

SECTION –VI

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UNIVERSITY RESIDENCY PROGRAM OF RAWALPINDI MEDICAL UNIVERSITY: THE ASSESSMENT STRATEGIES FOR

The vision:

To improve health care and population health by assessing and advancing the quality of resident physician's education through accreditation.

The Mission:

We imagine a world characterized by:

A structured approach to evaluating the competency of all residents and fellows

Motivated physician role Models leading all program of the university.

High quality, supervised, humanistic clinical educational experience, with customized formative feedback.

Clinical learning environments characterized by excellence in clinical care, safety of patients, doctors and paramedics and professionalism.

Residents and fellows achieving specific proficiency prior to graduation.

Residents and fellows are prepared to be Virtuous Physicians who place the needs and well-being of patients first

The values:

Honesty and Integrity

Excellence and Innovation

Accountability and Transparency

Fairness and Equity

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Stewardship and Service
Engagement of Stakeholders
Leadership and Collaboratio

Back Ground/ Rationale:

Need for Modernization of the Obs/ Gynae Post Graduate Training in the country.
Need for structuration of all the components of Post Graduate Medical training in Pakistan.

Need for better Monitoring of the System for better out comes.

Aims:

To fulfill the need of Modernization of the Assessment strategies.
To structure the Assessment strategies.
To shift the paradigm from an Examination Oriented System towards a Training Oriented System.

The Characteristics of the document on Assessment Strategies:

Following aspects are tried to be accomplished while synthesis of this document on assessment strategies for MD Internal Medicine University Residency Program:

Should be Technically Sound
Should be acceptable by all the stakeholders
Should be feasible for implementation
Should be concise
Should be according to the need of our educational system
Should be reproducible / can be nationalized
Should be sustainable
Should be able to assess all required competencies accurately

Few definitions before we proceed further made to be clear:

1. What Is Competency?

The ability to do something successfully or efficiently.

2. What Is Competence?

Competency is described what an individual is enable to do while performance should describe what an individual actually does in clinical practice. The terms “performance” and “competency” are often used interchangeably.

3. What is performance based assessment of curriculum?

Performance based assessment measures students’ ability to apply the skills & knowledge learned from a unit of study.

What is work place based assessment of curriculum?

The apprenticeship model of medical training has existed for thousands of years: the apprentice learns from watching the master and the master in turn observe the apprentice’s performance & helps them improve. Performance assessment not therefore a new concept higher work in modern healthcare environment with its discourse of accountability, performance assessment increasing role In ensuring that professionals develop and maintain the knowledge and skills required for practice. However now it will be done in a structured manner.

What is a Formative Assessment?

Such an Assessment which creates learning itself, from one’s deficiencies.

It is non-threatening for the students because it does not decide pass or fail.

Provision of Feed back to the students is essential component of Formative Assessment

What is a Summative Assessment?

Criteria Based High Stake Examinations

Provision of Feedback to the students is not essential for Summative Examinations

7. What is continuous Internal Assessment?

A collection of Formative Assessments is called Continuous Internal Assessment

What is the basis of curriculum and Assessment of MD internal Medicine of Rawalpindi Medical University Rawalpindi?

The curriculum of MD internal Medicine of Rawalpindi Medical University Rawalpindi is derived from **Accreditation Council for Graduate Medical Education** which is competency / performance based system depends upon six following competencies.

Medical Knowledge

Patient Care

Interpersonal & Communication Skills

Professionalism

Practice Based Learning

System Based Learning

Rawalpindi Medical University Rawalpindi has two incorporated one additional component in this basic structure of six core competencies

7. Research

EVALUATION & ASSESSMENT STRATEGIES

A) Assessment strategies

B) Table of specification and time allocation

C) Grading Plan

A) Assessment strategies

First year assessment strategies

Obstetrics

S No	Content (Obs)	Site of teaching and learning	Teaching and learning strategies	Formative Assessment tool			
				K	P	A	
1	NORMAL OBSTETRICS <ul style="list-style-type: none"> • Basics (obstetric anatomy, perineum, embryology of fetal development, physiological changes in pregnancy) • Antenatal (concepts and objectives , history taking and obstetrical examination, recommended visits, dietary advice, antenatal screening, minor symptoms of pregnancy) • Intrapartum (diagnosis of labour, physiology of labour, fetal and pelvic dimension, mechanism of labour, management of labour, fetal monitoring, ability to differentiate between normal and abnormal findings) • Postnatal Care (normal puerperium, breast feeding) • Neonatology (apgor score neonatal resuscitation, neonatal care, behavior of new born, immunization) • Breast feeding (breast feeding protocol, maternal and neonatal benefits of breast feeding) 	<ul style="list-style-type: none"> • OPD • LR • ANW 	Clinical rotation / CBD, SGD, CSR e-learning JC, Assignment + Case Presentation PAL , DSDL	Log Book (30% cases) Obstetrics 05 (03 major, 02 minor) WPBA Multisource feedback, 360° performa DOPS (Obstetrics 05, (list attached) MiniCEX (Obstetrics 05, (list attached)			
2	OBSTETRICS COMPLICATION <ul style="list-style-type: none"> • Antenatal (APH, PROM, PPROM, preterm labour, domestic violence, nutritional deficiencies • Postnatal Care (PPH (primary and secondary) 	<ul style="list-style-type: none"> • ANW • LR • HDU 	CBD, SGD, CSR JC, Assignment e-learning + Case Presentation PAL , DSDL				
3	MEDICAL COMPLICATIONS <ul style="list-style-type: none"> • Hematological disorders, (anemia, thrombocytopenia, DIC • Hypertensive disorder (PIH, preeclampsia, eclampsia) • Diabetes in pregnancy (type-I, II and GDM) • Drug abuse, medication in pregnancy 	<ul style="list-style-type: none"> • HRA • ANW • OPD ER 	CBD, SGD, CSR JC, Assignment + Case Presentation PAL , DSDL				
4	OBSTETRICS PROCEDURES <ul style="list-style-type: none"> • SVD, SVD with epi (along with scrubbing gloving gowning) 	<ul style="list-style-type: none"> • DR (PAL, hand on learning) Simulation / drills 	<ul style="list-style-type: none"> • DR (PAL, hand on learning) • Simulation / drills 				

First year assessment strategies

Gynaecology

SNO	Content (Obs)	Site of teaching and learning	Teaching and learning strategies	Formative Assessment
1	<p>NORMAL OBSTETRICS (content of first year included)</p> <ul style="list-style-type: none"> • Intrapartum (diagnosis of labour, physiology of labour, fetal and pelvic dimension, mechanism of labour, management of labour, fetal monitoring, ability to differentiate between normal and abnormal findings) • Postnatal Care (normal puerperium, breast feeding) • Neonatology (apgor score neonatal resuscitation, neonatal care, behavior of new born, immunization) • Breast feeding (breast feeding protocol, maternal and neonatal benefits of breast feeding) 	<p>Clinical rotation /</p> <ul style="list-style-type: none"> • OPD • LR • ANW 	<p>Clinical rotation /</p> <p>CBD, SGD, CSR</p> <p>e-learning</p> <p>JC, Assignment</p> <p>+ Case Presentation PAL</p> <p>DSDL</p>	<p>Formative Assessment tool</p> <p>Log Book (30 % cases) Obstetrics 05 (03 major, 02 minor) WPBA Multisource feedback, 360° performa DOPS (Obstetrics 04) MiniCEX (Obstetrics 05)</p>
2	<p>OBSTETRICS COMPLICATION (content of first year included)</p> <ul style="list-style-type: none"> • Antenatal (prolong pregnancy, induction of labour), IUD, IUGR, fetal abnormality, fetal abnormality, oligohydramnios, polyhydramnios, twin and higher order gestation, social, previous I scar • Intrapartum (abnormal labour, malposition, malpresentation, • Postnatal Care (PPH (puerperial pyrexia, thromboprophylaxis, early neonatal problem, problems with breast feeding) 	<ul style="list-style-type: none"> • ANW • LR • HDU 	<p>CBD, SGD, CSR</p> <p>JC, Assignment</p> <p>e-learning</p> <p>+ Case</p> <p>Presentation PAL ,</p> <p>DSDL</p>	
3	<p>MEDICAL COMPLICATIONS (content of first year included)</p> <ul style="list-style-type: none"> • Hypertensive disorder (PIH, preeclampsia, eclampsia) • Diabetes in pregnancy (type-I, II and GDM) • Thyroid disorders (hypo and hyperthyroidism) • Liver disease (jaundice in pregnancy, cholestasis in pregnancy, AFLP) • Drug abuse, medication in pregnancy 	<ul style="list-style-type: none"> • HRA • ANW • OPD • ER 	<p>CBD, SGD, CSR</p> <p>JC, Assignment</p> <p>+ Case</p> <p>Presentation PAL ,</p> <p>DSDL</p>	<p>Summative Assessment</p> <p>Written & Clinical- Written: 150 marks A) MCQs 100 marks (Obs 50 , Gynae 50) B) SAQs 05 (50 marks) Clinical: 50 marks TOACS- 50</p>
4	<p>OBSTETRICS PROCEDURES (content of first year included)</p> <ul style="list-style-type: none"> • PPIUD, LSCS, CVS, amniocentesis, craniocentesis 	<ul style="list-style-type: none"> • Perform obstetrics procedures as per directed and checklist 	<ul style="list-style-type: none"> • DR (PAL, hand on learning) • Simulation / drills 	

Second year assessment strategies

Gynaecology

S No	Content (Gynae)	Site of teaching and learning	Teaching and learning strategies	Formative Assessment tool		
				K	P	A
1	BASIC GYNAECOLOGICAL CONCEPTS <ul style="list-style-type: none"> Embryology of genital tract (normal and abnormal development) Anatomy of pelvic and pelvic floor Physiology of normal menstrual cycle History taking, examination, investigations 	Clinical rotation / <ul style="list-style-type: none"> OPD Skill lab Gynae ward	CBD, SGD, CSR e-learning, JC, Assignment + Case Presentation PAL, DSDL	Log Book (30% cases) Gynaecology 04 (02 major, 02 minor) WPBA Multisource feedback, 360° performa DOPS Gynae 04) (list attached) MiniCEX Gynae 04) (list attached)		
	PUBERTY AND MENSTRUAL DISORDERS <ul style="list-style-type: none"> Puberty and its disorders Menarche, primary amenorrhea 	<ul style="list-style-type: none"> OPD Gynae ward 	CBD, SGD, CSR e-learning, JC, Assignment + Case Presentation PAL, DSDL			
	EARLY PREGNANCY COMPLICATIONS <ul style="list-style-type: none"> Miscarriages Ectopic 	<ul style="list-style-type: none"> OPD ER Simulated	CBD, SGD, CSR e-learning, JC, Assignment + Case Presentation PAL, DSDL			
	SUBFERTILITY AND CONTRACEPTION <ul style="list-style-type: none"> Contraception 	<ul style="list-style-type: none"> OPD Gynae ward PNW ward Family planning clinic	CBD, SGD, CSR e-learning JC, Assignment + Case Presentation PAL, DSDL			
	GYNAECOLOGICAL TUMORS <ul style="list-style-type: none"> Pelvic masses 	<ul style="list-style-type: none"> OPD Gynae ward 	CBD, SGD, CSR e-learning, JC, Assignment + Case Presentation PAL, DSDL			
	GYNAECOLOGICAL PROCEDURES <ul style="list-style-type: none"> ERPC, MVA, perspeculum examination (Papsmear, HVS), wound care 	<ul style="list-style-type: none"> OPD OT / DR Gynae ward	Videos, PAL, Drills simulation			

Third year assessment strategies

Obstetrics

S No	Content	Site of teaching and learning	Teaching and learning strategies	Formative Assessment tool
1	NORMAL OBSTETRICS (content of first and second year)	Clinical rotation / <ul style="list-style-type: none"> • OPD • LR • ANW 	Clinical rotation / CBD, SGD, CSR e-learning, JC, Assignment + Case Presentation PAL DSDL , BST	Log Book (40 % cases) Obstetrics 06 (03 major, 03 minor) WPBA Multisource feedback, 360° performa
2	OBSTETRICS COMPLICATION <ul style="list-style-type: none"> • Antenatal (pregnancy with fibroid, pregnancy with placenta previa, content of first and second year included) • Intrapartum (Fetal distress, cord prolapse, instrumental delivery, still birth) • Postnatal Care (PPH (Puerperial pyrexia, thromboprophylaxis, psychological disorder, DVT, early neonatal problem, problems with breast feeding) 	<ul style="list-style-type: none"> • ANW • LR • HDU 	CBD, SGD,CSR JC, Assignment e-learning + Case Presentation PAL, DSDL, BST	DOPS (Obstetrics 04) MiniCEX (Obstetrics 05)
3	MEDICAL COMPLICATIONS (content of first and second year included) <ul style="list-style-type: none"> • Diabetes in pregnancy (type-I, II and GDM) • Thyroid disorders (hypo and hyperthyroidism) • Liver disease (jaundice in pregnancy, cholestasis in pregnancy, AFLP) • Connective tissue disorders (APLS, SLE) • Neurological disorders, respiratory problems, • Renal disorder and skin disorder) 	<ul style="list-style-type: none"> • HRA • ANW • OPD ER 	CBD, SGD, CSR JC, Assignment + Case Presentation, PAL , DSDL, BST	
4	OBSTETRICS PROCEDURES (content of first and second year included) <ul style="list-style-type: none"> • Instrumental delivery, LSCS, CVS, amniocentesis, craniocentesis, ECV/ IPV, breach delivery, shoulder dystochia, PPH exploration (vaginal and cervical tear repair, ballon tymponade, uterine artery ligation, B-lynch)) 	<ul style="list-style-type: none"> • DR (PAL, hand on learning) • Simulation / drills 	<ul style="list-style-type: none"> • DR (PAL, hand on learning) • Simulation / drills 	

Third year assessment strategies

Gynaecology

S No	Content	Site of teaching and learning	Teaching and learning strategies	Formative Assessment tool
1	BASIC GYNAECOLOGICAL CONCEPTS <ul style="list-style-type: none"> Sexual dysfunction, rape and sexual assault Professionalism, ethics and statistic PUBERTY AND MENSTRUAL DISORDERS <ul style="list-style-type: none"> Primary amenorrhoea Secondary amenorrhoea, PCOD, endometrial and cervical causes of menstrual problems, medical conditions causing menstrual problems, Menopause, HRT) 	Clinical rotation / <ul style="list-style-type: none"> OPD LR ANW 	Clinical rotation / CBD, SGD, CSR e-learning, JC, Assignment + Case Presentation PAL DSDL , BST	Log Book (40% cases) Gynaecology 05 (03 major, 02 minor) WPBA Multisource feedback, 360° performa DOPS Gynae 04) (list attached)
2	EARLY PREGNANCY COMPLICATIONS <ul style="list-style-type: none"> GTD GENITAL TRACT INFECTIONS <ul style="list-style-type: none"> PID, STDs, chronic pelvic pain,) 	<ul style="list-style-type: none"> ANW LR HDU 	CBD, SGD,CSR JC, Assignment e-learning + Case Presentation PAL, DSDL, BST	MiniCEX Gynae 04) (list attached)
3	SUBFERTILITY AND CONTRACEPTION <ul style="list-style-type: none"> Primary and secondary subfertility (endometriosis) Treatment of subfertility, assisted reproduction PELVIC FLOOR DYSFUNCTION <ul style="list-style-type: none"> Urinary incontinence UV fistula) Female genital mutilation 	<ul style="list-style-type: none"> HRA ANW OPD ER 	CBD, SGD, CSR JC, Assignment + Case Presentation, PAL , DSDL, BST	
4	GYNAECOLOGICAL TUMORS <ul style="list-style-type: none"> Benign conditions of ovary, uterus, cervix, vulva and vagina Malignant conditions of ovary, uterus, cervix, vulva and vagina 	<ul style="list-style-type: none"> DR (PAL, hand on learning) Simulation / drills 	<ul style="list-style-type: none"> DR (PAL, hand on learning) Simulation / drills 	
5	GYNAECOLOGICAL PROCEDURES <ul style="list-style-type: none"> Diagnostic dilatation and curettage, Colposcopy, Pipelle / Mirena insertion, EUA/ Polypectomy, TAH/Laparotomy, Diagnostic laparoscopy, Vaginal hysterectomy, Hysteroscopic guided biopsy, Perineal repair, Suction evacuation, Marsuplization, hymenectomy, Myomectomy as assistant 	Clinical rotation / <ul style="list-style-type: none"> OPD LR ANW 	Clinical rotation / CBD, SGD, CSR e-learning, JC, Assignment + Case Presentation PAL DSDL , BST	

Fourth year assessment strategies

Obstetrics

S No	Content	Site of teaching and learning	Teaching and learning strategies	Formative Assessment tool
1	NORMAL OBSTETRICS (content of first, second and third year included)	Clinical rotation / OPD <ul style="list-style-type: none"> • LR • ANW 	Clinical rotation / CBD, SGD, CSR e-learning, JC, Assignment + Case Presentation PAL DSDL , BST	WPBA Multisource feedback, 360° performa DOPS (Obstetrics 05, (list attached) MiniCEX (Obstetrics 05, (list attached)
2	OBSTETRICS COMPLICATION <ul style="list-style-type: none"> • Antenatal (content of first, second and third year included, pregnancy with placenta previa, Rh incompatibility) • Intrapartum (Fetal distress, instrumental delivery, still birth) • Postnatal Care (Thromboprophylaxis, psychological disorder, DVT, problem, problems) 	<ul style="list-style-type: none"> • ANW • LR • HDU 	CBD, SGD,CSR JC, Assignment e-learning + Case Presentation PAL, DSDL, BST	Summative Assessment tool Written & Clinical Written: 400 marks A) MCQs (100 marks) Obs 40 Gynae 60 B) SAQs 10 (100 marks) 05 Gynae SAQs 05 Obs SAQs C) Defense of thesis (200 marks) Clinical: 400 marks A) Long Cases – 200 marks Obs case 100 marks Gynae case 100 marks B) TOACS- 200 marks
3	MEDICAL COMPLICATIONS (content of first, second and third year included) <ul style="list-style-type: none"> • Cardiac disease in pregnancy • Connective tissue disorders (APLS, SLE) • Neurological disorders, respiratory problems, • Renal disorder and skin disorder) 	<ul style="list-style-type: none"> • HRA • ANW • OPD ER 	CBD, SGD, CSR JC, Assignment + Case Presentation, PAL , DSDL, BST	
4	OBSTETRICS PROCEDURES <ul style="list-style-type: none"> • ECV/ IPV, breach delivery, shoulder dystochia, PPH exploration (vaginal and cervical tear repair, ballon tympanade, uterine artery ligation, B-lych)) 	<ul style="list-style-type: none"> • DR (PAL, hand on learning) • Simulation / drills 	DR (PAL, hand on learning) Simulation / drills	

Fourth year assessment strategies

Gynaecology

S No	Content	Site of teaching and learning	Teaching and learning strategies	Formative Assessment tool
1	<p>PUBERTY AND MENSTRUAL DISORDERS</p> <ul style="list-style-type: none"> • Menarche, primary and amenorrhea • Menopause, HRT) <p>SUBFERTILITY AND CONTRACEPTION</p> <ul style="list-style-type: none"> • Primary and secondary subfertility (endometriosis) <p>Treatment of subfertility, assisted reproduction</p>	<p>Clinical rotation / OPD</p> <ul style="list-style-type: none"> • LR • ANW 	<p>Clinical rotation / CBD, SGD, CSR</p> <p>e-learning, JC,</p> <p>Assignment</p> <p>+ Case</p> <p>Presentation PAL</p> <p>DSDL , BST</p>	<p>WPBA</p> <p>Multisource feedback, 360° performa</p> <p>DOPS Gynae 06) (list attached)</p> <p>MiniCEX Gynae 05) (list attached)</p>
2	<p>PELVIC FLOOR DYSFUNCTION</p> <ul style="list-style-type: none"> • Pelvic organ prolaps • Urinary incontinence UV fistula) 	<ul style="list-style-type: none"> • ANW • LR • HDU 	<p>CBD, SGD,CSR</p> <p>JC, Assignment</p> <p>e-learning</p> <p>+ Case</p> <p>Presentation PAL, DSDL, BST</p>	<p>Summative Assessment tool</p> <p>Written & Clinical Written: 400 marks</p> <p>A) MCQs (100 marks) Obs 40 Gynae 60</p> <p>B) SAQs 10 (100 marks) 05 Gynae SAQs 05 Obs SAQs</p> <p>C) Defense of thesis (200 marks)</p> <p>Clinical: 400 marks</p> <p>A) Long Cases – 200 marks Obs case 100 marks Gynae case 100 marks</p> <p>B) TOACS- 200 marks</p>
3	<p>GYNAECOLOGICAL TUMORS</p> <ul style="list-style-type: none"> • Malignant conditions of ovary, uterus, cervix, vulva and vagina 	<ul style="list-style-type: none"> • HRA • ANW • OPD ER 	<p>CBD, SGD, CSR</p> <p>JC, Assignment</p> <p>+ Case</p> <p>Presentation, PAL , DSDL, BST</p>	
4	<p>GYNAECOLOGICAL PROCEDURES</p> <ul style="list-style-type: none"> • IUI, ring pessary insertion, diagnostic dilatation and curettage, Mirena insertion, EUA/ Polypectomy, TAH / Laparotomy, Diagnostic laparoscopy, Vaginal hysterectomy, Hysteroscopic guided biopsy, Perineal repair, Marsuplization, hymenctomy Myomectomy as assistant 	<ul style="list-style-type: none"> • DR (PAL, hand on learning) • Simulation / drills 	<p>DR (PAL, hand on learning)</p> <p>Simulation / drills</p>	

B) Table of specification and time allocation (MTA and final examination)

Table of Specification MTA (First & Second year)

Obstetric

SNO	Content (Obs)	Formative Assessment tool	Time allocation %	Summative Assessment tool 50% =100 marks			% Assess
				MCQ% = marks	SAQ	TOACS	
1	NORMAL OBSTETRICS (content of first year included) <ul style="list-style-type: none"> • Intrapartum (diagnosis of labour, physiology of labour, fetal and pelvic dimension, mechanism of labour, management of labour, fetal monitoring, ability to differentiate between normal and abnormal findings) • Postnatal Care (normal puerperium, breast feeding) • Neonatology (apgor score neonatal resuscitation, neonatal care, behavior of new born, immunization) • Breast feeding (breast feeding protocol, maternal and neonatal benefits of breast feeding) 	Log Book (30 % cases) Obstetrics 05 (03 major, 02 minor) WPBA Multisource feedback, 360° performa DOPS (Obstetrics 04) MiniCEX (Obstetrics 05)	10% = 295 hrs	5% = 10	2.5%= 5 marks (1 item)	2.5% = 5 marks (1 item)	10%
2	OBSTETRICS COMPLICATION (content of first year included) <ul style="list-style-type: none"> • Antenatal (prolong pregnancy, induction of labour), IUD, IUGR, fetal abnormality, fetal abnormality, oligohydramnios, polyhydramnios, twin and higher order gestation, social, previous I scar • Intrapartum (abnormal labour, malposition, malpresentation, • Postnatal Care (PPH (puerperial pyrexia, thromboprophylaxis, early neonatal problem, problems with breast feeding) 		20% = 590 hrs	10% = 20	5% = 10 marks 2 items	5% = 10 marks 2 Items	20%
3	MEDICAL COMPLICATIONS (content of first year included) <ul style="list-style-type: none"> • Hypertensive disorder (PIH, preeclampsia, eclampsia) • Diabetes in pregnancy (type-I, II and GDM) • Thyroid disorders (hypo and hyperthyroidism) • Liver disease (jaundice in pregnancy, cholestasis in pregnancy, AFLP) • Drug abuse, medication in pregnancy 		10% = 295 hrs	5% = 10	2.5% = marks (1 item)	2.5% = 5 marks (1 item)	10%
4	OBSTETRICS PROCEDURES (content of first year included) <ul style="list-style-type: none"> • PPIUD, LSCS, CVS, amniocentesis, craniocentesis 		10% = 295 hrs	5% = 10	2.5% = 5 marks (1 item)	2.5% = 5 marks (1 item)	10%

Table of Specification MTA (First & Second year)

Gynaecology

SNO	Content (Gynae)	Formative Assessment tool	Time allocation %	Summative Assessment tool 50% =100 marks			% Assessment
				MCQ % = marks	SAQ	TOACS	
1	BASIC GYNAECOLOGICAL CONCEPTS (content of previous year included) <ul style="list-style-type: none"> Sexual dysfunction, rape and sexual assault Professionalism, ethics and statistic 	Log Book (30% cases) Gynaecology 04 (02 major, 02 minor) WPBA Multisource feedback, 360° DOPS Gynae 04) (list attached) MiniCEX Gynae 04) (list attached)	5 % =145.5	5% = 10 marks			5 %
2	PUBERTY AND MENSTRUAL DISORDERS (content of previous year included) <ul style="list-style-type: none"> Puberty and its disorders Menarche, primary amenorrhea Secondary amenorrhea, PCOD, endometrial and cervical causes of menstrual problems, medical conditions causing menstrual problems, 		10 % = 295	2.5% =5 marks	5% = 10 marks 02 items	2.5% = 5 marks 01 item	10 %
3	EARLY PREGNANCY COMPLICATIONS (content of previous year included) <ul style="list-style-type: none"> Ectopic GTD 		5 % =145.5	2.5% =5 marks		2.5% =5 marks 01 item	5 %
4	GENITAL TRACT INFECTIONS (content of previous year included) PID, STDs, chronic pelvic pain,)		5 % =145.5	2.5% =5 marks	2.5% =5 marks 01 item		5 %
5	SUBFERTILITY AND CONTRACEPTION (content of previous year included) <ul style="list-style-type: none"> Contraception 		5 % =145.5	2.5% =5 marks		2.5% = 5 marks 01 item	5 %
6	PELVIC FLOOR DYSFUNCTION (content of previous year included) <ul style="list-style-type: none"> Female genital mutilation 		5 % =145.5	2.5% =5 marks	2.5% = 5 marks 01 item		5 %
7	GYNAECOLOGICAL TUMORS (content of previous year included) <ul style="list-style-type: none"> Pelvic masses Benign conditions of ovary, uterus, cervix, vulva and vagina 		7.5 % =221.25	5% = 10 marks	2.5% = 5 marks 01 item		7.5 %
8	GYNAECOLOGICAL PROCEDURES (content of previous year included) <ul style="list-style-type: none"> PPIUCD, implanon, wound care and debridement, diagnostic dilatation and curettage, Pipelle / Mirena insertion, Pap smear 		10 % = 295	2.5% = 5 marks		5% =10 marks 02 items	10 %

Table of Specification final year (all clinical four year training)

Obstetric

S No	Content	Formative Assessment tool	Time allocation %	Summative Assessment tool 50% = 200 marks		
				MCQ 12.5%	SAQ 12.5%	TOACS 25%
				12.5%= 50 marks	12.5%= 50 marks = 5 Items	25 % = 100 marks = 10 Items
1	NORMAL OBSTETRICS (content of first, second and third year included)	WPBA Multisource feedback, 360° performa DOPS (Obstetrics 05, (list attached) MiniCEX (Obstetrics 05, (list attached)	5%	1.25% = 5 MCQ	2.5 % = 10 Marks 1 Items	2.5 % = 10 marks = 1 Items
2	OBSTETRICS COMPLICATION <ul style="list-style-type: none"> • Antenatal (content of first, second and third year included, pregnancy with placenta previa, Rh incompatibility) • Intrapartum (Fetal distress, instrumental delivery, still birth) • Postnatal Care (Thromboprophylaxis, psychological disorder, DVT, problem, problems) 		15%	3.75%= 15 MCQ	5 % = 20 Marks 2 Items	10%= 40 marks = 4 Items
3	MEDICAL COMPLICATIONS (content of first, second and third year included) <ul style="list-style-type: none"> • Cardiac disease in pregnancy • Connective tissue disorders (APLS, SLE) • Neurological disorders, respiratory problems, • Renal disorder and skin disorder) 		15%	3.75%= 15 MCQ	2.5 % = 10 Marks 1 Items	7.5 % = 30 marks = 3 Items
4	OBSTETRICS PROCEDURES <ul style="list-style-type: none"> • ECV/ IPV, breach delivery, shoulder dystochia, PPH exploration (vaginal and cervical tear repair, ballon tympanade, uterine artery ligation, B-lynch)) 		15%	3.75%= 15 MCQ	2.5 % = 10 Marks 1 Items	5 %= 20marks = 2 Items

Table of Specification final year (all clinical four year training)

Gynaecology

S No	Content	Teaching and learning strategies	Formative Assessment tool	Time allocation %	Summative Assessment tool 50% = 200 marks		
					MCQ 12.5%	SAQ 12.5%	TOACS 25%
					12.5%= 50 marks	12.5%= 50 marks = 5 Items	25 % = 100 marks = 10 Items
1	PUBERTY AND MENSTRUAL DISORDERS <ul style="list-style-type: none"> Menarche, primary and amenorrhea Menopause, HRT) SUBFERTILITY AND CONTRACEPTION <ul style="list-style-type: none"> Primary and secondary subfertility (endometriosis) Treatment of subfertility, assisted reproduction	<ul style="list-style-type: none"> OPD Skill lab Gynae ward family planning centre 	WPBA Multisource feedback, 360° performa DOPS Gynae 06) (list attached) MiniCEX Gynae 05) (list attached)	15%	3.75%= 15 MCQ	5 % = 20 Marks 2 Items	2.5 % = 10 marks = 1 Items
2	PELVIC FLOOR DYSFUNCTION <ul style="list-style-type: none"> Pelvic organ prolaps Urinary incontinence UV fistula) 	<ul style="list-style-type: none"> OPD Simulated Ward 		10%	2.5% = 10 MCQ	2.5 % = 10 Marks 1 Items	10%= 40 marks = 4 Items
3	GYNAECOLOGICAL TUMORS <ul style="list-style-type: none"> Malignant conditions of ovary, uterus, cervix, vulva and vagina 	<ul style="list-style-type: none"> OPD Gynae ward 		10%	2.5= 10 MCQ	2.5 % = 10 Marks 1 Items	7.5 % = 30 marks 3 Items
4	GYNAECOLOGICAL PROCEDURES <ul style="list-style-type: none"> IUI, ring pessary insertion, diagnostic dilatation and curettage, Mirena insertion, EUA/ Polypectomy, TAH / Laparotomy, Diagnostic laparoscopy, Vaginal hysterectomy, Hysteroscopic guided biopsy, Perineal repair, Marsuplization, hymenctomy Myomectomy as assistant 	<ul style="list-style-type: none"> PNW ward OT DR OPD 		15%	3.75%= 15 MCQ	2.5 % = 10 Marks 1 Items	5 %= 20marks = 2 Items

C) Grading Plan

GRADING PLAN

AT THE END OF EACH YEAR AN ANNUAL ASSESSMENT OF THE TRAINEE SHOULD BE CARRIED OUT AND SHOULD BE GRADED FOR IT

Grade A+

The trainee should be issued grade A+ if he / she is extraordinary in all the competencies.

Grade A

The trainee should be issued grade A if he/she has gained the competencies and standards as specified for the training year.

Grade B

The trainee should be issued grade B if he/she still requires the development of certain competencies but additional time is not required. This will enable the supervisor to ensure that the weak points of the trainee are addressed. The remaining competencies will be checked at the end of next year again to ensure that the trainee has achieved them. This will however be possible for first three years only.

Grade C

The trainee should be issued grade C if he/she requires additional time to acquire the specified competencies for that year.

The additional time maybe specified to be 3 to 6 months, the competencies will be ensured by a recheck evaluation, following the successful accomplishment will he/she will be considered to be promoted to the next level.

Grade D

The trainee should be issued grade D if he/she is recommended by the panel of supervisors to be released from the speciality training program, following insufficient and sustained lack of progress despite having had one year of additional training and continued monitoring, support and guidance by the supervisor to address concerns, but failed to have the desired results

SECTION VII

- A) Log Book for MS Gynae / Obs**
- B) Log Book for Research**
- C) Log Book for Elective**
- D) Portfolio**



**UNIVERSITY RESIDENCY MS PROGRAM 2019
LOG BOOK FOR OBSTETRICS AND GYNAECOLOGY
RAWALPINDI MEDICAL UNIVERSITY**

**Edited by Dr Sobia Nawaz and Dr Maliha Sadaf and Dr Rubaba Abid Naqvi
Reviewed By Prof.Lubna Ejaz Kahloon and gynae faculty members in June, 2021.**





PREFACE

The horizons of *Medical Education* are widening & there has been a steady rise of global interest in *Post Graduate Medical Education*, an increased awareness of the necessity for experience in education skills for all healthcare professionals and the need for some formal recognition of postgraduate training in Gynaecology and Obstetrics.

We are seeing a rise in the uptake of places on postgraduate courses in medical education, more frequent issues of medical education journals and the further development of e-journals and other new online resources. There is therefore a need to provide active support in *Post Graduate Medical Education* for a larger, national group of colleagues in all specialties and at all stages of their personal professional development. If we were to formulate a statement of intent to explain the purpose of this log book, we might simply say that our aim is to help clinical colleagues to teach and to help students to learn in a better and advanced way. This book is a state of the art log book with representation of all activities of the **MD/MS Research Elective** program at RMU. A summary of the curriculum is incorporated in the logbook for convenience of supervisors and residents. It also allows the clinicians to gain an understanding of what goes into basic science discoveries and drug development. Translational **research** has an **important role** to play in **medical research**, and when used alongside basic science will lead to increased knowledge, discovery and treatment in **medicine**. A perfect monitoring system of a training program including monitoring of teaching and learning strategies, assessment and Research Activities cannot be denied so we at RMU have incorporated evaluation by **Quality Assurance Cell** and its comments in the logbook in addition to evaluation by **University Training Monitoring Cell (URTMC)**. Reflection of the supervisor in each and every section of the logbook has been made sure to ensure transparency in the training program. The mission of Rawalpindi Medical University is to improve the health of the communities and we serve through education, biomedical research and health care. As an integral part of this mission, importance of research culture and establishment of a comprehensive research structure and research curriculum for the residents has been formulated and a separate journal for research publications of residents is available.

Prof. Muhammad Umar (Sitara-e-Imtiaz)

(MBBS, MCPS, FCPS, FACG, FRCP (Lon),

FRCP (Glasg), AGAF)

Vice Chancellor

Rawalpindi Medical University & Allied Hospitals

Rawalpindi

MOTTO OF RAWALPINDI MEDICAL UNIVERSITY

Truth, Wisdom & Service

MISSION STATEMENT

The mission of MS OB/GYN Residency Program of Rawalpindi Obs / Gynae University is:

To provide competency based medical education with a structured training program to prepare specialists in the discipline of obstetrics & gynecology who would be able to provide quality patient care comparable to international standards, actively pursue research, serve as professional role models & clinical leaders, continue self-directed learning, promote social justice by advocating for equitable health care.

Vision Statement:

1. To promote the slogan of “healthy mother and healthy baby”
2. To provide best care for treating all patients of Obstetrics and Gynaecology with uncompromising dedication and skill.
3. To set and pursue the highest goals for ourselves as we learn the science, craft, and art of patient care in Obstetrics and Gynaecology.
4. To passionately teach our junior colleagues and students as we have been taught by those who preceded us.
5. To treat our colleagues and hospital staff with kindness, respect, generosity of spirit, and patience.
6. To foster the excellence and well-being of our residency program by generously offering our time, talent, and energy on its behalf.

7. To support and contribute to the research mission of our center, nation, and the world by pursuing new knowledge, whether at the bench or bedside.
 8. To promote the translation of the latest scientific knowledge to the bedside to improve our understanding of disease pathogenesis and ensure that all patients receive the most scientifically appropriate and up to date care.
 9. To promote responsible stewardship of Hospital resources by wisely selecting diagnostic tests and treatments, recognizing that our individual decisions impact not just our own patients, but patients everywhere.
 10. To promote social justice by advocating for equitable health care, without regard to race, gender orientation, social status, or ability to pay.
 11. To extend our talents outside the walls of our hospitals and clinics for community awareness as well as to promote the health and well-being of mother and baby, locally, nationally, and internationally.
 12. To serve as proud ambassadors for the mission of the Rawalpindi Medical University MS Obstetrics and Gynaecology Residency Program for the remainder of our professional lives.
- To understand significance of safe motherhood and to strive for the best to achieve sustainable developmental goals.

CONTRIBUTORS

ENROLMENT DETAILS

Program of Admission _____

Session _____

Registration / Training Number _____

Name of Candidate _____

Father's Name _____

Date of Birth ____ / ____ / ____ CNIC No. _____

Present Address _____

Permanent Address _____

E-mail Address _____

Cell Phone _____

Date of Start of Training _____ **Date of completion of training** _____

Name of Supervisor _____

Designation of Supervisor _____

Qualification of Supervisor _____

Title of department / Unit _____

Name of Training Institute / Hospital _____

INTRODUCTION

It is a structured book in which certain types of educational activities and patient related information is recorded, usually by hand. Logbooks are used all over the world from undergraduate to postgraduate training, in human, veterinary and dental medicine, nursing schools and pharmacy, either in paper or electronic format .

Logbooks provide a clear setting of learning objectives and give trainees and clinical teachers a quick overview of the requirements of training and an idea of the learning progress. Logbooks are especially useful if different sites are involved in the training to set a (minimum) standard of training. Logbooks assist supervisors and trainees to see at one glance which learning objectives have not

yet been accomplished and to set a learning plan. The analysis of logbooks can reveal weak points of training and can evaluate whether trainees have fulfilled the minimum requirements of training.

Logbooks facilitate communication between the trainee and clinical teacher. Logbooks help to structure and standardize learning in clinical settings. In contrast to portfolios, which focus on students' documentation and self-reflection of their learning activities, logbooks set clear learning objectives and help to structure the learning process in clinical settings and to ease communication between trainee and clinical teacher. To implement logbooks in clinical training successfully, logbooks have to be an integrated part of the curriculum and the daily routine on the ward. Continuous measures of quality management are necessary.

Reference

BraunsKS, NarcissE, SchneyinckC, BöhmeK, BrüstleP, HolzmannUM, et al. Twelve tips for successfully implementing logbooks in clinical training. Med Teach. 2016 Jun 2; 38(6): 564–569

INDEX OF LOG Book: Please add page number for each item [Have you removed all those topics which are included in portfolio?](#)

- 1. DIDACTIC LECTURES/INTERACTIVE LECTURES(at least 6 per year) Add a table for entry of lectures with serial, dates , topics and signature of teacher**
- 2. Long cases (15 obstetrics & 15 gynae cases to be completed by the end of 3 years of training on a given template) it should be given last serial number, as we have given template at the end**
- 3. INDOOR PATIENTS(year wise entry in the tables below)**
- 4. OPD AND CLINICS(year wise entries in tables below)**

5. **PROCEDURES (OBSERVED, ASSISTED, PERFORMED UNDER SUPERVISION & PERFORMED INDEPENDENTLY)**
(Year wise entries in the table below according to expected competence level achieved)
6. **MAJOR RESEARCH PROJECT DURING MS TRAINING/ANY OTHER MAJOR RESEARCH PROJECT(copy of approved synopsis) (It is part of research-log book, should we duplicate it?)**
7. **Formative Assessment record . Please cross check the assessment plan for each year and make place for entries , this should not be included in portfolio (in house examination once a year) WRITTEN ASSESSMENT RECORD**
8. **Summative Assessment record. Please cross check the assessment plan for each year and make place for entries , this should not be included in port-folio EVALUATION RECORD (summative)**
9. **LEAVE RECORD RECORD SHEET OF ATTENDANCE Please add a table for record entry and sign of office record keeper, PGT incharge SR / AP and Supervisor**
10. **COUNSELLING SESSION ? / DOCUMENTATION QUALITY ?**

MINIMUM LOG BOOK ENTRIES PER MONTH IN GENERAL

(This minimum number is being provided for uniformity of the training and convenience for monitoring of the resident's performance by Quality Assurance Cell & University Research Training & Monitoring Cell of RMU but resident is encouraged to show performance above this minimum required number)

SR.NO	ENTRY	MINIMUM CASES /TIME DURATION
01	Case presentation Where to enter all these items from 1 to 14 From 9 to 13	01 per month
02	Topic presentation	01 per month
04	Bedside teaching	10 per month
05	Large group teaching	01 per month
06	Emergency cases & / Or OT procedures	10 per month
07	Outdoor and clinical	30 per month
08	Indoor (patients allotted)	10 per month plus participation in daily Morning & Evening rounds
09	Directly observed procedures DOPS	1 per month
13	Written assessment Test	Once per year (in house examination)
14	Case base learning / Problem based learning ?	02 per month

CLINICAL COMPETENCIES/SKILLS/PROCEDURES FOR 1st, 2nd, 3rd AND 4th YEAR MS TRAINEES' OBSTETRICS AND GYNAECOLOGY

Levels of competency¹

A trainee during the beginning of the training program i.e., in 1st year, would be expected to be at Level 1 or 2; whereas might be approaching Level 3 in 2nd year and level 4 & 5 in 3rd year and 4th year of training.

Levels of supervision²²

Level	Descriptor
Level 1	Entrusted to observe
Level 2	Entrusted to act under direct supervision: (within sight of the supervisor).
Level 3	Entrusted to act under indirect supervision: (supervisor immediately available on site if needed to provide direct supervision)
Level 4	Entrusted to act independently with support (supervisor not required to be immediately available on site, but there is provision for advice or to attend if required)
Level 5	Entrusted to act independently

1. <https://www.rcog.org.uk/trainees-guide-to-the-og-curriculum-2019-2020>

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COMPETENCIES	FIRST YEAR						
	3Months		Achieved		6Months	ACHIEVED	Signature of supervisor/mentor
	Level	Cases		Level	Cases		
OBSTETRICS ANTENATAL (OPD & WARD)							
Eliciting pertinent history	1	30		2	30		
Performing physical examination	1	30		2	30		
Requesting appropriate investigations	1	30		2	30		
Interpreting the results of investigations	1	10		1	30		
Deciding and implementing appropriate treatment	1	10		1	30		
Initial management of obstetric complications	1	10		1	30		
Maintaining follow up	1	10		2	30		
Using ultrasound (basic)	1	10		1	30		
Fetal monitoring (including CTG)	1	10		2	30		
Amniocentesis	-	-		-	-		
Management of medical disorders in pregnancy	1	10		1	30		
Nutrition and physical activity advice	1	10		2	30		

COMPETENCIES	FIRST YEAR						
	9Months		12 Months		Total Cases 1st Year	ACHIEVED	SIGNATURE OF SUPERVISOR/mentor
	Level	Cases	Achieved	Level			
OBSTETRICS ANTENATAL (OPD & WARD)							
Eliciting pertinent history	3	30		4	30	120	
Performing physical examination	3	30		4	30	120	
Requesting appropriate investigations	3	30		4	30	120	
Interpreting the results of investigations	2	30		3	30	100	
Deciding and implementing appropriate treatment	2	30		2	30	100	
Initial management of obstetric complications	2	30		3	30	100	
Maintaining follow up	3	30		4	30	100	
Using ultrasound (basic)	2	30		3	30	100	
Fetal monitoring (including CTG)	3	30		4	30	100	
Amniocentesis	-	-	-	-	-	-	-
Management of medical disorders in pregnancy	1	30		2	30	100	
Nutrition and physical activity advice	3	30		4	30	100	

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COMPETENCIES		FIRST YEAR						
		3Months			6 Months		ACHIEVED	SIGNATURE OF SUPERVISOR/MENTOR
		Level	Cases	Achieved	Level	Cases		
OBSTETRICS INTRAPARTUM (Labor Room)								
Assessment on admission/ Identification of high risk factors	1	30		2	30			
Medical induction of labor/Termination of Pregnancy	1	30		2	30			
Surgical induction of labor	1	30		2	30			
Management of normal labor	1	30		2	30			
Performing and repairing episiotomy	1	30		1	30			
Repair of vaginal and perineal tears (excluding third degree tears)	1	10		1	10			
Repair of third degree	-	-		-	-	-	-	
Immediate management of postpartum Hemorrhage	1	30		1	30			
Uterine packing	1	10		1	10			
Outlet forceps delivery	1	5		1	5			
Vacuum extraction	1	5		1	5			
Caesarean section	1	30		1	30			
Repair of ruptured uterus	1	1		1	1			
Obstetric hysterectomy	1	1		1	1			
Breech, twin delivery, destructive operation,craniotomyetc	1	5		1	5			

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COMPETENCIES		FIRST YEAR							
		9 Months		12 Months			Total Cases 1st Year	ACHIEVED	SIGNATURE OF SUPERVISOR
		Level	Cases	ACHIEVED	Level	Cases			
OBSTETRICS INTRAPARTUM (Labour Room)									
Assessment on admission/ Identification of high-risk factors	3	30		4	30	120			
Medical induction of labour/Termination of Pregnancy	3	30		4	30	120			
Surgical induction of labour	3	30		4	30	120			
Management of normal labour	3	30		4	30	120			
Performing and repairing episiotomy	2	30		3	30	120			
Repair of vaginal and perineal tears (excluding third degree tears)	1	30		2	30	80			
Repair of third degree	-	-		-	-	-			
Immediate management of postpartum Hemorrhage	1	30		2	30	120			
Uterine packing	1	10		1	20	50			
Outlet forceps delivery	1	10		2	10	30			
Vacuum extraction	1	10		2	10	30			
Caesarean section	1	30		2	30	120			
Repair of ruptured uterus	1	1		1	1	2			
Obstetric hysterectomy	1	5		1	5	12			
Breech, twin delivery, destructive operation,craniotomyetc	1	10		2	10	30			

COMPETENCIES		FIRST YEAR								
				3 Months			6 Months		ACHI EVED	SIGNATURE OF SUPERVISOR
		Level	Cases	ACHIEVED	Level	Cases				
OBSTETRICS POSTNATAL										
Resuscitation of neonate	1	15		1	15					
Contraception counseling/advice	1	30		1	30					
Insertion of IUCD	1	02		1	02					
Insertion of implant	1	02		1	02					
Lactation management	1	20		1	20					
Nutritional management (Anaemia, obesity)	1	50		1	50					

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COMPETENCIES	FIRST YEAR							
			9 Months	12 Months		Total Cases 1st Year	ACHIEVED	SIGNATURE OF SUPERVISOR
	Level	Cases	ACHIEVED	Level	Cases			
	OBSTETRICS POSTNATAL							
Resuscitation of neonate	2	15		3	15	60		
Contraception counseling/advice	3	30		4	30	120		
Insertion of IUCD	1	02		2	02	08		
Insertion of implant	1	02		1	02	08		
Lactation management	3	20		4	20	80		
Nutritional management (Anaemia, obesity)	3	50		4	50	200		

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COMPETENCIES	FIRST YEAR						ACHIEVED	SIGNATURE OF SUPERVISOR
			3Months	6Months				
	Level	Cases	ACHIEVED	Level	Cases			
GYNAECOLOGY (OPD & WARD)								
Eliciting pertinent history	1	10		2	10			
Performing physical examination	1	10		2	10			
Requesting appropriate investigations	1	10		2	10			
Interpreting the results of investigations	1	10		1	10			
Deciding and implementing appropriate treatment	1	10		1	10			
Approach to a patient with menstrual irregularities	1	10		1	10			
Approach to a patient with mass abdomen	1	10		1	10			
Approach to a patient with pain abdomen	1	10		1	10			
Management of early pregnancy loss	1	10		1	10			
Managing immediate complications	1	10		1	10			
Maintaining follow up	1	10		1	10			
Taking Pap smear	1	10		2	10			
Taking high vaginal swabs	1	10		1	10			
Arranging assessment by an anesthetist	1	10		1	10			

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COMPETENCIES		FIRST YEAR							
				9Months	12 Months		Total Cases 1st Year	ACHIEVED	SIGNATURE OF SUPERVISOR
		Level	Cases	ACHIEVED	Level	Cases			
GYNAECOLOGY (OPD & WARD)									
Eliciting pertinent history	3	10		4	10	40			
Performing physical examination	3	10		4	10	40			
Requesting appropriate investigations	3	10		4	10	40			
Interpreting the results of investigations	2	10		3	10	40			
Deciding and implementing appropriate treatment	1	10		2	10	40			
Approach to a patient with menstrual irregularities	1	10		2	10	40			
Approach to a patient with mass abdomen	1	10		2	10	40			
Approach to a patient with pain abdomen	1	10		2	0	40			
Management of early pregnancy loss	1	10		2	10	40			
Managing immediate complications	1	10		2	10	40			
Maintaining follow up	2	10		3	10	40			
Taking Pap smear	3	10		4	10	40			
Taking high vaginal swabs	2	10		3	10	40			
Arranging assessment by an anesthetist	2	10		3	10	40			

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COMPETENCIES	FIRST YEAR						
	3Months			6Months		ACHIEVED	SIGNATURE OF SUPERVISOR
	Level	Cases	ACHIEVED	Level	Cases		
GYNAECOLOGY OPERATIVE SKILLS (B1 GENERAL SKILLS)							
Scrubbing, gowning and gloving	1	20		2	20		
Scrubbing and draping of patients in various Positions	1	20		2	20		
Opening and closing abdomen	1	20		2	20		
GYNAECOLOGY OPERATIVE SKILLS (B2 OPERATIONS)							
Evacuation of Retained products of conception	1	20		1	20		
Dilatation and curettage	1	5		1	5		
STOP	1	5		1	5		
Pipelle biopsy	1	10		1	10		
Cervical Biopsy	-	-		-	-		
Polypectomy	1	5		1	5		
Marsupialization of Bartholin,s Cyst	1	3		1	3		
Minilaparotomy (for tubal ligation)	1	3		1	3		
Drainage of abscess	1	3		1	3		
Post-partum tubal ligation	1	10		1	10		
Diagnostic laparoscopy	-	-		-	-		
Diagnostic hysteroscopy	-	-		-	-		
Ovarian Cystectomy	-	-		-	-		
Laparotomy for ectopic pregnancy	1	5		1	5		

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COMPETENCIES	FIRST YEAR							
			9 Months	12 Months		Total Cases 1st Year	ACHIEVE	SIGNATURE OF SUPERVISOR
	Level	Cases	ACHIEVED	Level	Cases			
GYNAECOLOGY OPERATIVE SKILLS (B1 GENERAL SKILLS)								
Scrubbing, gowning and gloving	3	20		4	20	80		
Scrubbing and draping of patients in various Positions	3	20		4	20	80		
Opening and closing abdomen	3	20		4	20	80		
GYNAECOLOGY OPERATIVE SKILLS (B2 OPERATIONS)								
Evacuation of Retained products of conception	1	20		1	20	80		
Dilatation and curettage	1	5		1	5	20		
STOP	1	5		1	5	20		
Pipelle biopsy	1	10		2	10	40		
Cervical Biopsy	1	3		1	3	6		
Polypectomy	1	3		1	3	11		
Marsupialization of Bartholin,s Cyst	1	3		1	3	12		
Minilaparotomy (for tubal ligation)	1	3		1	3	12		
Drainage of abscess	1	3		1	3	12		
Post-partum tubal ligation	1	10		1	10	40		
Diagnostic laparoscopy	1	3		1	3	6		
Diagnostic hysteroscopy	1	3		1	3	6		
Ovarian Cystectomy	1	10		1	10	30		
Laparotomy for ectopic pregnancy	1	5		1	5	10		
Myomectomy	1	1		1	1	2		
Abdominal hysterectomy	1	1		1	1	2		
Vaginal hysterectomy	1	1		1	1	2		
Anterior colporrhaphy	1	1		1	1	2		
Posterior colpoperineorrhaphy	1	1		1	1	2		
Staging Laparotomy	1	3		1	3	6		

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COMPETENCIES	SECOND YEAR						ACHIEVED	SIGNATURE OF SUPERVISOR
	15 Months		18 Months					
	Level	Cases	ACHIEVED	Level	Cases			
OBSTETRICS ANTENATAL (OPD & WARD)								
Eliciting pertinent history	4	30		4	30			
Performing physical examination	4	30		4	30			
Requesting appropriate investigations	4	30		4	30			
Interpreting the results of investigations	3	30		3	30			
Deciding and implementing appropriate treatment	2	30		2	30			
Initial management of obstetric complications	3	30		3	30			
Maintaining follow up	4	30		4	30			
Using ultrasound (basic)	3	30		3	30			
Fetal monitoring (including CTG)	4	30		4	30			
Amniocentesis Demonstration on videos								
Management of medical disorders in pregnancy	4	30		4	30			
Nutrition and physical activity advice	3	30		3	30			
Approach to a patient with abdominal pain in Pregnancy	3	30		4	30			
Management of medical disorders in pregnancy(diabetes, HTN, cardiac disease, epilepsy, renal diseases, thyroid disorders, liver disease, disorders of respiratory system)	2	30		2	30			
Management of PPRM and preterm labour	2	30		2	30			
Management of prolonged pregnancy	2	30		2	30			
Management of IUGR and abnormalities of amniotic fluid.	2	30		2	30			
Management of multiple pregnancy	2	30		2	30			
Management of Malpresentations.	2	30		2	30			
Management of Antepartum hemorrhage.	2	30		2	30			
Nutrition and physical activity advice	4	30		4	30			
Counseling of IUD	2	5		2	5			
Counseling of congenitally abnormal fetus.	2	5		2	5			

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COMPETENCIES	SECOND YEAR								
	21 Months			24 Months			Total Cases 2nd Year	ACHIVED	SIGNATURE OF SUPERVISOR
	Level	Cases	ACHIEVED	Level	Cases				
OBSTETRICS ANTENATAL (OPD & WARD)									
Eliciting pertinent history	4	30		4	30	120			
Performing physical examination	4	30		4	30	120			
Requesting appropriate investigations	4	30		4	30	120			
Interpreting the results of investigations	3	30		3	30	120			
Deciding and implementing appropriate treatment	3	30		2	30	120			
Initial management of obstetric complications	3	30		3	30	120			
Maintaining follow up	4	30		4	30	120			
Using ultrasound (basic)	3	30		3	30	120			
Fetal monitoring (including CTG)	4	30		4	30	120			
Management of medical disorders in pregnancy	4	30		4	30	120			
Nutrition and physical activity advice	4	30		4	30	120			
Approach to a patient with abdominal pain in Pregnancy	4	30		4	30	120			
Management of medical disorders in pregnancy(diabetes, HTN, cardiac disease, epilepsy, renal diseases, thyroid disorders, liver disease, disorders of respiratory system)	3	30		4	30	120			
Management of PPROM and preterm labour	3	30		4	30	120			
Management of prolonged pregnancy	3	30		4	30	120			
Management of IUGR and abnormalities of amniotic fluid.	3	30		4	30	120			
Management of multiple pregnancy	3	30		4	30	120			
Management of Malpresentations.	3	30		4	30	120			
Management of Antepartum hemorrhage.	3	30		4	30	120			
Counseling of IUD	3	10		4	10	30			
Counseling of congenitally abnormal fetus.	3	10		4	10	30			

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COMPE TENCE S	SECOND YEAR													Total Cases 2nd Year
	15 Months			18 Months			21 months			24 months			SUPERVISOR SIGNATURE	
	Le ve l	Cas es	Achiev ed	lev el	Cases	Achie ved	Level	Cases	Achi eved	Leve l	Cases	Achie ved		
OBSTETRICS INTERPARTUM														
Assessment on admission/ Identification of high risk factors	4	30		4	30		4	30		4	30			120
Induction of labour/ Medical Termination of Pregnancy	4	30		3	30		4	30		4	30			120
Surgical induction of labour	4	30		2	30		4	30		4	30			120
Management of normal labour	4	30		1	30		4	30		4	30			120
Performing and repairing episiotomy	3	30		2	30		3	30		3	30			120
Repair of vaginal and perineal tears (excluding third degree tears)	2	30		2	30		3	30		4	30			120
Repair of third degree	1	2		3	2		1	2		1	4			10
Immediate management of postpartum haemorrhage	2	30		3	30		3	30		4	30			120
Uterine packing	2	10		3	10		3	10		4	20			50
Outlet forceps delivery	2	10		2	10		3	10		4	10			40
Vacuum extraction	3	10		1	10		3	10		3	10			40
Caesarean section	2	10		3	10		3	10		4	20			50
Repair of ruptured uterus (Cases distributed in 12 months)	1	2		1	2		1	2		1	2			8
Obstetric hysterectomy (Cases distributed in 12 months)	1	1		1	1		1	1		1	2			5
Breech, twin delivery, etc	2	5		2	5		3	5		4	5			20

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COMPETENCIES	Second Year														Total Cases 2 nd Year
	15 Months			18 Months		21 Months		24 Months			Achieved	Supervisor signature			
	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Level			Cases		
OBSTETRICS POSTNATAL															
Resuscitation of neonate	3	30		3	30		4	30		4	30				120
Contraception counseling/advice	4	40		4	40		4	40		4	40				160
Insertion of IUCD	2	5		2	5		2	10		2	10				30
Insertion of implant(if available)	2	5		2	5		2	5		2	5				20
Lactation management	4	20		4	20		4	20		4	20				80
Nutritional management (Anaemia, Obesity)	4	30		4	30		4	30		4	30				120

COMPETENCIES	Second Year														Supervisor signature
	15 Months			18 Months		21 Months		24 Months			Achieved	Total Cases 2nd Year			
	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved						
GYNAECOLOGY (OPD & WARD)															
Eliciting pertinent history	4	30		4	30		4	30		4	30		120		
Performing physical examination	4	30		4	30		4	30		4	30		120		
Requesting appropriate investigations	4	30		4	30		4	30		4	30		120		
Interpreting the results of investigations	3	30		3	30		3	30		3	30		120		
Deciding and implementing appropriate treatment	2	30		2	30		2	30		3	30		120		
Approach to a patient with menstrual irregularities	2	5		2	5		2	5		2	5		20		
Approach to a patient with mass abdomen	2	5		2	5		2	5		3	5		20		
Approach to a patient with pain abdomen	2	10		2	10		3	10		4	10		40		
Management of early pregnancy loss	3	10		3	10		3	10		4	10		40		
Managing immediate complications	3	10		3	10		3	10		4	10		40		
Maintaining follow up	4	10		4	10		4	10		4	10		40		
Taking Pap smear	3	10		3	10		4	10		4	10		40		
Taking high vaginal swabs	4	10		4	10		4	10		4	10		40		
Colposcopy(if available)	1	5		1	5		1	5		1	5		20		
Management of infective causes of vaginal discharge	3	30		3	30		3	30		4	30		120		

COMPETENCIES	Second Year														Supervis or signat ure
	15Months		18Months			21Months			24 Months			Achieved	Total Cases 2 nd Year		
	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases				
GYNAECOLOGY OPERATIVE SKILLS (B1 GENERAL SKILLS)															
Scrubbing, gowning and gloving	4	20		4	20		4	20		4	20		80		
Scrubbing and draping of patients in various positions	4	20		4	20		4	20		4	20		80		
Opening and closing abdomen	4	20		4	20		4	20		4	20		80		
GYNAECOLOGY OPERATIVE SKILLS (B2 OPERATIONS)															
Evacuation of Retained products of conception	2	5		2	5		3	5		4	5		20		
Dilatation and curettage	2	5		2	5		3	5		4	5		20		
Pipelle biopsy	2	5		2	5		3	5		4	4		20		
Cervical Biopsy	1	2		1	2		2	2		2	2		8		
Polypectomy	1	2		1	2		1	2		3	2		8		
Marsupialization of Bartholin,s Cyst	1	1		1	1		2	1		3	1		4		
Diagnostic laparoscopy	1	1		1	1		1	1		1	1		4		
Operative laparoscopy	1	1		1	1		1	1		1	1		4		
Diagnostic hysteroscopy	1	1		1	1		1	1		1	1		4		
Ovarian Cystectomy	1	1		1	1		1	1		1	1		4		
Laparotomy for ectopic pregnancy	1	2		1	2		1	2		1	2		4		
Myomectomy	1	1		1	1		1	1		1	1		4		
Abdominal hysterectomy	1	1		1	1		1	1		1	1		4		
Vaginal hysterectomy	1	1		1	1		1	1		1	1		4		
Anterior colporrhaphy	1	1		1	1		1	1		1	1		4		
Posterior colpoperineorrhaphy	1	1		1	1		1	1		1	1		4		
Staging Laparotomy	1	1		1	1		1	1		1	1		4		

COMPETENCIES	Third Year								
	27 Months		30 Months		33 Months		36 Months		Total Cases 3 rd Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
OBSTETRICS ANTENATAL (OPD & WARD)									
Eliciting pertinent history	4	30	4	30	4	30	4	30	120
Performing physical examination	4	30	4	30	4	30	4	30	120
Requesting appropriate investigations	4	30	4	30	4	30	4	30	120
Interpreting the results of investigations	4	30	4	30	4	30	4	30	120
Deciding and implementing appropriate treatment	4	30	4	30	4	30	4	30	120
Initial management of obstetric complications	4	30	4	30	4	30	4	30	120
Maintaining follow up	4	30	4	30	4	30	4	30	120
Using ultrasound (basic)	3	30	3	30	3	30	4	30	120
Fetal monitoring (including CTG)	4	30	4	30	4	30	4	30	120
Management of medical disorders in pregnancy	3	30	3	30	4	30	4	30	120
Nutrition and physical activity advice	3	30	3	30	4	30	4	30	120
Approach to a patient with abdominal pain in Pregnancy	3	30	3	30	4	30	4	30	120
Management of medical disorders in pregnancy(diabetes, HTN, cardiac disease, epilepsy, renal diseases, thyroid disorders, liver disease, disorders of respiratory system)	3	30	3	30	4	30	4	30	120
Management of PPROM and preterm labour	3	30	3	30	4	30	4	30	120
Management of prolonged pregnancy	3	30	3	30	4	30	4	30	120
Management of IUGR and abnormalities of amniotic fluid.	3	30	3	30	4	30	4	30	120
Management of multiple pregnancy	3	30	3	30	4	30	4	30	120
Management of Malpresentations.	3	30	3	30	4	30	4	30	120
Management of Antepartum hemorrhage.	3	30	3	30	4	30	4	30	120
Counseling of IUD	3	5	3	5	4	10	4	10	30
Counseling of congenitally abnormal fetus.	3	5	3	5	4	10	4	10	30
Management of RH incompatibility	1	2	2	2	2	2	3	4	10

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COMPETENCIES	Third Year													Total Cases 2 nd Year
	27 Months			30 months			33Months			36 Months			Supervisor signature	
	Lev el	Cas es	Ac hie ve d	Lev el	Cas es	Ach iev ed	Lev el	Cas es	Ac hie ve d	Lev el	Cas es	Achieved		
OBSTETRICS POSTNATAL														
Resuscitation of neonate	3	30		3	30		4	30		4	30			120
Contraception counseling/advice	4	40		4	40		4	40		4	40			160
Insertion of IUCD	3	5		3	5		4	5		4	5			20
Insertion of implant(if available)	2	2		2	2		3	2		4	2			8
Lactation management	4	20		4	20		4	20		4	20			80
Nutritional management (Anaemia, Obesity)	4	30		4	30		4	30		4	30			120

COMPETENCIES	Third Year														Supervisor signature
	27 Months			30 Months			33 Months			36 Months			Total Cases 3rd Year		
	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved			
OBSTETRICS INTRAPARTUM															
Assessment on admission/ Identification of high risk factors	4	30		4	30		4	30		4	30		120		
Medical induction of labour/Termination of Pregnancy	4	30		4	30		4	30		4	30		120		
Surgical induction of labour	4	30		4	30		4	30		4	30		120		
Management of normal labour	4	30		4	30		4	30		4	30		120		
Performing and repairing episiotomy	4	30		4	30		4	30		4	30		120		
Repair of vaginal and perineal tears (excluding third degree tears)	4	30		4	30		4	30		4	30		120		
Repair of third degree	2	30		2	30		2	30		2	30		120		
Immediate management of postpartum Haemorrhage	3	30		3	30		3	30		3	30		120		
Uterine packing	3	10		3	10		3	10		3	20		50		
Outlet forceps delivery	3	5		3	5		3	10		3	10		30		
Vacuum extraction	3	5		3	5		3	10		3	10		30		
Caesarean section	4	30		4	30		4	30		4	30		120		
Repair of ruptured uterus (Cases distributed in 12 months)	3	2		3	2		3	2		3	2		8		
Obstetric hysterectomy (Cases distributed in 12 months)	3	1		3	1		3	1		3	2		5		
Breech,twin delivery, etc	3	5		3	5		3	5		3	5		20		

COMPETENCIES	Third Year														Supervisor signature
	27 Months						33 Months						36 Months		
	L	C	Achieved	L	C	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Total Cases 3 rd Year		
GYNAECOLOGY (OPD & WARD)															
Eliciting pertinent history	4	3		4	3		4	30		4	30		120		
Performing physical examination	4	3		4	3		4	30		4	30		120		
Requesting appropriate investigations	4	3		4	3		4	30		4	30		120		
Interpreting the results of investigations	4	3		4	3		4	30		4	30		120		
Deciding and implementing appropriate treatment	4	3		4	3		4	30		4	30		120		
Approach to a patient with menstrual irregularities	4	3		4	3		4	30		4	30		120		
Approach to a patient with mass abdomen	4	3		4	3		4	30		4	30		120		
Approach to a patient with pain abdomen	4	3		4	3		4	30		4	30		120		
Management of early pregnancy loss	4	1		4	1		4	10		4	20		50		
Managing immediate complications	4	5		4	5		4	10		4	10		30		
Maintaining follow up	4	3		4	3		4	30		4	30		120		
Taking Pap smear	4	1		4	1		4	10		4	10		40		
Taking high vaginal swabs	4	3		4	3		4	30		4	30		120		
Management of infective causes of vaginal discharge	4	1		4	1		4	10		4	20		50		
Management and follow up of molar pregnancy	1	1		1	1		2	1		2	1		4		

Management of PID	3	5		3	5		4	5		4	5		20	
Management of sub fertility/PCOS	2	5		2	5		2	10		3	10		30	
Management of endometriosis	1	2		2	2		2	2		3	2		8	
Management of adnexal mass	1	2		2	2		2	2		3	2		8	
Management of Uterovaginal prolapsed	1	2		2	2		2	2		3	2		8	
Management of malignant tumors of genital tract	1	1		2	1		2	1		2	1		4	

COMPETENCIES	Third Year													
	27 Months		30 Months		33Months		36 Months		Supervisor signature					
	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Total Cases 3rd Year	
GYNAECOLOGY OPERATIVE SKILLS (B1 GENERAL SKILLS)														
Scrubbing, gowning and gloving	4	20		4	20		4	20		4	20		80	
Scrubbing and draping of patients in various positions	4	20		4	20		4	20		4	20		80	
Opening and closing abdomen	5	30		5	30		5	30		5	30		80	
GYNAECOLOGY OPERATIVE SKILLS (B2 OPERATIONS)														
Evacuation of Retained products of conception	5	10		5	10		5	10		5	10		40	
Dilatation and curettage	5	5		5	5		5	5		5	5		30	
Pipelle biopsy	5	2		5	2		5	2		5	2		10	
Cervical Biopsy	4	3		4	3		4	3		4	3		12	
Polypectomy	5	2		5	2		5	2		5	2		8	
Marsupialization of Bartholin,s Cyst	5	2		5	2		5	2		5	2		8	
Diagnostic laparoscopy	3	2		3	2		3	2		3	2		8	
Operative laparoscopy	1	1		1	1		1	1		1	1		4	
Diagnostic hysteroscopy	2	1		2	1		2	1		2	1		4	
Ovarian Cystectomy	3	2		3	2		3	2		3	2		8	
Laparotomy for ectopic pregnancy	3	2		3	2		3	2		3	2		8	
Myomectomy	2	1		2	1		2	1		2	1		4	
Abdominal hysterectomy	3	1		3	1		3	1		3	1		4	
Vaginal hysterectomy	3	1		3	1		3	1		3	1		4	
Anterior colporrhaphy	3	1		3	1		3	1		3	1		4	
Posterior colpoperineorrhaphy	3	1		3	1		3	1		3	1		4	

thyroid disorders, liver disease, disorders of respiratory system)														
Management of PPRM and preterm labour	5	30		5	30		5	30		5	30		120	
Management of prolonged pregnancy	5	30		5	30		5	30		5	30		120	
Management of IUGR and abnormalities of amniotic fluid.	5	30		5	30		5	30		5	30		120	
Management of multiple pregnancy	5	30		5	30		5	30		5	30		120	
Management of Malpresentations.	5	30		5	30		5	30		5	30		120	
Management of Antepartum hemorrhage.	5	30		5	30		5	30		5	30		120	
Nutrition and physical activity advice	5	2		5	2		5	2		5	4		10	
Counseling of IUD	5	5		5	5		5	10		5	10		30	
Counseling of fetal congenital abnormalities	5	5		5	5		5	10		5	10		30	
Management of RH incompatibility	4	2		4	2		4	2		4	4		10	
Management of VTE	4	2		4	2		4	2		4	4		10	

COMPETENCIES	Fourth Year													Supervis or Signatur e
	39 Months			42 Months			45 Months			48Months			Total Cases 4 th Year	
	L e v e l	C a s e s	Ac h i e v e d	L e v e l	C a s e s	Ac h i e v e d	Le v e l	C a s e s	Achiev ed	Level	Cases	Achiev ed		
OBSTETRICS INTERPARTUM														
Assessment on admission/ Identification of high risk factors	5	30		5	30		5	30		5	30		120	
Medical induction of labour/Termination of pregnancy	5	30		5	30		5	30		5	30		120	
Surgical induction of labour	5	30		5	30		5	30		5	30		120	
Management of normal labour	5	30		5	30		5	30		5	30		120	
Performing and repairing episiotomy	5	30		5	30		5	30		5	30		120	
Repair of vaginal and perineal tears (excluding third degree tears)	5	5		5	5		5	5		5	5		20	
Repair of third degree tear	3	1		3	1		3	1		3	1		4	
Immediate management of postpartum haemorrhage	5	10		5	10		5	10		5	10		40	
Uterine packing	5	5		5	5		5	5		5	5		20	
Outlet forceps delivery	5	5		5	5		5	5		5	5		20	
Vacuum extraction	5	5		5	5		5	5		5	5		20	
Caesarean section	5	30		5	30		5	30		5	30		120	
Repair of ruptured uterus (Cases distributed in 12 months)	4	1		4	1		4	1		4	1		4	
Obstetric hysterectomy (Cases distributed in 12 months)	4	1		4	1		4	1		4	2		5	
Breech,twin delivery, etc	5	5		5	5		5	5		5	5		20	

COMPETENCIES	Fourth Year													Supervisor Signature
	39 Months			42 Months			45 Months			48Months			Total Cases 4th Year	
	Le vel	Ca se s	Achiev ed	Le vel	Cas es	Achiev ed	Level	Case s	Achieve d	Le vel	Cas es	Achieved		
GYNAECOLOGY (OPD & WARD)														
Eliciting pertinent history	5	30		5	30		5	30		5	30		120	
Performing physical examination	5	30		5	30		5	30		5	30		120	
Requesting appropriate investigations	5	30		5	30		5	30		5	30		120	
Interpreting the results of investigations	5	30		5	30		5	30		5	30		120	
Deciding and implementing appropriate treatment	5	30		5	30		5	30		5	30		120	
Approach to a patient with menstrual irregularities	5	30		5	30		5	30		5	30		120	
Approach to a patient with mass abdomen	5	30		5	30		5	30		5	30		120	
Approach to a patient with pain abdomen	5	30		5	30		5	30		5	30		120	
Management of early pregnancy loss	5	10		5	10		5	10		5	20		50	
Managing immediate complications	5	5		5	5		5	10		5	10		30	
Maintaining follow up	5	30		5	30		5	30		5	30		120	
Taking Pap smear	5	10		5	10		5	10		5	10		40	
Taking high vaginal swabs	5	20		5	20		5	20		5	20		80	
Management of infective causes of vaginal discharge	5	10		5	10		5	10		5	20		50	
Approach to patient with disorder of sexual development	5	10		5	10		5	10		5	20		50	
Management and follow up of molar pregnancy	5	2		5	2		5	2		5	2		8	
Management of PID	5	10		5	10		5	10		5	10		40	
Management of sub fertility/PCOS	5	5		5	5		5	10		5	10		30	

Management of endometriosis	5	1		5	1		5	1		5	1		4	
Management of adnexal mass	3	1		3	1		3	1		3	1		4	
Management of Uterovaginal prolapsed	5	2		5	2		5	2		5	2		8	
Management of malignant tumors of genital tract	4	1		4	1		4	1		4	1		4	
Urogynecology	4	1		4	1		4	1		4	1		4	

COMPETENCIES	Fourth Year												Total Cases 4rth Year	Supervisor signature
	39 Months 42					45 Months 48 Months								
	Months	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved				
GYNAECOLOGY OPERATIVE SKILLS (B1 GENERAL SKILLS)														
Scrubbing, gowning and gloving	5	50		5	50		5	50		5	50		200	
Scrubbing and draping of patients in various positions	5	50		5	50		5	50		5	50		200	
Opening and closing abdomen	5	30		5	30		5	30		5	30		120	
GYNAECOLOGY OPERATIVE SKILLS (B2 OPERATIONS)														
Evacuation of Retained products of conception	5	10		5	10		5	10		5	10		40	
Dilatation and curettage	5	5		5	5		5	5		5	5		20	
Pipelle biopsy	5	2		5	2		5	2		5	2		8	
Cervical Biopsy	5	1		5	1		5	1		5	1		4	
Polypectomy	5	2		5	2		5	2		5	2		8	
Marsupialization of Bartholin,s Cyst	5	2		5	2		5	2		5	2		8	
Diagnostic laparoscopy	3	1		3	1		3	1		3	1		4	
Operative laparoscopy	2	1		2	1		2	1		2	1		4	
Diagnostic hysteroscopy	3	1		3	1		3	1		3	1		4	
Ovarian Cystectomy	3	1		3	5		3	1		3	1		4	
Laparotomy for ectopic pregnancy	5	1		5	1		5	1		5	1		4	
Myomectomy	2	1		2	1		2	1		2	1		4	
Abdominal hysterectomy	3	1		3	1		3	1		3	1		4	
Vaginal hysterectomy	3	1		3	1		3	1		3	1		4	
Anterior colporrhaphy	3	1		3	1		3	1		3	1		4	
Posterior colpoperineorrhaphy	3	1		3	1		3	1		3	1		4	
Staging Laparotomy	2	1		2	1		2	1		2	1		4	

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Trainees will write down 15 Obstetrical and 15 Gynecological cases attended by them in detail on the given template including history, examination, investigations, provisional diagnosis, Management summary, Possible alternate management, reasoning for selection of a particular management, complications encountered during clinical course, other possible complications in the particular management selected, follow up of the patient.

DEPARTMENT OF OBSTETRICS
TEACHING HOSPITAL OF RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI

Computer Record NO: ----- Date of 1st Admission: -----

Time of Admission: ----- Admitting Doctor: -----

Admission Type: Emergency/ Out Door/ Referred

	Wife	Husband
Name		
Age		
Education		
Occupation rain		
Blood Group		

T
Present Marital Status:

Contact: _____ **Off:** _____ **Res:**

Address:

HEP. B: _____ **HEP. C:**

Provisional Diagnosis	Final Diagnosis	Main Treatment

History:

Date: _____ **Time:**

Attending Doctor: _____ **LMP:** _____ **EDD:**

Presenting Complaints:

1. _____

—

Menstrual History:

Age of Menarche: _____

Dysmenorrhea

Menstrual Cycle: _____

Irregular Vaginal Bleeding:

Past: _____

L.M.B:

Present: _____

P.C.B:

Amount of blood loss: _____

Menopause:

L.M.P: _____

P.M.B:

Gynaecological History:

Contraception: Yes/No:

Cervical Smear:

Methods: _____ Vaginal Discharge: Color

Small: _____ Pruritus:

Past Medical/Surgical History: Systemic Review:

Hypertension:

Urinary: _____ GIT:

Diabetes Mellitus:

C.V.S: _____ C.N.S:

Asthma:

Resp. System:

Heart Disease:

Social History:

Jaundice:

Addiction:

Blood Transfusion:

Socio-Economic status:

Allergy:

Family History:

Drug Allergy:

Hypertension:

Prolonged Use if Any Drug:

Diabetes:

Gynaecological Operations:

T.B:

Obstetrical Operations:

Gynaecological Tumors: _____

T
Other Operations:

Breast Tumors:

Past Problems during Anesthesia:

GIT Tumors:

Spinal:

GA:

Examination:

General Physical Examination:

General Appearance: _____

Pulse: _____

Blood Pressure:

Temperature: _____

Resp. Rate:

Height: _____

Weight:

Clubbing: _____

Oro dental Hygiene:

Pallor: _____

Jaundice:

Cyanosis: _____

J.V.P:

Thyroid _____

Breast

T
Lymph nodes _____

Edema

Varicose veins _____

Abdominal examination

INSPECTION:

Shape _____

Scar

Striae _____

Veins

<u>Palpation</u>	<u>Per vaginal examination</u>

Provisional Diagnosis: _____ **Differential Diagnosis:**

Plan of management

PARTOGRAM

ANNEX 2: Partograph

Name	Gravida	Para.	Hospital no.
Date of admission	Time of admission	Ruptured membranes	hours

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Operati

ve Procedure to Be Performed

Pre-Operative Orders:

Date:

1. Take informed consent of patient/husband:

2. Nothing by mouth after (Time) _____ (Date)

3. Maintain IV line at (Time): _____ (With):

4. Kleen Enema at (Time):

5. Pre-operative medication after test dose

a. Injection _____ Time:

b. Injection _____ Time:

6. Provide OT dress:

7. Shift to OT at (Time): _____ (Date):

8. _____

INFORMED CONSENTS

List of situations specific informed consents taken

1. Anesthesia yes/no
2. Surgery yes/no
3. Sterilization yes/no
4. Termination of pregnancy yes/no
5. High risk medications Yes/no

Procedure Notes

Date: _____

Time: _____

Name of Procedure:

Indication:

Surgeon:

Anesthetist:

Assistant:

Anesthesia:

Incision:

Scrub Nurse:

Operative findings:

Procedure:

Complications: _____

_____	Sponge/instrument	count	complete:
_____	_____	Baby	notes:
_____	_____	_____	_____

_____ Outcome:
 _____ APGAR score: _____

Weight:

Per-Operative:

Name Of The Organ Removed:

Organs/Tissues Sent For Histopathology:

- Blood transfusion
 - Infusion
 - Medication Name of
- Doctor: _____

Post-Operative Orders

CARE OF GENERAL ANESTHESIA:

- Vital Sign Monitoring ½ Hrly For 04 Hrs then 02 Hrly
- Intake/Output Monitoring for Next _____ Hrs
- Keep NPO Till Bowel Sounds Are Audible
- Keep In Left Lateral Position

Fluid Orders For 24 Hours:

- 5% D/W 1L: _____
- R/L _____
- 5% D/W 1L: _____
- _____

Antibiotics:

- _____

- _____

- _____

Analgesics:

- _____

- _____

Others:

- _____

- _____

Catheter Removal:

Drains Remove:

Any Special Instructions:

_____ Condition When Transferred From OT: Time:

_____ Pulse: _____ B.P: _____ Resp. Rate: _____ Pallor: _____

P/V Bleeding: _____ Urine Output: _____ Drain: _____ Doctor's

Name: _____

Doctor's Receiving Notes: Time: _____ Pulse: _____

B.P: _____

Resp. Rate: _____ Pallor: _____ P/V Bleeding:

Urine Output: _____ Receiving Doctors Name:

Post-Operative Progress Notes

Date					Consultant remarks
Time					
Pulse					
B.P					
Temp.					
R.R.					
Bleeding P/V					
Intake					
Output					
Name of Doctor					
Date					Consultant

					t Remarks
Time					
Pulse					
B.P					
Temp.					
R.R.					
Bleeding P/V					
Intake					
Output					
Name of Doctor					

	Na ⁺											
	K ⁺											
	Ca ⁺⁺											
	Mg ⁺⁺											
	Albumin											
	T.Proteins											

	Date											
	S.Gravity											
	Albumin											
	Sugar											
	RBCs											
	Pus Cells											

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Imaging	
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**TEACHING HOSPITAL OF RAWALPINDI MEDICAL COLLEGE,
RAWALPINDI
DEPARTMENT OF GYNAECOLOGY**

Computer Record NO: ----- Date of 1st Admission: -----

Time of Admission: ----- Admitting Doctor: -----

Admission Type: Emergency/ Out Door/ Referred:

	Wife	Husband
--	-------------	----------------

Name		
Age		
Education		
Occupation		
Blood Group		

Present Marital Status:

Contact: _____ **Off:** _____ **Res:**

Address:

—

HEP. B: _____ **HEP. C:**

Provisional Diagnosis	Final Diagnosis	Main Treatment

T

Date of Discharge: _____

Discharged by Doctor:

History:

Date: _____

Time: _____

Attending Doctor: _____

Admission:

Emergency/Outdoor/Referred

Presenting Complaints:

6. _____

—

7. _____

—

8. _____

—

9. _____

—

10. _____

History of Present Illness/Pregnancy:

Past Obstetric History:

Menstrual History:

Age of Menarche: _____

Menstrual Cycle: _____

Past: _____

Present: _____

Dysmenorrhea

Irregular Vaginal Bleeding:

L.M.B:

P.C.B:

T
Amount of blood loss: _____

Menopause:

L.M.P: _____

P.M.B:

Gynaecological History:

Contraception: Yes/No:

Cervical Smear:

Methods: _____

Vaginal Discharge: Color

_____ Small: _____ Pruritus:

Past Medical/Surgical History: Systemic Review:

Hypertension:

Urinary: _____ GIT:

Diabetes Mellitus:

C.V.S: _____ C.N.S:

Asthma:

Resp. System:

Heart Disease:

Social History:

Jaundice:

Addiction:

Blood Transfusion:

Socio-Economic status:

Allergy:

Family History:

Drug Allergy:

Hypertension:

Prolonged Use if Any Drug:

Diabetes:

Gynaecological Operations:

T.B:

Obstetrical Operations:

Gynaecological Tumors:

Other Operations:

Breast Tumors:

Past Problems During Anesthesia:

GIT Tumors:

Spinal:

GA:

Examination:

General Physical Examination:

General Appearance:

Pulse: _____

Blood Pressure:

Temperature: _____

Resp. Rate:

T
Height: _____

Weight: _____

Clubbing: _____

Orodental Hygiene: _____

Pallor: _____

Jaundice: _____

Cyanosis: _____

J.V.P: _____

Thyroid _____

Breast _____

Lymph nodes _____

Edema _____

Varicose veins _____

Abdominal Examination

INSPECTION:

Shape _____

Scar _____

Striae _____

Veins _____

PALPATION: **Soft/Tense:** _____

Tenderness: _____

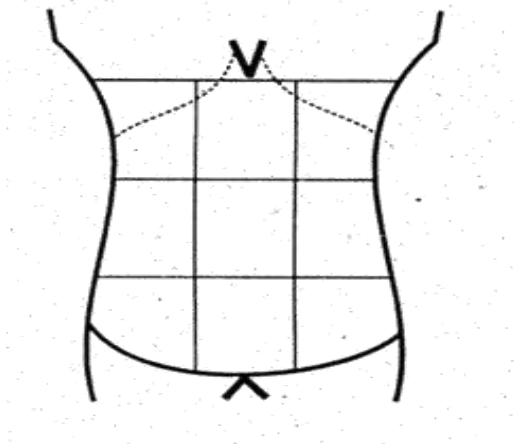
Liver: _____

Spleen: _____

Kidneys: _____

MASS: _____

- Location
- Size



- Shape
- Intra/Extra Abd.
- Mobility
- Tenderness

PERCUSSION:

- Fluid Thrill: _____ Shifting Dullness: _____

- Ascites: _____

AUSCULTATION: _____

PELVIC EXAMINATION: P.S/P.V:

- Vulva: _____ stress incontinence: _____

- Vaginal walls: _____ cervix: _____

Any pathology: _____ Discharge: _____ Amount: _____
 _____ Color: _____ Smell: _____

- Prolapse: Uterovaginal: _____ Uterocoele: _____ Cystocele: Degree: _____

Bimanual Examination:

UTERUS: Size: _____ Version: _____ Flexion: _____

Mobility: _____ Tenderness: _____ Pouch of Douglas:

ADNEXA: Right: _____

Left: _____

Provisional Diagnosis: _____

Differential Diagnosis: a): _____

b):

c): _____

d):

Ultrasound:

Gynaecology:

Date	
Uterus	
Measurements	
Endometrial Echo	

Right Adnexa	
Left Adnexa	
Pouch of Douglas	
Performed by Doctor	

Pre-Operative assessment by PGT

To be filled up before including the patient's name in the operation list and recheck before shifting to OT.

1. Has the patient/relatives given INFORMED CONSENT for the operation?

Have they been explained for major and serious operations HIGH RISK CONSENT taken?

2. Is the patient anemic? Clinically pale: _____ Hb level: _____

3. Has the patient got hypertension/ Diabetes/ Asthma/ COPD/ IHD/ CVA/ CRF/ CLD?

If yes, then was the patient seen by the physician?

Was the patient declared fit for GA/Operation by the physician?

4. If the patient is hypertensive: Was BP chart maintained?

Is the patient taking medicine regularly? Drug:

Dose:

In preoperative medication was antihypertensive + sedative given?

5. If the patient is diabetic, was the blood sugar chart maintained?

Is the patient on oral hypoglycemic drugs or plain insulin? Last blood sugar level checked:

6. History of jaundice/CLD? LFT's checked HBV HCV

Ultrasound abdomen for Ascites.

7. History of chest pain/Angina? ECG checked Medication:

8. History of smoking/chest infection? Chest X-Ray Auscultation: Any Crepitation/Rhonchi

9. Has the patient undergone any previous Operation or Anesthesia and was there any complication?

10. Is the patient on any medication e.g. Anticoagulants/Corticosteroids/Contraceptives/any other?

MAO inhibitor/Diuretics/Digoxin.

11. Are all routine investigations ready and attached in the file?

Blood CP: _____ Blood Group: _____ S.Urea: _____ BSL: _____

Urine RE: _____ ECG: _____ CXR: _____

12. Special investigations ready and attached with the file?

13. If required, has the blood for transfusion been arranged and cross matched? How many units?

14. Have all the things required for the operation and not available in OT been arranged?

a) _____ b) _____ c)

15. Any special preparations/ requirements before surgery?

(Gut Preparation/Enema/Stomach Wash/NG Tube/Foley's Catheter/CVP Line etc.)

16. Final checkup before sending the patient to OT:

B.P: _____ Pulse: _____ Temp: _____

Name of H.S: _____

Name of PGT: _____

Operative Procedure To Be Performed

Pre-Operative Orders:

Date:

9. Take informed consent of patient/husband:

10. Nothing by mouth after (Time) _____ (Date)

11. Maintain IV line at (Time): _____ (With):

12. Kleen Enema at (Time):

13. Pre-operative medication after test dose

a. Injection _____ Time:

b. Injection _____ Time:

14. Provide OT dress:

15. Shift to OT at (Time): _____ (Date):

16. _____

Informed consent

List of situations where specific informed consent is required

6. Anesthesia
7. Surgery
8. Sterilization
9. Termination of pregnancy
10. High risk medications

Procedure Notes

Date: _____

Time: _____

Name of Procedure:

Indication:

Surgeon:

Anesthetist:

Assistant:

Anesthesia:

Incision:

Scrub Nurse:

Operative findings:

Procedure:

_____ **Complications:**

_____	Sponge/instrument	count
complete _____		

Per-Operative:

Name Of The Organ Removed:

Organs/Tissues Sent For Histopathology:

- a. Blood transfusion
- b. Infusion
- c. Medication

Name of Doctor: _____

Post-Operative Orders

CARE OF GENERAL ANESTHESIA:

- **Vital Sign Monitoring 1/2 Hrly For 04 Hrs then 02 Hrly**

- Intake/Output Monitoring for Next

_____ Hrs

- Keep NPO Till Bowel Sounds Are Audible
- Keep In Left Lateral Position

Fluid Orders For 24 Hours:

- 5% D/W 1L: _____
- R/L _____
- 5% D/W 1L: _____
- _____

Antibiotics:

- _____

- _____

- _____

Analgesics:

- _____

- _____

Others:

- _____



Catheter Removal:

Drains Remove:

Any Special Instructions:

_____ Condition When Transferred From OT: Time:

_____ Pulse: _____ B.P: _____ Resp. Rate: _____ Pallor:

_____ P/V Bleeding: _____ Urine Output: _____ Drain:

_____ Doctor's Name: _____

Doctor's Receiving Notes: Time: _____ Pulse: _____

B.P: _____

Resp. Rate: _____ Pallor: _____ P/V Bleeding:

Urine Output: _____ Receiving Doctors Name:

Post-Operative Progress Notes

Date					Consultant remarks
Time					
Pulse					
B.P					
Temp.					
R.R.					
Bleeding P/V					
Intake					
Output					
Name of Doctor					
Date					Consultant Remarks
Time					
Pulse					
B.P					
Temp.					

	Ca⁺⁺											
	Mg⁺⁺											
	Albumin											
	T.Protiens											

	S.Gravity											
	Albumin											
	Sugar											
	RBCs											
	Pus Cells											

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	RBCs											
	Pus Cells											

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B) Log Book for Research



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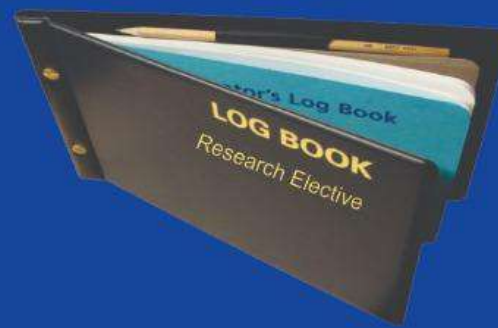
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Rawalpindi Medical University University Residency Program 2019 RESEARCH ELECTIVE



B O O K



PREFACE

The horizons of *Medical Education* are widening & there has been a steady rise of global interest in *Post Graduate Medical Education*, an increased awareness of the necessity for experience in education skills for all healthcare professionals and the need for some formal recognition of postgraduate training in Gynaecology and Obstetrics.

We are seeing a rise in the uptake of places on postgraduate courses in medical education, more frequent issues of medical education journals and the further development of e-journals and other new online resources. There is therefore a need to provide active support in *Post Graduate Medical Education* for a larger, national group of colleagues in all specialties and at all stages of their personal professional development. If we were to formulate a statement of intent to explain the purpose of this log book, we might simply say that our aim is to help clinical colleagues to teach and to help students to learn in a better and advanced way. This book is a state of the art log book with representation of all activities of the **MD/MS Research Elective** program at RMU. A summary of the curriculum is incorporated in the logbook for convenience of supervisors and residents. It also allows the clinicians to gain an understanding of what goes into basic science discoveries and drug development. Translational **research** has an **important role** to play in **medical research**, and when used alongside basic science will lead to increased knowledge, discovery and treatment in **medicine**. A perfect monitoring system of a training program including monitoring of teaching and learning strategies, assessment and Research Activities cannot be denied so we at RMU have incorporated evaluation by **Quality Assurance Cell** and its comments in the logbook in addition to evaluation by **University Training Monitoring Cell (URTMC)**. Reflection of the supervisor in each and every section of the logbook has been made sure to ensure transparency in the training program. The mission of Rawalpindi Medical University is to improve the health of the communities and we serve through education, biomedical research and health care. As an integral part of this mission, importance of research culture and establishment of a comprehensive research structure and research curriculum for the residents has been formulated and a separate journal for research publications of residents is available.

Prof. Muhammad Umar (Sitara-e-Imtiaz)

(MBBS, MCPS, FCPS, FACG, FRCP (Lon), FRCP (Glasg), AGAF)

Vice Chancellor Rawalpindi Medical University & Allied Hospitals

Rawalpindi

ENROLMENT DETAILS

Program of Admission _____

Session _____

Registration / Training Number _____

Name of Candidate _____

Father's Name _____

Date of Birth ___/___/___ CNIC No.

Present Address

Permanent Address

E-mail Address _____

Cell Phone _____

Date of Start of Training _____

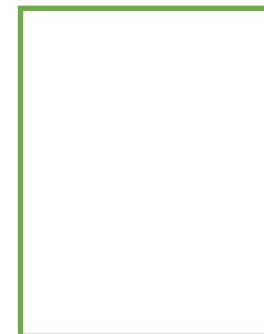
Date of Completion of Training _____

Name of Supervisor _____

Designation of Supervisor _____

Qualification of Supervisor _____

Title of department / Unit _____



MOTTO OF RAWALPINDI MEDICAL UNIVERSITY

Truth, Wisdom & Service

MISSION STATEMENT

The mission of Residency Program of Obstetrics and Gynaecology of Rawalpindi Medical University is:

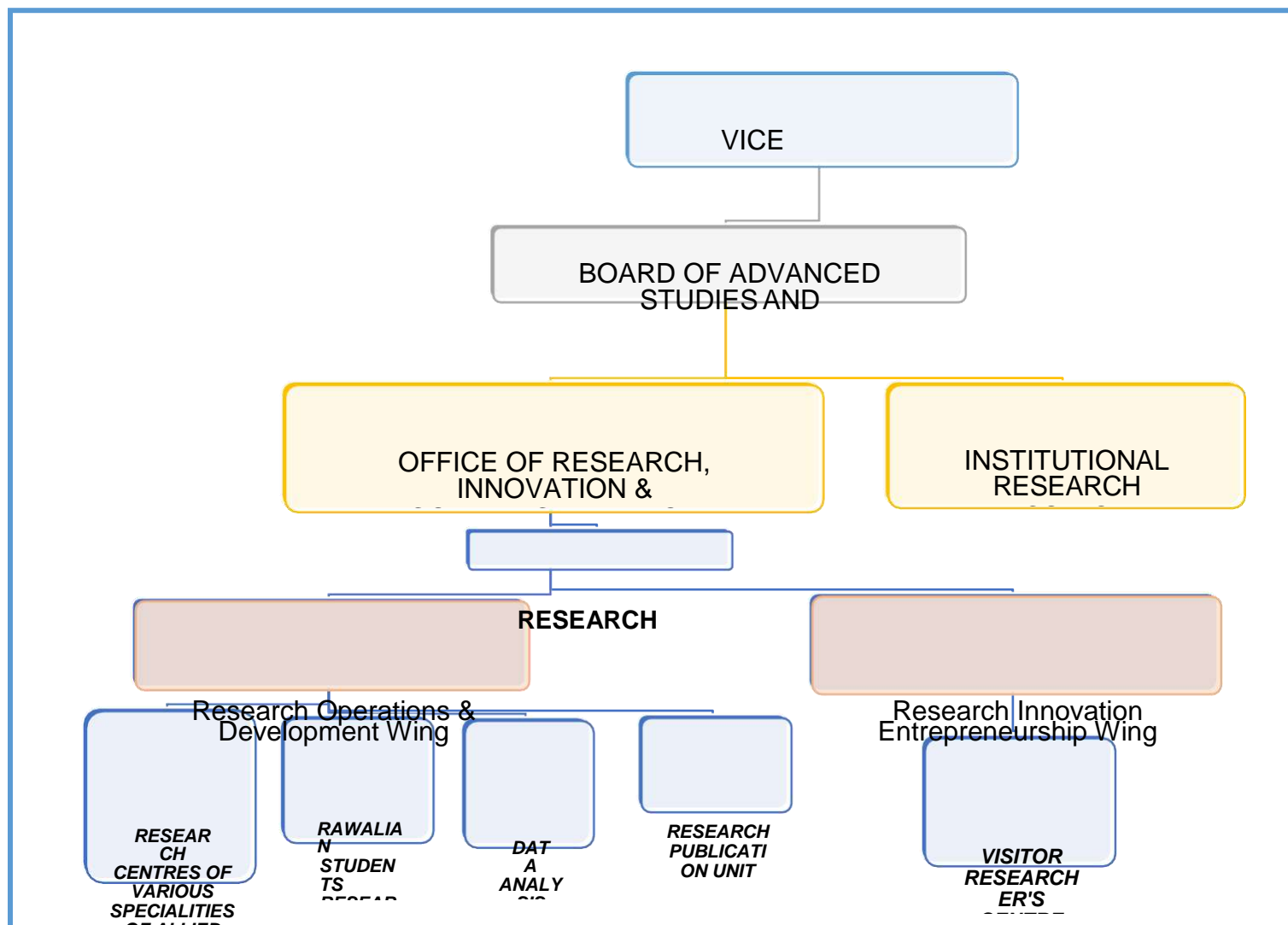
1. To promote the slogan of healthy mother and healthy baby.
2. To provide best care for treating all patients of Obstetrics and Gynaecology who come before us with uncompromising dedication and skill.
3. To set and pursue the highest goals for ourselves as we learn the science, craft, and art of patient care in Obstetrics and Gynaecology.
4. To passionately teach our junior colleagues and students as we have been taught by those who preceded us.
5. To treat our colleagues and hospital staff with kindness, respect, generosity of spirit, and patience.
6. To foster the excellence and well-being of our residency program by generously offering our time, talent, and energy on its behalf.
7. To support and contribute to the research mission of our center, nation, and the world by pursuing new knowledge, whether at the bench or bedside.
8. To promote the translation of the latest scientific knowledge to the bedside to improve our understanding of disease pathogenesis and ensure that all patients receive the most scientifically appropriate and up to date care.
9. To promote responsible stewardship of Hospital resources by wisely selecting diagnostic tests and treatments, recognizing that our individual decisions impact not just our own patients, but patients everywhere.
10. To promote social justice by advocating for equitable health care, without regard to race, gender orientation, social status, or ability to pay.
11. To extend our talents outside the walls of our hospitals and clinics for community awareness as well as to promote the health and well-being of mother and baby, locally, nationally, and internationally.
12. To serve as proud ambassadors for the mission of the Rawalpindi Medical University MS Obstetrics and Gynaecology Residency Program for the remainder of our professional lives.
13. To understand significance of safe motherhood and to strive for the best to achieve sustainable developmental goals.

LOG OF RESEARCH ELECTIVE

Gynaecology and Obstetrics residents' outlook in research can be significantly improved using a research curriculum offered through a structured and dedicated research rotation. This is exemplified by the improvement noted in resident satisfaction, their participation in scholarly activities and resident research outcomes since the inception of the research rotation in our internal medicine training program. Residents' research leads to better clinical care, correlates with the pursuit of academic careers, increases numbers of clinical investigators, and is an asset to those applying for fellowships. We report our success in designing and implementing a "Structured Research Curriculum" incorporating basic principles within a research rotation to enhance participation and outcomes of our residents in scholarly activities within a busy residency training program setting.

(RESEARCH ELECTIVE WOULD BE TAUGHT 08:00 AM TO 02:00 PM & RESIDENT WOULD PERFORM THE DUTY OF EVENING CALLS AS PER ROTA, IF REQUIRED)

ORGANIZATIONAL STRUCTURE OF RESEARCH AT RAWALPINDI MEDICAL UNIVERSITY



**BASELINE PROFORMA TO BE FILLED IN BY RESIDENTS BEFORE ORIENTATION SESSION:
RAWALPINDI MEDICAL UNIVERSITY**

1. Name of Trainee: _____
2. Gender: Male: Female:
3. Specialty: _____
4. Unit/Department: _____
5. Hospital: _____
6. Date Of Commencement of Training: _____
7. Anticipated year of Training: _____
8. Registration No: _____
9. Name of Supervisor: _____
10. A. Have you ever attended any research methodology workshop/course/training: YES: NO:

10. B If yes, please enters the details of the course/workshop (mention the last 5 workshops/courses in case of exceeding 5, starting from the latest as SR # 1

SR #	Date/Month and year of training course/workshop	Title of training course/workshop	Organizing institution/comp any.	Duration of course in days	What was the main content/learning outcome of the research course?
1.					
2.					
3.					
4.					
5.					

11. A. Have you ever attended any workshop or course regarding synopsis development or research proposal development: YES: NO:
- B. If yes please mention details of the course/workshop (mention the last 3 workshops/courses in case of exceeding 3, starting from the latest as SR # 01):

SR #	Date/Month and year of training course/workshop	Title of training course/workshop	Organizing institution/comp any.	Duration of course in days	What was the main content/learning outcome of the research course?
1.					
2.	<input type="checkbox"/>	<input type="checkbox"/>			
3.					

12. Do you consider yourself proficient/skilled enough to write a research proposal independently with appropriate methodology: YES: NO: UNCERTAIN:

13. A. Have you ever formulated a research proposal previously? YES: NO:

B. If yes please mention the details of the synopsis/proposals developed by you (mention the last 3 synopsis/proposals in case of exceeding 3, starting from the latest as SR # 01):

SR #	Date/Month and year of formulating proposal	Title of Proposal	Did you formulate as a pre- requisite to any degree or funding? Please mention its purpose and	Was the proposal submitted anywhere for approval/acceptance? If yes, where? And was it approved or modified or accepted?	Did you pursue that synopsis and completed the research? Yes /No. Please mention reason for not completing the research after development of synopsis if answer is no.
1.					
2.				<input type="checkbox"/>	<input type="checkbox"/>
3.					

14. A. Have you ever written a research paper/manuscript previously:

YES: NO

B. If yes, please mention the last five manuscripts in case of exceeding 5, (starting the latest from Sr # 1):

Sr #	Date/Month and year of formulating the manuscript/paper	Title of Paper	Was it an original article/short communication/case study/systematic review/meta analysis/editorial/any other academic writing in a journal? Please specify	Was the manuscript ever submitted any publication? Yes or No. If No give reason please. If yes to which journal/s and was it approved for publication or rejected?	If published please specify title of journal and edition and year of publication.
1.					
2.					
3.		<input type="checkbox"/>			
4.		<input type="checkbox"/>			
5.					

15. Have you ever been involved in any of the following research activities during last 2 years? (Please tick in the appropriate boxes):

a) Review of Medical literature

T

b) Write up of literature review

T

- c) Vancouver/Harvard referencing
- d) Used any Plagiarism detection tool
- e) Formulated research methodology of a research project/synopsis
- f) Formulated any data collection tool/Performa /checklist/questionnaire for research project
- g) Collected data through Performa's/interviews/observations/scales/Focus Group Discussions etc.
- h) Entered data in any computer based software e.g. SPSS, Epi-info, Microsoft Excel etc.
If yes mention name of soft ware: _____
- i) Analyzed quantitative or qualitative data in any computer based software
- j) Write up of results of study with formulation of tables or graphs
- k) Write up of discussion of a paper
- l) Ever submitted a manuscript to any journal

16. Title of research assigned to you by your supervisor you're your MD/MS programme: _____

17. Please mention which of the following activities you already have performed regarding your research project/THESIS as requisite to MD/MS programme: (Please tick in the appropriate boxes):

- a) Topic selection
- b) Review of literature
- c) Write up of literature review
- a) Vancouver/Harvard referencing
- b) Checked Plagiarism through detection tool
- c) Formulated research methodology of a research project/synopsis
- d) Formulated any data collection tool/Performa /checklist/questionnaire for your research
- e) Collected data through data collection tools/scales
- f) Entered data in any computer based software (e.g. SPSS, Epi Info, Microsoft Excel etc.)
- g) Analyzed data in any computer based software
- h) Have formulated results of study with tables or graphs
- i) Formulated discussion of THESIS

T

j) Written conclusion and abstract of your THESIS

k) Submitted your THESIS to your supervisor

18. What are your expectations from this research course/module of MS/MD program and any specific areas of training you want to be paid special emphasis by the trainers?

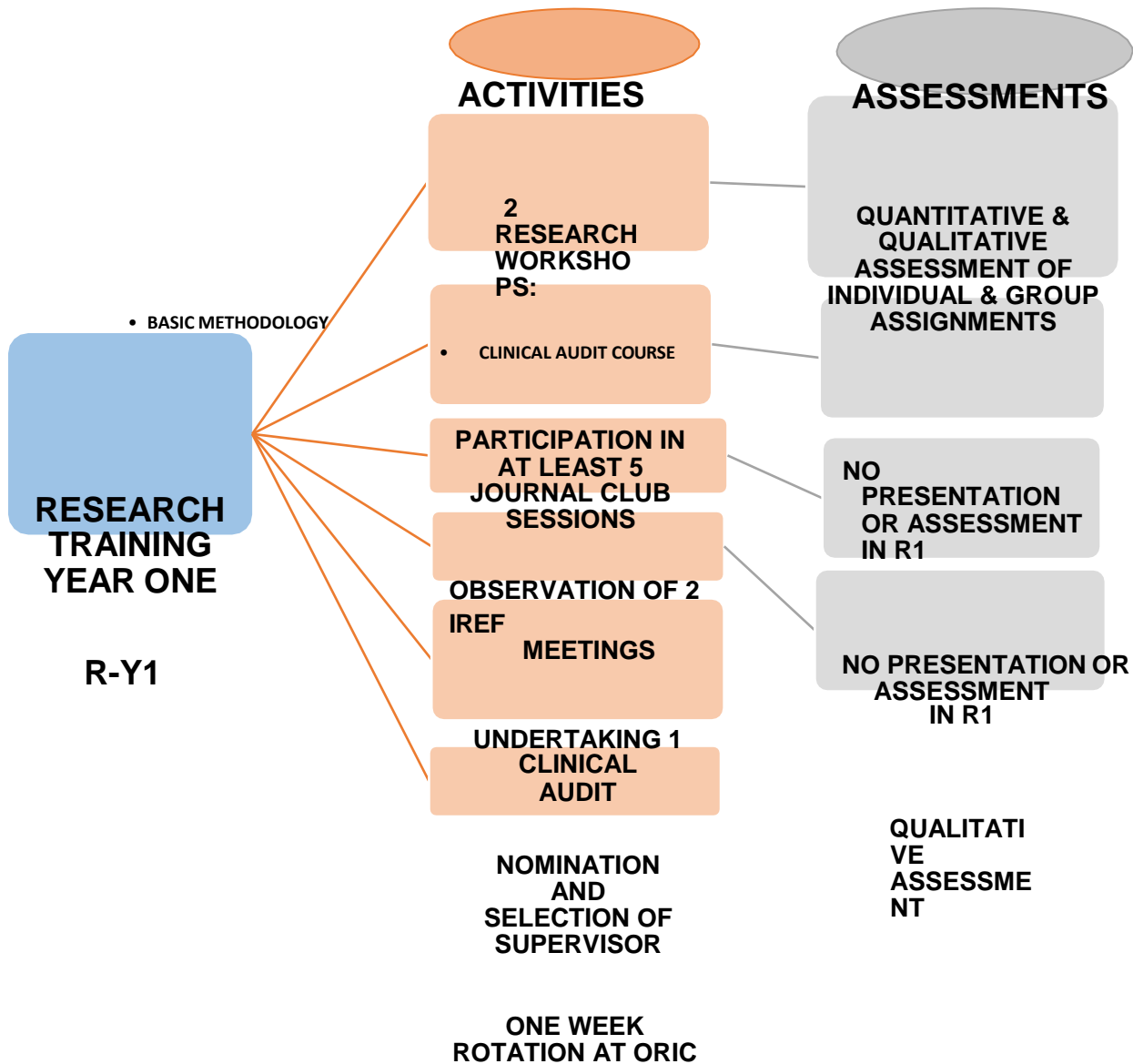
Thank you

Date of filling the Performa: _____

Signatures of the resident: _____

Signatures of the Director of ORIC, RMU: _____.

RESEARCH COURSE OF FIRST TRAINING YEAR-Y1



SECTION- 1

3 DAYS -BASIC RESEARCH METHODOLOGY WORKSHOP

DAY 1 OF WORKSHOP

Date & Venue: _____

Modules of Day 1 of Workshop	TITLE OF MODULES OF DAY 1	NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE	FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
Module 1	Introduction to health systems research Identifying and Prioritizing Research Problems			
Module 2	Analysis and statement of problem & Introduction to Literature review			
Module 3	Literature review Referencing systems; Vancouver & Harvard referencing systems			
Module 4	Literature review Referencing managing systems			
Module 5	Plagiarism			
Module 6	Formulation of research objectives			

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Module 7	Formulation of Hypothesis for a research			
Module 8	Research methodology; Variables and Indicators			

DAY 2 OF BASIC RESEARCH METHODOLOGY WORKSHOP:

Date & Venue: _____

Modules of Day 2 of Workshop	TITLE OF MODULES OF DAY 2	NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE	FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
Module 1	Research methodology; Study types			
Module 2	Data collection techniques			
Module 3	Data collection tools			
Module 4	Sampling			
Module 5	Plan for Data Entry , storage and Statistical Analysis			

DAY 3 OF BASIC RESEARCH METHODOLOGY WORKSHOP:

Date & Venue: _____

Modules of Day 3 of Workshop	TITLE OF MODULES OF DAY 3	NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE	FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
Module 1	Pilot and project planning			
Module 2	Budgeting for a study			
Module 3	Project administration			
Module 4	Plan for dissemination			
Module 5	Research ethics & concepts of protection of human study subjects			
Module 6	Differences between original articles, short communication, case reports, systematic reviews and meta-analysis			
Module 7	Writing a Case report			
Module 8	Critical Appraisal of a research paper			

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Module 9	<ul style="list-style-type: none">• Making effective power-point presentations of a Research Project			
Module 10	<ul style="list-style-type: none">• Making effective poster presentations			

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SECTION- 3

ONE DAY – WORKSHOP ON UNDERTAKING CLINICAL AUDIT

Date & Venue: _____

Modules of Day 1 of Workshop	TITLE OF MODULES OF DAY 1	NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE	FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
Module 1	Introduction to a clinical audit and its importance			
Module 2	Types of Clinical Audit			
Module 3	Process and steps of Clinical Audit			
Module 4	Methodology of Clinical Audit			
Module 5	Data Analysis of a Clinical Audit			
Module 6	Clinical Audit Report Writing			
Module 7	Dissemination of the report			

SECTION-

**JOURNAL CLUB MEETINGS ATTENDED BY RESIDENT AS AN OBSERVER
DURING YR 1**

JOURNAL CLUB MEETING #	DATE	TITLES OF THE ARTICLES PRESENTED IN THE JOURNAL CLUB MEETING	TITLE OF JOURNAL/ YEAR OF PUBLICATION	ANY QUESTION OR COMMENT MADE ON THE PRESENTATION BY THE OBSERVER	SUPERVISOR'S SIGNATURE	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
1.		A. B. C.	A. B. C.	A. B. C.		
2.		A. B. C.	A. B. C.	A. B. C.		
3.		A. B. C.	A. B. C.	A. B. C.		
4.		A. B. C.	A. B. C.	A. B. C.		

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		C.	C.	C.		

SECTION- 5

INSTITUTIONAL RESEARCH & ETHICS FORUM MEETINGS ATTENDED BY RESIDENT AS AN OBSERVER DURING YR 1

IREF MEETING #	DATE/VENUE	TITLES OF THE RESEARCH PROPOSALS PRESENTED IN THE IREF MEETING	ANY QUESTION OR COMMENT MADE ON THE PRESENTATIONS BY THE OBSERVER	SIGNATURE OF THE CONVENER OF THE MEETING (NAME/STAMP)
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SECTION- 6

UNDERTAKING A CLINICAL AUDITS UNDERTAKEN AS A GROUP MEMBER DURING YEAR 1

TITLE OF THE CLINICAL AUDIT	UNIT/DEPARTMENT WHERE THE AUDIT WAS CONDUCTED/NAME OF SUPERVISOR	PERSON WHO CONDUCTED THE AUDIT AND CONTENT OF CONTRIBUTION IN THE CLINICAL AUDIT	DISSEMINATION OF REPORT OF AUDIT: (A. WAS CLINICAL AUDIT REPORT PUBLISHED AS ANNUAL AUDIT REPORT/IN A RESEARCH JOURNAL? IF YES, DATE AND YEAR OF PUBLICATION AND NAME OF JOURNAL B. WAS CLINICAL AUDIT PRESENTED IN CPC OF RMU? IF YES DATE AND VENUE)	SIGNATURE OF THE DEAN (NAME/STAMP)
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SECTION- 7**RECORD OF FORTNIGHTLY MEETINGS OF THE RESIDENT WITH THE SUPERVISOR**

Sr #	DATE/VENUE /DURATION OF MEETING	AGENDA AND OUTLINE OF THE MEETING (IN TERMS OF CONTENT, DISCUSSION POINTS)	ACTION POINTS AND SUPERVISOR'S REFLECTIONS	SUPERVISOR'S SIGNATURE (NAME/STAMP)	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
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SECTION- 8

RECORD OF RESIDENT'S ONE WEEK'S ROTATION AT ORIC

DAY #	DATE	ACTIVITY CARRIED OUT AT ORIC AND THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR WHO SUPERVISED THE ACTIVITY	ORIC STAFF MEMBER'S REFLECTIONS ON THE PERFORMANCE OF THE ACTIVITY	THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR SIGNATURE (NAME/STAMP)	DIRECTOR ORIC'S SIGNATURE (NAME/STAMP)
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SECTION- 10

RECORD OF LITERATURE REVIEW CONDUCTED BY THE RESIDENT IN YEAR 1

SR #	TITLE OF THE LITERATURE REVIEWED	DATE/MONTH AND YEAR OF PUBLICATION	TITLE OF THE JOURNAL/BOOK	WAS IT AN ORIGINAL ARTICLE/SHORT COMMUNICATION/CASE STUDY/SYSTEMATIC REVIEW/META ANALYSIS/EDITORIAL/ANY OTHER ACADEMIC WRITING (e.g. reports, books, conference papers, THESISs, Research and program reports- published/unpublished)? PLEASE SPECIFY
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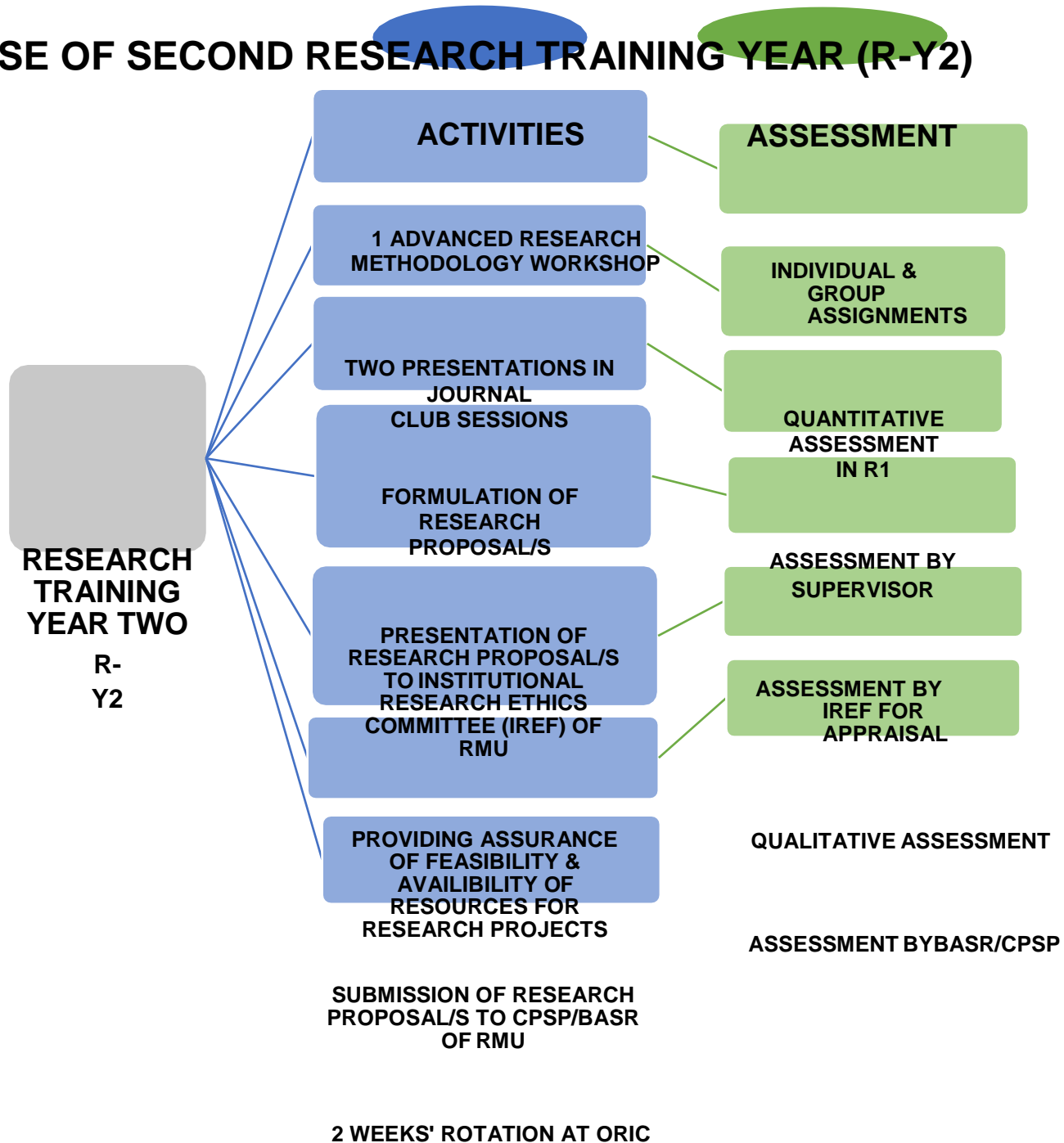
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RESEARCH COURSE OF SECOND RESEARCH TRAINING YEAR (R-Y2)



SECTION- 1

**3 DAYS –ADVANCED RESEARCH
METHODOLOGY WORKSHOP
DAY 1 OF WORKSHOP:**

Date & Venue: _____

Modules of Day 1 of Workshop	TITLE OF MODULES OF DAY 1	NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE	FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
Module 1	<ul style="list-style-type: none"> • Introduction to Biostatistics • Description of Variables Numerical methods of Data summarization (Manual as well as through Statistical Package of Social Sciences) 			
Module 2	Graphical presentation of data			
Module 3	Cross-tabulation of quantitative data			
Module 4	Measures of Association based on risk			
Module 5	Confounding and methods to control confounding			

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Module 6	Basic statistical concepts; Measure of dispersion and confidence Intervals			
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DAY 2 OF ADVANCED RESEARCH METHODOLOGY WORKSHOP:

Date & Venue: _____

Modules of Day 2 of Workshop	TITLE OF MODULES OF DAY 2	NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE	FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
Module 1	Hypothesis testing for a research			
Module 2	Tests of Significance			
Module 3	Determining difference between two groups- categorical data Paired & unpaired observations			
Module 4	Determining difference between two groups- numerical data Paired & unpaired observations			
Module 5	Determining difference between more than two groups- numerical data ANOVA (Analysis of Variance)			

DAY 3 OF ADVANCED RESEARCH METHODOLOGY WORKSHOP

Date & Venue: _____

Modules of Day 3 of Workshop	TITLE OF MODULES OF DAY 3	NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE	FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
Module 1	Determining Correlation between variables			
Module 2	Regression Analysis			
Module 3	Diagnostic Accuracy of a test			
Module 4	Writing a research paper			
Module 5	Writing a THESIS			

SECTION- 3

**4 JOURNAL CLUB MEETINGS ATTENDED BY RESIDENT AS AN OBSERVER
DURING YR 2**

JOURNAL CLUB MEETING #	DATE	TITLES OF THE ARTICLES PRESENTED IN THE JOURNAL CLUB MEETING	TITLE OF JOURNAL/ YEAR OF PUBLICATION	ANY QUESTION OR COMMENT MADE ON THE PRESENTATION BY THE OBSERVER	SUPERVISOR'S SIGNATURE	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
1.		A. B. C.	A. B. C.	A. B. C.		
2.		A. B. C.	A. B. C.	A. B. C.		
3.		A. B. C.	A. B. C.	A. B. C.		
4.		A. B. C.	A. B. C.	A. B. C.		

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		B.	B.	B.		
		C.	C.	C.		

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SECTION- 4

2 JOURNAL CLUB MEETINGS ATTENDED BY RESIDENT AS A PRESENTER DURING YR 2

Journal Club Meeting #	Date	Title Of The Article Presented By Resident In The Journal Club Meeting	Title Of Journal/ Year Of Publication	Reflection Of Two Senior Faculty Members On The Presentation	Senior Faculty Members Signature	Reflection Of The HOD On The Presentation And Scores Given Out Of Attainable Total Score Of 25	Head Of Department's Signature (Name/Stamp)
1.							
2.							

SIGNATURE OF THE DEAN OF SPECIALITY: _____

SIGNATURE (NAME/STAMP): _____

SECTION- 5

**APPROVAL OF TOPIC OF RESEARCH PROPOSAL/SYNOPSIS FOR THESIS FORMULATED BY
RESIDENT DURING YR 2**

TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS

APPROVAL OF THE TOPIC: _____

NAME OF THE PERSON APPROVING THE TOPIC OF SYNOPSIS	DESIGNATION OF THE PERSON APPROVING THE TOPIC OF SYNOPSIS	SIGNATURES	STAMP/DATE
	<i>SUPERVISOR</i>		
	<i>HEAD OF DEPARTMENT</i>		
	<i>DEAN OF SPECILAITY</i>		
	<i>DIRECTOR ORIC</i>		
	<i>CO- CHAIRPERSON OF THE BOARD OF ADVANCED STUDIES & RESEARCH OF RMU</i>		

SECTION- 6

COMPLETION OF RESEARCH PROPOSAL/SYNOPSIS FOR THESIS FORMULATED BY RESIDENT DURING YR 2 (TILL MONTH 8 OF YR 2)

TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS: _____

SR #	DATE	ASPECTS OF THE SYNOPSIS/RESEARCH PROPOSAL REVIEWED	REFLECTION OF RESEARCH ASSOCIATES/DEPUTY DIRECTOR ORIC ON THE CONTENT & QUALITY OF THE PROPOSAL	RESEARCH ASSOCIATES/DEPUTY DIRECTOR'S SIGNATURE	REFLECTION OF THE SUPERVISOR ON THE CONTENT & QUALITY OF THE PROPOSAL	SUPERVISOR'S SIGNATURE (NAME/STAMP)
1.		Introduction and rationale (with Vancouver/Harvard in text citations)				
2.		Research aim, purpose and objectives				
3		Hypothesis, if required according to the study design.				
4		Operational Definitions				

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5A		<i>Research Methodology:</i> Setting				
5B		<i>Research Methodology:</i> Study Population				
5C		<i>Research Methodology:</i> Study Duration				
5D		<i>Research Methodology:</i> Study Design				
5E		<i>Research Methodology:</i> a) Sampling: (Sample size with statistical justifications, sampling technique, inclusion criteria & exclusion criteria)				

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5F		<i>Research Methodology:</i> Data Collection technique/s				
5G		<i>Research Methodology:</i> Data Collection tool/s				
5H		<i>Research Methodology:</i> Data Collection procedure				
6		Plan for Data entry & Analysis				
7		Ethical Considerations				

8		Work plan/Gantt chart				
9		Budget with justifications				
10		Reference list according to the Vancouver referencing style				
11		Annexure (<i>including data collection tool or Performa, consent form, official letters, scales, scoring systems and/or any other relevant material</i>)				

SECTION- 7

APPROVAL OF RESEARCH PROPOSAL/SYNOPSIS FOR THESIS FORMULATED BY RESIDENT DURING YR 2:

TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:

APPROVAL OF THE SYNOPSIS/PROPOSAL: _____

DATE ON WHICH PROPOSAL WAS PRESENTED	NAME OF THE PERSON APPROVING THE SYNOPSIS	DESIGNATION OF THE PERSON APPROVING THE SYNOPSIS	SIGNATURES	STAMP
		<i>SUPERVISOR</i>		
		<i>HEAD OF DEPARTMENT</i>		
		<i>DEAN OF SPECILAITY</i>		
		<i>DIRECTOR ORIC</i>		
		<i>CHAIRPERSON OF THE INSTITUTIONAL RESEARCH AND ETHICS FORUM OF RMU</i>		
		<i>CO- CHAIRPERSON OF THE BOARD OF ADVANCED STUDIES & RESEARCH OF RMU</i>		

SECTION- 8

RECORD OF FORTNIGHTLY MEETINGS OF THE RESIDENT WITH THE SUPERVISOR IN YEAR 2

SR #	DATE/VENUE /DURATION OF MEETING	AGENDA AND OUTLINE OF THE MEETING (IN TERMS OF CONTENT, DISCUSSION POINTS)	ACTION POINTS AND SUPERVISOR'S REFLECTIONS	SUPERVISOR'S SIGNATURE (NAME/STAMP)	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
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SECTION-

RECORD OF RESIDENT'S TWO WEEK'S ROTATION AT ORIC DURING YR 2

DAY #	DATE	ACTIVITY CARRIED OUT AT ORIC AND THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR WHO SUPERVISED THE ACTIVITY	ORIC STAFF MEMBER'S REFLECTIONS ON THE PERFORMANCE OF THE ACTIVITY	THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR SIGNATURE (NAME/STAMP)	DIRECTOR ORIC'S SIGNATURE (NAME/STAMP)
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SECTION- 10

**ANY RESEARCH COURSE/WORKSHOP ATTENDED (ON OWN) BY THE RESIDENT
DURING YEAR 2**

SR #	DATE/MONTH AND YEAR OF TRAINING COURSE/WORKSHOP	TITLE OF TRAINING COURSE/WORKSHOP	ORGANIZING INSTITUTION/COMPANY	DURATION OF COURSE IN DAYS/MODE OF COURSE (online or physically attended)	THE OBJECTIVES OR LEARNING OUTCOMES OF THE RESEARCH COURSE.
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SECTION-

RECORD OF LITERATURE REVIEW CONDUCTED BY THE RESIDENT IN YEAR 2

SL #	TITLE OF THE LITERATURE REVIEWED	DATE/MONTH AND YEAR OF PUBLICATION	TITLE OF THE JOURNAL/BOOK	WAS IT AN ORIGINAL ARTICLE/SHORT COMMUNICATION/CASE STUDY/SYSTEMATIC REVIEW/META ANALYSIS/EDITORIAL/ANY OTHER ACADEMIC (e.g. reports, books, conference papers, THESISs, Research and program reports- published/unpublished)? PLEASE SPECIFY
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SECTION- 12**RECORD OF ANY MANUSCRIPT/RESEARCH PAPER FORMULATED BY THE RESIDENT IN YEAR 2**

SL #	TITLE OF THE MANUSCRIPT	IF SUBMITTED FOR PUBLICATION, DATE/MONTH AND YEAR OF PUBLICATION, IF PUBLISHED	TITLE OF THE JOURNAL	WAS IT REVIEWED, MODIFIED, ACCEPTED OR REJECTED. PLEASE SPECIFY	DIRECTOR ORIC'S SIGNATURE (NAME/STAMP)
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SECTION- 13

OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY SUPERVISOR

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SECTION- 13

OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY *BASR* (BOARD OF ADVANCED STUDIES AND RESEARCH)

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SECTION- 13

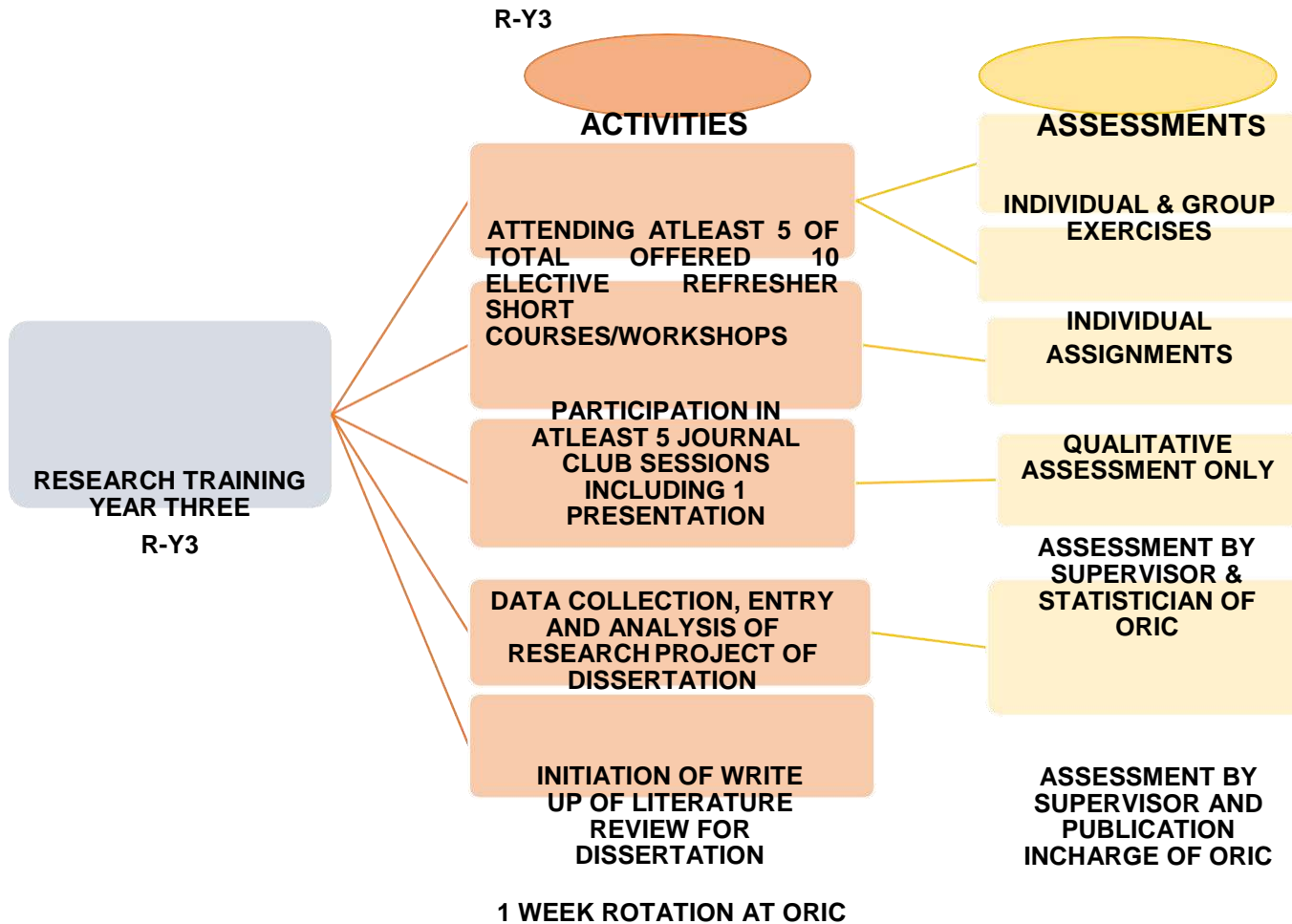
OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY ORIC (OFFICE OF RESEARCH INNOVATION AND COMMERCIALIZATION)

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SECTION- 13

OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY DEPARTMENT OF MEDICAL EDUCATION (DME)

RESEARCH COURSE OF THIRD RESEARCH TRAINING YEAR



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SECTION- 1

10 ELECTIVE RESEARCH WORKSHOPS TO BE OFFERED DURING YEAR 3

DATE & VENUE & DURATION OF WORKSHOP	TITLE OF ELECTIVE WORKSHOPS ATTENDED	NAMES AND SIGNATURES OF FACILITATORS OF EACH WORKSHOP	FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
	End note referencing manager			
	Mendeley referencing manager			
	Effective write up of Literature review			
	Data entry in Statistical Package of Social Sciences			
	Graphical presentation of data in Microsoft Excel			

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	Univariate, Bivariate and Multivariate analysis in Statistical Package of Social Sciences			
	Effectively writing up of a THESIS.			
	Research article write up			
	Critical appraisal of research			
	How to Present Research through power-point or posters			

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SECTION- 2

INDIVIDUAL AND GROUP (HOME TASK) ASSIGNMENTS OF THE RESIDENTS 3 REGARDING ADVANCED RESEARCH METHODOLOGY WORKSHOP

ASSIGNMENT'S NUMBER	TITLE OF WORKSHOP	DATE OF SUBMISSION:	ORIGINALITY SCORE OF ASSIGNMENT IN TURN-IT-IN PLAGIARISM DETECTION SOFTWARE	FACILITATOR'S REFLECTION ON CORRECTNESS, COMPLETION AND QUALITY OF INDIVIDUAL OR GROUP ASSIGNMENTS OF THE WORKSHOP	SIGNATURE OF FACILITATORS	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)

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SECTION- 3

**5 JOURNAL CLUB MEETINGS ATTENDED BY RESIDENT AS AN OBSERVER
DURING YR 3**

JOURNAL CLUB MEETING #	DATE	TITLES OF THE ARTICLES PRESENTED IN THE JOURNAL CLUB MEETING	TITLE OF JOURNAL/ YEAR OF PUBLICATION	ANY QUESTION OR COMMENT MADE ON THE PRESENTATION BY THE OBSERVER	SUPERVISOR'S SIGNATURE	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
1.		A. B. C.	A. B. C.	A. B. C.		
2.		A. B. C.	A. B. C.	A. B. C.		
3.		A. B. C.	A. B. C.	A. B. C.		
4.		A. B. C.	A. B. C.	A. B. C.		

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		B.	B.	B.		
		C.	C.	C.		

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SECTION- 4

1 JOURNAL CLUB MEETING ATTENDED BY RESIDENT AS AN PRESENTER DURING YR 3

JOURNAL CLUB MEETING #	DATE	TITLE OF THE ARTICLE PRESENTED BY RESIDENT IN THE JOURNAL CLUB MEETING	TITLE OF JOURNAL/ YEAR OF PUBLICATION	REFLECTION OF TWO SENIOR FACULTY MEMBERS ON THE PRESENTATION	SENIOR FACULTY MEMBERS SIGNATURE	REFLECTION OF THE HOD ON THE PRESENTATION AND SCORES GIVEN OUT OF ATTAINABLE TOTAL SCORE OF 25	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
1.							

SIGNATURE OF THE DEAN OF SPECIALITY: _____

(NAME/STAMP): _____

SECTION- 5

CONFIRMATION OF COMPLETENESS OF DATA COLLECTION OF THE OF RESEARCH PROJECT FOR THESIS BY
~~RESIDENT DURING YR 3:~~

TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:

CONFIRMATION OF COMPLETENESS OF DATA COLLECTION: _____

NAME OF THE PERSON CONFIRMING	DESIGNATION OF THE PERSON CONFIRMING	SIGNATURES	STAMP/DATE
	<i>SUPERVISOR</i>		
	<i>HEAD OF DEPARTMENT</i>		
	<i>STATISTICIAN AT ORIC</i>		
	<i>DIRECTOR ORIC</i>		

SECTION- 6**RECORD OF FORTNIGHTLY MEETINGS OF THE RESIDENT WITH THE SUPERVISOR
IN YEAR 3**

SR #	DATE/VENUE /DURATION OF MEETING	AGENDA AND OUTLINE OF THE MEETING (IN TERMS OF CONTENT, DISCUSSION POINTS)	ACTION POINTS AND SUPERVISOR'S REFLECTIONS	SUPERVISOR'S SIGNATURE (NAME/STAMP)	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
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SECTION- 7**RECORD OF RESIDENT'S ONE WEEK'S ROTATION AT ORIC DURING YR 3**

DAY #	DATE	ACTIVITY CARRIED OUT AT ORIC AND THE RESEARCH ASSOCIATE/ STATISTICIAN/DEPUTY DIRECTOR WHO SUPERVISED THE ACTIVITY	ORIC STAFF MEMBER'S REFLECTIONS ON THE PERFORMANCE OF THE ACTIVITY	THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR SIGNATURE (NAME/STAMP)	DIRECTOR ORIC'S SIGNATURE (NAME/STAMP)
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SECTION- 8**ANY RESEARCH COURSE COURSE/WORKSHOP ATTENDED (ON OWN) BY THE RESIDENT DURING YEAR 3**

SL #	DATE/MONTH AND YEAR OF TRAINING COURSE/WORKSHOP	TITLE OF TRAINING COURSE/WORKSHOP	ORGANIZING INSTITUTION/COMPANY	DURATION OF COURSE IN DAYS/ MODE OF COURSE (online or physically attended)	THE OBJECTIVES OR LEARNING OUTCOMES OF THE RESEARCH COURSE.
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SECTION- 9

RECORD OF LITERATURE REVIEW CONDUCTED BY THE RESIDENT IN YEAR 3

SR #	TITLE OF THE LITERATURE REVIEWED	DATE/MONTH AND YEAR OF PUBLICATION	TITLE OF THE JOURNAL/BOOK	WAS IT AN ORIGINAL ARTICLE/SHORT COMMUNICATION/CASE STUDY/SYSTEMATIC REVIEW/META ANALYSIS/EDITORIAL/ANY OTHER ACADEMIC (e.g. reports, books, conference papers, THESISs, Research and program reports- published/ unpublished)? PLEASE SPECIFY
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SECTION- 10**RECORD OF ANY MANUSCRIPT/RESEARCH PAPER FORMULATED BY THE RESIDENT IN YEAR 3**

SR #	TITLE OF THE MANUSCRIPT	IF SUBMITTED FOR PUBLICATION, DATE/MONTH AND YEAR OF PUBLICATION, IF PUBLISHED	TITLE OF THE JOURNAL	WAS IT REVIWED, MODIFIED, ACCEPTED OR REJECTED. PLEASE SPECIFY	DIRECTOR ORIC'S SIGNATURE (NAME/STA MP)
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SECTION- 11

OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY SUPERVISOR

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SECTION- 11

OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY *BASR* (BOARD OF ADVANCED STUDIES AND RESEARCH)

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SECTION- 11

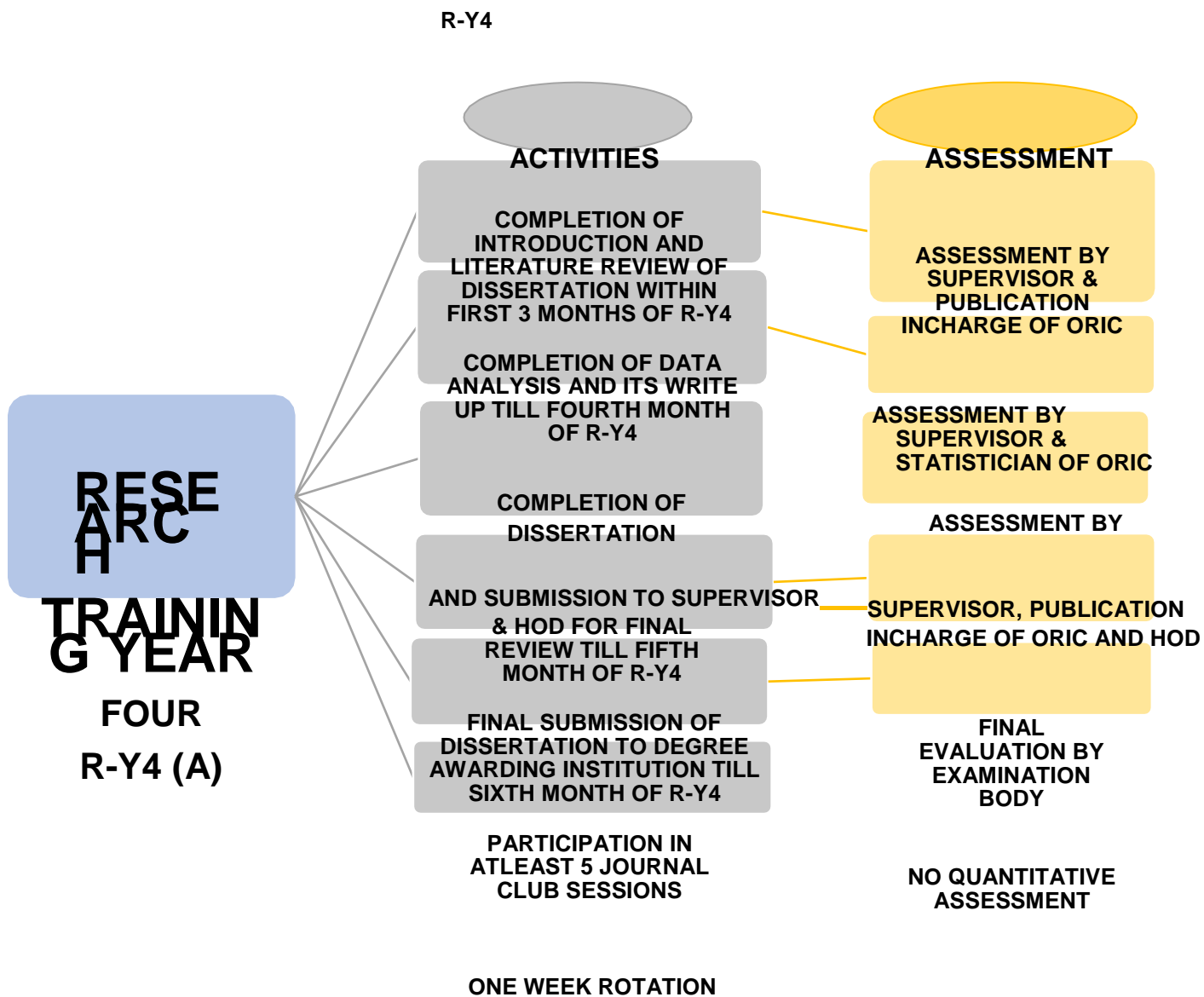
OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY ORIC (OFFICE OF RESEARCH INNOVATION AND COMMERCIALIZATION)

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SECTION- 11

**OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY DEPARTMENT OF MEDICAL EDUCATION
(DME)**

RESEARCH COURSE OF FOURTH RESEARCH TRAINING YEAR



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SECTION- 1

**5 JOURNAL CLUB MEETINGS ATTENDED BY RESIDENT AS AN OBSERVER
DURING YR 4**

JOURNAL CLUB MEETING #	DATE	TITLES OF THE ARTICLES PRESENTED IN THE JOURNAL CLUB MEETING	TITLE OF JOURNAL/ YEAR OF PUBLICATION	ANY QUESTION OR COMMENT MADE ON THE PRESENTATION BY THE OBSERVER	SUPERVISOR'S SIGNATURE	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
1.		A. B. C.	A. B. C.	A. B. C.		
2.		A. B. C.	A. B. C.	A. B. C.		
3.		A. B. C.	A. B. C.	A. B. C.		
4.		A. B. C.	A. B. C.	A. B. C.		

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5.		A.	A.	A.		
		B.	B.	B.		
		C.	C.	C.		

SECTION- 2

**CONFIRMATION OF COMPLETENESS OF WRITE UP OF INTRODUCTION OF RESEARCH PROJECT FOR
THESIS BY RESIDENT TILL 3RD MONTH OF YR 4:**

TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:

**CONFIRMATION OF COMPLETENESS OF INTRODUCTION OF RESEARCH PROJECT FOR THESIS BY RESIDENT TILL 3RD
MONTH OF YR 4:**

NAME OF THE PERSON CONFIRMING	DESIGNATION OF THE PERSON CONFIRMING	SIGNATURES	STAMP/DATE
	<i>SUPERVISOR</i>		
	<i>HEAD OF DEPARTMENT</i>		
	<i>RESEARCH ASSOCIATE/DEPUTY DIRECTOR AT ORIC</i>		
	<i>DIRECTOR ORIC</i>		

SECTION- 3

**CONFIRMATION OF COMPLETENESS OF DATA ANALYSIS & WRITE UP OF RESULTS OF RESEARCH PROJECT FOR THESIS BY
RESIDENT TILL 4TH MONTH OF YR 4:**

TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:

**CONFIRMATION OF COMPLETENESS OF DATA ANALYSIS & WRITE UP OF RESULTS OF RESEARCH PROJECT FOR THESIS BY
RESIDENT TILL 4TH MONTH OF YR 4**

NAME OF THE PERSON CONFIRMING	DESIGNATION OF THE PERSON CONFIRMING	SIGNATURES	STAMP/DATE
	<i>SUPERVISOR</i>		
	<i>HEAD OF DEPARTMENT</i>		
	<i>RESEARCH ASSOCIATE/DEPUTY DIRECTOR AT ORIC</i>		
	<i>STATISTICIAN AT ORIC</i>		
	<i>DIRECTOR ORIC</i>		

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SECTION- 4

CONFIRMATIONS OF COMPLETENESS OF THESIS WRITE UP BY RESIDENT TILL 5TH MONTH OF YR 4:

TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:

NAME OF THE PERSON CONFIRMING	DESIGNATION OF THE PERSON CONFIRMING	SIGNATURES	STAMP/DATE
	<i>SUPERVISOR</i>		
	<i>HEAD OF DEPARTMENT</i>		
	<i>RESEARCH ASSOCIATE/DEPUTY DIRECTOR AT ORIC</i>		
	<i>STATISTICIAN AT ORIC</i>		
	<i>DIRECTOR ORIC</i>		

SECTION- 5

**CONFIRMATION OF SUBMISSION OF COMPLETED THESIS BY RESIDENT TILL 6TH
MONTH OF YR 4:**

TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS: _____

NAME OF THE PERSON CONFIRMING	DESIGNATION OF THE PERSON CONFIRMING	SIGNATURES	STAMP/DATE
	<i>SUPERVISOR</i>		
	<i>HEAD OF DEPARTMENT</i>		
	<i>RESEARCH ASSOCIATE/DEPUTY DIRECTOR AT ORIC</i>		
	<i>DIRECTOR ORIC</i>		
	<i>CHAIRPERSON OF BOARD OF ADVANCED STUDIES & RESEARCH (BASR) OF RMU</i>		

SECTION- 6

RECORD OF FORTNIGHTLY MEETINGS OF THE RESIDENT WITH THE SUPERVISOR IN YEAR 4

SR #	DATE/VENUE /DURATION OF MEETING	AGENDA AND OUTLINE OF THE MEETING (IN TERMS OF CONTENT, DISCUSSION POINTS)	ACTION POINTS AND SUPERVISOR'S REFLECTIONS	SUPERVISOR'S SIGNATURE (NAME/STAMP)	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
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SECTION- 7**RECORD OF RESIDENT'S ONE WEEK'S ROTATION AT ORIC DURING YR 4**

DAY #	DATE	ACTIVITY CARRIED OUT AT ORIC AND THE RESEARCH ASSOCIATE/ STATISTICIAN/DEPUTY DIRECTOR WHO SUPERVISED THE ACTIVITY	ORIC STAFF MEMBER'S REFLECTIONS ON THE PERFORMANCE OF THE ACTIVITY	THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR SIGNATURE (NAME/STAMP)	DIRECTOR ORIC'S SIGNATURE (NAME/STAMP)
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6					

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SECTION- 8

ANY RESEARCH COURSE COURSE/WORKSHOP ATTENDED (ON OWN) BY THE RESIDENT DURING YEAR 4

SL #	DATE/MONTH AND YEAR OF TRAINING COURSE/WORKSHOP	TITLE OF TRAINING COURSE/WORKSHOP	ORGANIZING INSTITUTION/COMPANY	DURATION OF COURSE IN DAYS/MODE OF COURSE (online or physically attended)	THE OBJECTIVES OR LEARNING OUTCOMES OF THE RESEARCH COURSE.
1.					
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4.					
5.					

SECTION- 9**RECORD OF LITERATURE REVIEW CONDUCTED BY THE RESIDENT IN YEAR 4**

SR #	TITLE OF THE LITERATURE REVIEWED	DATE/MONTH AND YEAR OF PUBLICATION	TITLE OF THE JOURNAL/B BOOK	WAS IT AN ORIGINAL ARTICLE/SHORT COMMUNICATION/CASE STUDY/SYSTEMATIC REVIEW/META ANALYSIS/EDITORIAL/ANY OTHER ACADEMIC (e.g. reports, books, conference papers, THESISs, Research and program reports-published/ unpublished)? PLEASE SPECIFY
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SECTION- 10

RECORD OF ANY MANUSCRIPT/RESEARCH PAPER FORMULATED BY THE RESIDENT IN YEAR 4

SR #	TITLE OF THE MANUSCRIPT	IF SUBMITTED FOR PUBLICATION, DATE/MONTH AND YEAR OF PUBLICATION, IF PUBLISHED	TITLE OF THE JOURNAL	WAS IT REVIWED, MODIFIED, ACCEPTED OR REJECTED. PLEASE SPECIFY	DIRECTOR ORIC'S SIGNATURE (NAME/STAMP)
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SECTION- 11

OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY SUPERVISOR

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SECTION- 11

OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY *BASR* (BOARD OF ADVANCED STUDIES AND RESEARCH)

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SECTION- 11

OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY ORIC (OFFICE OF RESEARCH INNOVATION AND COMMERCIALIZATION)

SECTION- 11

OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY DEPARTMENT OF MEDICAL EDUCATION (DME)

C) Log Book for Elective

**UNIVERSITY RESIDENCY PROGRAM 2019
RAWALPINDI MEDICAL UNIVERSITY
OBSTETRICS AND GYNAECOLOGY**

**ROTATION LOG BOOK
(SURGERY, NEONATOLOGY)**

**LIST OF ROTATIONS/ELECTIVES
FOR
UNIVERSITY RESIDENCY PROGRAM
OBSTETRICS /GYNAECOLOGY**

ROTATION 1: Surgery / ICU

ROTATION 2: Neonatology

ROTATION 3: Anesthesiology / Critical care

ROTATION -1

SURGERY

AIMS AND OBJECTIVES

The aim of six months rotation in General Surgery is to train the residents of obstetrics and gynaecology to acquire the competency in the

field so that they can become good clinicians and researchers after completion of their training.

At the end of rotation the resident should be able to:

- Assess and apply relevant knowledge to clinical practice
- Maintain accuracy of knowledge
- Apply scientific knowledge in practice appropriate to patient need and context
- Critically evaluate new technology
- Safely and effectively perform appropriate surgical procedures**
 - Consistently demonstrate sound surgical skills
 - Demonstrate procedural knowledge and technical skill at a level appropriate to the level of training
 - Demonstrate manual dexterity required to carry out procedures
 - Adapt skills in the context of each patient and procedure
 - Maintain and acquire new skills
 - Approach and carry out procedures with due attention to safety of patient, self and others
 - Critically analyze own clinical performance for continuous improvement
- Design and implement effective management plans**
 - Recognize the clinical features, accurately diagnose and manage surgical problems
 - Formulate a well-reasoned provisional diagnosis and management plan based on a thorough history and examination

- Formulate a differential diagnosis based on investigative findings
- Manage patients in ways that demonstrate sensitivity to their physical, social, cultural and psychological needs
- Recognize disorders of the organ systems and differentiate those amenable to surgical treatment
- Effectively manage the care of patients with trauma including multiple system trauma
- Effectively recognize and manage complications
- Accurately identify the benefits, risks and mechanisms of action of current and evolving treatment modalities
- Indicate alternatives in the process of interpreting investigations and in decision-making
- Manage complexity and uncertainty
- Consider all issues relevant to the patient
- Identify risk
- Assess and implement a risk management plan
- Critically evaluate and integrate new technologies and techniques.
- Organize diagnostic testing, imaging and consultation as needed:**
 - Select medically appropriate investigative tools and monitoring techniques in a cost-effective and useful manner
 - Appraise and interpret appropriate diagnostic imaging and investigations according to patients' needs
 - Critically evaluates the advantages and disadvantages of different investigative modalities
- Communicate effectively:**
 - Communicate appropriate information to patients (and their family) about procedures, potentialities and risks associated with surgery in ways that encourage their participation in informed decision making
 - Communicate with the patient (and their family) the treatment options including benefits and risks of each
 - Communicate with and co-ordinate health management teams to achieve an optimal surgical environment
 - Initiate the resolution of misunderstandings or disputes
 - Modify communication to accommodate cultural and linguistic sensitivities of the patient

Recognize the value of knowledge and research and its application to clinical practice:

- Assume responsibility for self-directed learning
- Critically appraise new trends in General Surgery
- Facilitate the learning of others.

Appreciate ethical issues associated with General Surgery:

- Consistently apply ethical principles
- Identify ethical expectations that impact on medico-legal issues
- Recognize the current legal aspects of informed consent and confidentiality
- Be accountable for the management of their patients.

Professionalism:

- Employing a critically reflective approach to General Surgery
- Adhering with current regulations concerning workplace harassment
- Regularly carrying out self and peer reviewed audit
- Acknowledging and have insight into their own limitations
- Acknowledging and learning from mistakes

Work in collaboration with members of an interdisciplinary team:

- Collaborate with other professionals in the selection and use of various types of treatments assessing and weighing the indications and contraindications associated with each type
 - Develop a care plan for a patient in collaboration with members of an interdisciplinary team
 - Employ a consultative approach with colleagues and other professionals
 - Recognize the need to refer patients to other professionals.
 - Effective use of resources to balance patient care and system resources
 - Identify and differentiate between system resources and patient needs
 - Prioritize needs and demands dealing with limited system resources.
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- Recognize the importance of different types of expertise which contribute to the effective functioning of clinical team.

- Maintain clinically relevant and accurate contemporaneous records
- Health advocacy:**
 - Promote health maintenance of patients
 - Advocate for appropriate health resource allocation
 - Promote health maintenance of colleagues and teacher

SPECIFIC DOMAINS:

- Principles of Wound Healing – knowledge of collagen synthesis stimulating and inhibitory factors primary and secondary intention prevention and treatment of dehiscence management of chronic wounds
- Suturing techniques
- Fluid/Electrolyte and Acid/Base Physiology with understanding of the normal physiology of body water and minerals, common derangements and principles of treatment
- Critical Care: know the basic principles of hemodynamic monitoring, acid/base physiology, oxygen consumption, oxygen delivery, respiratory failure, ventilation support and nutrition

Critical care:

Perioperative Care

- To introduce concepts of perioperative medicine including preoperative evaluation and intra- and post-operative
- management of the surgical patient
- To gain experience in the management of critical incidents, such as airway and vascular access.
- How to perform a preoperative evaluation of a patient including medical condition, physical status, airway examination, appropriate preoperative testing and the impact of anesthesia and surgery on their condition.
- General tenets of intraoperative medicine including monitoring (selection, steps in placement and basic interpretation of invasive monitors) and anesthetic options.
- How to recognize and manage common post-operative complications including pain, ileus, abdominal distension,
- hypotension, respiratory depression, dyspnoea, sepsis, septicemia, DIC, haemorrhage, Haemostasis, thrombosis
- and myocardial ischemia .
- The pharmacology of anesthetic, sedative, narcotic and vasoactive medications.

Technical equipment and monitoring

- Central gas supplies
- Anaesthetic machines and systems
- Ventilators
- Ventilation systems
- Equipment for haemodilution and blood sparing
- Monitoring of pacemakers and defibrillators
- Measuring pressure, flow and volume of gases with respect to anaesthetic apparatus

Analysis and monitoring of breathing including capnography

- Gas and vapour concentrations
- Pulse oximetry
- Electrocardiogram
- Arterial pressure and haemodynamics
- Cardiac function
- Neuromuscular transmission
- Temperature
- Level of sedation
- Electrical safety

Care of the patient with multiple organ system failure, injury or disease

- Care of the patient requiring life support techniques
- Renal failure
- Hepatic failure
- Understanding and treatment of underlying disease
- Principles of hyperbaric oxygen therapy Communication skills
- Communication with patients and relatives
- Communication with other health care personnel
- Management of organ transplant coordination

Pain management**Pharmacology**

- Opioids
- Non-steroidal anti-inflammatory drugs
- Other systemic analgesics including adjuvants
- Neurolytics
- Local anaesthetic agents

Anatomy and physiology of pain

- Peripheral mechanisms of pain
- Central mechanisms for pain transmission

- Pain modulation
- Factors which perpetuate pain
- Psychological aspects of pain

General principles of pain evaluation and management Pain assessment

- History taking and physical examination in patients suffering from pain
- Pain measurement, its basic concepts
- Scoring systems (VAS, VRS, NRS, etc.)
- Psychological aspects of pain (individual differences, sociocultural influence, situational and environmental factors).

Surgical and non-surgical methods

- Neurosurgical pain relieving procedures (basic knowledge, indications, contraindications, and complications)
- Psychological, psychiatric, and behavioural interventions
- Multidisciplinary pain management

Acute pain

- Postoperative pain (mechanisms, physiological
- Effects, treatment modalities, acute pain service)
- Pain following trauma

SECTION-1 SURGERY ROTATION:

MORNING REPORT PRESENTATION/ CASE PRESENTATION SEEN IN LAST EMERGENCY OR INDOOR (2 per month)

SR#	DATE	REG# OF PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG# OF PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)
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SR#	DATE	REG# OF PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)
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SR#	DATE	TITLE OF THE ARTICLE	NAME OF JOURNAL	DATE OF PUBLICATION	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-4 SURGERY ROTATION:**PROBLEM CASE DISCUSSION**

(2 per month)

SR #	DATE	REG.# OF THE PATIENT DISCUSSED	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR #	DATE	REG.# OF THE PATIENT DISCUSSED	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-5 SURGERY ROTATION:

DIDACTIC LECTURE/INTERACTIVE LECTURES ATTENDED

SR #	DATE	REG.# OF THE PATIENT DISCUSSED	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR #	DATE	TOPIC & BRIEF DESCRIPTION	NAME OF THE TEACHER	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR #	DATE	TOPIC & BRIEF DESCRIPTION	NAME OF THE TEACHER	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR #	DATE	TOPIC & BRIEF DESCRIPTION	NAME OF THE TEACHER	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)
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SECTION-6 SURGERY ROTATION:**EMERGENCY CASES**

(Estimated cases to be documented are 50 patients per rotation)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY EMENT	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)
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SR#	DATE	REG # OF THE PATIENT	DIAGNOSIS	MANAGEMENT	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	DIAGNOSIS	MANAGEMENT	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)
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SR.#	DATE	REG NO. OF PATIENT	NAME OF PROCEDURE	(O)/(A)/(P US)/(PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR.#	DATE	REG NO. OF PATIENT	NAME OF PROCEDURE	(O)/(A)/(P US)/(PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)
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SR#	DATE	BRIEF DESCRIPTION OF THE TOPIC/CASE DISCUSSED	SUPERVISOR'S SIGNATURE (NAME/STAMP)

SECTION-1 SURGERY ROTATION:

EVALUATION RECORDS SUPERVISOR APPRAISAL FORM

Resident's Name: _____ Hospital Name: _____

Evaluator's Name(s): _____ Department: _____ Unit : _____

1. Use one of the following ratings to describe the performance of the individual in each of the categories.

1	Unsatisfactory	Performance does not meet expectations for the job
2	Needs improvement	Performance sometimes meets expectations for the job
3	Good	Performance often exceeds expectations for the job
4	Merit	Performance consistently meets expectations for the job
5	Special Merit	Performance consistently exceeds expectations for the job

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS

	5	4	3	2	1
a) Clinical Knowledge is up to the mark					
b) Follows procedures and clinical methods according to SOPs					
c) Uses techniques, materials, tools & equipment skillfully					
d) Stays current with technology and job-related expertise					
e) Works efficiently in various workshops					
f) Has interest in learning new skills and procedures					
g) Understands & performs assigned duties and job requirements					

II. QUALITY / QUANTITY OF WORK

	5	4	3	2	1
a) Sets and adheres to protocols and improving the skills					
b) Exhibits system based learning methods smartly					
c) Exhibits practice based learning methods efficaciously					
d) Actively participates in large group interactive sessions for postgraduate trainees					
e) Actively takes part in morning & evening teaching and learning sessions & noon conferences					
f) Actively takes part in Multidisciplinary Clinic & Pathological Conferences (CPC)					
g) Actively participates in Journal clubs					
h) Uses resources sensibly and economically					
i) Accomplishes accurate management of different medical cases with minimal assistance or supervision					

j) Provides best possible patient care					
III. INITIATIVE / JUDGMENT	5	4	3	2	1
a) Takes effective action without being told					
b) Analyzes different emergency cases and suggests effective solutions					
c) Develops realistic plans to accomplish assignments					
IV. DEPENDABILITY / SELF-MANAGEMENT	5	4	3	2	1
a) Demonstrates punctuality and regularly begins work as scheduled					
b) Contacts supervisor concerning absences on a timely basis					
c) Contacts supervisor without any delay regarding any difficulty in managing any patient					
d) Can be depended upon to be available for work independently					
e) Manages own time effectively					
f) Manages Outdoor Patient Department (OPD) efficiently					
g) Accepts responsibility for own actions and ensuing results					
h) Demonstrates commitment to service					
i) Shows Professionalism in handling patients					
j) Offers assistance, is courteous and works well with colleagues					
k) Is respectful with the seniors					
OVERALL RATINGS/SUGGESTIONS/SUPERVISOR'S REMARKS REGARDING PERFORMANCE OF THE TRAINEE					

Total Score _____/155

Date

Resident's Name & Signatures

Date

Evaluator's Signature & Stamp

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SECTION-18 SURGERY ROTATION

EVALUATION/REMARKS BY UNIVERSITY TRAINING MONITORING CELL (UTMC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)

SECTION-18 SECTION-1 SURGERY ROTATION

EVALUATION/REMARKS BY QUALITY ENHANCEMENT CELL (QEC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)

SCHEME OF COURSE
(06 months surgery rotation)

Surgery (06 Months Rotation)	3 Month		6 Month		Total Cases 06 Months
	Level	Cases	Level	Cases	
Pre-operative preparation and management	1-4	30	5	30	60
Gowning / gloving / scrubbing / draping/ disinfection and sterilization	1- 4	20	5	20	40
Surgical knots (choice of material / different types of knots)	1- 4	20	5	20	40
Abdominal incisions (longitudinal and transverse)	1- 4	20	5	20	40
Safety in theater / safety check list / sharps safety	1- 4	5	4-5	5	10
Diathermy use	1- 4	5	4-5	5	10
Opening and closure of abdomen / retention sutures	1- 3	10	4-5	10	20
Separation of bladder / bladder repair / identification of leakage of urine after repair	1-2	5	3-5	5	10
Identification and tracing of ureter	1-2	10	3-4	5	15
Adhesiolysis of flimsy adhesions	1-3	5	3-4	5	10
Adhesiolysis of dense adhesions	1-3	5	3-4	5	10
Identification of gut injury and primary repair	1-2	5	3-4	5	10
Identification and ligation of internal iliac artery	1-2	5	3-4	5	10

CVP insertion / monitoring of CVP	1-2	5	3-4	5	10
Use of different type of drains / drain care	1-3	5	4-5	5	10
Paralytic ileus- identification and management	1-3	10	3-4	10	20
Breast examination	1-3	20	4-5	10	30
Critical care / resuscitation of collapsed patient	1-3	5	3-4	5	10
Management of hypovolemic shock	1-3	5	3-5	5	10
Diagnosis and management of patient with abdominal pain	1-3	5	3-5	5	10
Principals of local, regional and general anesthesia	1	10	2-3	10	20
Diagnostic laparoscopy	1	5	2	10	15
Post operative care	1	10	2-3	10	20
Fluid, electrolyte and nutritional management	1-3	10	3-5	10	20
Use of blood / blood products and management of complications related to transfusion	1-3	10	3-4	10	20
Management of infected wound / wound debridement / burst abdomen	1-3	10	4-5	10	20
Common pathogens in surgical patient / antibiotic sensitivities	1-3	10	3-4	10	20

ROTATION-2

NEONATOLOGY

AIMS AND OBJECTIVES

The aim of two months rotation in Neonatology is to train the residents of obstetrics and gynaecology to acquire the competency in the field so that they can become good clinicians and researchers after completion of their training.

At the end of rotation the resident should be able to:

- Assess and apply relevant knowledge to clinical practice
- Maintain accuracy of knowledge
- Apply scientific knowledge in practice appropriate to patient need and context
- Critically evaluate new technology

Safely and effectively perform appropriate surgical procedures

- Consistently demonstrate sound surgical skills
- Demonstrate procedural knowledge and technical skill at a level appropriate to the level of training
- Demonstrate manual dexterity required to carry out procedures
- Adapt skills in the context of each patient and procedure
- Maintain and acquire new skills
- Approach and carry out procedures with due attention to safety of patient, self and others
- Critically analyze own clinical performance for continuous improvement

Design and implement effective management plans

- Recognize the clinical features, accurately diagnose and manage surgical problems
- Formulate a well-reasoned provisional diagnosis and management plan based on a thorough history and examination
- Formulate a differential diagnosis based on investigative findings
- Manage patients in ways that demonstrate sensitivity to their physical, social, cultural and psychological needs
- Recognize disorders of the organ systems and differentiate those amenable to surgical treatment
- Effectively manage the care of patients with trauma including multiple system trauma
- Effectively recognize and manage complications
- Accurately identify the benefits, risks and mechanisms of action of current and evolving treatment modalities
- Indicate alternatives in the process of interpreting investigations and in decision-making
- Manage complexity and uncertainty
- Consider all issues relevant to the patient
- Identify risk
- Assess and implement a risk management plan
- Critically evaluate and integrate new technologies and techniques.

Organize diagnostic testing, imaging and consultation as needed:

- Select medically appropriate investigative tools and monitoring techniques in a cost-effective and useful manner
- Appraise and interpret appropriate diagnostic imaging and investigations according to patients' needs

- Critically evaluates the advantages and disadvantages of different investigative modalities

Communicate effectively:

- Communicate appropriate information to patients (and their family) about procedures, potentialities and risks associated with surgery in ways that encourage their participation in informed decision making
- Communicate with the patient (and their family) the treatment options including benefits and risks of each
- Communicate with and co-ordinate health management teams to achieve an optimal surgical environment
- Initiate the resolution of misunderstandings or disputes
- Modify communication to accommodate cultural and linguistic sensitivities of the patient

Recognize the value of knowledge and research and its application to clinical practice:

- Assume responsibility for self-directed learning
- Critically appraise new trends in General Surgery
- Facilitate the learning of others.

Appreciate ethical issues associated with General Surgery:

- Consistently apply ethical principles
- Identify ethical expectations that impact on medico-legal issues
- Recognize the current legal aspects of informed consent and confidentiality

- Be accountable for the management of their patients.

Professionalism:

- Employing a critically reflective approach
- Adhering with current regulations concerning workplace harassment
- Regularly carrying out self and peer reviewed audit
- Acknowledging and have insight into their own limitations
- Acknowledging and learning from mistakes

Work in collaboration with members of an interdisciplinary team:

- Collaborate with other professionals in the selection and use of various types of treatments assessing and
- weighing the indications and contraindications associated with each type
- Develop a care plan for a patient in collaboration with members of an interdisciplinary team
- Employ a consultative approach with colleagues and other professionals
- Recognize the need to refer patients to other professionals.
- Management and Leadership
- Effective use of resources to balance patient care and system resources
- Identify and differentiate between system resources and patient needs
- Prioritize needs and demands dealing with limited system resources.

- Manage and lead clinical teams
- Recognize the importance of different types of expertise which contribute to the effective functioning of clinical team.
- Maintain clinically relevant and accurate contemporaneous records

Health advocacy:

- Promote health maintenance of patients
- Advocate for appropriate health resource allocation
- Promote health maintenance of colleagues and teacher

SPECIFIC DOMAINS:

After two months of Neonatology rotation, the resident should be able to:

- Define neonatal, perinatal periods, live birth, still birth, abortion, legal viability, infant mortality, neonatal and perinatal mortality, morbidity and long term handicaps).
- Obtain obstetric history and birth history including antenatal, natal and postnatal periods, maternal illnesses in relation to neonatal problems.
- Obtain routine history, examination of newborn (wt. Length, head circumference, normal newborn examination, congenital anomalies, birth injuries, detailed examination along with checklist, neonatal reflexes).
- Appropriately arrange for thermal protection of neonate
- Assess growth of neonate, use of growth chart
- Categorize the newborns as term, pre-term, post-term, gestational assessment, AGA, SGA, LGA, IUGR, scoring system and growth charts.
- Prevent and manage Neonatal Hypothermia
- Familiarize with the neonatal equipment.
- Manage the feeding of newborns (breast feeding, formula feeding, techniques, types of formulas, lactation failure, parenteral nutrition).
- Detect birth anomalies (skeletal, visceral, systemic), associations, syndromes).

Diagnose and manage the following neonatal conditions

- Respiratory distress - common causes, manifestations, management, referral. (Pneumonia, Bronchiolitis, Bronchial Asthma)
- Gastroenterology (Clinical approach to bleeding from upper/ lower GIT, Acute Diarrhea & complications)
- Cyanosis in newborn, recognition, differential diagnosis management, referral.
- Seizures in the newborn, types, etiology, management, outcome, neonatal tetanus.
- Metabolic problems: hypoglycemia, hypocalcemia, other metabolic derangements, management.
- Anemia in the newborn, causes, management
- Hemorrhagic disease of newborn, other bleeding disorders
- Cardiovascular diseases (Heart Failure, Cyanotic Congenital Heart, Disease (TOF) ,Acyanotic congenital heart diseases (VSD, PDA, ASD), Rheumatic Fever)
- Conditions related to pediatric surgery (Cleft Palate/Lip, Acute Abdomen (appendicitis, intestinal obstruction, atresia, malrotation), Esophageal atresia & TE fistula, Hirschprung Disease, Inguinal hernia/hydrocele, Undescended testis, Club Foot, Imperforate anus, Congenital hypertrophic pyloric stenosis, Diaphragmatic hernia, Congenital dislocation of hip
- Circumcision
- Recognize the following surgical conditions for appropriate referral. (Neonatal surgical diseases (necrotizing enterocolitis, gut

obstruction, Esophageal atresia & TE fistula, diaphragmatic hernia, imperforate anus).

- Manage the neonatal infections (septicemia, early onset, late onset, congenital TORCH, nosocomial patterns, prevention, investigations, treatment, sequelae, neonatal meningitis, localized infections (umbilicus, eye, skin, diarrhea)
- Understand the etiology and type of neonatal jaundice and to diagnose and manage the condition.
- Diagnose and manage the following conditions related to Nephrology (Urinary Tract Infection, Hematuria / Proteinuria)

Familiarize with the following paediatric emergency and critical care conditions

- Shock
- Cardio-respiratory arrest
- Respiratory failure
- Congestive cardiac failure
- Acute UTI
- Acute renal failure
- Febrile child
- Status epilepticus
- Diabetic ketoacidosis
- Fluid and electrolyte disturbances and its therapy
- Acid-base disturbances
- Sepsis
- Iron deficiency anemia
- Thalassemia
- Clinical approach to bleeding child

Manage the following infectious diseases

- Malaria
- Enteric Fever
- EPI Diseases (Polio, AFP, pertussis, diphtheria, tetanus, hepatitis)
- Child with Rash
- Worm Infestations
- PUO
- Tuberculosis
- Shigellosis
- Cholera
- Chicken Pox
- Mumps
- HIV / AIDS

Skills & procedures

- Understand the appropriate relevant anatomical markers, indications, contraindications and complications of procedures commonly used in Paediatrics.
- Understand local and national guidelines for obtaining informed consent
- Understand and practice scrupulous aseptic techniques
- Interpret results and undertake a management plan accordingly
- Record results and document procedures legibly and accurately
- **Monitor and record the following**
 - Temperature
 - Capillary blood sampling
 - Peripheral Arterial blood sampling
 - Pulse oximetry
 - Peak flow
- **Perform the following therapeutic Skills**
 - Hydrotherapy

- Nasogastric feeding
- Endotracheal intubation
- Cardiopulmonary resuscitation (pediatric and neonatal)
- Administration of oxygen
- Venepuncture and establishment of vascular access
- Collection of blood from central lines
- Umbilical venous cannulation and sampling
- Administration of fluids, blood, blood components
- Parenteral nutrition
- Common dressings

▪ **Perform the following resuscitation procedures**

- Manual airway clearance manoeuvres
- Airway insertion
- Orotracheal and nasotracheal intubation
 - Use of continuous positive airways pressure

▪ **Perform the following investigative Skills:**

- Collection of urine for culture
- Urethral catheterization

- Supra-pubic aspiration.

- **Perform the following gastrointestinal Procedures**

- Oro/nasogastric tube replacement
- Gastric lavage

- **Interpret the following investigations:**

- Hemoglobin
 - TLC
- ESR

Peripheral smear staining and examination

- Urine: routine and microscopic examination
- X-rays of chest, abdomen, bone and head
- ABG findings
- CT scan.
- Ultrasonographic abnormalities

SECTION-2 TOPIC PRESENTATION/SEMINAR**(1per month)****NEONATOLOGY ROTATION**

SR #	DATE	NAME OF THE TOPIC & BRIEF DETAILS OF THE ASPECTS COVERED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

**NEONATOLOGY ROTATION
(1 per month)****SECTION-3 JOURNAL CLUB**

SR#	DATE	TITLE OF THE ARTICLE	NAME OF JOURNAL	DATE OF PUBLICATION	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-4 PROBLEM CASE DISCUSSION

NEONATOLOGY ROTATION
(2 per month)

SR #	DATE	REG.# OF THE PATIENT DISCUSSED	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

NEONATOLOGY ROTATION**SECTION-5 DIDACTIC LECTURE/INTERACTIVE LECTURES ATTENDED**

SR #	DATE	REG.# OF THE PATIENT DISCUSSED	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

NEONATOLOGY ROTATION

SECTION-6 EMERGENCY CASES (Estimated cases to be documented are 50 patients per rotation)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY EMENT	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)
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SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

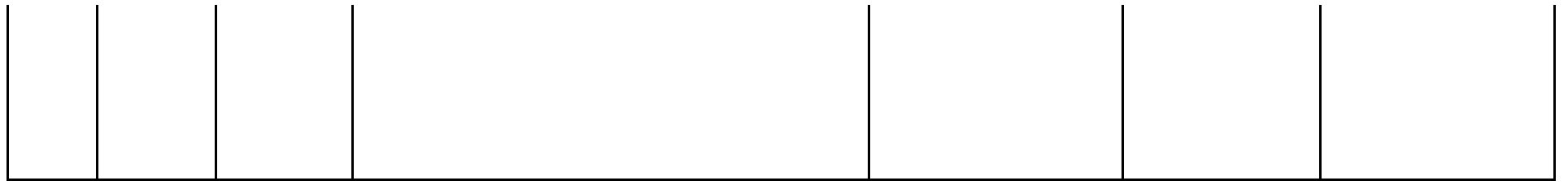
SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)



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SECTION-7 INDOOR PATIENTS

NEONATOLOGY ROTATION				MANAGEMENT	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)
		PATIENT					

(Estimated cases to be attended 8 patients per month)

SR#	DATE	REG # OF THE PATIENT	DIAGNOSIS	MANAGEMENT	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

NEONATOLOGY ROTATION

SECTION-8 OPD AND CLINICS

OPD AND CLINICS

(Estimated number of cases to be seen in OPD at least 100 cases/month)

SR#	DATE	REG # OF	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT	SUPERVISOR'S REMARKS	SUPERVISOR'S
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		THE PATIENT	& OUTCOME IF ANY		SIGNATURE (NAME/STAMP)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (NAME/STAMP)

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SECTION -11 MULTI DISCIPLINARY MEETINGS (MDM)

disciplinary Meetings 1per month)

SR#	DATE	BRIEF DESCRIPTION	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (NAME/STAMP)

SECTION -12 CLINICOPATHOLOGICAL CONFERENCE (CPC)

/ for the resident)

SR#	DATE	BRIEF DESCRIPTION OF THE TOPIC/CASE DISCUSSED	SUPERVISOR'S SIGNATURE (NAME/STAMP)

SR#	DATE	BRIEF DESCRIPTION OF THE TOPIC/CASE DISCUSSED	SUPERVISOR'S SIGNATURE (NAME/STAMP)

NEONATOLOGY ROTATION

SECTION-13 MORBIDITY/MORTALITY MEETINGS (MMM)

ity Meetings per month)

		PATIENT DISCUSSED		SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	TITLE	VENUE	FACILITATOR	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (NAME/STAMP)

NEONATOLOGY ROTATION

SECTION-15 PUBLICATIONS (IF ANY)

NEONATOLOGY ROTATION

SECTION-17 CLINICAL ASSESSMENT RECORD OF THIS ROTATION

	EXAMINATION	OSPE, MINICEX, CHART STIMULATED RECALL, DOPS, SIMULATED PATIENT, SKILL LAB e.t.c	MARKS	MARKS OBTAINED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (NAME/STAMP)

SECTION-18

EVALUATION RECORDS

SUPERVISOR APPRAISAL FORM

Resident's Name: _____ Hospital Name: _____
 Evaluator's Name(s): _____ Department: _____ Unit: _____

1. Use one of the following ratings to describe the performance of the individual in each of the categories.

1	Unsatisfactory	Performance does not meet expectations for the job
2	Needs Improvement	Performance sometimes meets expectations for the job
3	Good	Performance often exceeds expectations for the job
4	Merit	Performance consistently meets expectations for the job
5	Special Merit	Performance consistently exceeds expectations for the job

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS	5	4	3	2	1
a) Clinical Knowledge is up to the mark					
b) Follows procedures and clinical methods according to SOPs					
c) Uses techniques, materials, tools & equipment skillfully					
d) Stays current with technology and job-related expertise					
e) Works efficiently in various workshops					
f) Has interest in learning new skills and procedures					
g) Understands & performs assigned duties and job requirements					
II. QUALITY / QUANTITY OF WORK	5	4	3	2	1
a) Sets and adheres to protocols and improving the skills					
b) Exhibits system based learning methods smartly					
c) Exhibits practice based learning methods efficaciously					
d) Actively participates in large group interactive sessions for postgraduate trainees					
e) Actively takes part in morning & evening teaching and learning sessions & noon conferences					
f) Actively takes part in Multidisciplinary Clinic & Pathological Conferences (CPC)					
g) Actively participates in Journal clubs					
h) Uses resources sensibly and economically					
i) Accomplishes accurate management of different medical cases with minimal assistance or					

supervision					
j) Provides best possible patient care					
III. INITIATIVE / JUDGMENT	5	4	3	2	1
a) Takes effective action without being told					
b) Analyzes different emergency cases and suggests effective solutions					
c) Develops realistic plans to accomplish assignments					
IV. DEPENDABILITY / SELF-MANAGEMENT	5	4	3	2	1
a) Demonstrates punctuality and regularly begins work as scheduled					
b) Contacts supervisor concerning absences on a timely basis					
c) Contacts supervisor without any delay regarding any difficulty in managing any patient					
d) Can be depended upon to be available for work independently					
e) Manages own time effectively					
f) Manages Outdoor Patient Department (OPD) efficiently					
g) Accepts responsibility for own actions and ensuing results					
h) Demonstrates commitment to service					
i) Shows Professionalism in handling patients					
j) Offers assistance, is courteous and works well with colleagues					
k) Is respectful with the seniors					
OVERALL RATINGS/SUGGESTIONS/SUPERVISOR'S REMARKS REGARDING PERFORMANCE OF THE TRAINEE					

Total Score _____/155

Date

Resident's Name & Signatures

Date

Evaluator's Signature & Stamp

NEONATOLOGY ROTATION

**SECTION-19 EVALUATION/ REMARKS BY UNIVERSITY TRAINING MONITORING CELL (UTMC) WORKING
UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)**

SCHEME OF NEONATOLOGY COURSE

(02 months rotation)

Neonatology (Two Months Rotation)	First Month		Second Month		Total Cases 02 months
	Level	Cases	Level	Cases	
Assessment and examination of new born	3-4	15	5	15	30
Resuscitation of baby					
Basic: Positive pressure ventilation	2-3	20	4-5	20	40
Advance: cardiac compression, ETT, drugs	2-3	10	4-5	10	20
Identification and management of sick baby	1-3	20	3-4	20	40
Cannulation and sampling of new born	3	10	4	10	20
Cord care	3	15	4-5	15	30
Vaccination	3	15	4-5	15	30
Breast feeding	3-4	10	5	10	20
Weaning	3	10	4	10	20
Management of baby with birth asphyxia	2-3	5	3-4	5	10
Management of baby of diabetic mother	2-3	5	4	5	10
Management of New Born with hypothermia / transient tachypnea	1	4	2-3	4	08
Management of preterm baby	1	3	2-3	3	06
Management of FGR baby	2	4	3-4	4	08
Management of baby with jaundice	2	4	3	4	08

Management of baby with rash	1	3	2-3	2	05
Management of baby with early neonatal sepsis	1	3	2-3	2	05
Management of baby with dehydration	1	3	2-3	3	06
Management of baby with diarrhea	2-3	4	4	4	08
Management of baby with RTI	1	3	2-3	2	05
Care of babies with anomalies (cleft lip / palate, cardiac , spina bifida etc)	1	4	2-3	4	08

3. Anesthesia / Critical Care

AIMS AND OBJECTIVES OF ANESTHESIA ROTATION

AIM

The aim of three months rotation in Anaesthesiology is to produce a trainee/ resident that demonstrate basic competencies in required speciality:

GENERAL OBJECTIVES

1. To provide a broad experience in anesthesia, including its interrelationship with other disciplines.
2. To enhance medical knowledge, clinical skills, and competence in anesthetic procedures.
3. To cultivate the correct professional attitude and enhance communication skill towards patients, their families and other healthcare professionals.
4. To enhance sensitivity and responsiveness to community needs and the economics of health care delivery.
5. To enhance critical thinking, self-learning, and interest in research and development of patient service.
6. To cultivate the practice of evidence-based practice and critical appraisal skills.
7. To inculcate a commitment to continuous medical education and professional development.
8. To inculcate a commitment to continuous medical education and professional development.
9. To acquire competence in managing acute anesthetic emergencies and identifying problems in patients.
10. To encourage the development of skills in communication and collaboration with the community towards health care delivery.

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11. To encourage contributions aiming at advancement of knowledge and innovation in anesthesia through basic and/or clinical research and teaching of junior trainees and other health related professionals.

(A) Specific learning objectives:

At the end of elective rotation trainee must be able to

- Evaluate patient prior to elective surgical procedures.
- 1. Perform following procedures under considered essential for the area of practice. This includes technical proficiency in taking informed consent, performing by using appropriate indications, contraindications, interpretations of findings and evaluating the results and identifying the complications of the related procedures mentioned in the syllabus.
 - a. Cardiopulmonary resuscitation
 - b. Central venous cannulation
 - c. Epidural Catheter insertion
 - d. Abdominal paracentesis
 - e. Endotracheal intubation
 - f. Lumbar puncture & Spinal Anesthesia
 - g. Arterial Blood gases sampling and Arterial cannulation.
 - h. Intravenous Cannulation.
 - i. Nasogastric and orogastric tube insertion
- 2. Interpret basic laboratory data as related to the disorder / disease.
- 3. Have Basic understanding of routine laboratory and ancillary tests including complete blood count, chemistry panels, ECG, chest x-rays, pulmonary function tests, and body fluid cell counts.
- 5. Recognize and appreciate the importance of cost-effectiveness of treatment modalities.
- Evaluate patients for management of acute, chronic, or cancer-related pain disorders.
- Get familiar with the breadth of pain management, including clinical experience with interventional pain procedures.

- Manage patients immediately after anesthesia, including direct care of patients in the post-anesthesia-care unit, and responsibilities for management of pain, hemodynamic changes, and emergencies related to the post-anesthesia care unit and critically-ill patients.
- Achieve competence in the delivery of anesthetic care to:
 - Patients undergoing vaginal delivery.
 - Patients undergoing cesarean sections.
 - Patients undergoing cardiac surgery.
- Assess patients for whom epidural anesthetics are used as part of the anesthetic technique or epidural catheters are placed for peri-operative analgesia.
- Evaluated patients with acute post-operative pain, including those with patient-controlled intravenous techniques, neuraxial blockade, and other pain-control modalities.
- Assess patients whose peri-operative care requires specialized techniques, including:
 - Broad spectrum of airway management techniques, to include laryngeal masks, endotracheal tube placement and endobronchial blockers;
 - Central vein catheter placement,

D) Portfolio

INTRODUCTION OF PORTFOLIO

What is a portfolio?

A collection of a learner's various documents and assessments throughout residency that reflect their professional development over time. May include referral letters and procedure logs (Rider et al., 2007). Portfolios also frequently include self-assessments, learning plans, and reflective essays (Epstein, 2007).

What should be included in a portfolio?

Resident may include the following components in her portfolio:

- Curriculum Vitae (CV)
- Personal Publications
- Research abstracts presented at professional conferences
- Presentations at teaching units/departamental meetings and teaching sessions
- Patient (case) presentations
- Log of clinical procedures
- Copies of written feedback received (direct observations, field notes, daily evaluations)
- Quality improvement project plan and report of results
- Summaries of ethical dilemmas (and how they were handled)
- Chart notes of particular interest
- Photographs and logs of medical procedures performed
- Consult/referral letters of particular interest
- Monthly faculty evaluations
- 360-degree evaluations
- Copies of written instructions for patients and families
- Case presentations, lectures, logs of medical students mentored
- Learning plans
- Writing assignments, or case-based exercises assigned by program director
- List of hospital/university committees served on

- Documentation of managerial skills (e.g., schedules or minutes completed by resident)
- Copies of billing sheets with explanations
- Copies of written exams taken with answer sheets
- In-training Evaluation Report (ITER) results
- Format can be as simple as material collected in a three-ringed binder or as sophisticated as information stored in a handheld Pocket PC (PPC).
- Patient confidentiality should be assured when any clinical material is included in the portfolio.
- Should be resident-driven and include a space for residents to reflect on their learning experiences.

Why portfolio is required?

Can be used as a:

- Formative learning tool: To help develop self-assessment and reflection skills.
- Summative evaluation tool: To determine if a competency has been achieved.
- Useful for evaluating competencies that are difficult to evaluate in more traditional ways such as:
 - Practice-based improvement
 - Use of scientific evidence in patient care
 - Professional behaviors (Rider et al., 2007)
- Purpose is to highlight for the resident the need for ongoing learning and reflection to achieve and maintain competencies.
- Enormous flexibility in using the portfolio as a learning tool: Portfolio may focus on one area (e.g., assessments pertaining to professionalism in a learner with attitudinal issues) without losing its effectiveness for the broader scope of competencies.
- Number and frequency of entries may vary. Expectations, including minimum standards, should be defined with the resident from the outset.
- Portfolios can be powerful tools for guided self-assessment and reflection (Holmboe & Carraccio, 2008).

Evidence:

- Evidence suggests that an assessment of skills is most valid when the tool used places the learner in an environment and/or situation that closely mimics that in which the learner will later practice the mastered skill (Wiggins et al., 1998). In that way, portfolios have the advantage of reflecting not just what residents can do in a controlled examination situation but what they actually do at work with real patients (Jackson et al., 2007).
- As an evaluation tool, the reliability and validity of a portfolio are dependent on the psychometric characteristics of the

assessment and judging methods used in the portfolio process (Holmboe & Carracio, 2008).

- Research is still needed to determine whether portfolios can be a catalyst for self-directed, lifelong learning (O'Sullivan et al., 2002).

Practicality/Feasibility:

Portfolios can be time consuming for the resident to assemble and for the preceptor to assess.

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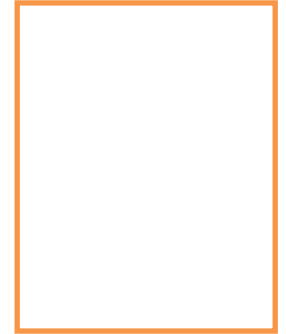
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ENROLMENT DETAILS

Program of Admission _____
Session _____
Registration / Training Number _____
Name of Candidate _____
Father's Name _____
Date of Birth ____ / ____ / ____ CNIC No. _____
Present Address _____

Permanent Address _____

E-mail Address _____
Cell Phone _____
Date of Start of Training _____
Date of Completion of Training _____
Name of Supervisor _____
Designation of Supervisor _____
Qualification of Supervisor _____
Title of department / Unit _____
Name of Training Institute / Hospital _____



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8. DIRECTLY OBSERVED PROCEDURES
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17. FUTURE AIMS & OBJECTIVES

MOTTO OF RAWALPINDI MEDICAL UNIVERSITY

Truth, Wisdom & Service

MISSION STATEMENT

The mission of Residency Program of Obstetrics and Gynaecology of Rawalpindi Medical University is:

14. To promote the slogan of healthy mother and healthy baby.
15. To provide best care for treating all patients of Obstetrics and Gynaecology who come before us with uncompromising dedication and skill.
16. To set and pursue the highest goals for ourselves as we learn the science, craft, and art of patient care in Obstetrics and Gynaecology.
17. To passionately teach our junior colleagues and students as we have been taught by those who preceded us.
18. To treat our colleagues and hospital staff with kindness, respect, generosity of spirit, and patience.
19. To foster the excellence and well-being of our residency program by generously offering our time, talent, and energy on its behalf.
20. To support and contribute to the research mission of our center, nation, and the world by pursuing new knowledge, whether at the bench or bedside.
21. To promote the translation of the latest scientific knowledge to the bedside to improve our understanding of disease pathogenesis and ensure that all patients receive the most scientifically appropriate and up to date care.
22. To promote responsible stewardship of Hospital resources by wisely selecting diagnostic tests and treatments, recognizing that our individual decisions impact not just our own patients, but patients everywhere.
23. To promote social justice by advocating for equitable health care, without regard to race, gender orientation, social status, or ability to pay.
24. To extend our talents outside the walls of our hospitals and clinics for community awareness as well as to promote the health and well-being of mother and baby, locally, nationally, and internationally.
25. To serve as proud ambassadors for the mission of the Rawalpindi Medical University MS Obstetrics and Gynaecology Residency Program for the remainder of our professional lives.
26. To understand significance of safe motherhood and to strive for the best to achieve sustainable developmental goals.

SECTION-1**CURRICULUM VITAE (CV)**

Brief curriculum vitae encompassing all academic achievements & work experiences should be written or pasted here

SECTION-2**CASE PRESENTATION**

Interesting and unique case presentations should be written in this section with your own opinion and comments of the supervisor

SECTION-3**TOPIC PRESENTATION**

Details of the topic presentations with the comments of the supervisor should be written here

SECTION-4**JOURNAL CLUB**

Details of the selected critical appraisals of research articles discussed in journal club meetings should be written here

SECTION-5**EMERGENCY**

Details of complicated and interesting emergency cases along with comments of the supervisor should written in this section

SECTION-6**INDOOR**

Memorable cases seen in and managed in the Gynaecology and Obstetrics ward along with comments of the supervisor should be mentioned in this section

SECTION-7

OPD AND CLINICS

~~Outpatient experiences~~ along with supervisor's comments should be written here

SECTION-8**DIRECTLY OBSERVED PROCEDURES**

Experiences during learning of procedures and details of directly observed procedures should be written here along with comments of the supervisor

SECTION-9

SURGICAL PROCEDURES

SECTION-

MULTI DICIPINARY MEETINGS

Details of Multidisciplinary meetings attended should be written here with comments of the supervisor

SECTION-

MORBIDITY/MORTALITY MEETINGS

Details morbidity/mortality meetings attended should be written here with comments of the supervisor

SECTION-**HANDS ON TRAINING**

Learning outcomes achieved by workshops attended should be written here along with the reason of need to have a specific workshop and also get endorsed the comments of the supervisor for each workshop separately

SECTION-

10

**RESEARCH PUBLICATIONS/MAJOR RESEARCH PROJECT/
ABSTRACT/SYNOPSIS/DISSERTATION/PAPER PRESENTATION IN A
CONFERENCE**

All research experiences should be mentioned in this section along with comments of the supervisor

SECTION-**ASSESSMENT RECORDS/EVALUATION PROFORMAS**

Evidence of all available result cards and end of block (four months) evaluation record should mentioned in this section to have a reflection about resident's Medical knowledge, patient care, Interpersonal and Communication Skills, system based learning, practice based learning and professionalism.

SECTION-
15

AWARDS/TESTIMONIALS/ APPRECIATION LETTERS

Evidence of awards, testimonials and appreciation letters if any should be given in this section with comments of the supervisor

SECTION-16**ANY OTHER SPECIFIC ACHIEVEMENT**

Evidence of any other specific achievement done under forceful circumstances as a compulsion or done by chance without any previous plan or done as a passion should be mentioned in this section along with comments of supervisor

SECTION-17**FUTURE AIMS & OBJECTIVES**

Brief overview of the future aims and objectives should mentioned in this section

SECTION –VIII

References

Teaching Methods

Kolb, D. *Experiential Learning*. Englewood Cliffs, NJ: Prentice Hall. 1984

Maudsley G. Do we all mean the same thing by “PBL”? *Academic Medicine* 1999; 74:178-85

Koh G *et al*/ The effects of PBL during medical school on physician competency: a systemic review.
CMAJ 2008 178(1) 34-41

Hill W. *Learning Thru Discussion* 2nd edition. London: Sage Publications. 1977.

Cook D. Web-based learning: pros, cons and controversies. *Clinical Medicine* 2007; 7(1):37-42.

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evaluation literature. *Academic Medicine* 2002;77(10):S86-S93.

Schon D. *Educating the reflective practitioner*. San Francisco: Jossey Bass. 1984

Lockyer J *et al*/ Knowledge translation: the role and practice of reflection. *Journal of Continuing Education*.
2004;
24:50-56.

Links for Electives/Rotations

<https://gme.uchc.edu/programs/im/electiveselective.html>

<http://medicine.buffalo.edu/departments/medicine/education/internal-medicine/program/electives.html>

<http://www.umm.edu/professionals/gme/programs/im-residency/electives-and-research>

<https://internalmedicine.osu.edu/education/welcome/educational-career-development-programs/electives/>

LINKS for curriculum

https://el Paso.ttuhs.c.edu/som/internal/IM_Curriculum_8-26-13.pdf

<http://www.hkcp.org/docs/TrainingGuidelines/HKCP%20GuideBooklet%202011updated%2021.8.2013.pdf>

<https://www.jrcptb.org.uk/sites/default/files/2009%20GIM%20%28amendment%202012%29.pdf>

https://med.uth.edu/internalmedicine/files/2015/10/internal_medicine_curriculum_acgme.pdf

<http://www.uhs.edu.pk/downloads/MD%20Internal%20Medicine.pdf>

Assessment methods

Center for Creative Leadership, Greensboro, North Carolina (<http://www.ccl.org>).

Munger, BS. Oral examinations. In Mancall EL, Bashook PG. (editors) *Recertification: newevaluation methods and strategies*. Evanston, Illinois: American Board of Medical Specialties, 1995: 39-42

Noel G, Herbers JE, Caplow M et al. How well do Internal Medicine faculty members evaluate the clinical skills of residents? *Ann Int Med*. 1992; 117: 757-65.

Winckel CP, Reznick RK, Cohen R, Taylor B. Reliability and construct validity of a structured technical skills assessment form. *Am J Surg*. 1994; 167: 423-27.

- Norman, Geoffrey. *Evaluation Methods: A resource handbook*. Hamilton, Ontario, Canada: Program for Educational Development, McMaster University, 1995: 71-77.
- Watts J, Feldman WB. Assessment of technical skills. In: Neufeld V and Norman G (ed). *Assessing clinical competence*. New York: Springer Publishing Company, 1985: 259-74.
- Kaplan SH, Ware JE. The patient's role in health care and quality assessment. In: Goldfield N and Nash D (eds). *Providing quality care (2nd ed): Future Challenge*. Ann Arbor, MI: Health Administration Press, 1995: 25-52.
- Matthews DA, Feinstein AR. A new instrument for patients' ratings of physician performance in the hospital setting. *J Gen Intern Med*. 1989;4:14-22.
- Challis M. AMEE medical education guide no. 11 (revised): Portfolio-based learning and assessment in medical education. *Med Teach*. 1999; 21: 370-86.
- Tugwell P, Dok, C. Medical record review. In: Neufeld V and Norman G (ed). *Assessing clinical competence*. New York: Springer Publishing Company, 1985: 142-82.
- Tekian A, McGuire CH, et al (eds.) *Innovative simulations for assessing professional competence*. Chicago, Illinois: University of Illinois at Chicago, Dept. Med. Educ. 1999
- Mancall EL, Bashook PG. (eds.) *Assessing clinical reasoning: the oral examination and alternative methods*. Evanston, Illinois: American Board of Medical Specialties, 1995.
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Haladyna TM. *Developing and validating multiple-choice test items*. Hillsdale, New Jersey: L. Erlbaum Associates. 1994.

Case SM, Swanson DB. *Constructing written test questions for the basic and clinical sciences*. Philadelphia, PA: National Board of Medical Examiners, 1996 (www.nbme.org)

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Gray, J. Global rating scales in residency education. *Acad Med*. 1996; 71: S55-63.

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Kaplan SH, Ware JE. The patient's role in health care and quality assessment. In: Goldfield N and Nash D (eds). *Providing quality care (2nd ed): Future Challenge*. Ann Arbor, MI: Health Administration Press, 1995: 25-52.

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strategies. Evanston, Illinois: American Board of Medical Specialties, 1995: 39-42.

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Winckel CP, Reznick RK, Cohen R, Taylor B. Reliability and construct validity of a structured technical skills assessment form. *Am J Surg*. 1994; 167: 423-27.

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<https://www.acgme.org/Portals/0/PDFs/Milestones/InternalMedicineMilestones.pdf>

<http://education.med.ufl.edu/files/2010/10/InternalMedicineMilestones.pdf>

<http://www.upstate.edu/medresidency/current/competencies.php>

T

SECTION – VIII (B)

RECOMMENDED BOOKS

CORE TEXTBOOK

1. Obstetrics by **Ten teachers 20th edition**

Gynaecology by **Ten teachers 20th edition**

Edmonds ***Dewhurst's Post Graduate Obstetrics & Gynecology***

D James, P Steer, C Weiner, B Gonik. ***High Risk Pregnancy – Management Options.***

De Swiet, **Medical disorder in obstetrics**

Shaws text book of gynaecology

Evidence based text for MRCOG by Lusley

Munrokur Obstetrics

GYNECOLOGICAL SURGERY (for reference only)

1. Shaws text book of operative gynaecology

SUPPLEMENTARY BOOKS

1. Snell. ***Clinical Anatomy.***

2. Langman J. ***Embryology.***

3. DTY Liu. ***Labor Ward Manual.***

4. Studd. ***Progress in O & G.***

5. Bonnar. ***Recent Advances in O & G.***

6. ***RCOG Clinical Greentop Guidelines***

7. ***NICE guidelines***

SECTION – IX

APPENDIX "A"

Preview Form

RESIDENT EVALUATION BY NURSE / STAFF

Please take a few minutes to complete this evaluation form. All Information is confidential and will be used constructively. You need not answer all the questions.

Name of Resident*

Location of care or interaction: (OPD/Ward/Emergency Department)

You position (Nurse, Head Nurse)

S#	PROFESSIONALISM	Poor	Fair	Good	V. Good	Excellent	Insufficient Contact
1.	Resident is Honest and Trustworthy	0	0	0	0	0	0
2.	Resident treats patients and families with courtesy, compassion and respect	0	0	0	0	0	0
3.	Resident treats me and other member of the team with courtesy and respect	0	0	0	0	0	0
4.	Resident shows regard for my opinions	0	0	0	0	0	0
5.	Resident maintains a professional manner and appearance	0	0	0	0	0	0
INTERPERSONAL AND COMMUNICATIONS SKILLS							
6.	Resident communicates well with patients families, and members of the healthcare team	0	0	0	0	0	0
7.	Resident provides legible and timely documentation	0	0	0	0	0	0
8.	Resident respect differences in religion, culture age, gender sexual orientation and disability	0	0	0	0	0	0
SYSTEMS BASED PRACTICE							
9.	Resident works effectively with nurses and other professionals to improve patient care	0	0	0	0	0	0
PATIENT CARE							
10.	Resident respects patient preferences	0	0	0	0	0	0
11.	Resident is reasonable Assessible to patients	0	0	0	0	0	0
12.	Resident take care of patient comfort and dignity during procedures	0	0	0	0	0	0
PRACTICE BASED LEARNING AND IMPROVEMENT							
13	Resident facilitates the learning of students and other professionals	0	0	0	0	0	0
COMMENTS							
14	Please describe any praises or concerns of information about specific incidents	0	0	0	0	0	0
THANK YOU for your time and thoughtful input. You play a vital role in the education and training of the internal medicine resident.							

TOTAL SCORE _____/56

APPENDIX "B"

Patient Medical Record / Chart Evaluation Proforma

Name of Resident

Location of Care or Interaction

(OPD/Ward/Emergency/Endoscopy Department)

S#		Poor	Fair	Good	V. Good	Excellent	Insufficient Contact
1.	Basic Data on Front Page Recorded	0	0	0	0	0	0
2.	Presenting Complaints written in Chronological Order	0	0	0	0	0	0
3.	Presenting Complaints Evaluation Done	0	0	0	0	0	0
4.	Systemic review Documented	0	0	0	0	0	0
5.	All Components of History Documented	0	0	0	0	0	0
6.	Complete General Physical Examination done	0	0	0	0	0	0
7.	Examination of all systems documents	0	0	0	0	0	0
8.	Differential Diagnosis framed	0	0	0	0	0	0
9.	Relevant and required investigations documented	0	0	0	0	0	0
10.	Management plan framed	0	0	0	0	0	0
11.	Notes are properly written and eligible	0	0	0	0	0	0
12.	Progress notes written in organized manner	0	0	0	0	0	0
13.	Daily progress is written	0	0	0	0	0	0
14.	Chart is organized no loose paper	0	0	0	0	0	0
15.	Investigations properly pasted	0	0	0	0	0	0
16.	Abnormal findings in investigations encircled	0	0	0	0	0	0
17.	Procedures done on patient documented properly	0	0	0	0	0	0
18.	Medicine written in capital letter	0	0	0	0	0	0
19.	I/v fluids orders are proper with rate of infusion mentioned	0	0	0	0	0	0
20.	All columns of chart complete	0	0	0	0	0	0

Poor:0, Fair:1, Good:2, V.Good:3, Excellent:4,

_____/80

TOTAL SCORE

APPENDIX "C"

Patient Evaluation of Physician

Physician's

Name: _____

Date of

Evaluation: _____

1	Strongly Disagree
2	Disagree
3	Neutral
4	Agree
5	Strongly Agree

Please circle the appropriate number for each item using this scale. Please provide any relevant comments on the back of this form.

The Physician:	Scale				
Introduces him/herself and greets me in a way that makes me feel comfortable ڈاکٹر نے اپنا تعارف کر دیا اور خوش اخلاقی سے معائنہ کیا۔	1	2	3	4	5
Is truthful, upfront, and does not keep things from me that I believe I should know مجھے بیماری کے بارے میں تفصیل سے آگاہ کیا۔					
Talks to me in a way that I can understand, while also being respectful میرے ساتھ آسان زبان میں بات کی۔					
Understands how my health affects me, based on his/her understanding of the details of my life میرے انفرادی حالات کے مطابق میری بیماری کا علاج کیا۔					
Takes time to explain my treatment options, including benefits and risks مجھے میری بیماری کے علاج کے مختلف طریقوں اور ان کے فوائد اور نقصانات سے آگاہ کیا					

TOTAL SCORE

_____ /30

APPENDIX "D"

MENTOR / SUPERVISOR EVALUATION OF TRAINEE

Resident's Name: _____

Evaluator's Name(s): _____

Hospital Name: _____

Date of Evaluation: _____

1	Unsatisfactory
2	Below Average
3	Average
4	Good
5	Superior

Traditional Track (10% Clinic)

Primary Care Track (20% Clinic)

Please

circle the appropriate number for each item using the scale above.

Patient Care	Scale				
1. Demonstrates sound clinical judgment	1	2	3	4	5
2. Presents patient information case concisely without significant omissions or digressions	1	2	3	4	5
3. Able to integrate the history and physical findings with the clinical data any identify all of the patient's major problems using a logical thought process	1	2	3	4	5
4. Develops a logical sequence in planning for diagnostic tests and procedures and formulates an appropriate treatment plan to deal with the patient's major problems	1	2	3	4	5
5. Able to perform commonly used office procedures	1	2	3	4	5
6. Follows age appropriate preventative medicine guidelines in patient care	1	2	3	4	5
Medical Knowledge	Scale				
1. Uses current terminology	1	2	3	4	5
2. Understands the meaning of the patient's abnormal findings	1	2	3	4	5
3. Utilizes the appropriate techniques of physical examination	1	2	3	4	5
4. Develops a pertinent and appropriate differential diagnosis for each patient	1	2	3	4	5
5. Demonstrates a solid base of knowledge of ambulatory medicine	1	2	3	4	5
6. Can Discuss and apply the applicable basic and clinically supportive sciences	1	2	3	4	5
Professionalism	Scale				
1. Demonstrates consideration for the patient's comfort and modesty	1	2	3	4	5
2. Arrives to clinic on time and follows clinic policies and procedures	1	2	3	4	5
3. Works effectively with clinic staff and other health professionals	1	2	3	4	5
4. Ale to gain the patient's cooperation and respect	1	2	3	4	5
5. Demonstrates compassioning and empathy for the patient	1	2	3	4	5
6. Demonstrates sensitivity to patient's culture, age, gender, and disabilities	1	2	3	4	5
Interpersonal and Communication Skills	Scale				

1. Demonstrates appropriate patient/physician relationship	1	2	3	4	5
2. Uses appropriate and understandable layman's terminology in discussions with patients	1	2	3	4	5
3. Patient care documentation is complete, legible, and submitted in timely manner	1	2	3	4	5
4. Recognizes need for behavioral health services and understands resources available	1	2	3	4	5
Systems-based Practice					
Scale					
1. Spends appropriate time with patient for the complexity of the problem	1	2	3	4	5
2. Able to discuss the costs, risks and benefits of clinical data and therapy	1	2	3	4	5
3. Recognizes the personal, financial, and health system resources required to carry out the prescribed	1	2	3	4	5
4. Demonstrates effective coordination of care with other health professionals	1	2	3	4	5
5. Recognizes the patient's barriers to compliance with treatment plan such as age, gender, ethnicity, socioeconomic status, intelligence, dementia, etc	1	2	3	4	5
6. Demonstrates knowledge of risk management issues associated with patient's case	1	2	3	4	5
7. Works effectively with other residents in clinic as a member of a group practice	1	2	3	4	5
Osteopathic Concepts					
Scale					
1. Demonstrates ability to utilize and document structural examination findings	1	2	3	4	5
2. Integrates findings of osteopathic examination in the diagnosis and treatment plan	1	2	3	4	5
3. Successfully uses osteopathic manipulation for treatment where appropriate	1	2	3	4	5
4. Practices patient Centered Care with a "whole person" approach to medicine	1	2	3	4	5
Practice-Based Learning and Improvement					
Scale					
1. Locates, appraises, and assimilates evidence from scientific studies	1	2	3	4	5
2. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies to assess diagnostic and therapeutic effectiveness of treatment plan	1	2	3	4	5
3. Uses information technology to Assess information to support diagnosis and treatment	1	2	3	4	5
Comments					
TOTAL SCORE _____/180					

Resident's Signature

Date

Evaluator's Signature

Date

APPENDIX "E"

Mandatory Workshops (during first three years)

1. Each candidate of MD/MS/MDS program would attend the 07 mandatory workshops and any other workshop as required by the university.

2. The seven mandatory workshops will include the following
 - a. Research Methodology and Biostatistics
 - b. Synopsis Writing
 - c. Introduction to computer / Information Technology and Software Programs
 - d. Communication Skills
 - e. Workshop on basic surgical skills
 - f. Clinical audit workshop
 - g. Critical appraisal of articles

3. An appropriate fee for each workshop will be charged

4. Each workshop will be of 02-05 days duration

5. Each workshop will be arranged by DME.

APPENDIX "F"

CONTINUOUS INTERNAL ASSESSMENTS

Workplace Based Assessments

Workplace based assessments will consist of Generic as well as Specialty Specific Competency Assessments and Multisource Feedback Evaluation.

1. GENERIC COMPETENCY TRAINING & ASSESSMENTS

The candidates of all MD/MS/MDS programs will be trained and assessed in the following five generic competencies.

- i) Patient Care.
 - a. Patient care competency will include skills of history taking, examination, diagnosis, plan of investigation, clinical judgment, plan of treatment, consent, counseling, plan of follow up, communication with patient / relatives and staff.
 - b. The candidate shall learn patient care through ward teaching, departmental conferences, morbidity and mortality meeting and training in procedures and operations.
 - c. The candidate will be assessed by the supervisor during presentation of cases on clinical ward rounds, scenario based discussions on patient management, multisource feedback evaluation. Direct Observation of Procedures (DOPS) and operating room assessments.
 - d. These methods of assessments will have equal weightage.

- ii) Medical Knowledge and Research
 - a. The candidate will learn basic factual knowledge of illnesses relevant to the specialty through discussions on topics selected from the syllabus, small group tutorials and bed side rounds and self study
 - b. The medical knowledge/skill will be assessed by the teacher during clinical ward rounds, SGD, mid level to end of course assessment.

- c. The candidate will be trained in designing research project, data collections, data analysis and presentation of results by the research department.
- d. The acquisition of research skill will be assessed as per regulations governing thesis evaluation and its acceptance.

iii) Practice and System Based Learning

- a. This competency will be learnt from journal clubs, review of literature, policies and guidelines, audit projects, medical error investigations, and awareness of healthcare facilities.
- b. The assessment methods will include case studies, presentation in morbidity and mortality review meetings and presentation of audit projects if any.
- c. These methods of assessment shall have equal weight-age

iv) Communication Skills

- a. These will be learnt from role models, supervisor and workshops.
- b. They will be assessed by direct observation of the candidate whilst interacting with the patients, relatives, colleagues and with multisource feedback evaluation.

v) Professionalism as per Hippocratic Oath

- a. This competency is learnt from supervisor acting as a role model, ethical case conferences and lectures on ethical issues such as confidentiality, informed consent, end of life decisions, conflict of interest, harassment and use of human subjects in research.
- b. The assessment of residents will be through multisource feedback evaluation according to proformas of evaluation and its' scoring method.

2. Specialty Specific Competencies

- i) The candidates will be trained in operative and procedural skills
- ii) The level of procedural competency will be according to a competency table

iii) The following key will be used for assessing operative and procedural competencies:

a. Level 1 Observer status

The candidate physically present and observing the supervisor and senior colleagues

b. Level 2 Assistant status

The candidate assisting procedures and operations

c. Level 3 Performed under supervision

The candidate operating or performing a procedure under direct supervision

d. Level 4 Performed independently

The candidate operating or performing a procedure without any supervision

i) Procedure Based Assessments (PBA)

a. Procedural competency will assess the skill of consent taking , preoperative preparation and planning, intraoperative general and specific tasks and postoperative management

b. Procedure Based assessments will be carried out during teaching and training of each procedure.

c. The assessors may be supervisors, consultant colleagues and senior residents.

d. Standardized forms will be filled in by the assessor after direct observation

e. The resident's evaluation will be graded as satisfactory /deficient / requiring further training and not assessed at all.

f. A satisfactory score will be required to be eligible for taking final examination.

3. Multisource Feedback Evaluation

i) The supervisor would ensure a multisource feedback to collect assessments in medical knowledge, clinical skills, communication skills, professionalism, integrity, and responsibility by feedback from nurses , patients.

ii) Satisfactory annual reports will be required to become eligible for the final examination

4. Log Book (Portfolio)

5. Supervisor's Annual Review Report.

This report will consist of the following components:-

- i) Verification and validation of Log Book of operations & procedures according to the expected number of operations and procedures performed (as per levels of competence) .
- ii) A 75% attendance in academic activities will include: Lectures, Workshops other than mandatory Workshops, Journal Clubs, Morbidity & Review Meetings and other presentations.
- iii) Assessment report of presentation and lectures
- iv) Compliance Report to meet timeline for completion of research project.
- v) Compliance Report on personal development plan.
- vi) Multisource feedback report, on relationship with colleagues, patients,
- vii) Supervisor will produce an annual report based on assessments as per profoma in appendix-G and submit it to the Examination department.
- viii) 75% score will be required to pass the continuous internal assessment on annual review.

APPENDIX "G"
Yearly Supervisor's Assessment
PROFORMA FOR CONTINUOUS INTERNAL ASSESSMENTS

1	Generic Competencies		
	(please score from 1-100% 75% shall be the pass marks)		Component Score
	i) Patient care		20
	ii) Medical Knowledge and Research		20
	iii) Practice and system based learning		
	<ul style="list-style-type: none"> • Journal clubs • Audit projects • Medical Error investigation and root cause analysis • Morbidity / Mortality / Review meetings • Awareness of Health Care Facilities 		04 04 04 04 04
	iv) Communication skills		
<ul style="list-style-type: none"> • Informed consent • End of life decisions 		10 10	
v) Professionalism			
<ul style="list-style-type: none"> • Punctuality and time keeping • Patient doctor relationship • Relationship with colleagues • Honesty and integrity 		04 04 04 04	
2.	Specialty specific competencies		
	Please score from 1-100%.75% shall be the pass marks		Score achieved
Operative Skills / Procedural skills			
3.	Multisource Feedback Evaluation (Please score from 1-100.75% shall be the pass marks)		
4.	Candidates training Portfolio (Please score 1-100.75% shall be the pass marks)		
	Please score from 1-100.75% shall be the pass marks		Component Score
	i) Log book		25
	ii) Record of participation and presentation in academic activities		
	iii) Record of publications		20
iv) Record of results of assessments and examinations		10	
		45	

