



UNIVERSITY RESIDENCY PROGRAM 2022

RAWALPINDI MEDICAL UNIVERSITY

MS OBSTETRICS AND GYNAECOLOGY





PREFACE

The horizons of *Medical Education* are widening & there has been a steady rise of global interest in *Post Graduate Medical Education*, an increased awareness of the necessity for experience in education skills for all healthcare professionals and the need for some formal recognition of postgraduate training in Gynecology and Obstetrics.

We are seeing a rise in the uptake of places on postgraduate courses in medical education, more frequent issues of medical education journals and the further development of e-journals and other new online resources. There is therefore a need to provide active support in *Post Graduate Medical Education* for a larger, national group of colleagues in all specialties and at all stages of their personal professional development. If we were to formulate a statement of intent to explain the purpose of this log book, we might simply say that our aim is to help clinical colleagues to teach and to help students to learn in a better and advanced way. This book is a state of the art log book with representation of all activities of the **MD/MS Research Elective** program at RMU. A summary of the curriculum is incorporated in the logbook for convenience of supervisors and residents. It also allows the clinicians to gain an understanding of what goes into basic science discoveries and drug development. Translational **research** has an **important role** to play in **medical research**, and when used alongside basic science will lead to increased knowledge, discovery and treatment in **medicine**. A perfect monitoring system of a training program including monitoring of teaching and learning strategies, assessment and Research Activities cannot be denied so we at RMU have incorporated evaluation by **Quality Assurance Cell** and its comments in the logbook in addition to evaluation by **University Training Monitoring Cell (URTMC)**. Reflection of the supervisor in each and every section of the logbook has been made sure to ensure transparency in the training program. The mission of Rawalpindi Medical University is to improve the health of the communities and we serve through education, biomedical research and health care. As an integral part of this mission, importance of research culture and establishment of a comprehensive research structure and research curriculum for the residents has been formulated and a separate journal for research publications of residents is available.

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(MBBS, MCPS, FCPS, FACG, FRCP (Lon),

FRCP (Glasg), AGAF)

Vice Chancellor

MOTTO OF RAWALPINDI MEDICAL UNIVERSITY

Truth, Wisdom & Service

MISSION STATEMENT

The mission of MS OB/GYN Residency Program of Rawalpindi Obs / Gynae University is:

To provide competency based medical education with a structured training program to prepare specialists in the discipline of obstetrics & gynecology who would be able to provide quality patient care comparable to international standards, actively pursue research, serve as professional role models & clinical leaders, continue self-directed learning, promote social justice by advocating for equitable health care.

Vision Statement:

1. To promote the slogan of “healthy mother and healthy baby”
2. To provide best care for treating all patients of Obstetrics and Gynecology with uncompromising dedication and skill.
3. To set and pursue the highest goals for ourselves as we learn the science, craft, and art of patient care in Obstetrics and Gynecology.
4. To passionately teach our junior colleagues and students as we have been taught by those who preceded us.
5. To treat our colleagues and hospital staff with kindness, respect, generosity of spirit, and patience.
6. To foster the excellence and well-being of our residency program by generously offering our time, talent, and energy on its behalf.
7. To support and contribute to the research mission of our center, nation, and the world by pursuing new knowledge, whether at the bench or bedside.
8. To promote the translation of the latest scientific knowledge to the bedside to improve our understanding of disease pathogenesis and ensure that all patients receive the most scientifically appropriate and up to date care.
9. To promote responsible stewardship of Hospital resources by wisely selecting diagnostic tests and treatments, recognizing that our individual decisions impact not just our own patients, but patients everywhere.
10. To promote social justice by advocating for equitable health care, without regard to race, gender orientation, social status, or ability to pay.

11. To extend our talents outside the walls of our hospitals and clinics for community awareness as well as to promote the health and well-being of mother and baby, locally, nationally, and internationally.
12. To serve as proud ambassadors for the mission of the Rawalpindi Medical University MS Obstetrics and Gynecology Residency Program for the remainder of our professional lives.
13. To understand the significance of safe motherhood and to strive for the best to achieve sustainable developmental goals.

INTRODUCTION

It is a structured book in which certain types of educational activities and patient related information is recorded, usually by hand. Logbooks are used all over the world from undergraduate to postgraduate training, in human, veterinary and dental medicine, nursing schools and pharmacy, either in paper or electronic format.



Logbooks provide a clear setting of learning objectives and give trainees and clinical teachers a quick overview of the requirements of training and an idea of the learning progress. Logbooks are especially useful if different sites are involved in the training to set a (minimum) standard of training. Logbooks assist supervisors and trainees to see at one glance which learning objectives have not yet been accomplished and to set a learning plan. The analysis of logbooks can reveal weak points of training and can evaluate whether trainees have fulfilled the minimum requirements of training.




Logbooks facilitate communication between the trainee and clinical teacher. Logbooks help to structure and standardize learning in clinical settings. In contrast to portfolios, which focus on students' documentation and self-reflection of their learning activities, logbooks set clear learning objectives and help to structure the learning process in clinical settings and to ease communication between trainee and clinical teacher. To implement logbooks in clinical training successfully, logbooks have to be an integrated part of the curriculum and the daily routine on the ward. Continuous measures of quality management are necessary.

Reference




BraunsKS, NarcissE, SchneyinckC, BöhmeK, BrüstleP, HolzmannUM, etal. Twelve tips for successfully implementing logbooks in clinical training. Med Teach. 2016 Jun 2; 38(6): 564–569.




NAME OF CONTRIBUTORS

S No		NAME & DESIGNATION	CONTRIBUTIONS
1		<p>Prof. Lubna Ejaz Kahloon Dean of Obs/Gynae HOD of Obs/Gynae Unit-I Holy Family Hospital Rawalpindi Medical University</p>	<p>Redesigned and edited curriculum, main log-book, rotation log-book, long case log-book and portfolio. Implemented the concept of specific objectives of each log book and added a long-case log-book. Supervised and collaborated the whole process.</p>
2		<p>Prof. Nabeela Waheed HOD of Obs/Gynae Unit-II Holy Family Hospital Rawalpindi Medical University</p>	<p>Guidance and supervision</p>

3		<p>Prof. Shazia Syed HOD of Obs/Gynae , BBH Hospital, Rawalpindi Rawalpindi Medical University</p>	<p>Editing and support</p>
4		<p>Dr Naheed Bano Ex Associate Professor Obs/Gynae, Medical educationist Holy Family Hospital Rawalpindi Medical University</p>	<p>Guidance, Editing and support</p>
5		<p>Prof. Tallat Farkhanda HOD, DHQ Hospital, Rawalpindi Rawalpindi Medical University</p>	<p>Edited long case template</p>

6		<p>Dr Sadia Khan Associate Professor Obs/Gynae Holyfamily Hospital, Rawalpindi Rawalpindi Medical University</p>	<p>Editing and support Redesigned and thoroughly revised Medicine and allied rotation log book</p>
7		<p>Dr Rubaba Abid Naqvi Assistant Professor Obs/Gynae DHQ Hospital, Rawalpindi Rawalpindi Medical University</p>	<p>Provided template for long cases</p>
8		<p>Dr Sobia Nawaz Assistant Professor Obs/Gynae DHQ Hospital, Rawalpindi Rawalpindi Medical University</p>	<p>Editing and support Redesigned and thoroughly revised main log book and portfolio</p>
9		<p>Dr Maliha Sadaf Assistant Professor Holy Family Hospital Rawalpindi Medical University</p>	<p>Editing and support Redesigned and thoroughly revised main log book and portfolio</p>

10		<p>Dr Humaira Noreen Associate Professor Obs/Gynae BBH Hospital, Rawalpindi Rawalpindi Medical University</p>	<p>Provided objectives for rotation log book</p>
9		<p>Dr Humaira Bilqees Assistant Professor Obs/Gynae Holy Family Hospital Rawalpindi Medical University</p>	<p>Editing and support</p>
10.		<p>Dr Saima Khan Assistant Professor Obs/Gynae Holy Family Hospital, Rawalpindi Rawalpindi Medical University</p>	<p>Editing and support Thoroughly edited main log book, Redesigned and revised Surgery and allied rotation log book</p>

11		<p>Dr Khansa Iqbal Assistant Professor Obs/Gynae Holy Family Hospital Rawalpindi Rawalpindi Medical University</p>	Editing and support
12		<p>Dr Sadia Waheed Assistant Professor Obs/Gynae Holy Family Hospital, Rawalpindi Rawalpindi Medical University</p>	Editing and support
13		<p>Dr Ismat Tanveer Assistant Professor Obs/Gynae BBH Hospital, Rawalpindi Rawalpindi Medical University</p>	Editing and support

INTRODUCTION OF PORTFOLIO

What is a portfolio?

A collection of a learner's various documents and assessments throughout residency that reflect their professional development over time. May include referral letters and procedure logs (Rider et al., 2007). Portfolios also frequently include self-assessments, learning plans, and reflective essays (Epstein, 2007).

What should be included in a portfolio?

- Resident may include the following components in her portfolio:
- Curriculum Vitae (CV)
- Personal Publications
- Research abstracts presented at professional conferences
- Presentations at teaching units/departmental meetings and teaching sessions
- Patient (case) presentations
- Log of clinical procedures
- Copies of written feedback received (direct observations, field notes, daily evaluations)
- Quality improvement project plan and report of results
- Summaries of ethical dilemmas (and how they were handled)
- Chart notes of particular interest
- Photographs and logs of medical procedures performed
- Consult/referral letters of particular interest
- Monthly faculty evaluations
- 360-degree evaluations
- Copies of written instructions for patients and families
- Case presentations, lectures, logs of medical students mentored
- Learning plans
- Writing assignments, or case-based exercises assigned by program director
- List of hospital/university committees served on
- Documentation of managerial skills (e.g., schedules or minutes completed by resident)
- Copies of billing sheets with explanations
- Copies of written exams taken with answer sheets

- In-training Evaluation Report (ITER) results
- Format can be as simple as material collected in a three-ringed binder or as sophisticated as information stored in a handheld Pocket PC (PPC).
- Patient confidentiality should be assured when any clinical material is included in the portfolio.
- Should be resident-driven and include a space for residents to reflect on their learning experiences.

All parameters of our formative and summative assessment are included in main log book for MS, OB/GYN, Rest is included in the portfolio.

Why portfolio is required?

Can be used as a:

- Formative learning tool: To help develop self-assessment and reflection skills.
- Summative evaluation tool: To determine if a competency has been achieved.
- Useful for evaluating competencies that are difficult to evaluate in more traditional ways such as:
 - Practice-based improvement
 - Use of scientific evidence in patient care
 - Professional behaviors (Rider et al., 2007)
- Purpose is to highlight for the resident the need for ongoing learning and reflection to achieve and maintain competencies.
- Enormous flexibility in using the portfolio as a learning tool: Portfolio may focus on one area (e.g., assessments pertaining to professionalism in a learner with attitudinal issues) without losing its effectiveness for the broader scope of competencies.
- Number and frequency of entries may vary. Expectations, including minimum standards, should be defined with the resident from the outset.
- Portfolios can be powerful tools for guided self-assessment and reflection (Holmboe&Carracio, 2008).

Evidence:

- Evidence suggests that an assessment of skills is most valid when the tool used places the learner in an environment and/or situation that closely mimics that in which the learner will later practice the mastered skill (Wiggins et al., 1998). In that way, portfolios have the advantage of reflecting not just what residents can do in a controlled examination situation but what they actually do at work with real patients (Jackson et al., 2007).

- As an evaluation tool, the reliability and validity of a portfolio are dependent on the psychometric characteristics of the assessment and judging methods used in the portfolio process (Holmboe&Carracio, 2008).
- Research is still needed to determine whether portfolios can be a catalyst for self-directed, lifelong learning (O’Sullivan et al., 2002).

Practicality/Feasibility:

- Portfolios can be time consuming for the resident to assemble and for the preceptor to assess.

References:

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ENROLMENT DETAILS

Program of Admission _____

Session _____

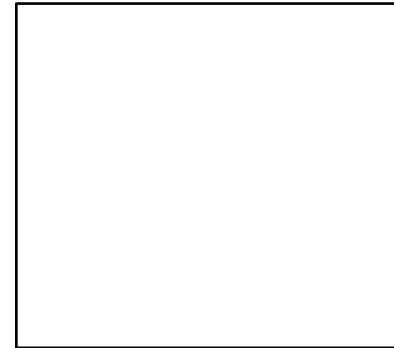
Registration / Training Number _____

Name of Candidate _____

Father's Name _____

Date of Birth ____ / ____ / ____

CNIC No. _____



Present Address _____

Permanent Address _____

E-mail Address _____

Cell Phone _____ Date of Start of Training _____

Date of Completion of Training _____

Name of Supervisor _____

Designation of Supervisor _____

Qualification of Supervisor _____

Title of department / Unit _____

Name of Training Institute / Hospital _____

INDEX OF PORTFOLIO

Sr. No.	Content	Page No
1.	Curriculum vitae	
2.	Instructions / Guidelines to Complete the Portfolio	
3.	How to write reflections	
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6.	Didactic lectures	

7.	Journal club	
8.	Maternal near miss cases	
9.	Maternal mortality meetings	
10.	Perinatal mortality meetings	
11.	Multidisciplinary meetings	
12.	Clinical audit meetings	
13.	Clinicopathological conferences	
14.	Hands on training/ workshops	
15.	Postgraduate course attended	
16.	Research publications/major research projects/dissertation/paper presentations	
17.	Awards/testimonials/appreciation letters / any other specific achievements	
18.	Year wise reflection of learning (clinical & surgical)	

19.	Future aims, objectives & plan for CPD	
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1. CURRICULUM VITAE



2. Instructions / Guidelines to Complete the Portfolio

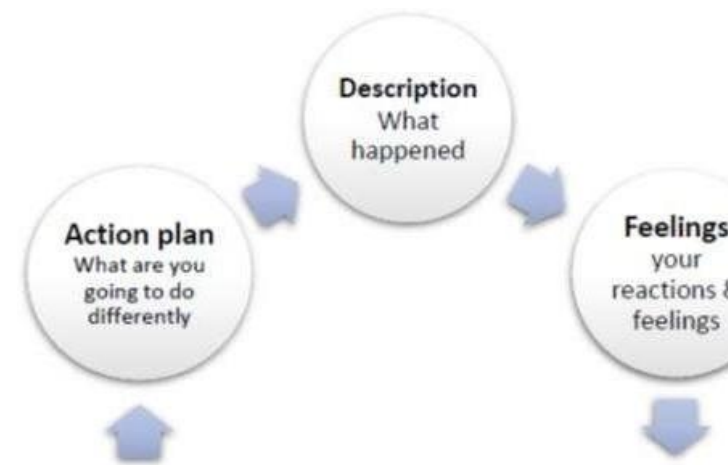
Portfolio Items	Guidance / Instructions
Curriculum Vitae (CV)	Brief curriculum vitae encompassing all academic achievements & work experiences should be written or pasted in this section.
Case Presentation	At least 24 case presentations that are unique and interesting should be written in this section along with your own opinion and reflection. You must mention what you learnt and then, having reflected on it, write down why it was significant. CBD Comments of the supervisor should be added along with your own learning experience.
Topic Presentation	Detailed documentation of at least 24 topic presentations along with your own reflection and comments of the supervisor. TEACHING CLASSES PRESENTATION
Didactic lectures	details of 6 lectures per year attended and learning experience
Journal Club	Critical appraisal of at least 20 research articles presented by you in Journal Club meetings should be written in this section. The articles you selected should be summarized in YOUR OWN WORDS. You should give a brief account of the main points of your source IN YOUR OWN WORDS. This means you should not “cut and paste” from the articles and write a summary of the research papers according to your own understanding.
Maternal near miss	Details of near miss cases (at least 10) should be documented in this section along with your own opinion and views and comments of the supervisor. You should mention any new experience/observation that you learnt from those meetings. This should be followed by discussion with your mentor/supervisor.
Maternal mortality meetings	Details of maternal mortality meetings (at least 10) should be documented in this section along with your own opinion and views and comments of the supervisor. You should mention any new experience/observation that you learnt from those meetings. This should be followed by discussion with your mentor/supervisor.

Perinatal meetings	Details of perinatal mortality meeting (at least 10) should be documented in this section along with your own opinion and views and comments of the supervisor. You should mention any new experience/observation that you learnt from those meetings. This should be followed by discussion with your mentor/supervisor.
Multidisciplinary meetings	details of 10 multidisciplinary meeting along with learning experience and reflection
Clinical audit meeting	details of 12 clinical audit meetings along with learning experience and reflection
Clinico Pathological Conferences (CPCs)	Detailed documentation of at least 24 CPCs attended by you along with your learning experience and reflection.
Hands on Training/Workshops OPTIONAL	Description of learning outcomes achieved by workshops attended should be written in this section. You should document the reason of need to have a specific workshop and your learning through each of the workshops separately.

Research Publications/Research Project/Dissertation/Paper Presentation in a Conference in addition to MS research project	All research experiences should be mentioned in this section along with comments of the supervisor. Participation in any national/international research project and paper presentation, national/international conference should be documented along with the evidence.
Awards/Testimonials/Appreciation Letters/Any Other Specific Achievement	Evidence of awards, testimonials, appreciation letters and any other specific achievement should be given in this section with comments of the supervisor. Evidence (if any) should be attached in the form of printout/scanned document.
Year wise Reflection of Learning (Clinical & Surgical)	You should reflect on your learning at the end of each year of training. The reflection should be documented as: <ul style="list-style-type: none"> ● Description of goals achieved ● Deficiencies / problems of clinical learning ● Deficiencies / problems of surgical learning ● Suggestions for improvement ● Action Plan

Future Aims/Goals and Plan for CPD

Mention in detail your future aims, objectives and goals.
Finally, design a plan for your future CPD (Continuing Professional Development).



3. How to write reflection

How to write reflections

In the sections (case presentation, topic presentation, journal club, hands on training) reflect on the key activities that you have performed according to the 6 stages of Gibb's reflective cycle. You also have to reflect on your learning at the end of each year of residency according to the Gibb's cycle.



Gibb's Reflective Cycle:

Stage 1- Description

Here you set the scene. What happened? When it occurred? Who was there? What did they do? What was the outcome?

Stage 2- Feelings

Discuss your feelings and thoughts about the experience. Consider questions such as:

How did you feel at the time? What did you think at the time? What impact did your emotions, beliefs and values have? What do you think other people were feeling? What did you think about the incident afterwards?

Stage 3- Evaluation

How did things go? Focus on the positive and negative even if it was primarily one or the other. What was good and what was bad about the experience? What went well? What didn't? Were your contributions positive or negative. If you are writing about a difficult incident, did you feel that the situation was resolved afterwards?

Stage 4- Analysis

This is where you make sense of what happened, using the theory and wider context to develop understanding. Why did things go well? not well? How can the theory explain what happened? How does my experience compare to the literature? What research/theories/models can help me make sense of this? Could I have responded in a different way? What might have helped or improved things?

Stage 5- Conclusion

What have you learnt? Generally, and specifically. What can I now do better? Could/should you have done anything differently? What skills would I need to handle this better?

Stage 6- Action plan

Action plans sum up anything you need to know and do to improve for next time.

How /where can I use my new knowledge and experience? How will I adapt my actions or improve my skills? If the same thing happened again, what would I do differentl

4. CLINICAL CASE PRESENTATIONS

(Minimum 24 cases: 14 Obstetrics, 10 Gynae Cases)

Date	Year of training	Topic of Case Presentation	Teacher	Sign by supervisor
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5. TOPIC PRESENTATIONS

(Minimum 24 topic presentations: 14 Obstetrics, 10 Gynae)

(6 required each year)

Date	Year of training	Topic of Presentation	Teacher	Sign by supervisor
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6. DIDACTIC LECTURES

(At least 06 required each year)

Date	Year of training	Topic of lecture	Teacher	Sign by supervisor
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7. JOURNAL CLUB

(Critical appraisal of at least 20 research articles)

Date	Year of training	Topic of article	Teacher	Sign by supervisor
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8. MATERNAL NEAR MISS CASES

(minimum 10 cases in 4 years)

Date	Year of training	Case summary	Teacher	Sign by supervisor
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9				
10				

9. MATERNAL MORTALITY MEETINGS

(Minimum 10 meetings in 04 Years)

Date	Year of training	Case details	Teacher	Sign by supervisor
1				
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10. PERINATAL MORTALITY MEETINGS

(Minimum 10 meetings in 04 Years)

Date	Year of training	Detail of Case	Teacher	Sign by supervisor
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11. MULTIDISCIPLINARY MEETING

(Minimum 10 meetings in 04 Years)

Date	Year of training	Detail of Case	Teacher	Sign by supervisor
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12. CLINICAL AUDIT MEETING

(minimum 12 in 4 years)

Date	Year of training	comments and suggestion	Presenter	Sign by supervisor
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13. CLINICOPATHOLOGICAL CONFERENCES

(Minimum 24 in 04 Years)

Date	Year of training	Case details	Facilitator	Sign of supervisor
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14. WORKSHOP / HANDS ON TRAINING (Optional)

Date	Year of training	Workshop	Teacher	Sign of supervisor
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15. Postgraduate courses attended

Date	Year of training	Workshop	Teacher	Sign of supervisor
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7				
8				

16. RESEARCH PUBLICATIONS/MAJOR RESEARCH PROJECT/DISSERTATION/PAPER PRESENTATIONS

Date	Year of training	Research publications /projects/dissertations/paper presentations	Facilitator	sign of supervisor
1				
2				
3				
4				
5				
6				

17. AWARDS/TESTIMONIALS/ APPRECIATION LETTERS

ANY OTHER SPECIFIC ACHIEVEMENT

Date	Year of training	Title of document	Acknowledgment of supervisor
1			
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9			
10			

18. YEAR WISE REFLECTION OF LEARNING (CLINICAL AND SURGICAL)

(Minimum 1500 words for each year)

I. Reflection writing for first year

Description:

Feelings:

Evaluations:

Analysis:

Conclusion:

Action plan:

Sign of supervisor

II. Reflection writing of second year

Description:

Feelings:

Evaluations:

Analysis:

Conclusion:

Action plan:

Sign of supervisor

III. Reflection writing for third year

Description:

Feelings:

Evaluations:

Analysis:

Conclusion:

Action plan:

Sign of supervisor

IV. Reflection writing for fourth year

Description:

Feelings:

Evaluations:

Analysis:

Conclusion:

Action plan:

Sign of supervisor
