

MED 4003– Obstetrics and Gynecology

Course Name	Code	Semester	Type of course	Lecture	Group Work (hrs)	ECTS
Obstetrics and Gynecology	MED 4003	VII	MANDATORY	50	96	10
Faculty, Educational program	Faculty of Medicine, one-cycle Educational Program “Medicine					
Author (s) of the course	<p>Jumber Jungiadze-invited specialist; Mobile: 577 40 74 35; e-mail: jungiadze@mail.ru</p> <p>Mariam Samkharadze -invited specialist Mobile: 599 40 88 04; e-mail: m.samkharadze@gmail.com Consultation hours; according to the agreement with the teacher</p>					
Educational course format	Lecture Curation					
Educational Course Volume	<p>Total: 300 hours Contact 150 hours, Including:</p> <ol style="list-style-type: none"> 1. Lecture - 50 h 2. Curatio- 96 h 3. midterm exam - 2 h 4. final exam - 2 h <p>Independent work - 150 h</p>					
Prerequisites	MED 2008					
The purpose (s) of tutorial course/modules	Transfer the deep and consistent knowledge in the direction of Obstetrics and Gynecology; develop the skills necessary Obstetrics and Gynecology practice;					

<p>Teaching/learning methods</p>	<p>Lecture-verbal method, Explanation, demonstration: visual presentation of the information (pictures, diagrams, slideshow, video);</p> <p>Curation – will be carried out in the clinical environment. Thematic patients will be demonstrated and theoretical material will be interpreted through the practical cases. Analysis and synthesis – interpretation, classification and evaluation of the data; in order to learn the new material the complex processes will be broken into small components and the realized separately; further they will be presented not as the separated pathologic processes, but as the components comprising the united homeostasis of the organism and perceived in unity.</p> <p>Also, in order to develop the clinical skills the following concrete practical work will be carried out under the supervision of the teacher-to collect anamnesis, examine the patient, take the patient history, duty hours;</p> <p>Asking questions – the students will be evaluated through oral checking of the current theoretical material by asking questions in the frames of the material already covered that will help to develop the skill of linking the covered and the current materials and make proper analysis;</p> <p>Role Play – the students must present the simulated situation by playing the patient-doctor roles;</p>
<p>Student knowledge assessment system</p>	<p>Student's knowledge is assessed based on the 100-score system, out of which 60 scores are addressed to the mid-term evaluations, and 40 scores are allocated for the final exam.</p> <p>Mid-term assessment components:</p> <ul style="list-style-type: none"> • Clinical skills- 10 scores; • Medical documentation processing - 10 scores; • Role play - 10 scores; • Duty - 10 scores; • Mid-term exam - 20 scores; <p>Assessment of clinical skills - max 10 scores</p> <ol style="list-style-type: none"> 1. Relevance of the main clinical skills and theoretical knowledge, surfing the additional information around the topic independently-1 score; 2. Accurate consistency of performing manipulation-1 score; 3. The skills of interpretation of clinical results-1 score; 4. Patient and own security-1 score; 5. Skills of communication with the patient-1 score; 6. The skills of defending the principles of deontology and ethics-1 score; 7. The skills of analytical thinking around the diagnosis. Carrying differential diagnosis. Projecting the relevant plan of treatment-1 score; 8. The skills of quick orientation in the limited time period-1 score; 9. The skills of management of the emergency help situation-1 score; 10. The skills of receiving the informative consent from the patient and the procedure

preparation- 1 score;

Evaluation of processing of the medical documentation-max. 10 scores

- 9-10 scores-The task is understood and analysed correctly. Anamnesis is collected completely. The history is filled out consistently; all components in it are described in a detailed way with the correct terminology; examination plan is complete; diagnosis formulated correctly, the treatment diagram is adequate and includes the names of the medicines with the correct names and dosages.
- 7-8 scores-The task is understood correctly, anamnesis collected, all components consistently presented and described with proper terminology, examination plan is complete, the diagnosis is formulated accurately, treatment plan is adequate, with accurately prescribed medicines.
- 5-6 scores-the idea of the task is understood. Anamnesis is complete. The history contains all components, but is inconsistent with incorrect terminology. Examination plan is incomplete; the diagnosis is relevant to the clinical data, but is not completely formulated. Treatment scheme is adequate and includes the complete list of medicines;
- 3-4 scores – the task is partially understood, the history components are incomplete and inconsistent; the diagnosis is in compliance with the symptom complex, but is not supported; treatment plan is adequate, medicine list incomplete;
- 1-2 scores–the task is understood incorrectly. The history is presented within the scheme;
- 0 score – the task is not fulfilled;

Role play with criterion (max 10 scores):

1. The accuracy of the imitated situation and the logical chronology of the action during the role play-4 scores;
2. The skills of knowledge application in practice- 4 scores;
3. Time management- 2 scores;

Mid-term exam - 20 scores;

Mid-term exam is a test. The test is comprised of 40 questions each one rates 0.5 scores.

The student is allowed to pass the final exam, if he accumulates not less than 11 points for the mid-term evaluations.

Final exam - 40 scores

Final exam is a combination of tests -30 scores (the test includes 60 closed questions, each one rates 0.5 scores) and the evaluation of clinical skills-max. 10 scores.

The final exam is considered to be passed if the student accumulates at least **70% or more** out of the maximum assessment of the exam ($40 \times 70 / 100 = 28$ scores).

Credit will be awarded if the student accumulates at least 51 scores out of 100 scores;

	<p>Positive assessments:</p> <ul style="list-style-type: none"> • (A) Excellent - 91scores and more; • (B) Very good - 81-90scores; • (C) Good - 71-80 scores; • (D) Satisfactory - 61-70 scores; • (E) Enough - 51-60 scores; <p>Negative assessments:</p> <ul style="list-style-type: none"> • (FX) didn't pass - 41-50 scores that means that student needs more work and is allowed to pass one additional exam; • (F) Failed – 40 scores or less that means that the student did not perform enough and has to take the course again. <p>The student has the right to pass an examination in the same semester. The interval between the final and additional exams should not be less than 10 days.</p>
Basic Literature	<ol style="list-style-type: none"> 1. WILLIAMS GYNECOLOGY: [HARDCOVER] BARBARA L.HOFFMAN; JOHN O. SCHORGE;JOSEPH I.SCHAFFER. MC GRAW HILL MEDICAL.2012; 2. JEFFCOATE'S PRINCIPLES OF GYNAECOLOGY. NORMAN JEFFCOAT; EDITED BY: PRATAP KUMAR, NARENDRA MALHOTRA. JAYPEE BROTHERS MEDICAL PUBLISHERS (P) LTD.II EDITION. 2008; 3. OPERATIVE OBSTETRICS. EDITED BY: JOSEPH J.APUZZIO, ANTHONY M.VITZILEOS, LESLIE IFFY. TAYLOR&FRANCIS GROUP. IIED. 2006.
The auxiliary literature	<ol style="list-style-type: none"> 1. Kevin P.Hanretty.Obstetrics Illustrated. Churchill Livingstone. VI ed. 2003; 2. Oguz Akin, Elvis Sala, Susan M.Ascher, Deborah levine, Caroline Reinhold. Diagnostic Imaging Gynecology. Amirsys. 2007.

Course content

#	Theamatics	Lecture (hours)	Curatio (hours)
1	The aim and objectives of obstetrics; The main stages of obstetrics development; Anatomy of female genital organs; Bony pelvis; Pelvis in the context of obstetrics; Physiology of pregnancy. Pregnancy diagnostics; Terminology of obstetrics	2	5
2	Pregnant women antenatal observation (consulting, nutrition, exercise, bad habits), regular visits; fetus condition assessment: fetus heartbeat, biophysical profile, frequency of movements, nont-stress test, stress test, ultrasound study; Doppler test; screening of congenital abnormaly; triple and quadruple test; specialized ultrasound; amniocentesis; biopsy of the chorionic villi; cardiocentesis; genetic testing;	3	5
3	Birth physiology, delivery periods; delivery mechanism; biomechanisms of childbirth; theories of delivery mechanism; The clinical course of childbirth; Birth control; Pregnancy and delivery control during pelvic presentation: classification, diagnostics, delivery mechanisms; pregnancy and delivery process; pregnancy and delivery	3	5

	control; anesthesia in obstetrics		
4	Pathological delivery: a clinically narrow pelvis, big fetus, fetus shoulder dystocia, falling out of a loop of cord, asynclitic stand of fetus' head; high, direct stand of the fetus' head; low transverse stand of the fetus' head; fetus transverse and indirect position; fetus position corrective surgery; obstetrics rotation. Open presentation of the fetus head; abnormalities of maternity action; hypertension dysfunction of Uterus; multy pregnancy and peculiarities of delivery control;	3	5
5	Obstetrics complications: Pregnancy hypertension, preeclamsia, eclampsia, HELLP syndrome, gestational diabetes, pregnancy vomiting, izo-immunization, premature delivery, premature spills of amniotic fluids; the 3rd trimester hemorrhage - detachment of placenta, placental presentation, uterus rupture. complications of the 3rd period of delivery: early postpartum hemorrhage, placenta attachment anomalies, inverted uterus.	3	5
6	Postpartum physiology. Postpartum complications. Operations of afterbirth stage and early postnatal stage: a total and subtotal hysterectomy, display, operation techniques. Fetus vacuum extraction. Contra-indications; Preparation for operation. Obstetrical forceps. Obstetric manual aid and operations in case of the fetus pelvic presentation. Extraction of the fetus during the fetal pelvic presentation; display, conditions, techniques and stages of the operation; expected difficulties and complications;	3	5
7	Caesarean section: the history and development stages of the Cesarean section of the classification. Abdominal caesarean section; immediate and further complications of the Caesarean section; Caesarean section to terminate the pregnancy (minor Caesarean section), caesarean section on dead and dying pregnant.	3	5
8	Types of abortion: spontaneous - anticipated, starting, incomplete, completed, septic, a common artificial abortion, evidences, methods; immediate and further complications of the Artificial abortion; latest and distant complications. Fetus death, the causes and control; operations to split fetus	3	5
	Midterm exam		2
9	Pregnancy and extragenital diseases: thyroid, cardiovascular, asthma, pneumonia, kidney and urinary tract diseases, congenital and acquired thrombophilia.	2	5
10	Pregnancy and sexually transmitted diseases; Pregnancy and tuberculosis; Pregnancy and genital abnormalities: hysteromyoma; Ovarian tumor (cysts, ovarian neoplasm; ovarian cancer); cervical cancer.	2	5
11	Reproductive system structure and function of a woman. 5 levels of the reproductive system regulation. The cerebral cortex, hypothalamus, hypophysis, peripheral endocrine organs, the target organs. Ovarian cycle. Menstrual cycle. Examination methods of gynecological patients.	3	5

12	Inflammatory diseases of the female genital organs: etiopathogenesis, channels of disease spread, classification, non-specific and specific; The main forms of inflammatory diseases of the low genital tract. Inflammatory diseases of the pelvic organs; child gynecology. Anatomical and physiological peculiarities. Characteristics of checkup.	3	5
13	Family planning. Modern methods of contraception. Alternative methods of abortion. criteria and contraindications of application of the contraceptive methods. Unfertile marriage; Male and female infertility. Supporting reproductive technologies to treat infertility: artificial insemination, in-vitro fertilization, egg donation, "surrogate" mother.	3	5
14	Endometriosis. The etiology, pathogenesis, classification, main clinical forms, diagnostics, treatment, prognosis. Pibromioma uterus. The etiology, pathogenesis, classification, clinical picture, diagnostics, treatment. Background and pre-cancerous cervical disease (true erosion, ectopia, leukoplakia, eritroplakia, polyps of the cervical canal, cervical intraepithelial hyperplasia) Etiopathogenesis, importance of papillomavirus, clinical picture, diagnostics, treatment, prevention. PAP- test. Endometrial hyperplastic processes	3	5
15	Neuroendocrine syndromes: polycystic ovary syndrome. Hiperandrogenia, hyper prolactinemia, menopause and pre-menstrual syndrome.	1	5
16	genital organs development abnormalities; genetic disorders;	1	5
17	Gynecological Oncology	3	5
18	Acute abdomen in gynecology - severe intraperitoneal bleeding (abnormal ectopic pregnancy, ovarian apoplexy), disorder of inner genital blood circulation (tumors, twisting of ovarian tumor-like formations on its feet, fibromatosis node necrosis), acute inflammation of the internal reproductive organs). The differential diagnostics, treatment. Techniques of the typical operations on genital organs. Micro-invasive technologies gynecology: endoscopy, vaginal operations.	3	6
19	Gestational trophoblastic disease.	3	5
	Final exam		2

Learning outcomes

Criteria	Competences
Knowledge and understanding	<p>The student has a deep knowledge about obstetrics and gynecology in the following areas:</p> <ul style="list-style-type: none"> • key terms; • Physiology of pregnancy, delivery mechanism, course and control; • contraception, menstrual irregularities, period of menopause; • Basic approaches and control of pelvic formations.
APPLYING KNOWLEDGE	<p>Is able to manage major gynecological, reproductive, endocrine and oncology problems; Is able to develop schedule, manage and interpret the scan results under preventive medicine.</p>
CONCLUSION SKILLS	<p>Is able to discuss specific problems based on gained knowledge - analyse and relevant conclusions.</p>
COMMUNICATION SKILLS	<p>Is able to discuss the problems of Obstetrics and Gynecology with colleagues, and to communicate about disease with the patient. Is able to discuss urgent cases in group; has skills to solve them.</p>
ABILITY TO LEARN	<p>Is able to manage the learning process independently, search new literature, to identify novelty from the information sources and to study</p>
VALUES	<p>Philanthropy, humanism, compassion, respect the personality and the rights, privacy protection, support for pregnancy, share the happiness of new life delivery</p>