

CLINICAL PORTFOLIO



OBSTETRICS & GYNAECOLOGY

Department of Obstetrics & Gyanecology

Faculty of Medicine

Uva Wellassa University of Sri Lanka

1st Batch

2026

CLINICAL PORTFOLIO



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Faculty of Medicine

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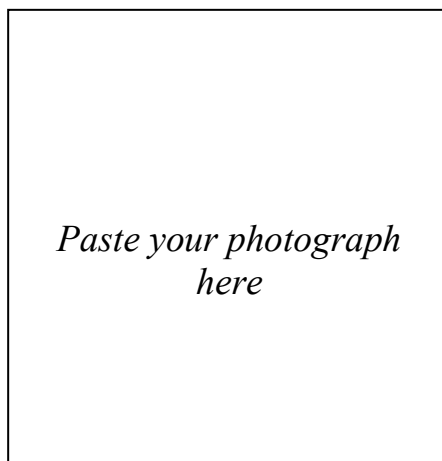
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Name :

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Acknowledgement

Logbook, Department of Obstetrics & Gynaecology, Faculty of Medical Sciences,
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(1) Introduction

Dear students,

Your appointment will be mainly at the Obstetrics and Gynaecology wards of the Teaching Hospital Badulla. Clinical teaching will be done by the consultants in each ward. If the ward has 2 consultants, you will join one consultant for the ward round in the morning and the other consultant for a ward class soon after. In addition to the formal teaching classes, much can be learned from informal discussions with the senior registrars, registrars, senior house officers, house officers and nurses in the unit.

This clinical portfolio in Obstetrics and Gynaecology is specially designed as a teaching, learning, and assessment guide for medical students during their Obstetrics and Gynaecology clinical training. The objectives to be achieved at the end of each clinical appointment are clearly outlined. Each appointment will be evaluated on a graded scale of three by the respective consultants: A – Excellent, B – Good, C – Poor. It is the responsibility of the student to ensure that the grading is duly recorded in the portfolio.

A portfolio assessment viva will be conducted after completion of pre-professorial appointments (5%) and another after the Professorial appointment (5%). Ten percent (10%) of the final MBBS Obstetrics and Gynaecology marks will be allocated for the portfolio assessment viva.

Please note that maintaining accurate records and the safekeeping of the clinical portfolio is the sole responsibility of the student.

If the student fails to produce the clinical portfolio at the time of the viva, the portfolio assessment viva will not be conducted, and a zero mark will be awarded.

Spend as much time as possible with the patients in the ward. Learn to take a (1) comprehensive history, do (2) a thorough clinical examination, (3) analyze all the symptoms and signs, (4) identify the medical and social problems and (5) plan the appropriate management. Respect the patients' wishes at all times as in the hospital the patient always comes first.

We believe that this clinical portfolio will promote the development of a competent and compassionate medical graduate with comprehensive knowledge and clinical skills across all aspects of Obstetrics and Gynaecology, including antenatal care, labour management, gynaecological disorders, and women's health.

Patient confidentiality is a core obligation of medical professionals and an integral part of their training. As such, medical students bear full responsibility for safeguarding patient information included in this portfolio.

Department of Obstetrics & Gynaecology
Faculty of Medicine
Uva Wellassa University of Sri Lanka.

(1.1) Final MBBS Examination Marks Allocation in Obstetrics & Gynaecology

- One continuous assessment will be held at the end of the pre-professorial appointments at 8th semester.
- At the end of the 10th semester the final MBBS examination will be held.

Continuous Assessment 8 - at the end of the 8th Semester

Method of Assessment	Time (Minutes)	Total	Total marks allocated to Final MBBS
Pre professorial portfolio assessment & Viva	15	5	5%
OSCE – 15 Stations	60	10	10%
Total			15%

Continuous Assessment 9 - at the end of the Professorial Appointment

Method of Assessment	Time (Minutes)	Total	Total marks allocated to Final MBBS
Professorial Portfolio assessment & Viva	15	5	05%
Total			05%

FINAL MBBS EXAMINATION – at the end of 10th Semester

Method of Assessment	Number of Questions	Time (minutes)	Total	Total marks allocated to Final MBBS
MCQ (T/F +SBA)	50 (20+30)	120	20	20%
SEQ	5	120	20	20%
Long case – Obstetrics	1 case	20	20	20%
Long case – Gynaecology	1case	20	20	20%
Contribution from summative examination				80%
Continuous Assessment contribution				20%
Total marks				100%

(1.2) Award of Distinctions in Final MBBS Examination

A candidate who obtains

- 1) An overall average of **70%** marks in a subject and
- 2) **65% for the clinical component** in the following subjects in the (MBBS) Final examination (i) Medicine, (ii) Surgery, (iii) Obstetrics and Gynaecology, (iv) Pediatrics, (v) Psychiatry and (vi) Family Medicine
- 3) shall be considered to have obtained a Distinction in that subject
- 4) Provided that he/she is sitting that examination for the **first time** and
- 5) That he/she passes the whole (MBBS) Final examination and obtains either a **First or Second Class**

(1.3) Award of Honours in Final MBBS Examination

1) First Class (Honours) –

1. A candidate who passes the (MBBS) Final examination at the **first scheduled attempt** and
2. Obtains an overall average mark of **70% or above** at that examination shall be eligible for First Class (Honours)

2) Second Class Upper Division (Honours) –

1. A candidate who passes the (MBBS) Final examination at the **first scheduled attempt** and
2. Obtains an overall average mark of **65% - 69%** at that examination shall be eligible for second Class Upper Division (Honours)

3) Second Class Lower Division (Honours)

1. A candidate who passes the (MBBS) Final examination at the **first scheduled attempt** and
2. Obtains an overall average mark of **60% to 64%** at that examination shall be eligible for Second Class Lower Division (Honours)

4) 64% but 2nd class upper Division (Honours)

1. A candidate who has passed the MBBS Final examination at the **first scheduled attempt** and
2. Obtains an average of **64%** marks at that examination shall be eligible for Second Class Upper Division (Honours) provided he/she has obtained
3. **Second Class Upper or First Class Honours in both the (MBBS) second and (MBBS) third examinations** and
4. Has a **cumulative average** mark of **65% or above** at the **(MBBS) second and (MBBS) third examinations** and **(MBBS) Final examinations**.

5) 59% but 2nd class lower Division (Honours)–

1. A candidate who has passed the (MBBS) Final examination at the **First scheduled attempt** and
2. Obtains an average mark of **59% or above** at the (MBBS) Final examination shall be eligible for 2nd Class Lower Division (Honours)
3. Provided that he/she obtained Honours **in both (MBBS) 2nd examination and (MBBS) 3rd examination** and
4. Has a **cumulative average** mark of **60% or above** at the **2nd MBBS examination, 3rd MBBS examination, and Final MBBS examination**

(2) Guide to Daily Clinical Works

During the obstetrics and gynaecology clinical appointment, medical students contribute to patient care on a daily basis through direct contact with patients, doctors, midwives, nursing staff, and family members. Students are expected to actively participate in antenatal, postnatal, labour ward, gynaecology ward, and outpatient clinic activities.

Your **clinical responsibilities** include (1) obtain a focused and relevant **history**, including obstetric, gynaecological, menstrual, contraceptive, and sexual history where appropriate, (2) perform relevant physical **examinations** respectfully and professionally, under supervision, and to interpret your findings accurately, (3) develop the ability to arrive at a differential or working **diagnosis**, (4) request appropriate investigations such as laboratory **tests**, imaging, and fetal monitoring, and (5) formulate basic **management plans**.

Routine **clinical work** includes (1) monitoring daily **maternal and fetal clinical status**, (2) **assessing daily progress** of labour or post-operative recovery, (3) **documenting daily progress** notes, and (4) participating in **discharge planning**. (5) Students are encouraged to take initiative in **communicating with** patients, family members, and members of the multidisciplinary team to facilitate patient care, counseling, and discharge planning.

Ward rounds occur daily in antenatal, postnatal, gynaecology wards, and the labour ward. The consultant, together with the clinical team, reviews each patient, discusses their condition, and plans investigations and management for the day. To gain maximum benefit, students are responsible for reviewing their patients in advance and being familiar with gestational age, parity, diagnosis, current medications, investigation results, and relevant monitoring findings. **Early arrival to the ward** may be required depending on workload and case complexity.

Students may be asked to **present patient cases** during ward rounds. Presentations should be concise and focused, highlighting key clinical issues and management plans. Students are expected to **adopt a professional attitude** and approach their role as a junior doctor under supervision. A complete set of case records must be maintained using the prescribed format and is available for mid-term and final assessments.

All case records should be available at your assessments.

Guidelines for General Conduct

Attendance

Attendance for the clinical appointment is a statutory requirement and is **compulsory**. Attendance will be recorded at 8.00 a.m. daily and on casualty nights. This includes public holidays unless otherwise stated. Leave for any reason must be obtained from the Head of the Department. If attendance is unsatisfactory, you will have to repeat a part or the entire appointment.

Illness

If you are absent from teaching due to illness, **inform** the Head of the Department **within 3 days** via dean.office.fomed@uwu.ac.lk, and you must submit a **Medical Certificate** within **7 days** to HOD through UMO. At the discretion of the Head of the Department, your appointment may be prolonged to cover the days of absence.

Punctuality

Late arrival of students is discouraged as it is disruptive to other students. Latecomers may be refused admission to teaching sessions. Students must arrive at all clinics and ward rounds on time.

Behavior

Students must always be courteous to patients and to the public. They should also be considerate to medical nursing and Para-medical staff. Remember that you will be spending much of your time in contact with patients who will have certain expectations of you as professionals. Avoid noisy, inappropriate conversation in all areas where patients/visitors may overhear.

Dress

In hospital, medical students should be clean and suitably attired e.g. scrubs. It is important that you maintain a clean, neat appearance. Avoid extremes of dress. Jeans, shorts, trainers and slippers are not permitted. Equip yourself with a name tag. Name labels must be always worn.

Conduct

Students will be expected to maintain a high standard of public behavior. You must always demonstrate appropriate attitudes.

Student belongings

On no account must students litter the wards of clinics with rucksacks, helmets etc. Your belongings are your responsibility and should be placed in a secure location.

Consenting – Patients' rights

Patients have the right to decline to be observed or attended to by students without affecting in any way the treatment they receive. Whenever practicable, the student's status and the reason for his/her presence must be explained to the patient and the patient's prior informed.

Format for Case History Documentation

Gynaecology History Taking

- 1) **Introduction:** Name, Age, Occupation, Place, Any relevant information to the case.
- 2) **Presenting Complain:** Gynaecological symptoms with duration
- 3) **History of presenting complain:**
 1. Describe the symptoms
 2. Find causes
 3. Precipitating factors
 4. Associated factors
 5. System review
 6. Quality of life
 7. Complications
 8. Patient perspectives
- 4) **Menstrual History:**
 1. Menarche
 2. Bleeding pattern –Find the normal point, then describe before & after
 3. Associated factors
- 5) **Sexual History**
- 6) **Past history**
 - a. **Past obstetric History** – Details of each pregnancy: Year, Outcome, Any specific things related to this pregnancy
 - b. **Past Gynaecological History**
 - c. **Past Medical History**
 - d. **Past Surgical History**
- 7) **Family History**
- 8) **Allergic History**
- 9) **Social History**

Obstetrics History Taking

- 1) **Introduction:** Name, Age, Occupation, Place
- 2) **Introduce her Pregnancy**
 1. Which pregnancy
 2. Any significant previous pregnancy – if related to the case
 3. LMP (Last Menstrual Period)
 4. EDD (Expected Date of Delivery)
 5. POG (Period of Gestation)
- 3) **Presenting complain:** Admitted for Confinement / Admitted with complains
- 4) **History of Presenting complain:** Describe the problems
- 5) **History of present pregnancy**
 1. First Trimester
 - Pregnancy confirmation
 - Booking visit investigations
 - Dating scans
 - Any issues – Early pregnancy complications, Drugs / radiation exposure, Infections, Abdominal pain, per vaginal bleeding
 2. Second Trimester - Quickening
 - USS: Anomalies, Fetal echo, Placenta, Growth (start from 28 weeks)
 - Any issues
 3. Third Trimester
 - Any issues
 - USS: Placenta, Growth
- 6) **Past History**
 - a. **Past Obstetric History:** Details of each pregnancy
 - b. **Past Gynaecological History**
 - c. **Past Medical History**
 - d. **Past Surgical History**
- 7) **Family History**
- 8) **Allergy History**
- 9) **Social History**

(3) Obstetrics & Gynaecology Long Appointment 01

(3.1) Objectives

At the end of the first Pediatrics appointment, the students should be able to:

- 1) **Building a rapport** - Appreciate the importance of a sensitive, respectful, & patient-centered approach when interacting with patients, with due to privacy, confidentiality, & cultural consideration.
- 2) **Handle an Obstetrics & Gynaecology patient** – Manage patients with kindness, empathy & professionalism in antenatal, postnatal, labour ward & gynaecology settings.
- 3) **History taking** - Take a complete and relevant obstetric and gynaecological history in a structured and sensitive manner, including menstrual, obstetric, contraceptive, sexual, medical, surgical, family, and social history.
- 4) **Examination** - Undertake relevant systematic physical and obstetrics and Gynaecological examination in a sensitive manner.
- 5) **Investigations** – Select basic appropriate investigations relevant to common Obstetrics & Gynaecological presentations.
- 6) **Diagnosis & Management**- Define problems & formulate a diagnosis or differential diagnosis based on history & examination & outline basic management plan.
- 7) **Basic Obstetric assessments**- Assess gestational age, Symphysial fundal height, fetal lie & presentation & fetal heart sounds.

(3.2) Record of 1st Long Appointment

Duration:From To

Ward and Hospital:

Name of the Consultant:

1) Histories Taken

Obstetric Histories

Name	Date of admission	BHT No	Diagnosis

Gynaecological Histories

Name	Date of admission	BHT No	Diagnosis

2) Cases Presented

Date	Name & BHT	Diagnosis & the system	Presented to	Remark/Signature

3) Other Interesting Patients Seen

Date	Name/BHT	Diagnosis

4) Examinations

Obstetric Examinations

Date	Name/BHT	Findings/ Diagnosis

Gynaecological Examination

Date	Name/BHT	Findings / Diagnosis

5) Clinical Procedures

Students are expected to observe/assist/perform the following clinical procedures during the 1st Obstetrics & Gynaecology appointments.

Please Note –

- The students are expected to perform these procedures under the supervision of a medical team.
- The student should be aware of the principles of the indications, preparation, procedure, the correct technique, important aspects of obtaining consent from the patients, and the possible complications.
- Students are expected to assist/perform at least 25% of the tasks during the 1st appointment.
- It is recommended that the signature should be obtained within 2 days of performing the activity.
- Pre professorial portfolio assessment and viva which carry 5% marks to the final MBBS examination. (This will be implemented with the introduction of the new curriculum)

- Skill Level:

A - Can perform independently

B –Assisted/under supervision

C – Observed

No	Clinical Skill– Gynaecology	Skill level	Date	Name of the supervisor & signature
1	Preoperative Assessment	B		
2	Obtain informed written consent	B		
3	Gynaecological operations	B		
4	Post-operative Assessment	B		
5	Removal of sutures, drains and catheters.	B		
6	Manage post-operative fluid and electrolyte imbalance.	B		
7	Setup blood transfusion	A		

Gynaecological Procedures

No	Gynaecological Procedures	Skill Level	Date	Name of the supervisor & signature
8	IUCD Insertion	C		
9	Cervical smear	C		
10	Advice on Contraceptives	A		
11	Dilatation & Curettage	C		
12	Dilatation & Evacuation	C		
13	Hystero-salpingography	C		
14	Abdominal Hysterectomy +/- bilateral salpingo-oophorectomy	B/C		
15	Vaginal hysterectomy	B/C		
16	Emergency laparotomy	B/C		
17	Myomectomy	B/C		
18	Ovarian cystectomy	B/C		
19	Tubal sterilization	B/C		
20	Ultrasound scan examination	C		
21	Cervical biopsy	C		
22	Laparoscopy	B/C		
23	Cervical cerclage	C		
24	Colposcopy	C		
25	High vaginal swab	C		

Obstetric Procedures

No	Obstetric Procedures	Skill Level	Date	Name of the supervisor & signature
1	Management of Eclampsia/ Impending eclampsia	C		
2	Preparation for labour	B/C		
3	Vaginal examination of a patient in labour	A/B/C		
4	Artificial rupture of membrane	C		
5	Set up and complete Supervision of syntocinon drip till delivery	B/C		
6	Maintaining Partogram	A		
7	Pudendal block	B/C		
8	Forceps/ vacuum deliveries	B/C		
9	Breech deliveries	C		
10	Twin deliveries	C		
11	Manual removal of the placenta	A/B		
12	Episiotomy Repair	A/B		
13	Preparation for LSCS	A/B		
14	Caesarean section	B/C		
15	Resuscitation of newborn	C		
16	Immediate management PPH/APH	C		

6) Emergencies Observed

Obstetrics Emergencies

Name	BHT	Problem & Diagnosis	Date & Signature

Gynaecological Emergencies

Name	BHT	Problem & Diagnosis	Date & Signature

7) Clinic Attendance

Date	Clinic	Signature Consultant/SR

8) Casualty Attendance

Date	Signature Reg/SHO	Interesting Patients seen

9) Seminars/Meetings/Presentations

Date	Seminars/Meetings/Presentations	Signature

(3.3) Assessment by the Consultant

I certify that the student has satisfactorily / unsatisfactorily completed his/her appointment in Obstetrics & Gynaecology under me. I have given a grade based on his/her performance of the appointment.

1st Appointment From To

Name of the Consultant:

Grade

.....

Consultant's signature

[with rubber stamp]

Grade –

A – Excellent, B – Good, C- Poor

(4) Obstetrics & Gynaecology Long Appointment 02

(4.1) Objectives

At the end of the second Obstetrics & Gynaecology appointment, the students should be able to:

- (1) Progressive development** – Consolidate and build upon the objectives of the first Obstetrics & Gynaecology appointment.
- (2) Diagnosis & Management** – Do the following at the end of history and examination,
 - Give probable diagnosis & differential diagnosis
 - Give reasons for arriving at the diagnosis
 - Compile a list of problems identified in the patient
 - Suggest appropriate investigations needed to confirm the diagnosis
 - Interpret the investigation results
 - Draw up a comprehensive management plan
- (3) Clinical decision making** – Make clinical decisions based on evidence, clinical findings, and available resources within the healthcare system of a developing country.
- (4) Patient management and communication** – Recognize:
 - The importance of discussing the management plan with the patient and, where appropriate, a relative or caregiver
 - The effects of disease and management on the patient
 - The need for informed consent
 - The importance of teamwork and appropriate referrals
 - Economic constraints affecting the patient and the healthcare system
- (5) Skills development** – Should be able to perform the following under supervision:
 - Measurement of blood pressure and urinalysis in pregnancy
 - Abdominal examination in pregnancy
 - Assessment of labour progress using a partogram
 - Assisting in obstetric and gynaecological procedures as permitted
- (6) Emergency recognition** – Recognize obstetric and gynaecological emergencies, initiate immediate management, and seek timely senior assistance.
- (7) Team-based care** – Provide appropriate input to multidisciplinary and multiprofessional teams involved in the care of women with obstetric and gynaecological conditions

(4.2) Record of 2nd Long Appointment

Duration:From To

Ward and Hospital:

Name of the Consultant:

1) Histories Taken

Obstetric Histories

Name	Date of admission	BHT No	Diagnosis

Gynaecological Histories

Name	Date of admission	BHT No	Diagnosis

2) Cases Presented

Date	Name & BHT	Diagnosis & the system	Presented to	Remark/Signature

3) Other Interesting Patients Seen

Date	Name/BHT	Diagnosis

4) Examinations

Obstetric Examinations

Date	Name/BHT	Findings/ Diagnosis

Gynaecological Examinations

Date	Name/BHT	Findings / Diagnosis

5) Clinical Procedures

Students are expected to observe/assist/perform the following clinical procedures during the 2nd Obstetrics & Gynaecology appointment.

Please Note –

- The students are expected to perform these procedures under the supervision of a medical team.
- The student should be aware of the principles of the indications, preparation, procedure, the correct technique, important aspects of obtaining consent from the patients, and the possible complications.
- Students are expected to assist/perform at least 50% of the tasks during the 2nd appointment.
- It is recommended that the signature be obtained within 2 days of performing the activity.
- Pre-professorial portfolio assessment and viva, which carry 5% marks to the final MBBS examination. (This will be implemented with the introduction of the new curriculum)
- Skill Level:

A - Can perform independently

B –Assisted/ under supervision

C – Observed

No	Clinical Skill– Gynaecology	Skill level	Date	Name of the supervisor & signature
1	Preoperative Assessment	A/B		
2	Obtain informed written consent	A		
3	Gynaecological operations	B		
4	Post-operative Assessment	A		
5	Removal of sutures, drains, and catheters.	A		
6	Manage post-operative fluid and electrolyte imbalance.	A		
7	Setup blood transfusion	A		

Gynaecological Procedures

No	Gynaecological Procedures	Skill Level	Date	Name of the supervisor & signature
8	IUCD Insertion	B/C		
9	Cervical smear	C		
10	Advice on Contraceptives	A		
11	Dilatation & Curettage	C		
12	Dilatation & Evacuation	B/C		
13	Hystero-salpingography	B/C		
14	Abdominal Hysterectomy +/- bilateral salpingo-oophorectomy	B/C		
15	Vaginal hysterectomy	B/C		
16	Emergency laparotomy	B/C		
17	Myomectomy	B/C		
18	Ovarian cystectomy	B/C		
19	Tubal sterilization	B/C		
20	Ultrasound scan examination	A/C		
21	Cervical biopsy	C		
22	Laparoscopy	B/C		
23	Cervical cerclage	C		
24	Colposcopy	C		
25	High vaginal swab	C		

Obstetric Procedures

No	Obstetric Procedures	Skill Level	Date	Name of the supervisor & signature
1	Management of Eclampsia/ Impending eclampsia	C		
2	Preparation for labour	B/C		
3	Vaginal examination of a patient in labour	A/B/C		
4	Artificial rupture of membrane	B/C		
5	Set up and complete Supervision of syntocinon drip till delivery	B/C		
6	Maintaining Partogram	A		
7	Pudendal block	B/C		
8	Forceps/ vacuum deliveries	B/C		
9	Breech deliveries	C		
10	Twin deliveries	C		
11	Manual removal of the placenta	A/B		
12	Episiotomy Repair	A/B		
13	Preparation for LSCS	A/B		
14	Caesarean section	B/C		
15	Resuscitation of newborn	C		
16	Immediate management PPH/APH	C		

6) Emergencies Observed

Obstetric emergencies

Name	BHT	Problem & Diagnosis	Date & Signature

Gynaecological Emergencies

Name	BHT	Problem & Diagnosis	Date & Signature

7) Clinic Attendance

Date	Clinic	Signature Consultant/SR

8) Casualty attendance

Date	Signature Reg/SHO	Interesting Patients seen

9) Seminars/Meetings/Presentations

Date	Seminars/Meetings/Presentations	Signature

(4.3) Assessment by the Consultant

I certify that the student has satisfactorily / unsatisfactorily completed his/her appointment in Obstetrics & Gynaecology under me. I have given a grade based on his/her performance of the appointment.

2nd Appointment From To

Name of the Consultant:

Grade

.....

Consultant's signature

[with rubber stamp]

Grade –

A – Excellent, B – Good, C- Poor

(5) Professorial Obstetrics & Gynaecology Appointment

(5.1) Objectives

- 1) **Complete & Relevant Obstetrics and Gynaecology History-** Consolidate the ability to take a complete and relevant obstetric and gynaecological history, including menstrual history, obstetric history, contraceptive history, sexual history (when appropriate), past medical and surgical history, drug history, family history, and relevant social history, in a sensitive and patient-centered manner.
- 2) **Complete Physical, Obstetric, and Gynaecological Examination-** Consolidate the ability to perform a complete and relevant physical examination, including general examination, abdominal examination, obstetric examination, and basic gynaecological examination, while maintaining patient dignity, privacy, and safety.
- 3) **Assessment of Pregnancy and Fetal Wellbeing-** Assess gestational age, symphysial-fundal height, fetal lie, presentation, engagement, and fetal heart rate, and interpret findings appropriately. Assess maternal wellbeing and identify deviations from normal.
- 4) **Diagnosis & Management** - At the end of a complete history and examination, the student should be able to:
 - Give a probable diagnosis and differential diagnoses
 - Give reasons for arriving at the diagnosis
 - Compile a list of problems identified in the patient
 - Suggest appropriate investigations to confirm the diagnosis
 - Interpret investigation results
 - Draw up a comprehensive plan of management
 - Write a prescription appropriate for obstetric and gynaecological conditions
 - Explain the patient's condition and management plan clearly and sensitively
 - Summarize the patient's problems adequately
 - Write clear, concise, and relevant progress notes
 - Write a diagnosis card (discharge summary)
- 5) **Advice and Health Promotion-** Advise individuals, families, and the community on antenatal care, postnatal care, family planning, nutrition, breastfeeding, and reproductive health.
- 6) **Ethical and Professional Practice** -Demonstrate an empathetic, ethical, and professional attitude towards patients receiving obstetric and gynaecological care and their families.
- 7) **Obstetric and Gynaecological Emergencies** - Recognize and describe the steps in the management of the emergencies.

8) Skills Development – Should Be Able to Perform

- Measurement of blood pressure and urine testing in pregnancy
- Abdominal palpation in pregnancy
- Vaginal examination under supervision
- Speculum examination (assisted/observed)
- Venipuncture and insertion of an IV cannula
- IM/IV injections
- Setting up an intravenous infusion
- Urinary catheterization
- Assisting in normal vaginal delivery
- Writing diagnosis cards
- Interpretation of CTG

9) Observed Procedures - Should have observed and be familiar with the steps of the following procedures:

- Caesarean section
- Instrumental vaginal delivery
- Episiotomy and repair
- Manual removal of placenta
- Management of postpartum hemorrhage
- Dilatation and curettage
- Insertion of intrauterine contraceptive devices
- Blood and blood product transfusion
- Neonatal resuscitation

(5.2) Record of Professorial Appointment

Duration:From To

Ward and Hospital:

Name of the Consultant:

1) Histories Taken

Obstetric Histories

Name	Date of admission	BHT No	Diagnosis

Gynaecological Histories

Name	Date of admission	BHT No	Diagnosis

4) Examinations

Obstetric Examinations

Date	Name/BHT	Findings/Diagnosis

Gynaecological Examinations

Date	Name/BHT	Findings / Diagnosis

5) Clinical procedures

Students are expected to observe/assist/perform the following clinical procedures during the Professorial Obstetrics & Gynaecology appointment.

Please Note –

- The students are expected to perform these procedures under the supervision of a medical team.
- The student should be aware of the principles of the indications, preparation, procedure, the correct technique, important aspects of obtaining consent from the patients, and the possible complications.
- Students are expected to assist/perform at least 90% of the tasks during the Professorial appointment.
- It is recommended that the signature be obtained within 2 days of performing the activity.
- Professorial portfolio assessment and viva, which carry 5% marks to the final MBBS examination. (This will be implemented with the introduction of the new curriculum)
- Skill Level:
A - Can perform independently
B –Assisted/ under supervision
C – Observed

No	Clinical Skill– Gynaecology	Skill level	Date	Name of the supervisor & signature
1	Preoperative Assessment	A		
2	Obtain informed written consent	A		
3	Gynaecological operations	B		
4	Post-operative Assessment	A		
5	Removal of sutures, drains and catheters.	A		
6	Manage post-operative fluid and electrolyte imbalance.	A		
7	Setup blood transfusion	A		

Gynaecological Procedures

No	Gynaecological Procedures	Skill Level	Date	Name of the supervisor & signature
8	IUCD Insertion	B/C		
9	Cervical smear	C		
10	Advice on Contraceptives	A		
11	Dilatation & Curettage	C		
12	Dilatation & Evacuation	B/C		
13	Hystero-salpingography	B/C		
14	Abdominal Hysterectomy +/- bilateral salpingo-oophorectomy	B/C		
15	Vaginal hysterectomy	B/C		
16	Emergency laparotomy	B/C		
17	Myomectomy	B/C		
18	Ovarian cystectomy	B/C		
19	Tubal sterilization	B/C		
20	Ultrasound scan examination	A/C		
21	Cervical biopsy	C		
22	Laparoscopy	B/C		
23	Cervical cerclage	C		
24	Colposcopy	C		
25	High vaginal swab	C		

Obstetric Procedures

No	Obstetric Procedures	Skill Level	Date	Name of the supervisor & signature
1	Management of Eclampsia/ Impending eclampsia	C		
2	Preparation for labour	B/C		
3	Vaginal examination of a patient in labour	A/B/C		
4	Artificial rupture of membrane	B/C		
5	Set up and complete Supervision of syntocinon drip till delivery	B/C		
6	Maintaining Partogram	A		
7	Pudendal block	B/C		
8	Forceps/ vacuum deliveries	B/C		
9	Breech deliveries	C		
10	Twin deliveries	C		
11	Manual removal of the placenta	A/B		
12	Episiotomy Repair	A/B		
13	Preparation for LSCS	A/B		
14	Caesarean section	B/C		
15	Resuscitation of newborn	C		
16	Immediate management PPH/APH	C		

6) Emergencies Observed

Obstetrics Emergencies

Name	BHT	Problem & Diagnosis	Date & Signature

Gynaecological Emergencies

Name	BHT	Problem & Diagnosis	Date & Signature

10) Shadow House Officer Assessment

Shadow house officer attachment is a key feature of this clinical clerkship. In this attachment, you will extend the clinical skills already acquired and gain experience in the practice of Obstetrics & Gynaecology. During this one week, you will function as an apprentice house officer, joining in with the in-patient work of the unit. The unit staff will help you as necessary. You will be given the responsibility of a limited number of patients admitted to the unit. You are expected to write brief case notes, daily follow-up notes, and may be asked to present a few cases during the ward rounds.

This attachment gives you an insight into the daily life of a house officer and can be useful in preparing for your future internship appointment. It will be considered as a part of your professional development, and feedback on your work will be obtained.

The following objectives should be fulfilled during the assessment.

1) Emergency Obstetrics & Gynaecology

1. To carry out a rapid assessment of the obstetric and gynaecological patient to determine the severity of illness.
2. To identify the most significant maternal, fetal, or gynaecological symptom.
3. To ask pertinent questions to assist in formulating a differential diagnosis.
4. To determine the presence or absence of relevant physical signs.
5. To establish priorities in investigation and initial management under supervision.
6. To assist in the diagnostic assessment of the unconscious or critically ill patient.
7. To prioritize resuscitation and promptly escalate care to senior staff.

2) Non-Acute Obstetrics & Gynaecology

1. To develop an appropriate initial approach to the obstetric and gynaecological patient.
2. To obtain a detailed and focused obstetric and gynaecological history.
3. To distinguish major symptoms from associated symptoms.
4. To ascertain all necessary ancillary information related to the major symptoms.
5. To carry out a relevant and respectful physical examination.
6. To interpret abnormal physical signs and construct a provisional differential diagnosis.
7. To assist in constructing an appropriate investigation and management plan.
8. To be aware of principles of long-term management and follow-up of obstetric and gynaecological conditions.

3) Knowledge, Safety & Professional Responsibilities

1. Differential diagnosis of common obstetric and gynaecological emergencies.
2. Clinical presentations of common obstetric and gynaecological emergencies.

3. Safe prescribing of drugs commonly used in obstetrics and gynaecology under supervision.
4. Time management, task prioritization, and effective handover as a shadow house officer.

Obtain the signature from the ward round consultant on the last day of your shadow HO attachment.

Get your feedback evaluation forms completed by the relevant registrar/senior registrar, nursing officer, and a patient whom you have involved in the management.

I certify that the student has satisfactorily/unsatisfactorily completed his/her shadow house officer attachment in obstetrics and gynaecology under me. I have given a grade based on his/her performance.

Period of shadow house officer attachment: From to

Assessment:

Name of the Consultant:

Grade

.....

Consultant's signature

[with rubber stamp]

Grade –

A – Excellent, B – Good, C- Poor

(5.3) Assessment by the Consultant

I certify that the student has satisfactorily / unsatisfactorily completed his/her appointment in Obstetrics & Gynaecology under me. I have given a grade based on his/her performance in the appointment.

Professorial Appointment From To

Name of the Consultant:

Grade

.....
Consultant's signature
[With rubber stamp]

Grade –
A – Excellent, B – Good, C- Poor

(6) Core Conditions to be Seen by the End of the Course

Obstetric patient:

1. Normal pregnancy and antenatal care
2. Pre-term labour, rupture of membranes
3. Post-term pregnancy
4. Antepartum hemorrhage
5. Malpresentations /Malposition
6. Medical disorders in pregnancy (hypertension, diabetes mellitus, anemia, epilepsy, heart diseases, endocrine disorders, connective tissue disorders)
7. Multiple pregnancy
8. Fundus not corresponding to dates
9. Past caesarean section
10. Intra-Uterine Fetal Death
11. Normal & Abnormal labour.
12. Operative delivery (Caesarean section and instrumental delivery)
13. Obstetric emergencies
14. Puerperium and its complications

Gynaecology patient:

1. Dysmenorrhea
2. Dyspareunia
3. Amenorrhea
4. Post-menopausal bleeding
5. Pelvic pain
6. Abdominal/pelvic lump
7. Bleeding in early pregnancy
8. Failure to conceive
9. Urinary incontinence
10. Lump at the vulva
11. Vaginal discharge
12. Abnormal uterine bleeding
13. Hirsutism

(7) Recommended Textbooks

1. Gynaecology by Ten Teachers: 21st Edition by Emma Crosbie, Louise C. Kenny
2. Obstetrics by Ten Teachers: 21st Edition by Louise C. Kenny, Fergus McCarthy
3. Oxford Handbook of Obstetrics and Gynaecology 4th Edition by Sally Collins, Kevin Hayes, Sabaratnam Arulkumaran, Kirana Arambage, Lawrence Impey

*The latest edition is always recommended



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Portfolio of Obstetrics & Gynaecology

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