

**REVISED TABULATION* OF CASE REQUIREMENTS FOR
PART II DIPLOMATE EXAMINATION AND CASES FOR DISCUSSION**

*APPLICANT'S COPY (Revised Tabulation of **TEN VARIED MAJOR Ob-Gyn Procedures for PART II Diplomate Exam**)*
**Cases numbered #1-10: SIX (6) Major Ob and FOUR (4) Major Gyn Cases, IN ARIAL FONT 12 POINTS AND
 LANDSCAPE VIEW**

TALLY NUMBER(#). PATIENT'S AGE & OB SCORE (G/P). DATE ADMITTED; DATE DISCHARGED. <i>HOSP Where procedure was done</i>	ADMITTING DIAGNOSIS	PRE-OP DX	MANAGEMENT, OPERATION /PROCEDURE. DATE DONE	INDICATION for MX (Justification should be added if there is a deviation from standard of care; this column should always be answered)	FINAL DX	OUTCOME/ HISTOPATH
Ob1.						
Ob2.						
Ob3.						
Ob4.						
Ob5.						
Ob6.						
Gyn7.						
Gyn8.						
Gyn9.						
Gyn10.						

- Each case should be numbered **consecutively from #1 to #20** (without any patient name as identifier), including the supporting documents* (the EXACT content of the operative record & the histopath result are typewritten on a separate paper, without patient identifiers); these supporting documents are also numbered consecutively from #1 to #20.
- All dystocia (abnormal labor) cases must include a partogram.

APPLICANT'S COPY (Tabulation of **TEN VARIED MINOR Ob-Gyn Procedures**)

Cases numbered #11-20: FIVE (5) Minor Ob and FIVE (5) Minor Gyn Cases, IN ARIAL FONT 12 POINTS AND LANDSCAPE VIEW

TALLY NUMBER(#). PATIENT'S AGE & OB SCORE (G/P). DATE ADMITTED; DATE DISCHARGED. <i>HOSP Where procedure was done</i>	ADMITTING DIAGNOSIS	PRE-OP DX	MANAGEMENT, OPERATION /PROCEDURE. DATE DONE	INDICATION for MX (Justification should be added if there is a deviation from standard of care; this column should always be filled-up	FINAL DX	OUTCOME/ HISTOPATH
Ob11.						
Ob12.						
Ob13.						
Ob14.						
Ob15.						
GYN16.						
GYN17.						
GYN18.						
GYN19.						
GYN20.						

- Each case should be numbered **consecutively from #1 to #20** (without any patient name as identifier), including the supporting documents* (the EXACT content of the operative record & the histopath result are typed on a separate paper, without patient identifiers); these supporting documents are also numbered consecutively from #1 to #20.

***FOUR VARIED MAJOR CASES** (from the Ten Varied Major Ob-Gyn Procedures tabulated above) are FOR DISCUSSION- **TWO (2) VARIED MAJOR Ob & TWO (2) VARIED MAJOR Gyn (w/ varied indications, or NO TWO SIMILAR Indications)**

Note: Case discussions of the four (4) submitted varied Major Ob-Gyn cases for Part II Oral exam application must have the DISCUSSION PROPER limited to **one page** with a minimum of 500 words and a maximum of 600 words; in ARIAL font 12, single space, portrait view.

This discussion should be PATIENT- Focused/Patient-Centered, with an emphasis on the critical issues influencing the decision-making in the case and with correct citation of updated or latest references and evidence from recent literature/journals (dated five years from submission). NO 'COPY-PASTE' allowed.

EXAMPLE:

TALLY NUMBER(#) PATIENT'S AGE & OB SCORE (G/P) DATE ADMITTED; DATE DISCHARGED HOSP Where procedure was done	ADMITTING DIAGNOSIS	PREOP DIAGNOSIS	MANAGEMENT, OPERATION/ PROCEDURE, DATE DONE	INDICATION for MX (Justification should be added if there is a deviation from standard of care; this column should always be answered)	FINAL DX	OUTCOME/ HISTOPATH
Ob1 24 G1P0 xxxxxxxx	Xxxx	xxxxx	Primary Low Transverse Cesarean Section	Breech primigravid	xxx	xxx
Ob2 34 G4P3 (3003) xxxxxxxx	Xxxx	xxxxx	Primary Low Transverse Cesarean Section Bilateral salpingectomy	LTCS- Non- Reassuring Fetal Heart Rate Pattern (Persistent Late decelerations dipping to 70 beats below baseline BS- Completed family size and prophylactic for the development of epithelial ovarian cancers	xxx	xxx

Gyn7 45 G4P4 (4004) xxxxxxx	xxxx	xxx	Total Hysterectomy with Bilateral salpingectomy	TH- Huge myoma and completed family size BS- prophylactic for the development of epithelial ovarian cancers	xxx	xxx
Gyn8 22 G0 xxxxxxx	Ovarian New Growth, probably benign, in complication, Right	xxx	Detorsion Oophorocystec- tomy, Right	Ovary/fertility-sparing surgery or ovarian conservation with removal of benign ovarian pathology	xxx	xxx

- END.