



GUIDEBOOK

SPECIALIST MEDICAL EDUCATION

(OBSTETRICS MEDICINE AND
GYNAECOLOGY)

FACULTY OF MEDICINE
HASANUDDIN UNIVERSITY
2021

FOREWORD

All praise and gratitude go to the Almighty God for all his gifts, guidance and protection so that this book can be published.

The Handbook of Obstetrics and Gynaecology Specialist Medical Education Programme, Faculty of Medicine, Hasanuddin University is a guideline that has been revised this year since 1999 which in reality requires some changes and improvements that are adjusted to developments based on the Obstetrics and Gynaecology curriculum published by the Collegium and the Faculty of Medicine, **Hasanuddin University**.

Changes and adjustments following several new guidelines issued by professional organisations Health Act of 2010, Indonesian Doctor Association (IDI), Indonesian Obstetrician and Gynecologist Association (POGI), Hasanuddin University Guidebook, Integrated Specialist Doctor Education Program Handbook Faculty of medicine hasanuddin university 2011 and Obstetrics and Gynecology Education Module Book from the Collegium include the amount of education time 8 semesters or 4 years accompanied by a Combine Degree Program. In addition, based on the Ministry of Health's programme to provide services, during education students are required to carry out services in Remote Border and Islands Areas (DTPK).

We have endeavoured to compile and present this book as well as possible, however, this does not mean that the existing deficiencies have been filled, and we look forward to the improvement of our colleagues in the future.

Our hope is that Resident candidates/participants as well as supervisors, educators and assessors of this education programme can find out about the education of Specialist I Obstetrics and Gynecology at FACULTY OF MEDICINE HASANUDDIN UNIVERSITY through this guidebook.

Finally, we would like to express our deepest gratitude to the colleagues who have helped in the preparation of this book and also to the administrative staff who have helped in the typing of this book.

Makassar, July 2021

Editor

HISTORY OF RESIDENT OBGYN UNHAS

Specialist Doctor Education is the beginning of postgraduate education at the Faculty of Medicine, but when the starting point was assessed is difficult to determine, because in the beginning the students were only those who were appointed or called to assist specialist doctors who graduated from abroad. If the person assisting has the title of Professor and judges that the knowledge, skills and behaviour of the student is sufficient to be released, the brevet of Doctor Expert (Specialist) is given without going through a formal examination. If they are not professors or the variety of cases and facilities are deemed inadequate at the Faculty of Medicine, they are sent for finishing touches in Java.

The first to give a brevet was Prof. Dr. J. Makalew to Dr. Sri Tadjuddin Chalid as an Obstetrician and Gynaecologist in 1967, followed by Prof. Dr. RA. Ma'roef gave the brevet of Internal Medicine expert to dr. Santa Yota and Prof. Dr. Med. SJ Warouw gave the Ophthalmologist brevet to three people namely dr. Simon Sarunggu, dr. HHB Mailangkay and dr. Zainal Ariffin in 1968. This continued until at the beginning of 1978, there were 8 Obstetricians and Gynaecologists, 6 Ophthalmologists, and 2 Clinical Pathologists. In 1978, the Ministry of Education and Culture established the Consortium of Medical Sciences (Consortium of Medical Sciences) which helped organise and coordinate state examinations for private medical faculties and specialisation education at several state medical faculties. Since then, Specialist I Medical Education has been structured with a curriculum and several levels of examinations.

Recognition to be able to give brevets is determined by the EMS, and each has produced a Doctor Expert (Specialist) Obstetrics Gynaecology Section, since 1967 until September 2011, has produced 274 specialists spread across the country.

The first head of the Obstetrics and Gynaecology section was Prof. dr. Johanes Makalew (1971-1984), then Prof. dr. Agus Sopacua, Sp. OG (1984-2000) then Prof. dr. H.A. Arifuddin Djuanna, Sp. OG (K) 2000-2008 then the section was led by Dr. dr. Hj A. Mardiah Tahir, Sp. OG, (2008-2013) and then the section was led by Prof. dr. Hj A. Mardiah Tahir, Sp. OG (K) MARS (2013-2017). (2008-2013) then Prof. Dr. dr. H.A. Mardiah Tahir, Sp. OG, (2013-2017) and currently the department is led by Prof. Dr. dr. Syahrul Rauf, Sp. OG (K).

**SPEECH OF THE CHAIRMAN OF THE OBSTETRICS AND GYNAECOLOGY
RESIDENT STUDY PROGRAMME FACULTY OF MEDICINE HASANUDDIN
UNIVERSITY**

Along with the passage of time and the demands of the needs in the world of specialist medical education, there are many new things that have become a special concern in the Obstetrics and Gynaecology department of faculty of medicine hasanuddin university to be used as a blend in managing Resident Obgyn Faculty of Medicine Hasanuddin University in achieving the Vision and Mission that have been stated in the 2018-2022 strategic Plan.

In several discussions with all staff members of the Department of Obstetrics and Gynecology, Faculty of Medicine, Hasanuddin University, it was finally possible to compile this 2013 Obstetrics and Gynecology Specialist Education programme guidebook, which is a revision of the previous guidebook. The purpose of this book is not only to serve as a guide for the participants but also for the counselling staff members themselves.

The contents and composition of this guidebook are mainly based on the Specialist Doctor Education Standards that have been prepared by the Obgin Collegium in 2006 and the 1999 Resident Obstetrics and Gynecology guidebook of the Faculty of Medicine, Hasanuddin University which is adjusted to the current situation and conditions which include the length of the education period by incorporating the Combined Degree programme into our curriculum. In addition, the state of the staff, the number of participants and other educational facilities including the relationship of cooperation with other parts of the integration education of resident participants in the field of Obstetrics and Gynecology Faculty of Medicine, Hasanuddin University.

We fully realise that this book is far from perfect, so we are still willing to accept all criticisms aimed at improving and perfecting it in the future.

Finally, we would like to thank all the staff members of the Obstetrics and Gynaecology Department of the Faculty of Medicine, Hasanuddin University for their efforts in publishing this book.

Makassar, July 2021

Head of Study Programme

Resident Obstetrics and Gynaecology

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**SPEECH OF THE CHAIRMAN OF THE DEPARTMENT OF OBSTETRICS AND
GYNAECOLOGY FACULTY OF MEDICINE HASANUDDIN UNIVERSITY**

Thank God for the presence of Allah SWT with the publication of this guidebook. The purpose of the publication of the Obstetrics and Gynaecology Specialist Doctor Education Programme Guidebook is to provide a guide for participants and prospective education participants about the direction and content of Obstetrics and Gynaecology education.

Of course, achieving this goal is only possible with the dedication and hard work of all parties, including the consul staff who have helped compile this guidebook.

The contents of this book are guided by the outlines of the curriculum and the core objectives of the education of doctors and specialists in Indonesia and based on the capabilities and facilities owned without compromising the meaning of following the development of science and technology and the development of the department in the future.

My hope is that the publication of this book can be a guide for students in carrying out their daily education, as well as for teaching staff in improving their respective performance in order to carry out the Tri Dharma of Higher Education which is covered in Education, Research and Community Service.

Finally, I hope that this guidebook is useful for all of us and especially for the progress of the Obstetrics and Gynaecology section of the Faculty of Medicine, Hasanuddin University, Makassar.

Makassar, July 2021

Chairman of the Department of
Obstetrics and Gynaecology, Faculty of
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CHAPTER I

INTRODUCTION

1.1 Definition

The Obstetrics and Gynaecology Resident Handbook is the basic framework and outline of Obstetrics and Gynaecology Specialist education at Faculty of Medicine Hasanuddin University. This book provides basic directions for Resident participants in undergoing Obstetrics and Gynaecology specialist education at Faculty of Medicine Hasanuddin University as well as a teaching reference for teaching staff in providing clinical knowledge and skills to students.

1.2 Destination

As a teaching reference for teaching staff to Resident Obstetrics and Gynaecology Faculty of Medicine Hasanuddin University participants. As a reference for Resident participants in undergoing education at the Department of Obstetrics and Gynaecology Faculty of Medicine Hasanuddin University.

Provide information about the description of Obstetrics and Gynaecology Resident Education at Faculty of Medicine Hasanuddin University.

1.3 Guidebook Structure

The Obstetrics and Gynaecology Resident Handbook is organised into 10 chapters.

Chapter	I	Introduction
Chapter	II	Vision, Mission, Goals and Objectives of the Study Programme
Chapter	III	Graduate Learning Outcomes
Chapter	IV	Organisation of Education
Chapter	V	Selection of RESIDENT Candidates
Chapter	VI	Education Curriculum and Syllabus
Chapter	VII	Learning Methods
Chapter	VIII	Resident Activity Guidelines
Chapter	IX	Rules, Sanctions and Letter of Agreement
Chapter	X	Evaluation System and Graduation Criteria
Chapter	XI	Output Quality Indicator

CHAPTER II

Vision, Mission, Goals and Objectives of the Study Programme

2.1 Vision

The vision of Obstetrics and Gynaecology Specialist Programmes for 2018-2022 is "The realization of Obstetric and Gynaecology Study Programmes which is leading in Indonesian and the Asia Pacific Region, to produce graduates who are humanists from a reputable (digital) education system and play an active role in improving service reproductive health by 2030".

Implications of the vision:

FOREMOST: Capable of producing graduates who are intelligent and qualified obstetrics and gynaecology specialists, as well as serving as a benchmark for other Obstetrics and Gynaecology Specialist Programs.

HUMANIST: Individuals who prioritise the attainment of better women's reproductive health based on the principles of humanity, compassion, and dignity.

SCIENTIFIC LITERACY: Ability to apply scientific knowledge, not only in understanding concepts but also in solving problems encountered in daily life, to prepare the current generation for the future through the integration of virtual and physical space.

2.2 Mission

Missions of Obstetric and Gynaecology Specialist Programme in 2018-2022:

1. Organize quality Obstetrics and Gynaecology study programs with good governance,
2. Improve human resources and facilities in supporting the implementation of Tri Dharma on Higher Education,
3. Implement education and continuous training (Continuing Program Development) with the application of innovative technology and internalizing humanistic academic values, norms and ethics,
4. Increasing the quantity and quality of basic and applied research on community obstetrics,

5. Carrying out women's reproductive health services in a professional and efficient manner with the concept interpersonal collaboration, preparing Obstetric and Gynaecology study programs towards ASEAN University Network-Quality Assurance (AUN-QA) accreditation and World Federation for Medical Education (WFME) medical standards.

2.3 Study Programme Objectives

a) General Purpose:

- Producing graduates of Obstetrics and Gynaecology Specialist Doctors who are humanist and scientifically literate.
- Academic competence: able to absorb, research, develop and apply the science of Obstetrics and Gynaecology in accordance with the progress and development of science.
- Professional clinical competence: able to provide complete reproductive health services in accordance with the level of competence

b) Specific Objectives

- The realisation of a good study programme governance system.
- The realisation of human resources with character, innovation and competitiveness and the availability of modern digital-based learning facilities.
- The realisation of innovative learning methods, by integrating virtual and physical spaces to improve mastery of science, skills and research.
- The establishment of a web-based information system, especially for data management (big data) that can be utilised for the development of science by applying the principles and methods of scientific thinking professionally in solving and handling women's reproductive health problems.
- Increasing the character of humanist learners so that they are able to provide women's reproductive health services both individually and in the community professionally and efficiently with the concept of interpersonal collaboration.
- Maintain the study programme's national accreditation as "excellent" and prepare for Asia Pacific regional accreditation.

In essence, a SpOG as a human resource for Indonesian Obstetrics and Gynaecology is a specialist doctor with a scholarly outlook, which has the

ability as a person who has an intellectual attitude and vision that masters the boundaries, professional discipline or science, and has a strong commitment to humanity, dignity, values, aspirations and conscience and has a critical and independent attitude.

2.4 Study Programme Objectives

- Improving the quality of governance of the digital-based PS Obstetrics Gynaecology Faculty of Medicine Hasanuddin University
- Development of teaching and education staff of the Obstetrics and Gynaecology Faculty of Medicine Hasanuddin University
- Development of digital system of PS Obstetrics Gynaecology Faculty of Medicine Hasanuddin University
- Development of the quality of graduates of PS Obstetrics Gynaecology Faculty of Medicine Hasanuddin University
- Research and publication development as well as intellectual property rights of PS Obstetrics Gynaecology Faculty of Medicine Hasanuddin University
- Maximising the management of funds for the Obstetrics Gynaecology Study Program Faculty of Medicine Hasanuddin University
- Quality assurance system of Obstetrics and Gynaecology Study Program Faculty of Medicine Hasanuddin University
- Development of cooperation between Study Program Obstetrics Gynaecology Faculty of Medicine Hasanuddin University in the fields of education, research and service, both at the national and regional levels of Asia Pacific
- Developing Faculty of Medicine Hasanuddin University Obstetrics Gynaecology Study Program as an education and training centre

2.5 Curriculum Revision Methods and Mechanisms

Referring of the vision and mission of Hasanuddin University and Faculty of Medicine Hasanuddin University and paying attention SK MENDIKBUD No: 78/U/1980 dated March 10, 1980 concerning the permit for the implementation of Obstetrics and Gynecology Study Program of Faculty of Medicine Hasanuddin University and the decision of the Director General of Higher Education of the

Ministry of National Education of the Republic of Indonesia No. 154/DIKTI/KEP/2007 concerning the arrangement and re-establishment of the permit for the implementation of study programs at Hasanuddin University in Makassar in 2007 - 2010, as well as based on the results of accreditation by the Collegium of Obstetrics and Gynecology for the period January 1, 2008 – December 31, 2012 and the period January 1, 2013 - December 31, 2018.

Planning begins with the formation of a strategic plan preparation team. The results of the self-evaluation which aims to determine the conditions of strengths, weaknesses, threats and opportunities that exist through *Strength, Weakness, Opportunity, Threat* (SWOT) analysis, related to the conditions, activities and performance of the Obgyn Faculty of Medicine Hasanuddin University are used as the basis for preparing the next Strategic Plan including vision, mission, goals, objectives, and strategies for achieving them. In addition to self- evaluation, PS Obgin Faculty of Medicine Hasanuddin University has also distributed questionnaires evaluation of the learning process to students, student performance evaluation reports from directors of collaborating hospitals in the region that have been carried out routinely, and from the results of alumni searches. The strategic plan development process also involved stakeholders; faculties, directors of major teaching hospitals and educational networks, professional organisations, partners, alumni, and staff of PS Obgin Faculty of Medicine Hasanuddin University, as well as students in workshops held on October 11-12, 2019.

CHAPTER III

GRADUATE LEARNING OUTCOMES EACH GRADUATE OF THE OBSTETRICS AND GYNAECOLOGY STUDY PROGRAMME HAS THE FOLLOWING LEARNING OUTCOMES:

3.1. Graduate Profile Care provider : Able to provide reproductive health services quality women

1. Decision maker : able to determine action to handle women's reproductive health appropriately
2. Communicator : able to perform reproductive health services Women via communication interpersonal communication and holistic approach
3. Community leader : able to place self as individual who professional and responsible in carrying out their profession according to applicable norms
4. Manager : have the managerial skills to work in teams both interdisciplinary and multidisciplinary
5. Educator: imparting medical knowledge to fellow colleagues peers, medical and paramedical personnel and students.

3.2 Graduate learning outcomes (ELOs)

EACH GRADUATE OF THE OBSTETRICS AND GYNAECOLOGY STUDY PROGRAMME HAS THE FOLLOWING LEARNING OUTCOMES

1. ATTITUDE (A)
 - A1. To contribute with Faithful in God, religious, civilized, upholding human values, ethical, independent, and improving the quality of people's lives in the fields of medicine and health
2. KNOWLEDGE (K)
 - K1. To demonstrate theoretical concepts and skills individually and in the community, use medicine and surgery with integrity to prevent, diagnose, and treat conditions related to women's reproductive health;
 - K2. To think in order to analyze and solve reproductive health problems in ethics, humanities, and basic health laws on a national scale using an inter- or multidisciplinary approach, and master information technology application methods in order to develop knowledge, skills, and technology, particularly in the field of obstetrics and gynaecology

3. SKILLS (S)

- S1. To develop by logic, critic, systematic, and creative thinking through scientific research or the creation of designs, formulate scientific conceptions and the results of their studies in the form of theses that are published in accredited scientific journals;
- S2. To have the competence of developing ideas, thoughts, and scientific arguments responsibly and in accordance with academic ethics and communicating with the academic community and the larger community through the media

4. COMPETENCE (C)

- C1. To provide their knowledge in handling every obstetrics and gynaecology case with professional skills appropriate to their level of competence using an evidence-based medical approach (evidence-based medicine) with effective communication skills in the practise of interprofessional collaboration required to improve the quality of reproductive health services for women;
- C2 To be able to identify and manage reproductive health problems in the community using a holistic approach (motivational, preventive, curative, and rehabilitative) in accordance with community conditions and needs
- C3 To demonstrate professional responsibilities, adhering to ethical principles (autonomy, beneficence, justice, and non-maleficence), and being sensitive of providing information and recommendations to improve reproductive health services to the needs of various societies

3.3 Mapping the relationship between ELOs and graduate profiles

No	Program Learning Outcome	Intended Learning Outcome							
		A	K		S		C		
		1	1	2	1	2	1	2	3
1	Care Provider		✓	✓	✓	✓	✓	✓	✓
2	Decision Maker	✓				✓	✓	✓	✓
3	Communicators		✓	✓		✓		✓	
4	Community Leader		✓	✓		✓	✓		
5	Manager			✓	✓	✓	✓	✓	
7	Educator			✓	✓			✓	

3.4 Mapping of SLO linkages to stakeholder aspirations

CP	Code	Stakeholder Aspirations					
		Gove rmen t	Alumni	Alum ni User	Professi onal Organis ation / PS Associat ion	Institution (Unhas)	Benchma rk
Attitude	A1		✓	✓	✓	✓	
Skills	S1	✓	✓	✓	✓	✓	
	S2		✓			✓	
Knowledge	K1		✓		✓	✓	
	K2			✓		✓	
Competen ce	C1		✓				
	C2		✓		✓		
	C3		✓		✓		

Indicators of the level of breadth and depth of study materials

- The level of depth is cumulative and / or integrative measured using indicators of the level of achievement of graduate abilities designed to meet the competency standards of graduates as determined by the Indonesian Obstetrics and Gynaecology Collegium (attachment)
- The level of breadth is measured using indicators: the number and type of studies, or science or branches of science or subject matter needed in achieving the learning outcomes that have been determined in accordance with the RPS that has been made as in the attachment below.

The depth and breadth of learning materials in the Obstetrics and Gynaecology specialist medical education programme utilise the results of research and the results of community service.

CHAPTER IV

EDUCATION ORGANISATION

4.1 Organisation

Resident Faculty of medicine hasanuddin university is an integral part of the Faculty of Medicine, Hasanuddin University which organises the Obstetrics and Gynecology Specialist Medical Education Programme. In the organisational structure is directly under the faculty and is subject to the rules that apply to the Hasanuddin University environment.

4.1.1 Dean and Coordinator Team for Specialist Doctor Education Programme

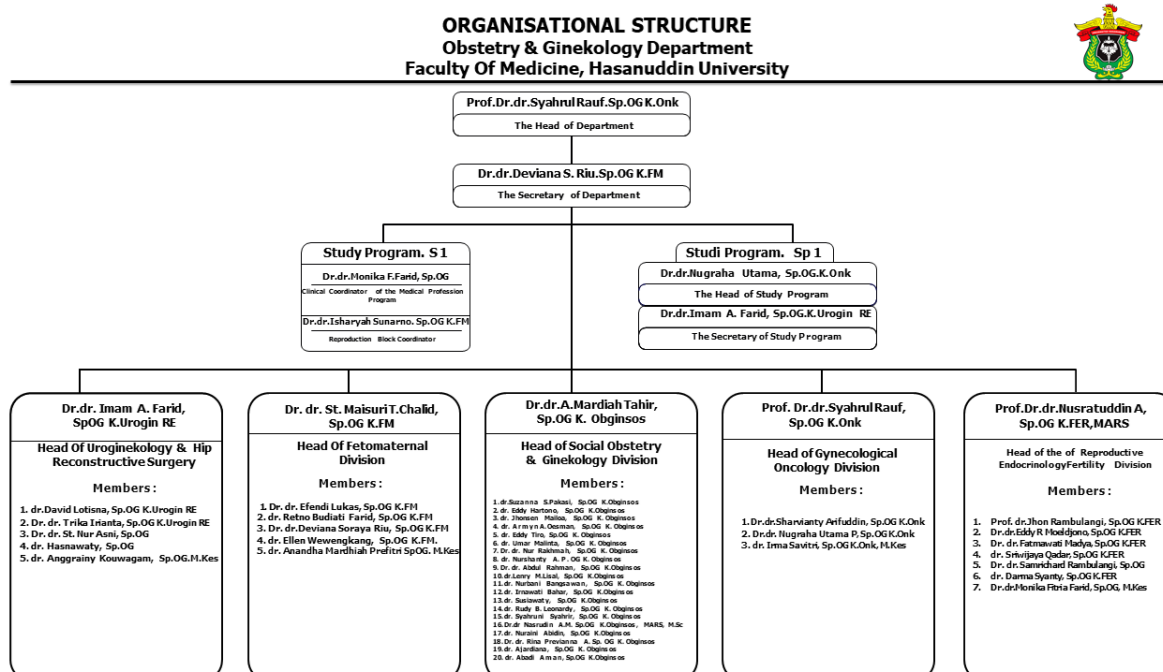
The Dean and the Specialist Doctor Education Programme Implementation Coordinator Team are the parties responsible for implementing resident, where the Resident Coordinator Team is the party responsible for admitting resident candidates. Main Duties and Responsibilities of Resident Coordinator Team

1. General

- 1) Assist the Dean of Faculty of medicine hasanuddin university in accepting resident candidates, coordinating, monitoring and evaluating the implementation of resident education held by all existing study programmes.
 - 2) Assist the Dean of organising the pre-selection of resident candidates at the Faculty level.
 - 3) Selection activities for resident candidates.
 - 4) Implementation of the Teaching Hospital orientation.
 - 5) Implementation of the Research Methodology Package.
 - 6) Organise the education process and all resident in collaboration with the Head of Study Programme / Secretary of Study Programme.
 - 7) Implementation of adaptation of Specialist Doctor education for overseas graduates.
 - 8) Report to the head of the Faculty students who are dismissed and or have completed their education to be graduated.
2. Improve / develop the Specialist Doctor education system within Faculty of Medicine Hasanuddin University to achieve the best level of efficiency,

effectiveness and relevance in accordance with the needs of the health programme.

4.2 Organisational Structure



4.3 Classification of Teaching Staff

Teaching staff are Obstetricians and Gynaecologists who are authorised to guide, educate and assess participants in the Specialist Medical Education Programme at the Faculty of Medicine, Hasanuddin University.

4.3.1 Mentor:

1. Staff who are assigned to mentor learners' skill improvement and are obliged to report on their progress to their supervisor or to the study programme manager.
2. Staff must have a diploma and are appointed by the head of the Hasanuddin University Faculty of Medicine based on the proposal of the Head of Section.
3. Staff who have held a specialist diploma for more than 3 years and work in a teaching network hospital that is used as an educational institution and facility.

4.3.2 Educator:

1. Staff who, in addition to their mentoring duties, are given the authority and responsibility for the improvement of the participants' scientific fields and are obliged to report the results of their education to their supervisor or to the management of the study programme.
2. Staff who have held a specialist diploma for 5 years and work in other hospitals from Dr Wahidin Sudirohusodo Hospital / Network Hospital which is used as an installation and educational facility.

4.3.3 Assessor:

1. Staff authorised to assess the outcomes of medical education specialists, who work in Obstetrics and Gynaecology Faculty of Medicine Hasanuddin University/RSUP DR.Wahidin Sudirohusodo or those who by agreement of the teaching staff are considered worthy of such authority even though they work elsewhere.
2. Staff must have a specialist diploma of at least 5 years, and have been an educator for at least 3 years.

Job Description:

1. Head of Department:

1. Prepare all necessary academic tools in accordance with the Guidebook, as well as compile and coordinate the schedule of internal activities in the department.
2. Organise all types of educational activities set out in the education handbook.
3. Monitor and handle problems in the implementation of educational activities in the department.
4. Compile Obgyn department performance report
5. Provide direction to faculty and administrative staff of the department
6. Manage the distribution of lecturers in the academic process in each system.
7. Assess the performance of lecturers and administrative staff in the Obgyn department
8. Responsible to the Dean
9. Propose Head of Study Programme, Secretary of Study Programme, and Head of Student Programme based on selection at staff meetings in the department.

10. Propose the appointment of Extraordinary lecturers
11. Organising academic quality assurance

2. Department Secretary:

1. Together with the Head of the Department, participate in planning, coordinating the implementation of monitoring and evaluating academic, research and community service activities.
2. Participate in preparing the Department's work programme each year
3. Provide technical direction to the faculty and administrative staff of the Department
4. Coordinate the academic, inventory and financial administration of the Department
5. Coordinate correspondence in the Department
6. Responsible to the Head of Department
7. Representing the Head of Department if absent

3. Head of Study Programme/KPS (Ketua Program Studi)

1. Plan the implementation of the study programme in accordance with the education catalogue, and compile the Study Programme education guidebook which contains, among others:
 - a. Phasing of curriculum content.
 - b. The pattern of organising the teaching and learning process.
 - c. Work guidance on each educational assignment.
 - d. Assessment at each stage of education.
 - e. Standardised conditions of admission, academic sanctions and termination of education.
 - f. Special provisions for foreign graduate specialist adaptation participants.
 - g. Other (organisation, staffing, teaching hospital).
2. Organising the selection of candidates received from Faculty of Medicine Hasanuddin University in collaboration with the relevant head / staff.
3. Report the selection results by returning the rejected participants to the Dean through Resident Coordinator and carrying out the call for candidates participants received by copying the Dean of Faculty of Medicine Hasanuddin

University.

4. Prepare all academic tools necessary for the implementation of the teaching-learning process in collaboration with the Head of Department or other departments that will be involved in certain educational modules in the programme.
5. Prepare the elements of the teaching hospital that will be used in the educational stages of the participants of the study programme.
6. Strive to conduct continuous assessment as objectively as possible by involving all teaching staff according to the implementation plan of the study programme.
7. Make periodic reports on the dynamics of education programme participants every semester to Center of Doctor Specialist Student Programme which include:
 - a. Accepted candidates and all applicants.
 - b. Educational stage progress including failure/delay.
 - c. Termination of education.
 - d. Completion of education (prospective graduates).
 - e. List of all authorised teaching staff.
 - f. List of units utilised in the teaching hospital, with selected teaching staff.
8. Prepare an annual budget financial plan and accountability for budget implementation to the Head of the Faculty of Medicine, Hasanuddin University.
9. Develop an academic activity plan for specialist medical education in the Section
10. Preparing curriculum evaluation of specialist medical education programmes in the Section
11. Coordinate the implementation of specialist doctor education activities in the Section
12. Organise the rotation of specialist medical education programme participants in their respective Sections.
13. Organising other duties and obligations of specialist medical education participants in the Section
14. Section liaison with the Collegium

15. Coordinate the implementation of education with the Head of Section
16. Preparing for the selection of resident participants
 - a. Arrange the Membership of the Entry Selection Team for resident candidates and then proposed by the Head of Section.
 - b. Develop objective criteria for the selection of resident candidates based on the standard catalogue of each study program collegium, Academic Regulations of Hasanuddin University and pay attention to the National Policy of the Ministry of Education or the Ministry of Health.
 - c. Develop technical and operational policies and materials for the selection of resident candidates.
 - d. Lead the resident candidate graduation determination meeting and report the results of the graduation determination to the TKP-Resident.
17. Provide guidance and or impose academic sanctions for violations committed by resident participants in accordance with Faculty of Medicine Hasanuddin University academic regulations including verbal or written warnings. Suspension decisions can be proposed by Head of Study Programme in a meeting with the assessment team and the relevant study programme lecturer staff.
18. Provide consideration and approval of permission / maternity leave, academic leave for resident participants in accordance with Hasanuddin University academic regulations.

Organising the assignment of referrals of senior resident participants in the context of independent assignments related to the demand for health workers in the area that is requires.
19. Organising the final exam for resident participants includes the final work exam, local comprehensive exam, and national comprehensive exam.
20. Participate in brevet or resident graduation with TKP-Resident coordination
21. Conduct Supervision/visitation to Education Network Hospital
22. Participated in a coordination meeting with TKP-Resident, Dean of FK- Unhas, Director of RSP Unhas and Director of Dr Wahidin Sudirohusodo Hospital Makassar.

4. Secretary of the Study Programme/ SPS (Sekertaris Program Studi)

1. Together with the Head of Study Programme Prepare academic tools needed

in the implementation of the teaching and learning process in collaboration with other Sections involved in certain educational modules in the programme.

2. Participate in preparing the elements of the teaching hospital that will be used in the education stage of the study programme participants.
3. Make periodic reports on the dynamics of education programme participants every semester to the resident coordinator
4. Prepare budget plans and accountability for budget implementation
5. Administration

5. Secretary of Study Programme

A. Selection of Resident candidates

1. Assist KPS as a Member of the resident Candidate Entry Selection Team formed by KPS in the smooth running of resident candidate entry selection activities.
2. Assist KPS in analysing the results of the admission selection of RESIDENT candidates.
3. Assist KPS in compiling entrance selection materials for resident candidates.
4. Assist the KPS in implementing the entrance selection schedule made by the Resident Coordinator Team and report to the Head of Study Programme and Resident Coordinator Team
5. Participate in the incoming Selection Team meeting led by the Head of Study Programme in determining the graduation of Resident candidates and making the results of the determination meeting for further submission to the Dean of Faculty of medicine hasanuddin university through the Himalkalam Coordinator Team.

In the resident education process

1. Assist Head of Study Programme in organising specialist doctor education according to the applicable curricula
2. Assist Head of Study Programme in organising RESIDENT participants' roster
3. Assist Head of Study Programme in organising the education administration

of RESIDENT participants (filling system) including

- Complete application form
 - Entrance selection result files include Indonesian language test, TOEFL test, psychological test, written test, interview result, medical test and pregnancy test.
 - Learning progress score (cumulative academic achievement)
 - Assist Head of Study Programme to make a letter to TKP-RESIDENT about sanctions that will be given to RESIDENT participants with objective reasons according to applicable academic regulations Assist KPS to make a letter of permission / maternity leave / Academic Cub to TKP-RESIDENT
4. Assist Head of Study Programme in managing the administration and finance of the study programme.
 5. Assist Head of Study Programme in fostering administrators study programme
 6. Assist Head of Study Programme in conducting supervision / visitation at referral / network hospitals
 7. Assist Head of Study Programme in attending coordination meetings with Resident Coordinator Team, Dean of Faculty of Medicine Hasanuddin University, Director of Unhas Hospital, Dr Wahidin Sudirohusodo Hospital Makassar.
 8. Assist the Head of Study Programme with the smooth implementation of the RESIDENT programme.
 9. Responsible to Head of Study Programme

6. Student Education Coordinator

1. Develop an academic activity plan for undergraduate education in the Department
2. Coordinating the implementation of undergraduate academic activities in the Department
3. Nominate examiners and supervisors for professional phase students for the clinical department.
4. Nominate examiners and supervisors for professional phase students for the clinical department.

5. Responsible to the head of the Department
6. Medical Services & Partnership

7. Coordinator

1. Oversee the course of medical services that include patient satisfaction and service support, namely the hospital
2. Evaluate ongoing medical services, and play an active role in finding solutions to problems that arise.
3. Maintaining co-operation with existing partners in terms of medical services
4. Open new partnerships with areas that require medical services and conduct visitations for the feasibility of the area to carry out the service process.

8. Education & Training Coordinator

1. Coordinate the course of education which includes the teaching-learning process, transfer of skills and necessary training for students
2. Organise and develop trainings that are deemed necessary for the development of students' abilities such as symposiums, competency-based training and seminars.
3. Supervise the course of students' education and play an active role in problem solving and providing solutions for students who experience problems in their education.
4. Maintain the quality of students to be competent in performing competency-based medical services, through a continuous education and training process.

9. Research & Development Coordinator

1. Directing and developing students' research interests in accordance with the vision and mission of the Department of Obstetrics Faculty of medicine hasanuddin university.
2. Develop research that is global and current
3. Develop research that is applicable and can be useful in the wider community
4. Conduct research publications in national and international media

10. Counselling / Ethics Committee

1. Conduct counselling guidance at any time and periodically every month or semester to students when there are problems or as a form of continuous

monitoring of students.

2. Overseeing the education process that is based on ethics and good morals
3. Oversee etiquette between fellow learners, between learners and patients, and between learners and teaching staff
4. Take an active role in resolving ethical issues that occur, both among learners, and between learners and teaching staff.

11. Chair of the Fetomaternal Division:

1. Prepare all necessary academic tools in accordance with the Fetomaternal Division Education Handbook and compile and coordinate the schedule of internal activities in the Fetomaternal division.
2. Organise all types of educational activities set out in the Fetomaternity Division Education Handbook including the organisation of Fetomaternity referrals, journals, registries and case reports.
3. Monitor and handle problems in the implementation of educational activities in the Fetomaternal Division
4. Coordinate and be accountable for all activities that take place in the Fetomaternal Division.
5. Actively seek out overseas and domestic linkages to improve general education and skills education in the field of Fetomaternity for staff who are interested in improving their knowledge overseas or domestically.
6. Actively participate in Fetomaternal activities both nationally and internationally so that the Fetomaternal division is not left behind in following the development of science, especially in the field of Fetomaternal.
7. Always endeavour to increase scientific activities in the Fetomaternal division, such as organising symposiums, courses, etc.
8. Continued efforts to seek funding to improve prenatal diagnostic facilities at the Teaching Hospital
9. Develop and coordinate the implementation of FEM Consultant education at the Sp 2 FEM education centre at the Department of Obstetrics Faculty of medicine hasanuddin university
10. Actively participate in the activities of the Association of Fetomaternal Medicine (HKFM)

11. Chairman of the Oncology Division:

1. Prepare all necessary academic tools in accordance with the Oncology Division Education Handbook and compile and coordinate the schedule of internal activities in the Oncology division.
2. Organising all types of educational activities set out in the Oncology Division Education Handbook including the organisation of referrals, journals, English classes, and Oncology case reports.
3. Monitor and handle problems in the implementation of educational activities in the Oncology Division
4. Coordinate and be accountable for all activities that take place in the

Oncology Division

5. Actively seek out overseas and domestic links to improve general education and skills education in Oncology for staff who are interested in improving their knowledge overseas or domestically.
6. Actively participate in Oncology activities both nationally and internationally so that the Oncology division is not left behind in following the development of science, especially in the field of Oncology.
7. Always strive to improve scientific activities in the Oncology division, such as organising symposiums, courses, etc.
8. Continued efforts to seek funding in order to improve oncology- gynaecology diagnostic and surgical facilities at the Teaching Hospital
9. Actively participate in the activities of the Indonesian Gynaecological Oncology Association (HOGI)

12. Chair of the Division of Fertility, Endocrinology and Reproduction:

1. Prepare all necessary academic tools in accordance with the Fertility, Endocrinology, and Reproduction Division Education Handbook and compile and coordinate the schedule of internal activities in the Fertility, Endocrinology, and Reproduction division.
2. Organise all types of educational activities set out in the Fertility, Endocrinology and Reproduction Division Education Handbook including the organisation of reading of referrals, journals, registries and case reports on Fertility, Endocrinology and Reproduction.

3. Monitor and handle problems in the implementation of educational activities in the Division of Fertility, Endocrinology, and Reproduction
4. Coordinate and be accountable for all activities that take place in the Fertility, Endocrinology, and Reproduction Division
5. Actively seek out overseas and domestic linkages to enhance general education and skills education in Fertility, Endocrinology and Reproduction for staff who are interested in enhancing their knowledge overseas or domestically.
6. Actively participate in national and international Fertility, Endocrinology, and Reproduction activities so that the Fertility, Endocrinology, and Reproduction division is not left behind in following the development of science, especially in the fields of Fertility, Endocrinology, and Reproduction.
7. Always strive to improve scientific activities in the Fertility, Endocrinology and Reproduction division, e.g. organising symposiums, courses, etc.
8. Continued efforts to seek funding to upgrade diagnostic, laparoscopic and in vitro fertilisation facilities at the Teaching Hospital.
9. Develop and coordinate the implementation of FER Consultant education at the Sp 2 FER education centre at the Department of Obstetrics Faculty of medicine hasanuddin university.
10. Actively participating in the activities of the Indonesian Fertility, Endocrinology, and Reproduction Association (HIFERI)

13. Chairman of the Division of Urogynaecology and Pelvic Reconstructive Surgery:

1. Prepare all necessary academic tools in accordance with the Education Handbook of the Division of Urogynaecology and Pelvic Reconstructive Surgery and compile and coordinate the schedule of internal activities in the division of Urogynaecology and Pelvic Reconstructive Surgery.
2. Organise all types of educational activities set out in the Education Handbook of the Division of Urogynaecology and Pelvic Reconstructive Surgery including the organisation of reading of referrals, journals, registries, and case reports of Urogynaecology and Pelvic Reconstructive Surgery.
3. Monitor and handle problems in the implementation of educational activities in the Division of Urogynaecology and Pelvic Reconstructive Surgery.

4. Coordinate and be accountable for all activities that take place in the Division of Urogynaecology and Pelvic Reconstructive Surgery.
5. Actively seek out overseas and domestic links to improve general education and skills education in Urogynaecology and Pelvic Reconstructive Surgery for staff who are interested in improving their knowledge overseas or domestically.
6. Actively participate in Urogynaecology and Pelvic Reconstructive Surgery activities both nationally and internationally so that the division of Urogynaecology and Pelvic Reconstructive Surgery is not left behind in following the development of science, especially in the field of Urogynaecology and Pelvic Reconstructive Surgery.
7. Always strive to improve scientific activities in the division of Urogynaecology and Pelvic Reconstructive Surgery, such as organising symposiums, courses, etc.
8. Continued efforts to seek funding in order to improve diagnostic and surgical facilities for Urogynaecology and Pelvic Reconstructive Surgery at the Teaching Hospital.
9. Actively participate in the activities of the Indonesian Association of Urogynaecology and Pelvic Reconstructive Surgery (HUGI)

14. Chair of the Division of Social Obstetrics and Gynaecology:

1. Prepare all necessary academic tools in accordance with the Education Handbook of the Social Obstetrics and Gynaecology Division and compile and coordinate the schedule of internal activities in the Social Obstetrics and Gynaecology division.
2. Organise all types of educational activities set out in the Education Handbook of the Division of Obstetrics and Social Gynaecology including the organisation of reference readings, journals, registries, and case reports of Obstetrics and Social Gynaecology.
3. Monitor and handle problems in the implementation of educational activities in the Division of Social Obstetrics and Gynaecology
4. Coordinate and be accountable for all activities that take place in the Social Obstetrics and Gynaecology Division.
5. Actively seek out overseas and domestic links to improve general education and skills education in Obstetrics and Social Gynaecology for staff who are

interested in improving their knowledge overseas or domestically.

6. Actively participate in Obstetrics and Social Gynaecology activities both nationally and internationally so that the Obstetrics and Social Gynaecology division is not left behind in following the development of science, especially in the field of Obstetrics and Social Gynaecology.
7. Always strive to improve scientific activities in the division of Social Obstetrics and Gynaecology, such as organising symposiums, courses, etc.
8. Make continuous efforts to seek funding in order to improve the learning activities of Social Obstetrics and Gynaecology at the Teaching Hospital
9. Actively participate in the activities of the Indonesian Social Obstetrics and

Gynaecology Association (HOGSI)

15. Annual Budget Activity Details Coordinator

1. Prepare a budget according to the list of needs and activity plans of the Department every year to be proposed to the Faculty.
2. Manage and Coordinate the budget as the Department of fund realisation from the Faculty of Medicine, Hasanuddin University
3. Compile and provide budget accountability reports in Department to Faculty on a regular basis.

16. Scientific Coordinator

1. Coordinate activities scientific activities Department including the process of reading students' national papers
2. Teamwork Evaluate the quality of scientific papers to be presented at the national level
3. Socialising national scientific events and directing students to participate in national scientific events
4. Determine the supervising staff for each scientific paper to be presented

17. Knowledge & Skills Evaluation Coordinator

1. Coordinate a system of evaluating learners' knowledge levels through an agreed examination system
2. Coordinate a system of evaluating learners' skill levels through an agreed examination system

18. Assessment and module coordinator

1. Coordinate the implementation of the learner module system
2. Controlling the implementation of the module system
3. Evaluate the smoothness and completeness of the module lecture system

19. Level Coordinator

1. Coordinate the implementation of the learner module system according to the current level.
2. Evaluate the progress of learners' education through meetings with learners every two months.
3. Actively help solve educational problems in students at the current level.

4.3.4 List of teaching staff

List of Obstetrics and Gynaecology Teaching Staff Faculty of medicine
hasanuddin university / RSUP DR.Wahidin Sudirohusodo in 2022

No	Name	Year of Entry	
1	Prof. Dr.dr.John Rambulangi, SpOG, Subsp.FER	1983	
2	dr.Retno Budiati Farid, SpOG, Subsp.KFM	1987	
3	dr.Suzanna S Pakasi, SpOG, Subsp.Obginsos	1990	
4	Dr.dr.H Eddy R Moeljono, SpOG, Subsp.FER	1993	
5	dr.Putra Rimba, SpOG	1996	
6	Prof. Dr.dr.Syahrul Rauf, SpOG, Subsp.Onk	1997	
7	dr.Eddy Hartono, SpOG, Subsp.Obginsos	1998	
8	dr.Johnsen Mailoa, SpOG, Subsp.Obginsos	2000	
9	Dr.dr.A. Mardiah Tahir, SpOG, Subsp.Obginsos	2000	

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10	Prof.Dr.dr.Nusratuddin Abdullah, SpOG,Subsp.FER,MARS	2001	
11	dr.David Lotisna, SpOG, Subsp.Urogin RE	2002	
12	Dr.dr.Efendi Lukas, SpOG, Subsp.KFM	2002	
13	dr.Eddy Tiro, SpOG, Subsp.Obginsos	2002	
14	Dr.dr.St. Maisuri T. Chalid, SpOG, Subsp.KFM	2002	
15	dr.Umar Malinta, SpOG, Subsp.Obginsos	2002	
16	Dr.dr.Nur Rakhmah, SpOG, Subsp.Obginsos	2002	
17	dr.Nurshanty A. Padjalangi, SpOG, Subsp.Obginsos	2004	
18	Dr.dr.Abdul Rahman, SpOG, Subsp.Obginsos	2002	
19	dr.Lenny M. Lisal, SpOG, Subsp.Obginsos	2003	
20	Dr.dr.Fatmawaty Madya, SpOG, Subsp.FER	2004	
21	dr.Nurbani Bangsawan, SpOG, Subsp.Obginsos	2004	
22	dr.Irnawati Bahar, SpOG, Subsp.Obginsos	2004	
23	Dr.dr.Trika Irianta, SpOG, Subsp.Urogin RE	2005	
24	Dr.dr.Deviana Soraya Riu, SpOG, Subsp.KFM	2000	
25	dr.Hasnawaty, SpOG	2005	
26	Dr.dr.Sharvianty Arifuddin, SpOG, Subsp.Onk	2005	
27	Dr.dr.Isharyah Sunarno, SpOG, Subsp.KFM	2005	

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28	Dr.dr.St. Nur Asni, SpOG	2005	
29	dr.Susiawaty, SpOG, Subsp.Obginsos	2006	
30	dr.Rudy B. Leonardy, SpOG, Subsp.Obginsos	2006	
31	Dr.dr.Nugraha Utama Pelupessy, SpOG, Subsp.Onk	2007	
32	dr.Syahrini Syahrir, SpOG, Subsp.Obginsos	2007	
33	Dr.dr.Nasrudin A. M, SpOG, Subsp.Obginsos,MARS,M.Sc	2007	
34	Dr.dr.Samrichard Rambulangi, SpOG	2007	
35	dr.Sriwijaya Qadar, SpOG, Subsp.FER	2005	
36	Dr.dr.Masita Fujiko, SpOG , Subsp.KFM	2009	
37	Dr.dr.Imam Ahmadi Farid, SpOG, Subsp.Urogin RE	2008	
38	dr.Nuraini Abidin, SpOG, Subsp.Obginsos	2008	
39	Dr.dr.Rina Previana A, SpOG, Subsp.Obginsos	2002	
40	Dr.dr.Elizabet C Jusuf, SpOG, Subsp.Obginsos, M.Kes	2005	
41	dr.Irma Savitri Ch R, SpOG, Subsp.Onk, M.Kes	2002	
42	Dr.dr.Monika Fitria Farid, SpOG, M.Kes	2004	
43	dr.Abadi Aman, SpOG, Subsp.Obginsos	2008	
44	dr.Ajardiana, SpOG, Subsp.Obginsos	2013	
45	dr.Ellen Wewengkang, SpOG, Subsp.KFM, M.Kes	2004	
46	dr.Darma Syanty, SpOG, Subsp.FER	2018	
47	dr.Anandha Mardiah Prefitri, SpOG, M.Kes	2019	
48	dr.Anggrainy D.Kouwagam, M.Kes, SpOG,Subsp.Urogin RE	2019	

4.4 Education/Network Land of Dr Wahidin Sudirohusodo General Hospital:

1. It is the Central Teaching Hospital and Office of Obstetrics and Gynaecology Faculty of medicine hasanuddin university / RSUP DR.Wahidin Sudirohusodo located at Jl. Perintis Kemerdekaan KM.11 Tamalanrea, Makassar
2. It is a Type A hospital with a capacity of 840 beds, 214 specialists, 76 general practitioners, 9 dentists and 1103 paramedics and 774 non-medical personnel.
3. Number of Obstetrics and Gynaecology cases 7500/year consisting of 5200obstetrics cases and 2300 gynaecology cases.

Teaching & Network Hospitals

No	HOSPITAL
1	Dr. Wahidin Sudirohusodo Makassar General Hospital
2	Universitas Hasanuddin Hospital
3	Labuang Baji Hospital
4	Pelamonia Hospital
5	St. Fatimah Mother and Child Hospital
6	St. Khadijah I Mother and Child Hospital
7	Faisal Islamic Hospital
8	Syech Yusuf Gowa Hospital
9	Pertiwi Mother and Child Hospital
10	Ibnu Sina Hospital
11	Dr La Palaloi General Hospital
12	Bumi Panua Pohuwato Hospital
13	Massenrempulu Enrekang Hospital
14	Kh. Hayyung Selayar Hospital

15	Morowali Regency Hospital
16	Dayaku Raja Kota Bangun Hospital
17	Kondosapata Mamasa Hospital
18	Maba Region Hospital

4.5 Education Supporters

Education supporters are all the resources, funds, hardware and software that support the implementation of this educational activity.

4.5.1 Cost

The education programme is funded by regular and irregular income. Fixed income comes from tuition fees. Meanwhile, non-permanent funds come from lectures, scientific meetings such as seminars, symposiums, and other activities.

Also from staff medical services collected for the smooth implementation of education.

4.5.1.1 Education Development Contribution (SPP)

During the education programme, Resident participants pay tuition fees in accordance with the applicable provisions of Hasanuddin University.

4.5.1.2 Donations outside of tuition fees

Donations outside of tuition fees for the smooth running of education come from the medical services of staff on duty at Dr Wahidin Sudirohusodo Hospital and donations from network hospitals.

4.5.1.3 Secretariat personnel

There are 12 staff members who help organise this education.

Secretariat personnel

- General Secretary : Isnawati
- 2nd Floor Pinang Room Coordinator : Rizal
- Resident Education : Ketty
- Undergraduate Education : Firman
- Library/Skil Lab/Resident : Dahrul Salam
- UPF Audiovisual Coordinator : Idris
- Fetomaternal Division : Muh. Azhar
- FER Division : Marce Pasambe & Irna H. Muchtar

- Oncology Division : Nur Monalisa
- Urogynaecology Division : Dahrul Salam
- Obginsos Division : Ernawaty
- UPF Room Coordinator 3rd Floor: Idris & Yusuf

These personnel are the financial responsibility of the Department of Obstetrics and Gynaecology at Faculty of medicine Hasanuddin University.

4.5.2 Education Facilities and Infrastructure

Various types of educational facilities were donated by Yanmed Depkes in the form of medical equipment. While the Obstetrics and Gynaecology building was built by Dr Wahidin Sudirohusodo Hospital, while several staff rooms, scientific conference rooms and Electronic Library were built by the Department / SMF with the aim of smooth education.

4.5.2.1 Building

The Obgyn Department building consists of several separate buildings with the main building located in Building A Level 3 FACULTY OF MEDICINE HASANUDDIN UNIVERSITY Teaching Hospital JI Perintis Kemerdekaan Km. 11 Tamalanrea, Makassar, while the other building, namely the Pinang building on the second floor is located at Dr Wahidin Sudirohusodo Hospital which is used for staff meetings, Clinical Conferences and Division activities (Urogynaecology, Oncology, Fetomaternal and Obginsos) Building A 3rd Floor UNHAS Hospital consists of :

1. Section Head's room
2. Section Secretary's Room
3. Room of the Head of Study Programme
4. Student Clinic Coordinator Room
5. Obstetrics and Gynaecology Staff Office
6. Obstetrics and Gynaecology Secretariat
7. Skills Training Room for Clinical Registrar students

Building A Floor VI of UNHAS RSP consists of :

1. Fertility, Endocrine and Reproduction (FER) Division Room
2. IVF Laboratory

Pinang Building 2nd Floor Wahidin Sudirohusodo Hospital

1. Fetomaternal Division Room
2. Obginsos Division Room
3. Oncology Division Room
4. Urogynaecology Division Room
5. Library
6. Electronic Library/Skill Lab
7. Resident rest room

4.5.2.2 Publication Media

1. Majalah Medika Faculty of Medicine Hasanuddin University
2. Indonesian Obstetrics and Gynaecology Magazine
3. Hasanuddin University Postgraduate Journal
4. Other Medical Magazines.

CHAPTER V

Selection of Resident Candidates

As an organiser of UNHAS medical faculty specialist medical education, the selection refers to the academic regulations of Hasanuddin University and the admission guidelines for Resident candidates for the OBGIN collegium. Selection must be transparent, objective and measurable so that the Resident candidates pass or fail based on the standard selection requirements set by TKP-PPDS FACULTY OF MEDICINE HASANUDDIN UNIVERSITY.

5.1 Role and Function of Selection of Resident Candidates

Selection of Resident admission is part of the implementation of Resident education.

Related parties:

- 5.1.1 Profession (Collegium)
- 5.1.2 Education centre (University): Faculty of Medicine
- 5.1.3 Sending agency:
 - 5.1.3.1 Department of Health
 - 5.1.3.2 Indonesian State Army (TNI)
 - 5.1.3.3 Indonesian Republik Police (POLRI)

5.1.3.4 Individual

5.1.3.5 Local Government

5.1.3.6 Private Agencies

5.2 Selection Requirements for Resident Candidates

The system of acceptance and selection of prospective students for the Obstetrics and Gynaecology Training Program is through a student acceptance mechanism regulated by the Centre of Medical Specialist Education Program Faculty of Medicine Hasanuddin University.

The admissions process includes criteria common to all specialist programs and program – specific requirements. Regulation, requirements, schedule, and place of registration are published and announced on the Unhas website (<https://regpmb.unhas.ac.id/>) and are thus accessible to all stakeholders.

- Specific requirements are listed as follows:
 1. Minimum 6 months or 1 year of government service
 2. Age: $\leq$ 35 years
- Each participant must follow all stages of the selection, namely
 1. Administrative Selection: Complete administrative requirements.
 2. Academic Selection: Written test to assess the candidate's cognitive and reasoning abilities using multiple choice questions (MCQ), short answer questions, or case based, TOEFL.
- Selection test materials:
 1. Medical knowledge Test Related to Obstetrics and Gynaecology
 2. Interview Test
 3. Indonesian Language Test
 4. Paper-based TOEFL Test
 5. General health examinations (i.e. physical examination, visual and hearing function, colour-blind test, ECG, chest x-ray and laboratory exam)

6. Psychology test (Minnesota Multiphasic Personality Inventory Test)

The number of applicants for Obstetrics and Gynaecology Specialist Programme ranges from 50 to 60 per semester with admitted student rates 10 to 15 students for each semester. The admission requirements and selection process are transparent and impartial for all applicants. The admission requirements suitable for supporting the students in achieving the learning outcomes by obligating their minimum accreditation of bachelor degree was level B.

Chapter VI

Education Curriculum and Syllabus

6.1 Preparation of course in the curriculum structure

1. Determination of courses (CM)

N O	SL OS- PR ODI	C M 1	C M 2	C M 3	C M 4	C M 5	C M 6	C M 7	C M 8	C M 9	C M 10	C M 11	C M 12	C M 13	C M 14	C M 15	C M 16	C M 17	C M 18	C M 19	C M 20	C M 21	C M 22	C M 23	C M 24	C M 25	C M 26	C M 27	C M 28	C M 29	C M 30	
											0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	
ATTITUDE (S1)																																
1	A1	✓				✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
KNOWLEDGE (P1)																																
1	K1	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓			
2	K2		✓	✓				✓	✓	✓	✓	✓			✓		✓			✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
SKILLS																																
1	S1		✓	✓	✓	✓	✓	✓	✓	✓				✓	✓	✓		✓	✓			✓	✓	✓	✓		✓	✓	✓			
2	S2							✓	✓	✓	✓	✓	✓		✓		✓			✓	✓					✓			✓	✓	✓	
COMPETENCY																																

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1	C1	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓		✓			
2	C2							✓	✓	✓	✓	✓	✓		✓		✓			✓	✓	✓	✓	✓	✓	✓	✓		
3	C3							✓	✓	✓	✓	✓	✓		✓					✓	✓	✓	✓	✓		✓	✓		
<u>Description:</u> CM1 ETHICALOMEDICOL EGAL CM2:MEDICAL GENETICS CM3: IMMUNOLOGY CM4: CLINICAL EPIDEMIOLOGY & EVIDENCE-BASED MEDICINE CM 5 : RESEARCH METHODS CM6 : BIOSTATISTICS & COMPUTER STATISTICS CM7: PHYSIOLOGICAL OBSTETRICS CM8 : BASIC OBSTETRICS AND GYNAECOLOGY CM9: PATHOLOGICAL OBSTETRICS CM 10 : FETOMATERNAL I										CM11: FAMILY PLANNING CM12: NORMAL MATERNITY CARE COURSE CM13 :BASIC SURGICAL SKILLS CM14 :FETOMATERNAL II CM15 :MINOR GYNAECOLOGY CM16: COMPREHENSIVE EMERGENCY OBSTETRIC & NEONATAL CARE CM17 : CLINICAL PRACTICE REVIEW CM18: SCIENTIFIC PUBLICATION CM19 : OBSTETRIC SURGICAL SKILLS CM20 : POST OPERATIVE CARE										CM21 : MATERNAL MEDICINE CM22 : GYNAECOLOGY MAJOR CM23 : ONCOLOGY CM24: UROGINECOLOGY CM25 : ENDOCRINE AND FERTILITY CM26 : SCIENTIFIC PUBLICATIONS CM27: GYNAECOLOGICAL SURGICAL SKILLS CM28 : SOCIAL OBSTETRICS AND GYNAECOLOGY CM29 : TESIS CM30: PROFESSIONALISM									

2. Determination of the amount course credits

SEMESTER	COURSE CODE	SUBJECT	KEGIATAN PERKULIAHAN					SKS
			FACE TO FACE	DISCUSSION/ BED SIDE TEACHING	SCIENTIFIC ASSIGNMENT/PRESENTATION	SKILL LAB	INDEPENDENT PRACTICE	
I	20Y00510102	Etikomedicolegal	✓					2
	20Y00510802	Medical Genetics	✓					2
	20Y00510402	Clinical Epidemiology & Evidence Based Medicine	✓					2
	20Y00510202	Research Methods	✓					2
	20Y00510302	Biostatistics & Computer Statistics	✓					2
	20Y00510902	Imunology	✓					2
	20C05510102	Physiology Obstetry			✓		✓	2
	20C05510202	Basic Obstetry Dan Gynaecology	✓				✓	2
II	20C05510302	Pathological Obstetry			✓		✓	2
	20C05510406	Fetomaternal I	✓	✓	✓		✓	6
	20C05510503	Family Planning	✓		✓		✓	3
	20C05510602	Normal Labour Care	✓			✓	✓	2
	20C05510702	Basic Skill Surgery	✓			✓	✓	2
III	20C05520106	Fetomaternal II	✓	✓	✓		✓	6
	20C05520202	Gynaecology Minor			✓		✓	2
	20C05520302	Emergency Obstetric and Neonatal Care Comprehensive	✓			✓	✓	2
	20C05520402	Clinical Practice Review			✓			2
	20C05520501	Scientific Publications			✓			1
IV	20C05520607	Obstetric Surgical Skill	✓	✓	✓		✓	7
	20C05520707	Post Operative Care		✓	✓		✓	7

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	20C05520802	Maternal Medicine		✓			✓	2
V	20C05530102	Major Gynaecology		✓			✓	2
	20C05530208	Oncologi	✓	✓	✓		✓	8
	20C05530306	Urogynecology	✓	✓	✓		✓	6
VI	20C05530406	Endocrine and Fertility	✓	✓	✓		✓	6
	20C05530501	Scientific Publications			✓			1
	20C05530607	Ginekologi Surgical Skill	✓	✓			✓	7
VII	20C05540106	Social Obstetrics and Gynaecology	✓	✓	✓		✓	6
	20C05540207	Thesis	✓		✓		✓	7
VIII	20C05540308	Professionalism					✓	8
		CP TOTAL						111

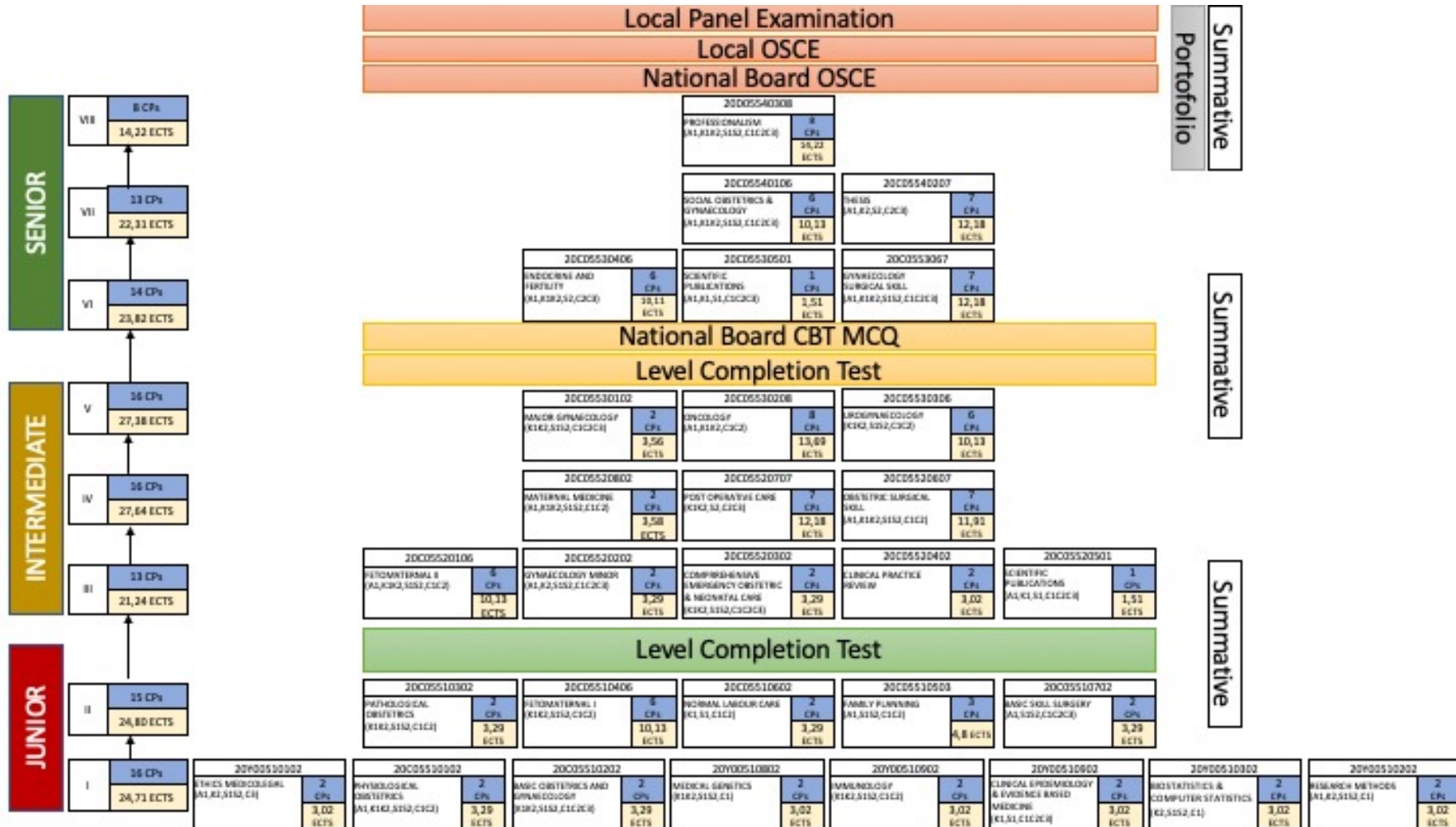
6.2 Learning Strategies And Methods Cp Mapping And Learning Strategies

CP		Strategi Pembelajaran			COURSE CONTENT
Realm	Code	Methods	Lecturer Role	Learning Activities	
Attitude	A1	1, 4, 5, 6	1,7	1,4	1, 7, 9, 10,11,12,13,14,15,18, 19,20, 21, 22, 23, 24, 26, 27, 28,29,, 30
	K1	1,2,4,5,6, 7,8	1,2,3,5, 7, 11	1,2, 4,5,6	10,11,17, 22, 23, 24, 25, 27, 29, 30
Knowledge	K2	1,2,4,5,6, 7,8	1,2,3,5, 7, 11	1,2, 4,5,6	1.8. I 27.29
	K3	1,2,4,5,6, 7,8	1,2,3,5, 7, 11	1,2, 4,5,6	2, 3, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28,29, 30
	K4	1,2,4,5,6,7,8	1,2,3,5, 7, 11	1,2, 4,5,6	4, 5, 6, 7, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28,29, 30
	K5	1,2,4,5,6, 7,8	1,2,3,5, 7, 11	1,2, 4,5,6	4, 7, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21, 22, 23, 24, 26, 27, 29, 30
Skill	S1	4, 5, 6, 7	7, 11	4,6	4, 5, 6, 9, 17, , 25, 28
	S2	4, 5, 6, 7	7, 11	4,6	4, 7, 8, 9,10,12,13, 15,16, 22, 23, 24 ,25, 27, 28, 29, 30
	S3	4, 5, 6, 7	7, 11	4,5	1, 7, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30
Competence	C1	1,2,4,5,6,7,8	1,2,3,5, 7, 11	1,2, 3, 4,5,6	7.9.10.11.12.13.14.15. 16.18.19. 20, 21, 22, 23, 24. 26. 27. 29, 30
	C2	1,2,4,5,6,7,8	1,2,3,5, 7, 11	1,2, 3, 4,5,6	7.9.10.11.12.13.14.15. 16.18.19. 20, 21, 22, 23, 24. 26. 27. 29, 30
	C3	1,2,4,5,6,7,8	1,2,3,5, 7, 11	1,2, 3, 4,5,6	7.9.10.11.12.13.14.15. 16.18.19. 20, 21, 22, 23, 24. 26. 27. 29, 30

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	C4		1,2,4,5,6,7,8	1,2,3,5, 7, 11	1,2, 3, 4,5,6	7.9.10.11.12.13.14.15. 18.19. 20, 21, 22, 23, 24. 26. 27. 29, 30
	C5		1,2,4,5,6,7,8	1,2,3,5, 7, 11	1,2, 3, 4,5,6	7.9.10.11.12.13.14.15. 18.19. 20, 21, 22, 23, 24. 26. 27. 29, 30
	C6		1,2,4,5,6,7,8	1,2,3,5, 7, 11	1,2, 3, 4,5,6	7, 9, 10, 11, 12, 13, 14, 15, 18,19, 20, 21, 22, 23, 24, 26, 27, 29, 30

6.3 Roadmap Of Course Learning Outcome



Learning Assessment Strategies And Methods

CP Mapping and Learning Assessment Strategy

No	Assessment Strategies	Intended Learning Outcome								Domain		
		A	K		S		C			Affective	Cognitive	Psychomotor
		1	1	2	1	2	1	2	3			
1	Objective Structured Clinical Examination (OSCE)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Direct Observational Procedure Skills (DOPS)	✓				✓	✓	✓	✓	✓	✓	✓
3	Multiple Choice Questions-Computer Based Test		✓	✓		✓		✓			✓	
4	Portfolio		✓	✓		✓	✓			✓	✓	✓
5	Case Based Discussion (CBD)			✓	✓	✓	✓	✓		✓	✓	
6	Objective Structured Long Examination Report (OSLER)			✓	✓			✓		✓	✓	✓
7	Multi-source Feedback	✓								✓	✓	✓
8	Thesis	✓	✓	✓	✓	✓		✓				
9	Performance Evaluation	✓	✓		✓		✓					

The duration of education is 8 semesters consisting of 111 credits of academic education and consists of 6 general and specialised basic courses and 19 specialist education modules. The course list of the Obstetrics and Gynaecology section of Hasanuddin University is as follows:

SEMESTER	COURSE CODE	COURSE MODUL	CP
I	20Y00510102	Ethicsomedicolegal	2
	20Y00510802	Medical Genetics	2
	20Y00510402	Clinical Epidemiology & Evidence-Based Medicine	2
	20Y00510202	Research Methods	2
	20Y00510302	Biostatistics & Computer Statistics	2
	20Y00510902	Immunology	2
	20C05510102	Physiological Obstetrics	2
	20C05510202	Basic Obstetrics and Gynaecology	2
II	20C05510302	Pathological Obstetrics	2
	20C05510406	Fetomaternal I	6
	20C05510503	Family Planning	3
	20C05510602	Normal Labour Care	2
	20C05510702	Basic Skill Surgery	2

III	20C05520106	Fetomaternal II	6
	20C05520202	Gynaecology Minor	2
	20C05520302	Comprehensive emergency obstetric andneonatal care	2
	20C05520402	Clinical Practice Review	2
	20C05520501	Scientific Publications	1
IV	20C05520607	Obstetric Surgical Skills	7
	20C05520707	Post Operative Care	7
	20C05520802	Maternal Medicine	2
V	20C05530102	Major Gynaecology	2
	20C05530208	Oncology	8
	20C05530306	Urogynaecology	6
VI	20C05530406	Endocrine and Fertility	6
	20C05530501	Scientific Publications	1
	20C05530607	Gynaecology Surgical Skill	7
VII	20C05540106	Social Obstetrics and Gynaecology	6
	20C05540207	Thesis	7
VIII	20C05540308	Professionalism	8
		CP TOTAL	111

The Obstetrics and Gynaecology Resident curriculum refers to the education standards for specialist doctors in Indonesia, the Indonesian Obstetrics and Gynaecology Specialist Doctor Education Standards (collegium) 2011, the Obstetrics and Gynaecology Specialist Doctor Education Module 2007 and the Obstetrics and

Gynaecology Education Program Module Log Book2009

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BAB II DISTRIBUSI MODUL

	JENJANG I		JENJANG II	
	TAHUN I	TAHUN II	TAHUN III	TAHUN IV
Modul 1				
Ketrampilan Klinik Dasar				
Modul 2				
Pengajaran, telaah dan penilaian				
Modul 3				
Ti, clinical governance dan penelitian				
Modul 4				
Etika dan Hukum				
Modul 5				
Keterampilan bedah inti				
Modul 6				
Asuhan pasca operasi				
Modul 7				
Prosedur pembedahan ginekologi				
Modul 8				
Asuhan antenatal				
Modul 9				
Kedokteran maternal				
Modul 10				
Asuhan persalinan				
Modul 11				
Asuhan kelahiran				
Modul 12				
Asuhan nifas dan neonatus				
Modul 13				
Masalah ginekologi				
Modul 14				
Subfertilitas				
Modul 15				
Kesehatan reproduksi				
Modul 16				
Penanganan kehamilan dini				
Modul 17				
Ginekologi onkologi				
Modul 18				
Uroginekologi				
Modul 19				
Pengembangan profesionalisme				

Kompetensi yang dicapai

Pemeriksaan obstetri Pemeriksaan ginekologi Teknologi informasi Informed consent Keterampilan bedah dasar Penanganan kegawatdaruratan Asuhan antenatal dasar Interpretasi kardiotokografi Asuhan persalinan normal Asuhan persalinan dengan penyulit Asuhan kelahiran normal Asuhan kelahiran pervaginam berbantu Asuhan nifas normal Asuhan nifas patologi Penatalaksanaan perdarahan pasca persalinan Resusitasi neonatus Penanganan masalah neonatus umum Kontrasepsi hormonal dan AKDR Keguguran spontan Infeksi saluran kemih	Penatalaksanaan perioperatif Penatalaksanaan masalah pasca operasi Penatalaksanaan komplikasi pasca operasi Prosedur ginekologi minor Asuhan antenatal dengan komplikasi I Ultrasonografi obstetri dasar Kehamilan dengan komplikasi II Seksio sesarea Penanganan bedah perdarahan obstetri Kontrasepsi mantap Infeksi menular seksual HIV/AIDS dan pencegahan transmisi vertikal Kehamilan ektopik	Prosedur ginekologi mayor Penanganan gangguan haid Penanganan nyeri panggul dan dismenore Penanganan tumor jinak uterus dan ovarium Penanganan gangguan pubertas Penanganan masalah klimakterik Penanganan hiperandrogenemia Penanganan keguguran berulang Penanganan lesi prakanker Penatalaksanaan konservatif prolaps organ panggul Penatalaksanaan konservatif inkontinensia urin dan alvi Penatalaksanaan disfungsi seksual	Mampu memberikan pengajaran dan penilaian Melakukan upaya peningkatan praktik klinik Melakukan penelitian Mengambil keputusan etik Menatalaksana masalah hukum Diagnosis prenatal dan prenatal Infertilitas dan teknologi reproduksi berbantu Penanganan kanker serviks Penanganan kanker ovarium Penanganan penyakit trofoblas Penanganan kanker uterus Penanganan kanker vulva Perawatan paliatif Penatalaksanaan operatif prolaps organ panggul Penatalaksanaan operatif inkontinensia urin dan alvi Bekerja dalam tim dan mampu memimpin Good medical practice Administrasi dan manajemen pelayanan Negosiasi dan mempengaruhi orang lain
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19 specialist education modules namely:

1. Module 1 Basic Clinical Skills Consists of history taking, clinical examination and basic ultrasound skills.
2. Module 2 Consists of teaching skills and assessment of learning process.

3. Module 3 Information Technology, Clinical Practice Improvement and Research Consists of information technology skills, clinical practice improvement and research.
4. Module 4 Ethics and Law in Obstetrics and Gynaecology Consists of ethical decision-making skills, informed consent, privacy and confidentiality, and legal issues in obstetrics and gynaecology.
5. Module 5 Core Surgical Skills Consists perioperative management, emergency management, and basic surgical skills.
6. Module 6 Postoperative Care Consists of postoperative evaluation and management skills, postoperative catheter and drain evaluation, and postoperative complications.
7. Module 7 Gynaecological surgical procedures Comprises the skills of minor gynaecological procedures, major gynaecological procedures and endoscopic surgery.
8. Module 8 Basic Antenatal Care Consists of basic antenatal care skills, obstetric ultrasound and cardiotocography examination, and management of complicated pregnancy I.
9. Module 9 Maternal Medicine Consists of skills for management of pregnancy with complications II.
10. Module 10 Childbirth care Consists of the skills to perform normal labour care and to perform labour care with complication
11. Module 11 Birth care Consists of care skills for normal and assisted birth, cesarean section and surgical management of obstetric haemorrhage.
12. Module 12 Puerperal and Neonatal Problems Consists of puerperal care skills, management of postpartum haemorrhage, and management of the newborn.
13. Module 13 General Gynaecological Problems. Consists of skills in the evaluation and management of menstrual disorders, pangul pain and dysmenorrhoea, benign gynaecological tumours of the uterus and ovaries,

- pubertal disorders, climacteric problems and hyperandrogenemia.
14. Module 14 Subfertility. Consists of infertility management skills, and assisted reproductive technology services.
15. Module 15 Sexual and Reproductive Health. Consists of contraceptive service skills, evaluation and management of sexually transmitted infections and HIV/AIDS, HIV/AIDS vertical transmission prevention services and sexual dysfunction.
16. Module 16 Management of Early Pregnancy. Consists of skills in the evaluation and management of spontaneous miscarriage, recurrent miscarriage and ectopic pregnancy.
17. Module 17 Gynaecological Oncology. Comprises skills in the evaluation and management of cervical precancerous lesions, cervical cancer, ovarian cancer, trophoblastic disease, uterine cancer and vulval cancer.
18. Module 18 Urogynaecology and Basic Pelvic Problems. Consists of skills in the evaluation and management of pelvic organ prolapse, urinary incontinence, faecal incontinence, female sexual dysfunction, congenital abnormalities of the genitalia, lower urinary tract infections and fistula.
19. Module 19 Professional development. Consists of communication and counselling skills, teamwork and leadership, administration, service management, negotiation and influencing others, clinical skills training, and good medical practice.

6.4 EDUCATION CURRICULUM

The objective of obstetrics and gynaecology education is to educate and train a doctor to become an Obstetrician Gynaecologist who has clinical expertise, academic ability, and professional quality. The curriculum refers to (1). Professional Quality, **Ethics** included, (2). Academic Skills, **Education - Learning Methodology and Research Methodology** including (3). **Clinical expertise**.

1. Professional Quality

To achieve professional quality, in addition to being able to manage effectively, be a good team member, demonstrate commitment to patients and the profession, evaluate and improve professional practice skills, be a promoter of health and demonstrate ethical behaviour, an emphasis on ethical behaviour is required.

These topics are integrated with other materials during the students' Obstetrics -Gynaecology RESIDENT. It is expected that students can :

- 1.1. Understand and be able to apply ethics, discipline and law in general in daily activities.
- 1.2. Understand the relevance of the doctor's oath, the medical code of ethics, the Criminal Code Act, *Informed consent*, the 1992 Health Law, and the Indonesian Law No. 29 of 2004 concerning Medical Practice.
- 1.3. Understand ethics when performing activities: history taking/patient interviewing, in interpersonal cooperation, examination of patients, examination with diagnostic aids, counselling, therapy, maintaining office secrets, medical records and maintaining one's own health.

Obtained through the implementation of educational modules: Module 4 : Ethics and Law

Module 19: Professionalism Development

2. Academic Skills

To achieve academic proficiency, learners must be able to learn independently and teach which includes the field of : **Educational Methodology - Learning and Research Methodology**: these topics are integrated in:

- *Combined Degree* in the first semester and the implementation of the proposal, research and final work.
- *Module 2: Teaching, review and assessment*

- *Module 3: Information Technology, Clinical Governance and Research*

3. Clinical Expertise

By implementing Education Modules to achieve the clinical skills competencies contained in the current Curriculum.

Junior Stage Competencies (Semester 1 - 4)

1. Obstetric Examination
2. Gynaecological examination
3. Basic Surgical Skills
4. Handling emergencies
5. Basic Antenatal Care
6. Normal Labour Care
7. Normal Birth Care
8. Normal postpartum care

Intermediate Stage Competencies (Semester 5 - 7)

1. Information Technology
2. Informed Consent
3. Cardiotocography Interpretation
4. Labour Care with Complications
5. Assisted vaginal birth care
6. Pathological Postpartum Care
7. Management of Postpartum Haemorrhage
8. Neonate Resuscitation
9. Management of Common Neonate Problems
10. Hormonal Contraception and IUDs
11. Spontaneous Miscarriage
12. Urinary Tract Infection
13. Perioperative Management
14. Management of Postoperative Problems
15. Minor Gynaecological Procedures
16. Antenatal Care with Complications I
17. Basic Obstetric Ultrasound

18. Pregnancy with Complications II
19. Cesarean section
20. Surgical Management of Obstetric Haemorrhage
21. Steady Contraception
22. Sexually Transmitted Infections
23. HIV/AIDS and Vertical Transmission Prevention
24. Ectopic Pregnancy

Senior Stage Competencies (8th Semester)

1. Major Gynaecological Procedures
2. Management of menstrual disorders
3. Management of Pelvic Pain and Dysmenorrhoea
4. Treatment of Uterine and Ovarian Benign Tumours
5. Management of Puberty Disorders
6. Climatic Problems Treatment
7. Treatment of Hyperandrogenemia
8. Recurrent miscarriage treatment
9. Treatment of Precancerous Lesions
10. Conservative management of pelvic organ prolapse
11. Conservative Management of Urinary Incontinence and Alvi
12. Management of Sexual Dysfunction
13. Able to Provide Teaching and Assessment
14. Making Efforts to Improve Clinical Practice
15. Conducting Research
16. Making Ethical Decisions
17. Managing Legal Issues
18. Prenatal Diagnosis and Imaging
19. Infertility and Assisted Reproductive Technology
20. Cervical Cancer Treatment
21. Ovarian Cancer Treatment
22. Treatment of Trophoblastic Disease
23. Uterine Cancer Treatment
24. Vulvar Cancer Treatment
25. Palliative Care

26. Operative management of pelvic organ prolapse
27. Operative Management of Urinary and Alviative Incontinence
28. Teamwork and Leadership Skills
29. Good Medical Practice
30. Service Administration and Management
31. Negotiation and Influencing Others

There are 6 supporting phases in achieving academic ability and clinical expertise in SMF Obstetrics and Gynaecology, Faculty of Medicine, Hasanuddin University. Each phase has a schedule of activities in the form of lectures, *bed side teaching*, case conferences, *journal reading*, referrals, competencies that must be met, and examinations. All of these stage activities must be completed before completing resident education. The phases are:

Learning process in order to achieve competence. In order to achieve competence, explain the implementation:

- (1) Ward rounds (information on frequency of activities per week)
- (2) Case conferences (information on number of activities per month)
- (3) *Journal reading* (information on *journal reading* frequency per year)
- (4) Duty report
- (5) Literature Review Discussion
- (6) Multi-disciplinary discussions (information on frequency of activities per year)
- (7) Actions in the delivery room (type and number per year)
- (8) Actions in the operating theatre (types and number per year)
- (9) Polyclinic services (types and number per year)
- (10) Treatment room services (type and number per year)

Learning methods in ob-gyn education are module-based and case-orientated, using all learning modalities:

1. Ward rounds, conducted every Monday-Saturday by the Obstetrics and Gynaecology consultant of the hospital. It is organised during the teaching doctor's daily visite. This method is a way of direct application of knowledgewith facts (*bed side teaching*). In ward rounds, resident also learn to perform actions according to competency stages and are

accompanied by a teaching doctor by referring to the module log book. Ward rounds aim to improve the clinical skills and competence of resident. All supporting elements must be prepared in an effort to diagnose, treat, and prognose patients during ward rounds.

2. Clinical Conferences, held twice a week (Tuesday and Friday), are attended by all Residents and teaching staff from each sub-section. At the clinical conference, all cases for that week are discussed, both cases in the Main Teaching Hospital, as well as in the educational network hospitals and in the sub-section stages. At the beginning of each month, it is held in English. Death case discussions are held whenever there is a death case, after the clinical conference. This session is conducted in a multi-disciplinary manner by inviting the Section / Discipline involved, to conduct maternal discussions and audits. The clinical conference aims to improve resident in presenting, analysing and handling cases comprehensively
3. *Journal reading*, is a session of reading research reports from various international obstetrics and gynaecology scientific journals that have *value* based on novelty, cutting-edge research, applicability and *emerging issues* in the field of obstetrics and gynaecology. Presented at each sub-section stage, with 1 journal reading for each Resident in that stage and English as the language of instruction. This session also aims to train participants to think and apply a scientific mindset, apply evidence based medicine, make critical appraisal, and have a global outlook.
4. The duty report, held in the morning at each hospital or sub-section, discusses the cases of the previous day. Attended by hospital Residents, coaches, duty counsellors on the day.
5. Multi-disciplinary discussions (information on frequency of activities per year), *joint conference* activities with several other disciplines/sections are held to be a material for study and determine the appropriate management of interesting cases that require multi-disciplinary handling. Discussions are attended by consuls and Residents from various disciplines as well as nurses. Guest lectures with national or international speakers are organised. Minimum 2x/year with the aim of knowing the latest knowledge related to the scope of obstetrics and gynaecology.
6. Literature Review Discussion, The lecturer points out specific or interesting

topics for discussion. Learners read and understand updated articles, either original research articles, literature reviews, meta-analyses or updated guidelines. The journal article is presented in front of the class and supervisor. Lecturer and other learners stimulate discussion through questions and feedback.

7. Actions in the delivery room, in the form of observation/supervision/independent actions (according to the resident competency stage) guided by the relevant hospital teaching doctor with reference to the log book. The actions consisted of the use of personal protective equipment, patient safety; from obstetric and gynaecological examinations, informed consent, basic surgical procedures, handling emergencies, KTG interpretation, normal labour care, labour care with complications, normal birth care, assisted vaginal birth care, management of postpartum haemorrhage, neonate resuscitation, counselling and installation of birth control, ultrasound. The number of actions in Dr Wahidin Sudirohusodo Hospital as the main hospital for resident for the period June 2013-July 2014 was 2519 actions.
8. Action in the operating room, in the form of observation / supervision / independent action (according to the stage of resident competence) guided by the relevant hospital teaching doctor with reference to the log book. The action consists of minor and major gynaecological procedures, cesarean section, surgical management of obstetric bleeding, stable contraception, operative management, operative management of urinary incontinence and alvi, management of pelvic organ prolapse, laparoscopy. The number of operations at Dr Wahidin Sudirohusodo Hospital as the main hospital for resident from July 2013 to June 2014 was 513 elective operations and 625 emergency operations.
9. Action in the polyclinic, in the form of observation / supervision / independent action (according to the stage of resident competence) guided by the teaching doctor of the hospital concerned with reference to the log book. The actions consist of basic antenatal care and with complications, counselling and installation of family planning, management of general gynaecological problems, management of sexually transmitted infections, management of problems in early

pregnancy, management of urogynaecological and pelvic floor problems, management of Pap Smear/Biopsy/Colposcopy/USG examinations, postoperative care. The number of actions at Dr Wahidin Sudirohusodo Hospital as the main hospital for RESIDENT for the period June 2013-July 2014 was 10,971 actions.

10. Services in the treatment room, in the form of observation/supervision/independent actions (according to the RESIDENT competency stage) guided by the relevant hospital teaching doctor with reference to the log book. The actions are in the form of normal postpartum care, pathological postpartum care, perioperative management, management of postoperative problems, management of postoperative complications, palliative care, management of vulva/cervix/uterus/ovarian cancer, management of trophoblastic disease. The number of actions at Dr Wahidin Sudirohusodo Hospital as the main hospital for RESIDENT for the period June 2013-July 2014.

EDUCATION CURRICULUM

The educational programme is planned and implemented in the form of a curriculum to achieve the educational objectives. The objective of obstetrics-gynaecology education is to educate and train a doctor to become an Obstetrics-Gynaecology Specialist who has clinical expertise, academic ability, and professional quality.

5.2.1 Clinical Expertise

Demonstrate medical expertise

1. Understand the reproductive function of healthy women throughout their lives
2. Understand the main problems of pathology of female reproductive function
3. Understand normal foetal growth and development and any abnormalities
4. Access, interpret and apply knowledge relevant to obstetrics and gynaecology clinical practice.
5. Demonstrate good ability to consider and decide on clinical issues.
6. Able to manage doubt/uncertainty in clinical situations
7. Demonstrate appropriate awareness of the influence of emotions and social circumstances on health and well-being.

8. Recognise the limitations of current medical expertise.
9. Practising a multi-dimensional approach to patient management.
10. Demonstrate diagnostic, treatment and surgical skills through ethical and effective healthcare.
11. Demonstrate ethical and effective health management and counselling services.
12. Demonstrate effective service in consultation, clinical education and legal opinions on women's health and wellbeing.

Communicate effectively

1. Establish relationships with patients, their partners and families for the purpose of healing.
2. Collect relevant medical history from patients, their partners and families
3. Effective and sensitive listening
4. Discuss appropriate information with the patient, spouse, family, their colleagues and the nursing team.
5. Evaluate management approaches and provide options/alternatives
6. Prepare patients for unexpected situations
7. Use language that respects the patient in care.
8. Provide guidance and instructions in a polite and helpful manner.
9. Listen and participate politely so as to give the patient a "sense of authority".
10. Carefully consider matters relating to the patient's "culture".

5.2.2 Academic Skills

Learn independently:

1. Actively seek information
2. Consult with colleagues and other medical professionals, including hospital staff.
3. Develop, implement and monitor continuous personal and professional development strategies.
4. Seek out relevant information to enhance knowledge, understanding and practice.
5. Seek appropriate/needed information before making a decision.
6. Critically appraise sources of medical information.

7. Understand and apply appropriate qualitative and quantitative research outcomes.
8. Using information technology to optimise patient care.
9. Contribute to the development of new knowledge, understanding and practice.
10. Understand and practise research methods
11. Develop, implement and monitor self-education strategies in a sustainable manner.
12. Manage the self-learning process.
13. Recognise the limitations of one's own knowledge and abilities.
14. Demonstrate a 'passion'/strong desire to learn.
15. Equip yourself for changes in career path.
16. Equipping yourself for professional change.

Teaching

1. Facilitating learning the patients, students, trainees and other medical professionals
2. Understand and apply the principles of '*apprenticeship*' learning
3. Explains and evaluate approaches to healthcare management.
4. Seek information, provide guidance and advice with good judgement.
5. Provide constructive feedback
6. Assessing performance refers to a set of performance criteria.
7. Describe achievements for students.
8. Using vocabulary word that motivating and demonstrates learning outcomes
9. Understand learning needs for oneself and for others.

5.2.3 Professional Quality

5.2.3.1 Manage effectively

1. Learn and practice effective time management.
2. Manage various situations in the workplace and manage projects.
3. Understand principles basic source resources human resources and its management.
4. Learn and practice efficient administrative skills.
5. Understand principles running a business including financial management.

5.2.3.2 Being a good team member

1. Work effectively as a member of a team.
2. Respect and value the contributions of other medical professionals in daily interactions.
3. Work effectively and efficiently within a healthcare organisation.
4. Build professional relationships with members of the healthcare team.
5. Demonstrate a professional demeanour in private and solar-private.
6. Contribute to interdisciplinary team activities.

5.2.3.3 Demonstrate ethical behaviour

1. Delivering the highest quality healthcare, with integrity, honesty and compassion.
2. Practise media with consistency and professional self-responsibility.
3. Practising responsible and ethical media practices.
4. Recognise their duty to assist in emergency situations.
5. Realise the moral and legal responsibilities of caring for patients.
6. Be aware of responsibilities related to court bodies, legal entities, as well as medicolegal aspects.

5.2.3.4 Demonstrate commitment to patients and the profession

1. Know the rights of patients and their families.
2. Use information technology to optimise patient care.
3. Active member and contributor to educational institutions.
4. Recognise the need for feedback on the profession.
5. Use time and resources in a balanced way between patient care, learning needs and personal life needs.
6. Combines well between personal and professional life.

5.2.3.5 Evaluate and improve professional practice skills

1. Practice risk management and minimisation in daily practice.
2. Understand the principles of clinical governance and participate in practising them.
3. Engage and support safety and quality in healthcare practices.
4. Auditing clinical practice and formulating goals for improvement.

5.2.3.6 Become organiser/presenter/resource person/promoter(advocate) in the health sector

1. Recognise the determinants of the health and well-being of women and women's children.
2. Contribute to improving the health of women and foetus.
3. Helping patients with special problems.
4. Allocate limited health facilities wisely.
5. Respond to matters/issues that are worthy of assistance.

Helping provision of eligibility resources/facilities for women's health care In an effort to implement it, the Obgyn education syllabus can be grouped into four (4) educational materials:

1. Basic education materials
2. Expertise Education Materials
3. Academic application education material
4. Education materials for professional application.

5.2.4 Basic Education Materials

General basic education material aims to make every scientist an initiator and researcher. This material is basic material that does not directly concern the field of medical science.

The basic education material presented in the combine degree course will include:

1. Research methodology
2. Biostatistics and Computer statistics
3. Law, ethics and professional organisations.
4. Clinical Epidemiology and Evidence-based Medicine (EBM)
5. Medical Genetics
6. Professional Ethics

5.2.5 Skill Education Material

Providing a knowledge base of expertise in the field of obstetrics and gynaecology to be able to:

1. Solve problems in the field of obstetrics and gynaecology using scientific reasoning.
2. Treat obstetric and gynaecological cases in the field.

3. Perform surgery on obstetrics and gynaecology cases in the field.
4. Receive additional sub-specialised education that will be provided by consultants in their respective fields.

During the course of education, 19 modules plus 6 general basic topics and special basic topics are planned to be completed in 8 semesters. The topics covered are:

Module 1:

1. Perform basic Obstetric clinical examination

Skills:

- 1.1. Taking history on Obstetric patients
- 1.2. Perform physical examination on Obstetric patients
- 1.3. Perform ultrasound examination on Obstetric patients

2. Perform basic clinical examination of Gynaecology

Skills:

- 2.1. Take a history on Gynaecology patients
- 2.2. Perform physical examination on Gynaecological patients
- 2.3. Perform ultrasound examination on Gynaecological patients

Module 3:

1. Use information technology related to obstetrics and gynaecology education

Skills:

- 1.1. Using a word processing programme
- 1.2. Using a presentation maker programme
- 1.3. Using a data tabulation programme
- 1.4. Using research statistics programmes
- 1.5. Conduct literature searches through web pages
- 1.6. Send and receive electronic mail

2. Make efforts to improve clinical practice

Skills:

- 2.1. Conduct audit cycles against service standards

- 2.2. Conduct critical appraisal of scientific publications
Developing and implement evidence-based service guidelines
- 2.3. Evaluate the service line
- 2.4. Apply risk management in the handling of obstetrics and gynaecology cases

3. Conducting Research

Skills:

- 3.1. Conduct research based on medical ethics
- 3.2. Apply research findings to clinical practice

Module 4:

1. Make ethical decisions in obstetrics and gynaecology services

Skills:

- 1.1. Identifying presence of problems ethical at obstetrics and gynaecology services
- 1.2. Discuss the clinical risks and alternative courses of action of obstetric and gynaecological problems
- 1.3. Know when consultation with other parties is needed in solving obstetric and gynaecological ethical problems

2. Manage legal issues in obstetrics and gynaecology practice

Skills:

- 2.1. Identify legal issues in obstetric and gynaecological care
- 2.2. Complete certificates/documents/medical certificates related to pregnancy, childbirth, birth, sickness certificate, abortion certificate, death
- 2.3. Carry out examinations and provide explanations related to post mortem or autopsy and cases of maternal or neonatal death, sexual violence
- 2.4. Collaborate with other parties related to the legal aspects of obstetrics and gynaecology practice

3. Maintaining Privacy and Confidentiality

Skills:

- 3.1. Ensure patient privacy and confidentiality are well maintained
- 3.2. Use and share medical information appropriately
- 3.3. Manage and be aware of the disclosure of patient confidentiality

4. Informed Consent

Skills:

- 4.1. Able to perform and obtain good *informed consent* by using various supporting materials appropriately
- 4.2. Able to provide information, discuss various clinical risks in various obstetric and gynaecological actions
- 4.3. Able to assess and conduct ethical or legal consultation to other parties to obtain a *second opinion* including with social services or the police

Module 5:

1. Perform perioperative management

Skills:

- 1.1. Plan for specialised examinations before undergoing surgical procedures
- 1.2. Interpret the results of specialised examinations prior to surgical procedures
- 1.3. Counselling patients and families before surgical procedures
- 1.4. Consult and collaborate with peers from other disciplines in preparing and performing surgical procedures.
- 1.5. Perform intensive care in obstetrics and gynaecology cases

2. Perform basic and advanced emergency treatment

Skills:

- 1.1. Perform basic life support
- 1.2. Perform advanced life support

3. Basic surgical skills

Skills:

- 1.1. Perform infection prevention
- 1.2. Select and use surgical thread and needles
- 1.3. Using surgical instruments

- 1.4. Performing surgical knots
- 1.5. Perform incision and suturing
- 1.6. Perform haemostasis and dissection
- 1.7. Perform episiotomy and perineoraphy
- 1.8. Perform *electrosurgery* in surgery

Module 6:

1. Evaluate and manage common postoperative problems

Skills:

- 1.1. Evaluate and manage changes in general condition, haemodynamics and postoperative wounds
- 1.2. Perform evaluation and management of postoperative fluid balance
- 1.3. Planning for post-operative supporting examinations
- 1.4. Evaluate and manage post-operative nutritional intake

2. Perform post-operative catheter and drain evaluation

Skills:

- 2.1. Perform postoperative intravenous catheter evaluation and management
- 2.2. Evaluate and manage postoperative urinary catheters
- 2.3. Perform evaluation and management of intra-abdominal drains

3. Management of postoperative complications

Skills:

- 3.1. Perform management of postoperative complications: surgical wounds, thromboembolism, infection
- 3.2. Perform postoperative care in cases with vesical and ureteral injury complications
- 3.3. Perform postoperative haemorrhage management

Module 7:

1. Performing Minor Gynaecological Surgical Procedures

Skills:

- 1.1. Marsupialisation of Bartholin's cyst
- 1.2. Dilatation and curettage/endometrial biopsy

- 1.3. Polyp extirpation
- 1.4. Excision of benign lesions of the vulva

Module 8:

1. Perform basic antenatal care

Skills:

- 1.1. Take an obstetric history
- 1.2. Performing physical examination on pregnant patients
- 1.3. Plan basic supporting examinations
- 1.4. Conduct follow-up monitoring

2. Perform advanced obstetric ultrasound examination and cardiotocography

Skills:

- 2.1. Advanced obstetric ultrasound examination
- 2.2. Interpretation of Cardiotocography and Ultrasound

3. Perform management of pregnancy with complications I

Skills:

- 3.1. Management of anaemia in pregnancy
- 3.2. Management of overdue pregnancy
- 3.3. Management of antepartum haemorrhage
- 3.4. Management of preterm premature rupture of membranes in labour
- 3.5. Management of stunted foetal growth
- 3.6. Managing multiple pregnancies
- 3.7. Management of pregnancy with malpresentation
- 3.8. Management of pregnancy with foetal haemolysis
- 3.9. Management of pregnancies with congenital malformations
- 3.10. Management of pregnancy with complicating social and cultural factors
- 3.11. Plan additional screening as appropriate

Module 9:

1. Perform pregnancy management with hypertension,

preeclampsia and eclampsia

Skills:

- 1.1. Able to diagnose pregnancy with hypertension, preeclampsia and eclampsia
- 1.2. Able to manage pregnancy with hypertension, pre-eclampsia and eclampsia

2. Perform management of pregnancy with heart disease

Skills:

- 2.2. Able to diagnose and manage pregnancy with rheumatic heart disease
- 2.3. Able to diagnose and manage pregnancies with congenital heart disease
- 2.4. Able to diagnose and manage pregnancy with ischaemic heart disease

3. Perform pregnancy management with gestational diabetes mellitus

Skills:

- 3.1. Able to diagnose pregnancy with gestational diabetes mellitus
- 3.2. Able to manage pregnancy with gestational diabetes mellitus

4. Perform management of pregnancy with blood disorders

Skills:

- 4.1. Able to diagnose and manage pregnancy with maternal haemoglobinopathy
- 4.2. Able to diagnose and manage pregnancy with thromboembolism
- 4.3. Able to diagnose and manage pregnancy with coagulation disorders and thrombocytopenia

5. Perform management of pregnancy with liver disease

Skills:

- 5.1. Able to diagnose pregnancy with liver disease
- 5.2. Able to manage pregnancy with liver disease

6. Perform management of pregnancy with tuberculosis

Skills:

- 6.1. Able to diagnose pregnancy with tuberculosis
- 6.2. Able to manage pregnancy with tuberculosis

7. Perform pregnancy management with malaria

Skills:

- 7.1. Able to diagnose pregnancy with malaria
- 7.2. Able to manage pregnancy with malaria

8. Perform pregnancy management with dengue fever

Skills:

- 8.1. Able to diagnose pregnancy with haemorrhagic fever
- 8.2. Able to manage pregnancy with dengue fever

9. Perform management of pregnancy with viral infections

Skills:

- 9.1. Able to diagnose pregnancy with viral infection
- 9.2. Able to manage pregnancy with viral infections

10. Perform management of pregnancy with thyroid disease

Skills:

- 10.1. Able to diagnose and manage pregnancy with hypothyroidism
- 10.2. Able to diagnose and manage pregnancy with hyperthyroidism

11. Perform management of pregnancy with urinary tract disease

Skills:

- 11.1. Able to diagnose pregnancy with kidney disease
- 11.2. Able to manage pregnancy with kidney disease

12. Perform pregnancy management with respiratory tract diseases

Skills:

- 12.1. Able to diagnose and manage pregnancy with bronchial asthma
- 12.2. Able to diagnose and manage pregnancy with

13. Perform management of pregnancy with acute abdominal pain

Skills:

- 13.1. Able to diagnose pregnancy with acute abdominal pain

- 13.2. Able to manage pregnancy with acute abdominal pain

14. Performing pregnancy management with psychological disorders

Skills:

- 14.1. Able to diagnose pregnancy with psychological disorders
14.2. Able to manage pregnancy with psychological disorders

15. Performing pregnancy management with epilepsy

Skills:

- 15.1. Able to diagnose pregnancy with epilepsy
15.2. Able to manage pregnancy with epilepsy

Module 10:

1. Perform normal labour care

Skills:

- 1.1. Perform history taking, physical examination and supporting examinations on patients in labour
1.2. Perform labour monitoring with a partograph
1.3. Management of pain in labour
1.4. Prioritisation of problems and division of labour in the delivery room
1.5. Perform and interpret cardiotocography examination

2. Perform labour care with complication

Skills

- 2.1. Performing labour induction
2.2. Management of dystocia in labour
2.3. Management of labour at cesarean section
2.4. Management of vaginal twin delivery
2.5. Management of breech labour
2.6. Management of preterm labour and *in utero* transfer
2.7. Management of severe preeclamptic labour
2.8. Management of intrauterine foetal death
2.9. Counselling on postmortem examination in cases with fetal death.

2.10. Management of obstetric haemorrhage

2.11. Perform proper preparation and use of blood products

Module 11:

1. Perform normal and assisted birth care

Skills:

- 1.1. Going into normal labour
- 1.2. Performing the extraction version
- 1.3. Perform vacuum extraction
- 1.4. Perform forceps extraction
- 1.5. Management of shoulder dystocia
- 1.6. Performing vaginal delivery in gemelli
- 1.7. Perform vaginal delivery in breech presentation
- 1.8. Performing labour on a fetus with malpresentation

2. Performing Caesarean Section Skilled

- 2.1 Performing cesarean section
- 2.2 Performing cesarean section with complication

3. Perform surgical management of obstetric haemorrhage

- 3.1. Management of ruptura uteri
- 3.2. Performing b-lynch stitching
- 3.3. Performing ascending uterine artery ligation
- 3.4. Performing obstetric hysterectomy

Module 12:

1. Perform postnatal care

Skills:

- 1.1. Performing normal postpartum care
- 1.2. Management of breast abnormalities in the puerperium
- 1.3. Management of puerperal sepsis
- 1.4. Management of postnatal psychiatric disorders

2. Manage postpartum haemorrhage

Skills:

- 2.1. Perform suturing of birth canal tears

- 2.2. Performing manual placenta
- 2.3. Management of primary postpartum haemorrhage
- 2.4. Management of secondary postpartum haemorrhage
- 2.5. Management of postpartum shock
- 3. Newborn handling**
 - Skills:
 - 3.1. Perform neonate resuscitation
 - 3.2. Management of common neonatal abnormalities

Module 13: Not included at level I

Module 14 : Not included in I

Module 15:

- 1. Contraceptive service**
 - Skills :
 - 1.1 Conduct contraceptive selection counselling
 - 1.2 Counselling on natural contraceptive methods, pills, injectables, and emergency contraceptives
 - 1.3 Perform implant insertion and removal
 - 1.4 Inserting and removing intrauterine devices (IUDs)
 - 1.5 Undertaking a stable contraceptive measure in women (tubectomy)
- 2. Services related to Sexually Transmitted Infections and HIV/AIDS**
 - Skills:
 - 2.1 Establish a diagnosis of sexually transmitted infections and HIV/AIDS
 - 2.2 Manage patients with sexually transmitted infections and HIV/AIDS
 - 2.3 Counselling on sexually transmitted infections and HIV/AIDS
 - 2.4 Manage sexually transmitted infection and HIV/AIDS prevention programmes
- 3. Services to prevent vertical transmission of HIV/AIDS from mother to foetus**
 - Skills:

- 3.1 Manage HIV/AIDS-positive pregnant women during pregnancy, labour, and the postpartum period.
- 3.2 Planning the management of newborns of HIV/AIDS-positive mothers
- 3.3 Counselling married couples about the risk factors for HIV/AIDS infection, how it is transmitted, and the risks to the fetus.

Module 16:

1. Spontaneous miscarriage

Clinical decision-making skills in cases of spontaneous miscarriage

- 1.1. Performing a sharp curette in spontaneous miscarriage
- 1.2. Performing manual vacuum aspiration (AVM) in spontaneous miscarriage

2. Ectopic pregnancy

Clinical decision-making skills in cases of ectopic pregnancy

Skills:

- 2.1. Performing Douglas cavum punching
- 2.2. Perform radical surgery:
 - Partial tubal resection
- 2.3. Perform conservative surgical measures:
 - Salpingotomy
 - Salpingostomy

Module 17 : Not included in I

Module 18:

1. Diagnose and manage cases of pelvic organ prolapse

Skills

- 1.1. Recognising the symptoms and signs of pelvic organ prolapse
- 1.2. Perform history taking and physical examination on pelvic organ prolapse
- 1.3. Determine the need for supporting examinations (ultrasonography, urodynamics and radiology)

- 1.4. Recognising risk factors for pelvic organ prolapse
- 1.5. Make clinical decisions and manage pelvic organ prolapse conservatively.
- 1.6. Able to perform operative actions in the form of anterior and posterior colporaphy in uncomplicated cystocele and rectocele cases **(not required at level I)**
- 1.7. Able to perform operative management counselling in cases of pelvic organ prolapse and make referrals for cases that require it.
- 1.8. Measuring the impact of pelvic organ prolapse on quality of life

2. Diagnose and manage urinary incontinence

Skills

- 2.1. Recognising the symptoms and signs of urinary incontinence
- 2.2. Perform history taking and physical examination on urinary incontinence
- 2.3. Determine the need for supporting investigations (micturition diary, pad test, methylene blue test, Boney test, pesarium test, ultrasonography, urodynamics, cystoscopy and radiology)
- 2.4. Recognising risk factors for urinary incontinence
- 2.5. Make clinical decisions and manage urinary incontinence conservatively in the form of behavioural therapy, pelvic floor muscle training, lower urinary tract muscle training, catheter use and medication.
- 2.6. Able to conduct counselling for operative management of urinary incontinence and make referrals to cases that require it.
- 2.7. Measuring the impact of urinary incontinence on quality of life

3. Diagnose and manage faecal incontinence

- 3.1. Recognising the symptoms and signs of faecal incontinence
- 3.2. Perform history taking and physical examination on faecal incontinence

- 3.3. Determine the need for supporting examinations (ultrasonography and diaroscopy)
- 3.4. Recognising risk factors for faecal incontinence
- 3.5. Make clinical decisions and manage fecal incontinence conservatively in the form of behavioural therapy, pelvic floor muscle training.
- 3.6. Able to provide counselling for operative management of incontinence and make referrals for cases that require it.
- 3.7. Operate on small rectovaginal fistula cases (0.5cm) and post- operative care (**not required at level I**)
- 3.8. Perform new third and fourth degree perineal rupture repairs and post-operative care
- 3.9. Measuring the impact of faecal incontinence on quality of life

5. Diagnose and manage congenital anomalies of the genitalia

Skills:

- 5.1. Recognising symptoms and signs of congenital abnormalities of the genital organs
- 5.2. Perform history taking and physical examination of congenital anomalies of the genital organs
- 5.3. Determine the need for supporting examinations (ultrasonography and radiology)
- 5.4. Make clinical decisions and manage congenital anomalies of the genitalia
- 5.5. Able to conduct counselling for operative management of congenital disorders of genital organs and make referrals if needed
- 5.6. Perform operative excision of the hymen in cases of imperforate hymen
- 5.7. Perform low vaginal septum excision surgery (1-2cm from vaginal introitus)
- 5.8. Measuring the impact of congenital

abnormalities of the genitalia on quality of life

6. Diagnose and manage lower urinary tract infections

Skills:

- 6.1. Recognising the symptoms and signs of lower urinary tract infection
- 6.2. Perform history taking and physical examination on lower urinary tract infection
- 6.3. Determine the need for supporting investigations (urinalysis, urine culture, cystoscopy, radiology).
- 6.4. Recognising risk factors for lower urinary tract infection
- 6.5. Make clinical decisions and manage lower urinary tract infections
- 6.6. Able to conduct counselling for the management of lower urinary tract infections and make referrals in cases of recurrent infections

Module 19:

I. Communicating and Counselling

Skills:

- 1.1. Able to communicate effectively verbally and in writing with patients, families and the community
- 1.2. Able to deliver bad news tactfully
- 1.3. Able to communicate effectively verbally and in writing with colleagues and other health teams
- 1.4. Able to provide counselling to patients, families and colleagues

II. Teamwork and Leadership Skills

Skills:

- 2.1. Able to work effectively in a team
- 2.2. Able to demonstrate leadership skills
- 2.3. Able to collaborate with other professions

6 basic education materials consist of :

1. Research Methodology

- Able to determine the validity of research results.
 - Able to conclude the research results.
 - Able to decide whether the results of research useful for improving the quality of service to patients.
 - Able to make a research proposal.
2. Biostatistics and Computer Statistics
 3. Ethicomedicolegal
 4. Clinical Epidemiology and Evidence-based Medicine (EBM)
 5. Medical Genetics
 6. Professional Ethics

5.2.6. Academic Application Education Materials

Academic education materials are academic education activities by applying previously acquired knowledge. This material is a series of scientific activities that are directly related to the science being pursued. These various types of activities aim to foster the knowledge, attitudes and behaviour of scientists, master scientific research methods, be able to make scientific writings and write scientific theses in supporting professional skills as Obstetrics and Gynaecology Specialist doctors.

The Materials for Academic Application Education (MAPA) consists of two groups:

Group I

Those directly related to the graduate education graduation requirements are as follows:

1. Literature Review
2. Research Proposal
3. Final Work

Group II

Those related to the achievement of professional skills, for example:

1. Journal Presentation
2. Scientific conference
3. Legal Mediko Etiko Audit Conference
4. Clinical Conference

5. Case Report

5.2.7. Professional Application Education Materials

Professional application education material (MPP) is professional education and training by applying the amount of knowledge gained previously in real life through various clinical professional activities in the field of obstetrics and gynaecology.

The professional education and training process is carried out at the main teaching hospital and at various educational network hospitals to obtain teaching materials. The material is in the form of cases with the number and variety appropriate to the level of competence to be achieved.

Professional training aims to achieve high-quality professional skills (competence) supported by strong and solid academic knowledge (scientist physician). Professional training is comprehensively implemented through three stages of skills: acquisition, competence and professionalisation. With such competence, health services will be of high standard and quality in accordance with the development of medical science and technology. The chosen strategy is professional training by means of practical work in the ward for inpatients and in the polyclinic for outpatients, in the operating room for surgical cases, as well as handling emergency cases in the emergency room, through an evidence-based medicine approach, as well as activities in the community to practice the application of the social obstetrics and gynaecology approach.

All professional development activities are recorded in a Log Book. In general, activities in professional training include:

- Management of patients in the Emergency Department.
- Patient management in obstetrics and gynaecology inpatient setting.
- Patient management in the obstetrics and gynaecology outpatient department.
- Patient management in the operating theatre.
- Management of patients in the Intensive Care Unit.
- Management of patients in teaching network hospitals
(comprehensive skills).

Through practical work in addition to achieving professional skills (skills)

RESIDENT also get strengthening (strengthening) in scientific assignments (knowledge) through academic application material activities.

Before students are deployed to service units, they will be provided with teaching materials and skills that are included in the basic clinical skills capital. This capital will be given in the first semester before students work in service units.

6.5 Stages Of Education

The Obstetrics and Gynaecology Specialist Medical Education Programme is divided into four stages, each stage has educational objectives and is achieved through certain learning experiences / educational content. Educational stages are not a division based on years, but are stages / divisions based on the abilities achieved including knowledge and understanding, problem solving and decisionmaking, technical skills, interpersonal skills, work habits and professional attitudes.

The general capabilities to be achieved in each stage of education are adjusted according to the distribution of modules

6.6 Education Syllabus

Orientation Period:

6.6.1 Time : 2 weeks

6.6.2 Methods : 1) Hospital enrichment 2 weeks

6.6.2.1 MDU and MDK debriefing

6.6.2.2 Section/SMF Orientation 2 weeks

6.6.3 Materials : 1) *Patient Safety* Course

6.6.3.1 Module Courses (19 Module Identifiers)

6.6.3.2 Ethics

6.6.3.3 Medical records

6.6.3.4 Hospital organisation and management

Lectures and clinical practice competencies at levels I and II of the education period are adjusted to the module distribution.

CHAPTER VII

LEARNING METHODS

Learning is divided into 19 modules according to the OBGIN Collegium which are explained in more detail in the learning objectives and goals of each module book.

Broadly speaking, learning is in the form of self-study, face-to-face lectures, case studies, clinical *conferences in 2 x a week*, Death case reports, *Joint Confrence* with other departments, Parade cases, *Bed site teaching*, Visite, field practice with duty in Polyclinics, Maternity rooms, Operating rooms, Clinical practice guidance through the stages of observation, supervision and independence, Out-of-area hospital stage assignments. Preparation of scientific papers, referrals, journal reading, in each stage division and training training organised by the Obgyn Collegium or in collaboration with other departments.

7.1 Independent

Learn independently:

1. Actively seek information.
2. Consult with colleagues and other medical professionals, including hospital staff.
3. Develop, implement and monitor self and professional development strategies on an ongoing basis,
4. Seek out relevant information to enhance knowledge, understanding and practice.
5. Seek appropriate/needed information before making a decision.
6. Critically appraise sources of medical information.
7. Understand and apply appropriate qualitative and quantitative research results.
8. Using information technology to optimise patient care.
9. Contribute to the development of new knowledge, understanding and practices.

10. Understand and practise research methods.
11. Develop, implement and monitor self-education strategies on an ongoing basis.
12. Manage the self-learning process.
13. Recognise the limitations of one's own knowledge and abilities.
14. Demonstrate a passionate desire to learn.
15. Equip yourself for changes in career path.
16. Equip yourself to face the changes of protest.

7.2 Lectures And Discussions

Lectures and discussions are structured and scheduled so that accountability can be measured. Each Division is given equal opportunity and the topics discussed are frequent, interesting, rare and current cases as well as topics with difficult understanding.

7.3 Demonstration

7.3.1 *Bed side teaching*

This method is a way of direct application of knowledge with facts. It must be organised using a patient who has been given an explanation. All supporting components must also be prepared for diagnosis, treatment and prognosis.

7.3.2 *Video den Other electronic media*

This method is obtained from various sources and prepared in the library room.

7.4 Practice

This method is the best way for RESIDENT because through mentoring, demonstration, and supervision, education is believed to provide better results. Conducted by mentors, educators, and assessors.

1. Visite

- a. The counsellor conducts visits to see each patient.

- b. In the visite, the participant raises problems and discusses the case, the time of the visite is from 07.00 - 17.00. 09.00 every day, except Tuesday and Friday which is 09.00 - 10.00.
- c. The duty counsellor conducts the visite during the shift change at 3.30pm.

2. Operation Guidance

Surgical guidance and management of difficult cases should be provided by every counsellor (emergency room counsellor, duty counsellor).

Clinical practice guidance through the stages of observation, supervision and independent, out-of-area hospital staging assignments tailored to the objectives of the existing module includes:

MODULE	LEARNING OBJECTIVES
Module 1	1. Able to explain symptom patterns in women who present with obstetric problems 2. Able to explain the pathophysiology of obstetric physical signs and symptoms 3. Able to explain the indications, benefits and effectiveness of basic obstetric clinical examination 4. Able to explain the indications, benefits and effectiveness of obstetric ultrasound examination 5. Able to take anamnesis and analyse anamnesis related to obstetric history appropriately and logically 6. Able to perform physical examination on obstetric patients

	7. Able to interpret the results of basic obstetric clinical examination 8. Able to perform basic obstetric ultrasound examination
	1. Able to explain symptom patterns in women presenting with gynaecological problems Able to explain the pathophysiology of physical signs and symptoms gynaecology 3. Able to explain the indications, benefits and effectiveness of basic gynaecological clinical examination 4. Able to explain the indications, benefits and effectiveness of gynaecological ultrasound examination 5. Able to take anamnesis and analyse anamnesis related to gynaecological history appropriately and logically 6. Able to perform physical examination on gynaecological patients 7. Able to interpret the results of basic gynaecological clinical examination Ability to perform basic gynaecological ultrasound examination 8. Able to explain indications, benefits

	and effectiveness basic gynaecological clinical examination 9. Able to explain the indications, benefits and effectiveness of gynaecological ultrasound examination 10. Able to take anamnesis and analyse anamnesis related to gynaecological history appropriately and logically 11. Able to perform physical examination on gynaecological patients 12. Able to interpret basic clinical examination results
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	gynaecology 13. Able to perform basic gynaecological ultrasound examination
Module 3	1. Understand the steps in using a computer operating system 2. Understand the steps in using a word processing programme 3. Understand the steps in using a presentation maker programme 4. Understand the steps in using a data tabulation programme 5. Understand the steps in using research statistics programmes 6. Understand the steps of searching for literature through web pages 7. Understand the steps for sending and receiving electronic mail

	8. Able to use word processing programmes 9. Able to use a presentation maker programme 10. Able to use a data tabulation programme 11. Able to use a research statistics programme 12. Able to conduct literature searches through web pages 13. Able to send and receive electronic mail
	1. Understand the audit cycle 2. Understand about evidence-based practice 3. Understand about medical service standards and service pathways 4. Understand how to develop medical service standards 5. Understand the definition and relevance of <i>levels of evidence</i> 6. Understanding of risk management 7. Conduct audit cycles against service standards 8. Conduct critical appraisal of scientific publications 9. Develop and implement evidence-based service guidelines 10. Evaluate the service line 11. Apply risk management in the management of obstetrics and gynaecology cases
	4. Compile a literature review on problems in obstetrics and gynaecology 5. Develop a research proposal on obstetrics and gynaecology problems 6. Conduct research based on medical ethics

	7. Apply research findings to clinical practice
Module 4	1. Understand the ethical principles in the medical code of ethics, especially in obstetrics and gynaecology. 2. Understand the steps of ethical decision-making 3. Understand ethical issues in obstetrics and gynaecology 4. Able to identify ethical issues in obstetrics and gynaecology services 5. Able to discuss the clinical risks and alternative actions of obstetric and gynaecological problems 6. Know when consultation with other parties is required in the resolution of obstetric and gynaecological ethical problems.
	1. Understand about health legislation, especially on reproductive health. 2. Understand the impact and laws relating to sexual harassment or violence 3. Understand and be able to carry out a visum et repertum examination in the field of obstetrics and gynaecology 4. Understand the importance of physician participation in law enforcement efforts 5. Understand medical malpractice 6. Able to identify legal issues in obstetrics and gynaecology services 7. Able to complete certificates/documents/medical certificates related to pregnancy, childbirth, birth, sickness certificate, abortion certificate, death.

	8. Able to carry out examinations and provide explanations related to post mortem or autopsy and cases of maternal or neonatal death, sexual violence 9. Able to collaborate with other parties related to the legal aspects of obstetric and gynaecological practice
	1. Understand reproductive health rights, patient's right to privacy and confidentiality 2. Understand how to use and share information properly while maintaining the confidentiality of patient information data 3. Understand the potential for disclosure in paediatric patients, adolescent patients and patients with special needs. 4. Understand the principles of data protection -including in administrative systems, medical and electronic records 5. Able to ensure patient privacy and confidentiality are well maintained 6. Able to use and share medical information appropriately 7. Able to manage and be aware of the opening of confidentiality patient
	1. Understand the principles, ethical and legal issues of <i>informed consent</i> 2. Understand the ethical and legal implications of informed consent for patients under the age of 16, adolescents and vulnerable groups 3. Understand the potential ethical and legal

	implications of practising obstetrics and gynaecology including sexual violence and harassment. - Understand the potential for differing opinions and views on the information in the informed consent, and that patients may have different expectations and views from medical staff. - Be aware of the legal implications of unborn baby cases - Understand <i>informed consent</i> in postmortem cases - Able to perform and obtain good <i>informed consent</i> by using various supporting materials appropriately - Able to provide information, discuss various clinical risks in various obstetric and gynaecological actions - Able to assess and conduct ethical or legal consultations to other parties to obtain <i>second opinion</i> including with social services or policing
Module 5	- Able to explain the indications and contra-indications of surgical procedures - Able to explain potential complications of surgical procedures - Able to explain the legal issues surrounding consent for surgical procedures - Able to explain and Able to explain good communication techniques (refer to module 19) - Able to explain surgical ethics in the field of

	obstetrics and gynaecology 6. Able to explain the concept of tissue oxygenation 7. Able to explain the principles of haemodynamic monitoring 8. Able to explain the principles of fluid requirements, nutrition and acid-base balance in surgical procedures 9. Able to explain the types of fluids and blood products for transfusion 10. Able to explain and Able to explain the risk factors before surgical procedures, including: a. Cardiovascular function b. Kidney function c. Hepatic function d. Endocrine organ function (diabetes mellitus and thyroid gland) e. Function of haemostasis 11. Perform specialised examinations prior to participating in surgical procedures 12. Interpret examination results prior to surgical procedures 13. Counselling the patient and family before the surgical procedure, regarding: a. Indications for surgery b. Potential surgical complications c. Surgical procedure d. Management of complications during surgery e. Post-surgery care 14. Consult and collaborate with colleagues
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	from other disciplines in preparing and performing surgical procedures. 15. Perform intensive care in obstetrics and gynaecology cases
	pliers and operating gown e. Antiseptics and disinfectants 3. Able to explain the concept of surgical thread and needle a. Definition of surgical thread and needle b. Types of surgical threads and needles c. Indications for use of surgical
	1. Able to explain the causes, thread and needle types and pathogenesis of d. Advantages and disadvantages of each type of surgical thread and needle 2. Able to explain basic and advanced life support procedures 4. Able to explain the types of surgical instruments and how to use them 3. Able to perform basic and advanced life support surgical instruments and how to use them
	1. Able to explain anatomy and histology of reproductive organs 5. Able to explain the types of surgical knots and indications for their use 2. Able to explain the principles of infection prevention 6. Definition a. Definition 6. Able to explain incision and suturing techniques 7. Principle of universal precautions 7. Able to explain the most basic and dissection techniques 8. How to prevent infection 8. Able to explain episiotomy and perineography
	techniques 9. Able to explain the principle of using <i>electrosurgery</i> in surgery 10. Perform infection prevention a. Wash your hands b. Wearing an operating gown and gloves

	11. Select and use surgical thread and needles 12. Using surgical instruments - Tweezers - Scissors - Clamps (pean) - Marsupialisation of Bartholin's cyst - Dilatation and Curettage/endometrial biopsy - Polyp extirpation - Excision of benign lesions <i>Vulva Needle holder</i> 13. Performing surgical knots <i>Reef knot</i> <i>Surgeon's knot</i> <i>Slip knot</i> <i>Deep tying</i> 14. Perform incision and suturing - Linear and elliptical incisions - Stitching technique - One-on-one (<i>interrupted</i>) - Jelujur (<i>continues</i>) - Subcuticular - Vertical and horizontal mats 15. Perform haemostasis and dissection 16. Perform episiotomy and perineoraphy - Perform <i>electrosurgery</i> in surgery
Module 6	1. Understand the physiology of wound healing 2. Understanding fluid balance 3. Understanding post-operative nutritional needs 4. Evaluate and manage changes in general condition, haemodynamics and postoperative wounds

	5. Evaluate and manage postoperative fluidbalance 6. Perform post-operative supportive examination planningEvaluate and manage postoperative nutritional intake
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Module 7	1. Understand the indications, duration of insertion,monitoring and complications of intra-abdominal catheter and drain insertion 2. Perform postoperative intravenous catheterevaluation and management 3. Perform post-operative catheterisation evaluation andmanagement Evaluate and manage postoperative intra-abdominal drains
	1. Understand the pathophysiology of postoperativecomplications in the form of surgical wounds, thromboembolism, infection 2. Perform management and evaluation of postoperative complications such as surgicalwounds, thromboembolism, infection 3. Understand the pathophysiology of postoperativecomplications of vesical and ureteral injury 4. Perform management and evaluation of postoperative complications of vesical and ureteralinjury 5. Understand the pathophysiology of postoperativehaemorrhage

	Perform postoperative haemorrhage management and evaluation
	1. Understand the anatomy, physiology and pathology of the vulva, vagina and cervical region Able to perform minor gynaecological surgery
Module 8	1. Understand the physiology of pregnancy 2. Understand the background of antenatal care: history and concept of antenatal care 3. Understand the evidence underpinning antenatal care practice 4. Understand the WHO model of antenatal care 5. Perform anamnesis, physical examination, supporting examination in antenatal care Conduct antenatal counselling and education
Module 8	1. Understand foetal and placental anatomy 2. Understanding foetal physiology 3. Understand about major congenital anomalies 4. Understand the principles of cardiotocography examination 5. Understand the role and use of ultrasonography in obstetrics 6. Understand the role and use of the dopler in antenatal screening 7. Understand how to assess amniotic fluid volume 8. Perform obstetric ultrasound examination 6. Perform KTG and ultrasound interpretation

	1. Understand the epidemiology, aetiology, pathogenesis, diagnosis, preventive management, delivery and complications of a. Anaemia in pregnancy b. Late pregnancy c. Antepartum haemorrhage d. Preterm premature rupture of membranes preterm labour e. Stunted foetal growth f. Multiple pregnancy g. Malpresentation h. Haemolysis in the fetus i. Congenital malformations j. Social and cultural factors 2. Able to manage anaemia in pregnancy 3. Able to manage overdue pregnancies 4. Able to manage antepartum haemorrhage 5. Able to manage preterm labour premature rupture of membranes 6. Able to manage stunted foetal growth 7. Able to manage multiple pregnancies 8. Able to manage pregnancy with malpresentation 9. Able to manage pregnancy with haemolysis in the fetus 10. Able to manage pregnancy with congenital malformations 9. Able to manage pregnancy with complication of social and cultural factors
Module 9	1. Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic factors and management of pregnancy with hypertension, preeclampsia and eclampsia. 2. Able to diagnose pregnancy with hypertension,

	preeclampsia and eclampsia 3. Able to manage pregnancy with hypertension, preeclampsia and eclampsia
	1. Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic factors and management of pregnancy with heart disease 2. Able to diagnose and manage pregnancy with rheumatic heart disease 3. Able to diagnose and manage pregnancies with congenital heart disease 4. Able to diagnose and manage pregnancy with ischaemic heart disease
	1. Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic factors and management of pregnancy with hypertension, preeclampsia and eclampsia. 2. Able to diagnose pregnancy with gestational diabetes mellitus 3. Able to manage pregnancy with gestational diabetes mellitus
	1. Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic factors and management of pregnancy with • Maternal haemoglobinopathy • Thromboembolism • Coagulation disorders and thrombocytopenia 2. Able to diagnose and manage pregnancy with maternal

	haemoglobinopathy 3. Able to diagnose and manage pregnancy with thromboembolism 4. 4. Able to diagnose and manage pregnancy with coagulation disorders and thrombocytopenia
	1. Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic factors and management of pregnancy with hepatitis, cholestasis and AFLP 2. Understand hepatitis diagnostic methods 3. Able to establish diagnosis pregnancy with hepatitis, cholestasis and AFLP 4. Able to manage pregnancy with hepatitis, cholestasis and AFLP
	1. Understand epidemiology, aetiology, pathophysiology, characteristics clinical characteristics, factors prognostic factors and management of pregnancy with tuberculosis 2. Able to establish diagnosis pregnancy with tuberculosis 3. Able to manage pregnancy with tuberculosis
	1. Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic factors and management of pregnancy with malaria 2. Able to diagnose pregnancy with malaria 3. Able to manage pregnancy with malaria
	1. Understand the epidemiology, etiology, pathophysiology, clinical characteristics, prognostic factors and management of pregnancy with dengue fever

	2. Able to diagnose pregnancy with haemorrhagic fever 3. Able to manage pregnancy with dengue fever
	1. Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic factors and management of pregnancy with infection • Varicella zoster • Herpes simplex • Rubella • Cytomegalovirus 2. Understand diagnostic methods for herpes simplex, rubella and cytomegalovirus infections. 3. Able to diagnose pregnancy with infection • Varicella zoster • Herpes simplex • Rubella • Cytomegalovirus 4. Able to manage pregnancy with infection • Varicella zoster • Herpes simplex • Rubella Cytomegalovirus
Module 10	1. Understand the epidemiology, aetiology, pathophysiology, clinical characteristics, prognostic factors and management of pregnancy with thyroid disease 2. Understand hypothyroid and hyperthyroid diagnostic methods 3. Able to diagnose and manage pregnancy with hypothyroidism 4. Able to diagnose and manage pregnancies with

	hyperthyroidism
Module 10	1. Understand the mechanics of normal labour 2. Understand the structure and use of partographs 3. Understanding fluid balance during labour 4. Understanding foetal well-being and <i>compromise</i> 5. Able to conduct anamnesis, physical examination and supporting examination of patients in labour 6. Able to perform labour monitoring with partograph 7. Management of pain in labour 8. Problem prioritisation and task assignment in the delivery room 9. Perform and interpret cardiotocography examination
	1. Understand about induction and augmentation of labour 2. Understand about drugs that act on the myometrium 3. Understanding elongated labour 4. Understand the types of blood products and their uses 5. Understand regional anaesthesia, analgesia and sedation 6. Understand about emergency policy / maternal circulatory collapse / haemorrhage 7. Understand about preterm labour/early rupture of membranes 8. Understand about cervical cerclage 9. Understand about labour in multiple pregnancies 10. Understand about labour in severe preeclampsia and eclampsia

	11. Understand intrauterine foetal death, including the issue of legal claims 12. Understand about abdominal pain/acute 13. Performing labour induction 14. Management of dystocia in labour 15. Management of labour at cesarean section 16. Management of vaginal twin delivery 17. Management of breech labour 18. Management of preterm labour and <i>in utero</i> transfer 19. Management of severe preeclamptic labour 20. Management of intrauterine foetal death 21. Counselling on postmortem examination in cases with fetal death 22. Management of obstetric haemorrhage 23. Perform proper preparation and use of blood products
Module 11	1. Understand about normal labour 2. Understand the indications, contraindications, conditions, complications and techniques of : • Forceps extraction • Vacuum extraction • Extraction version • Management of shoulder dystocia • Assisted breech delivery • Gemelli labour support 3. Understand about retention of placenta 4. Going into normal labour 5. Performing the extraction version 6. Perform vacuum extraction

	7. Perform forceps extraction 8. Management of shoulder dystocia 9. Performing vaginal delivery in gemelli 10. Perform vaginal delivery in breech presentation 11. Performing labour on a fetus with malpresentation
	1.2. Understand about cesarean sectiotechniques 1.3. Understand the complications of cesarean section 1.4. Understand about general and regional anaesthesia 1.5. Performing cesarean section
	1. Understand about internal genitalia bleeding 2. Understand the principles of haemostasis 3. Understand the principles and techniques of arterial ligation in the management of obstetric haemorrhage 4. Understand the principles and techniques of b-lynch stitching 5. Understand the principles and techniques of obstetric hysterectomy 6. Management of ruptured uterus 7. Performing b-lynch stitching 8. Performing ascending uterine artery ligation 9. Performing obstetric hysterectomy
Module 12	1. Understand postpartum physiology 2. Able to perform normal postpartum care 3. Able to manage breast abnormalities

	in the postpartum period 4. Able to manage puerperal sepsis 5. Able to manage postpartum psychiatric disorders
	1. Understand the aetiology, pathophysiology and management of postpartum haemorrhage 2. Understand the aetiology, pathophysiology and management of placental retention 3. Understand the types of shock and its management 4. Able to perform suturing of birth canal tears 5. Able to perform manual placenta 6. Able to manage primary postpartum haemorrhage 7. Able to manage post-secondary haemorrhage 8. Able to manage postpartum shock
Module 15	1. Describe the characteristics of different types of contraception 2. Describe the medical appropriateness, use, and insertion of different types of contraceptives. 3. Conduct contraceptive selection counselling 4. Counselling on natural contraceptive methods, pills, injectables, and emergency contraceptives 5. Perform implant insertion and removal 6. Inserting and removing intrauterine devices (IUDs) 7. Conduct action contraception steady in women (tubectomy)

	1. Explains pathogenesis infection infectious sexual 2. Explain HIV/AIDS risk assessment and HIV/AIDS transmission 3. Explain the management of clinical symptoms of genital infections
	non-STIs (bacterial vaginosis, genital candidiasis) 4. Establish a diagnosis of sexually transmitted infections and HIV/AIDS 5. Manage patients with sexually transmitted infections and HIV/AIDS 6. Counselling on sexually transmitted infections and HIV/AIDS 7. Manage the prevention of sexually transmitted infections and HIV/AIDS programme 8. Conduct multidisciplinary team management: counsellors, social workers, genital skin specialists, contraception specialists, primary care, voluntary sector,
	1. Explain the various risks of HIV/AIDS to the fetus 2. Describe the therapeutic plan for newborns 3. Counselling on vertical transmission of HIV/AIDS from mother to fetus 4. Manage HIV/AIDS-positive pregnant women during pregnancy, labour, and the postpartum period. 5. Planning the management of newborns of HIV/AIDS- positive mothers 6. Counselling married couples about the risk factors for HIV/AIDS infection, how it is transmitted, and the risks to the fetus.

Module 16	1. Understand the definition of miscarriage as well as the definitions of various 2. Types of spontaneous miscarriage 3. Know the epidemiology of spontaneous miscarriage 4. Understand the aetiology and pathogenesis of spontaneous miscarriage 5. Know the clinical features of each type 6. spontaneous miscarriage 7. Knowing the conservative treatment in cases of spontaneous miscarriage 8. Knowing the medical treatment in cases of spontaneous miscarriage 9. Knowing the surgical management in cases of spontaneous miscarriage 10. Able to demonstrate sharp curettage in cases of spontaneous miscarriage 11. Able to demonstrate manual vacuum aspiration in
	1. Understand the definition of ectopic pregnancy 2. Know the epidemiology of ectopic pregnancy 3. Understand the risk factors and pathogenesis of an ectopic pregnancy 4. Able to demonstrate the action of culdocentesis in ectopic pregnancy 5. Performing ultrasound examination in cases of ectopic pregnancy 6. Know the medical management of ectopic pregnancy 7. Know the types of surgery in cases of ectopic pregnancy 8. Able to demonstrate tubal partial resection action

	9. Able to demonstrate salpingotomy and salpingostomy actions
Module 18	1. Get to know the symptoms and signs of pelvic organ prolapse (POP) 2. Mastering how to perform history taking and physical examination on pelvic organ prolapse 3. Determine what tests (to support the diagnosis) are needed 4. Identify risk factors for each case 5. Make clinical decisions and choose the most appropriate management of pelvic organ prolapse cases. 6. Knowing the possible complications of POP
	1. Understand the anatomy and function of the lower urinary tract 2. Understand the risk factors and pathophysiology of urinary incontinence 3. Recognise the symptoms and signs of urinary incontinence 4. Perform anamnesis and physical examination in cases of urinary incontinence 5. Determine the necessary supporting diagnostic tests, perform the tests and interpret the results (micturition diary, pad test, methylene blue test, Boney test, pessarium test, and cystoscopy). 6. Make clinical decisions and choose the most appropriate management of urinary incontinence cases. 7. Perform conservative management in the form of behavioural therapy, pelvic floor muscle

	training, urinary tract muscle training, medication, and catheterisation. 8. Perform operative management counselling and make referrals to competent facilities for cases requiring operative therapy and failing conservative therapy.
	1. Understand the anatomy and function of the lower gastrointestinal tract (perineum and anorectal) 2. Understand the risk factors and pathophysiology of faecal incontinence 3. Recognise the symptoms and signs of faecal incontinence 4. Perform anamnesis and physical examination in cases of faecal incontinence 5. Determine the necessary supporting diagnostic tests (ultrasonography and anoscopy). 6. Make clinical decisions and choose the most appropriate management of cases of faecal incontinence. 7. Perform conservative management in the form of behavioural therapy, pelvic floor muscle exercises. 8. Counselling operative management and making referrals to competent facilities for cases requiring operative therapy and failing therapy. Conservative 9. Performed new third and fourth degree perineal rupture repair and post-operative care

	1. Understand the embryology, anatomy and function of genital organs 2. Recognise the symptoms and signs of congenital abnormalities of the genital organs 3. Perform history taking and physical examination in cases of congenital anomalies of the genital organs 4. Determine the supporting examination for diagnosis 5. Make clinical decisions and choose the most appropriate management of cases of congenital abnormalities of the genital organs 6. Conduct counselling and make referrals for cases in need 7. Perform operative management of hymen excision in imperforate hymen cases 8. Perform operative management of excision of the low vaginal septum
	1. Understand the anatomy and function of the lower urinary tract 2. Understand the risk factors and pathophysiology of lower urinary tract infections 3. Recognise the symptoms and signs of lower urinary tract infection 4. Perform anamnesis and physical examination on cases of lower urinary tract infection 5. Determine examination supporting Diagnosis 6. Make clinical decisions and choose the most appropriate management of cases of lower

	urinary tract infection. 7. Conducting counselling management and make referrals for cases of recurrent infection
Module 19	1. Understand the basic principles of communication 2. Understand the elements of communication 3. Understand forms of communication 4. Understand the impact and barriers of communication 5. Understanding health communication 6. Understanding social marketing 7. Understand the principles of counselling 8. Able to communicate effectively verbally and in writing with patients, families and the community 9. Able to deliver bad news tactfully 10. Able to communicate effectively verbally and in writing with colleagues and other healthcare teams 11. Able to provide counselling to patients, families and colleagues
	1. Understand group dynamics 2. Understand the principles of leadership 3. Understand motivation and productivity theories 4. Understand human relations in management 5. Understanding <i>Management By Objectives</i> 6. Able to work effectively in a team 7. Able to demonstrate leadership skills

	8. Able to collaborate with other professions
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Logbook

Resident participants to evaluate the achievement of the competencies of each Resident participant as expected.

Benefits of a log book

- Assist staff/supervisors to know the competencies that RESIDENT participants have achieved.
- The log book must be used from the beginning of educational activities and becomes the benchmark for the achievement of RESIDENT participants' competencies.

Semester Activity Evaluation Book

Every activity during education, whether academic activities, training, research or other activities such as participation in scientific activities both within the Faculty of Medicine, as well as outside the Faculty of Medicine UNHAS, including abroad will be recorded by RESIDENT participants in the semester activity book.

CHAPTER VIII

RESIDENT ACTIVITY GUIDELINES

8.1 Clinic Activity Guide

8.1.1. Obstetrics and Gynaecology Polyclinic Guide

Objective:

In accordance with the stage of education, while serving in the Obstetrics and Gynaecology Polyclinic, the objectives that must be achieved are as follows:

1. Able to perform obstetric and gynaecological examinations and recognise physiological changes in pregnant women, nutrition in pregnancy and lactation, physiology and management of pregnancy and postpartum, psychology of pregnant women.
2. Able to handle obstetric and gynaecological pathological cases in accordance with their educational stages.

Methodology:

1. Working time at the Obstetrics and Gynaecology Polyclinic
Every Monday-Friday from 08.00 - 16.00 WIB
or adjusted to the hospital's policy.
2. Facilities:
 - 1) Obstetrics Polyclinic.
 - 2) General Gynaecology Polyclinic.
 - 3) Family Planning/Infertility Polyclinic.
 - 4) Oncology Polyclinic.
 - 5) Urogynaecology Polyclinic.
 - 6) Manager's Room.
3. Duties and Authorities

A. Services

1. RESIDENT participants conduct

examinations and handle cases in accordance with the authority and content of their respective stage curriculum.

2. Especially for RESIDENT Phase IV participants:
3. In addition to routine duties, he is also in charge of coordinating the smooth running of services, serving the polyclinic and receiving consultations from Phase I and II participants.
4. On each working day at the RESIDENT education polyclinic, there is a consultant who provides guidance and consultation for participants. Consultation of cases and or to other Departments must be known by the Polyclinic Consul. Consultation to the Division in the Department of Obstetrics and Gynaecology is carried out with the knowledge of Phase IV participants.
5. All programme participants are required to make daily reports on the type and number of cases handled and at the end of the phase make a report on what they have done during their time at the polyclinic.

B. Research

RESIDENT participants take part in research projects conducted at the polyclinic.

c. Education

Discussion with the consultant on the management of obstetric- gynaecological cases. Assessment is done by the head of the polyclinic and the polyclinic consultant based on *log book* achievements and discussions.

8.1.2. Inpatient Room Guide

Destination

1. Can perform obstetrics and gynaecology case care.
2. May prepare the patient for surgery.
3. an perform post-operative patient care.
4. Can carry out join care management.
5. Can perform lactation management. Methodology
6. Organisation 1. The person in general charge is the head of the installation unit.
7. The person in charge of care is the head of the ward
8. The person in medical charge is the consultant/room supervisor.
9. The fourth-year RESIDENT participants who work in the room serve as "chief Residents" and assist the first- and second-year RESIDENT participants whowork in the room.
10. RESIDENT stage IIB or IIC participants are responsible for the reports that will be submitted at the clinical conference.

8.1.3. Resident rights, obligations and dutiesResident Rights

1. Every Resident has the right to receive counselling during their education.
2. Each Resident is entitled to take part in the evaluation of knowledge, skills and attitudes at the end of each relevant subsection cycle and educationalstage.
3. Every Resident has the right to know the results of the evaluation that has been carried out.
4. Each Resident has the right to continue their education in the subdivision after completing the evaluation in the previous subdivision and education stage.

5. Every Resident is entitled to get permission not to carry out educational activities temporarily when sick or family problems or legal problems by showing a letter of illness and a doctor, a letter from parents, or related agencies.
6. Every Resident has the right to raise thoughtful arguments if the education process is not in accordance with the applicable guidebook.
7. Each Resident has the right to refuse to perform examination actions/procedures that are unethical and or beyond the authority and or competence of the Resident concerned.
8. Every Resident has the right to question the KPS about examination actions/procedures that are not in accordance with competence.
9. Every Resident has the right to refuse treatment that is not in accordance with applicable norms such as sexual harassment from supervisors or fellow residents and has the right to report it to Head of Study Programme.
10. Each Resident has the right to receive supervisory guidance on all professional and scientific activities during their education.

Resident Obligations

1. Residents are required to pay tuition fees every semester to Hasanuddin University
2. Residents are required to take out professional insurance if they are assigned a referral task within the framework of independent work in the designated district.
3. New and old Residents are required to fill out a Study Plan Card (KRS) at the

beginning of each current semester signed by the resident, academic advisor, Head of Study Programme, Resident Coordinator Team Faculty of Medicine Hasanuddin University.

4. Each Resident is obliged to carry out academic and non-academic duties listed in the Resident Guidebook.
5. Every Resident must uphold the norms of professional courtesy and ethics.
6. Every Resident must not commit disgraceful and immoral acts to supervisors, nurses, coas, patients, patient's families, administrative staff, and other hospital staff.
7. Each Resident is required to conduct learning activities according to the rules of the Obstetrics and Gynaecology Collegium.
8. Participate in community service activities organised in the context of education.
9. Maintain the good name of the obstetrics and gynaecology study programme of Faculty of Medicine Hasanuddin University
10. Carry out regional duties during the education process.
11. Participate and play an active role in activities held by the study programme.

Resident Duties

Broadly speaking, resident duties can be divided into 2 major parts, namely:

Junior Stage

Tasks that must be completed during the

junior stage include academic learning (MDU, MDK, CMU, MPA) and professional learning (CMK and MPK) in the beginner stage according to the rules of the collegium of each study programme.

Intermediate Stage/Level I:

Tasks that must be completed during the intermediate stage include advanced academic learning (advanced MPA) and professional learning (CMK) level I according to the rules of the collegium of each study programme.

Senior Stage/Level II:

Tasks to be completed include Advanced Academic Learning (MPA) and comprehensive and Paripurna Professional Training (MPK) level II/senior according to the rules of the collegium of each study programme.

Clearly, the duties of the resident can be divided into 3, namely:

1. Medical duties
 - a. Each resident participant in charge of the obstetrics and gynaecology treatment room handles cases that are in accordance with their respective stage authority, except in VIP treatment.
 - b. Each treated case must be examined at least once a day by the resident participant accompanied by the nurse on duty.
 - c. In handling cases, resident participants are

required to include stage IV students. Phase IV students will be guided by Residents and staff found by the head of the medical education section in filling out patient status and examination.

- d. The diagnosis and management plan must be approved by the ward counsellor/supervisor.
- e. The Chief Resident conducts room visits every day at 08.00 and then make a daily report that will be reported to the counsellor.
- f. The room counsellor/supervisor can visit the room every Monday and Thursday at 08.00-09.00; on Tuesday, Wednesday, and Friday at 09.30-10.30.
- g. The ward counsellor/supervisor may conduct examinations and consultations during office hours.
- h. The ward counsellor/supervisor together with the resident and nurses can discuss problematic patients on a daily basis.
- i. If the resident participant is absent from work, it must be immediately notified to the chief resident and the chief resident makes arrangements for the doctor who takes over the care of the patient with the permission of the Head of Study Programme.
- j. Any planned actions or major/minor surgeries to be performed must be known by the consultant/room supervisor.
- k. Every resident participant must motivate family planning
- l. Every resident participant who treats postpartum/postpartum patients must

know the baby's condition and provide light about baby care.

- m. Every resident participant who treats postpartum/postpartum patients must provide counselling on breast milk.
- n. Learners must participate in activities and carry out staged tasks that have been determined

2. Scientific Assignment

- a. Resident participants must present clinical conferences, read outlines, proposals and research seminars, read dead cases, national papers 2 times during the education period and complete stage assignments.

3. Administrative duties

- a. Resident must write the results of the examination and management of the patient detailed in the medical record after examining the patient.
- b. Resident must make a complete patient discharge resume no later than 24 hours after the patient is discharged.
- c. Every day a patient care report is made and cases are booked, then compiled into a report.

8.1.4. Division of Duties, Authorities and Responsibilities as a doctor based on semester of education 7-8th Semester

- 1. Act as a manager who organises the smooth running of tasks, organises the distribution of cases according to the stage of resident participants and supervises the work discipline and

implementation of team members' tasks.

2. Determine cases to be referred to other Departments with the knowledge of the Consul.
3. Review and respond to case consultations from other departments
4. Supervise emergency surgical procedures of duty team participants.
5. Provide duty of care assessments for team members and discuss with counsellors.
6. Guiding students and discussing stage IV student duty reports.
7. Make a report on the implementation of emergency medical services at the end of each month.

5th Semester

1. Act as a resident participant consulting with the duty counsellor.
2. Assist in the supervision and handling of cases by more junior teams.
3. Perform operative treatment/surgery in accordance with his/her authority and capability.
4. Perform treatment/supervision of special cases as determined by the Consul.
5. Guiding students and discussing stage VI student watch reports.
6. Responsible to Resident semester 7 for the implementation of the assigned tasks.
7. In accordance with the assignment in the division module, this resident participant is also responsible for handling case care related to his division.

4th Semester

1. Receive and examine cases arriving at the Emergency

Polyclinic.

2. Perform emergency care/supervision including special care in accordance with their authority and ability.
3. Perform emergency operative/surgical treatment in accordance with their authority and ability.
4. Responsible to RESIDENT stage IV (semester VIII) participants for the implementation of assigned tasks.

3rd Semester

1. Act as rapporteur at clinic conferences.
2. Perform emergency care/supervision in accordance with their authority and ability.
3. Perform emergency operative/surgical treatment in accordance with their authority and ability.
4. Supervise and examine cases admitted to the IRNA of the Department of Obstetrics and Gynaecology during duty hours.
5. Responsible to participants resident semester VII for the implementation of the assigned tasks.

2nd Semester

1. Perform emergency care/supervision in accordance with their authority and ability.
2. Conducting handling operative/surgical treatment in accordance in accordance with his/her authority and ability.
3. Responsible to semester VII for the implementation of assigned tasks.

Semester 1

1. Perform emergency care/supervision in accordance with their authority and ability.
2. Conducting handling operative/surgical treatment in accordance in accordance with his/her authority and

ability.

3. Responsible to semester VIII (stage IV) for the implementation of assigned tasks.

8.1.5. Relationship with Paramedics

Participants must establish a good working relationship with paramedics in accordance with medical ethics. Instructions must be given verbally, in writing and clearly:

- a. Incoming liquid: type, number of droplets and amount in 24 hours.
- b. Recording of discharge: type, colour and amount.
- c. Medications: mode of administration and dosage.
- d. Mobilisation.
- e. Hygiene care.
- f. Emergency patients: measure blood pressure, pulse frequency and respiratory frequency every 15 minutes.
- g. Less serious patients: measure blood pressure, respiratory rate and frequency every 1-3 hours.
- h. Laboratory examination.
- i. Monitoring of fetal heart rate and hiss.
- j. In this case, the first stage RESIDENT participants are required to organise the delivery of the baby to the room.

8.1.6. Responsibility

- a. Phase IV is responsible to the counsellor for the implementation of the action.
- b. During the fourth shift, each patient is examined.
- c. Guard transfers are made at 07.00 (except

holidays at 08.00). Although stage IV is responsible for all actions performed in the guard service, certain actions can be performed by participants of lower stages, according to their abilities. Performing actions outside of their competence will be subject to sanctions

- d. Patient evaluation and record writing during shift change is a shared responsibility between the doctor in charge of the newly discharged patient and his/her successor.
- e. Each participant will be assessed by a stage Percretra and a counsellor. Phase IV's report to the duty counsellor regularly at 07.00 - 07.30.
- f. Each resident must maximally master the cases that are their responsibility, both theoretical and clinical and at any time be able to consult and discuss with fellow Resident and / or Consultants.
- g. Each Resident is responsible for supervising and evaluating the work and results of medical monitoring of patients under their responsibility.
- h. Any action taken by team members must be with the knowledge and permission of the Consul.

8.1.7. Consul.

- a. The counsellor takes overall responsibility for the outcome of the action. The counsellor therefore needs to be familiar with all cases, especially difficult or doubtful cases.
- b. The team may ask the counsellor to come in to examine or take action on cases that are deemed difficult and on specific cases.

- c. If there is a disagreement with the duty counsel, the duty team may submit an "appeal" consultation to the Head of the Study Programme and to the Head of the Department.

8.1.8. Logging

Every record in the medical record must be actual documentation.

- a. Hospital medical records are completed by doctors, students and paramedics.
- b. The research medical record is filled in directly by the participant handling the case.
 - b.1. Obstetric Catalan (*maternity care monitoring*, maternal death form and perinatal death form).
 - b.2. The partograph is completed by the examiner at the time of admission of the in parturient.
 - b.3. The pregnancy risk assessment is completed by the examining doctor and then scrutinised by the stage IV or consultant.
- c. Every time a RESIDENT participant fills out a patient's medical record, it must be re-examined by a more senior or consultant RESIDENT.
- d. The date, time and names of the examiners must be written in the medical record at each examination.
- e. RESIDENT participants must fill out an inpatient portfolio form and a polyclinic activity report signed by the DPJP of the Sakitt Hospital and Academic Advisor.

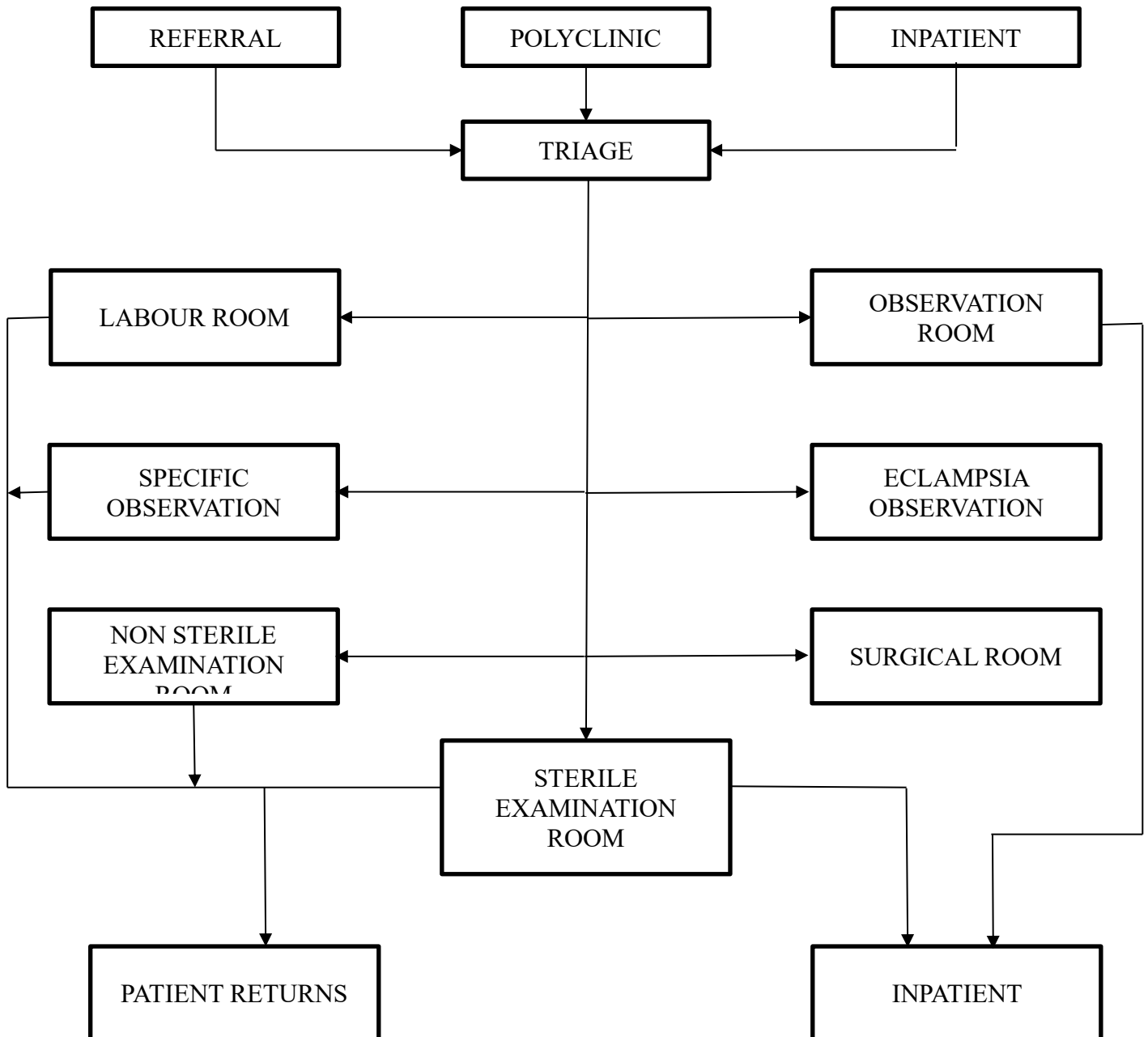
8.1.9. Case Sharing List

Table 17. List of Case Distribution in IRD OBGIN BLU RSWS

NO	ROOM	CASE	WHO HANDLE
I.	Emergency Polyclinic	All new cases	Semester 4-8
II.	Public Observation Room	1. Abortion 2. Hydatidiform mole 3. Placenta previa 4. KPD conservative treatment 5. Pregnant with contractions 6. Hyperemesis gravidarum 7. Late pregnancy 8. Pregnancy with DM 9. Pregnancy with other diseases 10. Postpartum without complication 11. Postpartum with complication 12. Gynaecological trauma 13. Menstrual disorders	Semester 1-2 Semester 3-4 Semester 3-4 Semester 1-2 Semester 1-2 Semester 1-2 Semester 1-2 Semester 1-2 Semester 1-2 Semester 2-4 Semester 3-4 Semester 3-4
III	Maternity room	1. Normal parturition 2. Partum with accelerated induction 3. Parturition in former cesareansection 4. Breech partus 5. Pelvic parturition 6. Trial partus 7. Partus with abnormality percentage	Semester 1-2 Semester 1-2 Semester 1-2 Semester 1-2 Semester 1-2 Semester 1-2

IV	Post-operative observation room	1. Post laparotomy/SC care 2. Obstetric care with cardiac abnormalities. 3. Obstetric care with other disorders 4. Treatment of oncology cases	Semester 3-4 Semester 3-4 Semester 3-4 Semester 3-4
VI	Septic Observation Chamber	1. Treatment of oncology cases 2. Treatment of sepsis infection cases	Semester 3-4 Semester 3-4

Emergency Room Patient Flow



Flow of patients entering the emergency room of OBGIN BLU RSWs

Notes: The *Chief Resident* writes the name of the doctor who will be responsible for the patient on the medical record upon admission.

Table 18. Obstetric Emergency Department Activity Schedule

DAY	07.00	07.30	08.00	09.00	09.00	10.00	11.00	12.00	13.00 - 07.00	07.00
Monday		Morning rounds			Morning rounds		Guidance		Case evaluation	Handover
Tuesday	Clinic conference				Morning rounds		Action guidance		Case evaluation	Handover
Wednes day		Specialised lectures			Morning rounds		Parade of cases		Case evaluation	Handover
Thursday	Intro	Morning rounds			Big round		Action guidance		Case evaluation	Handover
Friday	Clinic conference				Morning rounds		Action guidance		Case evaluation	Handover
Saturday	Intro		Morning rounds			Handover of duty consul				
Sunday	Intro		Morning rounds			Duty counsellor				

Assessment

8.1.9.1 Assessment of work duties in the Emergency Department (IGD) is the final result of an assessment that comes from :

- Morning daily counsellor.
- Night watch counsellor
- Monday and Thursday's big ronda leaders.
- *One day care* mentor

8.1.9.2 Assessment materials from :

- Morning Round
- Knowledge, attitudes and behaviour when managing patients in the emergency room on the second floor.
- Guidance/tutorial.

8.2 SCIENTIFIC ACTIVITY GUIDELINES

8.2.1 Scientific Activities

The form of scientific activities to be charged is not much different from the previous forms of scientific activities, which are divided into two major parts, namely:

1. Scientific seminar.
2. Scientific writing.

8.2.2 Scientific Conference

Objectives To increase and refresh knowledge in the field of obstetrics and gynaecology and knowledge in other related fields and audit a case within the framework of evaluation, so as to improve the ability to identify, analyse and plan for medical problems encountered and make improvements.

Case presentation is the activity of writing and presenting cases both in the field of obstetrics and gynaecology that have problems both in the aspects of diagnostics, treatment, prevention and technological advances related to these cases in a scientific forum. Discussion efforts can ultimately be described in a management both related to efforts in and management.

Methodology

- Scientific conference activities are held every Monday - Friday with a schedule determined by the education organiser.
- The time allocation for each scientific conference is 2 hours.
- The cases to be discussed at the scientific conference are determined during clinical or divisional conferences, roundtables, discussions with the supervisor or by the education organiser and the scheduling will be determined by the teaching staff assigned to organise the scientific conference schedule.
- Materials for scientific conferences that have been completed will be submitted to scientific conferences at least once during the Phase IIA education period which is a prerequisite for each student to advance to the IIB stage and at least once during the IIB stage education period which is a prerequisite for each student to advance to the IIC stage.
- Case presenters can be individual learners who have to fulfil their obligations in the scientific task or a group of learners (team) involved in the handling of the case, and will be assessed in an additional scientific conference.
- All learners are required to attend, especially learners who are involved in the handling of the case being discussed, unless they have an excuse that is acceptable to the Head/Secretariat of the Study Programme (the excuse must be written via memo).
- The presence of teaching staff is strongly encouraged, especially those involved with the case being discussed.
- Invitation of peers from outside the department or from other installations is desirable to clarify the discussion of the case, as well as provide clarity on some of the doubts encountered.

Organising element

- Moderator: one of the teaching staff (educator/assessor) appointed to lead, direct and finally summarise the discussion.
- Presentant: one of the learners in charge of presenting the case and making it in the form of a written report and presenting it in front of the forum with the help of audio-visual equipment.
- Note-taker: one of the minimum stage II students whose job is to record everything that is discussed during the presentation and discussion of the case and to make a summary of the discussion.
- Commentators: teaching staff (2 people) and stage III students (semester V - VII) 1 person who has studied the material to be presented, so as to be able to prepare responses in advance. If deemed necessary, guests from outside the department or other institutions can also be invited to be commentators, especially on aspects related to their expertise and knowledge.
- Participants: teaching staff, students and invitees who will follow the discussion.

Preparation

- Participants / teams scheduled for a particular case immediately make a written report in accordance with the format determined by the education organiser, namely:

- For case presentation, the paper will contain: abstract, introduction, case resume, theory, discussion and conclusion. The number of words in writing is approximately 1500 + 10% (without literature).
- Co-operation with learners or other teaching staff or colleagues working on the case needs to be maintained so that complete data can be collected to clarify issues.
- Once the materials have been prepared, the learners report to the organiser for the schedule and names of moderators and commentators.
- Presentation/conference materials must be received by moderators, commentators and speakers at least 7 days prior to the scheduled scientific conference.
- Presentation materials in the form of written papers and in the form of diskettes or compact discs must be submitted to the education department as documentation.

Organisation

- The moderator opens the session according to the schedule by taking into account the completeness of the medical documents of the case, the presence of the students, and the doctors involved in the management of the case.
- Learners who are appointed to present a case present the case orally by utilising the audio-visual aids available (time allocation 20 minutes).
- All participants in the hearing are given the opportunity to clarify the issue, and if necessary, the Counsellor or Team member involved in the case is given the opportunity to explain.
- Commentators respond for 5 minutes each.
- The case presenter must respond to all responses made by each commentator.
- All session participants are given the opportunity to respond if time permits.
- The moderator summarised the results of the discussion in accordance with the minutes and gave a final review.
- The moderator closed the session.

Noted: the process of organising a scientific conference can be done at RSUH/UPF Obgyn Building A 3rd Floor Pinang Building BLU RSWS or UPF Obgyn Office BLU RSWS.

Assessment

- The judges are the moderator and the commentator (counsellor).
- Assessment is based on the knowledge, attitude and behaviour of the individual/team presenting the case.
- The assessment will be given if the presenter has completed all the requirements set at the time of the conference, both in the form of paper corrections and other matters.
- The education provider will only issue grades for RESIDENT participants if the corrected paper material along with its documentation in the form of a diskette or compact disc has been submitted to the education department to be documented in each

student's file.

- Assessment of scientific conferences is a prerequisite for promotion stage learners into the next semester.

8.2.3 Research Activities

It is expected that RESIDENT participants in addition to honing their professional skills, the ability to analyse, detect possibilities, conduct proof and ultimately be able to formulate a finding can be applied in a research activity. It is expected that before completing their education period a RESIDENT participant can produce a research result in the form of a thesis, which can later be defended in a trial.

To make it easier for students in terms of making their thesis, it is planned that students can go through several stages of the task so that they are expected to make good planning in the implementation of making a thesis.

1. Stages of Preparation

Objectives Learners can find out their supervisor and the research topic they will use for their thesis.

Methodology

- Final stage I students are expected to start actively looking for supervisors and research topics that will be used as the basis for the thesis.
- It is expected that in the last 2 months of the first phase of education, each student will already have the name of a supervisor and a research topic that will be used as the basis for the thesis, and is a prerequisite for advancing to semester II.

2. Bibliography Conference Stages

Objectives - The preparation and presentation of literature aims to enable students to have the ability to search, collect, use and utilise various literature materials through various media, discuss a problem based on various literature and conclude it in a scientific conference in front of a forum.

Methodology

- Library conference activities are held every Monday - Friday in an open forum with a schedule determined by the education organiser.
- The time allocation for each citation conference is 1 hour.
- All learners are required to attend unless there is an excuse acceptable to the KPS/SPS (excuse must be in writing via memo).
- The citation that has been completed with the supervisor will be submitted to the citation conference during the IIB

stage and is a prerequisite for advancing to the IIC stage.

- It is expected that the creation of this literature review is the beginning of a research activity where students begin to collect literature materials that will underlie the theory of a research plan that will be carried out further.
- Essays that have been accepted by the literature conference are expected to be published in scientific magazines at home or abroad.

Preparation

- Participants from the end of stage I should have chosen a topic in obstetrics and gynaecology to be discussed in the citation conference along with their supervisor from the teaching staff of the Department of Obstetrics and Gynaecology or other departments and this should be reported to the education organiser for documentation.
- For literature review, the paper will contain an abstract, introduction, literature review and conclusion. The number of words in making the paper ranges from approximately $3000 \pm 10\%$ (without being accompanied by literature).
- Education organisers will monitor each learner's stage of citation completion.
- Once the submission is deemed complete by the supervisor, the student should report to the education organiser to obtain the submission conference schedule along with the name of the moderator and commentator.
- Presentation/conference materials must be received by moderators, commentators and speakers at least 7 days prior to the scheduled scientific conference.
- Presentation materials in the form of written papers and in the form of diskettes or compact discs must be submitted to the education department as documentation.
- Library conference activities are held every Monday - Friday in an open forum with a schedule determined by the education organiser.
- The time allocation for each citation conference is 1 hour.
- All learners are required to attend unless there is an excuse acceptable to the KPS/SPS (excuse must be in writing via memo).
- The citation that has been completed with the supervisor will be submitted to the citation conference during the IIB stage and is a prerequisite for advancing to the IIC stage.
- It is expected that the creation of this literature review is the beginning of a research activity where students begin to collect literature materials that will underlie the theory of a research plan that will be carried out further.

- Essays that have been accepted by the literature conference are expected to be published in scientific magazines at home or abroad.
-
- Participants from the end of stage I should have chosen a topic in obstetrics and gynaecology to be discussed in the citation conference along with their supervisor from the teaching staff of the Department of Obstetrics and Gynaecology or other departments and this should be reported to the education organiser for documentation.
- For literature review, the paper will contain an abstract, introduction, literature review and conclusion. The number of words in the writing is approximately 3000 10% (without literature). □
- Education organisers will monitor each learner's stage of citation completion.
- After the completion of the citation by the supervisor, the learner can immediately report to the education organiser to get a schedule for the citation conference. along with the names of the moderators and commentators.
- Presentation/conference materials must be received by moderators, commentators and speakers at least 7 days prior to the scheduled scientific conference.

Organising element

- Moderator: one of the teaching staff (educator/assessor) appointed to lead, direct and finally summarise the discussion.
- Presentant: one of the learners who is tasked with presenting the literature and making it in the form of a written report, presenting it in front of the forum with the help of audio-visual equipment, and providing responses to commentators from commentators or other conference participants.
- Note taker: one of the minimum stage II students who is tasked with recording everything that is discussed both during the presentation, and discussion and making notes summarising the discussion.
- Commentators: teaching staff (2) and stage III learners (1) who have studied the material to be presented, so are able to prepare responses in advance.
- Mentors: are teaching staff who mentor students. In addition to coming from within, it is also permissible to take from outside the department.
- Conference Participants: teaching staff, students and invitees who will follow the discussion.

Organisation

- The moderator opens the session according to the

schedule, taking into account the completeness of the citation, the presence of commentators, supervisors and students.

- Learners who are appointed to present the case orally present the case by utilising the audio-visual aids available (time allocation 20 minutes).
- An opportunity was given to the commentator and the rest of the audience to clarify some of the content.
- Commentators give their responses for 5 minutes each.
- The case presenter must respond to all responses made by each commentator.
- All session participants are given the opportunity to respond if time permits.
- Once the responses from commentators and conference participants are deemed sufficient, the mentor is given the opportunity to clarify some points from the literature that are still unclear.
- The moderator summarised the results of the discussion in accordance with the minutes and gave a final review.
- The moderator closed the session.

Assessment

- The judges are the moderator and the commentator (counsellor).
- Assessment is based on the knowledge, attitude and behaviour of the individual presenting the literature review (literature review assessment sheet).
- The assessment will be given if the presenter has completed all the requirements set at the time of the conference, in the form of improvements to the sad literature paper and other matters.
- The education provider will only issue grades for students if the corrected literature paper material along with its documentation in the form of a diskette or compact disc has been submitted to the education department to be documented in each student's file.
- The judges are the moderator and the commentator (counsellor).
- Assessment is based on the knowledge, attitude and behaviour of the individual presenting the literature review (literature review assessment sheet).
- The assessment will be given if the presenter has completed all the requirements set at the time of the conference, in the form of improvements to the sad literature paper and other matters.
- The education provider will only issue grades for students if the corrected literature paper material along with its documentation in the form of a diskette or compact disc has been submitted to the education

department to be documented in each student's file.

3. Research Proposal Examination

- Objectives** - The preparation and presentation of a research proposal aims to provide participants with the ability to:
- Selecting health papers as research material that can help develop science and can be applied to improve public health services.
 - Submit a complete research proposal taking into account all limiting elements that are feasible and in accordance with the education schedule.
 - Make a research plan that fulfils scientific rules and be able to carry out scientific arguments to improve a research proposal.
 - Able to defend a research proposal in accordance with scientific principles and able to accept corrections and proposals aimed at improving the quality of the research proposal.

Methodology

- Research proposal examination activities are held every Monday - Friday in an open forum with a schedule determined by the education organiser.
- The time allocation for each research proposal exam is 1 hour.
- All learners are required to attend unless there is an excuse acceptable to the KPS/SPS. (Excuses must be in writing via memo). A learner's absence from a scientific conference event without a clear reason will be penalised in accordance with the applicable regulations.
- The research proposal that has been completed with the supervisor will be submitted in the research proposal examination during the IIC stage of education and is a prerequisite for advancing to stage III.
- With the research proposal accepted (passed) by the assessment team under the coordination of KoliTbang, students can immediately start their research.

Preparation

- After the literature review is approved at the literature review conference, the participant and the supervisor immediately develop a research proposal, which can also be assisted by the plan of a statistical supervisor.
- The research proposal title and supervisor are immediately reported to the education organiser and Kolutbang for documentation.
- The organisers and Kolutbang will monitor the stages of completion of the research proposal by each student.
- The committee is formed by the KPS/SPS, consisting of the supervisor and 3 teaching staff, one of whom is the chairperson and the other is the secretary of the examination committee. The organiser will also determine the schedule of the research proposal examination.
- The presentation/conference materials must be received by the moderator and examiners at least 7 days prior to the scheduled research proposal examination.
- Presentation materials in the form of written papers and in the form of diskettes or compact discs must be submitted to the education department as documentation.

Organising element

- Moderator: one of the teaching staff (educator/assessor) appointed to lead, direct, test and finally summarise.
- Presentant: one of the students who is tasked with presenting the research proposal and making it in the form of a written report and presenting it in front of the forum with the help of audio-visual equipment, as well as providing responses to comments and questions raised by the examiner.
- Note-taker: one of the minimum stage II students who is tasked with recording everything that is discussed both during the presentation, and discussion as well as making a summary note of the discussion.
- Examiners: teaching staff (3 people) including moderators who have learnt the material to be presented, so as to be able to prepare responses and tests in advance.
- Supervisor: the teaching staff who will guide the students, apart from coming from within, are also allowed to take from outside the department to guide in terms of research material and research methodology.
- Participants: teaching staff, students and invitees who will take the research proposal examination.

Organisation

- The moderator opens the session according to the schedule by taking into account the completeness of the research proposal, the presence of examiners, supervisors and students.

Assessment

- The learner appointed to propose the research presents the case orally by utilising the audio-visual aids available (time allocation 20 minutes).
- The examiners provided feedback and questions, both for the material and the research methodology, in accordance with the direction and moderator.
- The case presenter must respond to all responses made by each examiner.
- The supervisor is given the opportunity to explain some things from the research proposal that are still unclear.
- Once the responses are considered sufficient, the examiner will determine the average score behind closed doors.
- The moderator announces the result of the thesis examination (pass /fail) along with the grade, and if any recommendations are given.
- The moderator closed the session.

It is the examiner (counsellor) who has the right to judge.

- Assessment is based on the knowledge, attitude and behaviour of the individual presenting the research proposal (see the research proposal assessment sheet developed by Kolutbang). Assessment will also include, recommendations given to learners.
- The education provider will only issue grades for students if students have implemented what has been recommended in the assessment results and the corrected research proposal paper material along with its documentation in the form of a diskette or compact disc has been submitted to the education department to be documented in each student's file.

4. Thesis Examination

- Objectives**
- To be able to organise all scientific research activities by mastering a series of analysis and synthesis that will produce conclusions that other scientists can understand.
 - Able to convince the objectivity and correctness of their research efforts through straightforward oral and written presentations to other scientists by paying attention to the conventions of scientific presentation.
 - Able to accept criticism and suggestions for

improving the results of his/her scientific work in an open hearing and able to recompile his/her thesis in accordance with the results of the trial within the specified time.

Methodology

- Thesis examination activities are held every Monday - Friday in an open forum with a schedule determined by the education organiser.
- The time allocation for each thesis examination is 1 hour.
- All students are required to attend unless there is an excuse acceptable to the KPS/SPS (excuse must be in writing via memo).

Preparation

- The thesis that has been completed with the supervisor will be submitted in the thesis examination during the education period phase III - IV and is a prerequisite for being able to take the national written examination and the national oral examination.
- The implementation of the thesis is carried out by the researcher with the direction of the supervisor.
- If there are problems in the implementation of the research, it must be decided in a triangular meeting between the supervisor, KPS / SSP and Kolitbang.
- The written research report (thesis) must be completed within the specified time limit. After that, the KPS/SPS will schedule a thesis examination.
- The thesis examination committee is formed after the supervisor declares the researcher's accountability complete. This committee is formed by the KPS/SPS, consisting of the supervisor and 3 teaching staff (according to the teaching staff who tested at the time of the research proposal examination), one of whom is the chairman and one is the secretary of the examination committee.
- The organiser together with Kolitbang will monitor the stages of completion of the research proposal by each student.
- The presentation/conference materials must be received by the moderator and commentator at least 7 days prior to the scheduled thesis examination.
- Presentation materials in the form of written papers and in the form of diskettes or compact discs must be submitted to the education department as documentation.

Organising element

- Moderator: the thesis supervisor is in charge of leading, directing and finally summarising.

- Presentant: one of the students who is tasked with presenting the thesis and making it in the form of a written report and presenting it in front of the forum with the help of audio-visual equipment, as well as providing responses to comments and questions and examiners.
- Examiners: teaching staff (3 people) who have studied the material to be presented, so as to be able to prepare responses in advance.
- Participants: teaching staff, students and invitees who will follow the discussion.

Implementation

- The moderator opens the session according to the schedule by paying attention to the completeness of the thesis, the presence of examiners and students.
- Learners who are appointed to propose a thesis present it orally by utilising the audio-visual aids available (time allocation 20 minutes).
- The examiners gave their respective responses, both to the material and the research methodology.
- The thesis examination will include

Assessment

- Mastery of health issues that are closely related to the research material.
- Mastery of the research methodology adopted.
- Research management and data processing techniques.
- The ability to summarise research results with special emphasis on mastering the objectivity of the data used.
- The suitability of the suggestions to the research objectives.
- Mastery of reporting and discussing research results.
- An attempt to convince other scientists.
- Impact of research results.
- Rigour of literature references.
- Ability to reject inappropriate advice.
- The thesis proponent must respond to all responses submitted by each commentator.
- Once enough responses have been received, the commentator determines the average score behind closed doors.
- The moderator announces the result of the thesis examination (pass /fail) along with the grade.
- The moderator closed the session.
- The examiners are the ones who have the right to give judgement.
- The education provider will only issue grades for students if the corrected thesis material (with the

signatures of supervisors and examiners) and its documentation in the form of a diskette or compact disc have been submitted to the education department to be documented in each student's file.

- The results of the assessment will be the basis for education organisers to propose that the person concerned is eligible for the national exam.

5. PIT/KOGI Forum Objective

Learners are expected to be able to perform in a scientific forum on a national scale

Implementation

Any research results produced by students both thesis results and outside the thesis can be submitted in a scientific forum at the Annual Scientific Meeting (PIT) or Congress of Obstetrics and Gynaecology (KOGI). Each participant must at least appear once in a scientific forum at the PIT / KOGI event.

8.3 Scientific Writing Guidelines

8.3.1 Case report General objectives Improve participants' ability to use as many sources as possible to analyse completed cases.

Specific purpose

After making a case report, participants are expected to:

- Proficient in most obstetrics and gynaecology topics.
- It is easier to prepare scientific conference presentations.
- Being used to writing, it made it easier to complete other written works as well as completing the thesis at the end of education.
- Be familiar with, explore because and solve problems critically analytically and systematically.

8.3.2 Abstract case report template

Contains a brief but informative description of the issue to be discussed.

Introduction

The introduction should be brief and explain the objectives to be achieved by proper treatment of the case at hand.

Case history

Case history submitted in the form of a problem-orientated medical record (CMBM) that includes:

- Basic data.
- Problem list.
- Problem description.
- Start-up plan.
- Catalan progress.

Literature review

Contains the scientific basis and theories that will be used as the basis for discussing the case. It is expected that these theories are taken from textbooks and journals.

Discussion

You should be able to answer the following questions:

- What is the problem/issue?
- Why is that?
- How to solve it?
- Problem assessment?

Problem definition: deviation from a standard that stimulates us to act.

To find out the standards and deviations, use the best sources of information (literature, consultations, etc.).

References

References are not limited in number, arranged in the order in which they appear in the manuscript, all names written in the discussion must appear in the reference list and vice versa. Reference sources can be books, magazines, conference decisions, personal communications and others. The way of writing references follows the Vancouver system.

CHAPTER IX

RULES, SANCTIONS AND AGREEMENT LETTER

9.1. Governance

1. Participants are required to wear a doctor's coat and nameplate, PIN, while performing health services at the teaching hospital.
2. After moving from semester to semester, the PIN is handed back to the semester coordinator and then gets a new PIN according to the semester from the coordinator.
3. Not committing immoral acts during education
4. Each patient examination must be accompanied by a companion.
5. Any treatment, action/surgery that will be performed on the patient must be approved by the consultant in charge of the teaching hospital.
6. It is not permissible to answer consultations from other departments without the consent of the consultant.
7. Participants who leave the hospital during working / duty hours must be authorised by the assistant chief (chief) and consuler and then the chief reports to the stage coordinator.
8. Arrive at the duty station at the designated time and sign the attendance register provided.
9. Notify when leaving the duty station, or absent and arrange for a substitute by agreement with other participants and report to the chief and be known by the consul at the hospital.
10. Participate in scientific presentations and activities in the department (lectures, clinical conferences, case presentations, proposal readings, result readings, PIT papers, PIBs, mortality reports, and other scientific presentations)
11. Carry out all assigned tasks with a sense of responsibility, without compromising aesthetic and ethical values.
12. During the education period, participants do not get permission for holidays outside of leave, except in certain cases (grief, marriage, illness), if the granting of permission is more than 7 consecutive or non-consecutive days, it will be rounded up to 3 months and will be added to the length of education. A medical certificate from the attending doctor must be attached.
13. Contact the Head of section, KPS and consultants at the hospital of duty, PA, semester coordinator when there is a need to request permission.
14. Learners who receive permission from a department that is not related to scientific activities or are sick, must replace the guard according to the length of their permission.
15. Do not smoke while on duty / carrying out education.
16. The use of audiovisual equipment belonging to the section must be authorised by the staff/consul and used for educational purposes in the section.
17. Borrowing library books must be authorised by the library staff in writing in the library borrowing book.
18. To facilitate communication, participants must have a means of communication such as a landline / mobile phone and be willing to be contacted at any time during education.
19. After the first year of education, RESIDENT participants are still encouraged not to become pregnant and if pregnancy occurs, they are given leave.

20. pregnant / giving birth for 3 months (1 month before and 2 months after childbirth are counted / added to the education period / time). After being declared pregnant, a written statement is made not to sue if there is a disturbance during her pregnancy. Participants who are pregnant with risk are allowed leave during their pregnancy and after childbirth and not more than one year and will be counted in the length of education.
21. During education will be given leave Lebaran / Christmas / Nyepi new year Saka / new year Buddhist Vesak / new year Lunar New Year, additional holiday will be given included in the 7 days/semester leave allowance.
22. Leave of 7 days / semester is intended for clear reasons (not for holidays) such as marriage, parents/children/wife/husband seriously ill, death (must be accompanied by an expert doctor's certificate),

9.2. Permission to Leave the Place of Duty

A. Leave and Permission

- Pregnancy and maternity leave for female RESIDENT are only allowed after the first year (semester III and so on) and the maximum length of leave is 6 months.
- Academic leave is only allowed for 2 times after the first year (semester III and so on) and not consecutively.
- Leave letter sent to TKP-RESIDENT for endorsement by the Dean and Rector

B. Leaving the duty station momentarily

1. If a participant is forced to leave his/her duty station during working hours for personal reasons, he/she is required to seek prior permission from the chief (if he/she is on duty in the ward, emergency department, polyclinic, surgical centre, division and hospital, educational partners). Who will then report to the hospital counsellor and stage coordinator/SPS/KPS.
2. If a participant leaves an assignment because he/she has to attend a scientific activity in the Section, the participant must inform the chief in advance.
3. If a participant is unable to attend scientific activities/clinical conferences in the Section due to work at the place of assignment that cannot be abandoned or because there is a very urgent personal need, the participant is required to notify/ask permission to the moderator of the scientific activity or the Chairperson of the clinical conference.

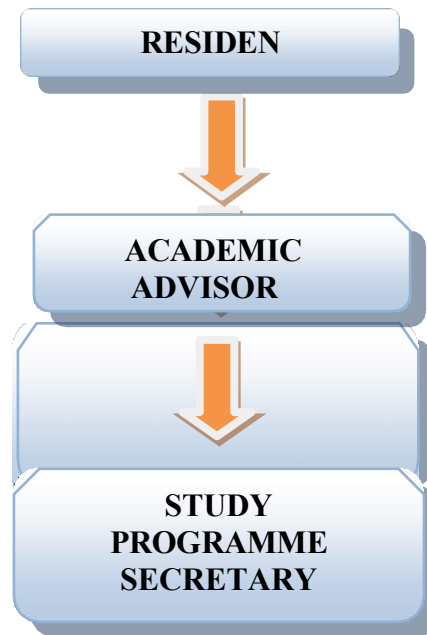
C. Leaving the place of duty for one day

1. If a participant is unable to attend for the whole day due to personal reasons, the participant must ask permission from the chief who will report to the stage/SPS/KPS coordinator.
2. If a participant is unable to attend for the whole day due to an assignment, the participant is still required to inform the chief who will report to the stage coordinator / SPS / KPS.
3. If you are unable to attend for one full day due to illness, you must immediately notify the chief who will report to the stage coordinator /SPS/KPS in writing or by telephone.

D. Leaving the place of duty for more than one day

If the RESIDENT participant will leave the place of duty for more than one day for personal purposes, then the participant is required to submit a written application addressed to the RESIDENT Education Coordinator / Head of Study Program, after first asking permission and getting written approval from the immediate supervisor where he is on duty.

FLOW OF REQUEST FOR PERMISSION / LEAVE RESIDENT OBGYN



**CHAIRMAN
OF STUDY
PROGRAMME**

Classification of Educational Cessation Example of classification of education problems

A. Ethics / Misconduct

1. A lack of professional responsibility that jeopardises the case or educational institution submitted by the complainant either from teaching staff, RESIDENT/PAOGI participants, or other medical personnel and determined by the educational meeting. (Can be seen in the Case Submission Flow Chart).
2. Severe Ethical Violations: Termination of education can be imposed without warning if there is a very serious ethical violation based on the results of the Department plenary meeting in coordination with the Medical Committee of the FK-UNHAS teaching hospital / education partner hospital.

A.1. Examples of ethical misconduct

1. Attitude

A. Minor error

1. Missing or being late for clinical conferences, scientific conferences or mentorship without a valid reason. (if not participating, there must be a letter of permission)
2. Not completing the status/medical record/status summary in

time.

3. Late entry to duty station (room, emergency department, or central surgical suite) or acute duty station without valid reason.
4. Doing things that are considered violating ethics, profession, morals or manners (whose degree of guilt is determined by KPS on the recommendation of teaching staff).
5. Lack of communication or co-operation with fellow RESIDENT participants, students, paramedics or teaching staff.

B. Medium error

1. Missing work or duty without a valid reason.
2. Failure to organise the scientific conference as scheduled without valid reasons.
3. Not submitting case reports as required, without a valid reason.
4. Not performing tasks properly in the workplace (room, emergency department, surgical centre).
5. Doing things that are considered violating ethics, profession, morals or manners (whose degree of guilt is determined by KPS on the recommendation of teaching staff)
6. Not filling out medical records neatly and truthfully.
7. Administering therapy that harms the patient without consultation with the Consultant.

C. Severe error

1. Failure to perform duties properly in the workplace (room, emergency room, surgical centre) resulting in patient death or permanent disability.
2. Doing things that are considered violating ethics, profession, morals or manners (whose degree of guilt is determined by the KPS on the recommendation of teaching staff) violating the rules that have been set. participating in activities outside the hospital without the knowledge of the stage coordinator / SPS / KPS and especially if it is not related to the educational process even outside guard hours
3. Leaving the place of duty outside the city of Makassar (except rs maros & rs gowa must get approval from the stage coordinator / SPS / KPS
4. Falsifying data and medical records.
5. One gross misconduct will extend the study period by 3 months, and 3 gross misconducts may result in termination of the education process.

B. Knowledge and Competence

B.1. Example of Knowledge error

1. Knowledge Mild error

- 1) Unable to answer questions well in acute care, clinic visits, clinic conferences or mentorship.

- 2) Making minor errors (no harm to the patient) in their duties due to lack of knowledge

Medium error:

- 1) Received poor marks in the scientific conference, literature review or assessment proposal and will have to repeat the course.
- 2) Committing moderate errors (harming/harming the patient) in their duties due to lack of knowledge.
- 3) Did not pass the written or case examination.

Severe mistake:

- 1) Failed the ascension stage.
- 2) Committing serious errors (resulting in patient death or permanent disability) in their duties, due to lack of knowledge.

2. Competence Minor errors

Made a minor error (no harm to the patient) in his/her duties due to his/her lack of skills.

Medium error

- 1) Committing moderate errors (harming/harming the patient) in their duties due to lack of knowledge.
- 2) Received a deficient grade in parturition or surgery supervised by a faculty member.
- 3) Failure to pass the skills test (phantom test, open cunam/vacuum, cesarean section test, hysterectomy test).

Severe error

- 1) Committing gross misconduct (resulting in patient death or permanent disability) in the performance of their duties, due to lack of knowledge or professional standards.
- 2) Breach of professional ethics in Obstetrics and Gynaecology

Additional Rules

- 1) The warning letter must be delivered to the RESIDENT within one week of the error being authorised by the staff meeting.
- 2) There are three stages of sanctioning RESIDENT Obstetrics and Gynaecology FACULTY OF MEDICINE HASANUDDIN UNIVERSITY participants, as follows:
 - a. Phase I
In case of minor offences (e.g. failure to submit logbooks, failure to attend special lectures without permission, failure to attend clinical conferences without permission, etc.), a Warning Memo will be issued and the study period will not be extended.
 - b. Phase II
If there is a moderate violation or after getting 3 warning

letters, there will be 1 Oral Warning / Oral Reprimand equivalent to LIGHT SANKSI and does not extend the study period.

c. Phase III

- 1) If there is a moderate / severe violation or after getting 3 Oral Warnings / Oral Reprimands, 1 Written Warning is equivalent to MEDIUM / HEAVY and extends the study period.
- 2) If the RESIDENT participant has received 3 written warnings equivalent to severe sanctions, the person concerned is recommended for termination of education.
- 3) The Chief (stage iv / highest) is fully responsible for the RESIDENT at the level below (junior) and the absence of juniors either in the hospital / scientific activities is the full responsibility of the chief.
- 4) Absence from the hospital or from scientific activities without a clear reason will be sanctioned as stated above both to the person concerned and to the chief.
- 5) Violation of the rules set by the department chair person / KPS/SPS, especially those that are not related to the education process, will receive severe sanctions that will extend the education period by at least 3 months (continuing to participate in activities or suspension will be considered).

C. Administration

1. At your own request: RESIDENT participants submit a written request to resign to the Dean of FK - UNHAS with a copy to the Head of Section
2. Administrative offences such as not doing administrative and/or academic work for 2 consecutive semesters.
3. Unable to carry out academic activities determined by the study programme staff meeting led by the KPS and Head of Section.
4. If the length of study exceeds the period set by the collegium (n : 8 semesters, education period 2n)
5. If a RESIDENT participant makes **3 (three) minor mistakes, it is equal to the value of the person concerned making 1 (one) moderate mistake.** If a RESIDENT participant commits **3 (three) moderate errors**, this is equal to the value of the person concerned committing **1 (one) serious error.** If a RESIDENT participant commits **3 (three) mistakes that are equivalent to serious mistakes, the person concerned is considered to have failed to carry out his education** at the Department of Obstetrics and Gynaecology FACULTY OF MEDICINE HASANUDDIN UNIVERSITY.
6. Thus the 3-3-3 (*rule of three*) is adopted.
 - a. Three (3) LIGHT warning letters are equal to one (1) MEDIUM warning letter.
 - b. Three (3) MEDIUM warning letters are equal to one (1) HEAVY warning letter.
 - c. A RESIDENT participant who has received three (3) severe warning letters, is considered to have failed in carrying out his education in the Obstetrics and Gynaecology Department of FACULTY OF MEDICINE

HASANUDDIN UNIVERSITY. Resident. Imi muka

ETHICAL GUIDELINES FOR OBSTETRICS AND GYNAECOLOGY ASSISTANT OF FACULTY OF MEDICINE, HASANUDDIN UNIVERSITY BASED ON

1. Code of Academic Conduct for Postgraduate Programmes, Hasanuddin University, 2005
2. Ethical Guidelines in Obstetrics and Gynaecology of POGI, July 2003 edition
3. Ethical Issues in Obstetrics and Gynaecology by the FIGO Committee for the Study of
4. Ethical Aspects of Human Reproduction and Women's Health, November, 2006.
5. National Guidelines for Hospital Patient Safety, Ministry of Health, 2006

Termination of education:

1. At the request of students, by submitting to the Dean with a copy of the Director of the Teaching Hospital, Head of TKP-RESIDENT, Head of Section, Head of Study Programme.
2. Administrative offences, for example not registering administrative and/or academic 2 (two) consecutive semesters.
3. Condition or health that does not allow continuing education issued by the RESIDENT health examination team
4. Unable to carry out academic activities determined by the study programme staff meeting chaired by the KPS and section head.
5. If the length of study exceeds the period determined by the collegium of each study programme.
6. Severe violations of medical ethics and discipline can be dismissed through a coordination meeting between the Study Programme, TKP-RESIDENT, Faculty of medicine hasanuddin university Disciplinary Commission, and Faculty Leaders,

Procedure for Warning and Termination of Education Warning.

- Oral warning: the learner is called by the KPS and/or Section Head and given a warning by explaining the mistake or offence committed.
- KPS and or Section Heads give written warnings I, II, and III, and participants sign the warnings given.

The Head of Study Program and Vice Dean for Academic and Student Affairs

Both academic and non-academic issues, will be given counselling from the respective student's Academic Advisor or directly accessed the counselling unit provided by University. If their problems are unsolved during the discussion with their Academic Advisor, they will be directed to the Counselling Unit Team appointed by the Head of Study Program to discuss and solve the problem. The schedule of counselling is set based on the results of the study program's meeting. For unsolved academic issues that has been discussed internally within the study program, it will be forwarded to the Coordination Team for Specialist Doctor Education Program to be discussed with the Faculty Dean. While the unsolved non-academic issues will be forwarded to the Faculty Advisory Board. All of these processes are written in the standard operating procedure No. SOP/UNHAS/BAKONSELING/03/2016 as well as each study

programme's student guide book. Rights and obligations for student's are also written in this book.

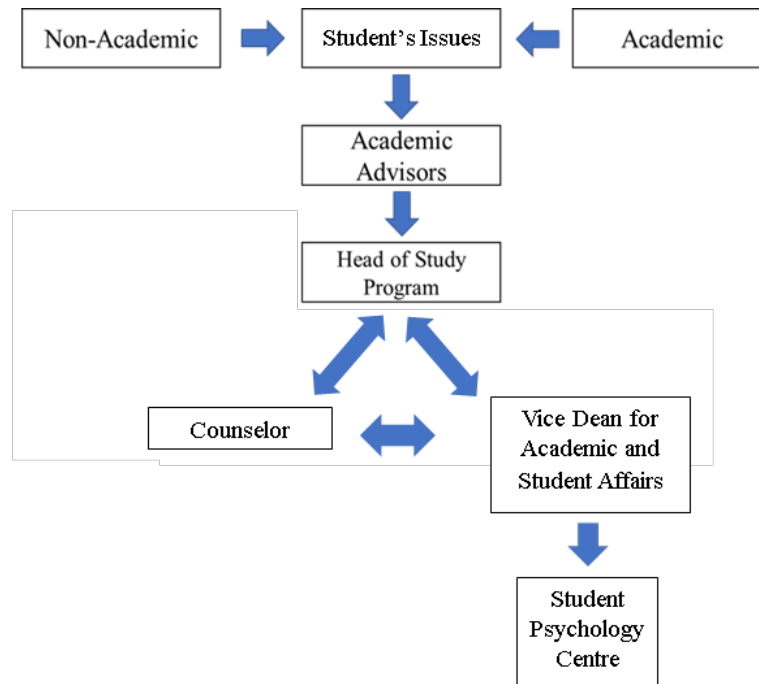


Figure 4. 1 Counseling Mechanism

beside delivery counselling support, unhas also provide other student supports that consist of health service (Hasanuddin University Hospital), Sport Centre, Language Centre, Alumni and Career Development Centre, Central Library, Computer Laboratory, Learning Management System and Student Dormitory and Scholarships. The Student Affairs Unit offers programs such as scholarships, entrepreneurship initiatives, student creativity programs, and activities for character building.

CHAPTER X

EVALUATION SYSTEM AND GRADUATION CRITERIA

10.1 EVALUATION PROCEDURE

Evaluation methods are conducted at various stages of education viz:

1. Objective Structured Clinical Examination (OSCE)
2. Direct Observational Procedure Skills (DOPS)
3. Multiple Choice Questions-Computer Based Test
4. Portofolio
5. Based Discussion (CBD)
6. Objective Structured Long Examination Report (OSLER)
7. Multi-source Feedback
8. Thesis
9. Performance Evaluation

10.2 MATERIALS AND METHODS OF EVALUATION

1. Evaluation Materials
The material evaluated is in accordance with the curriculum of each stage. The log book is a means of evaluation and must be completed in accordance with the competencies in each semester.
2. Evaluation Method
Evaluation for each stage includes
 - a. Continuous evaluation
 - 1) Continuous evaluation is conducted by the ward counsellor, morning report leader, afternoon report leader, weekly report leader, maternal mortality report leader and perinatal mortality report leader.
 - 2) Evaluation is conducted on cognitive, affective and psychomotor abilities by filling out a checklist and logbook that is submitted to the KPS no later than one week before the end of the cycle.
 - b. Morbidity/mortality evaluation
Each case of morbidity/mortality is discussed by the Maternal Audit Team with the RESIDENT trainee involved in the case using the system.
Evaluation.
 - c. Operation guidance evaluation
 - 1) Assessment of surgery guidance includes preparation and execution of surgery, post-operative care and discussion of surgery techniques.
 - 2) Twenty-four hours before the surgery, the supervisor assesses the surgical preparation, action plan, and post-operative care plan of the case under guidance. If the evaluation is deemed insufficient, the surgical guidance may be cancelled.
 - 3) During surgery, the mentor assesses the skills of the RESIDENT trainee being mentored.
 - 4) The final guidance grade is the cumulative grade of all operation guidance evaluations.
 - d. Evaluation of competency log book, research log book, activity book, Portfolio
 - 1) From the activity book will be assessed:
 - a. Discussion/mentoring conducted at each duty station.

- b. Enrichment by staff followed,
 - c. Assistance with actions taken.
 - d. And others that are recorded in the activity book.
- 2) The activity book must be signed by the consult
- 3) ant within 1 x 24 hoursafter the patient action/examination has been performed.
- e. Evaluation of scientific writing
 - 1) Each scientific paper is assessed with an evaluation form.
 - 2) The assessed scientific writing includes:
 - a. Journal Presentation
 - b. Cider / CPC
 - c. Final Project.
- f. Evaluation During (Examination):
 - 1) Written and oral theoretical examinations are carried out at the end ofeach semester and if not passed can be repeated 1 time at the end ofthe cycle.
 - 2) The OSCE examination for level I is conducted in semester 4.
 - 3) The exam material is in accordance with the guidebook.
 - 4) The operating/fantom technique exam is held in cycle 3 (three) of each semester and if it is not passed, a repeat exam is held in cycle 4 (four).
 - 5) The national exam is conducted after passing the local exam.

Evaluation Results

- 1) The range of values is

Range of numerical values	Letter Grade	Conversion Rate
85 - 100	A	4.00
80 - < 85	A-	3.75
75 - < 80	B+	3.50
70 - < 75	B	3.00
65 - < 70	B-	2.75
< 65	E	0.00

- 2) The cut-off score for passing the written exam (NBL) and the Osce Examination (NBL) is 70
- 3) If the cumulative grade point average is less than 70 (after 1 remedial), the Resident will receive an additional 3 months of education.
- 4) If the skills exam and OSCE do not pass, RESIDENT participants get the opportunity to repeat 1 time. If the remedial does not pass, then the participant gets an additional 3 months of education.
- 5) If the evaluation of the scientific paper does not pass, it is corrected with theconsultant and then evaluated by the scientific coordinator.
- 6) All the above evaluations are submitted to the Sector/SSMF meeting for decision.

10.3 ASSESSMENT OF ACADEMIC ACTIVITIES

Assessment of academic activities is carried out directly by the consultant who conducts academic guidance using the form provided by the education provider. Assessment will include assessment of knowledge (P), attitude (S) and skills (K). Academic activities for each semester will vary. Academic activities can be in the form of lectures, synopsis, scientific conferences, literature reviews, and scientific writing.

At the end of each activity, the implementers of academic activities will submit the assessment form to the education organiser to be compiled with other values.

360/Multi Source Feedback Assessment:

1. The 360/Multi Source Feedback assessment will be socialised to RESIDENT and enforced in July 2022.
2. Every month the RESIDENT will be assessed by the Division / DPJP Consultant Staff of the Hospital where the RESIDENT is assigned.
3. The 360/Multi Source Feedback Assessment Form will be created in an app on google drive and will be sent to all counselling staff.
4. The 360/Multi Source Feedback assessment will be recapitulated every 6 months as an evaluation of RESIDENT students.

10.4 THESIS EXAMINATION GUIDELINES

- a. The committee (examiner team) for the thesis examination is formed by the Head/Secretary of the Study Programme with the approval of the Head of Section, consisting of:
 1. Two research supervisors (Thesis) as committee chairman and secretary.
 2. Two examiners who are familiar with the research material.
 3. One lecturer acting as statistical supervisor
- b. The thesis examination committee serves for 1 year for a particular participant and can be extended again.
- c. The thesis examination can be carried out if it has been approved by all supervisors and the head of the concentration of Integrated Specialist Medical Education Faculty of medicine hasanuddin university and is considered valid if attended by 80% of supervisors and examiners.
- d. The thesis must be submitted to all supervisors and examiners at least 1 week before the examination.
- e. The exam was faced by participants with the following breakdown:
 1. Oral presentation for 20 minutes
 2. The series of questions and issues were led by the committee chair.
 3. Responses and answers to problems/questions.
 4. Final summary by participants, summarising all issues/questions raised (10 minutes).
 5. Exam committee meeting to determine grades.

- f. The decision of the examination committee from the closed meeting of item 4 concludes the final result:

Range of numerical values	Letter Grade	Conversion Rate
85 - 100	A	4.00
80 - < 85	A-	3.75
75 - < 80	B+	3.50
70 - < 75	B	3.00
65 - < 70	B-	2.75
< 65	E	0.00

10.5 NATIONAL EXAM GUIDE

Definition: The National Exam is an exam that is conducted simultaneously with the same implementation time and exam material. The National Exam consists of a national written exam and a national oral exam.

A. Background/Legal Foundation

1. Decree of the IX KOGI General Assembly No. 06/TAP/SU/KOGI/1993.
2. Decree of the IX KOGI General Assembly No. 07/TAP/SU/KOGI/1993
3. Results of the POGI Education Workshop on 16-17 April 1994 in Cipanas.
4. Results of the POGI Education Workshop on 30 June - July 1995 in Surabaya.
5. POGI Articles of Association 1996 Chapter III article 9 paragraph d,e
6. POGI Articles of Association 1996 Chapter V article 13 paragraph d and article 14 paragraph d.
7. POGI Articles of Association 1996 Chapter IX article 18.
8. POGI Bylaws 1996 Chapter IV article 14.
9. Decree of KOGI X General Assembly No. 06/TAP/SU/KOGI/1996 on the Leadership of the Collegium of Obstetrics and Gynaecology 1996-1999.
10. Results of the Working Meeting of the Collegium of Obstetrics and Gynecology on 17-18 October 1996 in Jakarta.
11. Decision of the Collegium Meeting on 16 April 2001
12. Decision of the 2018 Collegium Meeting

B. Obgyn Collegium Management

Obgin Collegium Meeting for the 2018 - 2021 term of office with the following composition

- Chairman / Chairman: Wachyu Hadisaputra
- Module implementation commission: Dwiana Ocviyanti
- Education Centre Accreditation and Quality Assurance Commission: Soegiharto Soebijanto
- Training Commissioner: Budi Iman Santoso
- Competency Test Commission: Andon Hestiantoro
- Commission on Subspecialty Education Programmes: Sofie R. Krisnadi
- Education Development Commission: Budi Santoso
- Education Ethics Commission: Jusuf Sulaeman Effendi

- Commission for Continuing Professional Development: Djaswadi Dasuki
- Commission on Foreign Specialists and Subspecialists : Ketut Suwiyoga
- Ortala and Competency Certification Commission: T. Mirza Iskandar
- Commission on Fulfilment of Services and Equitable Placement of Specialists: M. Fidel Ganis Siregar
- Performance Monitoring Commission: Freddy W. Wagey

Who gets the assignment:

- a. Plan and administratively manage the implementation of the National Examination (UN).
- b. Developing UN procedures.
- c. Accommodate, process and evaluate proposals/considerations for institutional development.
- d. Establish a National Testing Team (TPN).
- e. Certify the pass or fail of the examinee.

C. Operational Foundation

The Obgyn Collegium obtained a list of National Examiner members from the Centre for Specialist Medical Education in Obstetrics and Gynaecology (RESIDENTOG) who meet all the criteria below:

- a. Assessment staff (graduated SpOG more than 5 years).
- b. Deemed appropriate by the local Education Centre.

The PUN personnel list is determined every time the national examination of the Collegium of Obstetrics and Gynaecology is held. PUN members are nominated by the local Obstetrics and Gynaecology Education Centre and ratified by the Head of the respective Education Centre Section. Each examiner receives a certificate of participation as a PUN.

D. STAFF

A. Written Exam

1. Exam questions are collected from all education centres as a questionbank.
2. The selection of questions to be issued in an examination period is made by the Chairman of the National Examination Commission.
3. The list of participants is sent by each education centre 1 week before the national written test.
4. The written exam is held simultaneously before the oral exam
5. The results of the written exam are announced at the same time as the national oral exam is completed on the same day.
6. Participants who do not pass are allowed to retake the next national exam.

B. Oral Exam

1. Exam questions are collected from all education centres as a questionbank.
2. The selection of questions to be issued in an examination period is made by the Chairman of the National Examination Commission.

3. Examiners are drawn from all education centres according to the number needed at the time of the national examination.
4. Before the exam is conducted, the material to be tested is reviewed by the National Exam Examination Examination Team.
5. During the workshop, examinees take the National written test.
6. The national oral examination is held immediately after the workshop is completed or after the written examination is completed.
7. The examination is conducted in the form of a circuit consisting of 8 case tables with 8 examiners per circuit.
8. The exam consists of 8 cases, each case takes 15 minutes.
9. Exam results are announced 1 hour after the national oral exam is completed on the same day.
10. Participants who do not pass are allowed to retake the next national exam.
11. National test takers who are declared to have passed are those who have

National written and oral examinations and will then be given a certificate signed by the Chairman of the Collegium, Chairman of the National Examination Commission, Chairman of the Study Programme and Head of Section of the respective centres.

c. Written and Oral Examinations

1. Place of Organisation

- a. March: in Jakarta.
- b. July: where the PIT / KOGI is held.
- c. November: in Surabaya.

2. Event / Time / Room Organisation

- Examinee Registration : 1 hour.
- National written test/workshop: 2 hours
- Quarantine : 1 hour
- National Exam Rehearsal : ½ hour.
- National Oral Exam : 3 - 4 hours.

3. Code of Conduct

- a. Clothing
 - Examinee (male) : Tie-dyed shirt.
 - Tester : White suit with tie
 - Examinee (Female) : Free dress.
- b. Show up on time.
- c. Fill out registration by showing identity

4. Oral Examination

The oral examination is carried out by means of direct assessment conducted by the examiner against the examinee who is conducting a case handling simulation.

Tester:

- Play the role of a patient, partner, nurse, consultant to others.
- Provider of information on tests or examinations.
- Pay attention to time, ensuring the candidate rotates

- through the entire case.
- Consider, based on the opinions of the candidate.
- Not asking directly. Circuits:
Each station was given 15 minutes. At 13 minutes there is a whistle warning that in 2 minutes the test at one station will be over.
- When the bell is heard, the examination process is stopped. Participants are invited to go to the waiting seat and receive the case.
Next.
- Examiners are not allowed to give any hints about the examination results.
- If the participant finishes before the bell rings, the participant remains at the station.
- Participants should be given information as if they were facing a real patient.
- Examiners are not allowed to guide participants with verbal/other instructions.
- If the participant asks for information that is not in the case material, respond with normal words.
- If participants ask questions that are too general, warn them that your questions lack detail.

5. Assessment

The examination is graded according to the results of the examination workshop during the same period (form attached). In the assessment of each question, participants are assessed on their performance in handling each case with the attached assessment method (*General clinical competence*).

6. Pass/No Pass Provisions

- The written exam passed with a passing score of 65 out of 100 questions.
- The oral examination was passed with a pass mark of 70 in each case (station). Or passed 6 cases out of 8 cases.
Participants are declared to have passed and not passed in one exam report.

7. Test conditions

- 7.1. Exam Fee: each Examinee is charged a fee of Rp. 500,000, -. Money can be paid at the time of the exam or sent to the account address: Obstetrics & Gynaecology Collegium
Bank Mandiri (ex BBD) Capern RS. Dr Cipto Mangunkusumo Jl. Diponegoro 71, Jakarta Rek. No. 122 - 0096000248
- 7.2. Transportation: Transportation costs from each region of origin to Jakarta and vice versa are borne by each participant. Transport and accommodation for examiners will be borne by the Collegium.
- 7.3. Accommodation:
 - Accommodation is covered by the Obgyn Collegium. All examinees are required to stay
 - overnight at the place determined by the exam committee.
 - Each room is occupied by 2 participants and the

arrangement is done by the committee.

- The cost of telephone, laundry, food and drink (other than those provided by the committee) is the responsibility of each person each.

7.4. Consumption:

- Day I: dinner.
- Day II: breakfast, lunch, dinner and 1 snack.

D. National Exam Participant Requirements

- a. Have completed circulation in their respective education centres.
- b. Pass the thesis examination
- c. Have completed the administrative requirements.
- d. Completed Log book evaluation and sent to OBGYN Collegium

E. Test material

Covers all aspects of Obstetrics-Gynaecology in accordance with the OBGyn Specialist Education Catalogue.

F. Cost

- For examiner's transport and *board and lodging*.
- For the examiners' reward
- For participants' hotel accommodation
- Fees are managed by the Obgyn Collegium.

G. Scheduling

Scheduling is determined by the Obgyn Collegium three times a year (March, July, and November).

Sample Assessment Rubric
ASSESSMENT RUBRIC

Competence	0	1	2	3
1. Emergency handling	Candidate does not handle emergencies	Candidate performs emergency management but incompletely	Candidate performs complete emergency management but not systematically	Candidates perform complete emergency management in a timely manner. systematically
1. Anamnesis and physical examination	Candidate does not perform history taking and physical examination	Candidate conducts history taking and physical examination but not in accordance with emergency conditions	Candidate performs a history and physical examination appropriate to the emergency condition but incomplete	Candidate conducts a complete history and physical examination appropriate to the emergency condition
2. Perform clinical tests/procedures or interpretation of data to support differential diagnosis/diagnosis	Candidates do not perform supporting examinations Or Candidates perform supporting examinations that irrelevant	Candidates perform relevant supporting examinations However Incomplete and unable to interpret	Candidates perform relevant supporting examinations complete but cannot interpret it	Candidate completes relevant supporting examinations and interprets them.
3. Diagnosis	Candidate did not establish the diagnosis of eclampsia	Candidates can only establish the diagnosis of eclampsia gravidarum	Candidates can establish the diagnosis of eclampsia gravidarum and hellp syndrome.	Candidates will be able to diagnose eclampsia gravidarum, hellp syndrome and hypokalemia
4. Management	Candidate does not perform management	Candidate performs the treatment but the dosage and dosage form are not appropriate.	Candidate performs dosage management and dosage forms are appropriate. But did not decide to have a cesarean section	The candidate manages the dose and dosage form appropriately and decides to have a cesarean section. sesarea
5. Behaviour professional	Candidate does not seek informed consent	Seeking informed consent	Request informed consent, and one of the following: • do	Asked for informed consent, and conducted the Below.

Competence	0	1	2	3
			every action with care and thoroughness so as not to harm the patient • pay attention to patient comfort • take action according to priorities show respect to the patient	in full: • perform every action with care and thoroughness so as not to harm the patient • take care of the patient's comfort • take action according to priorities show respect to the patient

CHAPTER XI

OUTPUT QUALITY INDICATORS

Outcome quality indicators are achievement index, length of study, passing national exams and obtaining awards at the international or regional level.

In addition, immediately be able to work to perform professional services and pledge Alumni Specialist in Obstetrics and Gynaecology Faculty of medicine hasanuddin university.

11.1 CUMULATIVE GRADE POINT AVERAGE

Range of numerical values	Letter Grade	Conversion Rate
85 - 100	A	4.00
80 - < 85	A-	3.75
75 - < 80	B+	3.50
70 - < 75	B	3.00
65 - < 70	B-	2.75
< 65	E	0.00

The pass mark is B. The grade point average is the average of the 10 basic lectures and 19 modules. Assessment includes daily, stage exams, literature review. CPC, research. Affective assessment constitutes 50% of the weighting and in certain circumstances may be a prerequisite.

11.2 DURATION OF STUDY

The length of education is 8 semesters (48 months) to complete 10 basic lectures and 19 modules. Time needed for general courses, pregnancy, sick leave, special assignments are not included in the length of education.

11.3 PASSED THE FIRST LOCAL AND NATIONAL EXAMINATION

Passed at the first attempt of local and national exams with a score of 8

Above.

11.4 OBTAINED AWARDS AT THE NATIONAL AND/OR REGIONAL LEVEL

To date, there are national level awards consisting of Sarwono, J.L Makelew, Tadjuluddin, and others. While awards at the regional / international level are becoming a *fellow* in several regional / international societies. After graduating with the SpOG degree, then the release is carried out at the Obstetrics and Gynaecology Department of Faculty of medicine hasanuddin university / RSUP DR. Wahidin Sudirohusodo Makassar or other agreed places by saying the Pledge of Obstetrics and

Gynaecology Specialist Faculty of medicine hasanuddin university. Basically, the pledge contains the ability to uphold the name of the alma mater and the Obstetrics and Gynecology profession, practice and advance Obstetrics and Gynecology in the broadest sense, and maintain unity among alumni. Furthermore, it was handed over to the Obstetrics and Gynaecology Alumni Association (Ikalogi) Faculty of medicine hasanuddin university to be empowered.

Required graduate competencies.

No.	General Competence	
(1)	(2)	(3)
1	Ethics: The professionalism ethic of OBGYN learners is to become a good OBGYN Specialist doctor who is beneficial to the community with good skills: 1. Attitude towards the patient 2. Attitude towards Teaching Staff & Colleagues 3. Attitude towards paramedics and non-paramedics 4. Discipline and responsibility 5. Adherence to filling out medical documents 6. Adherence to assigned tasks 7. Obedience Implement guidelines for the use of drugs, and devices	
2	Communication: Effective Communication 1. For patients 2. Towards Teaching Staff & Colleagues 3. For paramedics and non-paramedics	
3	1. Good co-operation between colleagues, doctors, nurses, healthcare employees, patients and patients' families 2. Ability to work in a team environment harmonise for optimal service	
4	Patient safety Following the rules of Patient Safety IPSTG 1-6: Identification, Hand washing, Timeout, Effective communication, Infection prevention, Medication administration.	

Achievement of Basic Competencies of graduates

No.	OBGIN Basic Competence Achievement Procedure	Attainment During Education per Graduate
1	1. Able to perform basic Obstetric clinical examination 2. Able to perform basic clinical examination of Gynaecology 3. Able to provide teaching. 4. Creating an instructional design 5. Use information technology related to obstetrics and gynaecology education 6. Able to make efforts to improve clinical practice 7. Able to do Research 8. Make ethical decisions in obstetrics and gynaecology services. 9. Managing legal issues in obstetrics and gynaecology practice. 10. Maintain Privacy and Confidentiality. 11. Informed Consent 12. Able to perform perioperative management. 13. Able to perform basic and advanced emergency treatment 14. Basic surgical skills 15. Management of common postoperative problems 16. Postoperative catheter and drain evaluation. 17. Management of postoperative complications 18. Able to perform minor gynaecological surgical procedures 19. Able to perform major gynaecological surgical procedures 20. Able to perform endoscopic gynaecological surgical procedures 21. Able to perform basic antenatal care 22. Able to perform obstetric ultrasound examination and cardiotocography 23. Able to perform pregnancy management with complications I 24. Able to perform pregnancy management with hypertension, preeclampsia and eclampsia (3 actions) 25. Able to perform pregnancy management with heart disease (2 actions) 26. Able to perform pregnancy management with gestational diabetes mellitus (3 actions) 27. Able to perform pregnancy management with blood disorders (2 actions) 28. Able to perform pregnancy management with liver disease (2 actions) 29. Able to perform pregnancy management with tuberculosis (3 actions) 30. Able to perform pregnancy management with other lung diseases (3 actions) 31. Able to perform pregnancy management	

	with malaria (2 actions) 32. Able to perform pregnancy management with dengue fever (2 actions) 33. Able to perform pregnancy management with HIV/AIDS (3 actions) 34. Able to perform pregnancy management with other infections (3 actions) 35. Able to perform pregnancy management with thyroid disease (3 actions) 36. Able to perform pregnancy management with systemic lupus erythematosus (2 actions) 37. Able to perform pregnancy management with epilepsy (2 actions) 38. Able to perform pregnancy management with minor abnormalities (3 actions) 39. Able to perform pregnancy management with gynaecological abnormalities (3 actions) 40. Able to perform pregnancy management with a history of trauma (3 actions) 41. Able to perform pregnancy management with a bad obstetric history (2 actions) 42. Able to perform pregnancy management with neuro-muscular disease (2 actions) 43. Able to perform pregnancy management with gastrointestinal disorders (3 actions) 44. Able to perform prenatal diagnosis and imaging (3 actions) 45. Able to perform gemelli pregnancy management with complications (3 actions) 46. Able to perform normal labour care (3 actions) 47. Able to perform labour care with complication (3 actions) 48. Able to perform birth care 49. normal and assisted (3 actions) 50. Able to perform cesarean section (3 actions) 51. Able to perform surgical management of obstetric haemorrhage (2 actions) 52. Able to perform postpartum care (3 actions) 53. Able to perform postpartum haemorrhage management (3 actions) 54. Able to perform newborn handling (3 actions) 55. Able to perform case management of menstrual disorders (3 actions) 56. Able to make clinical decisions in amenorrhoea cases (3 actions) 57. Able to perform clinical decision making in cases of dysfunctional uterine bleeding (PUD) (3 actions) 58. Able to make clinical decisions in cases of endometrial hyperplasia (3 actions) 59. Able to make clinical decisions in cases of premenstrual syndrome (3 actions) 60. Able to perform case management of pelvic pain and dysmenorrhoea (3 actions)	
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	61. Able to perform case management Pelvic inflammatory disease (3 actions) 62. Able to perform clinical decision making in primary dysmenorrhoea cases (3 actions) 63. Able to perform clinical decision making in endometriosis cases (3 actions) 64. Able to perform contraceptive services (3 actions) 65. Able to perform services related to sexually transmitted infections and HIV/AIDS (3 actions) 66. Able to perform services to prevent vertical transmission of HIV/AIDS from mother to foetus (3 actions) Achievement of Advanced competencies	
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No.	Advanced Competence OBGYN	Achievements During Education per Graduate
1	1. Able to perform couple management with infertility problems (2 actions) 2. Able to understand assisted reproductive technology services (TRB) (2 actions) 3. Able to make clinical decisions in cases of spontaneous miscarriage (3 actions) 4. Able to perform clinical decision making in cases of threatening miscarriage (3 actions) 5. Able to make clinical decisions in cases of recurrent miscarriage (1 action) 6. Able to make clinical decisions in cases of ectopic pregnancy (3 actions) 7. Able to diagnose and manage Cervical Precancerous Lesions (3 actions) 8. Able to make a diagnosis, determine the clinical stage and perform biopsy on cervical cancer (2 actions) 9. Able to diagnose suspected Ovarian Cancer (3 actions) Able to diagnose and manage Low-risk trophoblast malignancies and able to perform follow-up observation (2 actions) 11. Able to diagnose Uterine Cancer (endometrial and sarcoma) (3 actions) 12. Able to recognise Vulvar Cancer (3 actions) 13. Able to determine palliative management in advanced gynaecological malignancies and provide counselling (2 actions) 14. Able to diagnose and manage congenital abnormalities of genital organs (3 actions) 15. Able to diagnose and manage lower urinary tract infections (3 actions) 16. Able to diagnose and manage cases of pelvic organ prolapse (3 actions)	

	17. Able to diagnose and manage urinary incontinence (3 actions) 18. Able to diagnose and manage faecal incontinence (2 actions) 19. Able to diagnose and manage female sexual dysfunction (2 actions) 20. Able to diagnose and manage congenital abnormalities of genital organs (2 actions) 21. Able to diagnose and manage lower urinary tract infections (3 actions)	
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MEDICAL ETHICS

As with medical education in general, Resident participants must also heed medical ethics (professional ethics) in every activity both during education and after graduation. Since education, Resident participants have to be warned of the limits of authority as prospective specialist doctors. Every specialist doctor and prospective specialist, needsto prepare and equip themselves with the latest knowledge, but in accordance with the limits of authority and carried out professionally, according to rational and scientificmedical indications, and based on medical ethics, because what is faced is a whole human being. In addition, Resident participants must also be reminded that ethics and law a r e closely related to the medical profession. Administrative violations (Practice Licence) and professional violations (standard operational procedure/SOP. informed consent) must be known in detail. During education, it is necessary to pay attention to the doctor's responsibility to the patient, the doctor-patient relationship. Effective communication is based on empathy towards the patient and respect for the patient's rights.

Every Resident participant must have knowledge:

1. Indonesian Code of Medical Ethics
2. Professional Ethics
3. Media Service Standard (MSS)
4. Standard of operational procedure (SOP)