



NIHS Residency Training Program

Specialty: Obstetrics & Gynecology

Comprehensive Clinical Examination (CCE)

I. Definition of Comprehensive Clinical Examination (CCE)

CCE is a form of performance-based testing of higher levels of cognition to ensure that the candidate has clinical competence to practice independently as a specialist or consultant. During a CCE, candidates are observed and evaluated through a series of stations in which the stations reflect real-life situations and allow the candidate to explain the rationale behind their thinking. Each station tests one or more clinical competency domains.

II. Comprehensive Clinical Examination (CCE) Exam Format

1. Number of Stations = 8
2. Duration per station = 12
3. Duration of the break between the two consecutive stations = 3
4. Examiners per Station = 2

Number of Stations	Duration of the station	Types of stations	Orientation and calibration
8-12 Stations	Each station could last between 10 –12 minutes long. There should be 3 minutes before each station.	Multiple clinical/practical skill domains can be covered in a CCE station Eg. History & physical examination of a real or simulated patient, performance of procedures, interpretation of results, analysis and reasoning, Decision-making or communication and professionalism	On Examination day 30 minutes Examiner/Examinee orientation & 1 hour calibration





III. Clinical/Practical Skill Domains

Proposed Domains for NIHS	Definitions
Data gathering / History taking	Asks key relevant questions. Sensitively gathers appropriate information. Explores main problems/concerns of patient/parent/career in structured manner.
Physical Examination and practical skills	Demonstrate correct, thorough, systematic, appropriate, fluent, and professional technique of physical examination. Demonstrate proficiency in performing practical and procedural skills at the level of a specialist.
Data interpretation	Correctly interpret the History findings, Physical examination and Investigation results.
Clinical reasoning and analytical skills	Formulate & propose likely appropriate differential diagnosis Understand the implications of findings. Able to suggest appropriate steps if the physical examination was inconclusive. <i>(Differential Diagnosis & Provisional Diagnosis)</i>
Decision-making & Management	Select or negotiate a sensible and appropriate management plan for a patient, relative or clinical situation. Select appropriate investigations or treatments for a patient. Apply clinical knowledge, including knowledge of law and ethics, to the case.
Communication & Professionalism	Appropriate level of confidence; greeting and introduction; appropriate body language Develops appropriate rapport with patient/parent/carer or colleague. Appropriate tone & pace of speech Behave towards the patient or relative, respectfully and sensitively and in a manner that ensures their comfort (eg. avoid causing pain), safety (eg. washing hands) and dignity (eg. covering patient). Seek, detect, acknowledge and address patients' or relatives' concerns. Demonstrate empathy.





IV. Blueprint Outline

- This will be published on the NIHS website for the candidates.
- This will act as a guideline for the Examination Sub-committee for exam design.
- This will be fixed for the next 4 academic years.
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Section	Subtopics
Obstetrics	
Antepartum Care	Prenatal Visits and Screening Tests
	Fetal Monitoring Techniques
Intrapartum Care	Normal Labor and Delivery
	Operative Delivery (<i>Indications and Techniques for Cesarean Section</i>)
Postpartum Care	Postpartum Maternal Assessment and Monitoring
	Breastfeeding Support and Management of Breastfeeding Complication
	Postpartum Contraception Counseling and Options
Obstetrics Emergency	Management Of Pregnancy Complications
	Special Obstetric Procedures and Techniques
Gynecology	
Benign Gynecologic Conditions	Evaluation/Diagnosis/Management of Gynecologic Conditions
	Evaluation and Management of Abnormal Uterine Bleeding
	Management Of Benign Ovarian Masses
Gynecologic Oncology	Screening and Diagnosis of Gynecological Malignancies
	Surgical Management for Gynecologic Cancers
	Adjuvant Therapies for Gynecologic Malignancies
Reproductive Endocrinology and Infertility	Evaluation and Management of Infertility
	Hormonal Disorders Affecting Reproductive Health.
	Assisted Reproductive Technologies
Gynecologic Emergency	Acute Pelvic Pain and Masses
	Abnormal Bleeding and Discharge
Gynecologic Procedures and Interventions	Preoperative, Intraoperative, Postoperative Care
	Minimally Invasive Techniques
	Abdominal and Pelvic Surgeries
Special Topics in Obstetrics and Gynecology	
Office Practice and Women's Health	Well-Woman Preventive Care
	Office Management and Procedures
Global Health and Obstetrics/Gynecology	Maternal Health Disparities and Global Initiatives
	Obstetric and Gynecologic Care in Resource-Limited Settings
	Cultural Considerations in Obstetric and Gynecologic Care
Ethics And Legal Issues	Informed Consent and Patient Autonomy in Obstetric and





Gynecologic Practice
Ethical Considerations in Reproductive Medicine
Legal Issues Surrounding Abortion and Reproductive Rights

V. Passing Score

- Each station shall be assigned a minimum performance level (MPL) based on the expected performance of a minimally competent candidate using a sound scientific standard-setting method such as regression analysis.
- To pass the examination, a candidate must attain a score equal to or more than the MPL in at least 70% of the number of stations.

VI. Time Management

- The examiner is aware of how much material needs to be covered per station, and it is their responsibility to manage the time accordingly.
- The examiner will want to give you every opportunity to address all the questions within the station.
- They may indicate that "in the interests of time, you will need to move to the next question." This type of comment has no bearing on your performance. It is simply an effort to ensure that you complete the station.
- If you are unclear about something during the station, ask the examiner to clarify.
- Some stations may finish early – if this occurs, the examiner will end the encounter.

VII. Examiner Professionalism

- The examiners have been instructed to interact with you professionally – don't be put off if they are not as warm and friendly towards you as usual.
- We recognize this is a stressful situation, and the examiner is aware that you are nervous. If you need a moment to collect your thoughts before responding, indicate this to the examiner.
- The nomination of examiners is based on the principle that candidates are assessed by qualified examiners selected and appointed by NIHS. The examiner is not obligated by any means to share their personal information or professional details with the candidate.

VIII. Conflict of Interest

- The examiners come from across the country. You will likely recognize some of them and may have worked with some of them in your center's clinical/academic capacity. This is completely acceptable to the NIHS and is not a conflict unless if the examiner had a substantial contribution to your training or evaluation, or if you have another personal relationship with the examiner.
- Identify the conflict at the moment of introduction; examiners have been instructed to do the same. Examiners will alert the NIHS staff – every attempt will be made to find a suitable replacement for the station.

IX. Confidentiality

- Electronic devices are NOT permitted.
- Communication with other candidates during the evaluation is prohibited.





X. Textbooks

- William Obstetrics by F. Gary Cunningham, Norman F. Gant, Kenneth J Leveno, Larry C. Gilstrap, John C. Hauth, Katharine D. Wenstrom.
- Clinical Gynecologic Endocrinology and Infertility by Mac A. Fritz and Leon Speroff.
- Telinde's Operative Gynecology by Richard W. Te Linde, John D. Thompson.
- Comprehensive Gynecology by Morton A. Stenchever, William Droegemuller, Daniel R. Mishell, Arthur L. Herbst.
- Obstetrics: Normal & Problem Pregnancies by Steven G. Gabbe, Jennifer R. Niebyl, Joe Leigh Simpson.
- Lobo and Gershenson, Comprehensive Gynecology.
- Surgical Principles (e.g. Te Linde's Operative Gynecology / Schwartz's Principles of Surgery).
- Clinical Gynecologic Oncology by Philip DiSaia, William Creasman, Robert Mannel, D. Scott McMeekin, David Mutch.
- Berek and Hacker's Gynecologic Oncology, by Jonathan S. Berek, Neville F. Hacker.
- Williams Gynecology by Barbara L. Hoffman, John O. Schorge, Karen D. Bradshaw, Lisa M. Halvorson, Joseph I. Schaffer, Marlene M. Corton.
- Pediatric and Adolescent Gynecology by Joseph S. Sanfilippo, David Muram, John Dewhurst, Peter A. Lee.
- Maternal-Fetal Medicine by Robert K. Creasy, Robert Resnik, Jay Iams.
- Professionalism and Ethics Handbook for Residents: A Practical Guide, by Prof. James Ware, Dr. Abdulaziz Fahad Alkaabba, Dr. Ghaiath MA Hussein, Prof. Omar Hasan Kasule, SCFHS, Latest Edition.
- Essentials of Patient Safety: The first step to proper healthcare, SCFHS, by Abdulelah Alhawsawi, Salem Alwahabi, Ahmad Wazzan.
- Introduction to Clinical Research for Residents, SCFHS, by Hani Tamim.
- Evidence Based Medicine. How to Practice and Teach EBM by DI Sackett.
- Users' Guides to the Medical Literature: A Manual for Evidence-Based Clinical Practice, by Gordon Guyatt, Drummond Rennie, Maureen O. Meade, Deborah J. Cook.
- Clinical evidence-based guidelines of Saudi and international societies related to obstetrics and gynecology (e.g., ACOG, RCOG, SOGC, etc.).
- Communication Skills: Key to Understanding, by Dr. Fayza Rayes, SCFHS.

Sample Guidelines

- Society of Obstetricians and Gynaecologists of Canada
- American College of Obstetricians and Gynecologists.
- The Royal College of Obstetricians and Gynaecologists.
- Centers for Disease Control and Prevention.
- World Health Organization.

Other Resources

- UpToDate®

