at wards & clinics, theatres sessions, labour ward attendance and observance of basic procedures etc as recorded in signology

booklet given to each students.)

2. Final Assessment (University Examination)

Clinicals (OSCE; obstetrics and gynaecological case scenarios and post encounters, general examinations, obstetrics examinations, picture tests, instruments, partograph etc)

Written Paper-	Paper 1:	100 Multiple choice questions
	Paper II:	Theory (3 Essay questions)
	Orals -	Orals (Viva)

Methods of Evaluation of the Effectiveness of Teaching

1. External Examiners' Reports
2. Structured Questionnaire for students' feedback and suggestions

PRIZES

There are various prizes awarded by different Departments and Faculties in the College .

DR MOSES ADEKOYEJO MAJEKODUNMI PRIZE IN OBSTETRICS AND GYNAECOLOGY is awarded for the student with the best overall results in the MB.CHB Degree in Obstetrics and Gynaecology

THE OBAFEMI AWOLowo UNIVERSITY TEACHING HOSPITALS COMPLEX, ILE-IFE

The Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife is one of the first generation of Teaching Hospitals established by the Federal Government of Nigeria to provide qualitative health care to its people. The Teaching Hospitals came into existence on 1st November 1975 and was founded on what is generally referred to as the 'Ife Philosophy' as its guiding principle. The philosophy focuses on an integrated health care delivery system emphasizing comprehensive health care services based on a pyramidal structure comprising primary care at the base, and secondary and tertiary services at hospital setting and designed to secure improvement in the physical, mental and socio-economic well-being of Nigerians through preventive, promotive, diagnostic, restorative and rehabilitative services.

The vision of the teaching hospital is to be a leading center of excellence in every clinical training and support services and its mission statement is to provide quality health care services, manpower development through training and research for the over all benefit of the patients and the society.

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| 2. Family Planning and Reproductive Health | - ISH and WGH |
| 3. Feto-maternal medicine | - ISH and WGH |
| 4. Gynaecological Oncology | - ISH |
| 5. Urogynaecology Unit | -WGH |

6.1 Reproductive Endocrinology and Infertility Unit

The unit is one of the five service units of the department consisting of three consultant staff . Undergraduate students and resident doctors rotate through the unit as part of their postings. The Director of this unit is Prof. A. T. Owolabi and other consultants include Prof. Fasubaa and Prof. O.M. Loto. The unit is at the forefront of establishing a state of the art Assisted Conception Unit (ACU) at the Obafemi Awolowo University Teaching Hospitals Complex. Although the ACU is yet to take off fully, the unit has already started performing less complex procedures aimed at improving the chances of conception among infertile couples following their investigations.

Some of the procedures currently being performed at the unit include the following:

1. Thorough evaluation of the infertile couples including investigations such as HSG, Laparoscopy and dye test, semen analysis etc.
2. Ovulation induction with either clomiphene citrate or gonadotropins with ultrasound folliculography.
3. Intrauterine Insemination (IUI) with washed semen for patient with mild to moderate oligospermia and unexplained infertility using swim up technique or density gradient.

The unit has started ovulation monitoring, sperm preparation and intrauterine insemination (IUI) of washed semen. This procedure is also carried out as an outpatient procedure in Family Planning Clinic at Ile-Ife

At the Obafemi Awolowo University, the department has a standard gynaecology laboratory which is well equipped with andrology facilities both for the training of the students/residents as well as service to our clients. This laboratory is in the process of being upgraded.

The department is currently seeking for partners so as to upgrade our unit to a full fledged assisted conception unit where we will be able to perform in-vitro fertilization and embryo transfer (IVF-ET) as well as intracytoplasmic sperm injection for severe male factor infertility. We are pioneering prostaglandin and free radical research in human semen and trace elements supplementation as a means of correcting oligospermia in African males.

Funding is our major challenge and the department hopes to overcome this with more decisive move at all cost within the next few of months.

6.2. Family Planning and Reproductive Health Unit

This unit has 2 consultants (Prof. E.O Orji and Dr. Mrs. Ijarotimi), The Director of this unit is Prof. E.O Orji. This unit organizes and carries out services in the area of Family Planning, Reproductive Health and Community Obstetrics. The family planning services are rendered to clients at the Ife Hospital Unit, Wesley Guild Hospital Unit, and Urban Comprehensive Health Unit, Eleyele. Contraceptive services such as implants, IUCD, injectables, oral contraceptive pills, condom, etc are rendered in these services. Resident doctors, medical students and student midwives undergo training and rotation in these units. Researches are also being carried out in this unit.

Community services and reproductive health services are also rendered by the members in this unit at the peripheral health centres such as Enuwa maternity centre, Gbelefefe Maternity centre, and Isokun maternity centres. The staff there had been trained in partograph usage in labour monitoring and nutritional supplement in pregnancy to reduce low birth weight.

Collaboration exists between the department of Obstetrics and Gynaecology with Department of Community Health and Institute of Public Health in carrying out research activities in reproductive health and community obstetrics.

6.3. Feto maternal Medicine (Perinatology Unit)

This unit has 4 consultants: Prof. O. Kuti, Prof. O.N. Makinde and Prof A.B. Adeyemi and Dr Awowole. Prof. O. Kuti directs this unit. Activities of this unit at the moment include

- 1) Fetal Assessment Clinics for all cases of suspected IUGR and other high risk pregnancies at Wesley Guild Hospital, Ilesa and Ife State Hospital, Ife.
- 2) Perinatal Bereavement Support clinic at West Guild Hospital Ilesa.
- 3) Joint monthly perinatal audit meeting

This unit has up-to-date facilities to monitor fetus at risk. The fetal assessment rooms have cardiotocographic monitors and ultrasounds. There is an ultrasound with a vaginal probe at Ilesa and efforts are being made at the moment to replace the present ultrasound in our labour ward at Ile-Ife. There is also a monitoring machine that is more sensitive than the

conventional oxymeter that we use for all our high risk patients in the labour ward and ASA 4/5 surgical patients at the labour ward in IHU

6.4 Gynae-Oncology Unit

The Gynaecology Oncology unit was created in 2006. It has 3 Lecturers (Prof. Uche Onwudiegwu, Dr. K.O. Ajenifuja, and Dr C. A.Adepiti) and two Nurses and a Social worker. The unit is equipped with cryotherapy machines, LEEP and colposcopes. The unit carries out screening for cervical premalignant lesions with direct visualization of the cervix and cytology both conventional and liquid-based.

Screened positive women have their results confirmed by additional investigations such as Colposcopy and directed biopsies. Women who were diagnosed as having cervical premalignant lesions are treated with either on out-patient basis using cryotherapy or Loop Electrosurgical Excision Procedure (LEEP). We also offer in patient management such as cone biopsies.

Bearing in mind that there is little awareness about cervical cancer in the community the unit has outreach program which takes members of the unit to religious organizations and to market women. The objective of the outreach program includes sensitizing the community and increase awareness about cervical cancer and that it is largely preventable if women are screened regularly. We also dispels the myths and superstitions about cancer generally and cervical cancer in particular

The unit manages other Gynaecology oncology cases that are referred to it from time to time and collaborates with other health care deliverers in haematology, morbid anatomy and Gastroenterology oncologist in the care of patients.

6.5 Uro-Gynaecology/Minimal Access Gynaecology Unit - IHU & WGH –

This unit is directed by Dr. O.O. Badejoko , Prof. F. Dare. Dr Fehintola and Dr Ayegbusi Dr Fehintola is the hospital focal person for this unit. They also provides services in General Obstetrics, Gynaecology, Family Planning and Urological Problems related to Gynaecology. Apart from uro-gynaecology, laparoscopic and hysteroscopic diagnostic and therapeutic surgical procedures are performed in the unit.

6. Residents

Forty residents positions had been approved by the postgraduate training colleges. The residents do all the elective postings of Anaesthesia, Neonatology, Radiology, Pathology,

Urology within our hospital together with the core Obstetrics and Gynaecology rotations through the various units. Junior residents spend 3 months each in the units including labour ward. The senior residents spend 3 months in all the postings but may spend six months in the unit they prefer to further advance their knowledge in future.

7. Further Information on our facilities:

7.1 Antenatal Clinic:

The department holds antenatal clinics daily and one postnatal clinic weekly in the hospital settings at IHU while at WGH Ilesa the department holds three antenatal clinics and one postnatal clinic weekly .

7.2 The Gynaecological clinic:

This clinic holds in a separate building at Ife and at WGH Ilesa.

7.3 Family Planning Clinic:

There is a segregated Family Planning Clinic in IHU and WGH using all modern contraceptive methods. The turnover is quite impressive with 2500 old and 1500 new acceptors respectively in 2018. Intrauterine contraceptive device is the most popular methods offered.

7.4 Antenatal Lying-in Ward:

There are 28 beds in IHU while there are 14 beds at the WGH, Ilesa.

7.5 Delivery Unit:

The delivery unit has an admission room with 2 couches, eight 1st and 2nd stage cubicles and an eclamptic room. There is an adjoining seminar room in the delivery suite. An ultrasound room is attached to the delivery unit which contained a functioning ultrasound and a cardiotocograph at IHU and a similar arrangement exists at Ilesa.

7.6 Labour Ward Theatre:

The Labour Ward Theatre is located separately from the delivery suite in IHU while the labour ward theatre is within the maternity complex at Wesley Guild Hospital. The theatre complex contains changing room, scrub room, major and minor suite respectively. There is a functional electronic fetal monitor.

7.7 Postnatal Ward

There are 53 beds in the postnatal ward, two amenity rooms and two septic wards with 4 beds at IHU and 8 beds at Wesley Guild Hospital, Ilesa.

7.8 Neonatal Unit:

The Neonatal unit is in the same complex with maternity unite.

7.9 Gynaecological Unit:

There is a Gynaecological Unit with 28 beds. In Ife State Hospital and 12 beds at the Wesley Guild Hospital, Ilesa. There is a separate Fistula building for Urogynaecology Unit in WGH Ilesa.

7.10 Gynaecological Theatre:

Gynaecological operations are done in the Main Theatre Complex.

There are 4 Operating suites and recovery spaces. Three Operating sessions are devoted for Gynaecology Surgery at both hospital setting and there is a dedicated operating suite devoted for Gynaecological surgery. A central sterilizing unit processes materials for surgery.

7.11 Radiology:

In the radiology unit, there is a special ultrasound dedicated for obstetric ultrasound and all our Obstetric patients are scanned in this room by the radiologist and sometimes by our residents and jointly as well.

Our residents rotate for at least one month in radiology participating in Obstetrics ultrasound scanning, HSG, IVU and other diagnostic procedures.

7.12 Haematology, Pathology and other Laboratories

They are all manned by competent staff and are equipped with up to date facilities.

7.13 Departmental Library:

There is a modern and effective functional e-library located in the department in the University and we are in the process of updating some journals and buy new text books. The hospital however has a library of its own with limited materials in Obstetrics and

Gynaecology. There is a reading room fully air conditioned for residents in IHU labour ward.

7.14 Residents Rest Room:

There are rest rooms available for residents on call particularly in the labor ward in both hospital settings for junior and senior residents. At least two registrars and two senior registrars are on call daily in each hospital settings and they are all supervised by consultant on call.

8. Departmental Academic Activities. These include:

- (a) Weekly seminar on Thursdays afternoon 3.00 p.m. every week.
- (b) Daily morning review 8 a.m. – 10 a.m.
- (c) Monthly journal club review.
- (d) Quarterly maternal and perinatal mortality/morbidity review.
- (e) Quarterly caesarean section review.
- (f) Residents Monday evening ground round 7 p.m. – 9 p.m.
- (g) Quarterly joint departmental presentation with Radiology, Pathology and anaesthesia.

9. Future Thrust of the Department

As part of the strategic development plan of the department, we hope in the near future to commence Masters and PhD programmes in the department and to expand the present subspecialty unit. We also intend to consolidate on the technological advancements in research and grantsmanship so far attained by the department in order to attain a world – class competitive standard.

CONCLUSION

Over the last four decades the Department of Obstetrics, Gynaecology and perinatology has witnessed phenomenal growth and development in teaching , research and service capacity. We hope that the coming decade will usher us into a horizon of unparalleled technological and specialized clinical services, cutting edge research and robust training capacity that is geared in giving our students the highest standard of medical education relevant to the community and national need with concomitant reduction in maternal and perinatal mortality and morbidity and overall improvement in health and wellbeing of our female populace .