CURRICULUM

FOR

2 YEARS DIPLOMA PROGRAMME IN

GYNAECOLOGY AND OBSTETRICS

(DGO)

2022

Nishtar Medical University
Multan

SR.	CONTENTS	PAGENO
1	Foreword	1
2	Nomenclature and Duration	3
3	Eligibility Criteria for Admission	4
4	Recognition/Equivalence of the Degree and Institution	5
5	Aim and Objectives of the Course	6
6	Syllabus Part I DGO	8
7	Syllabus Part II DGO	10
8	Instructional Strategy	14
9	Log Book	15
10	Examinations	17
11	Recommended Books	21

FOREWORD

In September 2017, Nishtar Medical College was upgraded to University status after the passage of Nishtar Medical University Act by Provincial Assembly of Punjab with the vision to explicitly address academic and research needs in the field of health sciences and allied disciplines and to uplift their existing level to bring them on a par with the international standards.

The mission of the University is to train/produce health professionals equipped with passion, proficiency and empathy by achieving excellence in health professional education, standardized patients care and dedicated academic research.

The vision of university is to develop and promote professional leadership excellence in medical education, health care and humanity at national and international level.

A university is the zenith of knowledge that imparts quality education and awards degrees for extensive educational attainments in various disciplines with attendant advancement for the development of intellectual community. Protection of traditional knowledge, making exploration about it and obtaining deep understanding of modern technology and research techniques are some of the responsibilities of any university.

NMU is running a number of courses in the field of health sciences in Punjab. The list extends from undergraduate level courses up to the doctorate level both in basic, clinical and allied health sciences.

Since its inception, certain vital tasks were taken into serious consideration by NMU, for instance, curricula development and their up-gradation were among the most important ones besides introduction of contemporary educational programmes.

NMU has revised and finalized curricula for under graduate Medical/Dental Education, BSc Nursing, and Allied Health Sciences.

In keeping with its commitment for further improvement in the standard of medical education, NMU has taken an initiative to modify and improve one year postgraduate diploma courses to 2 years structured training programmes.

I do not believe in selling an old product in a new packing with a fresh label on it, just to do the job. Original products with actual outcomes for the society must be guaranteed. Being the Vice Chancellor of a public sector health university, I believe, it is my duty to remain vigilant and committed to the cause of improvement of the conventional medical and allied health sciences' curricula on regular basis. This will help produce technically sound professionals with advanced knowledge and skills.

Presently, NMU has designed and facilitated curriculum development committees for different clinical disciplines namely: DTCD, DOMS, DCH, DCP, DGO, DMRD and DA.

This document precisely briefs the details of updated curriculum for Diploma in Gynaecology and Obstetrics (DGO) as prepared by the Experts' Committee.

I am pleased to acknowledge the efforts made by ***Prof. Dr. Mehnaz Khakwani Chairperson & Head of Department of Obstetrics & Gynaecology Unit I Nishtar Hospital Multan.***

I hope, the revised course will be able to meet the needs of latest trends in Gynaecology and Obstetrics and will certainly produce competent mid-level specialists in the field, which is the main objective of this programme.

Prof. Dr. Rana Altaf Ahmad
Vice Chancellor
Nishtar Medical University Multan.

NOMENCLATURE AND DURATION

NOMENCLATURE OF THE PROPOSED COURSE:

The name of diploma course should be retained as DGO. This name has been recognized and established for the last many decades worldwide. Duration of the course should be two years structured training in are cognized department under an approved supervisor.

Course Title: DGO (Diploma in Gynecology and Obstetrics)

Training Centres: Departments of Gynecology & Obstetrics (accredited by NMU) in affiliated institutes of the Nishtar Medical University Multan.

Course Duration and Scheme of the Course:

Total Duration: 2 years structured training in a recognized department under the guidance of an approved supervisor

ELIGIBILITY CRITERIA FOR ADMISSION

GENERAL REQUIREMENTS

Candidates eligible for admission should have MBBS or equivalent qualification registered with Pakistan Medical & Dental Council (PMDC) and can fulfill one of the following criteria:

a. One year experience in Gynecology and Obstetrics as house surgeon/medical officer from a recognized institution.
b. Six months experience in Gynecology and Obstetrics and six months in any other specialty as house officer/house surgeon/medical officer.
c. One year experience after MBBS in any clinical field.

SPECIAL REQUIREMENTS

1. Obtaining pass percentage in the entry test as determined by the NMU rules
2. Qualifying the interview successfully
3. Having up to the mark credentials as determined by the NMU rules (no. of attempts in each professional, any gold medals or distinctions, relevant work experience, research experience from a recognized institution, any research article published in a National or an International Journal)

DOCUMENTS REQUIRED FOR THE ADMISSION

Completed DGO application form

1. Copy of MBBS degree with mark sheets of professional examinations and certificate of number of attempts in the professional examinations
2. Copy of PMDC registration certificate
3. Three latest passport size photographs
4. Reference letters from two consultants, with whom the applicant has worked
5. Certificates of completion of required experience

REGISTRATION AND ENROLLMENT

- NMU Multan will approve supervisors for diploma courses
- Candidates selected for the courses will be registered with relevant institution and enrolled with NMU.

RECOGNITION/EQUIVALENCE OF THE DEGREE AND INSTITUTION

After successful completion of two years training course and passing final DGO, candidate should be given status of mid-level specialist equivalent to any other similar qualification.

ACCREDITATION RELATED ISSUES OF THE INSTITUTION:

1. **Faculty**
   Qualified teaching staff in accordance with the requirements of Pakistan Medical and Dental Council**(PMDC)**

2. **Adequate Space**
   Preferably make available class-rooms (with audio visual aids), computer lab, pathology lab, examination room, labour room, operation theatre, etc. for clinical training.

3. **Library**
   Departmental library should preferably have latest editions of recommended books for DGO, reference books and latest journals (two National and one International).

4. **Clinical work load**
   Availability of adequate supervised clinical exposure to candidates

AIM AND OBJECTIVES OF THE COURSE

AIM

The aim of 2 years diploma programme in Gynecology and Obstetrics is to equip medical graduates with relevant professional knowledge, skills and ethical values to enable them to apply their acquired expertise at primary and secondary health care organizations as non-academic mid-level consultants.

GIO (GENERALINST RUCTIONAL OBJECTIVES)

By the end of training (2 years), the candidate should be able to:

Knowledge:

1. Discuss etiology, pathogenesis, epidemiology and management of disorders in Obstetrics and Gynaecology **on topics given in the list of course contents.**
2. Show initiative and become lifelong self-directed learners tapping on resources including clinical material, faculty, internet and online learning programmes and library
3. Be aware of Health Indicators in Pakistan, & comprehend local Community & Health issues.
4. Discuss principles of basic sciences as applied to Obstetrics and Gynaecology.

Skills:

1. Take a comprehensive and pertinent history of a patient presenting with Obstetrical and Gynecological complaints.
2. Perform detailed physical examination in a rational sequence that is Both technically correct as well as methodical.
3. Elicit physical signs without discomfort to the patient.
4. Evaluate patients in the setting of outpatients department, hospital wards, labour room, and emergency.
5. Formulate a working diagnosis and consider relevant differential diagnosis
6. Order a set of relevant investigations considering availability, Diagnostic yield, cost-effectiveness, side effects, and implications for management.
7. Decide and implement suitable treatments considering safety, cost factors, complications and side effects
8. Practice proper procedures in operating theatres & labor wards including gowning, gloving, use of various sutures, surgical principles, & use & working of electro medical equipment

9. Assist at major Gynecological surgery and perform minor procedures in dependently.
10. Handle Comprehensive EmOC independently.
11. Maintain follow-up of patients at appropriate intervals, recognizing new developments and/or complications and offering sensible management protocols.

Attitudes:

1. Counsel patients and relatives in patient's preferred language in elective and emergency situations in keeping principles of good communication skills, empathy and empowerment to patients
2. Exhibit emotional maturity and stability, integrity, ethical values and professional approach, sense of responsibility in day-to-day professional activities
3. Take proper informed consent for physical examination and ensure confidentiality and appropriate environment for intimate physical examination
4. Comprehend Community Indicators related to individual's health
5. Aware of and can apply national and international guidelines for treatment and assessment
6. Act as an independent specialist at community level/Tehsil and District Headquarter Hospital

SYLLABUS PART I DGO

Part I DGO

For Part 1, in all basic subjects, special emphasis will be on Clinical and Applied aspects of the relevant areas. In each subject, content must be read with this proviso.

ANATOMY

a) Anatomy of the Pelvis, Breast, and Abdomen
b) General Embryology, and development of the Genito-urinary tract
c) Histology of the genitalia, breast, and endocrine tissues

PHYSIOLOGY

a) Endocrinology related to male and female reproduction
b) Physiology of puberty, adolescence, menstruation, & menopause
c) Physiological adaptations during pregnancy & labor
d) Physiology & endocrinology of Placenta & Lactation

PHARMACOLOGY

a) Pharmacology of drugs used in Obstetrics & Gynecology
b) Drug usage principles in Pregnancy and Lactation
c) Usage of hormones as medication
d) Analgesia and anesthesia in labor

PATHOLOGY

a) General Pathology
b) Pathology of Male and Female genitalia
c) Sterilization and Disinfection
d) Pathology of Placenta and Umbilical cord
e) Tumor markers in Gynecology
f) Bacterial, Viral, Parasitic, and Fungal infections in relation to Obstetrics & Gynecology
g) Immunization
h) Lab Investigations in Obstetrics & Gynecology

BEHAVIOURAL SCIENCES

a) Bio-Psycho-Social (BPS) Model of Health Care
b) Use of Non-medicinal Interventions in Clinical Practice
c) Crisis Intervention/Disaster Management
d) Conflict Resolution
e) Breaking Bad News
f) Medical Ethics, Professionalism and Doctor-Patient Relationship
g) Delivery of Culturally Relevant Care and Cultural Sensitivity
h) Psychological Aspects of Health and Disease

BIOSTATISTICS AND RESEARCH

a) Introduction to Biostatistics and Research Methodology
b) Health Indicators of Pakistan
c) Population and Demographic Statistics of Pakistan
d) Understanding of common jargon/terminology of Research articles

SYLLABUS PART II DGO

Part II DGO

OBSTETRICS

Antenatal Care

- Book patients for confinement
- Plan frequency of antenatal visits
- Treat' minor disorders' of pregnancy
- Identify high risk pregnancy
- Identify cases for referral to specialized centers.

Normal Labour And Delivery

- Care appropriately for first stage of labour
- Offer correct labour analgesia
- Monitor labour, identifying and managing clinical problems as and when they arise
- Conduct normal vaginal delivery
- Manage 3rd stage of labour effectively
- Identify cases for referral to specialized centers.
- Induce labour effectively and appropriately

Operative Delivery

For proper medical and ethical reasons:

a) Perform Forceps Ventouse delivery
b) Perform emergency and elective Caesarean Section
c) Perform Breech delivery
d) Identify complications of operative delivery
e) Call for help judiciously

Neonatal Care

Immediate care of the new born; every trainee must have experience in resuscitation of the new born in addition to theoretical know how, including tracheal intubations; principles of general neonatal complications must be learned as well

Puerperium

- Identify common clinical problems of Puerperium
- Manage Post-Partum Haemorrhage (Primary and Secondary) , Puerperal fever and postpartum' blues'
- Manage breast-feeding and identify problems in relation to it

Preterm Labour/PROM

- Identify preterm labour/PROM
- Manage Preterm Labour/PROM

Intrauterine Growth Retardation (IUGR)

- Identify Pregnancies with IUGR
- Manage IUGR pregnancy and its complications

Twin Pregnancy

- Monitor Twin Pregnancy
- Plan and implement labour/delivery appropriately
- Manage complications of pregnancy
- Refer higher order multiple pregnancy

Anaemia With Pregnancy

- Identify and diagnose anaemia with pregnancy
- Manage pregnancies with anaemia

Hypertension With Pregnancy

- Manage pregnancies with hypertension
- Conduct appropriate delivery/labour
- Manage Eclampsia

Diabetes With Pregnancy

- Screen for diabetes Mellitus in pregnancy
- Manage Diabetic pregnancies
- Manage Labor/delivery of diabetic pregnancy
- Seek medical advice

Fetal Congenital Anomalies

- Seek expert advice
- Manage pregnancies complicated with congenital anomalies
- Offer rational follow-up

Intra Uterine Death (IUD)

- Manage IUD pregnancy
- Perform follow-up/subsequent advice

Placenta Previa And Abruption

- Diagnose Ante-partum Haemorrhage (APH)
- Offer emergency management
- Manage all severities of APH

Malpresentation

- Manage Malpresentation, e. g. , face, brow, shoulder, cord
- Manage Breech presentation
- Perform external cephalic version

Emergency Obstetric Care (EmOC)

Practice Comprehensive Emergency Obstetric Care

GYNAECOLOGY

Contraception

- Offer sensible contraceptive choice to appropriate patients
- Carry out correctly various contraceptive procedures
- Identify side effects and complications of contraception

Early Pregnancy Loss (EPL)

- Manage and follow-up cases of EPL
- Manage recurrent Miscarriage
- Manage cases of Septic Abortions
- Refer cases of Hydatiform Mole

Ectopic Pregnancy

- Diagnose Ectopic Pregnancy
- Manage Ectopic Pregnancy surgically
- Follow up conservative cases

Pelvic Infection/ Sexually Transmitted Diseases (STD)

- Manage cases of Acute Pelvic Inflammatory Disease (PID)
- Manage cases of Chronic PID
- Manage cases of STD
- Manage all types of Vaginal Discharge
- Manage Vulval Pruritus

Abnormal Uterine Bleeding

- Diagnose patients with Dysfunctional Uterine Bleeding (DUB) by pertinent investigations

- Manage patients with DUB medically
- Offer Dilatation and Curettage (D&C) sparingly
- Refer potential surgical cases

Infertility

- Investigate rationally couples with infertility
- Manage couples with infertility at Primary level

Utero Vaginal Prolapse (UVP)

- Evaluate UVP
- Manage patients with UVP by conservative measures
- Refer for potential surgical management

Gynecological Cancer

- Diagnose patients with Cervical, Endometrial, Ovarian, & Vulval Cancer
- Refer cancer patients to expert center

Miscellaneous

- Diagnose menopausal symptoms and signs
- Diagnose varieties of incontinence
- Diagnose uterine fibroids, and refer
- Diagnose Adnexal Cysts, benign or malignant
- Perform Pap Smear
- Effectively counsel, protect, promote, and advance Women's Rights to Sexual and Reproductive Health (WRSRH)
- Full range of commonly employed gynecologic diagnostic and surgical procedures, including imaging techniques

INSTRUCTIONAL STRATEGY

The entire responsibility of teaching the Syllabi of both Part I and II DGO will rest with the faculty of Obstetrics & Gynecology. However, teachers may be co-opted/engaged if felt so by the supervisors in Obstetrics & Gynecology e. g. Behavioral Sciences

1. Lectures
2. Small Group Discussions
3. Bedside Teaching
4. Grand Rounds/Clinical Rounds
5. Clinico-pathological conferences
6. SEQ as assignments on the content areas
7. Skill teaching in operating theatres and labour wards
8. Self-study, assignments and use of internet
9. Long and short case presentations
10. Journal Club

Annual Grand Meeting

Once a year all students enrolled for DGO should be invited to the annual meeting at NMU Multan.

One full day will be allocated to this event. All the chief students will present their annual reports. Issues and concerns related to their relevant diploma courses may be discussed during the meeting.

Feedback should be collected and also suggestions can be sought in order to involve students in decision making. The research work and their literary work may also be displayed.

This will help in creating a sense of belonging and owner ship among students and the faculty.

LOG BOOK

The trainees must maintain a logbook and get it signed regularly by the supervisor. A complete and duly certified logbook should be part of the requirement to sit for DGO examination. Logbook should include adequate number of diagnostic and the therapeutic procedures, routine and emergency management of patients, case presentations in CPCs, journal club meetings etc.

No. of Procedures during training:

This area is highly debatable & individual Obs & Gynae departments may feel a much lower or higher number of procedures are feasible depending upon local circumstances. However a minimum number of Procedures done under supervision is suggested as an overall guideline.

	Procedures	No.
1	Pap Smear	5
2	Ring Pessary	2
3	Mini Lap	2
4	Cervical Biopsy	2
5	D&C	5
6	ERPC	5
7	IUCD Insertion	2
8	HSG	2
9	NVD, with or without Episiotomy	20
10	Forceps delivery	2
11	Ventouse	5
12	LSCS	20
13	Twin Vaginal Delivery	2

Procedures

Sr.#	Date	Name of Patient, Age, Sex & Admission No.	Diagnosis	Procedure Performed	Supervisor's Signature
1					
2					

Emergencies Handled

Sr. #	Date	Name of Patient, Age, Sex & Admission No.	Diagnosis	Procedure /Management	Supervisor's Signature
1					
2					

Case Presented

Sr.#	Date	Name of Patient, Age, Sex & Admission No.	Case Presented	Supervisor's Signature
1				
2				

Seminar/Journal Club Presentation

Sr.#	Date	Topic	Supervisor's signature
1			
2			

Evaluation Record
(Excellent, Good, Adequate, Inadequate, Poor)

Sr.#	Date	Method of Evaluation (Oral, Practical, Theory)	Rating	Supervisor's Signature
1				
2				

Examination

Assessment:

It will consist of action and professional growth oriented student centered integrated assessment with an additional component of informal internal assessment, formative assessment and measurement-based summative assessment.

Student- Centered integrated assessment:

It views student as decision-makers in need of information about their own performance. Integrated assessment is meant to give students responsibility for deciding what to evaluate, as well as how to evaluate it, encourage students to "own" the evaluation and to use it as a basis for self-controlled, collaborative, dynamic, contextualized, informal, flexible and action oriented. In the proposed curriculum, it will be based on:

- Self-assessment by the student
- Peer Assessment
- Informal internal assessment by the Faculty

Self-Assessment by the student:

Each student will be provided with a pre-designed self-assessment form to evaluate his/her level of comfort and competency in dealing with different relevant clinical situations. It will be the responsibility of the student to correctly identify his/her areas of weakness and to take appropriate measures to address those weaknesses.

Peer Assessment:

The students will also be expected to evaluate their peers after the monthly small group meeting. These should be followed by a constructive feedback according to the prescribed guidelines and should be non-judgmental in nature. This will enable students to become good mentors in future.

Informal Internal Assessment by the faculty:

There will be no formal allocation of marks for the component of internal assessment so that students are willing to confront their weaknesses rather than hiding them from their instructors:

a. Punctuality
b. Ward work
c. Monthly Assessment (written tests to indicate particular areas of weaknesses)
d. Participation in interactive sessions

Formative Assessment:

Will help to improve the existing instructional methods and the curriculum in use

Feedback to the faculty by the students:

After every three months students will be providing a written feedback regarding their course components and teaching methods. This will help to identify strength and weaknesses of the relevant course, faculty members and to ascertain areas for further improvement.

Summative Assessment:

It will be carried out at the end of the programme to empirically evaluate cognitive psychometer and affective domain in order to award diploma for successful completion of course.

Eligibility to Appear in Final Examination:

- Only those candidates will be eligible to take final examination who have passed part -1examinaion (after 09 months of education) and have completed two years of structured/ supervised training programme.
- Students who have completed their log books and hold certificates of 75% attendance may be allowed to sit for the exam.
- The application for the final examination will be forwarded with recommendation of the supervisor.
- Only those candidates who qualify in theory will be called for clinical examination.

DGO EXAMINATION

PART-I

a. Content

1. Anatomy (15 MCQs)
   - Anatomy of the Pelvis, Breast, and Abdomen
   - General Embryology, and development of the Genito-urinary tract
   - Histology of the genitalia, breast, and endocrine tissues
2. Physiology (15 MCQs)
   - Endocrinology related to male and female reproduction
   - Physiology of puberty, adolescence, menstruation, & menopause
   - Physiological adaptations during pregnancy & labor
   - Physiology & endocrinology of Placenta & Lactation
3. General Pathology (15 MCQs)
4. Special Pathology (10 MCQs)
   - Pathology of Male and Female genitalia
   - Pathology of Placenta and Umbilical cord
   - Tumor markers in Gynecology
   - Immunization
5. Microbiology, interpretation of laboratory test (10 MCQs)
6. Pharmacology (10 MCQs)
   - Pharmacology of drugs used in Obstetrics & Gynecology
   - Drug usage principles in Pregnancy and Lactation
   - Usage of hormones as medication
   - Analgesia and anesthesia in labor
6. Sutures/Needles/Gloving (10 MCQs)
7. Behavioral Sciences (05 MCQs)
   - Bio-Psycho-Social (BPS) Model of Health Care
   - Use of Non-medicinal Interventions in Clinical Practice
   - Crisis Intervention/Disaster Management
   - Conflict Resolution
   - Breaking Bad News
   - Medical Ethics, Professionalism and Doctor-Patient Relationship
   - Delivery of Culturally Relevant Care and Cultural Sensitivity
   - Psychological Aspects of Health and Disease
8. Biostatistics and Research Methods (05 MCQs)
   - Introduction to Biostatistics and Research Methodology
   - Health Indicators of Pakistan
   - Population and Demographic Statistics of Pakistan
   - Understanding of common jargon/terminology of Research articles
9. Disinfection / Sterilization (05 MCQs)

b. Tools of Assessment

MCQ Paper	100 One Best Type (100 Marks)	3 Hours

PART-II

a. Components of the Part-II Examination

Written paper 1	100 marks
Written paper 2	100 marks
OSCE	80 marks
Clinical	80 marks
Internal Assessment	20 marks
Log book	20 marks
Total Marks	**400 marks**

b. Content

Paper-I

1. Obstetrics

Paper-II

2. Gynaecology

c. Tools of Assessment

1. Written

Paper-I	**100 marks**	**3 Hours**
10 SAQs (No Choice)	50 marks	
50 MCQs	50 marks	

Paper-II	**100 marks**	**3 Hours**
10 SAQs (No Choice)	50 marks	
50 MCQs	50 marks	

Note : *The candidates, who will pass in written assessment, would be eligible to paper to appear in the clinical assessment.*

2. OSCE	**80 marks**
Total Station:	**8(Each 10 Marks)**
Interactive:	04
Static:	04

Note: *Each station has 06 minutes & one minute for switch over.* *Total 07 minutes*

3. Clinical	**80 marks**	
Long Cases Obstetric	40 marks	
Long Cases Gynaecology	40 marks	

A panel of four examiners from affiliated Gynae & Obs department (Two internal and two external will be appointed for clinical; examination).

Pass Percentage and Other Regulations Regarding Examination

- Criterion referenced assessment principles will be used
- 60% marks will be a pass score in each component

- Candidates failing in any one component will have to re-sit the entire examination
- A maximum of 5 attempts to sit for the examination will be allowed, to be availed within 3 calendar years of the first attempt
- Re-admission in DGO course is not permissible under any circumstances
- The results will be announced according to rules and regulations set by the Examination Branch of University of Health Sciences Lahore

RECOMMENDED BOOKS (in 2022 on wards)

CORE TEXTBOOK

- Edmonds ***Dewhurst's Post Graduate Obstetrics &Gynecology 9***th Ed.2018

- D James, P Steer, C Weiner, B Gonik. ***High Risk Pregnancy–Management Options.*** 5rd Ed. 2018.

- Berek ***Novak & Berek's Gynecology***. 16thEd. 2019

- Chard & Lilford. ***Basic Sciences for Obstetrics &Gynecology***. 5thEd. 1998

GYNECOLOGICAL SURGERY (for reference only)

- Monaghan, Tito, Naik. ***Bonney' s Gynecological Surgery.*** 12thEd.2018.

- J. Apuzzio, A .Vintelioz, L. Iffy. ***Operative Obstetrics.*** 4rdEd.2017.

SUPPLEMENTARY BOOKS

- Snell. ***Clinical Anatomy.***

- Langman J. ***Embryology.***

RCOG Clinical Green top Guidelines **REVISION TEXT BOOKS**

- Norwitz & Schorge. ***Obstetrics & Gynecology at a glance.*** 4thEd. 2013.

- Chin, H. ***Oncall Obstetrics & Gynecology***. 3rdEd.2006

PRACTICE TEXTS FOR SEQ/ MCQ/ OSCE

- Chard MCQs on **Basic Science for Obstetrics & Gynecology** 1998

- Setchell & Lilford. **MCQs in Gynecology & Obstetrics** 3rdEd.1996

- J.Konje. ***Short Essays, MCQs, & OSCEs for MRCOG Part II, acomprehensive guide***. 2003.

- P. Abedin, K Sharif. ***MRCOG II Short Essay Questions.*** 2003.

- R. deCourcy-Wheeler.***MCQ for MRCOG Part II.*** 2003.
- D. Luesley. ***MCQ & Short Essays for MRCOG.*** 2004.
- Cox, Werner, Gilstrap. **William's Obstetrics Study Guide**. 22nd Ed.2006.
- Rymer, Ahmed. **OSCEs in Obstetrics &Gynecology** 1998
- Konje, Taylor **OSCEs in Obstetrics &Gynecology** 1998

Pickersgill, Meshki **OSCEs for Obstetrics & Gynecology** 2001

•