



Program of MS Obstetrics & Gynecology

Rawalpindi Medical University Rawalpindi

“If anyone saved a life it would be as if he saved the life of the whole of humanity.” QURAN 5:32

“Wherever the art of Obstetrics & Gynecology is loved, there is also a love of Humanity.”— Hippocrates

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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 Obstetrics & Gynecology.


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 curriculum 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 book with representation of all activities of the MS Obstetrics & Gynecology program at RMU. Curriculum is incorporated in the book for convenience of supervisors and residents. MS curriculum is based on six Core Competencies of ACGME (Accreditation Council for Graduate Medical Education) including Patient Care, Medical Knowledge, System Based Practice, Practice Based Learning, Professionalism, Interpersonal and Communication Skills . 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 provided in this book.

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Contributions in Developing and Revising Curriculum and Log Books of MS Obstetrics & Gynecology, RMUR.

SR.NO	NAME & DESIGNATION		CONTRIBUTIONS IN FORMULATION OF LOG BOOK OF OBSTETRICS & GYNECOLOGY & ALLIED
1.		<p>Prof. Lubna Ejaz Kahloon Dean Obstetrics /Gynae, RMUR HOD of Obstetrics /Gynae Unit-I Holy Family Hospital</p>	<p>For her vision, guidance, proof reading and unflinching support for the redesigning and editing curriculum, main log-book, rotation log-book, long case log-book and portfolio. Implemented the concept of specific objectives of each log book and added a long-case log-book. Supervised and collaborated the whole process of synthesis of Curriculum of MS Obstetrics & Gynecology</p>
2.		<p>Prof. Tallat Farkhanda Head of Unit 2, HFH, RWP.RMUR</p>	<ul style="list-style-type: none"> • Over all Guidance and supervision of the process.
3.		<p>Prof. Nabeela Waheed Ex Head of Unit-II HFH, RWP, RMUR.</p>	<p>Guidance regarding technical matters of Curriculum of MS Obstetrics & Gynecology</p>

4.	 A portrait photograph of Dr. Naheed Bano, a woman with dark hair, wearing a white headscarf with green floral patterns and a white top with green floral patterns. The background is a solid blue color.	<p>Dr Naheed Bano Ex Associate professor Medical educationist HFH, RWP, RMUR.</p>	<p>Guidance regarding technical matters of Curriculum of MS Obstetrics & Gynecology</p>
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5.		<p>Prof. Shazia Syed Ex Head of BBH unit , RWP, RMUR.</p>	<p>Guidance regarding technical matters of Curriculum of MS Obstetrics & Gynecology</p>
6.		<p>Dr Sadia Khan Associate Professor , Head of BBH unit , RWP, RMUR.</p>	<p>Editing and support Revised Obstetrics & Gynecology and allied rotation log book, prepared study guide and revised curriculum.</p>
7.		<p>Dr Humaira Noreen Associate Professor Ex HFH unit 1 , RWP, RMUR.</p>	<p>Provided Support in editing and revision of curriculum , added additional method of assessment NON-TECHNICAL SKILLS FOR SURGEONS (NOTSS). She led the DGO course and prepared it's curriculum and managed it's implementation in letter and spirit.</p>
8.		<p>Dr Rubaba Abid Naqvi Associate Professor DHQ Hospital, RWP, RMUR.</p>	<p>Editing and support, Provided grading system for assessment</p>

9.		<p>Dr Sobia Nawaz Associate Professor, HFH unit 2, RWP, RMUR.</p>	<p>Editing and support Redesigned and thoroughly revised main log book and portfolio prepared study guide and revised curriculum.</p>
10.		<p>Dr Maliha Sadaf Assistant Professor HFH unit 2, RWP, RMUR.</p>	<p>Editing and support Redesigned and thoroughly revised main log book and portfolio</p>
11.		<p>Dr Humaira Bilqees Assistant Professor HFH unit 1, RWP, RMUR.</p>	<p>Editing and support</p>
12.		<p>Dr Saima Khan Assistant professor HFH unit 1, RWP, RMUR.</p>	<p>Editing and support Thoroughly edited main log book, Redesigned and revised Surgery and allied rotation log book</p>



13.		<p>Dr Khansa Iqbal Assistant professor HFH unit 2, RWP RMUR.</p>	Editing and support
14.		<p>Dr Ismat Tanveer Assistant professor BBH unit , RWP, RMUR.</p>	

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SECTION – I : General Plan of the course

1.1. MISSION STATEMENT

The mission of Obstetrics & Gynecology Residency Program of Rawalpindi Medical University is:

1. To provide exemplary medical care, treating all patients who come before us with uncompromising dedication and skill.
2. To set and pursue the highest goals for ourselves as we learn the science, craft, and art of Obstetrics & Gynecology.
3. To passionately teach our junior colleagues and students as we have been taught by those who preceded us.
4. To treat our colleagues and hospital staff with kindness, respect, generosity of spirit, and patience.
5. To foster the excellence and well-being of our residency program by generously offering our time, talent, and energy on its behalf.
6. To support and contribute to the research mission of our medical center, nation, and the world by pursuing new knowledge, whether at the bench or bedside.
7. 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.
8. To promote responsible stewardship of medical resources by wisely selecting diagnostic tests and treatments, recognizing that our individual decisions impact not just our own patients, but patients everywhere.
9. To promote social justice by advocating for equitable health care, without regard to race, gender, sexual orientation, social status, or ability to pay.
10. To extend our talents outside the walls of our hospitals and clinics, to promote the health and well-being of communities, locally, nationally, and internationally.
11. To serve as proud ambassadors for the mission of the Rawalpindi Medical University MS Obstetrics & Gynecology Residency Program for the remainder of our professional lives.

1.2. STATUTES

Nomenclature:

Nomenclature of the Proposed Course The name of degree programme shall be MS Obstetrics & Gynecology. This name is well recognized and established for the last many decades worldwide.

Course Title:

MS Obstetrics & Gynecology

Training Centres:

Departments of Obstetrics & Gynecology at Rawalpindi Medical University (RMU).

Duration of Course:The duration of MS Obstetrics & Gynecology course shall be four 4 with structured training in a recognized department under the guidance of an approved supervisor.

Course structure :The course is structured in 4 parts for 4 years of training. After fulfilling each year's requirements including, duration of residency, allocated formative assessment components, workshops mandatory by university as well as department of Obstetrics and Gynecology, allocated Research work and assigned rotations, the candidate will be eligible for sitting in examination. First year and third year exams will be conducted by the department, while second year (MTA) and fourth year (FTA) will be conducted by the examination department of RMU. Further details in section 2 including, course contents , specific objectives of course, teaching methods, assessment methods and strategies.

1.3. Admission Criteria

Admissions will be done by central induction process by the office of the Secretary of Specialized healthcare and Medical Education, Govt of Punjab, Pakistan. Applications for admission to MS Training Programs will be invited through the

advertisement in print and electronic media mentioning the closing date of applications and date of Entry Examination.

Eligibility: The applicant on the last date of submission of applications for admission must possess the:

- i. Basic Medical Qualification of MBES or equivalent medical qualification recognized by Pakistan Medical & Dental Council.
- ii. Certificate of one year's House Job experience in institutions recognized by Pakistan Medical & Dental Council Is essential at the time of interview. The applicant is required to submit the House Certificate from the concerned Medical Superintendent that the House Job shall be completed before the Interview.
- iii. Valid certificate of permanent or provisional registration with Pakistan Medical & Dental Council
- iv.

1.4. Registration and Enrolment:

As per policy of Pakistan Medical & Dental Council the number of PG Trainees/ Students per supervisor shall be maximum 05 per annum for all PG programmes including minor programmes (if any).

Beds to trainee ratio at the approved teaching site shall be at least 5 beds per trainee.

The University will approve supervisors for MS courses

Candidates selected for the courses: after their enrollment at the relevant department shall be registered with RMU as per prescribed Registration Regulations.

1.5. Required core competencies:

1. Medical Knowledge: According to the curriculum, see details in the course content below section below.

2. PATIENT CARE

- Residents are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and at the end of life.

- Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records and diagnostic/therapeutic procedures.
- Make informed recommendations about preventive, diagnostic and therapeutic options and interventions based on clinical judgment, scientific evidence, and patient preference.
- Develop, negotiate and implement effective patient management plans and integration of patient care.
- Perform competently the diagnostic and therapeutic procedures considered essential to the practice of Obstetrics & Gynecology.

3. INTERPERSONAL AND COMMUNICATION SKILLS

- Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.
- Provide effective and professional consultation to other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families, and colleagues.
- Use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families.
- Interact with consultants in a respectful, appropriate manner.
- Maintain comprehensive, timely, and legible medical records.

4. PROFESSIONALISM

- Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional developmental, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession, and society.

- Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues.
- Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behavior and disabilities of patients and professional colleagues.
- Adhere to principles of confidentiality, scientific/academic integrity, and informed consent.
- Recognize and identify deficiencies in peer performance.
- Understand and demonstrate the skill and art of end of life care.

5. PRACTICE-BASED LEARNING AND IMPROVEMENT

- Residents are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.
- Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes and processes of care.
- Analyze and evaluate practice experiences and implement strategies to continually improve the quality of patient practice.
- Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care.
- Use information of technology or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education.

6. SYSTEMS-BASED PRACTICE

- Residents are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.
- Understands accesses and utilizes the resources, providers and systems necessary to provide optimal care.
- Understand the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient.
- Apply evidence-based, cost-conscious strategies to prevention, diagnosis, and disease management.
- Collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and to improve systematic processes of care

7. Research Experience:

- All residents in the programme are required to complete an academic outcomes-based research project during their training. This project can consist of original bench top laboratory research, clinical research or a combination of both. The research work will be compiled in the form of a thesis which is to be submitted for evaluation by each resident before end of the training. The designated Faculty will organize and mentor the residents through the process, as well as journal clubs to teach critical appraisal of the literature

1.6. Aim and General Objectives of the Course

AIM

The aim of four years MS programme in Obstetrics & Gynecology is to train residents to acquire the competency of a specialist in the field of Obstetrics & Gynecology so that they can become good teachers, researchers and clinicians in their specialty after completion of their training.

GENERAL OBJECTIVES

1. To provide a broad experience in Obstetrics & Gynecology, including its interrelationship with other disciplines.
2. To enhance medical knowledge, clinical skills, and competence in bedside diagnostic and therapeutic procedures.
3. To achieve the professional requirements to prepare for Higher Physician Training in one or more specialty in Obstetrics & Gynecology.
4. To cultivate the correct professional attitude and enhance communication skill towards patients, their families and other healthcare professionals.
5. To enhance sensitivity and responsiveness to community needs and the economics of health care delivery.
6. To enhance critical thinking, self-learning, and interest in research and development of patient service.
7. To cultivate the practice of evidence-based Obstetrics & Gynecology and critical appraisal skills.
8. To inculcate a commitment to continuous medical education and professional development.

9. To provide a broad training and in-depth experience at a level for trainees to acquire competence and professionalism of a specialist in Obstetrics & Gynecology especially in the diagnosis, investigation and treatment of medical problems towards the delivery of holistic patient care.
10. To acquire competence in managing acute medical emergencies and identifying medical problems in patients referred by primary care and other doctors, and in selecting patients for timely referral to appropriate tertiary care or the expertise of another specialty.
11. To develop competence in the inpatient and outpatient management of medical problems and in selecting patients for referral to tertiary care facilities and treatment modalities requiring high technology and/or the expertise of another specialty.
12. To manage patients in general medical units in regional/District hospitals; to be a leader in the health care delivery team and to work closely with networking units which provide convalescence, rehabilitation and long term care.
13. To encourage the development of skills in communication and collaboration with the community towards health care delivery.
14. To foster the development of skills in the critical appraisal of new methods of investigation and/or treatment.
15. To reinforce self-learning and commitment to continued updating in all aspects of Obstetrics & Gynecology.
16. To encourage contributions aiming at advancement of knowledge and innovation in Obstetrics & Gynecology through basic and/or clinical research and teaching of junior trainees and other health related professionals.

17.To acquire professional competence in training future trainees in Obstetrics & Gynecology at Rawalpindi Medical University.

1.7. LOG BOOKS FOR MS Obstetrics and Gynecology:

To fully comprehend the curriculum MS Obstetrics and Gynecology, it is very important to go through the Specially designed log books for this course

1. **Main Log book:** It has year wise entry sections for the required specific competencies, all entries for the formative assessment and departmental mandatory workshops, final comments about all other workshops.
2. **Long case log books:** Specially designed to long cases with critical analysis to develop skill of clinical reasoning.
3. **Rotation Log book:** This gives full information about elective rotations.
4. **Research Elective log book:** Designed by Research cell RMU & Department of Medicine RMU and adopted as such by Gynae department, without any changes.
5. **Portfolio**

SECTION – II: Curricular Details

2.1. Summary of four years course

COURSE		EXAMINATION
FIRST YEAR	10 Months in Obs/Gynae	

	02 Elective Rotations (Internal Medicine)	Continuous / Formative internal assessment, First Year intraining assessment. Details in assessment section
	02 RMU Mandatory workshops	
	04 OB/GYNDeptt Mandatory workshops	
	Research Project designed and synopsis prepared and approved by IRB	
SECOND YEAR	10 Months in Obs/Gynae	Continuous internal / Formative assessment, Mid term assessment MTA
	02 Months Elective Rotation (Neonatology & Surgical ICU)	
	02 RMU Mandatory workshops	
	04 OB/GYNDeptt Mandatory workshops	
	Data collection and research work	
THIRD YEAR	10 Months Obs/Gynae	Continuous internal assessment, (appendix G) Intraing assessment
	02. Months elective rotation Surgery	
	04 OB/GYNDeptt Mandatory workshops	
	Thesis Work	
FOURTH YEAR	10 Months in OBs?Gynae	Continuous internal/ Formative assessment, (appendix G) Final Term exam FTA Defense of thesis will be at the end of fourth year
	02 Months Rotation Urology	
	04 Deptt Mandatory workshops	
	Thesis writing must be completed and submitted at least 06 months before final exams.	

The candidate shall undergo clinical training to achieve educational objectives of MS. Obstetrics & Gynecology (knowledge and skills) along with rotations in the relevant fields. The clinical training shall be competency based. There shall be generic and specialty specific competencies and shall be assessed by continuous Internal / Formative Assessment. Research Component and thesis writing shall be completed over the four years duration of the course. Candidates will spend total time equivalent to one calendar year for research during the training.

2.2. Elective Rotations

A significant amount of time during residency is devoted to electives, which allows our residents the flexibility to gain a concentrated experience in an area of interest. Residents can choose electives, after her six months of Gynae and Obs training. Resident can opt following departments for electives:

Total Rotation period is 8 months during 4 years of training, two months per each year. Total 3 months in Medicine & Allied, and 5 months in Surgery & Allied.

Year wise allocation of departments for rotation

First year	Internal Medicine - 2 months
Second year	Total 2 months: 1 month in Neonatology & 1 month in Surgical ICU (critical care)
Fourth year	Urology - 2 months

Third year	General Surgery - 2 months
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For further details of rotation, please consult the Rotation log book.

2. 3. Specific Objectives of the whole Course.

(A) Medical Knowledge

The development of a basic understanding of core Obstetrics & Gynecology concepts.

Etiology, clinical manifestation, disease course and prognosis, investigation and management of common medical diseases.

Scientific basis and recent advances in pathophysiology, diagnosis and management of medical diseases.

Spectrum of clinical manifestations and interaction of multiple medical diseases in the same patient.

Psychological and social aspects of medical illnesses.

Effective use and interpretation of investigation and special diagnostic procedures.

Critical analysis of the efficacy, cost-effectiveness and cost-utility of treatment modalities.

Patient safety and risk management

Medical audit and quality assurance

Ethical principles and medico legal issues related to medical illnesses.

Updated knowledge on evidenced-based Obstetrics & Gynecology and its implications for diagnosis and treatment of medical patients.

Familiarity with different care approaches and types of health care facilities towards the patients care with medical illnesses, including convalescence, rehabilitation, palliation, long term care, and medical ethics.

Knowledge on patient safety and clinical risk management.

Awareness and concern for the cost-effectiveness and risk-benefits of various advanced treatment modalities.

Familiarity with the concepts of administration and management and overall forward planning for a general medical unit.

(B) Skills

Ability to take a detailed history, gathers relevant data from patients, and assimilates the information to develop diagnostic and management plan.

Students are expected to effectively record an initial history and physical examination and follow-up notes as well a deliver comprehensive oral presentations to their team members based on these written documents.

Competence in eliciting abnormal physical signs and interpreting their significance.

Ability to relate clinical abnormalities with pathophysiologic states and diagnosis of diseases.

Ability to select appropriate investigation and diagnostic procedures for confirmation of diagnosis and patient management.

Residents should be able to interpret basic as well as advanced laboratory data as related to the disorder/disease.

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. In addition, students will properly understand the necessity of incorporating sensitivity, specificity, pre-test probability and Bayes laws/theorem in the ordering of individual tests in the context of evaluating patients' signs and symptoms.

The formulation of a differential diagnosis with up-to—date scientific evidence and clinical judgment using history and physical examination data and the development of a prioritized problem list to select tests and make effective therapeutic decisions.

Assessing the risks, benefits, and costs of varying, effective treatment options; involving the patient in decision-making via open discussion; selecting drugs from within classes; and the design of basic treatment programs and using critical pathways when appropriate.

Residents must be able to perform competently all medical and invasive procedures essential for the practice of general Obstetrics & Gynecology. This includes technical proficiency in taking informed consent, performing by using appropriate indications, contraindications, interpretations of findings and evaluating the results and handling the complications of the related procedures mentioned in the syllabus.

Residents should be instructed in additional procedural skills that will be determined by the training environment, residents practice expectations, the availability of skilled teaching faculty, and privilege delineation.

Ability to present clinical problems and literature review in grand rounds and seminars.

Good communication skills and interpersonal relationship with patients, families, medical colleagues, nursing and allied health professionals.

Ability to mobilize appropriate resources for management of patients at different stages of medical illnesses, including critical care, consultation of medical specialties and other disciplines, ambulatory and rehabilitative services, and community resources.

Competence in the diagnosis and management of emergency medical problems, in particular cardiorespiratory problems, stroke, organ failures, infection and shock, gastrointestinal bleeding, metabolic disorders and poisoning.

Competence in the diagnosis and management of acute and chronic medical problems as secondary care in a regional/district hospital.

Diagnostic skills to effectively manage complex cases with unusual presentations.

Ability to implement strategies for preventive care and early detection of diseases in collaboration with primary and community care doctors.

Ability to understand medical statistics and critically appraise published work and clinical research on disease presentations and treatment outcomes. Experience in basic and/or clinical research within the training programme should lead to publications and/or presentation in seminars or conferences.

Practice evidence—based learning with reference to research and scientific knowledge pertaining to their discipline through comprehensive training in Research Methodology

Ability to recognize and appreciate the importance of cost-effectiveness of treatment modalities.

The identification of key information resources and the utilization of the medical literature to expand one's knowledge base and to search for answer to medical problems. They will keep abreast of the current literature and be able to integrate it to clinical practice.

(C) Attitudes

The well-being and restoration of health of patients must be of paramount consideration.

Empathy and good rapport with patient and relatives are essential attributes.

An aspiration to be the team-leader in total patient care involving nursing and allied medical professionals should be developed.

The cost-effectiveness of various investigations and treatments in patient care should be recognized.

The privacy and confidentiality of patients and the sanctity of life must be respected.

The development of a functional understanding of informed consent, advanced directives, and the physician-patient relationship.

Ability to appreciate the importance of the effect of disease on the psychological and socio-economic aspects of individual patients and to understand patients' psycho-social needs and rights, as well as the medical ethics involved in patient management.

Willingness to keep up with advances in Obstetrics & Gynecology and other Specialties.

Willingness to refer patients to the appropriate specialty in a timely manner.

Aspiration to be the team leader in total patient care involving nursing and allied medical professionals.

The promotion of health via adult immunizations, periodic health screening, and risk factor assessment and modification.

Recognition that teaching and research are important activities for the advancement of the profession.

2.4. Clinical Competencies for all MS Trainees

CLINICAL COMPETENCY FOR ALL MS OBSTETRICS & GYNECOLOGY TRAINEES

TOPICS TO BE TAUGHT	LEARNING OBJECTIVES Student should be able to know:	TEACHING METHOD	ASSESSMENT
1. History Taking (Knowledge)	<ul style="list-style-type: none"> ● To progressively develop the ability to obtain a relevant focused history from increasingly complex patients and challenging circumstances ● To record accurately and synthesize history with clinical examination and formulation of management plan according to likely clinical evolution ● Recognizes the importance of different elements of history ● Recognizes the importance of clinical (particularly cognitive impairment), psychological, social, cultural and nutritional factors particularly those relating to ethnicity, race, cultural or religious beliefs and preferences, sexual orientation, gender and disability ● Recognizes that patients do not present history in structured fashion and that the history may be influenced by the presence of acute and chronic medical conditions ● Knows likely causes and risk factors for conditions relevant to mode of presentation ● Recognizes that history should inform examination, investigation and management 	<p>Bedside teaching in wards, outpatient department and Gynae ER</p> <p>Case Presentation</p> <p>Hand on Workshops</p> <p>Case Based Discussion</p>	<p>Mini-CEX OSCE NOTSS MSF MCQs SAQs</p>
2. History Taking (Skills)	<ul style="list-style-type: none"> ● Identify and overcome possible barriers (eg cognitive impairment) to effective communication ● Manage time and draw consultation to a close 	<p>Bedside teaching in wards, outpatient department and Gynae ER</p>	<p>Mini-CEX OSCE MSF NOTSS</p>

		Case Presentation Hand on Workshops Case Based Discussion	
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	<p>appropriately</p> <ul style="list-style-type: none"> ● Supplement history with standardised instruments or questionnaires when relevant ● Manage alternative and conflicting views from family, carers and friends ● Assimilate history from the available information from patient and other sources ● Recognise and interpret the use of non verbal communication from patients and carers ● Focus on relevant aspects of history 		
<p>3. History Taking (Behaviors)</p>	<ul style="list-style-type: none"> ● Show respect and behave in accordance with Good Medical Practice 	<p>Bedside teaching in wards, outpatient department and Gynae ER</p> <p>Case Presentation</p> <p>Hand on Workshops</p> <p>Case Based Discussion</p>	<p>Mini-CEX OSCE NOTSS MSF</p>

<p>4. Clinical examination (knowledge)</p>	<ul style="list-style-type: none"> ● To progressively develop the ability to perform focussed and accurate clinical examination in increasingly complex patients and challenging circumstances ● To relate physical findings to history in order to establish diagnosis and formulate a management plan ● Understand the need for a valid clinical examination ● Understand the basis for clinical signs and the relevance of positive and negative physical signs ● Recognise constraints to performing physical examination and strategies that may be used to overcome them ● Recognise the limitations of physical examination and the need for adjunctive forms of assessment to confirm diagnosis 	<p>Bedside teaching in wards, outpatient department and Gynae ER</p> <p>Case Presentation</p> <p>Hand on Workshops</p> <p>Case Based Discussion</p>	<p>Mini-CEX OSCE NOTSS MCQs SAQ</p>
<p>5. Clinical examination</p>	<ul style="list-style-type: none"> ● Perform an examination relevant to the presentation 	<p>Bedside teaching in wards, outpatient department and Gynae ER</p> <p>Case Presentation</p> <p>Hand on Workshops</p> <p>Case Based Discussion</p>	<p>Mini-CEX OSCE NOTSS MSF</p>

<p>(skills)</p>	<p>and risk factors that is valid, targeted and time efficient</p> <ul style="list-style-type: none"> ● Recognize the possibility of deliberate harm in vulnerable patients and report to appropriate agencies ● Interpret findings from the history, physical examination and mental state examination, appreciating the importance of clinical, psychological, religious, social and cultural factors ● Actively elicit important clinical findings ● Perform relevant adjunctive examinations including cognitive examination such as Mini Mental state Examination (MMSE) and Abbreviated Mental Test Score (AMTS) 		
<p>6. Clinical examination (Behaviors)</p>	<ul style="list-style-type: none"> ● Show respect and behaves in accordance with Good Medical Practice 	<p>Bedside teaching in wards, outpatient department and Gynae ER</p> <p>Case Presentation</p> <p>Hand on Workshops</p> <p>Case Based Discussion</p>	<p>Mini-CEX OSCE MSF NOTSS</p>
<p>7. Time management and decision making</p>	<ul style="list-style-type: none"> ● To become increasingly able to prioritise and organise clinical and clerical duties in order to optimise patient care. To become increasingly able to make appropriate clinical and clerical decisions in order to optimise the effectiveness of the clinical team resource 	<p>Bedside teaching in wards, outpatient department and Gynae ER</p> <p>Case Presentation</p> <p>Hand on Workshops</p> <p>Case Based Discussion</p>	<p>Mini-CEX OSCE NOTSS MCQs SAQ</p>

<p>8. Decision making and clinical reasoning</p>	<ul style="list-style-type: none"> • To progressively develop the ability to formulate a diagnostic and therapeutic plan for a patient according to the clinical information available • To progressively develop the ability to prioritise the diagnostic and therapeutic plan • To be able to communicate the diagnostic and therapeutic plan appropriately 	<p>Bedside teaching in wards, outpatient department and Gynae ER</p> <p>Case Presentation</p> <p>Hand on Workshops</p> <p>Case Based Discussion</p>	<p>Mini-CEX OSCE NOTSS MCQs SAQ</p>
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2.5. Attributes required in all MS trainees.

Patient Care	Evaluation of Patient Care	Professionalism	Interpersonal and Communication Skills	Practice Based Learning Improvement	Evaluation of Medical Knowledge
<ul style="list-style-type: none"> Obtain a complete history and recognize common abnormal physical findings. Construct a master problem list, a working diagnosis, and a group of differential diagnoses. Be familiar with different diagnostic tools such as the electronic thermometer, sphygmomanometer, ophthalmoscope, EKG machine, pulse oximetry, and defibrillator. Become familiar with the concept of pre-test and post-test probabilities of disease. Be able to perform various clinical procedures such as venipuncture, thoracentesis, paracentesis, lumbar puncture, arthrocentesis, skin punch-biopsy, endotracheal intubation, and central line placement. Residents should know indications of potential complications of each of these procedures. Understand how to improve patient/physician relationships in a professional way. Residents should be compassionate, but humble and honest, not 	<ul style="list-style-type: none"> Completeness and accuracy of medical interviews and physical examinations. Thoroughness of the review of the available medical data on each patient. Performance of appropriate maneuvers and procedures on patients. Accuracy and thoroughness of patient assessments Appropriateness 	<ul style="list-style-type: none"> The resident should continue to develop his/her ethical behavior, and must show the humanistic qualities of respect, compassion, integrity and honesty. The resident must be willing to acknowledge errors and 	<ul style="list-style-type: none"> The resident should learn when to call a sub-specialist for evaluation and management of a patient. The resident should be able to clearly present a case to the attending staff in an organized and thorough manner. The resident must be able to establish 	<ul style="list-style-type: none"> The resident should use feedback and self-evaluation in order to improve performance. The resident should read pertinent material and articles provided to enhance learning. The 	<ul style="list-style-type: none"> The resident's ability to answer directed questions and to participate in attending rounds. The resident's presentation of patient history and physical exam, where attention is given to differential diagnosis and pathophysiology. When time permits, residents may be assigned short topics

<p>only with their patients, but also with their co-workers.</p> <ul style="list-style-type: none"> • Residents are encouraged to develop leadership in teaching and supervising interns and medical students. • Actively participate in all phases 	<p>of diagnostic and therapeutic decisions.</p> <ul style="list-style-type: none"> • Soundness of medical judgment. • Consideration of patient preferences in 	<p>determine how to avoid future similar mistakes.</p> <ul style="list-style-type: none"> • The resident must be responsible 	<p>rapport with a patient and listen to the patient's complaints to promote the patient's welfare.</p>	<p>resident should use the medical literature search tools in the</p>	<p>to present at attending grounds. These will be examined for completeness, accuracy, organization and the residents</p>
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<p>of patient care. Residents are encouraged to read on related topics, to share new learning with their colleagues and to keep their fund of knowledge up-to-date.</p> <ul style="list-style-type: none"> Learn to use the computer for literature searches, to read and analyze scientific articles. 	<p>making therapeutic decisions.</p> <ul style="list-style-type: none"> Completeness of medical charting. 	<p>e and reliable at all times.</p> <ul style="list-style-type: none"> The resident must always consider the needs of patients, families, colleagues, and support staff. The resident must maintain a professional appearance at all times. 	<ul style="list-style-type: none"> The resident should provide effective education and counseling for patients. The resident must write organized legible notes. The resident must communicate any patient problems to the attending staff in a timely fashion. 	<p>library to find appropriate articles related to interesting cases.</p> <ul style="list-style-type: none"> The resident should use information provided by senior residents and attendings from rounds and consultations to improve performance and enhance learning. 	<p>understanding of the topic.</p> <ul style="list-style-type: none"> The resident's ability to apply the information learned from attending round sessions to the patient care setting. The residents interest level in learning.
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2.6. Year wise Specific Learning Objectives

❖ For details of clinical competencies and year wise level of various competencies, Please consult Section 1 of Main Log book,

❖ E Portal

E- Portal has been provided by RMU for replacement of paper Logbook as part of paperless working. Each Trainee has been given access through RMU site in this regard. Academic activities of the Trainees are approved by Supervisors through E-Portal.

First year Specific learning objective for Obstetrics

	Content (Obs)	Learning Objectives
1.	NORMAL OBSTETRICS	Resident will be able to
	· Basics obstetric anatomy of Pelvis & perineum and fetal skull, embryology of fetal development.physiological changes in pregnancy	· Describe basic anatomy, physiology of pregnancy and fetal embryology Demonstrate anatomical land marks clinical examination and surgery ·

	<p>Antenatal (concepts and objectives , history taking and obstetrical examination, recommended visits, dietary advice, antenatal screening, minor symptoms of pregnancy)</p>	<ul style="list-style-type: none"> · Demonstrate the capabilities of taking care of antenatal intrapartum and postnatal patients · Interact with postnatal patients for breastfeeding and neonatal care · Formulate the breast feeding plan for neonate
	<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) 	
	<ul style="list-style-type: none"> · Postnatal Care (normal puerperium, breast feeding) 	
	<p>Neonatology (apgor score neonatal resuscitation, neonatal care, behavior of newborn, immunization)· Breast feeding (breast feeding protocol, maternal and neonatal benefits of breastfeeding)</p>	
2.	<p>OBSTETRICS COMPLICATION</p>	<ul style="list-style-type: none"> · Evaluate the patient in antenatal Intrapartum and postpartum period according to risk category · Manage the patients with antenatal , intrapartum and postpartum obstetrics complication
	<ul style="list-style-type: none"> · Antenatal (APH, PROM, PPROM, preterm labour, domestic violence, nutritional deficiencies) 	
	<ul style="list-style-type: none"> · Postnatal Care (PPH (primary and secondary) 	
3	<p>MEDICAL COMPLICATIONS</p>	<ul style="list-style-type: none"> · Demonstrate understanding of physiological concepts in interpretation of clinical situation (scenario) and investigation
	<ul style="list-style-type: none"> · Hematological disorders, (anemia, thrombocytopenia, DIC) 	
	<ul style="list-style-type: none"> · Hypertensive disorder (PIH, preeclampsia, eclampsia) 	
	<ul style="list-style-type: none"> · Diabetes in pregnancy (type-I, II and GDM) 	
	<ul style="list-style-type: none"> · Drug abuse, medication in pregnancy 	

4	OBSTETRICS PROCEDURES	· Perform obstetrics procedures as directed
	· SVD, SVD with epi (along with scrubbing gloving gowning)	

First year Specific learning objective for Gynaecology

S No	Content (Gynae)	Learning Objectives
1.	BASIC GYNAECOLOGICAL CONCEPTS	Resident will be able to · Describe anatomy of pelvic floor, physiology and embryology of reproductive tract · Interact with different gynaecological patient
	· Embryology of genital tract (normal and abnormal development)	
	· Anatomy of pelvic and pelvic floor · Physiology of normal menstrual cycle · History taking, examination, investigations	
2	PUBERTY AND MENSTRUAL DISORDERS	· Differentiate all types of developmental problems and menstrual irregularities
	· Puberty and its disorders · Menarche, primary amenorrhea	· Demonstrate the capabilities of dealing with patients of puberty and its disorders · Formulate management plan of patients with developmental disorder and menstrual problems

3	EARLY PREGNANCY COMPLICATIONS	· Evaluate patient with early pregnancy complications
	· Miscarriages	
	· Ectopic	· Demonstrate the understanding of problem in early pregnancy in terms of dealing with patients as per guidelines
	SUBFERTILITY AND CONTRACEPTION	
4	· SUBFERTILITY Contraception	· Interpret basic pathology of subfertility Arrange different contraception options with their suitable criteria
5	GYNAECOLOGICAL TUMORS	· Establish the diagnosis of gynaecological tumors based on history examination and investigations
	· Pelvic masses	· Defend the management plan of different pelvic tumor
6	GYNAECOLOGICAL PROCEDURES	· Demonstrate Gynaecological procedures as directed
	· ERPC, MVA, perspeculum examination (Papsmear, HVS) , wound care	

Second year Specific learning objective for Obstetrics

SNO	Content (Obs)	Learning Objectives
1	<p data-bbox="149 386 1339 430">NORMAL OBSTETRICS (content of first year included)</p> <ul data-bbox="149 451 1339 1328" style="list-style-type: none"> <li data-bbox="149 451 1339 511">· 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) <li data-bbox="149 532 1339 592">· Postnatal Care (normal puerperium, breast feeding) <li data-bbox="149 613 1339 673">Neonatology (apgor score neonatal resuscitation, neonatal care, behavior of new born, immunization) <li data-bbox="149 695 1339 755">· Breast feeding (breast feeding protocol, maternal and neonatal benefits of breast feeding) <li data-bbox="149 776 1339 836">· 	<p data-bbox="1346 386 1780 430">Resident will be able to</p> <ul data-bbox="1346 451 1780 1328" style="list-style-type: none"> <li data-bbox="1346 451 1780 592">· Describe basic anatomy, physiology of pregnancy and fetal embryology <li data-bbox="1346 613 1780 755">· Demonstrate anatomical land marks during clinical examination and surgery <li data-bbox="1346 776 1780 917">· Demonstrate the capabilities of taking care of antenatal intrapartum and postnatal patients <li data-bbox="1346 938 1780 1079">· Interact with postnatal patients for breast feeding and neonatal care <li data-bbox="1346 1101 1780 1242">· Formulate the breast feeding plan of neonate
2	<p data-bbox="149 1360 1339 1404">OBSTETRICS COMPLICATION (content of first year included)</p> <ul data-bbox="149 1425 1339 1542" style="list-style-type: none"> <li data-bbox="149 1425 1339 1542">· Antenatal (prolong pregnancy, induction of labour), IUD, IUGR, fetal abnormality, fetal abnormality, oligohydramnios, polyhydramnios, twin 	<ul data-bbox="1346 1360 1780 1542" style="list-style-type: none"> <li data-bbox="1346 1360 1780 1542">· Evaluate the patient in antenatal , intrapartum and postpartum period according to risk category

	and higher order gestation, social, previous I scar	· Manage the patient in antenatal , intrapartum and postpartum obstetrics complication
	· Intrapartum (abnormal labour, malposition, malpresentation,	
	· Postnatal Care (PPH (puerperial pyrexia, thromboprophylaxis, earlyneonatal problem, problems with breast feeding)	
3	MEDICAL COMPLICATIONS (content of first year included)	· Demonstrate understanding of physiological concepts in interpretation of clinical situation (scenario) and investigation
	· 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	
4	OBSTETRICS PROCEDURES (content of first year included)	· Perform obstetrics procedures as per directedand checklist
	· PPIUD, LSCS, CVS, amniocentesis, craniocentesis	

Second year Specific learning objective for Gynaecology

SNO	Content (Gynae)	Learning Objectives
1	BASIC GYNAECOLOGICAL CONCEPTS (content of previous year included)	Resident will be able to

	<ul style="list-style-type: none"> · Sexual dysfunction, rape and sexual assault 	<ul style="list-style-type: none"> · Describe anatomy of pelvic floor, physiology and embryology of reproductive tract
	<ul style="list-style-type: none"> · Professionalism, ethics and statistic 	
		<ul style="list-style-type: none"> · Interact with different gynaecological patient
2	PUBERTY AND MENSTRUAL DISORDERS (content of previous year	<ul style="list-style-type: none"> · Differentiate all types of developmental problems and menstrual irregularities · Demonstrate the capabilities of dealing with patients of puberty and its disorders Formulate management plan of patients with developmental disorder and menstrual problems
	included)Puberty and its disorders	
	<ul style="list-style-type: none"> · Menarche, primary amenorrhea ·Secondary amenorrhea, PCOD, endometrial and cervical causes of menstrual problems, medical conditions causing menstrual problems, 	
3	EARLY PREGNANCY COMPLICATIONS (content of previous year included) <ul style="list-style-type: none"> · Ectopic · GTD 	<ul style="list-style-type: none"> · Evaluate patient with early pregnancy complications · Demonstrate the understanding of problem in early pregnancy in terms of dealing with patients as per guidelines
4.	GENITAL TRACT INFECTIONS (content of previous year included) PID, STDs, chronic pelvic pain,)	Evaluate and manage patients with STDs and PID
5	SUBFERTILITY AND CONTRACEPTION (content of previous year included)	<ul style="list-style-type: none"> · Interpret basic pathology of subfertility

	· Contraception	Arrange different contraception options with their suitable criteria
6	PELVIC FLOOR DYSFUNCTION (content of previous year included)	
	· Uterovaginal prolapse · Female genital mutilation	Evaluate and manage patients with Uterovaginal prolapse and Female genital mutilation
7	GYNAECOLOGICAL TUMORS (content of previous year included)	· Establish the diagnosis of gynaecological tumor
	· Pelvic masses	base on history examination and investigations
	· Benign conditions of ovary, uterus, cervix, vulva and vagina	Defend the management plan of different pelvic tumor
8	GYNAECOLOGICAL PROCEDURES (content of previous year included)	· Demonstrate Gynaecological procedures as per directed and checklist
	· PPIUCD, implanon, wound care and debridement, diagnostic dilatation and	
	curettage, Pipelle / Mirena insertion, Pap smear	

Third year Specific learning objective for Obstetrics

S No	Content	Learning Objectives
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1	NORMAL OBSTETRICS	Resident will be able to
	(content of first and second year)	<ul style="list-style-type: none"> · Describe basic anatomy, physiology of pregnancy and fetal embryology · Demonstrate the capabilities of taking care of antenatal intrapartum and postnatal patients
2	OBSTETRICS COMPLICATION	<ul style="list-style-type: none"> · Evaluate the patient in antenatal , intrapartum and postpartum period according to risk category
	<ul style="list-style-type: none"> · Antenatal (pregnancy with fibroid, pregnancy with placenta previa, content of first and second year included) 	
	<ul style="list-style-type: none"> · Intrapartum (Fetal distress, cord prolapse, instrumental delivery, still birth 	<ul style="list-style-type: none"> · Manage the patient in antenatal , intrapartum and postpartum obstetrics complication · Interact with postnatal patients for breast feeding and neonatal care · Formulate the breast feeding plan of neonate
	<ul style="list-style-type: none"> · Postnatal Care (PPH (Puerperial pyrexia, thromboprophylaxis, psychological 	
	<ul style="list-style-type: none"> disorder, DVT, early neonatal problem, problems with breast feeding) 	
3	MEDICAL COMPLICATIONS (content of first and second year included)	<ul style="list-style-type: none"> · Demonstrate understanding of physiological concepts in interpretation of clinical situation (scenario) and investigation
	<ul style="list-style-type: none"> · Diabetes in pregnancy (type-I, II and GDM) 	
	<ul style="list-style-type: none"> · Thyroid disorders (hypo and hyperthyroidism) 	
	<ul style="list-style-type: none"> · Liver disease (jaundice in pregnancy, cholestasis in pregnancy, AFLP) · Connective tissue disorders (APLS, SLE) · Neurological disorders, respiratory problems, · Renal disorder and skin disorder) 	

4	OBSTETRICS PROCEDURES (content of first and second year included)	· Perform obstetrics procedures as per directed and checklist
	· Instrumental delivery, LSCS, CVS, amniocentesis, craniocentesis, ECV/ IPV,	
	breach delivery, shoulder dystochia, PPH exploration (vaginal and cervical tearrepair, ballon tymponade, uterine artery ligation, B-lynch)	

Third year Specific learning objective for Gynaecology

S No	Content	Learning Objectives
1.	BASIC GYNAECOLOGICAL CONCEPTS	Resident will be able to
	· Sexual dysfunction, rape and sexual assault Professionalism, ethics and statistic	· Differentiate all types of developmental problems and menstrual irregularities
2.	· PUBERTY AND MENSTRUAL DISORDERS	Demonstrate the capabilities of dealing with patients of puberty and its disorders · Formulate management plan of patients with developmental disorder and menstrual problems
	Primary amenorrhea	
	· Secondary amenorrhea, PCOD, endometrial and cervical causes of menstrual problems, medical conditions causing menstrual problems,	

	· Menopause, HRT)	
3.	EARLY PREGNANCY COMPLICATIONS	· Evaluate patient with early pregnancy complications · Demonstrate the understanding of problem in early pregnancy in terms of dealing with patients as per guidelines
	· GTD	
	GENITAL TRACT INFECTIONS	
	· PID, STDs, chronic pelvic pain,)	
4.	SUBFERTILITY AND CONTRACEPTION	
6.	PELVIC FLOOR DYSFUNCTION	· Interpret basic pathology of subfertility
	· Primary and secondary subfertility (endometriosis)	Arrange different contraception options with their suitable criteria
	· Treatment of subfertility, assisted reproduction	
	· Urinary incontinence UV fistula) Female genital mutilation	
7.	GYNAECOLOGICAL TUMORS	· Establish the diagnosis of gynaecological tumor base on history examination and investigations
	· Benign conditions of ovary, uterus, cervix, vulva and vagina	
	· Malignant conditions of ovary, uterus, cervix, vulva and vagina	· Defend the management plan of different pelvic tumor
8.	GYNAECOLOGICAL PROCEDURES	· Demonstrate Gynaecological procedures as per directed and checklist
	· Perform Diagnostic dilatation and curettage, Colposcopy, Pipelle / Mirena insertion,EUA/ Polypectomy, , Suction evacuation,	

	Assist TAH/Laparotomy, Diagnostic laparoscopy, Vaginal hysterectomy, Hysteroscopic guided biopsy, Perineal repair, Marsupialization, hymenectomy, Myomectomy as assistant	

Fourth year Specific learning objective for Obstetrics

S No	Content	Learning Objectives
1	NORMAL OBSTETRICS (content of first, second and third year included)	Resident will be able to
		· Describe basic anatomy, physiology of pregnancy and fetal embryology
		· Demonstrate the capabilities of taking care of
		antenatal intrapartum and postnatal patients
2	OBSTETRICS COMPLICATION	· Evaluate the patient in antenatal , intrapartum
	· Antenatal (content of first, second and third year included, pregnancy with placenta previa, Rh incompatibility)	and postpartum period according to risk
		category

	<ul style="list-style-type: none"> · Intrapartum (Fetal distress, instrumental delivery, still birth · Postnatal Care (Thromboprophylaxis, psychological disorder, DVT, problem, problems) 	<ul style="list-style-type: none"> · Manage the patient in antenatal , intrapartum and postpartum obstetrics complication · Interact with postnatal patients for breast feeding and neonatal care · Formulate the breast feeding plan of neonate
3	<p>MEDICAL COMPLICATIONS (content of first, second and third year included)</p> <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"> · Demonstrate understanding of physiological concepts in interpretation of clinical situations (cenario) and investigation
4	<p>OBSTETRICS PROCEDURES</p> <p>ECV/ IPV, breech delivery, shoulder dystocia, PPH exploration (vaginal and cervical tear repair, ballon tamponade, uterine artery ligation, B-lynch))</p>	<ul style="list-style-type: none"> · Perform obstetrics procedures as per directed and checklist

Fourth year Specific learning objective for Gynaecology

S No	Content	Learning Objectives
1.	PUBERTY AND MENSTRUAL DISORDERS · Menarche, primary and amenorrhea, Menopause, HRT) ·	Resident will be able to · Differentiate all types of developmental problems and menstrual irregularities · Demonstrate the capabilities of dealing with patients of puberty and its disorders Formulate management plan of patients with developmental disorder and menstrual problems
Z2	SUBFERTILITY AND CONTRACEPTION Primary and secondary subfertility (endometriosis) Treatment of subfertility, assisted reproduction	Formulate management plan of patients with developmental disorder and menstrual problems
3	PELVIC FLOOR DYSFUNCTION · Pelvic organ prolaps · Urinary incontinence UV fistula)	· Evaluate the basics anatomical defects and pathological events leading to different pelvic floor dysfunctions

		<ul style="list-style-type: none"> · describe different treatment options based on their clinical findings and detailed evaluation
4	GYNAECOLOGICAL TUMORS	<ul style="list-style-type: none"> · Establish the diagnosis of gynaecological tumor based on history examination and investigations
	<ul style="list-style-type: none"> · Malignant conditions of ovary, uterus, cervix, vulva and vagina 	<ul style="list-style-type: none"> · Defend the management plan of different pelvic tumor
5.	GYNAECOLOGICAL PROCEDURES	<ul style="list-style-type: none"> · Demonstrate Gynaecological procedures as per directed and checklist
	<ul style="list-style-type: none"> · IUI, ring pessary insertion, diagnostic dilatation and curettage, Mirena insertion, EUA/ Polypectomy, TAH / Laparotomy, Diagnostic laparoscopy Perineal repair, Marsuplization Vaginal hysterectomy, Hysteroscopic guided biopsy, hymenctomy Myomectomy, as assistant 	

2.7. Details of the curriculum of MS Obstetrics & Gynecology

On completion of the training programme, Obstetrics and Gynaecology trainees pursuing an academic pathway will be expected to have demonstrated competence in all aspects of the published syllabus. The specific training component would be targeted for establishing clearly defined standards of knowledge, skills and attitude required to practice Obstetrics and Gynaecology at secondary and tertiary care level with proficiency.

- Ø Describe embryology, applied anatomy, physiology, pathology, clinical features, diagnostic procedures and the therapeutics including preventive methods, (medical/surgical) pertaining to Obstetrics and Gynaecology.
- Ø Perform medical interview and physical examination in both obstetrical and gynecological patient.
- Ø Counsel about nutrition to patients from childhood through puberty, reproductive life, pre-pregnancy, preparation during pregnancy, lactation and post menopause including the role of Vitamin D.
- Ø Describe the physiological, physical and psychological change during pregnancy, labour and puerperium.
- Ø Describe the development of the fetus from conception to term.
- Ø Describe the needs of the mother during antenatal, intrapartum and post natal period and promote positive health in normal

and high risk cases.

- Ø Conduct normal labour and identify any major deviations from normal.
- Ø Provide care to the high-risk neonates, small for date & premature infants.
- Ø Counsel families about maternal and child health.
- Ø Differentiate causes of "acute abdomen" including conditions such as pelvic infection, ectopic pregnancy, adnexal torsion, appendicitis, diverticulitis, urinary calculi.
- Ø Demonstrate awareness of population health; recognize social and health policy aspects of women's health, ethical issues, sterilization, abortion, domestic violence, adolescent pregnancy, and assess to health care.
- Ø Demonstrate newer knowledge about gynaecological or obstetric diseases in general, including technological (laser) and pharmacologic advances (medicines) and newer method of therapy for certain conditions
- Ø Interpret different imaging reports in Obstetrics and Gynaecology. There should be collaboration with Radiology department for such activities
- Ø Provide Antenatal care including assessment, general and obstetrical examination, pelvic examination and counseling about nutrition, antenatal exercises, mother craft and preventive obstetrics
- Ø Manage normal labour
- Ø Onset, physiological changes & psychological aspects of labour
- Ø Mechanism, induction and augmentation of labour
- Ø Monitoring & use of partogram
- Ø Observation and clinical diagnosis of patient in different stages of labour.
- Ø Episiotomy care
- Ø Analgesics and anaesthesia in labour
- Ø Manage normal puerperium
- Ø Physiological changes during puerperium
- Ø Care during puerperium – mother, neonate and family
- Ø Physiology of lactation and establishment of lactation and breast feeding
- Ø Post-natal-care – post natal exercises, follow up care.
- Ø Customs and beliefs in relation to confinement and puerperium
- Ø Provide care to New Born

- Ø Resuscitation &, immediate care of new born.
- Ø Normal characteristics and care of the new born
- Ø Asphyxia neonatorum, respiratory distress
- Ø Jaundice in new born
- Ø Haemorrhagic diseases of the newborn
- Ø Convulsions in new born
- Ø Birth injuries, congenital anomalies, infection of the newborn, vomiting in new born.
- Ø Still birth – incidence, causes and prevention
- Ø Care of Low birth weight babies in labour room and nursery
- Ø Manage common ailments of pregnancy
- Ø Manage high risk pregnancy
- Ø Hyperemesis gravidarum
- Ø Hydramnios
- Ø Multiple pregnancy
- Ø Prelabour rupture of membrane and preterm labour
- Ø Intrauterine growth retardation
- Ø Post-date pregnancy
- Ø Abnormal Uterine Action
- Ø Medical conditions associated with pregnancy:
- Ø Anaemia in pregnancy
- Ø Heart disease in pregnancy
- Ø Pregnancy induced hypertension
- Ø Venous thromboembolism
- Ø Rh Incompatibility and amniocentesis
- Ø Diabetes in pregnancy
- Ø Pyelonephritis
- Ø Infections, sexually transmitted diseases in pregnancy
- Ø General surgery during pregnancy

- Ø Pregnancy with previous history of Caesarean section
- Ø Elderly primigravida
- Ø Grand multipara
- Ø Bad obstetric history
- Ø Contracted pelvis
- Ø Manage gynaecological conditions in pregnancy :
- Ø Ca cervix with pregnancy
- Ø Fibroid with pregnancy
- Ø Ovarian tumour in pregnancy
- Ø Retroverted gravid uterus
- Ø Genital prolapse in pregnancy
- Ø Manage complications in pregnancy
- Ø Bleeding in early pregnancy
- Ø Abortion, types, complication and management
- Ø Ectopic pregnancy
- Ø Trophoblastic tumours
- Ø Ante partum haemorrhage
- Ø Placenta praevia
- Ø Abruptio placenta
- Ø Hydatidiform mole
- Ø Pregnancy induced hypertension (Pre eclampsia and eclampsia)
- Ø Intrauterine death
- Ø Induction of labour – Medical, surgical, combined
- Ø Post maturity
- Ø Diagnose and manage Malposition, Malpresentation and Cord prolapse
- Ø Occipito-posterior position – causes, diagnosis, antenatal care, course of labour and management
- Ø Breech presentation – causes, diagnosis, types, antenatal care, course of labour and management
- Ø Face and brow presentation – causes diagnosis, antenatal care, course of labour, and management
- Ø Transverse lie, unstable lie

- Ø Compound presentations
- Ø Cord prolapse
- Ø Prolonged labour, obstructed labour, dystocia caused by foetal anomalies
- Ø Destructive operations
- Ø Diagnose and manage abnormalities of Puerperium
- Ø Puerperal pyrexia and puerperal sepsis
- Ø Puerperal venous thrombosis, thrombophlebitis, pulmonary embolism
- Ø Urinary complications in puerperium
- Ø Postpartum haemorrhage
- Ø Subinvolution, obstetric palsies
 - Ø Breast complications – Breast engorgement, breast abscess, acute mastitis cracked & retracted nipples, suppression of lactation
- Ø Psychiatric disturbances in puerperium
- Ø Diagnose and manage obstetrical emergencies
- Ø Uterine rupture, cervical tear, inversion of uterus, retained placenta
- Ø Perform operative obstetrics
- Ø Obstetrical hysterectomy
- Ø Dilatation and evacuation
- Ø Suction evacuation
- Ø Use of instruments – forceps, ventouse, Versions
- Ø Caesarean section
- Ø Describe pharmacotherapeutics
- Ø Oxytocics and prostaglandins used in obstetrics
- Ø Indications and contraindications and rationale of drugs in pregnancy
- Ø Demonstrate gynaecological history taking and examination
- Ø Diagnose and manage menstrual disorders
- Ø Amenorrhoeas
- Ø Cryptomenorrhoea, oligomenorrhoeas

- Ø Hypomenorrhoea, dysmenorrhoea
- Ø Metrorrhagia, menorhagia
- Ø Dysfunctional uterine bleeding
- Ø Menopause
- Ø Manage sign and symptoms of menopause
- Ø Prevention of osteoporosis

Hormonal replacement therapy (HRT)

- Ø Diagnose and manage common genital infection
- Ø Fungal infections – Vaginal discharges
- Ø Acute and chronic infections of genitalia
- Ø Pelvic inflammatory disease
- Ø Diagnose causes of and manage
- Ø Low back ache
- Ø Diagnose and manage endometriosis / adenomyosis
- Ø Gynecological oncology:
 - Ø Diagnose and manage tumors of the genital tract
 - Ø Proliferative lesions and benign tumors; uterine leiomyoma, cervical polyp, ovarian cyst and tumors to
 - Ø Malignant tumors – vulvar, vaginal, cervical, ovarian, endometrial and trophoblastic carcinomas
 - Ø Basics of radiotherapy and chemotherapy
 - Ø Diagnose and manage uterine displacements
 - Ø Uterovaginal prolapse
 - Ø Retroverted uterus
 - Ø Anteverted uterus
 - Ø Diagnose and Manage subfertility
 - Ø Primary and secondary subfertility
 - Ø Diagnose and manage gynecological emergencies
 - Ø Acute salpingo-oophoritis
 - Ø Twisted ovarian cyst, pedunculated fibroma of the uterus

- Ø Ectopic pregnancy
- Ø Perform and interpret results of special diagnostic
- Ø Pap smear
- Ø Ovulation tests, semen analysis
- Ø Hysterosalpingography
- Ø Culdoscopy, colposcopy, Laparoscopy
- Ø Biopsy –cervical and endometrial
- Ø 3 swab test
- Ø Perform gynecological procedures
- Ø D&C
- Ø Abdominal hysterectomy
- Ø Vaginal hysterectomy
- Ø Laparotomy
- Ø Provide Pre and post operative care of patients undergoing gynecological operations
- Ø Diagnose and manage patients with urinary complaints
- Ø Urogynaecology
- Ø Diagnose and manage patients with urinary complaints to Interpret the results of urodynamics

2.8. Methods of Teaching & Learning during course conduction

Assessment drives learning, all tools of formative assessment are a source of learning for the resident. Following methods are used for formative assessment

- A. 360-DEGREE EVALUATION INSTRUMENT-MULTI-SOURCE FEEDBACK (MSF):**
- B. Direct observation of practical skills (DOPS)**
- C. Mini CEX**
- D. OSATS**
- E. DOPS**
- F. NOTSS**
- G. Hand on workshops (4 mandatory by RMU, and 16 by Deptt of Obstetrics & Gynecology.**
- H. Monthly MCQ test**

For further details please consult Main log book

Learning through maintaining log books:

These are used to list the core clinical problems to be seen during the attachment and to document the student activity and learning achieved with each patient contact. **In addition to E portal, Main log book, long case log book, Rotation log book and Research log book are maintained by each resident.**

Learning through maintaining a portfolio:

Personal Reflection is one of the most important adult educational tools available. Many theorists have argued that without reflection, knowledge translation and thus genuine “deep” learning cannot occur. One of the Individual reflection tools maintaining portfolios, Personal Reflection allows students to take inventory of their current knowledge skills and attitudes, to integrate concepts from various experiences, to transform current ideas and experiences into new knowledge and actions and to complete the experiential learning cycle.

Inpatient Services:

All residents will have rotations in intensive care, coronary care, emergency Obstetrics & Gynecology, general Obstetrics & Gynecology, ambulatory experiences etc. The required knowledge and skills pertaining to the ambulatory based training in following areas shall be demonstrated; Inpatient Services:

All residents will have two monthly rotations in

- General antenatal wards
- Postnatal wards
- Daycare clinic
- High risk antenatal
- Pre-op Gynae ward
- Post-op Gynae
- High dependency unit
- Filter clinic
- Gynae Emergency
- Emergency OT
- Elective OT

- Post op Obs ward

Outpatient Experiences:

Residents should demonstrate expertise in diagnosis and management of patients in OPD

Emergency services: Our residents take an early and active role in patient care and obtain decision-making roles quickly. Within the Emergency Department, residents direct the initial stabilization of all critical patients, manage airway interventions, and oversee all critical care.

Electives/ Specialty Rotations:

Community Practice:

Residents experience the practice of Obstetrics & Gynecology in a non-academic, non-teaching hospital setting. The rotation may be used to try out a practice that the resident later joins, to learn the needs of referring physicians or to decide on a future career path.

Mandatory Workshops by RMU: Residents achieve hands-on training while participating in mandatory workshops of Research Methodology, Advanced Life Support, Communication Skills, Computer & Internet and Clinical Audit. Specific objectives are given in detail in the relevant section of Mandatory Workshops.

Mandatory Workshops: by OB/GYN Department:

Each year, 4 hands-on work shops are to be attended by each resident. For details please consult the Main log book.

Core Faculty Lectures (CFL):

The core faculty lecture's focus on monthly themes of the various Obstetrics & Gynecology topics. Lectures are still an efficient way of delivering information. Good lectures can introduce new material or synthesize concepts

students have through text-, web-, or field-based activities. **Buzz groups** can be incorporated into the lectures in order to promote more active learning.

Long and short case presentations:–

Giving an oral presentation on ward rounds is an important skill for medical student to learn. It is medical reporting which is terse and rapidly moving. After collecting the data, you must then be able both to document it in a written format and transmit it clearly to other health care providers. In order to do this successfully, you need to understand the patient's medical illnesses, the psychosocial contributions to their History of Presenting Illness and their physical diagnosis findings. You then need to compress them into a concise, organized recitation of the most essential facts. The listener needs to be given all of the relevant information without the extraneous details and should be able to construct his/her own differential diagnosis as the story unfolds. Consider yourself an advocate who is attempting to persuade an informed, interested judge the merits of your argument, without distorting any of the facts. An oral case presentation is NOT a simple recitation of your write-up. It is a concise, edited presentation of the most essential information. Basic structure for oral case presentations includes Identifying information/chief complaint (ID/CC) , History of present illness (HPI) including relevant ROS (Review of systems) questions only ,Other active medical problems , Medications/allergies/substance use (note: e. The complete ROS should not be presented in oral presentations , Brief social history (current situation and major issues only) . Physical examination (pertinent findings only) , One line summary & Assessment and plan

Seminar Presentation:

Seminar is held in a noon conference format. Upper level residents present an in-depth review of a medical topic as well as their own research. Residents are formally critiqued by both the associate program director and their resident colleagues.

Journal Club Meeting (JC):

A resident will be assigned to present, in depth, a research article or topic of his/her choice of actual or potential broad interest and/or application. Two hours per month should be allocated to discussion of any current articles or topics introduced by any participant. Faculty or outside researchers will be invited to present outlines or results of current research activities. The article should be critically evaluated and its applicable results should be highlighted, which can be incorporated in clinical practice. Record of all such articles should be maintained in the relevant department

Small Group Discussions/ Problem based learning/ Case based learning:

Traditionally small groups consist of 8- 12 participants. Small groups can take on a variety of different tasks, including problem solving, role play, discussion, brainstorming, debate, workshops and presentations. Generally students prefer small group learning to other instructional methods. From the study of a problem students develop principles and rules and generalize their applicability to a variety of situations PBL is said to develop problem solving skills and an integrated body of knowledge. It is a student-centered approach to learning, in which students determine what and how they learn. Case studies help learners identify problems and solutions, compare options and decide how to handle a real situation.

Case-based Discussion (CbD)

The CbD assesses the performance of a trainee in their management of a patient to provide an indication of competence in areas such as clinical reasoning, decision-making and

application of medical knowledge in relation to patient care. It also serves as a method to document conversations about, and presentations of, cases by trainees. The CbD should focus on a written record (such as written case notes, out-patient letter, and discharge summary). A typical encounter might be when presenting newly referred patients in the out-patient department.

Grand Rounds (GR):

The Department of Obstetrics & Gynecology hosts Grand Rounds on weekly basis. Speakers from local, regional and national Obstetrics & Gynecology training programs are invited to present topics from the broad spectrum of Obstetrics & Gynecology. All residents on inpatient floor teams, as well as those on ambulatory block rotations and electives are expected to attend.

Professionalism Curriculum (PC):

This is an organized series of recurring large and small group discussions focusing upon current issues and dilemmas in medical professionalism and ethics presented primarily by an associate program director. Lectures are usually presented in a noon conference format.

Evening Teaching Rounds:

During these sign-out rounds, the inpatient Chief Resident makes a brief educational presentation on a topic related to a patient currently on service, often related to the discussion from morning report. Serious cases are mainly focused during evening rounds.

Clinico-pathological Conferences:

The clinicopathological conference, popularly known as CPC primarily relies on case method of teaching Obstetrics & Gynecology. It is a teaching tool that illustrates the logical, measured consideration of a differential diagnosis used to evaluate patients. The process involves case presentation, diagnostic data, discussion of differential diagnosis, logically narrowing the list to few selected probable diagnoses and eventually reaching a final diagnosis and its brief discussion. The idea was first practiced in Boston, back in 1900 by a Harvard internist, Dr. Richard C. Cabot who practiced this as an informal discussion session in his private office. Dr. Cabot incepted this from a resident, who in turn had received the idea from a roommate, primarily a law student.

Clinical Audit based learning:

“Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria...Where indicated, changes are implemented...and further monitoring is used to confirm improvement in healthcare delivery.” Principles for Best Practice in Clinical Audit (2002, NICE/CHI)

Peer Assisted Learning:

Any situation where people learn from, or with, others of a similar level of training, background or other shared characteristic. Provides opportunities to reinforce and revise their learning. Encourages responsibility and increased self-confidence. Develops teaching and verbalization skills. Enhances communication skills, and empathy. Develops appraisal skills (of self and others) including the ability to give and receive appropriate feedback. Enhance organizational and team-working skills.

Morbidity and Mortality Conference (MM):

The M&M Conference is held occasionally at noon throughout the year. A case, with an adverse outcome, though not necessarily resulting in death, is discussed and thoroughly reviewed. Faculty members from various disciplines are invited to attend, especially if they were involved in the care of the patient. The discussion focuses on how care could have been improved.

Skill teaching in OPD, emergency, ward settings & Operation theater :

For details please consult competencies in section A & tools of formative assessment in Section B, of the Main log book.

Bedside teaching rounds in ward:

“To study the phenomenon of disease without books is to sail an uncharted sea whilst to study books without patients is not to go to sea at all” Sir William Osler (1849-1919). Bedside teaching is regularly included in the ward rounds. Learning activities include the physical exam, a discussion of particular medical diseases, psychosocial and ethical themes, and management issues

Directly Supervised Procedures - (DSP):

Residents learn procedures under the direct supervision of consultants or fellows during different rotations in labor room, operation theater, and OPD/IPD (ECV, PMEB with Pipelle) .

Self-directed learning:

self-directed learning residents have primary responsibility for planning, implementing, and evaluating their effort. It is an adult learning technique that assumes that the learner knows best what their educational needs are. The facilitator's role in self-directed learning is to support learners in identifying their needs and goals for the program, to contribute to clarifying the learners' directions and objectives and to provide timely feedback. Self-directed learning can be highly motivating, especially if the learner is focusing on problems of the immediate present, a potential positive outcome is anticipated and obtained and they are not threatened by taking responsibility for their own learning.

Follow up clinics:

There are four main categories of follow up clinics in Gynae and obstetrics.

A. Follow up of patients with gynecological malignancies: Patients with gynecological malignancies are commonly presented outdoors. Their detailed evaluation, management and decision making of these patients is a time taking process. These patients are kept in follow up preoperatively and postoperatively. The main purpose of pre operative follow up is to complete work up, investigations and to look for new signs and symptoms of disease. These patients are discussed among faculty members and treatment options are offered to the patient. Postoperatively these patients are in regular follow up with histopathology report and further referred for next step of management

B. Contraceptive counseling and follow up advice: We discuss with patients regarding contraception options and they are helped to choose a suitable method. These patients are called for regular follow up in daycare clinic

C. Follow up of high risk antenatal ward: Some of our patients who are in high risk antenatal categories and need periodic checkup are called on a regular basis if they live in the vicinity of the hospital. They are registered and their follow up visits are mentioned on it. The advice regarding their further management and treatment is taken from attending consultants.

D. Follow up of sub-fertility patients: Patients with subfertility need regular check up and follow up in a sub-fertility clinic. Residents under supervision of consultants will be rotated in these clinics to have understanding of such patients.

Core curriculum meeting:

It is conducted as part of the Dean's meeting and . All the core topics of Obstetrics & Gynecology thoroughly discussed during these sessions. The duration of each session is at least two hours once every 3 months. It is attended by all consultants and by the chief resident (elected by the residents of the relevant discipline) from all 4 units. All residents are given an opportunity to brainstorm all topics included in the course and to generate new ideas regarding the improvement of the course structure.

Annual Grand Meeting:

Once a year all residents enrolled for MS Obstetrics & Gynecology should be invited to the annual meeting at RMU. One full day will be allocated to this event. All the chief residents from affiliated institutes will present their annual reports. Issues and concerns related to their relevant courses will be discussed. Feedback should be collected and suggestions should be sought in order to involve residents in decision making. The research work done by residents and their literary work may be displayed. In the evening an informal gathering and dinner can be arranged. This will help in creating a sense of belonging and ownership among students and the faculty.

Task-based-learning:

A list of tasks is given to the students: participate in consultation with the attending staff, interview and examine patients, review a number of new radiographs with the radiologist.

Teaching in the ambulatory care setting:

A wide range of clinical conditions may be seen. There are large numbers of new and return patients. Students have the opportunity to experience a multi-professional approach to patient care. Unlike ward teaching, increased numbers of students can be accommodated without exhausting the limited No. of suitable patients.

Community Based Medical Education:

CBME refers to medical education that is based outside a tertiary or large secondary level hospital. Learning in the fields of epidemiology, preventive health, public health principles, community development, and the social impact of illness and understanding how patients interact with the health care system. Also used for learning basic clinical skills, especially communication skills.

Audio visual laboratory:

Audio visual material for teaching skills to the residents is used specifically in teaching hand on skills through workshops.

E-learning/web-based medical education/computer-assisted instruction:

Computer technologies, including the Internet, can support a wide range of learning activities from dissemination of lectures and materials, access to live or recorded presentations, real-time discussions, self-instruction modules and virtual patient simulations. distance-independence, flexible scheduling, the creation of reusable learning materials that are easily shared and updated, the ability to individualize instruction through adaptive instruction technologies and automated record keeping for assessment purposes.

Research based learning:

All residents in the categorical program are required to complete an academic outcomes-based research project during their training. This project can consist of original bench top laboratory research, clinical research or a combination of both. The research work shall be compiled in the form of a thesis which is to be submitted for evaluation by each resident before end of the training. The designated Faculty will organize and mentor the residents through the process, as well as journal clubs to teach critical appraisal of the literature.

2.9. Recommended Learning Resources

1. Obstetrics by Ten Teachers 20th edition
2. Gynaecology by Ten Teachers 20th edition
3. Current Diagnosis and Treatment Obstetrics & Gynaecology 12th edition
4. William's Obstetrics 26th edition
5. Shaw's Textbook of Gynaecology 18th edition
6. Shaw's Textbook of Operative Gynaecology 7th edition
7. Te Linde's Operative Gynecology 12 edition

SECTION – III: Research & Thesis writing

Adopted from the curriculum of MD medicine. For further details , please consult the Research elective log book and section 3 in the curriculum of MD medicine.

	1 st Year	2 nd Year	3 rd Year	4 th Year
1 st month	Research ID			
1 st 6 months	Synopsis topic assignment	Synopsis submission, evaluation and ERB approval	Data collection & analysis	Thesis approval
2 nd 6 months	Synopsis topic submission	Synopsis BASR approval	Thesis writing	Certificate of thesis approval to be given
End of year	One disease statistical review/One Research paper in RJRMC			

SECTION – IV :Research Curriculum & Mandatory

Workshops

Details of RESEARCH curriculum & Mandatory workshops.

Adopted from the curriculum of MD medicine. For further details , please consult the Research elective log book and section 111, in the curriculum of MD medicine.

SECTION – V: Assessment Plan for the course

5.1. BLOOM'S TAXONOMY

Various Levels of Cognition, Psychomotor & Attitude Domains

Levels of domain	Stand for	Detail
Cognitive domain –C (Knowledge)		
C1	Remembering	<ul style="list-style-type: none">• Ability to remember facts without necessarily understanding• Retrieving, recognizing, and recalling relevant knowledge from long-term memory
C2	Understanding	<ul style="list-style-type: none">• Ability to understand and interpret learned information• Constructing meaning from oral, written, and graphic messages through interpreting, exemplifying, classifying, summarizing, inferring, comparing, and explaining.
C3	Applying	<ul style="list-style-type: none">• Ability to use learned material in new situation• Carrying out or using a procedure for executing, or implementing.
C4	Analyzing	<ul style="list-style-type: none">• Ability to breakdown information into its components• Breaking material into constituent parts, determining how the parts relate to one another and to an overall structure or purpose through differentiating, organizing, and attributing.
C5	Evaluating	<ul style="list-style-type: none">• Ability to put parts together• Making judgments based on criteria and standards through checking and critiquing.

C6	Creating	<ul style="list-style-type: none">• Ability to combine elements into a pattern not clearly there before• Putting elements together to form a coherent or functional whole; reorganizing elements into a new pattern or structure through generating, planning, or producing.
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Psychomotor Domain –P (Skills)

P1	Imitation	<ul style="list-style-type: none"> ● Observing and patterning behavior after someone else. Performance may be of low quality. ● Observe other person behavior and copy it 	Example and Key Words (verbs)
			Examples: Copying a work of art. Performing a skill while observing a demonstrator. Key Words: copy, follow, mimic, repeat, replicate, reproduce, trace
P2	Manipulation	<ul style="list-style-type: none"> ● Being able to perform certain actions by memory or following instructions ● Ability to perform skills by following the instructions 	Example and Key Words (verbs)
			Examples: Being able to perform a skill on one's own after taking lessons or reading about it. Follows instructions to build a model. Key Words: act, build, execute, perform
P3	Precision	<ul style="list-style-type: none"> ● Refining, becoming more exact. Performing a skill within a high degree of precision ● Ability to perform skill with minimal errors and more precision 	Example and Key Words (verbs)
			Examples: Working and reworking something, so it will be “just right.” Perform a skill or task without assistance. Demonstrate a task to a beginner. Key Words: calibrate, demonstrate, master, perfectionism
P4	Articulation	<ul style="list-style-type: none"> ● Coordinating and adapting a series of actions to achieve harmony and internal consistency. ● Ability to solve and modify skills to fit new requirements 	Example and Key Words (verbs)
			Examples: Combining a series of skills to produce a video that involves music, drama, color, sound, etc. Combining a series of skills or activities to meet a novel requirement.

			Key Words: adapt, constructs, combine, creates, customize, modifies, formulate
P5	Naturalization	<ul style="list-style-type: none"> • Mastering a high level performance until it becomes second-nature or natural, without needing to think much about it. • Ability to perform the skills with perfection. (flawless & perfect) 	Example and Key Words (verbs)
			<p>Maneuvers a car into a tight parallel parking spot. Operates a computer quickly and accurately. Displays competence while playing the piano. Michael Jordan playing basketball or Nancy Lopez hitting a golf ball.</p> <p>Key Words: create, design, develop, invent, manage, naturally</p>
Attitude Domain –A (Professionalism)			
A1	Receiving	<ul style="list-style-type: none"> • Awareness, willingness to hear, selected attention.! • Involves being aware of and willing to freely attend to stimulus 	Example and Key Words (verbs)
			<p>Examples: Listen to others with respect. Listen for and remember the name of newly introduced people. Keywords: asks, chooses, describes, follows, gives, holds, identifies, locates, names, points to, selects, sits, erects, replies, uses.</p>
A2	Responding	<ul style="list-style-type: none"> • Active participation on the part of the learners. Attends and reacts to a particular phenomenon. Learning outcomes may emphasize compliance in responding, willingness to respond, or satisfaction in 	Example and Key Words (verbs)

		responding (motivation).	Examples: Participates in class discussions. Gives a presentation. Questions new ideals, concepts, models, etc. in order to fully understand them. Know the safety rules and practices them.
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			Keywords: answers, assists, aids, complies, conforms, discusses, greets, helps, labels, performs, practices, presents, reads, recites, reports, selects, tells, writes.
A3	Valuing	<ul style="list-style-type: none"> • The worth or value a person attaches to a particular object, phenomenon, or behavior. This ranges from simple acceptance to the more complex state of commitment. Valuing is based on the internalization of a set of specified values, while clues to these values are expressed in the learner's overt behavior and are often identifiable. • Refers to voluntarily giving worth to a object phenomenon or stimulus 	Example and Key Words (verbs) Examples: Demonstrates belief in the democratic process. Is sensitive towards individual and cultural differences (value diversity). Shows the ability to solve problems. Proposes a plan to social improvement and follows through with commitment. Informs management on matters that one feels strongly about. Keywords: completes, demonstrates, differentiates, explains, follows, forms, initiates, invites, joins, justifies, proposes, reads, reports, selects, shares, studies, works.
			Example and Key Words (verbs)
A4	Organization	<ul style="list-style-type: none"> • Organizes values into priorities by contrasting different values, resolving conflicts between them, and creating an unique 	Example and Key Words (verbs)

		<p>value system. The emphasis is on comparing, relating, and synthesizing values</p> <ul style="list-style-type: none">● Involves building and internally consistent value system	<p>Examples: Recognizes the need for balance between freedom and responsible behavior. Accepts responsibility for one's behavior. Explains the role of systematic planning in solving problems. Accepts professional ethical standards. Creates a life plan in harmony with abilities, interests, and beliefs. Prioritizes time</p>
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			effectively to meet the needs of the organization, family, and self. Keywords: adheres, alters, arranges, combines, compares, completes, defends, explains, formulates, generalizes, identifies, integrates, modifies, orders, organizes, prepares, relates, synthesizes.
A5	Characterization		Example and Key Words (verbs)
		<ul style="list-style-type: none"> ● Has a value system that controls their behavior. The behavior is pervasive, consistent, predictable, and most importantly, characteristic of the learner. Instructional objectives are concerned with the student's general patterns of adjustment (personal, social, emotional).! ● Involves building and internally consistent value system 	Examples: Shows self-reliance when working independently. Cooperates in group activities (displays teamwork). Uses an objective approach in problem solving. Displays a professional commitment to ethical practice on a daily basis. Revises judgments and changes behavior in light of new evidence. Values people for what they are, not how they look. Keywords: acts, discriminates, displays, influences, listens, modifies, performs, practices, proposes, qualifies, questions, revises, serves, solves, verifies.

References:

Bloom, B.S. (Ed.). Engelhart, M.D., Furst, E.J., Hill, W.H., Krathwohl, D.R. (1956). *Taxonomy of Educational Objectives, Handbook I : The Cognitive Domain*. New York: David McKay Co Inc.

Harvey, P. D. (2019). Domains of cognition and their assessment. *Dialogues in clinical neuroscience*, 21(3), 227.

5.2. Tools of formative assessment

Assessment drives learning, all tools of formative assessment are a source of learning for the resident. Following methods are used for formative assessment

A. 360-DEGREE EVALUATION INSTRUMENT-MULTI-SOURCE FEEDBACK (MSF):

B. Direct observation of practical skills (DOPS)

C. Mini CEX

D. OSATS

E. DOPS

F. NOTSS

G. Long Case LOG BOOK

H. E Log book

I. Rotation log book

J. Rotation log book

K. Research Elective log book

L. Main Log book

M. Hand on work shops

N. Monthly MCQ test

For further details please consult Main log book

5.3. Tools of Summative Assessment

- Written Examination : MCQ, SAQs
- Clinical Examination: OSCE, Long cases, Short cases
- Thesis evaluation

5.4. First Year, In-Training Assessment

Eligibility criteria for sitting in Exam

- One year training with specified rotations
- Submission of synopsis topic
- One disease statistical review/One Research paper in RJRMC
- Completion of workshops mandatory by RMU & by Deptt (**Details in Main log book**)
- Completion of all tasks of formative assessment (Mini-CEX, DOPS, NOTSS, OSATS, long case & short case presentations, etc) (**Details in Main log book**)

Marks Distribution

Total marks 200

Written paper: 40% (80 Marks)
 Clinical Assessment: 60% (120 Marks)

Written paper: (80 marks)

Time duration: 1 hour 30 minutes (max 2 hours)

Paper will comprise of 8 Short Answer Questions (SAQs)
 (10 marks each question)

Clinical Assessment: (120 marks)

Time duration: 2 hours

1. **OSCE:** Minimum 6 Stations are mandatory (10 marks for each item)

OSCE station time 10 minutes/ station, for assessment of 10 marks,

For 6 stations = time 60 mins)

2. **Short cases/long cases:** (Maximum 60 marks, Time 60 mins for 60 marks)

Discretion of each department to opt for short/ long cases or increase number of OSCE.

Note: Passing marks 60%

Written and clinical components have to be passed separately

Table of Specifications (Updated on 06-06-2023)

First Year Obstetrics (TOS)MS OB/GYN RMUR for 2023 Written Examination

Paper will comprise of 04 Short Answer Questions (SAQs) , (10 marks each question)

Section No & No. of SAQs	Obstetrics Paper I Topics/ Units	No of SAQ
<p align="center">Section: 1 SAQ :01</p>	<p>1. NORMAL OBSTETRICS</p> <p>Prenatal</p> <ul style="list-style-type: none"> ● Obstetric anatomy ● Perineum ● Embryology of fetal development ● Physiological changes in pregnancy ● Miscellaneous 	01
	<p>Antenatal</p> <ul style="list-style-type: none"> ● Objectives & schedule of antenatal care ● History taking and obstetrical examination ● Recommended visits ● Dietary advice ● Antenatal screening ● Minor symptoms of pregnancy ● CTG, BPP, DOPPLER, MRI, ● Miscellaneous 	
	<p>Intrapartum</p> <ul style="list-style-type: none"> • Diagnosis of labor • Physiology of labor • Fetal and pelvic dimension • Mechanism of labor • Management of labor • Fetal monitoring (CTG, BPP) • Ability to differentiate between normal and abnormal findings) • Miscellaneous 	

	<p>Postnatal Care</p> <ul style="list-style-type: none"> • Normal puerperium, breastfeeding • Miscellaneous <hr/> <p>Neonatology</p> <ul style="list-style-type: none"> • APGAR score neonatal resuscitation • Neonatal care, behavior of newborn • Immunization • Miscellaneous <hr/> <p>Breast feeding Breast feeding protocol</p> <ul style="list-style-type: none"> • Maternal and neonatal benefits of breastfeeding • Miscellaneous 	
<p>Section 2 SAQ :01</p>	<p>2. OBSTETRICS COMPLICATION</p> <p>Antenatal</p> <p>Subsection: A</p> <ul style="list-style-type: none"> • Prolong pregnancy • Induction of labor • PTL, PPROM, PROM • Miscellaneous <hr/> <p>Subsection: B</p> <ul style="list-style-type: none"> • Fetal abnormality • IUD • IUGR • Oligohydramnios / Polyhydramnios • Prenatal diagnosis • Miscellaneous <hr/> <p>Subsection: C</p> <ul style="list-style-type: none"> • APH • Twin and higher order gestation • Previous Cesarean scar • Perinatal infections • Miscellaneous <hr/> <p>Intrapartum</p>	<p>01</p>

	<ul style="list-style-type: none"> ● Abnormal labour e.g. Obstructed labor ● Malposition & Malpresentations ● Uterine rupture ● Fetal distress ● Third stage complications (medically managed) ● Miscellaneous <p>Postnatal</p> <ul style="list-style-type: none"> ● Puerperal pyrexia ● Psychiatric disorders ● DVT / Thromboprophylaxis ● Early neonatal problem ● Breast feeding problem and Miscellaneous 	
<p>Section: 3 SAQ :01</p>	<p>3. MEDICAL COMPLICATIONS</p> <ul style="list-style-type: none"> ● Early pregnancy disorders (hyperemesis, UTI, heart burn and constipation, fever and cramps, backache & lower abdominal pain) ● Hematological disorders, (anemia, thalassemia, thrombocytopenia, etc) <ul style="list-style-type: none"> ● Hypertensive disorder (PIH, preeclampsia, eclampsia) ● Cardiac disease in pregnancy ● Neurological disorders during pregnancy (Epilepsy, Stroke, Cavernous sinus thrombosis, SOL, meningitis) <ul style="list-style-type: none"> ● Endocrinological disorders in pregnancy ● Diabetes (Type-I, II and GDM) ● Thyroid disorders (hypo and hyperthyroidism) ● Others / Miscellaneous <ul style="list-style-type: none"> ● Liver disease and gastroenterology disorders (jaundice in pregnancy, cholestasis in pregnancy, AFLP) ● Respiratory diseases, Asthma, COPD, TB, Pulmonary edema <ul style="list-style-type: none"> ● Connective tissue disorders (APLS, SLE etc) ● Renal disorder, 	<p>01</p>

	<ul style="list-style-type: none"> ● Infections: STI, HIV, TB, COVID 	
<p>Section: 4 SAQ :01</p>	<p>4. OBSTETRICS PROCEDURES AND EMERGENCIES OBS PROCEDURES</p> <p>Antenatal Procedures:</p> <ul style="list-style-type: none"> ● Abdominal examination of normal & Abnormal pregnancy ● Prenatal diagnostic Procedures like CVS, Cordocentesis, ultrasound, Doppler scan, Amniocentesis ● Antenatal ECV ● Miscellaneous <p>Intrapartum & Post-natal procedures:</p> <ul style="list-style-type: none"> ● SVD, SVD with episiotomy and tears ● Instrumental delivery ● LSCS ● Peripartum hysterectomy ● Head stuck in breech delivery /LSCS ● Delivery of second retained twin /IPV ● Craniocentesis ● Miscellaneous <p>OBSTETRICS EMERGENCY</p> <ul style="list-style-type: none"> ● Maternal collapse and resuscitation: (Amniotic fluid embolism, hypovolemic shock due to APH/PPH, septic shock, cardiogenic shock etc) ● Shoulder dystocia, cord prolapse, ● Rupture of uterus / Repair of uterus ● PPH (Uterine exploration, Balloon tamponade, Uterine artery ligation, B-lynch, stepwise devascularization, hysterectomy, ● Acute Uterine inversion ● Blood transfusion reactions ● Miscellaneous 	<p>01</p>
Grand Total		04

First Year Gynae (TOS) MS OB/GYN RMUR for 2023 Written Examination

Paper will comprise of 04 Short Answer Questions (SAQs) , (10 marks each question)

Section No & No. of SAQs	Gynecology Paper 2 Topics/ Units	No of SAQs
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Section : 1 & Section: 2 SAQ 01	1. BASIC GYNAECOLOGICAL CONCEPTS <ul style="list-style-type: none"> Embryology of genital tract 	01
	<ul style="list-style-type: none"> Anatomy of pelvic and pelvic floor 	
	<ul style="list-style-type: none"> Physiology of normal menstrual cycle 	
	<ul style="list-style-type: none"> Sexual dysfunction, rape & sexual assault, and Female genital mutilation 	
	<ul style="list-style-type: none"> History taking, examination, investigations including USG, TVS CT, MRI, tumor markers 	
	<ul style="list-style-type: none"> Professionalism, Counseling, reflection, feedback, ethics and statistic Miscellaneous 	
	2. PUBERTY AND MENSTRUAL DISORDERS <ul style="list-style-type: none"> Puberty and adolescence including primary amenorrhea and other disorders 	
	<ul style="list-style-type: none"> Secondary amenorrhea / oligohypo menorrhea and hirsutism (PCOD, hyper prolactinoma, premature ovarian failure, hypothyroidism, Aschermann's Sheehan's) 	
	<ul style="list-style-type: none"> Menstrual disorders (HMB & Dysmenorrhea) 	
	<ul style="list-style-type: none"> Menopause, HRT) Miscellaneous 	
Section: 3 & Section: 4 SAQ = 01	3. EARLY PREGNANCY COMPLICATION <ul style="list-style-type: none"> Miscarriages 	01
	<ul style="list-style-type: none"> Ectopic 	
	<ul style="list-style-type: none"> GTD Miscellaneous 	

	<p>4. Genital Tract Infections</p> <ul style="list-style-type: none"> ● Upper And Lower Genital Tract Infection Including Pid & Chronic Pelvic Pain, & Non Stis Like Candidiasis , Bartholin Abscess <hr/> <ul style="list-style-type: none"> ● STDS (HIV, Syphilis, Genital Herpes, Genital Warts, Gonorrhea, Trichomoniasis, Chlamydia, Etc) ● Miscellaneous 	
<p>Section: 5</p> <p style="text-align: center;">&</p> <p>Section: 6</p> <p>SAQ = 01</p>	<p>5. SUBFERTILITY AND CONTRACEPTION</p> <ul style="list-style-type: none"> ● Primary and secondary subfertility, Including assisted reproductive techniques and male infertility <hr/> <ul style="list-style-type: none"> ● Endometriosis & Adenomyosis <hr/> <ul style="list-style-type: none"> ● Contraception ● Miscellaneous <hr/> <p>6. PELVIC FLOOR DYSFUNCTION</p> <ul style="list-style-type: none"> ● Pelvic organ prolapse <hr/> <ul style="list-style-type: none"> ● Miscellaneous 	01
<p>Section: 7</p> <p style="text-align: center;">&</p> <p>Section: 8</p>	<p>7. GYNAECOLOGICAL TUMORS (Benign)</p> <ul style="list-style-type: none"> ● Tub ovarian <hr/> <ul style="list-style-type: none"> ● Uterine <hr/> <ul style="list-style-type: none"> ● Cervical <hr/> <ul style="list-style-type: none"> ● Vulvovaginal 	

	<p>8. GYNAECOLOGICAL PROCEDURES</p> <ul style="list-style-type: none"> ● Pelvic examination & Pap Smear & HVS & vaginal discharge examination, Pipelle's biopsy ● Colposcopy ● ERPC, D&C, EUA, Polypectomy D&C ● MVA ● Suction evacuation ● Marsupialization ● Hymenectomy <hr/> <ul style="list-style-type: none"> ● Hysterosalpingography / sonohysterography ● IUI ● IUCD insertion and removal including PPIUCD & Mirena ● Subdermal implants like Implanon insertion and removal <hr/> <ul style="list-style-type: none"> ● Ring pessary insertion ● Sacro colpopexy /hysteropexy ● Other procedures for prolapse ● Procedures for uterine inversion ● Wound care and debridement ● Miscellaneous 	
Grand Total		04

First Year OSCE TOS

1. Total number of stations – 12 (**All stations are Interactive**)
2. Time allocation for each station – 10 minutes
3. Marks allocation for each station – 10 marks

Topic Wise Distribution of Obstetrics & Gynecology OSCE Stations

All stations are Interactive, Obs 06 stations, Gynae 06 stations

Station No, Topics & Station Description	Skill to be assessed	C	P	A
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<p>Station No: 01</p> <p>Topic: Counseling for prenatal, antenatal or postnatal complications</p> <p>Station Description: Patient Counseling</p> <p>For example:</p> <p>TOP or conservative management in missed abortion & Intrauterine death of fetus, or a malformed fetus, methods of induction & time of induction</p> <p>TOLAC , IOL (in PPRM due to infection, in Prolong pregnancy due to fetal risk, in medical complications during pregnancy, Peripartum Hysterectomy in PPH, Iron injections/ blood transfusion in anemia, Risks in Twin and higher order gestation, Fetomaternal outcome in Prenatal infections</p>	<p>In a given patient with clinical background:</p> <p>The candidate's ability to counsel the patient and the family about diagnosis, its implications, management options. and complications.</p> <p>The Candidate's ability to answer the questions of the patient and family skillfully, and evidence based.</p> <p>Candidate's ability to handle their concerns, and misconceptions sympathetically and patiently.</p>	C3	P3	A3
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<p>Station No: 02</p> <p>Topic: Antenatal examination and procedures.</p> <p>Station Description: GPE, Systemic examination & performing PA examination on pregnant patients, document and describe all findings.</p> <p>For Example: Pick up abnormalities like high BP, High BMI, Brisk patellar reflex, tachypnea, tachycardia, Edema, enlarged Thyroid, unsatisfactory oro dental hygiene, varicose veins, Larger or smaller for dates fetus, polyhydramnios, oligohydramnios, malpresentation, Scar tenderness, absent FHR, and document</p> <p>Procedures: Perform ECV, Amniocentesis, Amnicator test, HVS, extra amniotic induction with Foley's catheter Cervical cerclage application on simulator / model, Checking BSL .</p>	<p>In a given patient with clinical background:</p> <p>The candidates ability to perform antenatal fetomaternal examination, and procedures</p> <p>Pick up abnormalities like high BP, High BMI, Brisk patellar reflex, tachypnea, tachycardia, Edema, enlarged Thyroid, unsatisfactory oro dental hygiene, varicose veins, Larger or smaller for dates fetus, polyhydramnios, oligohydramnios, malpresentation, Scar tenderness, absent FHR, Abnormal lab reports and document</p>	C3	P3	A3
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<p>Station No: 03</p> <p>Topic: Intrapartum fetomaternal Monitoring</p> <p>Station Description: Checking of vitals & performing PA examination on pregnant patients. Document & describe all findings on Partogram</p> <p>AND/OR Perform PV examination on a simulator (or on Pelvis & fetal skull model) with preset examination findings regarding Cx length, dilatation, consistency, direction, Vx station and position</p> <p>Document all findings on Partogram & describe the findings.</p> <p>For Example: Calculate Bishop's score on the given simulator/model findings</p> <ul style="list-style-type: none"> Diagnose malpresentation Diagnose Breech presentation Diagnose Occipitoposterior position Partogram showing failure of progress by comparing current findings with findings documented 4 hours ago. 	<p>In a given patient with clinical background:</p> <p>The candidate's ability to perform focused GPE, PA examination and P/S & P/V examination</p> <p>The candidate's ability to perform HVSp properly label it and send with lab form</p> <p>The candidate's ability to check for ruptured membranes, cord prolapse</p> <p>The candidate's ability to detect malpresentations & malpositions of fetus</p> <p>The candidate's ability to properly document findings on partogram and describe</p>	C3	P3	A3
<p>Station No: 04</p> <p>Topic: CTG & USG</p> <p>Station Description: Perform CTG on an antenatal /intrapartum patient in latent phase, get the tracing and interpret it</p>	<p>In a given patient with clinical background:</p> <p>The candidate's ability to perform CTG, with correct position of patient, maintaining privacy and comfort of patient, applying both FHR and uterine pressure transducer correctly, and take out a tracing and labeling it with name, date, time and interpret it and</p>	C3	P3	A3
		C3	P3	A3

<p>Example: Perform CTG and interpret it and compare and contrast additional given CTG records provided to the candidate.</p> <p>Station Description: Perform USG on an antenatal patient, take measurements of fetal biometry, localize placenta and measure AFI. Write the report and describe the findings. get the tracing and interpret it</p> <p>Example: Perform USG and compare it with the given duration of pregnancy in clinical background. Pick up Placenta Previa, fetal death, fetal movements for BPP..</p>	<p>describe the findings.</p> <p>The candidate's ability to compare and contrast the new CTG with other templates of CTG provided by in exam.</p> <p>The candidate's ability to perform USG, with maintaining privacy and comfort of the patient, taking measurements of fetal biometry, localizing placenta and measuring AFI. Writing the report and describing the findings</p> <p>The candidate's ability to pick up the disparity of biometry with dates, abnormality of AFI, Malpresentations and abnormal location of placenta, fetal death, fetal gross abnormalities like anencephaly..</p>			
<p>Station No: 05 Topic: Vaginal Delivery Station Description: SVD, SVD with Epi, Instrumental delivery, Assisted breech delivery, Retained placenta on simulator.</p> <p>Example: Demonstration of steps of mechanism of delivery, Perform Episiotomy and stitch in proper layers, delivery of a retained placenta Forceps delivery, Vacuum delivery</p>	<p>In a given Scenario: The candidate's ability to perform SVD, SVD with Epi and instrumental deliveries.</p> <p>To assess the ability of the candidate to perform steps of instrumental delivery, assisted breech delivery, and removal of retained placenta. and answer the questions of examiner.</p>	<p>• C 3</p>	<p>P3</p>	<p>A3</p>

<p>Station No: 06</p> <p>Topic: Maternal Resuscitation and Neonatal resuscitation /skill on simulator/ dummy</p> <p>Station Description: ALSO procedures like BLS,</p> <p>Example: Maternal Resuscitation ,</p>	<p>In a given Scenario: The candidate's ability to perform emergency procedures like Basic Life Support To assess the ability of the candidate to perform steps of Neonatal resuscitation and answer the questions of the examiner.</p>	C3	P3	A3

<p>Station No: 07</p> <p>Topic: Examination of patients with abdominal mass.</p> <p>Station Description: Examination of patient with abdominal mass due to ovarian tumors or uterine tumors</p>	<p>In a given scenario: The candidate's ability to conduct focused GPE & Abdominal Examination to detect a mass ,it's associated characteristics like mobility, location, consistency, ascites, enlarged lymph nodes and answer the questions of examiner.</p>	C3	P3	A3
<p>Station No: 08</p> <p>Topic: Pelvic Examination Station Description: P/S, P/V, Pap smear, Pelvic examination of patient with cervical mass or uterovaginal prolapse on simulator.</p>	<p>In a given clinical scenario: The candidate's ability to perform an appropriate pelvic examination and pick up abnormal findings like cervical polyp, enlarged uterus, adnexal mass and and answer the questions of the examiner.</p>	C3	P3	A3

<p>Station No: 09</p> <p>Topic: Minor Gynecological Procedures, Procedure on simulator</p> <p>Station Description: Pipelle's biopsy, MVA, Vaginal Ring Pessary insertion, Administration of Inj Zoladex, D&C, ERCPC, HSG steps on simulator .</p>	<p>In a given scenario:</p> <p>The candidate's ability to perform the steps of the asked procedure. and answer the questions of the examiner.</p>	C3	P3	A3
<p>Station No: 10</p> <p>Topic: Contraception (Injections, Multiload, CuT, Mirena, Implanon),</p>	<p>In a given scenario:</p> <p>The candidate's ability to select and administer LARC on dummy/model/simulator</p>	C3	P3	A3
<p>Station No: 11</p> <p>Topic: ABD USG and pelvis in gynecological patient, TVS Enlarged uterus due to adenomyosis or fibroids, ovarian cyst, PCOD</p>	<p>In a given scenario:</p> <p>The candidate's ability to perform USG, correlate it's findings with the history and examination findings</p>	C3	P3	A3
<p>Station No: 12</p> <p>Topic: Sutures & Suturing techniques and Instruments, steps</p>	<p>In a given scenario:</p> <p>The ability of the candidate to perform steps of given operation on model, demonstrate</p>	C3	P3	A3

<p>of selected operation, e.g.ERPC, Ectopic Salpinoophorectomy, Marsupialization of Barthlin's cyst hysterectomy on model</p> <ul style="list-style-type: none">• MIS (Laparoscope, Hiysteroscope) and specific open surgery instruments,	<p>suturing techniques and selection of proper instruments and sutures for the given task.</p>			
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5.5. Mid Term Assessment, MTA

Eligibility criteria for sitting in Exam.

- Two year training with specified rotations
- Approval of synopsis
- Completion of workshops mandatory by RMU & by Deptt (**Details in Main log book**)
- Completion of all tasks of formative assessment (Mini-CEX, DOPS, NOTSS, OSATS, long case & short case presentations, etc) (**Details in Main log book**)

Marks Allocation: Total marks: 300 (Written/MCQs: 150, Clinical/OSCE: 150,)

- **Written/MCQs: 150marks**
 - Paper 1: 75 MCQ (75 marks)
 - Paper 2: 75 MCQ (75 marks)
- **Clinical/OSCE: 150marks**
 - OSCE: 15 Stations (150 marks), All interactive stations, Time Allocated: 5

mins/station

Table of Specifications (Updated on 06-06-2023)

MTA Obstetrics (TOS)

Table of Specification

Mid Term Assessment of MS OB/GYN RMUR for 2023 Written Examination

Section No & No. of MCQs	Obstetrics Paper I Topics/ Units	No of
Section: 1 MCQ:15	5. NORMAL OBSTETRICS Prenatal <ul style="list-style-type: none"> ● Obstetric anatomy ● Perineum ● Embryology of fetal development ● Physiological changes in pregnancy ● Miscellaneous 	(
	Antenatal <ul style="list-style-type: none"> ● Objectives & schedule of antenatal care ● History taking and obstetrical examination ● Recommended visits ● Dietary advice ● Antenatal screening ● Minor symptoms of pregnancy ● CTG, BPP, DOPPLER, MRI, ● Miscellaneous 	(
	Intrapartum <ul style="list-style-type: none"> • Diagnosis of labor • Physiology of labor • Fetal and pelvic dimension • Mechanism of labor • Management of labor 	(

	<ul style="list-style-type: none"> • Fetal monitoring (CTG, BPP) • Ability to differentiate between normal and abnormal findings) • Miscellaneous 	
	Postnatal Care <ul style="list-style-type: none"> • Normal puerperium, breastfeeding • Miscellaneous 	
	Neonatology <ul style="list-style-type: none"> • APGAR score neonatal resuscitation • Neonatal care, behavior of newborn • Immunization • Miscellaneous 	
	Breast feeding Breast feeding protocol <ul style="list-style-type: none"> • Maternal and neonatal benefits of breastfeeding • Miscellaneous 	
Section 2 MCQ: 20	6. OBSTETRICS COMPLICATION Antenatal Subsection: A <ul style="list-style-type: none"> • Prolong pregnancy • Induction of labor • PTL, PPROM, PROM • Miscellaneous 	
	Subsection: B <ul style="list-style-type: none"> • Fetal abnormality • IUD • IUGR • Oligohydramnios / Polyhydramnios • Prenatal diagnosis • Miscellaneous 	
	Subsection: C <ul style="list-style-type: none"> • APH 	

	<ul style="list-style-type: none"> • Twin and higher order gestation • Previous Cesarean scar • Perinatal infections • Miscellaneous 	
	<p>Intrapartum</p> <ul style="list-style-type: none"> • Abnormal labour e.g. Obstructed labor • Malposition & Malpresentations • Uterine rupture • Fetal distress • Third stage complications (medically managed) • Miscellaneous 	
	<p>Postnatal</p> <ul style="list-style-type: none"> • Puerperal pyrexia 	
	<ul style="list-style-type: none"> • Psychiatric disorders 	
	<ul style="list-style-type: none"> • DVT / Thromboprophylaxis 	
	<ul style="list-style-type: none"> • Early neonatal problem 	
	<ul style="list-style-type: none"> • Breast feeding problem and Miscellaneous 	
<p>Section: 3 MCQ: 25</p>	<p>7. MEDICAL COMPLICATIONS</p> <ul style="list-style-type: none"> • Early pregnancy disorders (hyperemesis, UTI, heart burn and constipation, fever and cramps, backache & lower abdominal pain) • Hematological disorders, (anemia, thalassemia, thrombocytopenia, etc) 	
	<ul style="list-style-type: none"> • Hypertensive disorder (PIH, preeclampsia, eclampsia) • Cardiac disease in pregnancy • Neurological disorders during pregnancy (Epilepsy, Stroke, Cavernous sinus thrombosis, SOL, meningitis) 	
	<ul style="list-style-type: none"> • Endocrinological disorders in pregnancy 	

	<ul style="list-style-type: none"> ● Diabetes(Type-I, II andGDM) ● Thyroid disorders (hypo and hyperthyroidism) ● Others / Miscellaneous 	
	<ul style="list-style-type: none"> ● Liver disease and gastroenterology disorders (jaundice in pregnancy, cholestasis in pregnancy, AFLP) ● Respiratory diseases, Asthma, COPD, TB, Pulmonary edema 	(
	<ul style="list-style-type: none"> ● Connective tissue disorders (APLS, SLEetc) ● Renal disorder, ● Infections: STI, HIV, TB, COVID 	(
	<ul style="list-style-type: none"> ● Drug abuse, medication in pregnancy ● Skin disorders in pregnancy ● Other / Miscellaneous medical disorders 	(
<p>Section: 4 MCQ: 15</p>	<p>8. OBSTETRICS PROCEDURES AND EMERGENCIES OBS PROCEDURES Antenatal Procedures:</p> <ul style="list-style-type: none"> ● Abdominal examination of normal & Abnormal pregnancy ● Prenatal diagnostic Procedures like CVS, Cordocentesis, ultrasound, Doppler scan, Amniocentesis ● Antenatal ECV ● Miscellaneous 	(
	<p>Intrapartum & Post-natal procedures:</p> <ul style="list-style-type: none"> ● SVD, SVD with episiotomy and tears ● Instrumental delivery ● LSCS ● Peripartum hysterectomy ● Head stuck in breech delivery /LSCS ● Delivery of second retained twin /IPV ● Craniocentesis ● Miscellaneous 	(
	<p>OBSTETRICS EMERGENCY</p> <ul style="list-style-type: none"> ● Maternal collapse and resuscitation: (Amniotic fluid embolism, hypovolemic shock due to APH/PPH, septic shock, cardiogenic shock etc) ● Shoulder dystocia, cord prolapse, ● Rupture of uterus / Repair of uterus 	(

	<ul style="list-style-type: none"> ● PPH (Uterine exploration, Balloon tamponade, Uterine artery ligation, B-lynch, stepwise devascularization, hysterectomy, ● Acute Uterine inversion ● Blood transfusion reactions ● Neonatal Resuscitation ● Miscellaneous 	
Grand Total		7

MTA Gynecology (TOS)

Table of Specification

Mid Term Assessment of MS OB/GYN RMUR for 2023 Written Examination

Section No & No. of MCQs	Gynecology Paper 2 Topics/ Units	No of MCQ
Section : 1 MCQ: 10	9. BASIC GYNAECOLOGICAL CONCEPTS <ul style="list-style-type: none"> ● Embryology of genital tract 	01
	<ul style="list-style-type: none"> ● Anatomy of pelvic and pelvic floor 	02
	<ul style="list-style-type: none"> ● Physiology of normal menstrual cycle 	02
	<ul style="list-style-type: none"> ● Sexual dysfunction, rape & sexual assault, and Female genital mutilation 	01
	<ul style="list-style-type: none"> ● History taking, examination, investigations including USG, TVS CT, MRI, tumor markers 	03
	<ul style="list-style-type: none"> ● Professionalism, Counseling, reflection, feedback, ethics and statistic ● Miscellaneous 	01
Section: 2 MCQ: 15	10. PUBERTY AND MENSTRUAL DISORDERS <ul style="list-style-type: none"> ● Puberty and adolescence including primary amenorrhea and other disorders 	03

	<ul style="list-style-type: none"> Secondary amenorrhea / oligohypo menorrhoea and hirsutism (PCOD, hyper prolactinoma, premature ovarian failure, hypothyroidism, Aschermann's Sheehan's) 	05
	<ul style="list-style-type: none"> Menstrual disorders (HMB & Dysmenorrhoea) 	05
	<ul style="list-style-type: none"> Menopause, HRT) Miscellaneous 	02
Section: 3 MCQ: 05	11. EARLY PREGNANCY COMPLICATION <ul style="list-style-type: none"> Miscarriages 	02
	<ul style="list-style-type: none"> Ectopic 	02
	<ul style="list-style-type: none"> GTD Miscellaneous 	01
Section: 4 MCQ: 08	12. Genital Tract Infections <ul style="list-style-type: none"> Upper And Lower Genital Tract Infection Including Pid & Chronic Pelvic Pain, & Non Stis Like Candidiasis , Bartholin Abscess 	05
	<ul style="list-style-type: none"> STDS (HIV, Syphilis, Genital Herpes, Genital Warts, Gonorrhoea, Trichomoniasis, Chlamydia, Etc) Miscellaneous 	03
Section: 5 MCQ: 08	13. SUBFERTILITY AND CONTRACEPTION <ul style="list-style-type: none"> Primary and secondary subfertility, Including assisted reproductive techniques and male infertility 	03
	<ul style="list-style-type: none"> Endometriosis & Adenomyosis 	02

	<ul style="list-style-type: none"> • Contraception • Miscellaneous 	03
Section: 6 MCQ: 03	14. PELVIC FLOOR DYSFUNCTION <ul style="list-style-type: none"> • Pelvic organ prolapse 	03
	<ul style="list-style-type: none"> • Miscellaneous 	
Section: 7 MCQ: 16	15. GYNAECOLOGICAL TUMORS (Benign) <ul style="list-style-type: none"> • Tub ovarian 	05
	<ul style="list-style-type: none"> • Uterine 	05
	<ul style="list-style-type: none"> • Cervical 	04
	<ul style="list-style-type: none"> • Vulvovaginal 	02
Section: 8 MCQ: 10	16. GYNAECOLOGICAL PROCEDURES <ul style="list-style-type: none"> • Pelvic examination & Pap Smear & HVS & vaginal discharge examination, Pipelle's biopsy • Colposcopy • ERPC, D&C, EUA, Polypectomy D&C • MVA • Suction evacuation • Marsupialization • Hymenectomy 	04
	<ul style="list-style-type: none"> • Hysterosalpingography / sonohysterography • IUI • IUCD insertion and removal including PPIUCD & Mirena • Subdermal implants like Implanon insertion and removal 	03

	<ul style="list-style-type: none"> • Ring pessary insertion • Sacro colpopexy /hysteropexy • Other procedures for prolapse • Procedures for uterine inversion • Wound care and debridement • Miscellaneous 	03
Grand Total		75

MTA OSCE TOS

4. Total number of stations – 15 (**All stations are Interactive**)
5. Time allocation for each station – 7 minutes
6. Marks allocation for each station – 10 marks

Topic Wise Distribution of Obstetrics & Gynecology OSCE Stations

All stations are Interactive

Station No, Topics & Station Description	Skill to be assessed	C	P	A
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<p>Station No: 1</p> <p>Topic: Counseling for prenatal, antenatal or postnatal complications</p> <p>Station Description: Patient Counseling</p> <p>For example:</p> <p>TOP or conservative management in missed abortion & Intrauterine death of fetus, or a malformed fetus, methods of induction & time of induction</p> <p>TOLAC , IOL (in PPRM due to infection, in Prolong pregnancy due to fetal risk, in medical complications during pregnancy, Peripartum Hysterectomy in PPH, Iron injections/ blood transfusion in anemia, Risks in Twin and higher order gestation, Fetomaternal outcome in Prenatal infections</p>	<p>In a given patient with clinical background:</p> <p>The candidate's ability to counsel the patient and the family about diagnosis, its implications, management options. and complications.</p> <p>The Candidate's ability to answer the questions of the patient and family skillfully, and evidence based.</p> <p>Candidate's ability to handle their concerns, and misconceptions sympathetically and patiently.</p>	C3	P3	A3
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<p>Station No: 2</p> <p>Topic: Antenatal examination and procedures.</p> <p>Station Description: GPE, Systemic examination & performing PA examination on pregnant patients, document and describe all findings.</p> <p>For Example: Pick up abnormalities like high BP, High BMI, Brisk patellar reflex, tachypnea, tachycardia, Edema, enlarged Thyroid, unsatisfactory oro dental hygiene, varicose veins, Larger or smaller for dates fetus, polyhydramnios, oligohydramnios, malpresentation, Scar tenderness, absent FHR, and document</p> <p>Procedures: Perform ECV, Amniocentesis, Amnicator test, HVS, extra amniotic induction with Foley’s catheter Cervical cerclage application on simulator / model, Checking BSL .</p>	<p>In a given patient with clinical background:</p> <p>The candidates ability to perform antenatal fetomaternal examination, and procedures</p> <p>Pick up abnormalities like high BP, High BMI, Brisk patellar reflex, tachypnea, tachycardia, Edema, enlarged Thyroid, unsatisfactory oro dental hygiene, varicose veins, Larger or smaller for dates fetus, polyhydramnios, oligohydramnios, malpresentation, Scar tenderness, absent FHR, Abnormal lab reports and document</p>	C3	P3	A3
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<p>Station No: 3</p> <p>Topic: Intrapartum fetomaternal Monitoring</p> <p>Station Description: Checking of vitals & performing PA examination on pregnant patients. Document & describe all findings on Partogram</p> <p>AND/OR</p> <p>Perform PV examination on a simulator (or on Pelvis & fetal skull model) with preset examination findings regarding Cx length, dilatation, consistency, direction, Vx station and position</p> <p>Document all findings on Partogram & describe the findings.</p> <p>For Example: Calculate Bishop's score on the given simulator/model findings</p> <ul style="list-style-type: none"> Diagnose malpresentation Diagnose Breech presentation Diagnose Occipitoposterior position Partogram showing failure of progress by comparing current findings with findings documented 4 hours ago. 	<p>In a given patient with clinical background:</p> <p>The candidate's ability to perform focused GPE, PA examination and P/S & P/V examination</p> <p>The candidate's ability to perform HVS properly label it and send with lab form</p> <p>The candidate's ability to check for ruptured membranes, cord prolapse</p> <p>The candidate's ability to detect malpresentations & malpositions of fetus</p> <p>The candidate's ability to properly document findings on partogram and describe</p>	C3	P3	A3
<p>Station No: 4</p>	<p>In a given patient with clinical background:</p> <p>The candidate's ability to perform CTG, with correct position of patient, maintaining privacy and comfort of patient, applying both</p>	C3	P3	A3

<p>Topic: CTG</p> <p>Station Description: Perform CTG on an antenatal /intrapartum patient in latent phase, get the tracing and interpret it</p> <p>Example: Perform CTG and interpret it and compare and contrast additional given CTG records provided to the candidate.</p>	<p>FHR and uterine pressure transducer correctly, and take out a tracing and labeling it with name, date, time and interpret it and describe the findings.</p> <p>The candidate's ability to compare and contrast the new CTG with other templates of CTG provided by in exam.</p>			
<p>Station No: 5</p> <p>Topic: USG</p> <p>Station Description: Perform USG on an antenatal patient, take measurements of fetal biometry, localize placenta and measure AFI. Write the report and describe the findings. get the tracing and interpret it</p> <p>Example: Perform USG and compare it with the given duration of pregnancy in clinical background. Pick up Placenta Previa, fetal death, fetal movements for BPP..</p>	<p>n a given patient with clinical background:</p> <p>The candidate's ability to perform USG, with maintaining privacy and comfort of the patient, taking measurements of fetal biometry, localizing placenta and measuring AFI. Writing the report and describing the findings</p> <p>The candidate's ability to pick up the disparity of biometry with dates, abnormality of AFI, Malpresentations and abnormal location of placenta, fetal death, fetal gross abnormalities like anencephaly..</p>	C3	P3	A3
<p>Station No: 6</p> <p>Topic: Vaginal Delivery</p>	<p>In a given Scenario:</p>	<p>• C 3</p>	P3	A3

<p>Station Description: SVD, SVD with Epi, Instrumental delivery, Assisted breech delivery, Retained placenta on simulator.</p> <p>Example: Demonstration of steps of mechanism of delivery, Perform Episiotomy and stitch in proper layers, delivery of a retained placenta Forceps delivery, Vacuum delivery</p>	<p>The candidate's ability to perform SVD, SVD with Epi and instrumental deliveries.</p>			
<p>Station No: 7</p> <p>Topic: Emergency Obstetrics procedures</p> <p>Station Description: ALSO procedures like BLS, Shoulder dystocia, Balloon tamponade for PPH, B Lynch suture</p> <p>Example: Maternal Resuscitation , Shoulder dystocia, Balloon tamponade for PPH, B Lynch suture.</p>	<p>In a given Scenario: The candidate's ability to perform emergency procedures like Basic Life Support, shoulder dystocia, Balloon tamponade for PPH. B Lynch suture and answer the questions of examiner.</p>	C3	P3	A3

<p>Station No: 8</p> <p>Topic: Neonatal resuscitation /skill on simulator/ dummy</p> <p>Station Description:</p>	<p>In a given Scenario:</p> <p>To assess the ability of the candidate to perform steps of Neonatal resuscitation and answer the questions of the examiner.</p>	C3	P3	A3
<p>Station No: 9</p> <p>Topic: GPE and PA examination of patients with abdominal mass.</p> <p>Station Description: Examination of patient with abdominal mass due to ovarian tumors or uterine tumors</p>	<p>In a given scenario:</p> <p>The candidate's ability to conduct focused GPE & Abdominal Examination to detect a mass ,it's associated characteristics like mobility, location, consistency, ascites, enlarged lymph nodes and answer the questions of examiner.</p>	C3	P3	A3

<p>Station No: 10</p> <p>Topic: Pelvic Examination Station Description: P/S, P/V, Pap smear, Pelvic examination of patient with cervical mass or uterovaginal prolapse on simulator.</p>	<p>In a given clinical scenario: The candidate's ability to perform an appropriate pelvic examination and pick up abnormal findings like cervical polyp, enlarged uterus, adnexal mass and and answer the questions of the examiner.</p>	C3	P3	A3
<p>Station No: 11</p> <p>Topic: Minor Gynecological Procedures, Procedure on simulator Station Description: Pipelle's biopsy, MVA, Vaginal Ring Pessary insertion, Administration of Inj Zoladex, D&C, ERCPC, HSG steps on simulator .</p>	<p>In a given scenario: The candidate's ability to perform the steps of the asked procedure. and answer the questions of the examiner.</p>	C3	P3	A3
<p>Station No: 12</p> <p>Topic: Counseling</p>	<p>In a given patient with clinical background:</p>	C3	P3	A3

<p>Station Description: Counseling for Transcervical IUCD insertion. Myomectomy, hysterectomy, laproscopy</p>	<p>The candidate's ability to counsel the patient and the family about diagnosis, its implications, management options. and complications.</p> <p>Candidate's ability to answer the questions of the patient and family skillfully, and evidence based.</p> <p>Candidate's ability to handle their concerns, and misconceptions sympathetically and patiently.</p>			
<p>Station No: 13</p> <p>Topic: Contraception (Injections, Multiload, CuT, Mirena, Implanon),</p>	<p>In a given scenario: The candidate's ability to select and administer LARC on dummy/model/simulator</p>	C3	P3	A3
<p>Station No: 14</p> <p>Topic: ABD USG and pelvis in gynecological patient, TVS Enlarged uterus due to adenomyosis or fibroids, ovarian cyst, PCOD</p>	<p>In a given scenario: The candidate's ability to perform USG, correlate it's findings with the history and examination findings</p>	C3	P3	A3

<p>Station No: 15</p> <p>Topic: Sutures & Suturing techniques and Instruments, steps of selected operation, e.g. hysterectomy on model</p> <ul style="list-style-type: none"> • MIS (Laparoscope, Hysteroscope) and specific open surgery instruments, 	<p>In a given scenario:</p> <p>The ability of the candidate to perform steps of given operation on model, demonstrate suturing techniques and selection of proper instruments and sutures for the given task.</p>	C3	P3	A3
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5.6. Third Year _In-Training Assessment

Eligibility criteria for sitting in Exam.

- Three years training with specified rotations
- After synopsis approval, did data collection & analysis and started thesis writing,

- Completion of workshops mandatory by RMU & by Deptt (**Details in Main log book**)
- Completion of all tasks of formative assessment (Mini-CEX, DOPS, NOTSS, OSATS, long case & short case presentations, etc) (**Details in Main log book**)

Marks Distribution

Total marks 200
<p>Written paper: 40% (80 Marks)</p> <p>Clinical Assessment: 60% (120 Marks)</p>
<p>Written paper: (80 marks)</p> <p>Time duration: 1 hour 30 minutes (max 2 hours)</p> <p>Paper will comprise of 8 Short Answer Questions, Obs 04, Gynae 04 (10 marks each question, 10 to 15 min/question)</p>
<p>Clinical Assessment: Marks =120 , Time duration: 3 hours</p>

OSCE= 60 Marks, Long Case Obs 30 Marks, Long Case Gynae
30 Marks.

1. **OSCE: Total:06 Stations**, 10 Marks/station, 10 minutes / station

For 06 stations = time 60 mins

2. **Long Csea Obs: 30 marks** (History **05** marks, Examination **05** marks, Investigations **05** marks, Differential Diagnosis & provisional diagnosis **05** marks, Management **05** marks, Complication, follow up & recent advances **05** marks) , Time: 01 hour

3. **Long Case Gynae: 30 marks**, (History **05** marks, Examination **05** marks, Investigations **05** marks, Differential Diagnosis & provisional diagnosis **05** marks, Management **05** marks, Complication, follow up & recent advances **05** marks) , Time: 01 hour

2. Short cases/long cases: (Maximum 60 marks, Time 60 mins for 60 marks)

Discretion of each department to opt for short/ long cases or increase number of OSCE.

Note: Passing marks 60%

Third Year Obstetrics (TOS) MS, OB/GYN, RMUR for 2023 ,Written Examination

Paper will comprise of 04 Short Answer Questions (SAQs) , (10 marks each question)

Section No & No. of SAQs	Obstetrics Paper I Topics/ Units	No of SAQ
Section: 1 SAQ :01	<p>9. NORMAL OBSTETRICS</p> <p>Prenatal</p> <ul style="list-style-type: none">● Obstetric anatomy● Perineum● Embryology of fetal development● Physiological changes in pregnancy● Miscellaneous <p>Antenatal</p> <ul style="list-style-type: none">● Objectives & schedule of antenatal care● History taking and obstetrical examination● Recommended visits● Dietary advice● Antenatal screening● Minor symptoms of pregnancy● CTG, BPP, DOPPLER, MRI,● Miscellaneous <p>Intrapartum</p> <ul style="list-style-type: none">• Diagnosis of labor• Physiology of labor• Fetal and pelvic dimension• Mechanism of labor	01

	<ul style="list-style-type: none"> • Management of labor • Fetal monitoring (CTG, BPP) • Ability to differentiate between normal and abnormal findings) • Miscellaneous <hr/> <p>Postnatal Care</p> <ul style="list-style-type: none"> • Normal puerperium, breastfeeding • Miscellaneous <hr/> <p>Neonatology</p> <ul style="list-style-type: none"> ● APGAR score neonatal resuscitation ● Neonatal care, behavior of newborn ● Immunization ● Miscellaneous <hr/> <p>Breast feeding Breast feeding protocol</p> <ul style="list-style-type: none"> ● Maternal and neonatal benefits of breastfeeding ● Miscellaneous 	
<p>Section 2 SAQ :01</p>	<p>10. OBSTETRICS COMPLICATION</p> <p>Antenatal</p> <p>Subsection: A</p> <ul style="list-style-type: none"> ● Prolong pregnancy ● Induction of labor ● PTL, PPROM, PROM ● Miscellaneous <hr/> <p>Subsection: B</p> <ul style="list-style-type: none"> ● Fetal abnormality ● IUD ● IUGR ● Oligohydramnios / Polyhydramnios ● Prenatal diagnosis ● Miscellaneous 	<p>01</p>

	<p>Subsection: C</p> <ul style="list-style-type: none"> ● APH ● Twin and higher order gestation ● Previous Cesarean scar ● Perinatal infections ● Miscellaneous <hr/> <p>Intrapartum</p> <ul style="list-style-type: none"> ● Abnormal labour.e.g. Obstructed labor ● Malposition & Malpresentations ● Uterine rupture ● Fetal distress ● Third stage complications (medically managed) ● Miscellaneous <hr/> <p>Postnatal</p> <ul style="list-style-type: none"> ● Puerperal pyrexia <hr/> <ul style="list-style-type: none"> ● Psychiatric disorders <hr/> <ul style="list-style-type: none"> ● DVT / Thromboprophylaxis <hr/> <ul style="list-style-type: none"> ● Early neonatal problem <hr/> <ul style="list-style-type: none"> ● Breast feeding problem and Miscellaneous 	
<p>Section: 3 SAQ :01</p>	<p>11. MEDICAL COMPLICATIONS</p> <ul style="list-style-type: none"> ● Early pregnancy disorders (hyperemesis, UTI, heart burn and constipation, fever and cramps, backache & lower abdominal pain) ● Hematological disorders, (anemia, thalassemia, thrombocytopenia, etc) <hr/> <ul style="list-style-type: none"> ● Hypertensive disorder (PIH, preeclampsia, eclampsia) ● Cardiac disease in pregnancy ● Neurological disorders during pregnancy (Epilepsy, Stroke, Cavernous sinuous thrombosis, SOL, meningitis) 	<p>01</p>

	<ul style="list-style-type: none"> ● Endocrinological disorders in pregnancy ● Diabetes(Type-I, II andGDM) ● Thyroid disorders (hypo and hyperthyroidism) ● Others / Miscellaneous <hr/> <ul style="list-style-type: none"> ● Liver disease and gastroenterology disorders (jaundice in pregnancy, cholestasis in pregnancy, AFLP) ● Respiratory diseases, Asthma, COPD, TB, Pulmonary edema <hr/> <ul style="list-style-type: none"> ● Connective tissue disorders (APLS, SLEetc) ● Renal disorder, ● Infections: STI, HIV, TB, COVID <hr/> <ul style="list-style-type: none"> ● Drug abuse, medication in pregnancy ● Skin disorders in pregnancy ● Other / Miscellaneous medical disorders 	
<p>Section: 4 SAQ :01</p>	<p>12. OBSTETRICS PROCEDURES AND EMERGENCIES OBS PROCEDURES</p> <p>Antenatal Procedures:</p> <ul style="list-style-type: none"> ● Abdominal examination of normal & Abnormal pregnancy ● Prenatal diagnostic Procedures like CVS, Cordocentesis, ultrasound, Doppler scan, Amniocentesis ● Antenatal ECV ● Miscellaneous <hr/> <p>Intrapartum & Post-natal procedures:</p> <ul style="list-style-type: none"> ● SVD, SVD with episiotomy and tears ● Instrumental delivery ● LSCS ● Peripartum hysterectomy ● Head stuck in breech delivery /LSCS ● Delivery of second retained twin /IPV ● Craniocentesis ● Miscellaneous 	

	OBSTETRICS EMERGENCY <ul style="list-style-type: none"> ● Maternal collapse and resuscitation: (Amniotic fluid embolism, hypovolemic shock due to APH/PPH, septic shock, cardiogenic shock etc) ● Shoulder dystocia, cord prolapse, ● Rupture of uterus / Repair of uterus ● PPH (Uterine exploration, Balloon tamponade, Uterine artery ligation, B-lynch, stepwise devascularization, hysterectomy, ● Acute Uterine inversion ● Blood transfusion reactions ● Miscellaneous 	
Grand Total		04

Third Year Gynae (TOS) MS OB/GYN RMUR, for 2023 Written Examination		
Paper will comprise of 04 Short Answer Questions (SAQs) , (10 marks each question)		
Section No & No. of SAQs	Gynecology Paper 2 Topics/ Units	No of SAQs
Section : 1 & Section: 2	17. BASIC GYNAECOLOGICAL CONCEPTS <ul style="list-style-type: none"> ● Embryology of genital tract 	01

SAQ 01	<ul style="list-style-type: none"> • Anatomy of pelvic and pelvic floor 	
	<ul style="list-style-type: none"> • Physiology of normal menstrual cycle 	
	<ul style="list-style-type: none"> • Sexual dysfunction, rape & sexual assault, and Female genital mutilation 	
	<ul style="list-style-type: none"> • History taking, examination, investigations including USG, TVS CT, MRI, tumor markers 	
	<ul style="list-style-type: none"> • Professionalism, Counseling, reflection, feedback, ethics and statistic • Miscellaneous 	
	<p>18. PUBERTY AND MENSTRUAL DISORDERS</p> <ul style="list-style-type: none"> • Puberty and adolescence including primary amenorrhea and other disorders 	
	<ul style="list-style-type: none"> • Secondary amenorrhea / oligohypo menorrhea and hirsutism (PCOD, hyper prolactinoma, premature ovarian failure, hypothyroidism, Aschermann’s Sheehan’s) 	
	<ul style="list-style-type: none"> • Menstrual disorders (HMB & Dysmenorrhea) 	
	<ul style="list-style-type: none"> • Menopause, HRT) • Miscellaneous 	
Section: 3 & Section: 4 SAQ = 01	<p>19. EARLY PREGNANCY COMPLICATION</p> <ul style="list-style-type: none"> • Miscarriages 	01
	<ul style="list-style-type: none"> • Ectopic 	
	<ul style="list-style-type: none"> • GTD • Miscellaneous 	

	<p>20. Genital Tract Infections</p> <ul style="list-style-type: none"> ● Upper And Lower Genital Tract Infection Including Pid & Chronic Pelvic Pain, & Non Stis Like Candidiasis , Bartholin Abscess 	
<p>Section: 5</p> <p>&</p> <p>Section: 6</p> <p>SAQ = 01</p>	<p>21. SUBFERTILITY AND CONTRACEPTION</p> <ul style="list-style-type: none"> ● Primary and secondary subfertility, Including assisted reproductive techniques and male infertility <hr/> <ul style="list-style-type: none"> ● Endometriosis & Adenomyosis <hr/> <ul style="list-style-type: none"> ● Contraception ● Miscellaneous <hr/> <p>22. PELVIC FLOOR DYSFUNCTION</p> <ul style="list-style-type: none"> ● Pelvic organ prolapse <hr/> <ul style="list-style-type: none"> ● Miscellaneous 	<p>01</p>
<p>Section: 7</p> <p>&</p> <p>Section: 8</p> <p>SAQs = 01</p>	<p>23. GYNAECOLOGICAL TUMORS (Benign)</p> <ul style="list-style-type: none"> ● Tub ovarian <hr/> <ul style="list-style-type: none"> ● Uterine 	<p>01</p>

	<ul style="list-style-type: none"> ● Cervical 	
	<ul style="list-style-type: none"> ● Vulvovaginal 	
	<p>24. GYNAECOLOGICAL PROCEDURES</p> <ul style="list-style-type: none"> ● Pelvic examination & Pap Smear & HVS & vaginal discharge examination, Pipelle’s biopsy ● Colposcopy ● ERPC, D&C, EUA, Polypectomy D&C ● MVA ● Suction evacuation ● Marsupialization ● Hymenectomy <ul style="list-style-type: none"> ● Hysterosalpingography / sonohysterography ● IUI ● IUCD insertion and removal including PPIUCD & Mirena ● Subdermal implants like Implanon insertion and removal <ul style="list-style-type: none"> ● Ring pessary insertion ● Sacro colpopexy /hysteropexy ● Other procedures for prolapse ● Procedures for uterine inversion ● Wound care and debridement ● Miscellaneous 	
Grand Total		04

Third Year OSCE TOS

7. Total number of stations – 08 (**All stations are Interactive**)
8. Time allocation for each station – 10 minutes
9. Marks allocation for each station – 10 marks

Topic Wise Distribution of Obstetrics & Gynecology OSCE Stations

All stations are Interactive, Obs 06 stations, Gynae 06 stations

Station No, Topics & Station Description	Skill to be assessed	C	P	A
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<p>Station No: 01</p> <p>Topics:</p> <ul style="list-style-type: none"> • CTG • USG of antenatal/ postpartum patient <p>Station Description: Perform CTG on an antenatal /intrapartum patient in latent phase, get the tracing and interpret it Perform USG on an antenatal patient, take measurements of fetal biometry, localize placenta and measure AFI. Write the report and describe the findings. get the tracing and interpret it</p> <p>Example: Perform USG and compare it with the given duration of pregnancy in clinical background. Pick up Placenta Previa, fetal death, fetal movements for BPP..</p> <p>Example: Perform CTG and interpret it and compare and contrast additional given CTG records provided to the candidate.</p>	<p>In a given patient with clinical background:</p> <p>The candidate's ability to perform CTG, with correct position of patient, maintaining privacy and comfort of patient, applying both FHR and uterine pressure transducer correctly, and take out a tracing and labeling it with name, date, time and interpret it and describe the findings.</p> <p>The candidate's ability to compare and contrast the new CTG with other templates of CTG provided by in exam.</p> <p>The candidate's ability to perform USG, with maintaining privacy and comfort of the patient, taking measurements of fetal biometry, localizing placenta and measuring AFI. Writing the report and describing the findings</p> <p>The candidate's ability to pick up the disparity of biometry with dates, abnormality of AFI, Malpresentations and abnormal location of placenta, fetal death, fetal gross abnormalities like anencephaly..</p>	C3	P3	A3
		C3	P3	A3
		C3	P3	A3
		•	P3	A3

<p>Station No: 02</p> <p>Topic: Vaginal Delivery & Antenatal procedures</p> <p>Station Description: SVD, SVD with Epi, Instrumental delivery, Assisted breech delivery, Retained placenta on simulator.</p> <p>Perform ECV, Amniocentesis, Amnicator test, HVS, extra amniotic induction with Foley’s catheter Cervical cerclage application on simulator / model, Checking BSL .</p> <p>Example: Demonstration of steps of mechanism of delivery, Perform Episiotomy and stitch in proper layers, delivery of a retained placenta Forceps delivery, Vacuum delivery</p>	<p>In a given Scenario:</p> <p>The candidate's ability to perform SVD, SVD with Epi and instrumental deliveries.</p>	<p>C 3</p>		
	<p>To assess the ability of the candidate to perform steps of instrumental delivery, assisted breech delivery, and removal of retained placenta, antenatal procedures. and answer the questions of the examiner.</p>			

<p>Station No: 03</p> <p>Topic: Maternal & Neonatal resuscitation /skill on simulator/dummy</p> <p>Station</p> <p>Station Description: ALSO procedures like BLS, Shoulder dystocia, Balloon tamponade for PPH, B Lynch suture</p> <p>Example: Maternal Resuscitation , Shoulder dystocia, Balloon tamponade for PPH, B Lynch suture.</p>	<p>In a given Scenario:</p> <p>The candidate's ability to perform emergency procedures like Basic Life Support, shoulder dystocia, Balloon tamponade for PPH. B Lynch suture and answer the questions of examiner.</p> <p>To assess the ability of the candidate to perform steps of Neonatal resuscitation and answer the questions of the examiner.</p>	C3	P3	A3

<p>Station No: 04</p> <p>Topic: Minor Gynecological Procedures, Procedure on simulator</p> <p>Station Description: Pipelle’s biopsy, MVA, Vaginal Ring Pessary insertion, Administration of Inj Zoladex, D&C, ERCPC, HSG steps on simulator .</p>	<p>In a given scenario:</p> <p>The candidate’s ability to perform the steps of the asked procedure. and answer the questions of the examiner.</p>	C3	P3	A3
<p>Station No: 05</p> <p>Topic: Contraception / Counseling</p> <p>Station Description: (Injections, Multiload, CuT, Mirena, Implanon), Counseling for Trancesarean IUCD insertion. Myomectomy, hysterectomy, laproscopy</p>	<p>In a given patient with clinical background:</p> <p>The candidate’s ability to select and administer LARC on dummy/model/simulator</p> <p>The candidate's ability to counsel the patient and the family about diagnosis, its implications, management options. and complications.</p> <p>Candidate’s ability to answer the questions of the patient and family skillfully, and evidence based.</p>	C3	P3	A3

	Candidate's ability to handle their concerns, and misconceptions sympathetically and patiently.			
Station No: 06 Topic: <ul style="list-style-type: none"> ● Abdominal USG and pelvis USG in gynecological patient, ● Trans Vaginal Ultrasound ● Colposcopy Enlarged uterus due to adenomyosis or fibroids, ovarian cyst, PCOD, Cervical lesions.	In a given scenario: The candidate's ability to perform USG, correlate it's findings with the history and examination findings	C3	P3	A3

Long Cases: Obs & Gynae

Long Csea Obs: 30 marks (History **05** marks, Examination **05** marks, Investigations **05** marks, Differential Diagnosis & provisional diagnosis **05** marks, Management **05** marks, Complication, follow up & recent advances **05** marks) ,
 Time: 01 hour

Long Case Gynae: 30 marks, (History **05** marks, Examination **05** marks, Investigations **05** marks, Differential Diagnosis & provisional diagnosis **05** marks, Management **05** marks, Complication, follow up & recent advances **05** marks) ,
Time: 01 hour

5.7. Final Term Assessment (FTA)

Eligibility criteria for sitting in Exam.

1. Four years training must be completed.
2. All previous assessments (year one in house assessment, MTA & year three in house assessment) should be passed.
3. All clinical rotations must be completed.
4. All mandatory workshops must be attended.

5. Cumulative score of 75% in Continuous Internal assessments of all training years must be secured.
6. Research Thesis should be accepted.
7. No dues certificate should be submitted.

Marks Allocation: Total marks: 800(Written: 200, Clinical: 450, Thesis: 100)

- **Written: 200 marks**
 - o Paper 1 Obstetrics: 100 MCQ (100 marks), Time allocated: 2 hours & 30 minutes.
 - o Paper 2: Gynecology: 100 MCQ (100 marks), Time allocated: 2 hours & 30 minutes.
 - o *Both papers will be conducted on two separate days.*
 - o *Written exam should be passed to appear in clinical exam.*

- **Clinical: 450 marks**
 - o OSCE: 15 Stations (150 marks), All interactive stations, Time Allocated: 5 mins/station
 - o Long Case Obstetrics: (150 marks), Time Allocated: 60 mins
 - o Long Case Gynae: (150 marks), Time Allocated: 60 mins

- **Thesis: 150 marks**
 - o Presentation: 50 Marks, Time Allocated: 15 mins
 - o Discussion: 100 Marks, Time Allocated: 30 mins

Clinical/OSCE Components Marking Details

Components	Time allowed	Max. Marks	Min. Pass marks

CLINICAL Obstetrics Long case	60 minutes 30 minutes for history taking and clinical examination 30 minutes for discussion	150	60
CLINICAL Gynecology Long case	60 minutes 30 minutes for history taking and clinical examination 30 minutes for discussion	150	60
OSCE (15 interactive Stations)	5 minutes per station	150	90
AGGREGATE		450	270 (60%)

Pass percentage:

- o Accumulative pass percentage is 60%. Candidate must pass in each component separately:

Component I: Written Paper (Paper 1 and Paper 2)

Component II: OSCE

Component III: Gynae Long case

Component IV: Obstetrics Long case

Component V: Thesis

Table of Specifications

FTA Obstetrics TOS

Table of Specification (TOS)		
Final Term Assessment of MS OB/GYN RMUR for 2023 Written Examination		
Section No & No. of MCQs	Obstetrics Paper I Topics/ Units	No of MCQ
Section: 1 MCQ:30	1. NORMAL OBSTETRICS Prenatal <ul style="list-style-type: none">● Obstetric anatomy● Perineum● Embryology of fetal development● Physiological changes in pregnancy● Miscellaneous	6
	Antenatal <ul style="list-style-type: none">● Objectives & schedule of antenatal care● History taking and obstetrical examination● Recommended visits● Dietary advice● Antenatal screening	4

	<ul style="list-style-type: none"> • Minor symptoms of pregnancy • CTG, BPP, DOPPLER, MRI, • Miscellaneous 	
	<p>Intrapartum</p> <ul style="list-style-type: none"> • Diagnosis of labor • Physiology of labor • Fetal and pelvic dimension • Mechanism of labor • Management of labor • Fetal monitoring (CTG, BPP) • Ability to differentiate between normal and abnormal findings) • Miscellaneous 	10
	<p>Postnatal Care</p> <ul style="list-style-type: none"> • Normal puerperium, breastfeeding • Miscellaneous 	4
	<p>Neonatology</p> <ul style="list-style-type: none"> • APGAR score neonatal resuscitation • Neonatal care, behavior of newborn • Immunization • Miscellaneous 	4
	<p>Breast feeding Breast feeding protocol</p> <ul style="list-style-type: none"> • Maternal and neonatal benefits of breastfeeding • Miscellaneous 	2
<p>Section 2 MCQ: 30</p>	<p>2. OBSTETRICS COMPLICATION</p> <p>Antenatal</p> <p>Subsection: A</p> <ul style="list-style-type: none"> • Prolong pregnancy • Induction of labor • PTL, PPROM, PROM • Miscellaneous 	2

	<p>Subsection: B</p> <ul style="list-style-type: none"> ● Fetal abnormality ● IUD ● IUGR ● Oligohydramnios / Polyhydramnios ● Prenatal diagnosis ● Miscellaneous 	6
	<p>Subsection: C</p> <ul style="list-style-type: none"> ● APH ● Twin and higher order gestation ● Previous Cesarean scar ● Perinatal infections ● Miscellaneous 	6
	<p>Intrapartum</p> <ul style="list-style-type: none"> ● Abnormal labour.e.g. Obstructed labor ● Malposition Malpresentation ● Uterine rupture ● Fetal distress ● Third stage complications (medically managed) ● Miscellaneous 	6
	<p>Postnatal</p> <ul style="list-style-type: none"> ● Puerperal pyrexia 	2
	<ul style="list-style-type: none"> ● Psychiatric disorders 	2
	<ul style="list-style-type: none"> ● DVT / Thromboprophylaxis 	2
	<ul style="list-style-type: none"> ● Early neonatal problem 	2
	<ul style="list-style-type: none"> ● Miscellaneous 	2

Section: 3 MCQ: 30	3. MEDICAL COMPLICATIONS	
	<ul style="list-style-type: none"> ● Early pregnancy disorders (hyperemesis, UTI, heartburn and constipation, fever and cramps, backache & lower abdominal pain) ● Hematological disorders, (anemia, thalassemia, thrombocytopenia, etc) 	4
	<ul style="list-style-type: none"> ● Hypertensive disorder (PIH, preeclampsia, eclampsia) ● Cardiac disease in pregnancy ● Neurological disorders during pregnancy (Epilepsy, Stroke, Cavernous sinus thrombosis, SOL, meningitis) 	8
	<ul style="list-style-type: none"> ● Endocrinological disorders in pregnancy ● Diabetes (Type-I, II and GDM) ● Thyroid disorders (hypo and hyperthyroidism) ● Others / Miscellaneous 	6
	<ul style="list-style-type: none"> ● Liver disease and gastroenterology disorders (jaundice in pregnancy, cholestasis in pregnancy, AFLP) ● Respiratory diseases, Asthma, COPD, TB, Pulmonary edema 	4
	<ul style="list-style-type: none"> ● Connective tissue disorders (APLS, SLE etc) ● Renal disorder, ● Infections: STI, HIV, TB, COVID 	4
	<ul style="list-style-type: none"> ● Drug abuse, medication in pregnancy ● Skin disorders in pregnancy ● Other / Miscellaneous medical disorders 	4
Section: 4 MCQ: 5	4. OBSTETRICS PROCEDURES AND EMERGENCIES OBS PROCEDURES	
	Antenatal Procedures: <ul style="list-style-type: none"> ● Abdominal examination of normal & Abnormal pregnancy ● Prenatal diagnostic Procedures like CVS, Cordocentesis, ultrasound, Doppler scan, Amniocentesis ● Antenatal ECV ● Miscellaneous 	2
	Intrapartum & Post-natal procedures:	

	<ul style="list-style-type: none"> ● SVD, SVD with episiotomy and tears ● Instrumental delivery ● LSCS ● Peripartum hysterectomy ● Head stuck in breech delivery /LSCS ● Delivery of second retained twin /IPV ● Craniocentesis ● Miscellaneous 	4
	<p>OBSTETRICS EMERGENCY</p> <ul style="list-style-type: none"> ● Maternal collapse and resuscitation: (Amniotic fluid embolism, hypovolemic shock due to APH/PPH, septic shock, cardiogenic shock etc) ● Shoulder dystocia, cord prolapse, ● Rupture of uterus / Repair of uterus ● PPH (Uterine exploration, Balloon tamponade, Uterine artery ligation, B-lynch, stepwise devascularization, hysterectomy, ● Acute Uterine inversion ● Blood transfusion reactions ● Neonatal Resuscitation ● Miscellaneous 	4
Grand Total		100

FTA Gynaecology TOS

Table of Specification (TOS) Final Term Assessment of MS OB/GYN RMUR for 2023 Written Examination

Section No & No. of MCQs	Gynecology Paper 2 Topics/ Units	No of MCQ
Section : 1 MCQ: 20	1. BASIC GYNAECOLOGICAL CONCEPTS <ul style="list-style-type: none">Embryology of genital tract	4
	<ul style="list-style-type: none">Anatomy of pelvic and pelvic floor	6
	<ul style="list-style-type: none">Physiology of normal menstrual cycle	4
	<ul style="list-style-type: none">Sexual dysfunction, rape & sexual assault, and Female genital mutilation	2
	<ul style="list-style-type: none">History taking, examination, investigations including USG, TVS CT, MRI, tumor markers	2
	<ul style="list-style-type: none">Professionalism, Counseling, reflection, feedback, ethics and statisticMiscellaneous	2

Section: 2 MCQ: 20	2. PUBERTY AND MENSTRUAL DISORDERS • Puberty and adolescence including primary amenorrhea and other disorders	4
	• Secondary amenorrhea / oligohypo menorrhea and hirsutism (PCOD, hyper prolactinoma, premature ovarian failure, hypothyroidism, Aschermann's Sheehan's)	4
	• Menstrual disorders (HMB & Dysmenorrhea)	10
	• Menopause, HRT) • Miscellaneous	2
Section: 3 MCQ: 10	3. EARLY PREGNANCY COMPLICATION • Miscarriages	4
	• Ectopic	4
	• GTD • Miscellaneous	2
Section: 4 MCQ: 10	4. Genital Tract Infections • Upper And Lower Genital Tract Infection Including Pid & Chronic Pelvic Pain, & Non Stis Like Candidiasis , Bartholin Abscess • Stds (Hiv, Syphilis, Genital Herpes, Genital Warts, Gonorrhea, Trichomoniasis, Chlamydia, Etc) • Miscellaneous	10
Section: 5 MCQ: 10	5. SUBFERTILITY AND CONTRACEPTION • Primary and secondary subfertility, Including assisted reproductive techniques and male infertility	4

	<ul style="list-style-type: none"> • Endometriosis & Adenomyosis 	2
	<ul style="list-style-type: none"> • Contraception • Miscellaneous 	4
Section: 6 MCQ: 08	6. PELVIC FLOOR DYSFUNCTION <ul style="list-style-type: none"> • Pelvic organ prolapse 	4
	<ul style="list-style-type: none"> • Urinary incontinence • Miscellaneous 	4
Section: 7 MCQ: 12	7. GYNAECOLOGICAL TUMORS (Benign & malignant) <ul style="list-style-type: none"> • Tub ovarian 	4
	<ul style="list-style-type: none"> • Uterine 	4
	<ul style="list-style-type: none"> • Cervical 	2
	<ul style="list-style-type: none"> • Vulvovaginal 	2
Section: 8 MCQ: 10	8. GYNAECOLOGICAL PROCEDURES <ul style="list-style-type: none"> • Pelvic examination & Pap Smear & HVS & vaginal discharge examination, Pipelle's biopsy • Colposcopy • ERPC, D&C, EUA, Polypectomy D&C • MVA • Suction evacuation • Marsupialization • Hymenectomy 	2

	<ul style="list-style-type: none"> ● Hysterosalpingography / sonohysterography ● IUI ● IUCD insertion and removal including PPIUCD & Mirena ● Subdermal implants like Implanon insertion and removal 	2
	<ul style="list-style-type: none"> ● Ring pessary insertion ● Sacrocolpopexy /hysteropexy ● Other procedures for prolapse ● Procedures for uterine inversion ● Wound care and debridement 	2
	<ul style="list-style-type: none"> ● TAH/Laparotomy, LAVH, TLH, Myomectomy ● Vaginal hysterectomy, vaginal repair, Perineal tear & rectovaginal fistula repair, Urinary fistula repair ● Hysteroscopic guided biopsy ● Diagnostic laparoscopy 	2
	<ul style="list-style-type: none"> ● Miscellaneous 	2
Grand Total		100

Five percent (5%) questions may come from any topic

FTA OSCE TOS

10. Total number of stations – 15 (**All stations are Interactive**)
11. Time allocation for each station – 5 minutes
12. Marks allocation for each station – 10 marks

Topic Wise Distribution of Obstetrics & Gynecology OSCE Stations

All stations are Interactive

Station No, Topics & Station Description	Skill to be assessed	C	P	A
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<p>Station No: 1</p> <p>Topic: Counseling for prenatal, antenatal or postnatal complications</p> <p>Station Description: Scenario based Counseling</p> <p>For example:</p> <p>TOP or conservative management in missed abortion & Intrauterine death of fetus, or a malformed fetus, methods of induction & time of induction</p> <p>TOLAC , IOL (in PPRM due to infection, in Prolong pregnancy due to fetal risk, in medical complications during pregnancy, Peripartum Hysterectomy in PPH, Iron injections/ blood transfusion in anemia, Risks in Twin and higher order gestation, Fetomaternal outcome in Prenatal infections</p>	<p>In a given patient with clinical background:</p> <p>The candidate's ability to counsel the patient and the family about diagnosis, its implications, management options. and complications.</p> <p>Candidate's ability to answer the questions of the patient and family skillfully, and evidence based.</p> <p>Candidate's ability to handle their concerns, and misconceptions sympathetically and patiently.</p>	C3	P3	A3
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<p>Station No: 2</p> <p>Topic: Antenatal examination and procedures.</p> <p>Station Description: GPE, Systemic examination & performing PA examination on pregnant patients, document and describe all findings.</p> <p>For Example: Pick up abnormalities like high BP, High BMI, Brisk patellar reflex, tachypnea, tachycardia, Edema, enlarged Thyroid, unsatisfactory oro dental hygiene, varicose veins, Larger or smaller for dates fetus, polyhydramnios, oligohydramnios, malpresentation, Scar tenderness, absent FHR, and document</p> <p>Procedures: Perform ECV, Amniocentesis, Amnicator test, HVS, extra amniotic induction with Foley’s catheter Cervical cerclage application on simulator / model, Checking BSL .</p>	<p>In a given patient with clinical background:</p> <p>The candidates ability to perform antenatal fetomaternal examination, and procedures</p> <p>Pick up abnormalities like high BP, High BMI, Brisk patellar reflex, tachypnea, tachycardia, Edema, enlarged Thyroid, unsatisfactory oro dental hygiene, varicose veins, Larger or smaller for dates fetus, polyhydramnios, oligohydramnios, malpresentation, Scar tenderness, absent FHR, Abnormal lab reports and document</p>	C3	P3	A3
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<p>Station No: 3</p> <p>Topic: Intrapartum fetomaternal Monitoring</p> <p>Station Description: Checking of vitals & performing PA examination on pregnant patients. Document & describe all findings on Partogram</p> <p>AND/OR</p> <p>Perform PV examination on a simulator (or on Pelvis & fetal skull model) with preset examination findings regarding Cx length, dilatation, consistency, direction, Vx station and position</p> <p>Document all findings on Partogram & describe the findings.</p> <p>For Example: Calculate Bishop's score on the given simulator/model findings</p> <ul style="list-style-type: none"> Diagnose malpresentation Diagnose Breech presentation Diagnose Occipitoposterior position Partogram showing failure of progress by comparing current findings with findings documented 4 hours ago. 	<p>In a given patient with clinical background:</p> <p>The candidate's ability to perform focused GPE, PA examination and P/S & P/V examination</p> <p>The candidate's ability to perform HVS properly label it and send with lab form</p> <p>The candidate's ability to check for ruptured membranes, cord prolapse</p> <p>The candidate's ability to detect malpresentations & malpositions of fetus</p> <p>The candidate's ability to properly document findings on partogram and describe</p>	C3	P3	A3
<p>Station No: 4</p>	<p>In a given patient with clinical background:</p> <p>The candidate's ability to perform CTG, with correct position of patient, maintaining privacy and comfort of patient, applying both</p>	C3	P3	A3

<p>Topic: CTG</p> <p>Station Description: Perform CTG on an antenatal /intrapartum patient in latent phase, get the tracing and interpret it</p> <p>Example: Perform CTG and interpret it and compare and contrast additional given CTG records provided to the candidate.</p>	<p>FHR and uterine pressure transducer correctly, and take out a tracing and labeling it with name, date, time and interpret it and describe the findings.</p> <p>The candidate's ability to compare and contrast the new CTG with other templates of CTG provided by in exam.</p>			
<p>Station No: 5</p> <p>Topic: USG</p> <p>Station Description: Perform USG on an antenatal patient, take measurements of fetal biometry, localize placenta and measure AFI. Write the report and describe the findings. get the tracing and interpret it</p> <p>Example: Perform USG and compare it with the given duration of pregnancy in clinical background. Pick up Placenta Previa, fetal death, fetal movements for BPP..</p>	<p>n a given patient with clinical background:</p> <p>The candidate's ability to perform USG, with maintaining privacy and comfort of the patient, taking measurements of fetal biometry, localizing placenta and measuring AFI. Writing the report and describing the findings</p> <p>The candidate's ability to pick up the disparity of biometry with dates, abnormality of AFI, Malpresentations and abnormal location of placenta, fetal death, fetal gross abnormalities like anencephaly..</p>	C3	P3	A3
<p>Station No: 6</p> <p>Topic: Vaginal Delivery</p>	<p>In a given Scenario:</p>	<p>• C 3</p>	P3	A3

<p>Station Description: SVD, SVD with Epi, Instrumental delivery, Assisted breech delivery, Retained placenta on simulator.</p> <p>Example: Demonstration of steps of mechanism of delivery, Perform Episiotomy and stitch in proper layers, delivery of a retained placenta Forceps delivery, Vacuum delivery</p>	<p>The candidate's ability to perform SVD, SVD with Epi and instrumental deliveries.</p>			
<p>Station No: 7</p> <p>Topic: Emergency Obstetrics procedures</p> <p>Station Description: ALSO procedures like BLS, Shoulder dystocia, Balloon tamponade for PPH, B Lynch suture</p> <p>Example: Maternal Resuscitation , Shoulder dystocia, Balloon tamponade for PPH, B Lynch suture.</p>	<p>In a given Scenario: The candidate's ability to perform emergency procedures like Basic Life Support, shoulder dystocia, Balloon tamponade for PPH. B Lynch suture and answer the questions of examiner.</p>	C3	P3	A3

<p>Station No: 8</p> <p>Topic: Neonatal resuscitation /skill on simulator/ dummy</p> <p>Station Description:</p>	<p>In a given Scenario:</p> <p>To assess the ability of the candidate to perform steps of Neonatal resuscitation and answer the questions of the examiner.</p>	C3	P3	A3
<p>Station No: 9</p> <p>Topic: GPE and PA examination of patients with abdominal mass.</p> <p>Station Description: Examination of patient with abdominal mass due to ovarian tumors or uterine tumors</p>	<p>In a given scenario:</p> <p>The candidate's ability to conduct focused GPE & Abdominal Examination to detect a mass ,it's associated characteristics like mobility, location, consistency, ascites, enlarged lymph nodes and answer the questions of examiner.</p>	C3	P3	A3

<p>Station No: 10</p> <p>Topic: Pelvic Examination</p> <p>Station Description: P/S, P/V, Pap smear, Pelvic examination of patient with cervical mass or uterovaginal prolapse on simulator.</p>	<p>In a given clinical scenario:</p> <p>The candidate's ability to perform an appropriate pelvic examination and pick up abnormal findings like cervical polyp, enlarged uterus, adnexal mass and and answer the questions of the examiner.</p>	C3	P3	A3
<p>Station No: 11</p> <p>Topic: Minor Gynecological Procedures, Procedure on simulator</p> <p>Station Description: Pipelle's biopsy, MVA, Vaginal Ring Pessary insertion, Administration of Inj Zoladex, D&C, ERCPC, HSG steps on simulator .</p>	<p>In a given scenario:</p> <p>The candidate's ability to perform the steps of the asked procedure. and answer the questions of the examiner.</p>	C3	P3	A3
<p>Station No: 12</p> <p>Topic: Counseling</p>	<p>In a given patient with clinical background:</p>	C3	P3	A3

<p>Station Description: Counseling for Transcervical IUCD insertion.</p>	<p>The candidate's ability to counsel the patient and the family about diagnosis, its implications, management options, and complications.</p> <p>Candidate's ability to answer the questions of the patient and family skillfully, and evidence based.</p> <p>Candidate's ability to handle their concerns, and misconceptions sympathetically and patiently.</p>			
<p>Station No: 13</p> <p>Topic: Contraception (Injections, Multiload, CuT, Mirena, Implanon),</p>	<p>In a given scenario: The candidate's ability to select and administer LARC on dummy/model/simulator</p>	C3	P3	A3
<p>Station No: 14</p> <p>Topic: ABD USG and pelvis in gynecological patient Enlarged uterus due to adenomyosis or fibroids, ovarian cyst, PCOD</p>	<p>In a given scenario: The candidate's ability to perform USG, correlate it's findings with the history and examination findings</p>	C3	P3	A3

<p>Station No: 15</p> <p>Topic: Sutures & Suturing techniques and Instruments, steps of selected operation, e.g. hysterectomy on model</p> <ul style="list-style-type: none"> • MIS (Laparoscope, Hysteroscope) and specific open surgery instruments, 	<p>In a given scenario:</p> <p>The ability of the candidate to perform steps of given operation on model, demonstrate suturing techniques and selection of proper instruments and sutures for the given task.</p>	C3	P3	A3
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02 LONG CASES

(150 marks/Case 60 minutes/Case)

Each candidate will be allotted two long cases. One long case of obstetrics and one long case of gynecology. For each case the candidate will be allowed 30 minutes for history taking and clinical examination. Candidates should take an appropriate history from the patient and perform thorough physical examination to identify the problems of the patient. Candidate will ask the examiner about the result of relevant investigations and will make a plan of management for later discussion. During this period the candidate will be observed by the examiners.

Case presentation and discussion on the long case will be conducted jointly by the two examiners for next 30 minutes. During the first 07 minutes the candidate will present the case while the first examiner will discuss investigations and differential diagnosis for the rest of 08 minutes. This will be followed by turn of second examiner to discuss management for the next 15 minutes.

In this section the candidates will be assessed on the following areas:

Interviewing and Clinical examinations skills

- Introduces oneself, listens patiently, and is polite with the patient.
- Is able to extract relevant information.
- Takes informed consent.
- Uses correct clinical methods systematically (including appropriate exposure and re-draping).

Case Presentation/Discussion

- Presents skillfully.
- Gives correct findings.
- Gives logical interpretation of findings and discusses differential diagnosis.
- Enumerates and justifies relevant investigation(s).
- Outlines and justifies treatment plan (including rehabilitation and follow up).
- Discusses prevention and prognosis.
- Has knowledge of recent advances relevant to the case.

SECTION - VI Appendices (Proformas /Forms)

is adopted from

**the curriculum of MD Internal Medicine Program RMU SECTION – IX Appendices
(proformas/Forms)**

Please consult the curriculum of MD Internal Medicine Program RMU, for more details.

SECTION - VI Appendices (Proformas /Forms) ,

Is adopted from

the curriculum of MD Internal Medicine Program RMU SECTION – IX Appendices (proformas/Forms)

Please consult the curriculum of MD Internal Medicine Program RMU, for more details.

25.	Multisource feed back proforma- 360° evaluation	“Appendix A”
26.	Evaluation of resident by the Nurse regarding core competencies of the resident-----	“Appendix B”
27.	Proforma for patient Medication Record	“Appendix C”
28.	Workplace Based Assessments- guidelines for assessment of Generic & specialty specific Competencies	Appendix “ D”

29.	Supervisor's Annual Review Report	Appendix " E"
30.	Supervisors evaluation Proforma for continuous internal assessments	Appendix " F"
31.	Evaluation of resident by the faculty	Appendix " G"
32.	Evaluation of faculty by the resident (Teaching Skills)	Appendix " H"
33.	Evaluation of Faculty by the Resident (core competencies)	Appendix " I"
34.	Evaluation of program by the faculty	Appendix " J"
35.	Evaluation of program by the resident	Appendix " k"
	Guidelines for program evaluation	Appendix " L"

The End