

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY
FACULTY OF CLINICAL SCIENCES
COLLEGE OF MEDICINE
KADUNA STATE UNIVERSITY KADUNA, NIGERIA



UNDERGRADUATE STUDENTS' HANDBOOK

(MBBS)

2023 (5th Edition)

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PREFACE

This document is the fifth edition of the students' handbook compiled by the academic staff of the department of Obstetrics and Gynaecology, Kaduna state university.

The handbook introduces the department and has a summary of the Obstetrics and Gynaecology curriculum as part of the requirement for the award of the MBBS degree, departmental programmes and activities. Also included are recommended textbooks and examination issues and regulations.

This handbook shall be reviewed from time to time to accommodate changing trends and other new developments within the department and University. Students are expected to be familiar with these guidelines and updates.

Amina Mohammed-Durosinlorun

Head of Department (2023)

GENERAL INFORMATION

VISITOR AND PRINCIPAL OFFICERS OF THE UNIVERSITY

VISITOR

His Excellency, Executive Governor of Kaduna State

Sanator Uba Sani

CHANCELLOR

His Royar Highness Mala Sanusi Lamido Sunisi

PRO-CHANCELLOR

Malam Hussaini Adamu Dikko

VICE CHANCELLOR

Professor Abdullahi Musa

REGISTRAR

Barrister Samira Balarabe

BURSAR

Hajiya Hauwau Mohammed Dalhat

LIBRARIAN

Dr. Babangida Usman Dangana

MEMBERS OF THE GOVERNING COUNCIL

Mal. Husaini A. Dikko	Chairman
Prof. Abdullahi I. Musa	Vice Chancellor
Dr. Abdulkadir M. Meyere	Member
Mal. Habibu Sani	Member
Mrs. Charity U. Shekari	Member
Dr. Sanusi A. Ismaila	Member
Dr. Halliru M. Soba (Perm. Sec. MOE)	Member (Ex-Officio)
Mal. Mohammed M. Shuaibu (Perm. Sec. MOE)	Member (Ex-Officio)
Prof. Yushau Ango (DVC Academic)	Member
Prof Muhammad Bashir Ali (DVC Admin)	Member
Prof. Helen Andow (DVC Strategy, Innovation & Service Deliv.)	Member
Prof. Sadiq G. Abdu (Rep. Senate)	Member
Mrs. Florence Suleman (Rep. Congregation)	Member
Samira Balarabe, Esq. (Registrar)	Secretary

INTRODUCTION

History

The Department of Obstetrics and Gynaecology had been in existence and providing clinical services as a general hospital predating academic activities. The Faculty of Medicine, Kaduna State University was created in 2008, and in 2013, the department of Obstetrics and Gynaecology was officially created to commence academic activities, initially with the appointment of academic staff that year and it the eventual took off in 2014.

The Department of Obstetrics and Gynaecology is one of the core clinical departments in the training of undergraduate medical students. Our students are exposed to a wide variety of cases with an average of 250 deliveries per month. and we recently concluded training for our 5th set of medical students. We are also accredited to training resident doctors.

Volunteer services are offered to some surrounding general hospitals and PHCs.

Previous heads of departments include Dr Joel Adze Amwe (pioneer, 2001- 2018) and Dr Stephen Bodam Bature (2018- 2021). Currently, the department has 5 consultants and 17 resident doctors/medical officers.

Our curriculum and infrastructure are continually being updated. The hospital plans to build a new maternal and child health unit to accommodate all our needs.

The mission of the department of Obstetrics and Gynaecology is aligned with that of the Kaduna University, which in part includes providing university education of the highest standard for the development of the student and the state.

Mission

Our mission is to be foremost in providing standard and high quality care to our women, creating an excellent learning environment that produces well trained graduates, while generating relevant, innovative and impactful research.

Vision

Excellence and innovation in obstetric and gynaecologic care, education and research.

Obstetrics and Gynaecology is a diverse field of medicine that provides preventive care for healthy people as well as the management of patients with life threatening conditions. At the end of the posting in the department, the student should have had a good experience in general Obstetrics and Gynaecology.

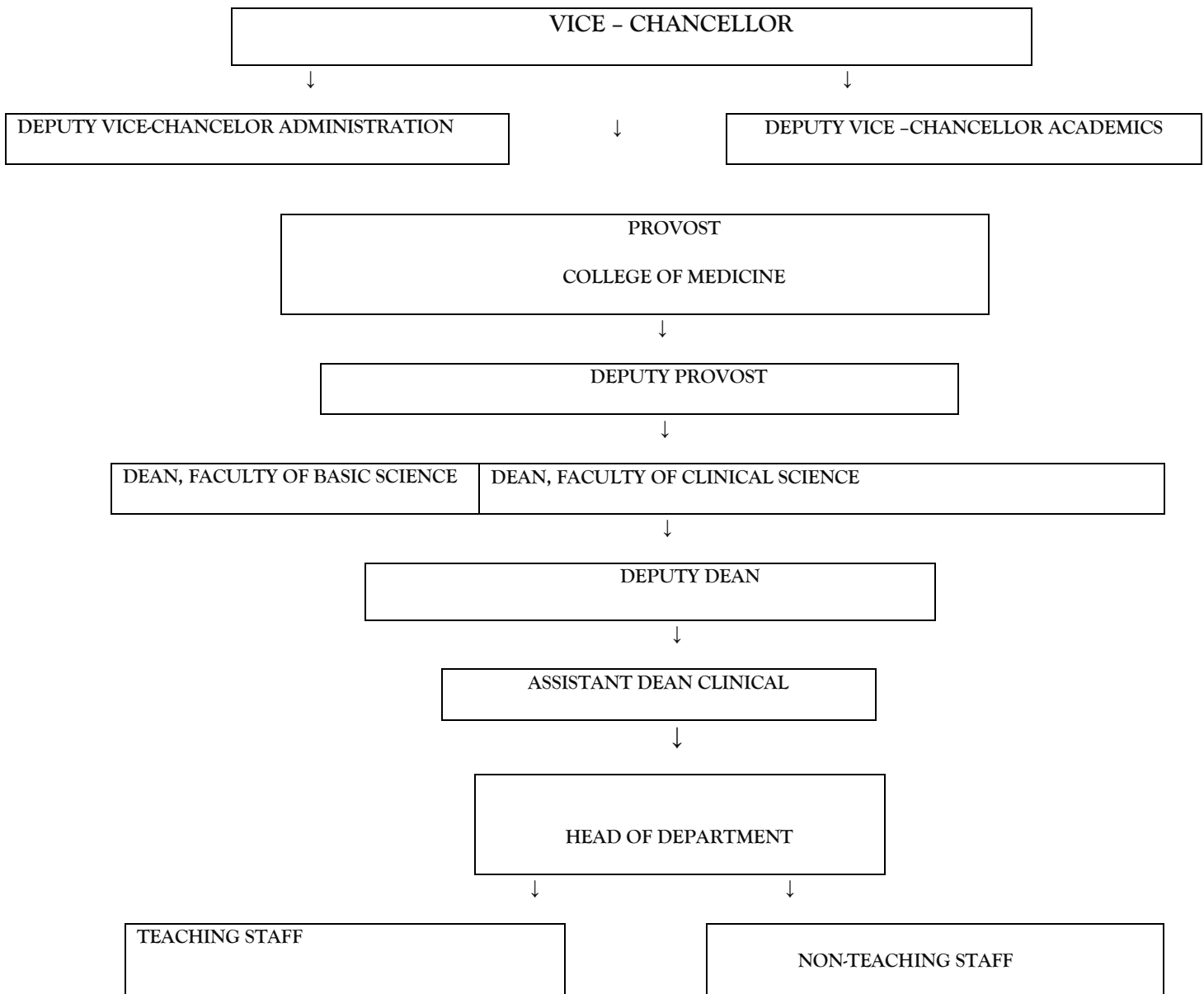
During the posting, the medical student will acquire the knowledge and skills to enable him appreciate the principles and practice of the speciality of Obstetrics and Gynaecology. This includes the ability to make appropriate diagnosis of common obstetrics and gynaecological problems through the analysis of symptoms and physical findings, understanding principles of antenatal care (ANC), the principles of preventive obstetrics and gynaecology with relation to reproductive health and acquiring basic practical skills in Obstetrics and gynaecology.

The learning experience in the department will allow the student to develop the knowledge, skills and professional attitudes that are necessary to the care of patients in an effective, efficient and humane manner. He/she will learn to provide care with good interpersonal relations, respecting the patient's beliefs, background and values while maintaining confidentiality.

This handbook outlines the structure of the department, medical student postings, the curriculum, including lectures, tutorials, basic clinical skills, the methods of assessment of the students and how they will be evaluated and graded. The medical students' log book is a separate document.

STRUCTURE OF THE DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

ORGANOGRAM:



The Obstetrics and Gynaecology (O & G) department is led by a Head of Department (HOD) and staffed by a body of experienced clinical personnel including doctors, nurses, midwives, record staff, ward attendants and administrative staff. The department provides clinical services to clients that include antenatal care, postnatal care, surgeries, family planning and other reproductive health services, gynaecology clinics, inpatient and outpatient care. It also provides clinical training to 500 level medical students. Post graduate residency training for doctors specializing in Obstetrics and Gynaecology has also commenced in the department.

The doctors are presently organized into two teams - Teams A and B, each consisting of consultants, medical officers and house officers. Each team has a lead consultant and the members of the team are answerable to that consultant. All members of the department are answerable to the HOD. The medical students on posting are divided between the two teams they also rotate between the two during their posting. Below is the schedule for both teams;

Table 1: Schedule for Team Activities

DAY	TEAM A	TEAM B
Monday	Ground ward rounds/Seminar Booking clinic	Grand ward rounds/Seminar Booking clinic
Tuesday	ANC /Gynaecology clinic	Consultant ward rounds Bed side teaching
Wednesday	Theatre	ANC /Gynaecology clinic
Thursday	Consultant ward rounds/2 nd Booking clinic Bed side teaching	Academic/Research day/2 nd Booking clinic
Friday	Academic/Research day/PNC	Theatre/PNC

This structure is variable depending on the availability of doctors. In addition, departmental meetings hold every last Monday of the month and call duty schedule as noted on the weekly roster.

ACADEMIC STAFF LIST

Table 2: Academic and non-academic Staff List

S/N	Name	Qualification	Area of specialization	MDCN registration number	Designation	Employment
1	Dr. Joel Adze Amwe	BMBCh (1987) MSPH (2010) PGDPA (2006), FWACS (2001), FICS (2006)	Feto-Maternal	21788 AQ 5,670	Associate Professor (Senior Lecturer)	Tenure
2	Dr. Stephen Bodam Bature	MBBS (1991) FWACS (2008) PGDE (2013)	URO-GYNAECOLOGY & PELVIC RECONSTRUCTION	FM 19,909 AQ 9376	Associate Professor	Tenure
3	Dr. Amina Mohammed-Durosinlorun	MBBS (1997) PGDE (2008) FWACS (2009) FMCOG (2009) MPH (2013) MSc Clin Emb (2019)	INFERTILITY & GYNAECOLGY ENDOSCOPY	FM 24,732 AQ 6903	Associate Professor & HOD	Tenure

		PFIART (2022) SLP (2022)				
4	Dr. Mathew Taingson	MBBS (2002) FWACS (2014) MRCOG(part 1,2014)	URO- GYNAECOLOGY & PELVIC RECONSTRUCTION	FM 31,500 AQ 9895	Senior Lecturer (Leave of absence)	Tenure
5	Dr. Caleb Mohammed	MBBS (2002) FWACS (2013)	INFERTILITY	FM 38,601 AQ 11568	Senior Lecturer and level coordinator	Tenure
6	Dr. Bakut John Maiganga	MBBS FWACS MSc Pharm			Lecturer I	
7	Dr Yusuf Salisu Abeku	MBBS Member WACS			Lecturer II	
8	Mrs. Rose Micheal	HND (2009)			Senior Executive Officer	Tenure

ACADEMIC AND CLINICAL ACTIVITIES

Academic activities are held in the department to ensure best practices and improved patient care. These activities include journal or case presentations, presentation of specific topics by members of the department as determined by the academic officer and or head of the department, mortality or morbidity

presentations and clinical audits. Presentations by drug companies also feature here as time permits. Emerging issues and or updates in the field of Obstetrics and Gynaecology and Medicine in general are also reviewed during these academic activities. Research proposals and or final research findings undertaken in the department by staff or other colleagues within and outside the University are discussed and critiqued during these academic sessions.

Booking clinics are usually heavy clinics and combining ANC and booking clinic on the same day as Gynae clinic is difficult. Hence there are separate booking clinics on Mondays and Thursdays which commences by 08.00am with the nurses doing the usual health talk and baseline investigations and also allocating the clients to teams equally to be seen by team members headed by the respective consultants by 1200noon (after the grand ward rounds)

The supervision of the booking clinics by the doctors commences by 12pm to allow time for the ground ward rounds scheduled for that day to be completed properly. This timing also allows for health talk, group counselling and HIV testing, weight and BP measurements and urinalysis before the clinic starts.

Routine ANC clinics commence by 9.00am. Patients are told to present to the hospital by 8.00am so that routine measurements and investigations are done, and health talks are given before the main clinic starts.

The Gynaecology clinic officially commences after the ANC clinic. Gynae patients are told to present to the clinic by 11am while the clinic will start by 12pm when the ANC clinic is almost over so that the waiting time is reduced.

The postnatal clinic (PNC) runs every Friday concurrently for both teams. The first PNC visit is two weeks after delivery and six weeks thereafter. But post natal clients can access the clinic any day they have problems.

Work commences by 8.00am every day. Ward rounds are conducted by the house officers every day. Residents/Medical officers conduct quick ward rounds on their clinic days before clinics start so that patients are followed up properly.

Hand over ward rounds from calls commence by 8.00am in the labour ward. The consultant of the team on call or a senior clinician heads the ward round along with the other members of the team. Hand over ward round starts at the labour ward by 4.00pm where the doctor stationed there during the day hands over patients to the team on call that day and then any other ward where there are patients in need of urgent attention are also visited and patients handed over.

A Resident/medical officer is therefore be posted to the labour ward monthly to man the labour ward from 8.00am to 4.00pm when the team on call takes over he or she discusses difficult cases with the consultant on call or any available senior doctor from the team on call during the period of his/her posting, decision for any surgical intervention must be sanctioned by the consultant. Take over ward rounds commence by 4.00pm by the team on call starting from the labour ward, then to the gynaecology and maternity ward and the gynae emergency ward as the case may be. Similar postings of Doctors are done to support the family planning clinic staff during the day.

MEDICAL STUDENTS' TRAINING

Medical students of the Kaduna State University undergo their undergraduate training in Obstetrics and Gynaecology at 500 Level.

The training is divided into two postings. The training is a combination of lectures and tutorials with clinical training. Students are given lectures between 8.00am and 10.00am from Mondays to Fridays. The

lectures are given by all the consultants in the department and are designed to ensure the students learn a wide range of topics that cover most of the problems and disorders in both Obstetrics and Gynaecology.

Tutorials that usually cover reproductive physiology and immunology are given to the students once a week after clinical activities have finished for the day on Mondays.

STRUCTURE OF POSTING

The training of medical students in the Department of Obstetrics and Gynaecology is a combination of lectures and tutorials with clinical work. This ensures the student has adequate exposure to all important aspects of Obstetrics and Gynaecology including outpatient, inpatient and community-based settings. Students are taught to develop the skills of clerking, making correct diagnosis, managing patients correctly and learning how to perform minor clinical procedures.

Attendance at all the clinical activities in the department is required of students. These include ward rounds, clinics, theatre sessions, labour ward duty and calls. There are currently two teams in the department and students are divided between the two. Students are to attend all the clinical activities of the team they are assigned to, they are also expected to actively participate in the management of patients. The students are rotated between the two teams during their senior posting so that they have adequate exposure to the different approaches of management by the two teams. At the end of the postings, students should have a firm grounding in Obstetrics and Gynaecology both theoretically and clinically.

DURATION OF POSTING

The posting lasts for a total of 16 weeks. During the first part of the posting, students are introduced to the basic aspects of O and G including basic anatomy and physiology related to the reproductive system as well as common disorders. Clerking and presentation during clinical rounds are introduced and students are

introduced to clinical procedures such as admission procedures, taking deliveries and family planning procedures among others. At the end of 8 weeks, an end of junior posting examination is taken to assess progress.

During the second half of the posting (senior O & G posting) knowledge and skills obtained are consolidated and perfected and an end of senior posting examination is also taken.

LECTURES

Lectures hold between 8.00am and 10.00am from Mondays to Fridays in the lecture hall. Students are expected to attend all lectures and attendance is taken after every lecture. A schedule for the lectures is provided to students and it is encouraged that students read ahead of the lectures. During the senior posting, community obstetrics lectures and tutorials are anchored by our public heal colleagues while paediatrics handles perinatology throughout the posting, Lectures are also given by colleagues from anaesthesia, Radiology and Surgery.

TUTORIALS

Tutorials with consultants hold once a week on Mondays between 4 and 5pm or at a suitable time, while with residents tutorials occur during calls. These are interactive sessions and students make presentations based on the topics to be discussed.

CLINICAL ACTIVITIES FOR STUDENTS

Basic practical skills and simulation in Obstetrics and Gynaecology

Clinical activities begin after the morning lectures from Mondays to Fridays and at weekends during calls. This is a crucial aspect for the medical student for the acquisition of practical skills needed in the management of the obstetrics and gynaecology patient.

At the conclusion of the posting, students should have acquired the skills to perform basic clinical procedures in O and G. The minimum basic practical skills that must be acquired by the end of the posting are as follows;

- 1) Setting up intravenous (IV) drip and IV infusions
- 2) Insertion and removal of urethral catheter
- 3) Preparation of patients for minor and major operations
- 4) Pelvic examinations and the passage of various vaginal specula
- 5) Examine a gravid uterus
- 6) Culdocentesis and Paracentesis
- 7) Partographic monitoring of labour
- 8) Conduct of a normal delivery
- 9) Conduct of breech delivery
- 10) Conduct of twin delivery
- 11) Repair of episiotomies and perineal tears
- 12) Repair of cervical lacerations
- 13) Insertion of intrauterine contraceptive devices (IUD) and sub dermal implants
- 14) Induction and Augmentation of labour
- 15) Manual removal of placenta
- 16) Management of third stage of labour
- 17) Administration of oxytocic in the treatment of Post-Partum Haemorrhage (PPH)

18) Administration of drugs to prevent and treat Eclampsia

19) Management of incomplete abortion with manual Vacuum Aspiration (MVA)

20) Assist in Caesarean section

All procedures are to be performed under the supervision of a consultant, resident or medical officer. For each of the procedures above, there is a minimum number that the student has to perform before being signed off at the end of the posting. Each student will be provided with a Logbook where the procedures and the number required is indicated and this is signed off by the supervising consultant, resident or medical officer. The logbook serves as an evaluation tool for the students as well as an attendance register.

Each team has a designated clinical activity for a particular day and students join their respective teams for these activities. All calls including weekend calls are expected to be attended by students.

Ward rounds

Attendance of ward rounds is required by all students. Each student is assigned to at least one patient at any given time that is on admission for his/her respective team. The patient must be clerked by the student who should be ready to present the case during the rounds. The student is expected to remain updated with the progress of the patient until discharge and as much as possible participate actively in the management of the patient. This includes assisting or performing any of the procedures the patient requires.

Clinics

Students are expected to clerk and present patients during the ANC and gynaecology clinic and observe or assist in any procedures performed during the clinics. Students are expected to learn and perform clinic-based procedures such as Pap smears, Endocervical/ high vaginal swabs, transabdominal and transvaginal ultrasonography. Others include diagnostic hysteroscopy, colposcopy, hysterosalpingography etc

The attendance at the Family planning clinic (FPC) is required and students are expected to perform some of the FPC procedures listed above including counselling during the clinic.

Labour ward

Majority of the basic clinical procedures are performed in the labour ward which makes labour ward duty a very important aspect of the medical student's training. In the labour ward, students will participate in the admission and resuscitation of patients, the monitoring of labour and deliveries, the prevention and management of PPH and the monitoring of eclamptic patients. By the end of the posting each student is expected to have taken at least 20 deliveries unassisted.

Log book

Throughout the period of both the junior and senior postings, students are expected to have their individual log books signed by supervising Consultants. or Residents.

CORE CURRICULUM

The department of Obstetrics and Gynaecology undergraduate curriculum is as recommended by the National Universities Commission (NUC) and the Medical and Dental Council of Nigeria (MDCN). Below is a list of topics to be covered during the posting.

Objective of the Curriculum

At the end of his programme in Obstetrics and Gynaecology, the student should have

Acquired knowledge, skills and attitudes which will enable him/her to:

a) Recognize the principles and practice of Obstetrics and Gynaecology and

Explain the physiological basis and applied anatomy of pregnancy, labour,

Puerperium and the methods of control of conception.

- b) Examine clinically all gynaecological and obstetrical cases, obtain relevant Clinical history and elicit all the physical signs in clinical Obstetrics and Gynaecology and record them systematically.
- c) Describe the common gynaecological and obstetrical cases, obtain relevant Clinical history and elicit all the physical signs in clinical Obstetrics and Gynaecology and record them systematically;
- d) Manage common gynaecological conditions;
- e) Comprehend the principles and practice of antenatal care both as a form of Preventive medicine and as a form of health education;
- f) Describe the common obstetrical presentations, (normal and abnormal), mechanism of normal labour and delivery and methods of early detection of abnormal presentations;
- g) Identify high risks obstetrical problems, be able to prevent such risks or refer to the appropriate centres in good time;
- h) Manage the normal and abnormal deliveries and be aware of the principles underlying them;
- i) Undertake simple anaesthesia and analgesia in gynaecological and obstetrical Procedures;
- j) Manage the common obstetrical and gynaecological emergencies, prevent their Occurrence, manage them rationally or refer them safely to the appropriate

Centre in time;

k) Be able to apply relevant laboratory and other aids in diagnosis and appreciate

the limitations of such diagnostic aids;

l) Work within a health team and acquire some leadership qualities;

m) Practice with high bedside manners and ethical standard and have a deep

respect and concern for his patients and be aware of the level of respects of

His/her practice in his/her environment.

A. COURSE STRUCTURE

500 LEVELS OBSTETRICS AND GYNAECOLOGY			
<i>Course Code</i>	<i>Course Title</i>	<i>Credit Unit</i>	<i>Status</i>
OBG 501	General Gynaecology	4	Core
OBG 502	Endocrinology/Reproductive Health /Infertility	2	Core
OBG 503	Gynaecological Oncology	2	Core
OBG 504	Gynaecology Clinics /Simulation training	4	Core
OBG 505	Obstetrics Clinics/Simulation training	4	Core
OBG 506	Antenatal care/Foetal Medicine	2	Core
OBG 507	Complications in Pregnancy/ Medical disorders in pregnancy	2	Core
OBG 508	Labour and its Complication/operative Obstetrics/Puerperium and its abnormalities/Safe Motherhood	4	Core
OBG 509	Call Duties/ labour ward posting	10	Core

	TOTAL	34	
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B. COURSE SYNOPSIS

OBG 501 General Gynaecology 4 Units

Evaluation of the gynaecologic patient: Gynaecologic history, gynaecologic physical examination, common laboratory tests in gynaecology, imaging techniques, surgical evaluation in gynaecology. Paediatrics gynaecology: congenital anomalies of the female genital tract, intersex disorders, acquired gynaecological disorders of childhood. Urinary disorders: Genuine stress incontinence, detrusor instability, overflow incontinence and functional incontinence, fistulae (vesico-vaginal) fistulae, vesico-rectal fistulae, uretero-vaginal fistulae. Endometriosis and adenomyosis, chronic pelvic pain, genital tract injuries (dilatation & curettage-box), acquired gynaetresia, intermenstrual, post coital and post menopausal bleeding, ectopic gestation, displacements of the female genital tract.

OBG 502 Endocrinology/Reproductive Health /Infertility 2 Units

The menstrual cycle and associated disorders: the menstrual cycle, primary Amenorrhoea, secondary Amenorrhoea, menorrhagia, dysmenorrhoea, galactorrhea, hirsutism, polycystic ovarian disease, intermenstrual, postcoital and postmenopausal bleeding, the climacteric. Sexuality: physiology of coitus, female sexual dysfunction, male sexual dysfunction, rape Infertility: epidemiology of infertility, male infertility, assisted reproductive techniques. Pelvic infection: the sexually transmitted organisms, acute pelvic inflammatory disease, chronic pelvic inflammatory disease, other pelvic infection

Induced abortions: abortion, legal & illegal (induced) abortions. Contraception and family planning: general considerations, oral hormonal contraception, intrauterine contraceptive device, surgical contraception (female, male) long acting hormonal contraception, barrier methods of contraception, periodic abstinence.

OBG 503 Gynaecological Oncology 2 Units

Lesions of the Vulva: Benign lesions of the vulva, pre-malignant lesions of the vulva, malignant lesions of the vulva, pruritus vulvae. Disease of the vagina: vaginal discharge, benign lesions of the vagina, pre-malignant lesions, malignant lesions of the vagina. Disorders of the cervix: benign lesions of the cervix, pre-malignant lesions of the cervix, malignant lesions of the cervix. Disorders of the Uterus: benign lesions of the uterus, pre-malignant lesions of the uterus. Disorders of the Ovary: ovarian neoplasms, evaluation of ovarian neoplasms, management of ovarian tumours. Gestational trophoblastic tumours: hydatidiform mole, choriocarcinoma. Chemotherapy and radiotherapy in gynaecologic practice: chemotherapy in genital cancer, radiotherapy in genital cancer.

OBG 504 Gynaecology Clinics/Simulation training 4 units

Approach to the gynaecological patient in the clinic. Symptoms and clinical signs in gynaecology. History taking in gynaecology. General physical examination. Pelvic examination. Clinic based procedures – Pap smears, high vaginal swabs, cryosurgery, transabdominal and transvaginal ultrasonography, diagnostic hysteroscopy, colposcopy, hysterosalpingography.

OBG 505 Obstetrics Clinics/Simulation training 4 units

Approach to the obstetric client in the antenatal clinic. Health education of the pregnant woman. Registration/ booking of the pregnant woman. History taking in the pregnant woman. General physical examination. Physical examination of the pregnant uterus and its contents. Routine laboratory investigations. Clinical pelvimetry. Risk assessment of a pregnancy. Special clinical procedures: obstetric ultrasonography, Pap smears, chorionic villus sampling, X-ray pelvimetry. The postnatal clinic..

OBG 506 Antenatal care/Fetal Medicine 2 units

Protocol for antenatal care, nutrition in pregnancy, lie, presentation, position, attitude, engagement of the fetus, the maternal pelvis, imaging in obstetrics, screening for congenital anomalies, prenatal diagnosis, drug use in pregnancy.

Safe motherhood initiative, maternal mortality in Nigeria, age and reproductive outcome, parity and reproductive outcome

OBG 509 Call Duties/ labour ward posting 10 units

And routine exposure and participation in fourteen (14) hours of call duty occurring at least twice weekly or as the departmental call duty roster entails.

TUTORIALS

- 1) Techniques of essay writing and communication skills
- 2) Placenta function and amniotic fluid
- 3) Cardiovascular changes in pregnancy
- 4) Metabolic changes in pregnancy
- 5) Haematological changes in pregnancy
- 6) The use of partograph in the management of labour.
- 7) Renal and alimentary changes in pregnancy
- 8) Weight gain in pregnancy and Foetal birth weight
- 9) Immunological aspects of pregnancy
- 10) Physiology of lactation
- 11) Assessment of foetal wellbeing
- 12) Tumour markers and antigens in gynaecological malignancies

STUDENT EVALUATION AND GRADING

The evaluation of students during the posting in the department of O and G is by continuous assessments. This is by way of an end of posting examination given at the end of each posting.

These two exams make up the bulk of the marks (80%) the student earns. The remaining 20% of the marks will be obtained from the student logbook.

The format for the two end of posting examinations will be both theory (written) and Clinicals (with the clinicals at the senior end of posting being the OSCE format) and is aimed at assessing the theoretical and clinical knowledge and skills the student has acquired during both postings. These examinations will be conducted by the consultants in the department. The 3rd professional MBBS examination also assesses both theoretical and clinical skills and comprises a written component and clinical examinations including orals. The written exams comprise three papers; multiple choice questions, short answer essays and essay papers. This examination is usually conducted by both internal and external examiners.

The continuous assessment all adds to a total of 40% of the candidate's final mark. While the 3rd professional MBBS examination in Obstetrics and Gynaecology makes up 60% making a total of 100% in all. A candidate must score at least 50% of his or her marks in the clinical examination to achieve a pass in Obstetrics and Gynaecology.

ELIGIBILITY FOR EXAMINATION

A student should have obtained at least 75% attendance of lectures and clinical activities to be eligible to write the end of posting examinations. In the event attendance falls short of this, the student will be required to repeat the posting.

GRADING

A grading system using the letters A, B, C and F is adopted. The table below shows the scoring and grading. A minimum mark of 50% (Letter Grade C) is taken as pass mark.

Percentage Scores	Letter Grades
70-100	A
60-69	B
50-59	C
00-49	F

Students must obtain at least 50% in both the clinical and written examinations to pass the end of posting examinations. In the event a student passes the written examination but does not obtain up to 50% in the clinical examination, it is considered a failure and the whole examination will have to be repeated. The final professional examination takes the same format as the end of posting examination.

GRADE APPEAL PROCESS

If a student has any query or problems with his/her grade or score, the candidate writes a formal letter to the Registrar through the head of department within four weeks of the release of such result as contained in article 9.5 of the Kaduna State University student handbook (2014-2019 edition).

RULES AND REGULATIONS

Punctuality at all departmental activities

- 1) Active participation of all and sundry at this activities.
- 2) Mutual respect for one another colleagues and patients alike
- 3) Patient's privacy must be respected at all times
- 4) Examination of patients must be done with a chaperon present.
- 5) Formal dressing and use of ward coats except during theatre sessions.

ABSENCES AND ILLNESSES

The department recognises that emergencies, illnesses, professional and personal situations occur that cause absences by students. Any absences from lectures or clinical activity should be reported beforehand and an excuse obtained from the undergraduate co-ordinator. In the case of a student's illness, a medical report should be provided from the University health services or the student services staff. Any unapproved absences will be counted as non-attendance.

LIST OF REFERENCE TEXTBOOKS FOR MEDICAL STUDENTS

- Obstetrics by Ten Teachers 19th Edition. Edited by Philip N Baker and Louge C Kenny.
- Gynaecology by Ten Teachers 19th Edition. Edited by Philip N Baker and Louge C Kenny.
- Textbook of Obstetrics and Gynaecology for Medical Students Vol 1 by Akin Agboola
- Textbook of Obstetrics and Gynaecology for Medical Students Vol 2 by Akin Agboola.
- Current Diagnosis and treatment in O & G
- On-line subscribed database and off-line resources from the Medical Library