

Ministry of health, treatment and medical education

Secretariat of the Council of medical and vocational education

The Obstetric's curriculum and Gynecology

Educational Planning and editing unit

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Secretariat of the Council of medical and specialized education - date of implementation at the ninety-sixth meeting of the council-quarter 1401

The letter of the women's and maternity specialty

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Dr. Nahid Seddighi (radiologist), Dr. menoucher nakhjavani (Endocrinologist), Dr.Morteza khavaninzadeh (General surgery specialist) ,Dr. Atiyah Amoozgar (Endocrinologist)

The first specialized training program in the clinical field of gynecology and obstetrics in the form of objectives and regulations at the 67th meeting of the Council of the month of Azar in the year 1386 was approved and rejected.

The first revision of the educational program of the clinical specialized field of gynecology and obstetrics was approved at the 74th meeting of the Bahman Council in 1389 And it was executed.

Revision of the educational program of the clinical specialized field of gynecology and obstetrics at the eighty-seventh meeting of the Council of the month of Adar in the year 1396 approved And it was executed.

Revision of the training program of the clinical specialized field of gynecology and obstetrics in March 1398 in the committee for the preparation of the training program of the case It was examined.

Clinical training program for gynecology and obstetrics on 1400/5/6 in the commission for the preparation and planning of the study It was approved.

The training program for the clinical specialization of gynecology and obstetrics will be examined and approved by a certain permanent commission on 1400/9/22.

It was presented to the meeting of the Council of medical and specialized education on 1401/4/14 for implementation.

The letter of the women's and maternity specialty

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Introduction :

Education in the field of obstetrics and gynecology in universities to train specialists in this field in the field of obstetrics and gynecology diseases and care Health and prevention, patient-centered screening and follow-up are necessary and necessary. According to the extensive scientific and research advances in In this field and according to the changes in the disease burden pattern and the creation of new needs due to the increase in people's awareness, development and progress Disease prevention methods, screening, diagnosis and treatment, advancement of technological knowledge in this field and improvement of health level,It is necessary to review and compile the educational program of this course in line with the above change. For this purpose, the educational program development committee The women's field was formed and by asking experts to evaluate the existing programs and review the programs of selected universities Accredited abroad, the educational program of the specialized course on obstetrics and gynecology was developed. Revision of this program in line with the goals.The strategy of this field is to improve the quality of education, and the implementation of the program and the experiences that will be gained during the implementation are opportunities will provide more for promotion and in this regard from the opinions of learners, faculty members, executive officials and other owners The comments will be used in the review.

Revision committee of specialized program in obstetrics and gynecology

Subject in Persian and English :

Obstetric and Gynecology

zanan va zayman

Definition of field :

The field of Obstetrics and gynecology is one of the basic specialized fields that help prevent, especially screening, diagnosis, treatment and follow-up diseases of the female reproductive system and breast diseases related to this field and factors that promote women's health in this field affects and also affects care and intervention associated with mother and fetus during pregnancy and physiological and interventional childbirth It pays. Graduates of this field have their specialized knowledge and skills in the fields of education, research and health services they'll give it to the community.

Length of training :

The length of training in this course is 4 years .

Pure needs, or suggestions for change:

Changes in the method of education in the field of Obstetrics and Gynecology in line with the needs of service recipients, demographic composition, demographic policies, changes in abundant distribution of behavioral and environmental risk factors, social and economic problems, health indicators and technology development taking into account resources and access to facilities are required at all levels.

Major changes of this program compared to the previous program:

Major changes to the program compared to the previous program include :

- * Changes have been made to the educational content as needed.
- *Changes have been made during rotation periods.
- *Rotational periods of Radiology, anesthesia are excluded.

The history of the development of the field:

In the world:

The word gynecology, which was first used in the middle of the 19th century, is defined in the Oxford dictionary as: a department of science a doctor who treats functions and diseases related to women. In 1867, the word gynecology indicates physiology and pathology in women she was not pregnant. Although most of what we know about the origin of gynecology goes back to ancient times, it is actually a field of medicine that today we call it gynecology, it has a new root. In the past centuries, the history of women's surgery was mixed with the history of general surgery and it was said that every two is one. Roman physician Soranus in his book under the title of gynecology in connection with the problems before and after childbirth as well as issues related to birth has been discussed. This doctor's book is one of the first texts written in relation to operative gynecology. For the first time, John the English Hunter (1828-1793) and his older brother William (1718-1783) started teaching women and published Williams's book about the pregnant womb. They published details about women's pelvic structures. First time Simpson James Sir Scottish surgeon and gynecologist from the kitchen table it is used for surgery to reduce infection after surgery. In 1840, Ignaz Semmelweis was a gynecologist who was able to measure the rate of infection reduce postpartum. After him, in the middle of 1860, Josef Lister introduced carbolic acid to disinfect sutures, clothes and devices played a big role in performing safe surgery in women. The first women's surgery, which was the removal of a large ovarian cyst by Ephraim Dowell MC-(1771-1830) was done. In the middle of the 19th century, American Marion James performed vaginal vesicle fistula repair and the pioneers of this type of surgery were women. In 1889 Moscucci Ornella on the history of gynecology in Britain by a prominent surgeon from Birmingham. that is, Tail Lawson remembers that he published the book of diseases of women and abdominal surgery. For example, in the Renaissance period, a book under the title Gynoecia was published by Wolf Caspar (1532-1601), which was mostly about pregnancy and childbirth. In the middle of the 19th century, from the speculum as a A diagnostic tool was used and Recamier Joseph reintroduced the speculum in early 19th century (1774-1852) in Paris. This

Dr. It was Halsted S. Williams who started the routine use of gloves at the Johns Hopkins Hospital in Baltimore. With the beginning of the 20th century in America Johns Hopkins Hospital Kelly.A Howard (1843-1858) started to train women specialists as the leader of gynecology. Many of book Texts that are used in most places are from this author. One of the great advances in the last century in the field of diagnosis it is the early stage and treatment of cervical cancer, which was made possible by performing cytology and early diagnosis of cancer in situ.

In 1943, Papanicolaou N George (1883-1962) and Teaut Herbert (1894-1963) published their article under the title of diagnosis Cervical cancer was not spread using cervical smear. Colposcopy was introduced in 1920 by Hinselmann Hams in Germany and it opened a new dimension in the diagnosis of cervical cancer.

After the Second World War, a really amazing period in the advancement of medical science and along with the explosion of medical research was the creation of new hospitals.

In 1946, Linde Te Richard published the book Linde for the first time. Among medical sciences, there is no field like obstetrics and gynecology it has not changed.

For the first time in 1911, laparoscopy, which was called organoscopy, was performed at John Hopkins Hospital. After that, in 1970, laparoscopy with Fiberoptic cold light entered the market and laparoscopic surgery flourished. Talind was one of the elders in the field of women and his book became a foundation for other professors this book should be written every 8-5 years according to the new surgical methods as well as the knowledge of women's pathology and endocrinology. Various studies from the life of women in the years before the birth of Christ (2600 BC) shows that women had a shorter life span and pregnancy and childbirth were the reason for the decrease.It has been the life of women. Caesarean section was first shown in the works of Francois Rousset in 1581. In Paris for 90 years.In 1876, a mother did not survive a caesarean section until in 1882, there was a change in performing this procedure and Sanger Max in Leipzig at Crede suggested uterine suturing. The first cesarean-hysterectomy with preservation of the cervix was performed by Porro in 1876.

The first extraperitoneal surgery was performed by Frank in 1907. For the first time in 1912, Kronig made a longitudinal cut in the upper lower segment of the chin proposed the bladder to prevent infection and proposed this method with minor changes to be performed in the United States (1919). The main changes in Performing cesarean section was suggested by Kerr in 1926 and instead of longitudinal section, he suggested transversal section for cesarean section. In the late 1960s the continuous monitoring of the fetal heart was introduced into midwifery practice, and until then, photoscopes were used to auscultate the fetal heart. The first time in 1958 Donald and his colleagues used ultrasound in midwifery, and now the use of this method is an integral part of fetal assessment. Maternal and fetal medicine It forms one of the important branches of Medicine. One of the pioneers of women's endocrinology is Leon Speroff, one of the founders Gynecology-clinical endocrinology and infertility. In 1978, Steptoe Patrick, Edwards Robert, the first laboratory baby They gave birth and within a year, thousands of embryos have been born with IVF.

Abdominal radical tracheectomy in women suffering from early stages of cervical cancer who want to preserve fertility is one of the techniques.

Vaginal hysterectomy for the treatment of cervical cancer was widely used in 1901 by Schauta and a few years before that in 1898 in Austria, Wertheim introduced the method of radical abdominal hysterectomy. In 1987 Dargent Shanta method with method Laparoscopic and pelvic lymphadenectomy were combined and created a foundation for minimally invasive surgery in gynecological oncology. Role Pelvic and para-aortic lymphadenectomy was identified in women's malignancies since 1990 AD. Abdominal radical tracheectomy in women suffering from early stages of cervical cancer who want to preserve fertility is one of the techniques. It was new that was introduced in Europe in 1950 by Novak F and Aburel E. Transvaginal radical trachelectomy in 1990 Mialdi was introduced by Dr. Dargent D. and a team from Budapest under the guidance of Ungar L. started to perform this procedure routinely in 1997. One of the recent advances is the use of biochemical and immunohistochemical methods to evaluate hormone receptors. And also great progress Attention in the treatment of patients with gynecological malignancies in terms of treatment with chemical, endocrine, biological and immunological and targeted drugs.

therapy and the use of different radiotherapy methods have been established. Use of intraperitoneal cytotoxic chemotherapy in patients with Optimal cytoreduction is another method introduced in patients with ovarian malignancy. Huge changes in maternal and fetal medicine with the introduction of new techniques in maternal and fetal care, high-risk pregnancy care, fetal sonography and Pregnancy and introduction of minimally invasive techniques for fetal surgery, intrauterine interventions such as laser anastomosis of monochorionic twins Intrauterine transfusion, cardiac surgeries, fetal heart echocardiography, etc. have been established.

The sentinel node is the first lymph node that is produced by metastasizing cells from the primary tumor. Using this method to evaluate lymph nodes In women's cancers in the 1990s, it led to the general acceptance of the concept of sentinel nodes and the use of Sentinel lymph node mapping for evaluation of pelvic and para-aortic lymph nodes started. Sentinel gland sampling as an alternative method to reduce morbidity caused by complete lymphadenectomy is suggested. Vulvar cancer is the first female malignancy in which sampling of sentinel lymph nodes is suggested. in the present currently, the use of this method in endometrial, ovarian and cervical cancer is under discussion and may be considered in staging surgeries.to be SLN mapping both through conventional laparotomy and laparoscopy or robotic intraperitoneally or retroperitoneally with minimally invasion approach is carried out. Changes in molecular biology with the identification of gene mutations lead to remarkable advances in Pathogenesis or progression of gynecological cancers. Also, advances in pre- and post-operative patient care techniques lead to a reduction Morbidity and mortality caused by surgery, infection and thromboembolism.

One of the recent advances is the use of biochemical and immunohistochemical methods to evaluate hormone receptors. And also great progress attention in the treatment of patients with gynecological malignancies in terms of treatment with chemical, endocrine, biological and immunological and targeted drugs therapy and the use of different radiotherapy methods have been established. Use of intraperitoneal cytotoxic chemotherapy in patients with optimal cytoreduction is another method introduced in patients with ovarian malignancy.

In Iran:

Based on a story in the Ferdowsi Shahnameh, The delivery of a cesarean section is a long-standing procedure in Iran, which shows that this is a very important part of the process. The method of childbirth was first performed in Iran and anesthesia was used for anesthesia and suchor was used to repair wounds.

The history of Medicine in Iran dates back to the time of Naseruddin Shah Qajar and his adequate minister Mirza Taghi Khan amirkbir. Establishment of the school of Medicine and Several hospitals in the new way in Tehran such as: military-state hospitals of Tehran-Sepah Salar-Waziri-najmiya-Firozabad and Amir Alam and some of the Iranian cities during this period. The school of Medicine was independent in 1297 and in Esfand 1316 the first statute of the Faculty of Medicine was approved by the council the University arrived. In Tehran, since 1297, midwifery has been part of the medical school program. In 1300, with the help of Dr. Amir Alam, the neswan hospital opened. It was. The morgue from its inception until 1308. He was under the supervision of Dr. Alireza Mehboob Al-Sultan and he started his activity with the cooperation of two nurses. In She continued to work by hiring French doctors who specialized in midwifery and gynecological diseases. With the establishment of the school of education by order of Mirza Ahmed Khan Nasirullah (Badr) regularly two students went to the women's hospital for three days a week to take classes on women and Midwifery, and this became the foundation of the midwifery school in later years. The first women's hospital was the Waziri hospital founded in September 1323 by Dr Jahangir Shah Saleh It was. He was the head of the hospital and the head of the surgical department of the women's hospital and the head of the midwifery school and in 1327 alongside the training work he was appointed as the dean of the medical school. Since 1330, gynecological surgeries have been gradually formed in the gynecological and obstetric departments of the goharshad hospital and have been Imam Khomeini Hospital (formerly Pahlavi)were transferred. In the cities of Tabriz, 1326, Shiraz, 1335, Ahvaz, 1347, Isfahan and Mashhad, the sections of women and Childbirth were established. In 1342, the gynecological and obstetric diseases training group was formed. Currently attending 28 assistant universities in the field of women and most of these centers are trained in assistant training in fellowship courses including infertility Perinatology alparoscopy and Pelvic floor disorders are also active.

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About the need for expert training in this field in the next ten years. :

According to the World Health Organization and based on comprehensive needs assessment studies in a given population, taking into account cases of disease, growth Population, birth rate, patient profile, changes in health care delivery rate, insurance coverage status, economic characteristics and Cultural and health risk factors and changes in the way services are provided in the country's health system, as well as based on beds, outpatient visits, Office visits, emergency and inpatient services, number of visits and estimates of the number of doctors, retirement rate, death rate, immigration rate, and number of Working hours to provide the necessary skilled labor to cover the relevant services in total over the next 5 years to 1405 for every 10 Thousand women 1.39 gynecologists should be considered. In this way, at least 977 people should be added to the specialist force. It seems that in Currently in 28 universities in this field specialized assistants are trained admitting 200 assistants annually to replace the deduction of force Service is recommended for the next 5 years. (According to the Medical Education Council, the entry into this field is only for women and from the year Enactment of this act is enforced.)

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Philosophy values and beliefs (Values & Beliefs)

In the formulation of this program, the following values are emphasized :

- **Divine and spiritual foundations:** according to the divine and spiritual nature of the people of the country, observing divine and spiritual values in all stages Education as well as therapeutic measures seem necessary. This goes beyond a certain religion, including all the official religions of the country.It's also a perfect part of the religion of Islam. Basics such as: God's constant monitoring of It's the servants, the truthful, the trustworthy and the rights of the people.
- **Health-centered:** special attention to the meaning of Health, which is a concept beyond the absence of disease, and complete physical, social well-being. It's psychological and spiritual. This principle should be central to all actions and should be used in dealing with visitors it's considered.
- **Human dignity:** this should always be considered as a moral value. Respect for the right to choose and decide the patient's autonomy is a lack of insistence and benefit.Other concepts of Health at the national level are to set health priorities and take action to achieve them.
- **Justice in health Distribution:** other things are distributed Justice, where health services and funding are fair.To divide between different programs so that the most benefit is to society, and that all people from at least Services and access to services and the possibility of using specialized services with fair methods in they have the power.all measures and training programs should be considered in a comprehensive way, and this is the case teach students not to deal with the patient unilaterally and try to do all the mental aspects of the patient consider the psychological, physical, economic, social and all the things that are involved in the subject.In this regard, medicine and education in the field of gynecology and childbirth should be socially oriented and issues and Problems and diseases of people in society and common cases of Iran and even different regions of the country and relativesIranian diversity is considered in the training of women's and childbirth assistants. Oriented Community (COME Medical Education)

- Avoiding stigma: the problem at the community level is the risk of Stigma to specific patients who are not affected by Stigma. Unfortunately, it can be seen in both healthcare personnel and patients, and it has to be done in this area.

Training is required.

- Professional ethics: at all stages, the observance of moral principles is one of the original divine and human values. Especially the observance of the principles.
- Professional ethics such as: secrecy-respect for the will of the individual) autonomy (lack of insistence and profitability-provision of services with Proper quality - informing about actions and obtaining consent-not making decisions instead of the patient and allowing him to It's one of the most important tools of health care that students and students should be trained in their clinical practices should be considered and, if possible, taught on a case-by-case basis.

Vision :

In the next 10 years, we are expected to achieve global standards in the field of education and in the field of research, with plans effective and quantitative and qualitative development of research culture, we will improve medical services.

Mission:

Training of expert personnel who are aware of current scientific issues, capable, caring, responsible, knowledgeable and sensitive to people's health and the society is in the specialized field of obstetrics and gynecology, which has its expertise in the fields of prevention, screening, diagnosis, treatment, provide educational, research, consulting and management services to individuals and society. be health-oriented and in line with expansion researches and frontiers of knowledge have made progress in this field.

The expected consequences of graduates: Expected outcomes:

- Ability to perform technical skills such as taking a medical history, social and economic status and lifestyle have Be able to perform a complete physical examination, interpret the findings and summarize them determine the ways to reach the diagnosis and make a suitable treatment plan for the problem.
- To acquire the necessary competence to perform practical procedures.
- They must have the authority to examine a patient.
- They must have the authority to manage and treat a patient.
- To acquire the necessary competence in health promotion and disease prevention.
- Be competent to communicate with the patient.
- Obtain the necessary competence in information recovery and how to use information, and this outcome is conditional It is obtained that they have acquired a complete understanding of basic clinical and social sciences. Appropriate attitude to the discipline and understanding have enough moral issues and know their legal responsibilities. The skill needed to make decisions and judge have acquired a clinical degree and can fulfill their role as a gynecologist and obstetrician within the provider system Provide health services. Have a desire for personal development. Obtain these powers if possible
They should choose the right thing and do it right.

Roles of graduates in society: Roles

Training of specialists aware of the latest scientific issues, empowered, compassionate, responsible, scholarly and sensitive to the health of individuals and Society is specialized in obstetrics and Gynecology, which specializes in *prevention, screening, diagnosis, treatment.*

*Provide education*research*counseling *management

Professional duties of graduates: Tasks

The professional duties of graduates according to each role are as follows:

In the role of diagnosis-treatment-care, prevention and screening:

He has acquired a solid foundation of basic and clinical information and can maintain it at an optimal level during his medical career and based on the latest scientific findings of medicine.

*Interpersonal skills to communicate based on trust and mutual respect between doctor and patient for assessment and treatment

* do consider the cultural, social, economic, religion and race of the patient.

*Answer the patient's questions about the disease and its treatment, side effects and possible results.

*feel responsible towards their patients, this is through being available when the patient needs, keeping his secrets, Efforts are made to ensure his physical and mental comfort.

*Directly with family members, members of your health team and, if necessary, the officials of the health care system to solve the patient's problem.

*give advice Create a medical file for the patient.

*Obtain a detailed medical history from the patient and perform medical examinations with the patient's cooperation and record it in the patient's file.

*The value and importance of laboratory studies, imaging and other diagnostic methods and the ability to interpret their results and request

Know these cases by considering the scientific basis and the socio-economic status of the patient.

*Request the necessary expert advice.

*Diagnose the disease and record it in the file.

*The most effective, least dangerous and least costly treatment approach, including drug, surgical, rehabilitation, palliative and supportive treatment choose the patient.

*Follow up patients and refer them if needed.

*Record the information and organize the related medical documents.

*Provide a copy of the medical file to the patient in a usable form with referring doctors and specialists in other fields, in such a way that help in diagnosis, treatment and follow-up to cooperate as a group.

*Be familiar with the principles of forensic medicine related to obstetrics and gynecology.

*Always try to provide the best services to their patients. including when it is necessary to take your patients to Experienced doctors no longer refer and consult with them.

All graduates of this course must be familiar with maternal health and hygiene guidelines.

In an educational role:

*Get your scientific information by using the internet and participating in retraining, seminars and congresses related to the field Gynecologists and midwives keep up to date.

*Primary health and preventive care in the field of medical diseases, nutritional, sexual, family problems, Teach genetics and social behaviors to patients and their companions and members of the health team.

Participate in the teaching of educational texts and care instructions in the specialized field related to the health system.

*Evaluate and adapt the evidence from scientific studies related to the health problems of patients.

* Teach a healthy lifestyle and a healthy way of living.

* Be familiar with the screening status of diseases related to women and vaccination.

In an advisory role:

* Providing expert advice to patients, companions, other specialists, health system managers and legal authorities and organizations.

In a research role:

* Cooperation in health system and university research projects.

* Publishing or reporting the results of the research to the health system authorities.

* Reporting diseases and health problems related to the specialized field in the society and providing corrective solutions to the health system officials.

Use information technology to optimize learning.

In a managerial role:

* Leadership and management of the health team in the relevant field of expertise

Expected Competencies & Procedural Skills:

A.General Competencies :

Teaching method	Competency
Holding an educational workshop	Effective professional communication
holding a training workshop	Familiarity with obstetrics and gynecology emergencies
holding educational workshops	Resuscitation of adults and infants
Lab Skill, training and workshops	Physiological and natural childbirth
training and workshop	Episiotomy sewing and Lab Skill suturing,
by holding a training workshop	Learning the principles of operating room and sterilization
conducting workshops and teaching real cases	Interpreting NST
Medical Recording workshop and teaching cases	Obtaining a specialized history
practice in outpatient visits of patients and Bed side teaching	Clinical reasoning, diagnosis and decision making for the patient: * Interpretation of paraclinical trials * Integration of clinical and paraclinical findings *Inference and clinical judgment *Disease diagnosis *Clinical decision-making to solve the patient's problem
Bed side teaching -Self study–theoric class	Patient Management Patient care Indications for hospitalization and discharge from ICU and how to interact with Man ICU
Holding an educational workshop - outpatient visit of patients – Bed side teaching	Rational prescription of medicine (prescription writing and order)
Theoretical class - self-study - outpatient visit of patients - Bed side teaching	Choosing the most appropriate diagnostic-therapeutic approach and implementing it for the patient
Workshop & consulting	Requesting and providing medical advice

Practice during the course	Making the necessary arrangements and referring the patient Patient education Patient follow-up
Holding a workshop on research methods and essay writing - the company in Weekly conferences and journal clubs based on Evidence - supervisor	Other abilities: Research
Exercise - teacher supervision	Specialist consult
Holding a workshop or class	Support and defend the rights of patients
Holding a workshop or class	Evidence-based medicine
Presentation of ICDL certificate or department approval	Using computers and searching for scientific information in electronic sources

	The abilities that are necessary to be acquired in the midwifery department:
Workshop and training	the 1st year :Cardiotocogram (CTG) course training
theory and training class ultrasound room	in the 2nd year :Obtaining the ability to perform basic midwifery ultrasound
ultrasound room	in the 3rd year :Improving the ability to perform basic midwifery ultrasound training
at the patient's bedside, ward, clinic, and emergency room	4th year :Completing and independently performing basic obstetric ultrasound
	Basic obstetric sonography 1. Transabdominal ultrasound of pregnancy 8-12 weeks 2. Examining the size, placement, and presentation of the fetus 3. Examining the volume of amniotic fluid 4. Pair check 5. Examining the number of embryos and chorionicity

Abilities:

Consultation with the patient

up Set ultrasound machine

Diagnosis of gestational sac and proof of its presence inside the uterus

Measuring the gestational sac

Crown-rump length (CRL) correct size

Determination of fetal heart activity

Use of ultrasound findings at the patient's bedside

Record and present the results to the patient

Bladder diagnosis and right and left orientation

Preparation of appropriate ultrasound report

Arranging the next follow up or referral

Evaluation of fetal growth, fluid volume and fetus

Basic ultrasound assessment of fetal size, liquor and the placenta

*Consultation with the patient about the work has been done

* Determining the appropriate probe and setting up the ultrasound monitor

*Determination of fetal heart rate

*Determination of the appointment of the fetus

*Determination of fetal presentation

*Transabdominal measurement of biparietal diameter (BPD).

*Measurement of femur length (FL) (transabdominal).

- *Measurement of abdominal circumference (AC) (transabdominal).
 - * Measurement of head circumference (HC) (transabdominal).
 - *Presenting the results to the patient
 - *Preparation of appropriate report
 - *Referral in case of abnormal findings
 - *Preparation of appropriate video images based on hospital protocol
 - * Getting to know the interpretation and measurement method of NT
- Of course, the above should be done with supervision.

High risk pregnancies, Common causes:

Cardiac diseases:

1. History of MI
2. Cardiomyopathy, heart failure
3. Valvular heart diseases
4. Congenital heart diseases
5. Pulmonary hypertension
6. Coarctation of aorta
7. Aneurysm of aorta
8. Endocarditis, myocarditis, pericarditis
9. Arrhythmia

Lung diseases:

1. Asthma
2. History of PTE
3. History of amniotic fluid embolism in previous pregnancy

4. ARDS

5. Pneumonia

CNS diseases:

1. History of CVA (thrombotic vs hemorrhagic)

2. Aneurysm, AVM

3. Epilepsy

Metabolic diseases:

1- Diabetes (DM1, 2)

2- HTN

3- Hyperthyroidism, uncontrolled hypothyroidism

4- Adrenal insufficiency

Liver diseases:

1- Cirrhosis, hepatic failure

2- Autoimmune hepatitis

Renal diseases:

1) Recurrent UTI, Pyelonephritis

2) ARF, CRF

3) Nephrotic or nephritic Sx

4) Obstructive renal stone

Gastrointestinal diseases:

1. IBD (inflammatory bowel diseases)

2. GI ulcers

3. History of sleeve surgery

4. History of bowel surgery

Rheumatologic and autoimmune diseases:

- 1- Lupus erythematosus
- 2- RA
- 3- APS (Anti-phospholipid Ab Sx)
- 4- Other autoimmune diseases

Hematological disorders:

- 1) Severe anemia (any type), sickle cell anemia
- 2) History of hemolytic anemia
- 3) TTP
- 4) ITP
- 5) Bone marrow disorders

Infectious disorders:

1. COVID-19
2. TB
3. Pneumonia
4. Pyelonephritis
5. Endocarditis
6. Myocarditis
7. Pericarditis
8. Cellulitis
9. Hepatitis
10. Other types of infections, especially systemic infections

Skin diseases with extensive involvement or autoimmune causes

History of any types of tumors, cancers

History of organ transplant

Individual characteristics of each pregnant woman: Age <18, >40 YO, BMI>30, Medical diseases,

Pregnancies with ART, Multiple pregnancies, history of adverse maternal outcomes in first degree family

members or previous pregnancies, ...

Pregnancy-related disorders:

1- GDM

2- Gestational HTN

3- Preclampsia

4- Eclampsia

5- HELLP

6- Acute fatty liver of pregnancy

7- Intrahepatic cholestasis of pregnancy

8- Severe hyperemesis gravidarum, Wernicke encephalopathy (WE)

9- Chorioamnionitis

10-Placenta accreta spectrum

11-1History of adverse maternal events in previous pregnancy

Diseases related to pregnancy

Premature rupture of the water bag and premature delivery

Multiple pregnancy

Post-term pregnancy

Fetal hemolytic diseases

Intrauterine growth restriction (IUGR)

Abnormal presentation

Placental disorders (provia, decollement, abnormal penetration of the placenta)

Polyhydramnios

Abnormalities of the fetus

Antepartum bleeding

Drug use by the mother

* TORCH fetal infections

Decreased fetal movement

Acute abdomen

The management of the patient will be done by providing independent service or consultation and team work depending on the case.

Procedural skills of diagnostic and therapeutic measures Note: The number of times mentioned in this table is for "learning" and there is no limit to the number of times of doing each action during the course and as needed.

will be. The box can be expanded if needed.

total frequency	independent performance	Help in performing	observation	procedure
150	110	30	10	Vaginal delivery with or without episiotomy
20	10	5	5	Interventional vaginal delivery including forceps, twins, courage, etc Breech
20	10	5	5	Interventional vaginal delivery with vacuum
150	100	30	20	Types of caesarean section
150	50	50	50	Pregnancy sonography
8	3	3	2	cerclage
25	15	5	5	Evacuation curettage
8	4	2	2	(Mole Suction Curettage)

5	2	2	1	*repair of 3rd and 4th degree tears of the perineum
6	3	2	1	Uterine and ovarian artery occlusion
5	3	1	1	Cesarean hysterectomy or mole hysterectomy
20	10	5	5	Colposcopy-cervical biopsy
15	5	5	5	Diagnostic hysteroscopy
8	2	4	2	Hysteroscopy therapy
50	30	10	10	Gynecology sonography
15	5	5	5	Diagnostic laparoscopy
25	5	10	10	Operative laparoscopy (level I and II**) including tubal ligation, EP, ovarian cautery, ovarian biopsy and cystectomy And removal of the tube, Tortion of the ovary
6	2	2	2	IUD insertion
20	10	5	5	D&C
20	10	5	5	Endometrial biopsy
25	25	10	10	Abdominal hysterectomy
6	2	2	2	Vaginal hysterectomy
25	10	10	5	Anterior or posteriorcolporrhaphy and perinorrhaphy
20	10	5	5	Ovarian cystectomy or unilateral oophorectomy laparotomy
15	5	5	5	Ectopic pregnancy
25	10	5	5	Myomectomy
15	-	5	5	Performing IUI (under the supervision of a professor with an infertility fellowship)

10	-	5	5	Introduction to IVF technique
6	2	2	2	Conization
6	2	2	2	Tubal Ligation (TL) with different methods (laparotomy)
3	-	-	3	Sacrocolpopexy
6	2	2	2	(transobturator tape) TOT
2	-	1	1	vaginoplasty
4	-	2	2	Radical hysterectomy + lymphadenectomy + partial vaginectomy (Wertheim).
10	2	5	3	Ovarian cancer surgery
10	2	5	3	Endometrial cancer surgery
2	-	1	1	Vulvular cancer surgery
4	2	1	1	Correction of anatomical disorders of the reproductive system (including imperforated hymen)
4	2	1	1	* Wound surgical debridement
5	3	1	1	Bladder and cystostomy repair
3	-	2	1	Appendectomy
10	5	4	1	Ureter exploration

***as a group work work team**

****Open adhesions of mild to moderate endometriosis, subserous granulomatous myoma, salpingo-oophorectomy and LAVH**

O:observe A:aid I-US:independent-under supervision I: independent S:supervision

Year 4	Year 3	Year 2	Year 1	Year 4	Skill title	Row
A- In the field of obstetric (by the resident)						
LoBook completion and Supervision Delivery room	35 I	35 I	30,30,20 O-A-I	150	Vaginal delivery with or without episiotomy	1
6 I	6 I-US	4 A	4 o-A	20	Interventional vaginal delivery including forceps, twins, courage, etc Breech	2
6 I	6 I-US	4 A	4 O-A	20	Interventional vaginal delivery with vacuum	3
50 I	50 I-US	30 I-US	20 O-A	150	Types of caesarean section	4
20 I	30 I-US	50 I-US	50 O-A	150	Pregnancy sonography	5
3 I	-	3 A	2 O	8	cerclage	6
5 S	10 S	5 I	5 O-A-I	25	Evacuation curettage	7
2 I	2 I-US	2 O-A	2 O	8	(Mole Suction Curettage)	8
2 I	2 I-US	1 A	-	5	1. repair of 3rd and 4th degree tears of the perineum	9
3 I	2 I-US	1 A	-	6	2. Uterine and ovarian artery occlusion	
3 I-US	1 I-US	1 A	-	5	3. Cesarean hysterectomy or mole hysterectomy	
10 I	10 I-US	10 O-A	-	30	Colposcopy-cervical biopsy	10
5 I	5 I-US	5 O-A	-	15	Diagnostic hysteroscopy	11

4 I-US	4 A	2 O	-	10	Therapeutic Hysteroscopy	12
20 I	10 I-US	10 I-US	10 O-A	50	Gynecology sonography	13
5 I	5 I-US	5 O-A	-	15	Diagnostic laparoscopy	14
5 I-US	10 I-US	10 O	-	25	Operative laparoscopy (level I and II**)	15
—	2 I	2 A	2 O	3	IUD insertion	17
—	10 I	5 I-US	5 O-A	20	D&C	18
—	10 I	5 I-US	5	20	Endometrial biopsy	19
25 I	10 I-US	10 A	-	45	Abdominal hysterectomy	20
2 I	2 I-US	2 A	-	6	Vaginal hysterectomy	21
10 I	5 I-US	10 A	-	25	Anterior or posteriorcolporrhaphy and perinorrhaphy	22
5 I	5 I-US	5 A	-	20	Ovarian cystectomy or unilateral oophorectomy laparotomy	23
10 I	5 I-US	5 A	-	15	Ectopic pregnancy	24
5 I	5 I-US	5 A	-	25	Myomectomy	25
10 I	5 I-US	5 A	-	20	Performing IUI (under the supervision of a professor with an infertility fellowship)	26
10 I-US	5 O		-	10	Introduction to IVF technique	27
2 I	2 I-US	2 A	-	6	Conization	28
—	2 I	2 A	2 O	6	Tubal Ligation (TL) with different methods (laparotomy)	29
3 O	-	-	-	3	Sacrocolpopexy	30
3 A	2 A	2	-	6	(transobturator tape) TOT	31
1	1	-	-	2	vaginoplasty	33

A	0					
2 First Aid	2 Second Aid	-	-	4	Radical hysterectomy + lymphadenectomy + partial vaginectomy (Wertheim).	34
5 First Aid	5 Second Aid	-	-	10	Ovarian cancer surgery	35
5 First Aid	5 Second Aid	-	-	10	Endometrial cancer surgery	36
1 First Aid	1 Second Aid	-	-	2	Vulvular cancer surgery	37
2 I-US	1 I-US	1 A	-	4	Correction of anatomical disorders of the reproductive system (including imperforated hymen)	38
2 I	1 I-US	1 A	-	4	Wound surgical debridement	39
3 I	1 I-US	1 A	-	5	Bladder and cystostomy repair	40
1 I	1 I-US	1 A	-	3	Appendectomy	41
5 I	4 I-US	1 A	-	10	Ureter exploration	42
2 I-US	2 I-US	-	-	4	Abdominal uterosacral suspension	43
2 I	2 I-US	2 A	-	6	Colpoclysis lefort	44
2 I	2 I-US	-	-	4	Koldopalesti Moscovitch, McCall and Halban	45
4 I	-	2 A	-	6	Enterocoele repair vaginally and trans suspension Apical vaginal for post-uterovaginal prolapse	46
4 I	-	4 A	-	8	labioplasty	47
2 I	-	2 A	-	4	Bartholin's cyst	48

Educational Strategies:

This program is based on the following strategies:

task-based learning a combination of student and teacher-centered

Problem-based learning community-oriented learning

Learning based on the subject (directed subject) hospital based

Evidence-based learning Systematic learning

Disciplinary with subject integration if needed Compulsory training and in a small part of the elective course

Teaching & Learning Methods:

In this course, mainly the following teaching methods and techniques will be used:

* Types of intra-departmental, inter-departmental, hospital, inter-discipline conferences such as internal medicine and surgery and inter-university conferences, Participation in the Joint clinic with the endocrinology department

* Discussion in small groups - educational workshops - book reading - case presentation

• Participating in the morning report - working and training rounds:

*Attending Rounds

* Grand rounds of the department

*Case Review Conference

* Tumor board

*Oncology Grand Round

* Caleb's journal

Conducting specialized consultations with the professor - outpatient training - training in the operating room or procedure room (use of methods endoscopic simulation and trainers)- stereotype reading - analysis of difficult patients

- * Implementation of the morning multidisciplinary report with radiology, infectious, endocrinology, heart, anesthesia and neonates as mandatory One day a week
- * Using distance learning techniques according to facilities.
- * Participation in the education of lower ranks.
- *self education, self study
- * Other educational methods and techniques according to educational needs and goals.

Educational Competence to perform technical skills such as obtaining a medical history, social and economic status and lifestyle:

A: Overlap: This course is in performing some diagnostic-therapeutic procedures (with courses or sub-specialized field of endocrinology) Endocrinology and metabolism overlap with general surgery, urology and radiology.

B: Professional interference:

- We don't have

Graduates of this course, in cases where it is necessary to work in a team as a member or team leader, depending on the type of work.

The general structure of the training course:

duration (months)	Year residency	Content - Actions	Department, unit or field Education
1 month	before start Official course One Month	Record Medical - CPR workshops - adults and babies - Physiological childbirth workshop - CPR theoretical and practical workshop for adults every 6 months Once by providing confirmation and gaining the necessary ability in the theoretical and practical discussion of the workshop Breastfeeding - rational prescription of drugs and paraclinical tests - ethics Professional - orientation workshops for new tests - training workshop on the basics of the room Practice - computer - research method and essay writing, forensic medicine workshop, Physiological childbirth, familiarization workshop with operating room	Classroom-workroom Group, meeting hall group or executive center- EDO- EDC – Computer Center

		principles (behavioral principles and Ethics, devices, sterilization, types of sutures)	
During the course, 2 days a week Once a week in reports in the morning	1-2-3-4	Visiting outpatients according to the type of clinic - selecting the patient for hospitalization and Filing of files - Follow-up of specialized consultations of patients - Conducting Outpatient procedures - Training of lower levels - Responding to advice Requested specializations and other actions according to regulatory programs the part	Specialized clinics According to the regulatory program
During the course of each day	1-2-3-4	Accepting sent patients and guiding the hospital system correctly in the matter of sending Management - correct interaction with the health monitoring center and professor Moin - use skills Optimum of the country's guide in directing the dispatch and management of critical patients	Emergency department of the center Educational therapy:
During the period 2 days a week During the midwifery rotation	3-4	Visiting outpatients and inpatients - selection of patients	Department of Maternal and Fetal Medicine and

		<p>for hospitalization and formation</p> <p>File - follow up on specialized consultations of patients - perform procedures</p> <p>Outpatient - training of lower levels - responding to specialized consultations</p> <p>Requested and other actions according to the regulatory programs of the department</p>	<p>The relevant clinic and unit</p> <p>Fetal medicine and ultrasound</p>
<p>During the course of each day</p>	<p>1-2-3-4</p>	<p>Visiting hospitalized patients - taking care of patients - stabilization of patients - completion</p> <p>Pre-op note, preparing patients for operation - performing diagnostic procedures</p> <p>Treatment at the patient's bedside - training of lower ranks and other measures according to</p> <p>Regulatory programs of the department</p>	<p>Inpatient departments</p> <p>According to the regulatory program</p> <p>Operating room</p>
<p>During the course of at least 2 days in week</p>	<p>1-2-3-4</p>	<p>Participating in surgical operations as observation, with help, under supervision and performing</p>	<p>Operating room</p>

		Independent according to the regulatory program of the department	
According to case	1-2-3-4	Participation in procedures as observation, assistance or independent performance according to Regulatory programs of the department	procedural room
The first and second year are 5 months each. The third year is 4 months and the fourth year is 2 Month	1-2-3-4	Visiting patients, completing history, pre-op notes and progress notes Hospitalization and during hospitalization, participating in procedures as observation. Assisting or performing independently according to the regulatory programs of the department and performing care Necessary	Women's General Department
The first and second year are 5 months each. The third year is 4 months and the fourth year is 2 Month	Year 2or 3	Counseling with infertile couples, management of infertility, familiarization with IVF technique and so on Participating in performing IUI, getting to know women's	Infertility department

		<p>endocrinology, visiting patients, Completing the history, pre-op note and progress note during and during hospitalization Hospitalization, participation in performing procedures in the form of observation, assistance or performance Independently according to the regulatory programs of the department and performing the necessary care</p>	
One month each	Year 3 or 4	<p>Visiting patients, completing history, pre-op notes and progress notes Hospitalization and during hospitalization, participating in procedures as observation. Assisting or performing independently according to the regulatory programs of the department and performing care Necessary, follow-up of patients and providing support services, familiarity with the general</p>	Women's Oncology Department*

		<p>principles of treatment</p> <p>Gynecological malignancies and trophoblastic diseases,</p> <p>familiarization with the principles</p> <p>General chemotherapy in malignancies, staging (cancers gynecological</p>	
15 days	Year 1	<p>Familiarity with the care routine of full-term and pre-term and high-risk babies,</p> <p>familiarity with</p> <p>Types of disorders of premature babies and how to provide diagnostic and therapeutic measures</p> <p>such as the operation of the tracheal tube and its removal, the method of mechanical ventilation, CPR, phototherapy, surfactant injection, blood exchange, respiratory and organ physiotherapy, etc</p> <p>Other necessary care</p>	NICU rotation ward
15 days	Year 2	<p>Visiting patients, completing history, pre-op notes and progress notes</p> <p>Hospitalization and during hospitalization, getting to know how</p>	ICU rotating ward

		to provide medical and care services Female patients and pregnant mothers whose vital conditions have been diagnosed as critical has been, the continuation of specialized special care for high-risk pregnant mothers, Mothers with complications after natural childbirth and caesarean section, patients with complications after Gynecological surgery (with	
15 days during course	Year 2	Observation and participation in the macroscopic evaluation of intraoperative specimens Pathology and diagnoses of pathology related diseases and pap smear	rotation section (2) Pathology
1 month	Year 3 or 4	Participating in performing procedures in the form of observation, assistance or assistance according to regulatory programs	rotation section (3) General surgery

1 month	Year 3 or 4	Participating in performing procedures in the form of observation, assistance or assistance according to regulatory programs	rotation section (4) Department of urology
Year 2 one month Year 4 one month	Year 2 and 4	Visiting patients, completing history, pre-op notes and progress notes Hospitalization and during hospitalization, familiarity and how to deal with common disorders Women's urogenital, diagnosis and evaluation and providing ways to treat tissue disorders Pelvic visceral holders, participation in performing procedures Observe, assist or independently carry out ward regulatory programs and perform care Necessary	rotary section (4) Pelvic floor disorders*

*If they have a pelvic floor and oncology fellowship in the department, the resident will complete this course for 2 months in the third year and 2 months in the fourth year. In the centers that fellowship They do not have pelvic floor oncology, they complete this course with the relevant professor. Otherwise, they will be introduced to another university to complete the course.

If there is a high-risk pregnancy clinic assistant in the training center, high-risk pregnancies are taken care of in these clinics. At Otherwise, public clinics are used.

* Pelvic floor disorders (urogynecology): 2 months a year, 4 in the departments that train fellowships, the month of attending fellowships must be filled and In the sections that do not have a flow sheet, fill in the number of operations with the relevant professor.

* Rotation of the complementary course of university skills (before the start of the course - for one month):

.1 CPR: 1 week

Advanced and Primary ☐

* Babies and mothers

2. Computer: 1 week

3. Essay writing and research method: 1 week

4. Critical Care :*1 Week

5. Passing the clinical skills workshop (forceps, ventouse, shoulder dystocia and breech delivery on the breech: 2 days (first year)

Obstetric department: 5.5 months

Department of General Gynecology Surgery: 6 months

Infertility section: 1 month (third year)

Urological collateral: 1 month with guard

Infertility section: 1 month

Oncology department: 1 month

Midwifery department: 5 months

Department of General Gynecology Surgery: 4 months (forth year)

obstetric department: 4 months

Department of General Gynecology Surgery: 3 months

Oncology department: 2 months

Department of pelvic floor disorders: 2 months

General surgery collateral: 1 month with guard

The topics that the assistants should address in the rotating sections (separating each section):

Critical Care:

- Gaining skills in CPR of patients, familiarity with ABG interpretation, participation in the care of critical patients, familiarity with the situation Hemodynamics of patients and their water and electrolyte regulation, hemovisualization and transfusion

-Indications for hospitalization and discharge from the ICU, cut-down and catheter placement

Department of Pathology:

Observing and participating in the macroscopic evaluation of intraoperative pathology samples and diagnoses of pathological symptoms of related diseases and Pap smear

Infertility department:

Counseling with infertile couples, management of infertility, familiarization with IVF technique and participation in IUI, familiarization with women's endocrinology

Women's oncology department:

Familiarity with the general principles of treatment of gynecological malignancies and trophoblastic diseases, familiarity with the general principles of chemotherapy in malignancies, Staging of gynecological cancers

Urogynecology department (pelvic floor disorders):

Acquaintance and how to deal with women's pelvic floor disorders

Gynecology and obstetrics assistants must acquire the knowledge and skills required for their performance in the field of gynecology and obstetrics in the surgical and urological departments do not represent The minimum skills that women's assistants need to know and perform are as follows:

Participation in surgery	observation	number	procedure	Row
-	✓ ✓	5 5	colectomy * Partial * Total	1
-	✓	3	colostomy	2
-	✓	2	*Fistula repair *Enterocutaneous	3
✓		5	Antrotomy repair	4
✓		5	Appendectomy	5
-	✓	3	Breast lampectomy	6
-	✓	2	Axillary lymph node biopsy	7
-	✓	3	Inguinal lymph node biopsy	8
-	✓	3	Paraaortic lymph node biopsy	9
-	✓	3	Sentinel lymph node biopsy	10
-	✓ ✓	3 2	Mastectomy *Simple * Radical	11

General surgery				
Participation in surgery	observation	number	procedure	
✓	-	10	paracentesis	13
-	✓	1	Pelvic exenteration with or without reconstruction	14
-	✓	5	Large and small intestine resection	15
✓	-	5	Infracolic omentectomy	16
-	✓	5	CVP Line	17
-	✓	5	Cyst aspiration and breast abscess under ultrasound guidance?	18
-	✓	5	Needle biopsy (breast)?	19
-	✓	5	Excisional biopsy (breast)	20
✓	✓	4	Surgical incision debridement	21
-	✓	2	anoscopy	22
-	✓	2	Repair of rectovaginal fistula	23
-	✓	2	Repair of rectovaginal fistula	24
Kidney and genitourinary tract surgery				
2 independent	✓	5	Bladder repair (cystostomy)	1
-	✓	3	Repair of ureter to vagina fistula	2
✓	-	5	Cystometriography (simple and complex multi-channel)	3
-	✓	3	Cystourethroscopy	4
-	✓	2	Urethral to vaginal fistula repair	5
-	✓	2	Repair of uretrovaginal fistula	6

✓	✓	2	diverticulum duct repair	8
✓	✓	5	Surgery for ureter injuries	9
✓	✓	5	ureteral release	10
✓	✓	5	ureteral catheter insertion	11

Titles of general, basic or clinical courses:

WILLIAMS OBSTETRICS

1. Overview of Obstetrics
2. Maternal Anatomy
3. Congenital Genitourinary Abnormalities
4. Maternal Pysiology
5. Implantation and Placental Development
6. Placental Abnormalities
7. Embryogenesis and fetal development
8. Preconceptional counseling
9. Prenatal Care
10. Fetal imaging
11. Amniotic fluid
12. Teratology, Teratogens, and fetotoxic agents
13. Genetics
14. Prenatal Diagnosis
15. Fetal Disorders
16. Fetal Therapy

17. Fetal Assessment
18. Abortion
19. Ectopic pregnancy
20. Gestational trophoblastic Disease
21. Physiology of labor
22. Normal Labor
23. Abnormal labor
24. Intrapartum Assessment
25. Obstetrical Analgesia and Anesthesia
26. Induction and Augmentation of labor
27. Vaginal delivery
28. Breech Delivery
29. Operative vaginal delivery
30. Cesarean delivery and peripartum hysterectomy
31. Prior cesarean delivery
32. The newborn
33. Diseases and Injuries of the Term Newborn
34. The preterm newborn
35. Stillbirth
36. The puerperium
37. Puerperal Complications
38. Contraception
39. Sterilization
40. Hypertensive Disorders

41. Obstetrical Hemorrhage
42. Preterm Birth
43. Postterm Pregnancy
44. Fetal-Growth Disorders
45. Multifetal Pregnancy
46. General Considerations and Maternal Evaluation
47. Critical Care and Trauma
48. Obesity
49. Cardiovascular Disorders
50. Chronic Hypertension
51. Pulmonary Disorders
52. Thromboembolic Disorders
53. Renal and Urinary Tract Disorders
54. Gastrointestinal Disorders
55. Hepatic, Biliary, and Pancreatic Disorders
56. Hematological Disorders
57. Diabetes Mellitus
58. Endocrine Disorders
59. Connective-Tissue Disorders
60. Neurological Disorders
61. Psychiatric Disorders
62. Dermatological Disorders
63. Neoplastic Disorders
64. Infectious Disorders

65. Sexually Transmitted Infections

NOVAK' S Gynecology

1. Initial Assessment and Communication
2. Principles of Patient Care
3. Quality, Safety and Performance Improvement
4. Clinical Research
5. Anatomy and Embryology
6. Molecular Biology and Genetics
7. Reproductive Physiology
8. Puberty
9. Pediatric and Adolescent Gynecology
10. Adult Gynecology: Reproductive Years
11. Uterine Fibroids
12. Pelvic Pain and Dysmenorrhea
13. Endometriosis
14. Family Planning
15. Genitourinary Infections and Sexually Transmitted Disease
16. Intraepithelial Disease of the Cervix, Vagina, and Vulva
17. Sexuality and Sexual Dysfunction
18. Menopause
19. Benign Breast Disease
20. Violence Against Women and sexual Assault
21. Preventative Health Care and Screening
22. Primary Care

23. Common Psychiatric Problems
24. Complementary and Integrative Health Approaches
25. Preoperative Evaluation and postoperative management
26. Gynecologic Endoscopy
27. Hysterectomy
28. Robotics
29. Urinary Tract
30. Pelvic Organ Prolapse
31. Anorectal Dysfunction
32. Early Pregnancy Loss and Ectopic Pregnancy
33. Recurrent Pregnancy Loss
34. Amenorrhea
35. Endocrine Disorders
36. Infertility
37. Uterine Cancer
38. Cervical and Vaginal Cancer
39. Ovarian, Fallopian Tube, and Peritoneal Cancer
40. Vulvar Cancer
41. Gestational Trophoblastic Disease
42. Breast Cancer

TELINDE' S

1. Surgical Anatomy of the Female Pelvis
2. Preoperative Care of the gynecologic patient
3. Anesthesia Primer for the Gynecologist
4. Patient Positioning for Pelvic Surgery
5. Surgical Thecniques, Instruments, and Suture
6. Principles of Electrical and laser energy Applied to Gynecologic Surgery
7. Incisions for Gynecologic Surgery
8. Surgical Control of Pelvic Hemorrhage
9. Principles of Laparoscopy
10. Principles of Robotic surgery
11. Postoperative Care of the Gynecolgc Patient
12. Dilation and Curettage
13. Hysteroscopy
14. Surgical Management of Abortion and its Complications
15. Surgery for Benign Vulvar Conditions
16. Tubal Sterilization
17. Surgery of the Ovary and fallopian Tube
18. Myomectomy
19. Vaginal Hysterectomy
20. Abdominal Hysterectomy
21. Laparoscopic and Robatic-Assisted Hysterectomy
22. Surgery for Preinvasive Disease of the Cervix
23. Surgery for Preinvasive and Invasive Disease of the Vulva and Vagina

24. Surgery for Endometrial Cancer
25. Surgery for Cervical Cancer
26. Surgery for Ovarian Cancer
27. Transvaginal Apical Suspensions for Uterovaginal Prolapse
28. Sacrospinopexy
29. Colporaphy and Enterocele Repair
30. Midurethral Slind and Surgery for Stress Urinary Incontinence
31. Colpocleisis
32. Vesicovaginal and rectovaginal fistula
33. Postoperative Infections in Gynecologic Surgery
34. Perioperative Shock in the gynecologic Patient
35. Management of Intraoperative injury to the Urinary Tract
36. Operative Complications of Gastrointestinal Tract
37. Surgical management of Pelvic Pain and Endometriosis
38. Surgical management of Pelvic Inflammatory Disease
39. Surgical management of Ectopic Pregnancy
40. Surgical management of Reproductive Tract Anomalies
41. Pediatric and Adolescent Gynecologic Surgery
42. Surgery for Obstetrical Hemorrhage
43. Repair of Episiotomy and Complex Perineal Lacerations

SPEROFF

1. 1. Hormone Biosynthesis, Metabolism, and Mechanism of Action
2. The Ovary - Embryology and Development
3. The Uterus, Endometrial Biology, and Menstruation

4. Neuroendocrinology
5. Regulation of the Menstrual Cycle
6. Conception-Sperm and Egg Transport, Fertilization, Implantation and Early Embrogenesis
7. The Endocrinology of Pregnancy
8. Normal and Abnormal Sexual Development
9. Normal and Abnormal Growth and Pubertal development
10. Amenorrhea
11. Chronic Anovulation and the Polycystic Ovary Syndrome
12. Hirsutism
13. Reproduction and the Adernal
14. Menstruation- related Disorders
15. Abnormal Uterine Bleeding
16. The Breast
17. Menopause Transition and Menopause Hormone Therapy
18. Transgender Endocrinology
19. Obesity
20. Reproduction and the Thyroid
21. Family Planning, Sterilization, and Abortion
22. Hormonal Contraception
23. Long-Acting Methods of Contraception
24. Barrier Methods of Contraception and withdrawal
25. Female Infertility
26. Male Infertility
27. Induction of Ovulation

28. Assisted Reproductive Technologies

29. Fertility preservation

30. Recurrent Early Pregnancy Loss

31. Genetics

32. Endometriosis

33. Ectopic Pregnancy

Appendix-I

Appendix-II

34- Conservative management of Urinary Incontinence: Behavioral and Pelvic Floor

Therapy, Urethral and Pelvic Devices

35- Retropubic Suspension Surgery for Incontinence in Women

36- Vaginal Reconstructive Surgery for Sphincteric Incontinence and Prolapse

37- Tension- Free Vaginal Tape Procedures

38- Urinary Tract Fistula

39- Schwartz s Principles of SURGERY

40- The BREAST

41- Campbell- Walsh UROLOGY

Expectations of professional ethics (Professionalism) from assistants

1. Principles of professional ethics:

Assistants and graduates of this field are expected to:

A. In the field of altruism

1. Prioritize the interests of the patient over their own interests
2. Be fair in dealing with different patients
3. In dealing with patients, pay attention to all their physical, psychological and social aspects
4. Spend enough time in all stages of patient care
5. Pay attention to the wishes and symptoms of patients
6. Respect and defend the patient's bill of rights in different situations

B. In the field of duty and responsibility

1. Have enough commitment to perform their duties
2. Answer patients' questions
3. Provide information related to the patient's condition in the most appropriate way to him and his companions.
4. Avoid unnecessary interference with colleagues and interact constructively with health team members
5. To feel responsible in all stages of care and transfer of patients.
6. Ask permission from patients for interviews, examinations and any diagnostic and therapeutic work
7. In relation to the prevention of the exacerbation of the disease, the occurrence of complications, the recurrence of disease, the transmission of the disease and also the improvement of the quality of life appropriately Educate patients.

C. In the field of honor and integrity

1. be Truthful
2. be honest
3. be secretive
4. Respect the patient's privacy.

D. In the area of respect for others

1. Respect the opinions, manners, customs and habits of the patients
2. Considering the patient as a human being, remember her name and characteristics with respect.
3. Respect patients' time and respect order
4. Respect the patient's companions, colleagues and medical team staff
5. Their appearance should be in accordance with professional affairs

E. In the field of professional excellence

1. Be critical
2. Know your scientific limitations, ask for advice and help in necessary cases
3. Continuously improve their knowledge and abilities
4. Perform appropriate diagnostic and therapeutic measures according to available scientific facilities and achievements
5. Comply with the standards of completing medical records and writing reports

2. General solutions for improving the process of teaching professional ethics in educational environments

It is expected that the assistants, with the help of their professors, will try the following measures in order to strengthen professional ethics in educational environments.

Helping to provide suitable physical conditions (Setting)

- Providing suitable conditions for doing personal and private affairs in educational and therapeutic environments, such as using curtains and screens during Examinations, etc
- The presence of a nurse of the same sex as the patient or her confidential companion in all medical examinations alongside the doctor (assistant) and the patient.
- Providing a roommate system for the patient and companion (for example, mother and child in children's departments)

- Creating a suitable, safe and secure environment in accordance with the religious and cultural beliefs of patients, companions, professors and learners, such as providing a place Prayers for applicants

Help to improve executive processes:

- Cooperation with the executive managers of the hospital in order to improve the executive processes such as the current processes in the departments of admission, hospitalization, drug supply, Equipment and discharge of patients so that patients do not get confused and go through things easily
- Honoring patients and hospital staff
- Paying attention to the operational processes of the hospital in order to facilitate the provision of services and the maximum welfare of patients and to provide correction suggestions to the managers Hospital

Helping to provide a suitable educational atmosphere

- Participation in creating a friendly and respectful atmosphere in educational environments
- Efforts to eliminate any threat and humiliation in educational environments
- Appropriate and effective inter-departmental and interdisciplinary collaborations
- Organizing and participating in team work
- Encouraging the appropriate performance of employees, lower year assistants and other learners
- Participation in introducing models to educational officials
- Active participation in strengthening Role modeling
- Efforts to strengthen interpersonal communication
- Participation and cooperation in the development of providing educational instructions to learners (Priming)
- Respecting the material, spiritual and social rights of professors, students and health team members

Promotion of patient-centered strategy

- Supporting the material, spiritual and medical rights of patients, including physical, mental and social (of any race, religion, age, sex and economic class) Social (in all circumstances).
- Gaining the trust and confidence of the patient in order to respect her rights.
- Appropriate social communication with patients such as: good health, cheerfulness, sympathy, giving hope, etc
- Responding patiently to patients' questions in all situations
- Teaching how to respond appropriately to patients' questions, to lower year assistants and other learners
- Asking about the eating habits, sleep, bathing and welfare tendencies of the patients and helping to provide the necessary conditions for them.
- Attention to personal health of patients
- Attention to the quantity and quality of patients' food in educational and working rounds
- Paying attention to the needs of patients for easy defecation in educational and work rounds with emphasis on their private conditions
- Attention to patient safety (Patient Safety) in all diagnostic and therapeutic procedure
- Helping to provide easy conditions for prayer and supplication of all patients, with any religion and religion in the ward, especially for patients who are Bed rest.
- Respecting the personality of patients in all situations
- Proper coverage of patients during medical examinations
- Respect and attention to patients' companions and families
- Prescribing any medicine, tests and medical equipment according to the economic status and type of insurance coverage of the patients and avoiding requesting tests Unnecessarily expensive
- Proper use of patients' notebooks and insurance facilities
- Communicating with relevant units and authorities, such as the support unit, about resolving the solvable problems of patients

- Obtaining permission and consent of patients to perform examinations and all diagnostic and therapeutic procedures
- Respecting patients' independence and freedom in decision-making
- Avoiding disclosure of patients' private issues (secrets)
- Compliance with Islamic law
- Obtaining a specific consent form from the patient's wife to perform gynecological procedures
- Providing necessary information to patients about diagnostic and therapeutic issues such as: costs - approximate duration of hospitalization, etc, In general, compliance with STEEP means:
 - Providing safe services to patients
 - Providing timely service to patients
 - Providing services with sufficient knowledge and experience (expertise) to patients
 - Providing effective and efficient service to patients
 - Considering patient centeredness (Patient Centered) in all conditions

Participation and encouragement of education and information related to ethics:

- Teaching appropriate and effective professional communication to lower year assistants and other learners
- Participation in teaching professional ethics issues to junior assistants and students
- Continuous reference to ethical points in all theoretical and practical educational activities and processes such as: morning reports, rounds, conferences, Clinics and operating rooms
- Ethical criticism of the current processes of the department in weekly meetings with the presence of professors, assistants and other learners
- Providing the conditions for discussion and educational research on all malpractices and medical errors that occurred in the meetings. Weekly with the presence of professors, assistants and other learner
- Involvement of learners of different levels in patient education programs

Constantly drawing the attention of lower year assistants and other students to other ethical issues including:

- Treating textiles with respect, whether dead or alive
- Respectful treatment of the dead bodies
- Sympathy to the family of the deceased
- Maintenance and preservation of the body parts of patients, the natural functioning of organs and maintaining the beauty of patients to the extent that modern knowledge and technology allows
- Respecting the rights of the fetus, from conception to birth, in situations where there is no moral or legal permission to terminate the pregnancy
- Aiming for the golden times of helping patients and avoiding death on time in order to prevent the loss of the patient's chance for life or
Protect your body parts
- Rational drug prescription and paraclinic requests
- Adherence to clinical governance in all clinical decisions, prescriptions and diagnostic and therapeutic measures

Continuous monitoring and supervision of students

- Attendance in all training programs (morning reports, working and training rounds of the Tumor Board night watchmen's clinic CPC, etc.) and monitoring the attendance of other learners through delegating responsibility, telephone follow-up and presence in guards, disobedience to the clinic and emergencies and the like, in order to gradually create social responsibility in themselves and other learners.
- Timely attendance at the bedside of emergency patients
- Attention to the general performance of oneself and other learners such as (social communication performance, manner of dressing, discipline and discipline) through compliance with regulations Dress Code, providing feedback to other learners and emphasizing being a role mode

- Strict attention to the professional performance of oneself and other learners such as (obtaining history and specialized examinations of patients, logically requesting tests, Interpretation and integration of clinical and para-clinical findings, clinical inference and judgment, disease diagnosis, clinical decision-making, rational drug prescription, Choosing and carrying out treatment measures, how to request medical consultations, referring patients, research measures, using computers and software. specialization and follow-up of patients) by giving importance to the continuous completion of the logbook and attracting direct supervision of professors in order to reduce frequency malpractices and medical errors)
- Observance of research ethics in the preparation of theses based on the guidelines of the ethics committee in research
- Strictly avoiding conducting research at the expense of patients and performing methods that the assistants do not master
- Paying attention to how to complete and organize medical records, so that they can be easily used now and in the future

3. Specific points of professional ethics related to the field:

Description:

- The main way of teaching professional ethics is role modeling and priming in designing and presenting processes
- Ethical performance of assistants through continuous monitoring through Log book evaluation through 360-degree evaluation by board members
- The department is obliged to plan for the theoretical and practical training of assistants and other learners in the required subjects
- It is appropriate to appoint one of the faculty members of the department as the person responsible for the optimal implementation of the above provision.

This program should ensure a healthy and safe environment for learning with the cooperation of its sponsoring institution and university, And work has been created and the following facilities to increase the health of the residents and access to food while on duty There is.

There should be healthy, quiet, clean and dedicated sleep and rest facilities for all residents, suitable for healthy care of patients be available

References:

Original books:

1. WILIAMS Obstetrics
2. Gynecology Berek & Novak
3. Operative Gynecology Te Linde
4. Speroff Clinical Gynecologic Endocrinology and Infertility

Original magazines:

1. American Journal of Obstetrics & Gynecology. (AJOG)
2. Journal of OB& Gyn
3. Bulletins American College of Obstetricians and Gynecologists
4. Up to date
5. New England Journal of Medicine
6. Mother-friendly book and approved country laws

Explain:

1. In cases where promotion and final exams are conducted according to the regulations, the resources of the exams are based on the existing regulations, by the board The field examiner will be determined and the resources mentioned on this page are a guide for implementing this program

2. In the case of books, it means the latest printed version available
3. Regarding magazines, it means magazines that are published during the internship period

Assessment Student:

Assessment Methods :

Assistants will be evaluated in formative and summative ways.

Written Oral Computer Interactive Test OSCE DOPS

Logbook assessment 360 degree test Essay assessment Portfolio assessment

Feedback & Evaluation for continuous learning and self-reflection

B: (Periods of Assessment):

2 times a year

Annual promotion test

final exam

Description of duties of assistants:

The legal duties of assistants are described in the relevant regulations. The things that the group emphasizes are:

- Attendance on time in educational activities according to regulations
- Taking history and detailed examination of patients and recording in the file
- Request necessary diagnostic tests and record the results in the file
- Choosing the appropriate treatment approach for patients with the opinion of the responsible faculty member

- Preparing patients for surgical and non-surgical interventions with emphasis on obtaining informed consent from them
- Continuous monitoring of the performance of subordinate assistants, interns and trainees
- Training and providing advice to patients and providing answers to patients' questions
- Provide patient and family centered care
- Committed to caring for patients with respect for their safety and well-being, including reporting unsafe conditions and adverse events

Active participation in all educational, research and diagnostic-therapeutic programs of the department, including morning reports, clinical rounds,

Conferences, review of texts, clinics, delivery rooms, training on Room Clean regulations and principles of behavior and ethics in the room.

Operation, surgery and procedure rooms according to the regulatory program of the department

- Attending the patrols according to the regulatory schedule of the department
- Timely presence at the bedside of the emergency patient
- Participation and monitoring of patient care, before, during and after treatment procedures
- up Post and up Pre childbirth, cesarean section and gynecological surgeries
- Teaching self care to patients
- Inform the patient about their role when they are directly caring for him.
- Active participation in conducting medical consultations according to the relevant regulations
- Participation in ongoing screening programs of the department
- Completion of immunization programs for mothers
- Active participation in care programs during pregnancy

- Respecting patients' privacy
- Converting the thesis into a research paper published in one of the prestigious domestic or foreign journals
- Compliance with professional ethics in all matters, especially keeping secrets and respecting people's privacy
- Carrying out other tasks assigned according to the regulatory program of the department
- Maintaining physical, mental and emotional health by creating a suitable environment for learning and working with a culture of respect and responsibility by creating a safe ,The most and best possible care for patients and their well-being
- Creating appropriate opportunities away from work for medical, mental, and dental self-care, including rest, healthy eating, and exercise.

Minimum academic faculty required (number-trend-rank):

Required number: At least 6 (six) qualified faculty members are necessary for proper training and supervision of assistants' performance.

Eligibility to be present in the program. In the conditions that the number of assistants is more than 10 (ten) people, it should be in total for every 2 (two) assistants and 1 (one) faculty member should be added.

The required trends are as follows:

- ★ 1 oncology fellowship (required)*
- ★ 2 prenatal fellowships (required)*
- ★ 1 person infertility fellowship (required)*
- ★ 1 person for pelvic floor disorders fellowship (required)*
- ★ 1 person for parascopic fellowship

★ 2 General Gynecologists and Obstetricians

It is necessary that at least two of the mentioned members have the rank of associate professor.

Trained or experienced staff needed to implement the program:

It is necessary to have an assistance program for specialized and technical people and other workers such as educational, research, computer experts, Epidemiology and statistics, which are needed for administrative-executive affairs and directing the training of the assistantship program, within the framework of the rules and have regulations at their disposal.

Required specialized spaces:

number	disease
1600 cases (types of childbirth 1200 cases, caesarean section 400). high-risk pregnancies cases(500 cases)	Obstetric patients include: high-risk pregnancy, natural delivery and cesarean section
1000 cases (including all types of women's surgeries) According to the year and procedure, it is given in the table.	Female patients include: The main actions are listed.
300 cases (midwifery 200 cases and women 100 cases)	Ultrasound of obstetrics and gynecology
Specialized clinics according to the regulatory plan of the group Educational (during the course 2 days a week), at least 40 The day is divided into specialized groups	Subspecialized perinatal-infertility-urogynecology clinics Gynecological oncology and laparoscopy

Number of beds required for each assistant during the course:

8 beds for each admission assistant (number of admissions) during the course
(about 60% of midwives and 40% of women)

Required educational assistance facilities:

- * Educational class of the department
- *Skill Lab
- *Conference hall available for group training programs
- *High speed internet available
- * Department library with all required references
- * Archive organized based on the 10 ICD system
- *teachers room
- *Separate assistance pavilions
- * Classified storage system of patients' files and assistant's portfolio
- * Department head's room with a secretary and an educational expert
- * Necessary facilities for assistant program manager

Specialized equipment needed:

- 1 .ultrasound machine, at least 3 machines equipped with vaginal and abdominal probes (ward, delivery room, operating room and clinic)
2. Hysteroscope (at least 4 devices) 3. Elparoscope (at least 4 devices equipped with diagnostic and surgical devices)
- 4.Colposcop (at least two devices equipped with video, camera and computer)
(camera, Colposcop Video
- 5 .Sufficient number of Ligatures, 3 devices 6 .Fetal Monitoring - NST

7. Pelvic Trainer (enough)

8. Cystoscope

9. Anoscope

10. (Staplers) GIA-EEA 11. Specialized massagers (sufficient number of gynecology and obstetrics)

Required specializations or specializations:

A: Required disciplines: general surgery, radiology, pathology, children, internal diseases, endocrinology and surgery, Kidney and genitourinary tract

B: Required specializations: radiologist - newborn and perinatal specialist - anesthesiology - heart and vascular diseases - Psychiatrist and forensic medicine

A university is allowed to launch this program that has the following features:

1) meet the minimum requirements listed in this program

2) Have at least 7 graduate courses in general medicine (12 years).:Quantity and quality of intellectual and research products by graduates of the field according to the evaluators

The role of graduates in the referral system and family medicine:

Level 2 referral system

Program Evaluation :

A - Program evaluation conditions:

This program will be redeemed under the following conditions:

1. The residency program must be completed within 2 years of submitting the residency application.

- 2-Major changes in technology that confirm the need to review the program
3. The decision of the main policy makers related to the program

B- Program evaluation method:

- Survey of faculty involved in the program, assistants and graduates with pre-prepared questionnaires
- Using the questionnaires available in the evaluation and accreditation unit of the school secretarySecretariat of the Council of medical and specialized education - date of implementation at the ninety-sixth meeting of the council-quarter 1401

C- Program evaluation supervisor:

In charge of program evaluation, the evaluation and accreditation unit of the Secretariat of the Council of Medical and Specialized Education with the cooperation of the drafting committee is the program

D- How to review the program:

The review steps of this program are as follows:

- Gathering information from surveys, comparative and field research, suggestions and opinions of experts
- Requesting the house secretary to form a program review committee
- Plan the information gathered in the program review committee
- Revising the required parts of the program and submitting a draft of the new program to the Planning and Development Commission

E- Program evaluation indicators and criteria:

Index: Standard:

- *Graduates' satisfaction with the program:percent
- * Degree of satisfaction of faculty members with the programpercent
- * The level of satisfaction of health system managers with the results of the program.Percent
- * The amount of estimation of needs and solving of health problems by the graduates of the field according to the opinion of the evaluators
- * The quantity and quality of intellectual and research productions by the graduates of the field according to the opinion of the evaluators

Program evaluation framework:

Note: The attached checklist may be used in program evaluation.

The program will be evaluated using the following framework. The answer to each of the above questions may require a thorough investigation be In this case, the evaluators will evaluate the program after developing the appropriate tools.

Criterion ItemExpectation	Method	Compilation source data	Question	row
>%80	questionnaire	Assistants- professors	Has the program been made available to all faculty members and assistants?	1
>%80	observation	Documentation	Is the content of the program enough information?	2
>%50	questionnaire	Assistants- professors	Are the faculty members and assistants aware of the components of the program?	3
>%70	questionnaire & observation	Approval of professors and Managers	Whether during the implementation of the program, the relevant	4

			ministry, university and faculty support it has done?	
>%80	questionnaire	Process evaluation	Are the beliefs and values respected during the implementation of the program?	5
>%70	questionnaire	Process evaluation	Has the implementation of the program brought the field closer to the prospect?	6
>%70	questionnaire	Evaluation Outcome	Has the mission of the field been realized in the educational aspect?	7
+ yes	observation	Evaluation of articles	Has the state of science production and publication of articles been improving and in a far-sighted direction? Is?	8
>%80	questionnaire	performance evaluation assistants	Have the anticipated outcomes in the program been realized?	9
%100	observation	Documentation	Is there a necessary faculty to implement the program?	10
%100	observation	Documentation	Has the variety of patients been sufficient for teaching and research in the field?	11
%100	observation	Equipment evaluation	Is the expected specialized equipment available?	12
%100	observation	Evaluation of arenas	Are the arenas, departments and educational units necessary to implement the program? has it been	13
>%50	interview	Assistants	How much has been the use of active educational methods?	14

>%80		Documentation and program	Is the educational content followed?	15
>%80	interview	Assistants	How much has been the degree of compliance with the course structure and rotation sections?	16
>%90	interview	Professors of patients	Has compliance with ethical expectations been satisfactory?	17
%100	observation	Documentation	Are designated resources available to assistants?	18
>%80	observation	Documentation	Are assistants evaluated according to the program?	19
>%90	questionnaire	graduates	Is the level of employment of graduates in related positions satisfactory? have been?	20
>%70	questionnaire	Local managers employment	Do the graduates fulfill their roles and responsibilities in society in a desirable way They do?	21
<%10	interview	professors	Has the issue of overlapping tasks with other fields caused any problems?	22
>%70	questionnaire	Assistant-professors	The degree of satisfaction of assistants and professors with the program?	23
>%80	questionnaire	Managers	The degree of satisfaction of the managers of the place of employment of the graduates with their performance?	24

Necessary standards of educational programs

- * It is necessary that the evaluated program is available to the members of the academic board and assistants.
- * It is necessary that the length of the course that is included in the evaluated program is observed by the implementing universities.
- * It is necessary that the conditions of assistants entering the evaluated course match the conditions listed in the program.
- * It is necessary that the assistant's admission capacity matches the approved capacity in the course.
- * It is necessary that the assistant's acceptance capacity is in line with meeting the country's overall needs as foreseen in the program.
- * It is necessary for the assistants to have acceptable logic, logic with general and specific capabilities included in the evaluated program.
- * It is necessary that the assistants' logbooks are continuously completed and monitored by the relevant professors and the necessary feedback is provided.
- * It is necessary that the assistants, according to the year of assistantship, have performed the necessary procedures based on the number listed in the program and recorded it in their logbook and
have the signature of the supervisors.
- * It is necessary to use at least 70% of the educational methods and techniques included in the program in training.
- * It is necessary for assistants to be actively present in the clinic during the week according to the number of days listed in the program, and perform their duties under the supervision of professors or assistants years and a weekly or monthly schedule of clinics is available.
- * It is necessary, surgical course assistants, during the week according to the number of days listed in the program under the supervision of senior year professors and assistants in the assistants' operating room.

Non-surgical courses should have an active presence in the procedure rooms and a weekly or monthly program of the operating rooms should be available.

* It is necessary, assistants, according to the regulatory program of the department, in morning report programs, intra-departmental conferences, participation in the training of lower ranks and Kashiks or Ankali have an active presence and a weekly or monthly program of Kashiks or Ankali is available.

* It is necessary for the assistants, according to the regulatory program of the department, to have an active presence in the programs of educational rounds, working or educational visits of hospitalized patients.

* It is necessary that the quality of the medical records completed by the assistants is approved by the evaluation group.

* It is necessary for the assistants to have passed the rotation sections mentioned in the program according to the year of the assistantship and to have received a certificate from the head of the relevant department and its documents should be presented to the evaluation group.

* It is necessary to have pre-planned and planned scientific collaborations between the main department and rotating departments and documents that be available to show these collaborations.

* It is necessary for the assistants to follow the dress code regulations.

* It is necessary for the assistants to observe the principles of behavior and ethics in the operating room.

* It is necessary for the assistants to observe the principles of Room Clean.

* It is necessary for the assistants to be aware of the bill of rights of patients and to act on it, and their actions should be approved by the evaluation group.

* It is necessary that teaching resources, including books and magazines needed by assistants and faculty, are available to them in the bookshelf of the main department.

* It is necessary that the assistants be evaluated during their course according to the methods included in the program, and the documentation should be presented to the evaluation group.

- * It is necessary for assistants to participate in at least one research program during their course.
- * It is necessary to create an educational file for all assistants in the main department and the results of evaluations, certificates of rotation departments, incentives, tickets and Other necessary documents should be kept in it.
- * It is necessary for the department to have the necessary faculty for the training of course assistants based on the number, orientation and rank listed in the program and the documents It should be provided to the evaluation group.
- * It is necessary for the department to have the required trained staff according to the items listed in the program for the training of course assistants.
- * It is essential that the course provides **the necessary public educational spaces** such as: private classroom, private bookshelf in the department and Public Library the hospital has a computer center and a scientific archival system.
- * It is essential that the course has the required **specialized spaces** based on the items listed in the program at the university level.
- * It is necessary that **the number and variety of hospitalized** and outpatient patients who visit the hospital where the assistants study be based on the items listed in the program.
- * It is necessary for each assistant to have an **active bed** for the number predicted in the program if the course is required.
- * It is necessary that the **equipment required** in the program is available to the program administrators and the quality of the equipment is approved by the evaluation group.
- * It is necessary for the rotational sections to be **definitively approved** by the evaluation and accreditation area of the secretariat.
- * It is necessary that the **university is eligible for the program**.

The above standards, in 31 subjects, have been approved by the Educational Planning and drafting Commission and are available to the evaluation unit for follow-up and implementation and the accreditation of the secretariat of the

Council of medical and vocational education is placed. A copy of it will be included at the end of all approved programs.

Resources used to prepare this document:

Please use any source to compile this program, cite the source as standard.

-1 guide to the drafting of the specialized programs-Secretariat of the Council of medical and specialized education-commission for the drafting and EduTraining program for the specialized field of gynecology and obstetricscational Planning-1388