

EVALUATION OF UNDERGRADUATE TEACHING CURRICULUM FOR OBSTETRICS AND GYNECOLOGYSuniti Poliseti¹, R. Vidya Rama², Prasad Usha³**HOW TO CITE THIS ARTICLE:**

Suniti Poliseti, R. Vidya Rama, Prasad Usha. "Evaluation of Undergraduate Teaching Curriculum for Obstetrics and Gynecology". Journal of Evolution of Medical and Dental Sciences 2015; Vol. 4, Issue 84, October 19; Page: 14636-14640, DOI: 10.14260/jemds/2015/2080

ABSTRACT: The ultimate controlling process of education is evaluation which not only monitors the progress and achievements of students but also provides important feedback towards modification and improvement of teaching learning process. Present study was conducted to evaluate the undergraduate curriculum in Obstetrics and Gynecology. Ninety one students of final MBBS students participated in the study. Student feedback was taken by preparing a questionnaire. The opinions were recorded and analyzed. In the present study 94.50% felt that the classes in the final year should be taken regularly by the senior faculty. In the clinical postings 14.28% had seen MTP and method of taking Pap smear was seen by 19.78% of student's. At the end of the clinical posting the students were confident about conducting normal delivery and suturing episiotomy. They were not confident in seeing cross matching (9.89%) and management of PPH (28.57%). The areas to be strengthened in the present curriculum are: More practical sessions in taking pap smears, seeing cross matching and management of emergencies in Obstetrics and Gynecology.

KEYWORDS: Curriculum, Evaluation, OBG.

INTRODUCTION: Every successful concept and project in life requires a proper framework and planning. This relates to all processes, including education. Whenever we embark on any new plan or procedure, we need to make sure that we have all the plans drawn up. What is on offer, what are the resources that we have, what are the steps, which we need to take and what are the goals that we need to achieve are some elements that need to be looked upon.

John Franklin Bobbitt's "The Curriculum" published in 1918 mentions curriculum as an idea that has its roots in the Latin word 'race-course'. He also explained "The Curriculum" as the course of deeds and experiences through which children grow up into adults and get going for success in the society. A curriculum is more than putting together a set of academically required subjects. It must consider all aspects of the student life, the learning needs of students, the time available for the sessions and the teachers' idea, capability and workload.

At a higher stage of education, an unprecedented autonomy is provided to the students. The students can opt for a more focused curriculum, based on their choice of subjects. A student will graduate, post-graduate or attain a doctorate based on the choice of his subjects and the mode of his study, both or either one determined by him. The curriculum here is reduced to just a framework that is very flexible yet very important. The curriculum chosen by the student will go on to determine the shape of his career. A curriculum prepares an individual with the knowledge to be successful, confident and responsible citizens.^[1]

AIM OF THE STUDY: Present study was conducted to evaluate the undergraduate curriculum in Obstetrics and Gynecology.

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MATERIAL AND METHODS: Ninety one students of final MBBS students participated in the study. Student feedback was taken by preparing a questionnaire. The questions were framed, keeping in mind the utility of the curriculum, the understanding, appreciation and the application of the clinical knowledge in relevance to practices in obstetrics and gynecology. It consisted of open ended questions about the positive and negative aspects and the various teaching methods to be adopted. It was administered on 3-7-2015. The opinions were recorded and analyzed.

RESULTS: Out of 150 students 91 students participated in the questionnaire. The results were analyzed as percentage of students responding to each question. The questionnaire is in Annexure 1.

Answer 1: 97.80% of students stated that the classes are taken regularly and 2.19% were not satisfied.

Answer 2: 94.50% felt that the classes in the final year should be taken regularly by the senior faculty.

Answer 3: 63.73% felt that the lectures in OBG are easy and comprehensive and 36.26% felt that the classes were difficult to understand.

Answer 4: Among the effective teaching methods, power point presentation was preferred by 26.37%, microteaching in 13.18%, group discussion in 30.76% and bed side teaching in 29.67%.

Answer 5: The four difficult topics enlisted in obstetrics by 90% of the students were molar pregnancy, eclampsia, postpartum hemorrhage and breech presentation.

Answer 6: The four difficult topics enlisted in gynecology by 88% of the students were ovarian tumors, chemotherapy in gynecology, prolapse of uterus and family planning.

Answer 7: In the clinical postings 28.57% had seen IUCD insertion, 14.28% had seen MTP, 59.34% had seen tubal ligation and 53.84% saw how to take endometrial biopsy. The method of taking Pap smear was seen by 19.78% of students and 90.10% had seen cesarean section and 82.41% saw hysterectomy procedure being performed in OT.

Answer 8: At the end of the clinical posting the students were confident about recording per abdominal examination in 85.71%, per vaginal examination in 51.64%, drawing a partogram in 96.70%, treating a case of eclampsia in 81.31%, conducting normal delivery in 75.82%, suturing episiotomy in 90.10%, seeing cross matching in 9.89% and management of PPH in 28.57%.

Answer 9: 85.71% of students had conducted number of deliveries less than 5 and 14.28% more than 5 deliveries.

Answer 10: 63.73% students were confident in attending to OBG emergencies.

DISCUSSION: Every curriculum needs to be revised and updated as per demands, problems and constantly changing knowledge and technology. The curriculum mainly in OBG should be skill oriented as all the upcoming doctors should be capable of implementing their knowledge in the primary health centers.

H. J. Stander.^[2] and J. Robert Willson.^[3] stated that there is increase in the maternal and fetal mortality in United States due to inadequate teaching in OBG and dominated by midwives. The subject was given importance second to surgery and medicine, although actually most of the emergency management occurs in OBG. In Great Britain and Germany midwifery and the diseases of the women form one third of all qualifying examinations.

In the study conducted by Namita Grover et al.^[4] and Kacmar JE et al.^[5] their observations were that both practical and clinical bed side teaching was more preferred to theoretical learning.

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In their study more than 24% opted for power point and video as a teaching method. Oral communication has been the dominant medium for teaching learning since time immemorial.

Majority of the respondents felt that posting of all outlets of obstetrics and gynecology (Wards, OPD, OT, labor room) are important. 2.19% of students opted for exclusive OT posting. In their study as per the guidelines of the curriculum each student should conduct or assist at least 10 deliveries, none of the students conducted even a single delivery. Page EW et al.^[6] states that participation in operating room activities enhances knowledge regarding asepsis, patient care and comprehends principles of pre and post-operative care.

Lonka K et al.^[7] followed a structured portfolio to train OBG undergraduate students. The portfolio consisted of 28 page A5 size booklet. The students marked all the clinical procedures they performed and all the deliveries attended. After each group session, they answered questions about what they learned and evaluated the performance of the teacher. The teacher listed 13 most important skills to be learned. The student was asked to evaluate himself on a scale of 0-5 before and after the course. The students towards it were positive and were associated with high scores in the final exam.

Brittany S et al.^[8] stressed on "To the point" teaching OBG in the operating room which includes development of operating room objectives and designing specific curricula.

In the present study 94.50% felt that the classes in the final year should be taken regularly by the senior faculty. Among the effective teaching methods, power point presentation was preferred by 26.37%, microteaching in 13.18%, group discussion in 30.76% and bed side teaching in 29.67%. In the clinical postings 28.57% had seen IUCD insertion, 14.28% had seen MTP and method of taking Pap smear was seen by 19.78% of student's. At the end of the clinical posting the students were confident about recording and treating a case of eclampsia, conducting normal delivery and suturing episiotomy. They were not confident in seeing cross matching (9.89%) and management of PPH (28.57%). 85.71% of students had conducted number of deliveries less than 5 and 14.28% more than 5 deliveries. 63.73% students were confident in attending to OBG emergencies.

A thorough introspection is needed as how to improve their practical skills and help them to understand the topic better. Objective testing of minimal surgical skills on dummies should be the main criteria in getting through the main exams.

CONCLUSION: The areas to be strengthened in the present curriculum are: The topics for final year students should be taken mainly by the senior faculty. More practical sessions should be conducted in: how to take Pap smear, how to see cross matching? And how to attend and manage emergencies in OBG? After completion of MBBS the student is able to tackle common emergencies in Obstetrics and make timely referral of high risk cases. This will go a long way in reducing maternal deaths and prevent cervical cancer which is currently the burning problem of this country.

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Sl. No.	Questions	Opinions
1	Are lectures in Obstetrics and Gynecology taken regularly?	Yes No
2	Who should take the classes?	Senior faculty Junior faculty
3	Obstetrics and Gynecology lectures are	Easy and comprehensive Difficult to understand
4	Which teaching is effective	Power point presentation Microteaching Group discussion Bed side teaching
5	State four difficult topics in Obstetrics	Molar pregnancy Eclampsia PPH Breech
6	State four difficult topics in Gynecology	Ovarian tumours Chemotherapy in gynecology Prolapse Family planning
7	During my clinical posting	I have seen IUCD insertion I have seen MTP I have seen tubal ligation I have seen endometrial biopsy How to take pap smear Caesarian section Hysterectomy
8	At the end of clinical posting I am confident about	Per abdominal examination Per vaginal examination Drawing a partogram Treating a case of eclampsia Conducting normal deliveries Suturing of Episiotomy Seeing cross matching Management of PPH
9	Number of deliveries conducted by me	None 1-5 >5
10	At the end of clinical posting I am confident about	Treating OBG emergencies Cannot treat OBG emergencies

Table 1: Questionnaire

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FINANCIAL OR OTHER**COMPETING INTERESTS:** None

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Date of Submission: 20/09/2015.
Date of Peer Review: 24/09/2015.
Date of Acceptance: 08/10/2015.
Date of Publishing: 16/10/2015.