Rawalpindi Medical University

CURRICULUM

Diploma in Gynaecology and Obstetrics

2023

PREFACE

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

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

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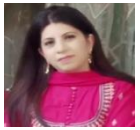
12	**Dr. Ismat Tanveer** Assistant professor Obs/Gynae BBH Hospital, Rawalpindi Rawalpindi Medical University		Editing and support
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SECTION – I

General Plan of the course

1.1 Mission Statement

The mission of DGO Programme of Rawalpindi Medical University is:

To provide competency based Obs / Gynae education with a structured training programme to prepare specialists in the discipline of obstetrics & gynecology who would be able to provide quality patient care comparable to international standards.

1.2 Statutes

Nomenclature:

The name of the proposed degree course will be DGO (Diploma in Gynaecology & Obstetrics). This name is well recognized and established for the last many decades worldwide**.**

Course Title:

Diploma in Obs & Gynae (DGO Programme)

Training Centers:

Departments of Obstetrics and gynecology, Rawalpindi Medical University (RMU) and Allied hospitals (HFH, BBH, DHQ).

Duration of Course: The duration of DGO course will be two (02) yearswith structured training in a recognized department under the guidance of an approved supervisor.

1.3 Admission Criteria

Applications for admission to DGO Training Programme will be invited through advertisement in print and electronic media mentioning closing date of applications and date of Entry Examination.

Eligibility:

i. The applicant on the last date of submission of applications for admission must possess the: Basic Qualification of MBBS or equivalent qualification recognized by Pakistan Medical & Dental Council (PMDC).

Certificate of one year's House Job experience in institutions recognized by Pakistan Medical & Dental Council (PMDC) is essential at the time of interview. The applicant is required to submit House Job Certificate from the concerned Medical Superintendent, showing that the House Job is completed before the training.

Valid certificate of permanent or provisional registration with Pakistan Medical Pakistan Medical & Dental Council (PMDC).

1.4 Registration And Enrolment

As per policy of Pakistan Medical & Dental Council (PMDC) the number of PG Trainee/ DGOtrainee/ DGO trainee per supervisor will be maximum O5 per annum for all PG programme including minor programme (if any).

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

The University will approve supervisors for DGO Course.

Candidates selected for the courses after their enrollment at the relevant institutions will be registered with Rawalpindi Medical University as per prescribed Registration Regulations.

1.5 Aims and Objectives of the

AIM

The aim of two years DGO programme in Obs / Gynae is to train residents to acquire the competency of a specialist in the field of Obs / Gynae so that they can become good teachers, researchers and clinicians in their specialty after completion of their training.

GENERAL OBJECTIVES

To provide a broad experience in Obs / Gynae, including its interrelationship with other disciplines.

To enhance Obs / Gynae knowledge, clinical skills, and competence in bedside diagnostic and therapeutic procedures.

To achieve the professional requirements, to prepare the consultants for the sub specialty in Obs / Gynae.

To cultivate the correct professional attitude and enhance communication skill towards patients, their families and other healthcare professionals.

To enhance sensitivity and responsiveness to community needs and the economics of health care delivery.

To enhance critical thinking, self-learning, and interest in research and development of patient service.

To cultivate the practice of evidence-based practice and critical appraisal skills.

To inculcate a commitment to continuous medical education and professional development.To provide a broad training and in-depth experience at a level for trainees to acquire competence and professionalism of a specialist in Obs / Gynae especially in the diagnosis, investigation and treatment of obstetrical and gynaecological problems towards the delivery of holistic patient care.

To acquire competence in managing acute Obs / Gynae emergencies and identifying Obs / Gynae problems in patients referred by primary care and other doctors, and in selecting patients for timely referral to other specialty appropriate tertiary care or the expertise of another specialty.

To develop competence in the inpatient and outpatient management and in selecting patients for referral to tertiary care facilities and treatment modalities requiring high technology and/or the expertise of another specialty.

To manage patients in general Obs / Gynae 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.

To encourage the development of skills in communication and collaboration with the community towards health care delivery.

To foster the development of skills in the critical appraisal of new methods of investigation and/or treatment.

To reinforce self-learning and commitment to continued updating in all aspects of Obs / Gynae.

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

To acquire professional competence in training future trainees in Obs / Gynae at Rawalpindi Medical University.

Accreditation Council for Graduate Medical Education (ACGME)

6 Competencies based Model

1.6 Required core competencies

1. 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 history, physical examinations, investigations, clinical record 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 internal medicine.

2. MEDICAL KNOWLEDGE

The acquisition of medical knowledge must continually circulate back to the application of it and provide better and more relevant, quality patient care. Residents will demonstrate competence through the combination of a physical exam and interpretation of ancillary studies, such as laboratory work and imaging, to form a working diagnosis and initiate a therapeutic approach.

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 Obs / Gynae 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 system DGO 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 system DGO 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 system DGO and to improve systematic processes of care.

1.7 Log books for DGO program

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.

1.8 Award of DGO

After successful completion of the structured courses of DGO and qualifying Abridged

Final Examinations and acceptance of One Disease Statistical Analysis the degree with title DGO (Diploma in Gynaecology & Obstetrics) will be awarded.

SECTION – II

The Curriculum

2.1 Scheme of The Course

A summary of two years course in DGO is presented as

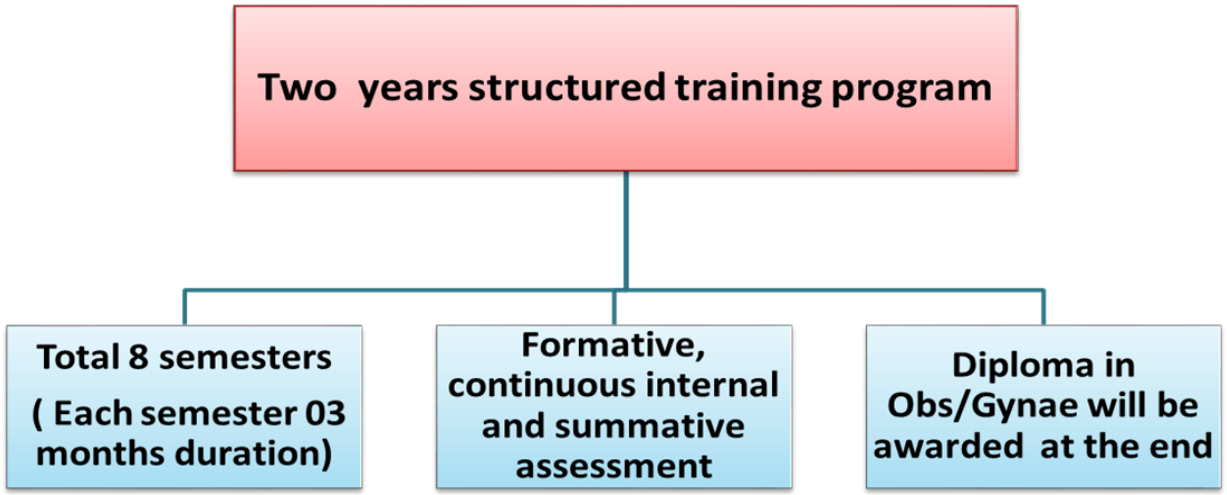
COURSE STRUCTURE	COMPONENTS	EXAMINATION
FIRST YEAR	01 Year in Obs/Gynae 03 Mandatory workshops (RMU) Topic of One Disease Statistical Review approved by Supervisor and submitted to Research Unit	Continuous internal assessment, (appendix G) At the end of 1st year, there will be university exam
SECOND YEAR	01 Year in Obs/Gynae Data collection and research work, Skills Workshops (Neonatology, Obstetrics Emergencies, surgical Skills)	Continuous internal assessment, (appendix G) At the end of 2nd year, there will be final summative exam

2.2 Duration of Course

The duration of course will be two (02) years with structured training in a recognized department under the guidance of an approved supervisor. The clinical training will be competency based to achieve the educational objective of the programme. There will be generic and speciality specific competencies assessed by Continuous Internal Assessment. (Appendix F & G).

The Research Component (One Disease Statistical Analysis) writing will be completed over the two years duration of the Programme.

Course structure:



The Course is structured for two years. After admission the resident will be deputed in one of the four units in Dept of Obs/Gynae RMU. The resident will get orientation about the chosen discipline and will also undertake the mandatory workshops. The topic of **One Disease Statistical Review** will be assigned to them in first year of training. In the next year, they will complete the analysis under guidance of supervisor and submit to the research unit and write down the **research article and will publish** in **Resident Journal of Rawalpindi Medical College.**

During the 2 years of the programme, there are two components of the training: -

1. Clinical Training in Obs / Gynae.

2. Research (One disease Statistical Review and Research Article)

3. Workshops

1. Clinical Training

The candidate will undergo clinical training to achieve educational objectives of DGO (knowledge, skills and attitude). The clinical training will be competency based. There will be generic and speciality specific competencies and will be assessed by continuous Internal Assessment.

2. Research

Statistical analysis of a disease

Research Component (One Disease Statistical Analysis) will be completed over the two years duration of the course. Candidates will spend sufficient time for research during the training.

Candidate will do the workshop on One Disease Statistical Analysis andIT Skills in the first year of training.

During the second year of training, the trainee will start collecting the data, analyse and submit the data to the research unit.

3. Workshops

Mandatory by University

Mandatory by Obs & Gynae Dept

Workshops Mandatory By University

Workshops Mandatory By Obs/Gynae Dept

- Neonatal Resuscitation
- Basic Surgical technique
- Obs Emergencies
- GPE / Investigation slips / Discharge slips / Surgical Notes
- Systemic, abdominal, Pelvic examination, Pap smear, HVS
- Pre and Post operative care
- Hysteroscopy, Laparoscopy , ERPC, Diagnostic D&C
- Eclampsia, Maternal collapse, USG Obs/Gynae
- APH, PPH, Shoulder Dystocia, Contraception
- Normal and Abnormal labour
- Malpresentation,Mechanism of labour, breech , Cord prolapse
- Counselling, Instrumental Delivery

(A) Obs / Gynae Knowledge

- The development of a basic understanding of core Obs / Gynae concepts.
- Etiology, clinical manifestation, disease course and prognosis, investigation and management of common Obs / Gynae diseases.
- Scientific basis and recent advances in diagnosis and management of complicated Obs / Gynae diseases.
- Spectrum of clinical manifestations and interaction of multiple problems diseases in the same patient.
- Psychological and social aspects of Obstetrical and gynaecological complications.
- 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
- Audit and quality assurance
- Ethical principles and medico legal issues related to concerned specialty.
- Updated knowledge on evidenced-based practice and its implications for diagnosis and treatment of patients.
- Familiarity with different care approaches and types of sub specialties in Obs / Gynae, including urogynaecology, fetal medicine, gynaecological oncology and subfertility.
- 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 of overall running of Obs / Gynae unit.***(B) Skills***

- Ability to take a detailed history, gathers relevant data from patients, and assimilates the information to develop detailed management plan.
- DGO trainee are expected to effectively record an initial history and physical examination and follow-up notes. She should be capable to present case in an elaborative and comprehensive manner to her seniors on round and to guide their team members regarding case management.
- Competence in eliciting abnormal physical signs and interpreting their significance.
- Ability to select appropriate investigation and diagnostic procedures for confirmation of diagnosis and patient management.
- Residents should be able to interpret all laboratory data relevant to basic antenatal care.
- Basic understanding of routine baseline investigations for subfertility biochemistry, hormonal profile, pelvic ultrasound and semen analysis. In addition DGO trainee should be capable of judicially advising all these laboratory investigations based on patient history and examination.
- The Trainee should be capable enough to advise and interpret basics radiological investigations including trans abdominal ultrasound, trans vaginal ultrasound, CT and MRI.
- The formulation of a differential diagnosis based on patient history and investigation and with up-to-date scientific evidence and the development of list of risk factors to make therapeutic decisions.

- Assessing the risks, benefits, and costs of varying effective treatment option Residents must be able to perform competently all Obs / Gynae procedures and skills required in their allocated time interval during the training of Obs / Gynae. This includes efficiency in taking consent based on appropriate indications.
- Residents should be instructed in additional procedural skills that will be determined by the training environment, trainees expectations and availability of skilled teaching faculty.
- Skills in performing important bedside diagnostic and therapeutic procedures will be marked by supervisor or mentors as desired competency level achieved / not achieved by trainee. The required number of DOPS and MiniCEX during four year training will be enlisted in Log Book.
- Ability to present clinical cases in ward rounds and teaching classes.
- Good communication skills and interpersonal relationship with patients, families, colleagues, paramedics, nursing and allied health professionals.
- Ability to mobilize appropriate resources for management of patients at different stages of Obs / Gynae illnesses, including critical care, consultation of Obs / Gynae specialties and other disciplines, ambulatory and rehabilitative services, and community resources.
- Competence in the diagnosis and management of obstetrics emergencies particularly postpartum haemorrhage, eclampsia, septic induced abortion, ruptured ectopic and rupture uterus.
- Competence in the diagnosis and management of benign and malignant gynaecological tumor and treatment modalities available around vicinity.
- Diagnostic skills to effectively manage complex cases with unusual presentations.
- Ability to implement strategies to prevent antenatal complication and early detection of diseases.

- Ability to understand 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 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 literature to expand one's knowledge base and to search for answer to problems.

(C) Attitudes

- The well-being and restoration of health of patients must be the top priority.
- 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 Obs / Gynae 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, and the physician-patient relationship.
- Ability to appreciate the importance of the effect of disease on the psychological aspects and socio-economic burden of individual.
- Understand patients' psycho-social needs and rights, as well as the professional ethics involved in patient management.
- Willingness to keep up with advances in Obs / Gynae and concerned specialties.
- Understand the need of timely referral of patients to the appropriate specialty.
- Aspiration to be the team leader in patient care involving paramedics nursing and allied Obs / Gynae professionals.
- The promotion of women health via awareness programmes regarding contraception immunizations, periodic health screening, and risk factor assessment and modification.
- Recognition that teaching and research are important activities for the advancement of theprofession

2.4 Clinical Competencies for all DGO Trainess

Topics to be taught	Learning objectives Student should be able to know:	Teaching method	Assessment
1. History Taking (Knowledge)	• 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	Bedside teaching in wards, outpatient department and Gynae ER Case Presentation Hand on Workshops Case Based Discussion	Mini-CEX OSCE NOTSS MSF MCQs SAQs
2. History Taking (Skills)	• Identify and overcome possible barriers (eg cognitive impairment) to effective communication • Manage time and draw consultation • Supplement history with standardized 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	Bedside teaching in wards, outpatient department and Gynae ER Case Presentation Hand on Workshops Case Based Discussion	Mini-CEX OSCE MSF NOTSS

3. History Taking (Behaviors)	• Show respect and behave in accordance with Good Medical Practice	Bedside teaching in wards, outpatient department and Gynae ER Case Presentation Hand on Workshops Case Based Discussion	Mini-CEX OSCE NOTSS MSF
4. Clinical examination (knowledge)	• 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	Bedside teaching in wards, outpatient department and Gynae ER Case Presentation Hand on Workshops Case Based Discussion	Mini-CEX OSCE NOTSS MCQs SAQ

5. Clinical examination (skills)	● Perform an examination relevant to the presentation and risk factors that is valid, targeted and time efficient ● 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)	Bedside teaching in wards, outpatient department and Gynae ER Case Presentation Hand on Workshops Case Based Discussion	Mini-CEX OSCE NOTSS MSF
6. Clinical examination (Behaviors)	● Show respect and behaves in accordance with Good Medical Practice	Bedside teaching in wards, outpatient department and Gynae ER Case Presentation Hand on Workshops Case Based Discussion	Mini-CEX OSCE MSF NOTSS

7. Time management and decision making	● 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	Bedside teaching in wards, outpatient department and Gynae ER	Mini-CEX OSCE NOTSS MCQs SAQ

		Case Presentation Hand on Workshops Case Based Discussion	
8. Decision making and clinical reasoning	• 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	Bedside teaching in wards, outpatient department and Gynae ER Case Presentation Hand on Workshops Case Based Discussion	Mini-CEX OSCE NOTSS MCQs SAQ

2.5 Attributes required in all DGO Trainees

Patient Care	Evaluation of Patient Care	Professionalism	Interpersonal and Communication Skills	Practice Based Learning Improvement	Evaluation of Medical Knowledge
• 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	• Completeness and accuracy of medical inte • 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 asse • Appropriateness of	• The resident should continue to develop his/her ethical behavior, and m show the humanistic qualities of respect, compassion, integrity and honesty. • The resident must • The resident must	• 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 rapport with a patient and listen	• The resident should use feedback and self-evaluation in order to improve performance. • The resident should read pertinent required material and articles provided to enhance learning. • The resident should	• The resident's ability to • The resident's presentation of patient history and physical exam, where attention is given to differential diagnosis and pathophysiology. • When ti examined for completeness, accuracy, organization and the residents

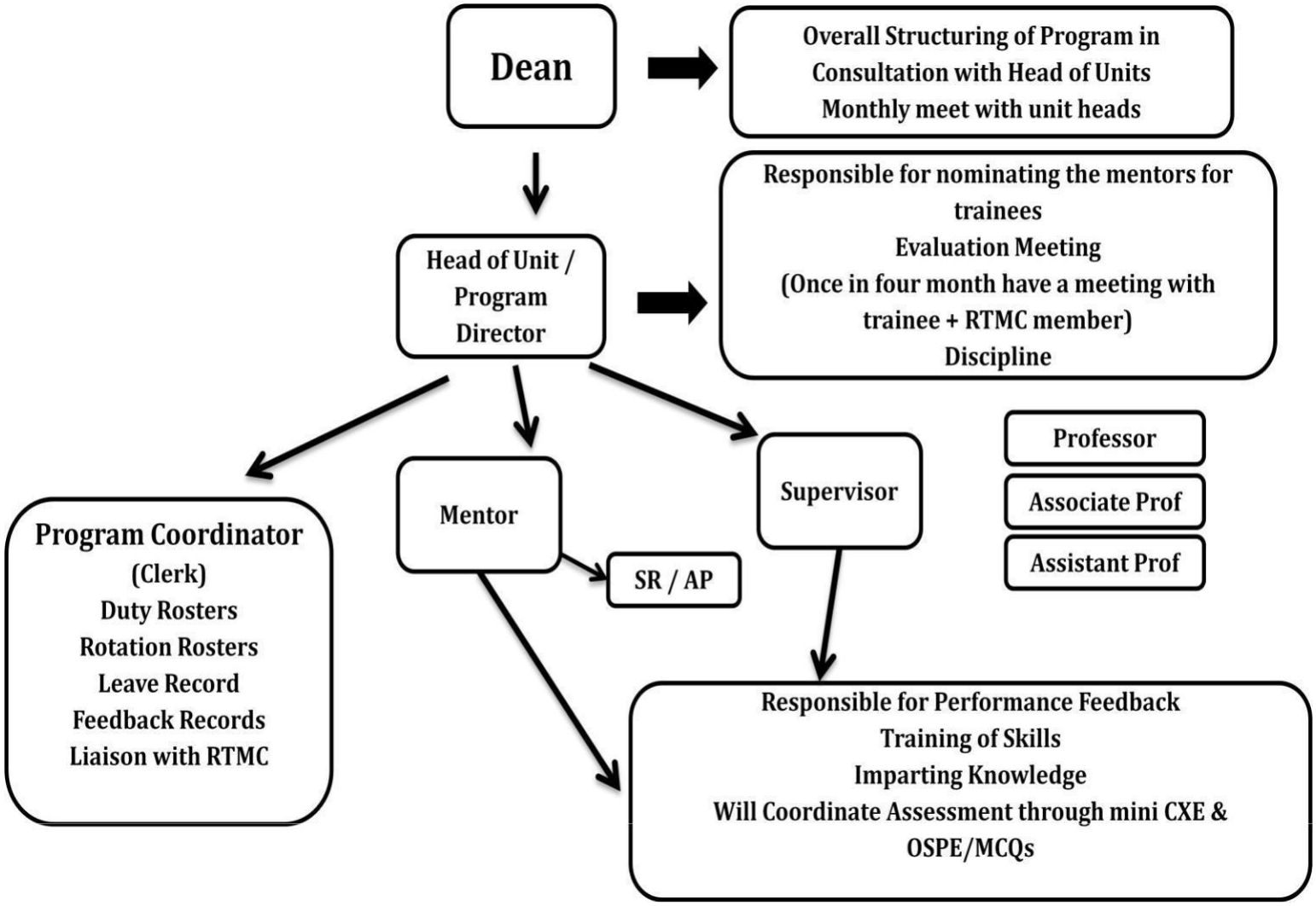
punch- biopsy, endotracheal intubation, and central line placement. Residents should know indications of potential complications of each of these procedures. • Understand how to improve patient/physician relationships in a professional way. Residents should be compassionate, but humble and honest, not only with their patients, but also with their co-workers. • Residents are encouraged to develop leadership in teaching and supervising interns and medical students. • Actively participate in all phases	diagnostic and therapeutic decisions. • Soundness of medical judgment. • Consideration of patient preferences in		to the patient's complaints to promote the patient's welfare.	use the medical literature search tools in the	

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. • Learn to use the computer for literature searches, to read and analyze scientific articles.	making therapeutic decisions. • Completeness of medical charting.	e and reliable at all times. • The resident must always consider the needs of patients, families, colleagues , and support staff. • The resident must maintain a professional appearance at all times.	• 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.	library to find appropriate articles related to interesting cases. • The resident should use information provided by senior residents and attendings from rounds and consultations to improve performance and enhance learning	understanding of the topic. • The resident's ability to apply the information learned from attending round sessions to the patient care setting. • The residents interest level in learning.

Suggested Readings:

1. Appropriate sections in Harrison's Principles of Obstetrics &Gynecology , McGraw Hill Publisher. PGTs should focus reading in particular sections that directly relate to the problems of their patients.
2. Appropriate sections in Cecil's Textbook of Obstetrics & Gynecology, W.B. Saunders Publisher. PGTs should focus reading in particular to sections that directly relate to the problems of their patients.
3. Pertinent sections of MKSAP booklets.

2.6 Road Map Of University Training



2.7 Curriculum of all Training years

1. **Clinical Components**

2. **Learning Objectives (General and Specific)**

2.7.1 Clinical Components

i. Curriculum of first year DGO

ii. Curriculum of second year DGO

i. Curriculum of First year DGO

Obstetrics

S No	Topic	Content
1.	NORMAL OBSTETRICS	·**Prenatal** (obstetric anatomy, perineum, embryology of fetal development, physiological changes in pregnancy)
		·**Antenatal** (concepts and objectives , history taking and obstetrical examination, recommended visits, dietary advice,
		Antenatal screening, minor symptoms of pregnancy)
		Intrapartum(diagnosis of labour, physiology of labour, fetal and pelvic dimension, mechanism of labour,
		Management of labour, fetal monitoring, ability to differentiate between normal and abnormal fidings)
		·**Postnatal Care** (normal puerperium, breast feeding)
		·**Neonatology** (APGAR score neonatal resuscitation, neonatal care, behavior of new born, immunization)
		·**Breast feeding** (breast feeding protocol, maternal and neonatal benefits of breast feeding)
		·**Antenatal** (APH, PROM, PPROM, preterm labour, prolong pregnancy, induction of labour), IUD, IUGR, fetal
		abnormality, fetal abnormality, oligohydramnios, polyhydramnios, twin and higher order gestation, social (domestic violence, nutritional deficiencies)
2.	OBSTETRICS COMPLICATION	·**Intrapartum** (abnormal labour, malposition, malpresentation, fetal distress, cord prolapse, instrumental delivery, still birth
		·**Postnatal Care** (PPH (primary and secondary), puerperial pyrexia, thromboprophylaxis, psychological disorder, DVT, early neonatal problem, problems with breast feeding)
		· Hematological disorders, (anemia, thrombocytopenia,DIC
		· Hypertensive disorder (PIH, preeclampsia, eclampsia)
		Diabetes in pregnancy (type-I, II and GDM)
3.	MEDICAL COMPLICATIONS	· Thyroid disorders (hypo and hyperthyroidism)
		· Liver disease (jaundice in pregnancy, cholestasis in pregnancy, AFLP)
		· Connective tissue disorders (APLS, SLE)
		· Neurological disorders, respiratory problems,
		· Drug abuse, medication in pregnancy
		· Renal disorder and skin disorder)
4.	OBSTETRICS PROCEDURES	· SVD, SVD with epi, instrumental delivery**,**· LSCS, CVS, Amniocentesis,
		·Craniocentesis, ECV/ IPV, Breech delivery, Shoulder dystochia,
		· PPH exploration (vaginal and cervical tear repair,
		· Balloon tamponade, uterine artery ligation, B-lynch))

i. Curriculum of First year DGO

Gynaecology

S No	Topic	Content
1.	**BASIC GYNAECOLOGICAL CONCEPTS**	· Embryology of genital tract (normal and abnormal development) · Anatomy of pelvic and pelvic floor · Physiology of normal menstrual cycle · Sexual dysfunction, rape and sexual assault · History taking, examination, investigations · Professionalism, ethics and statistic
2.	**PUBERTY AND MENSTRUAL DISORDERS**	· Puberty and its disorders · Menarche, primary amenorrhea · Secondary amenorrhea, PCOD, endometrial and cervical causes of menstrual problems, medical conditions causing menstrual problems, · Menopause, HRT)
3.	**EARLY PREGNANCY COMPLICATIONS**	· Miscarriages · Ectopic GTD
4.	**GENITAL TRACT INFECTIONS**	PID, STDs, chronic pelvic pain,)
5.	**SUBFERTILITY AND CONTRACEPTION**	· Primary and secondary subfertility (endometriosis) · Treatment of subfertility, assisted reproduction . Contraception
6.	**PELVIC FLOOR DYSFUNCTION**	· Pelvic organ prolapse · Urinary incontinence UV fistula) · Female genital mutilation
		· Pelvic masses

7.	**GYNAECOLOGICAL TUMORS**	· Benign conditions of ovary, uterus, cervix, vulva and vagina · Malignant conditions of ovary, · Uterus, cervix, vulva and vagina
8.	**GYNAECOLOGICAL PROCEDURES**	·Papsmear, · HVS, · ERPC, · MVA, · PPIUCD insertion and removal, ·implanon insertion and removal, · IUI, Ring pessary insertion, Wound care and debridement, · Diagnostic laparoscopy , · Diagnostic dilatation and curettage, · Colposcopy, ·Pipelle / Mirena insertion, · EUA/ Polypectomy, · TAH/Laparotomy,

ii. Curriculum of Second year DGO

Obstetrics

SNO	Topic	Content
1	**NORMAL OBSTETRICS**	**Intrapartum** (diagnosis of labour, physiology of labour, fetal and pelvic dimension, mechanism of labour, management of labour, fetal monitoring, ability to differentiate between normal and abnormal findings) **Postnatal Care** (normal puerperium, breast feeding) **Neonatology** (apgar score, neonatal resuscitation, neonatal care, behavior of new born, immunization) **Breast feeding** (breast feeding protocol, maternal and neonatal benefits of breast feeding)
2	**OBSTETRICS COMPLICATION**	**Antenatal** (prolong pregnancy, induction of labour), IUD, IUGR, fetal abnormality, fetal abnormality, oligohydramnios, polyhydramnios, twin and higher order gestation, social,previous I scar **Intrapartum** (abnormal labour, malposition, malpresentation, **Postnatal Care** (PPH (puerperial pyrexia, thromboprophylaxis, early neonatal problem, problems with breast feeding)
3	**MEDICAL COMPLICATION**	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 PROCEDURE**	PPIUD**,** Instrumental delivery**,** LSCS, CVS, amniocentesis, craniocentesis,ECV/ IPV, breech delivery, breech delivery, Shoulder dystochia, PPH exploration (vaginal and cervical tear repair,Balloon tymponade, uterine artery ligation, B-lynch))

ii. Curriculum of Second year DGO

Gynaecology

SNO	Topic	Content
1	**BASIC GYNAECOLOGICAL ETHICAL ISSUES**	· Sexual dysfunction, rape and sexual assault · Professionalism, ethics and statistic
2	**PUBERTY AND MENSTRUAL**	· Puberty and its disorders · Menarche, primary amenorrhea · Secondary amenorrhea, PCOD, endometrial and cervical causes of menstrual problems, medical conditions causing menstrual problems,
3	**EARLY PREGNANCY COMPLICATIONS**	· GTD · Ectopic
4	**GENITAL TRACT INFECTIONS**	· PID, STDs, chronic pelvic pain,)
5	**SUBFERTILITY AND CONTRACEPTION**	· **Subfertility** · Contraception
6	**PELVIC FLOOR DYSFUNCTION**	· Female genital mutilation
7	**GYNAECOLOGICAL MALIGNANCY**	· Pelvic masses · Benign conditions of ovary, uterus, cervix, vulva and vagina
8	**GYNAECOLOGICAL PROCEDURE**	· PPIUCD, implanon, · Wound care and debridement, · Diagnostic dilatation and curettage, ·Pipelle / Mirena insertion, Suction & evacuation, · Pap smear,Perineal repair, Marsuplization, Hymenectomy, EUA/ Polypectomy, TAH/ laparotomy, Myomectomy, Diagnostic Laparoscopy, Vaginal Hysterectomy, Hysteroscopic guided biopsy **(AS ASSITANT --- LEVEL 2)**

2.7.2 Learning Objectives

i.General learning objectives for all the training years

ii.Specific learning objectives for all the training years

i. General Learning objectives for all training years

TOPICS TO BE TAUGHT	LEARNING OBJECTIVES DGO trainee should be able to:	TEACHING METHOD	ASSESSMENT
1. History Taking **(Knowledge)**	· Progressively develop the ability to obtain a relevant focused history from increasingly complex patients and challenging circumstances · Record accurately and synthesize history with clinical examination and formulation of management plan according to likely clinical evolution · know the importance of different elements of history · Recognizes the importance of social, cultural and nutritional factors particularly those relating to ethnicity, race, cultural or religious beliefs and preferences, sexual orientation, gender and disability · Know likely causes and risk factors for conditions relevant to mode of presentation · Recognizes that history should inform examination, investigation and management	Bedside teaching in wards and outpatient departments	mini-CEX MCQs
2. History Taking **(Skills)**	· Recognize possible barriers (eg cognitive impairment) to effective communication · Manage time and draw consultation	Bedside teaching in wards and Outpatient Departments	mini-CEX

	· 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		
3. History Taking (Behaviors)	· Show respect and behave in accordance with Good Obs / Gynae Practice	Bedside teaching in wards and outpatient departments	Mini-CEX
4. Clinical examination (knowledge)	Progressively develop the ability to perform focused and accurate clinical examination in increasingly complex patients and challenging, circumstances, 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 Recognize constraints to performing physical examination and strategies that may be used to overcome them Recognize the limitations of physical examination and the need for adjunctive forms of assessment to confirm diagnosis	Bedside teaching in wards and outpatient departments	CbD mini-CEX ACAT

. .	Performance examination relevant to the presentation and risk factors that is valid, targeted and time efficient 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	Bedside teaching wards and outpatient departments	
6. Clinical examination (Behaviors)	Show respect and behaves in accordance with Good Obs / Gynae Practice	Bedside teaching in wards and outpatient departments	CbD, mini CEX, MSF
6. Time management and decision making	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	Bedside teaching in wards and outpatient departments	ACAT, CbD
7. Decision making and clinical reasoning	• Progressively develop the ability to formulate a diagnostic and therapeutic plan for a patient according to the clinical information available • Progressively develop the ability to prioritise the diagnostic and therapeutic plan • Communicate the diagnostic and therapeutic plan appropriately	Bedside teaching in wards	ACAT, CbD, mini-CEX

ii. Specific learning objective for first year

Obstetrics

Obstetrics

S No	Content (Obs)	Learning Objectives
1	**NORMAL OBSTETRICS** ·**Basics** (obstetric anatomy, perineum, embryology of fetal development, physiological changes in pregnancy) ·**Antenatal** (concepts and objectives , history taking and obstetrical examination, recommended visits, dietary advice, antenatal screening, minor Symptoms of pregnancy) ·**Intrapartum** (diagnosis of labour, physiology of labour, fetal and pelvic dimension, mechanism of labour, management of labour, fetal monitoring, ability to differentiate between normal and abnormal findings) ·**Postnatal Care** (normal puerperium, breast feeding) ·**Neonatology** (apgor score neonatal resuscitation, neonatal care, behavior of new born, immunization) ·**Breast feeding** (breast feeding protocol, maternal and neonatal benefits of breast feeding)	**Resident will be able to** · Describe basic anatomy, physiology of pregnancy and fetal embryology · Demonstrate anatomical land marks during clinical examination and surgery · Demonstrate the capabilities of taking care of antenatal intrapartum and postnatal Patients · Interact with postnatal patients for breast feeding and neonatal care · Formulate the breast feeding plan of Neonate
2	**OBSTETRICS COMPLICATION** ·**Antenatal** (APH, PROM, PPROM, preterm labour, domestic violence, nutritional Deficiencies ·**Postnatal Care** (PPH (primary and secondary)	· Evaluate the patient in antenatal , intrapartum and postpartum period according to risk category · Manage the patient in antenatal , intrapartum and postpartum obstetrics Complication
3	**MEDICAL COMPLICATIONS** · Hematological disorders, (anemia, thrombocytopenia, DIC · Hypertensive disorder (PIH, preeclampsia, eclampsia) · Diabetes in pregnancy (type-I, II and GDM) · Drug abuse, medication in pregnancy	· Demonstrate understanding of physiological concepts in interpretation of clinical situation (scenario) and Investigation
4	**OBSTETRICS PROCEDURES** · SVD, SVD with epi (along with scrubbing gloving gowning)	· Perform obstetrics procedures as per directed and checklist

ii.Specific learning objective for first year

Gynaecology

Gynaecology

S No	Content (Gynae)	Learning Objectives
1	**BASIC GYNAECOLOGICAL CONCEPTS** · Embryology of genital tract (normal and abnormal development) · Anatomy of pelvic and pelvic floor · Physiology of normal menstrual cycle · History taking, examination, investigations	**Resident will be able to** · Describe anatomy of pelvic floor, physiology and embryology of reproductive tract · Interact with different gynaecological Patient
2	**PUBERTY AND MENSTRUAL DISORDERS** · Puberty and its disorders · Menarche, primary amenorrhea	· 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
3	**EARLY PREGNANCY COMPLICATIONS** · Miscarriages · Ectopic	· Evaluate patient with early pregnancy complications · Demonstrate the understanding of problem in early pregnancy in terms of dealing with patients as per guidelines
4	**SUBFERTILITY AND CONTRACEPTION** · Contraception	· Interpret basic pathology of subfertility · Arrange different contraception options with their suitable criteria
5	**GYNAECOLOGICAL TUMORS** · Pelvic masses	· Establish the diagnosis of gynaecological tumor base on history examination and investigations · Defend the management plan of different pelvic tumor
6	**GYNAECOLOGICAL PROCEDURES** · ERPC, MVA, perspeculum examination (Papsmear, HVS) , wound care	· Demonstrate Gynaecological procedures as per directed and checklist

ii. Specific learning objective for Second year

Obstetrics

Obstetrics

SNO	Content (Obs)	Learning Objectives
1	**NORMAL OBSTETRICS** (content of first year included) ·**Intrapartum** (diagnosis of labour, physiology of labour, fetal and pelvic dimension, mechanism of labour, management of labour, fetal monitoring, ability to differentiate between normal and abnormal findings) ·**Postnatal Care** (normal puerperium, breast feeding) ·**Neonatology** (apgor score neonatal resuscitation, neonatal care, behavior of new born, immunization) ·**Breast feeding** (breast feeding protocol, maternal and neonatal benefits of breast feeding)	**Resident will be able to** · Describe basic anatomy, physiology of pregnancy and fetal embryology · Demonstrate anatomical land marks during clinical examination and surgery · Demonstrate the capabilities of taking care of antenatal intrapartum and postnatal patients · Interact with postnatal patients for breast feeding and neonatal care · Formulate the breast feeding plan of neonate
2	**OBSTETRICS COMPLICATION** (content of first year included) ·**Antenatal** (prolong pregnancy, induction of labour), IUD, IUGR, fetal abnormality, fetal abnormality, oligohydramnios, polyhydramnios, twin	· Evaluate the patient in antenatal , intrapartum and postpartum period according to risk category

	and higher order gestation, social, previous I scar, pregnancy with fibroid, pregnancy with placenta previa ·**Intrapartum** (abnormal labour, malposition, malpresentation, ·**Postnatal Care** (PPH (puerperial pyrexia, thromboprophylaxis, early neonatal problem, problems with breast feeding)	· Manage the patient in antenatal , intrapartum and postpartum obstetrics complication
3	**MEDICAL COMPLICATIONS** (content of first year included) · 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	· Demonstrate understanding of physiological concepts in interpretation of clinical situation (scenario) and investigation
4	**OBSTETRICS PROCEDURES** (content of first year included) · Instrumental delivery**,** LSCS, CVS, amniocentesis, craniocentesis, ECV/ IPV, breach delivery, shoulder dystochia, PPH exploration (vaginal and cervical tearrepair, balloon tymponade, uterine artery ligation, B-lynch)	· Perform obstetrics procedures as per directed and checklist

ii. Specific learning objective for Second year

Gynaecology

Gynaecology

SNO	Content (Gynae)	Learning Objectives
1	**BASIC GYNAECOLOGICAL CONCEPTS** (content of previous year included) · Sexual dysfunction, rape and sexual assault · Professionalism, ethics and statistic	**Resident will be able to** · Describe anatomy of pelvic floor, physiology and embryology of reproductive tract · Interact with different gynaecological patient
2	**PUBERTY AND MENSTRUAL DISORDERS** (content of previous year included) · Puberty and its disorders · Menarche, primary amenorrhea · Secondary amenorrhea, PCOD, endometrial and cervical causes of menstrual problems, medical conditions causing menstrual problems,	· 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
3	**EARLY PREGNANCY COMPLICATIONS** (content of previous year included) · Ectopic · GTD	· 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,)	
5	**SUBFERTILITY AND CONTRACEPTION** (content of previous year included) · Contraception	· Interpret basic pathology of subfertility Arrange different contraception options with their suitable criteria
6	**PELVIC FLOOR DYSFUNCTION** (content of previous year included) · Female genital mutilation	
7	**GYNAECOLOGICAL TUMORS** (content of previous year included) · Pelvic masses · Benign conditions of ovary, uterus, cervix, vulva and vagina	· Establish the diagnosis of gynaecological tumor base on history examination and investigations Defend the management plan of different pelvic Tumor
8	**GYNAECOLOGICAL PROCEDURES** (content of previous year included) · PPIUCD, implanon, wound care and debridement, diagnostic dilatation andcurettage, Pipelle / Mirena insertion, Pap smear	· Demonstrate Gynaecological procedures as perdirected and checklist

2.8 Details of the curriculum of DGO Obstetrics & Gynaecology

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.

- Describe embryology, applied anatomy, physiology, pathology, clinical features, diagnostic procedures and the therapeutics including preventive methods, (medical/surgical) pertaining to Obstetrics and Gynaecology.
- Perform medical interview and physical examination in both obstetrical and gynecological patient.
- 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.
- Describe the physiological, physical and psychological change during pregnancy, labour and puerperium.
- Describe the development of the fetus from conception to term.
- Describe the needs of the mother during antenatal, intrapartum and post natal period and promote positive health in normal and high risk cases.
- Conduct normal labour and identify any major deviations from normal.
- Provide care to the high-risk neonates, small for date & premature infants.
- Counsel families about maternal and child health.

- Differentiate causes of "acute abdomen" including conditions such as pelvic infection, ectopic pregnancy, adnexal torsion, appendicitis, diverticulitis, urinary calculi.
- 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.
- 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
- Interpret different imaging reports in Obstetrics and Gynaecology. There should be collaboration with Radiology department for such activities
- Provide Antenatal care including assessment, general and obstetrical examination, pelvic examination and counseling about nutrition, antenatal exercises, mother craft and preventive obstetrics
- Manage normal labour
- Onset, physiological changes & psychological aspects of labour
- Mechanism, induction and augmentation of labour
- Monitoring & use of partogram
- Observation and clinical diagnosis of patient in different stages of labour.
- Episiotomy care
- Analgesics and anaesthesia in labour
- Manage normal puerperium
- Physiological changes during puerperium
- Care during puerperium – mother, neonate and family

- Physiology of lactation and establishment of lactation and breast feeding
- Post-natal-care – post natal exercises, follow up care.
- Customs and beliefs in relation to confinement and puerperium
- Provide care to New Born
- Resuscitation &, immediate care of new born.
- Normal characteristics and care of the new born
- Asphyxia neonatorum, respiratory distress
- Jaundice in new born
- Haemorrhagic diseases of the newborn
- Convulsions in new born
- Birth injuries, congenital anomalies, infection of the newborn, vomiting in new born.
- Still birth – incidence, causes and prevention
- Care of Low birth weight babies in labour room and nursery
- Manage common ailments of pregnancy
- Manage high risk pregnancy
- Hyperemesis gravidarum
- Hydramnios
- Multiple pregnancy
- Prelabourrupture of membrane and preterm labour
- Intrauterine growth retardation

- Post-date pregnancy
- Abnormal Uterine Action
- Medical conditions associated with pregnancy:
- Anaemia in pregnancy
- Heart disease in pregnancy
- Pregnancy induced hypertension
- Venous thromboembolism
- Rh Incompatibility and amniocentesis
- Diabetes in pregnancy
- Pyelonephritis
- Infections, sexually transmitted diseases in pregnancy
- General surgery during pregnancy
- Pregnancy with previous history of Caesarean section
- Elderly primigravida
- Grand multipara
- Bad obstetric history
- Contracted pelvis
- Manage gynaecological conditions in pregnancy :
- Ca cervix with pregnancy
- Fibroid with pregnancy

- Ovarian tumour in pregnancy
- Retroverted gravid uterus
- Genital prolapse in pregnancyManage complications in pregnancy
- Bleeding in early pregnancy
- Abortion, types, complication and management
- Ectopic pregnancy
- Trophoblastic tumours
- Ante partum haemorrhage
- Placenta praevia
- Abruption placenta
- Hydatidiform mole
- Pregnancy induced hypertension (Pre eclampsia and eclampsia)
- Intrauterine death
- Induction of labour – Medical, surgical, combined
- Post maturity
- Diagnose and manage Malposition, Malpresentation and Cord prolapse
- Occipito-posterior position – causes, diagnosis, antenatal care, course of labour and management
- Breech presentation – causes, diagnosis, types, antenatal care, course of labour and management
- Face and brow presentation – causes diagnosis, antenatal care, course of labour, and management
- Transverse lie, unstable lie

- Compound presentations
- Cord prolapse
- Prolonged labour, obstructed labour, dystocia caused by foetal anomalies
- Destructive operations
- Diagnose and manage abnormalities of Puerperium
- Puerperal pyrexia and puerperal sepsis
- Puerperal venous thrombosis, thrombophlebitis, pulmonary embolism
- Urinary complications in puerperium
- Postpartum haemorrhage
- Subinvolution, obstetric palsies
- Breast complications – Breast engorgement, breast abscess, acute mastitis cracked & retracted nipples, suppression of lactation
- Psychiatric disturbances in puerperium
- Diagnose and manage obstetrical emergencies
- Uterine rupture, cervical tear, inversion of uterus, retained placenta
- Perform operative obstetrics
- Obstetrical hysterectomy
- Dilatation and evacuation
- Suction evacuation
- Use of instruments – forceps, ventouse, Versions

- Caesarean section
- Describe pharmacotherapeutics
- Oxytocics and prostaglandins used in obstetrics
- Indications and contraindications and rationale of drugs in pregnancy
- Demonstrate gynaecological history taking and examination
- Diagnose and manage menstrual disorders
- Amenorrhoeas
- Cryptomenorrhoea, oligomenorrhoeas
- Hypomenorrhoea, dysmenorrhoea
- Metrorrhagia, menorhagia
- Dysfunctional uterine bleeding
- Menopause
- Manage sign and symptoms of menopause
- Prevention of osteoporosis
- Hormonal replacement therapy (HRT)
- Diagnose and manage common genital infection
- Fungal infections – Vaginal discharges
- Acute and chronic infections of genitalia
- Pelvic inflammatory disease
- Diagnose causes of and manage

- Low back ache
- Diagnose and manage endometriosis / adenomyosis
- Gynecological oncology:
- Diagnose and manage tumors of the genital tract
- Proliferative lesions and benign tumors; uterine leiomyoma, cervical polyp, ovarian cyst and tumors to
- Malignant tumors – vulvar, vaginal, cervical, ovarian, endometrial and trophoblastic carcinomas
- Basics of radiotherapy and chemotherapy
- Diagnose and manage uterine displacements
- Uterovaginal prolapse
- Retroverted uterus
- Anteverted uterus
- Diagnose and Manage subfertility
- Primary and secondary subfertility
- Diagnose and manage gynecological emergencies
- Acute salpingo-oophoritis
- Twisted ovarian cyst, pedunculated fibroma of the uterus
- Ectopic pregnancy
- Perform and interpret results of special diagnostic
- Pap smear
- Ovulation tests, semen analysis

- Hysterosalpingography
- Culdoscopy, colposcopy, Laparoscopy
- Biopsy –cervical and endometrial
- 3 swab test
- Perform gynecological procedures
- D&C
- Abdominal hysterectomy
- Vaginal hysterectomy
- Laparotomy
- Provide Pre and post operative care of patients undergoing gynecological operations
- Diagnose and manage patients with urinary complaints
- Urogynaecology
- Diagnose and manage patients with urinary complaints to

  Interpret the results of urodynamics

2.9 Educational Strategic Planing

Settings

Teaching and learning /strategies

Assessment tools

2.9.1 Settings

Antenatal ward	Postnatal ward	Daycare clinic	High risk antenatal	High dependency unit	Filter clinic
Pre-op Gynae ward	Post Op ward	Elective OT	Labor ward	Obs/Gynae Emergency	Emergency OT
Out Patient department	Class room / Conference room	Skill labs	Library-Departmental & NTB	Conference Halls OTB	Workshops OTB
	CPC hall / NTB			Research Unit / ORIC OTB	

2.9.2 Teaching and Learning /Strategies

Long case log book	Bed side teaching
Clinico-pathological Conferences:	Clinical Audit meeting:/ Statistics
Maternal Mortality Meeting:	Perinatal Mortality Meeting
Skill teaching in OT	OPD Case based discussion
Self study, assignments	Research log book

Morning meeting	Core Faculty Lectures (CFL):
Case presentations:	Grand Rounds (GR):
Journal Club Meeting (JC):	Weekly hand on skill workshop on Friday:
Seminar / Conferences:	Small Group Discussions (SGD), Case based learning (CBL)
Main log book	Topic- PowerPoint presentation

Outpatient Experiences: Residents should demonstrate expertise in diagnosis and management of patients in outdoor clinic including general antenatal, high risk antenatal, patients with common gynaecological complains, oncology clinic, subfertility clinic and contraception clinic.

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 emergency patients including initial resuscitation (ABC), double IV line, blood and blood products arrangement and definite decision making for further management.

Interdisciplinary Practice: Residents will have enough time for Interdisciplinary interaction and communication. Residents will have liaison with Medicine, Neonatology, Radiology, Dermatology, Emergency Medicine, General Surgery, Neurology, Ophthalmology, Nephrology, Urology.

Community Practice: The Residents should be encourage to participate in the free camp providing antenatal, family planning services in the periphery area. This will give the experience of Obs / Gynae practice in a non-academic, non-teaching hospital setting, this will make them more confident and community oriented. They learn the needs of referring physicians or to decide on a future career path.

Mandatory Workshops: Residents achieve hands on training while participating in mandatory workshops of :

Communication Skills

Computer Skills and IT

One Disease Statistical review

Core Faculty Lectures (CFL): The core faculty lectures focus on monthly themes of the various Obs / Gynae topics. Lectures are still an efficient way of delivering information. Good lectures can introduce new material or synthesize concepts DGO trainees have through text-, web-, or field-based activities. ***Buzz groups*** can be incorporated into the lectures in order to promote more active learning.

Introductory Lecture Series (ILS): Various introductory topics will be presented by subspecialty and general Obs / Gynae faculty to introduce basic, essential and emerging topics in Obs / Gynae.

Long and short case presentations: Giving an oral presentation on ward rounds is an important skill for Obs / Gynae DGO trainee to learn. It is Obs / Gynae reporting which is terse and rapidly moving. After collecting the data, you must then be able 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 illnesses, the psychosocial contributions totheir 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.

Seminar Presentation: Seminar is held in a noon conference format. Upper level residents present an in-depth review of Obs / Gynae topic as well as their own research. Residents are formally critiqued by both the associate programme 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 discuss any current article or topic introduced or assigned by senior faculty member. The article will be critically evaluated and its

recommended results should be highlighted and reinforced for implementation in routine Gynae and obstetrics care and 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 DGO trainee prefer small group learning to other instructional methods. From the study of a problem DGO trainee 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 DGO trainee determine what and how they learn. Case studies help learners identify problems and solutions, compare options and decide how to handle a real situation.

Discussion/Debate: There are several types of discussion tasks which would be used as learning method for residents including:

Guided discussion, in which the facilitator poses a discussion question to the group and learners offer responses or questions to each other's contributions as a means of broadening the discussion's scope;

Inquiry-based discussion, in which learners are guided through a series of questions to discover some relationship or principle;

Exploratory discussion, in which learners examine their personal opinions, suppositions or assumptions and then visualize alternatives to these assumptions; and ***debate*** in which DGOtrainee argue opposing sides of a controversial

topic. With thoughtful and well-designed discussion tasks, learners can practice critical inquiry and reflection, developing their individual thinking, considering alternatives and negotiating meaning with other discussants to arrive at a shared understanding of the issues at hand.

Case Conference (CC): These sessions are held three days each week; the focus of the discussion is selected by the presenting resident. For example, some cases may be presented to discuss a differential diagnosis, while others are presented to discuss specific management issues.

Grand Rounds (GR): The Department of Obs / Gynae hosts Grand Rounds on weekly basis. Speakers from local, regional and national Obs / Gynae training programmes are invited to present topics from the broad spectrum of Obs / Gynae. All residents on inpatient floor teams.

Weekly hands on skill workshop: On every Friday, there is a schedule of skill workshops on dummy pelvis for mechanism of labour, malpresentations and obstetric complications.

Professionalism Curriculum (PC): This is an organized series of recurring large and small group discussions focusing upon current issues and dilemmas in Obs / Gynae professionalism and ethics presented primarily by anassociate programme director. Lectures are usually presented in a noon conference format.

Evening Teaching Rounds: The evening rounds are conducted by senior registrar to discuss and revise all the high risk cases. Residents are suppose to prepare short and brief history of all cases, salient feature of their management and

will have detailed discussion with senior registrar on call. The evening teaching round are meant to ensure continues 24/7.

Clinico-pathological Conferences: The clinic-pathological conference, popularly known as CPC primarily relies on case method of teaching medicine. 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.

Evidence Based Obs / Gynae(EBM): Residents are presented a series of noon monthly lectures presented to allow residents to learn how to critically appraise journal articles, stay current on statistics, etc. The lectures are presented by the programme director.

Clinical Audit meeting: Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria. In Obs/Gynae monthly clinical audit meeting is held and data of latest month is presented on pre design proformas. It is attended by all senior faculty members, senior registrar and all residents. Discussion to reduce maternal and neonatal morbidity and mortality is generated and instruction are given to implement further changes in clinical practices based on fact and figures.

Peer Assisted Learning: Any situation where people learn from, or within the colleague of similar level of training, background and shared characteristic. PAL 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.

Maternal Mortality Meeting: The maternal mortality meetings are held regularly very month in department throughout the year. A case, with an adverse outcome, that resulting in death of mother, is discussed and thoroughly reviewed. Faculty members from various disciplines are invited to attend, especially if they were involved in the care of the mother. The discussion focuses on how we can reduce maternal mortality and morbidity.

Clinical Case Conference: Each resident will be responsible for at least one clinical case conference each month. The cases discussed may be those seen on either the consultation or clinic service or during rotations in specialty areas. The resident, with the advice of the Attending consultant on the Consultation Service, will prepare and present the case(s) and review the relevant literature.

Perinatal Mortality Meeting The meetings are held regularly in department throughout the year. A case, with an adverse outcome, that resulting in death of new born, is discussed and thoroughly reviewed. Faculty members from various disciplines are invited to attend, especially if they were involved in the care of new born. The discussion focuses on how we can reduce perinatal and morbidity.

Skill teaching in emergency / Labour room & in skill workshop:

Indoor monthly rotation in emergency and labour room will provide good opportunity to residents to learn different obstetrical and Gynae skills.

Methods of Teaching

Skill Workshops: Resident will be given and opportunity to attend skill workshops that are meant to enhance trainees skill in followings areas

1. One Week Neonatology (Hands On)
2. One Day Basic Surgical Technique
3. Four Days Obs emergencies

Apart from other departmental workshops conducted every Friday.

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 history taking, physical examination and discussion of particular diseases, its psychosocial and ethical themes, and management issues

Directly Supervised Procedures - (DSP): Residents learn procedures under the direct supervision of an attending consultant or fellow during some rotations. For example, in the Obs / Gynae all the high risk gynaecological and antenatal and postnatal cases are in continuous discussion and require regular management. The resident will be the part of that team who is dealing with patients so will directly learn from senior consultant and senior registrar.

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 programme, 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 clinic in Gynae and obstetrics.

Follow up of patients with gynaecological malignancies: Patients with gynaecological malignancies are commonly presented in outdoor department. Their detailed evaluation, management and decision making of these patients is time taking process. These patients are kept in follow up pre operatively and post operatively. The main purpose of pre operative follow up is to complete work up, investigations and to look for new sign andsymptom of disease. These patient are discussed among faculty members and treatment option are offer to the patient. Post operatively these patient are in regular follow up with histopathology report and further referred for next step of management

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

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 regular basis if they live in vicinity of 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 consultant.

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

Core curriculum meeting: All the core topics of Obs / Gynae should be thoroughly discussed during these sessions. The duration of each session should be at least two hours once a month. It should be chaired by the chief resident (elected by the residents of the relevant discipline). Each resident should be 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 DGO 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 DGO trainee and the faculty.

Learning through maintaining log book: It is used to list the core clinical problems to be seen during the attachment and to document the DGO trainee activity and learning achieved with each patient contact.

Learning through maintaining 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 DGO trainee 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.

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. DGO trainee have the opportunity to experience a multi-professional approach to patient care. Unlike ward teaching, increased numbers of DGO trainee can be accommodated without exhausting the limited No. of suitable patients.

Community Based Obs / Gynae Education: CBME refers to Obs / Gynae 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 laparoscopic procedures skill.

E-learning/web-based: 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 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.

Other teaching strategies specific for different specialties as mentioned in the relevant parts of the curriculum

Some of the other teaching strategies which are specific for certain domains of Obs / Gynae are given along with relevant modules.

2.9.3 Assessment Tools

A crisp detail about modern Tools of Assessment intended to be used for the course

360- Degree Evaluation Instrument-Multi-Source Feedback (MSF):

360-degree evaluations consist of measurement tools completed by multiple people in a person's sphere of influence. Evaluators completing rating for DGO in a 360-degree evaluation usually are superiors, peers, subordinates, and patients and families. Most 360-degree evaluation processes use a survey or questionnaire to gather information about an individual's performance on several topics (e.g., teamwork, communication, management skills & decision-making). Most 360-degree evaluations use rating scales to assess how frequently a behavior is performed (e.g., a scale of 1 to 5, with 5 meaning ―all the time‖ and 1 meaning ―never‖). The ratings are summarized for all evaluators by topic and overall to provide feedback. Evaluators provide more accurate and less lenient ratings when the evaluation is intended to give formative feedback rather than summative evaluations. A 360-degree evaluation can be used to assess interpersonal and communication skills, professional behaviors, and some aspects of patient care and systems-based practice.

Chart Stimulated Recall Oral Examination (Csr)

In a chart stimulated recall (CSR) examination patient cases of the examinee (resident) are assessed in a standardized oral examination. A trained and experienced physician examiner questions the examinee about the care provided probing for reasons behind the work-up, diagnoses, interpretation of clinical findings, and treatment plans. The

examiners rate the examinee using a well-established protocol and scoring procedure. In efficiently designed CSR oral exams each patient case (test item) takes 5 to 10 minutes. A typical CSR exam is two hours with one or two physicians as examiners per separate 30 or 60-minute session. These exams assess clinical decision-making and the application or use of Obs / Gynae knowledge with actual patients.

Checklist Evaluation

Checklists consist of essential or desired specific behaviors, activities, or steps that make up a more complex competency or competency component. Typical response options on these forms are a check ( ) or ―yes‖ to indicate that the behavior occurred or options to indicate the completeness (complete, partial, or absent) or correctness (total, partial, or incorrect) of the action. The forms provide information about behaviors but for the purpose of making a judgment about the adequacy of the overall performance, standards need to be set that indicate, for example, pass/fail or excellent, good, fair, or poor performance. Checklists are useful for evaluating any competency and competency component that can be broken down into specific behaviors or actions. Documented evidence for the usefulness of checklists exists for the evaluation of patient care skills (history and physical examination, procedural skills) and for interpersonal and communication skills. Checklists have also been used for self-assessment of practice-based learning skills (evidence-based medicine). Checklists are most useful to provide feedback on performance because checklists can be tailored to assess detailed actions in performing a task.

Global Rating of Live or Recorded Performance

Global rating forms are distinguished from other rating forms in that (a) a rater judges general categories of ability (e.g. patient care skills, Obs / Gynae knowledge, interpersonal and communication skills) instead of specific skills, tasks or behaviors; and (b) the ratings are completed retrospectively based on general impressions collected over a period of time (e.g., end of a clinical rotation) derived from multiple sources of information (e.g., direct observations or interactions; input from other faculty, residents, or patients; review of work products or written materials). All rating forms contain scales that the evaluator uses to judge knowledge, skills, and behaviors listed on the form. Typical rating scales consist of qualitative indicators and often include numeric values for each indicator, for example, (a) very good = 1, good =2, fair = 3, poor =4; or (b) superior =1, satisfactory =2, unsatisfactory =3. Written comments are important to allow evaluators to explain the ratings. Global rating forms are most often used for making end of rotation and summary assessments about performance observed over days or weeks. Scoring rating forms entails combining numeric ratings with comments to obtain a useful judgment about performance based upon more than one rater.

Objective Structured Clinical Examination (Osce)

In an objective structured clinical examination (OSCE) one or more assessment tools are administered at 12 to 20 separate standardized patient encounter stations, each station lasting 10-15 minutes. Between stations candidates may complete patient notes or a brief written examination about the previous patient encounter. All candidates move from station to station in sequence on the same schedule. Standardized patients are the primary assessment tool used in OSCEs, but OSCEs have included other assessment tools such as data interpretation exercises using clinical cases and clinical scenarios with mannequins, to assess technical skills. OSCEs have been administered in most of the Obs / Gynae schools worldwide, many residency programmes, and by the licensure board examinations. The OSCE format

provides a standardized means to assess: physical examination and history taking skills; communication skills with atients and family members, breadth and depth of knowledge; ability to summarize and document findings; ability to ake a differential diagnosis, or plan treatment; and clinical judgment based upon patient notes.

Procedure, Operative, or Case Logs

Procedure, operative, or case logs document each patient encounter by Obs / Gynae conditions seen, surgical operation or procedures performed. The logs may or may not include counts of cases, operations, or procedures. Patient case logs currently in use involve recording of some number of consecutive cases in a designated time frame. Operative logs in current use vary; some entail comprehensive recording of operative data by CPT code while others require recording of operations or procedures for a small number of defined categories. Logs of types of cases seen or procedures performed are useful for determining the scope of patient care experience. Regular review of logs can be used to help the resident track what cases or procedures must be sought out in order to meet residency requirements or specific learning objectives. Patient logs documenting clinical experience for the entire residency can serve as a summative report of that experience; as noted below, the numbers reported do not necessarily indicate competence.

Record Review

Trained staff in an institution's Obs / Gynae records department or clinical department perform a review of patients' paper or electronic records. The staff uses a protocol and coding form based upon predefined criteria to abstract information from the records, such as medications, tests ordered, procedures performed, and patient outcomes. The patient record findings are summarized and compared to accepted patient care standards. Standards of care are available for more than 1600 diseases on the Website of the Agency for HealthCare Research and Quality (http://www.ahrq.gov/).Record review can provide evidence about clinical decision making, follow-through in patient management and preventive health services, and appropriate use of clinical facilities and resources (e.g., appropriate

laboratory tests and consultations). Often residents will confer with other clinical team members before documenting patient decisions and therefore, the documented care may not be directly attributed to a single resident but to the clinical team.

Simulations and Models

Simulations used for assessment of clinical performance closely resemble reality and attempt to imitate but not duplicate real clinical problems. Key attributes of simulations are that: they incorporate a wide array of options resembling reality, allow examinees to reason through a clinical problem with little or no cueing, permit examinees to make life-threatening errors without hurting a real patient, provide instant feedback so examinees can correct a mistaken action, and rate examinees' performance on clinical problems that are difficult or impossible to evaluate effectively in other circumstances. Simulation formats have been developed as paper-and pencil branching problems (patient management problems or PMPs), computerized versions of PMPs called clinical case simulations (CCX®), role-playing situations (e.g., standardized patients (SPs), clinical team simulations), anatomical models or mannequins, and combinations of all three formats. Mannequins are imitations of body organs or anatomical body regions frequently using pathological findings to simulate patient disease. The models are constructed of vinyl or plastic sculpted to resemble human tissue with imbedded electronic circuitry to allow the mannequin to respond realistically to actions by the examinee. Virtual reality simulations or environments (VR) use computers sometimes combined with anatomical models to mimic as much as feasible realistic organ and surface images and the touch sensations (computer generated haptic responses) a physician would expect in a real patient. The VR environments allow assessment of procedural skills and other complex clinical tasks that are difficult to assess consistently by other assessment methods. Simulations using VR environments have been developed to train and assess surgeons performing arthroscopy of the knee and other large joints, anesthesiologists managing life-threatening critical incidents during surgery, surgeons performing wound

debridement and minor surgery, and Obs / Gynae DGO trainee and residents responding to cardio-pulmonary incidents on a full-size human mannequin. Written and computerized simulations have been used to assess clinical reasoning, diagnostic plans and treatment for a variety of clinical disciplines as part of licensure and certification examinations. Standardized patients as simulations are described elsewhere.

Standardized oral Examination

The standardized oral examination is a type of performance assessment using realistic patient cases with a trained physician examiner questioning the examinee. The examiner begins by presenting to the examinee a clinical problem in the form of a patient case scenario and asks the examinee to manage the case. Questions probe the reasoning for requesting clinical findings, interpretation of findings, and treatment plans. In efficiently designed exams each case scenario takes three to five minutes. Exams last approximately 90 minutes to two and one-half hours with two to four separate 30 or 60-minute sessions. One or two physicians serve as examiners per session. An examinee can be tested on 18 to 60 different clinical cases. These exams assess clinical decision making and the application or use of Obs / Gynae knowledge with realistic patients. Multiple-choice questions are better at assessing recall or understanding of Obs / Gynae knowledge.

Standardized Patient Examination (Sp/ Role Player)

Standardized patients (SPs) are well persons trained to simulate Obs / Gynae condition in a standardized way or actual patients who are trained to present their condition in a standardized way. A standardized patient exam consists of multiple SPs each presenting a different condition in a 10-12 minute patient encounter. The resident being evaluated examines the SP as if (s) he were a real patient, (i.e., the resident might perform a history and physical exam, order tests, provide a diagnosis, develop a treatment plan, or counsel the patient). Using a checklist or a rating form, a physician observer or the SPs evaluate the resident’s performance on appropriateness, correctness, and completeness of

specific patient care tasks and expected behaviors (See description of Checklist Evaluation…). Performance criteria are set in advance. Alternatively or in addition to evaluation using a multiple SP exam, individual SPs can be used to assess specific patient care skills. SPs are also included as stations in

Objective Structured Clinical Examinations (See description of OSCE).SPs have been used to assess history-taking skills, physical examination skills, communication skills, differential diagnosis, laboratory utilization, and treatment. Reproducible scores are more readily obtained for history-taking, physical examination, and

communication skills. Standardized patient exams are most frequently used as summative performance exams for clinical skills. A single SP can assess targeted skills and knowledge.

Written Examination (MCQ)

A written or computer-based MCQ examination is composed of multiple-choice questions (MCQ) selected to sample Obs / Gynae knowledge and understanding of a defined body of knowledge, not just factual or easily recalled information. Each question or test item contains an introductory statement followed by four or five options in outline format. The examinee selects one of the options as the presumed correct answer by marking the option on a coded answer sheet. Only one option is keyed as the correct response. The introductory statement often presents a patient case, clinical findings, or displays data graphically. A separate booklet can be used to display pictures, and other relevant clinical information. In computer-based examinations the test items are displayed on a computer monitor one at a time with pictures and graphical images also displayed directly on the monitor. In a computer-adaptive test fewer test questions are needed because test items are selected based upon statistical rules programmed into the computer to quickly measure the examinee's ability. Obs / Gynae knowledge and understanding can be measured by MCQ examinations. Comparing the test scores on in-training examinations with national statistics can serve to identify strengths and limitations of individual residents to help them improve. Comparing test results aggregated for residents in each year of a programme can be helpful to identify residency training experiences that might be improved.

Mini-Clinical Evaluation Exercise (mini-CEX)

This tool evaluates a clinical encounter with a patient to provide an indication of competence in skills essential for good clinical care such as history taking, examination and clinical reasoning. The trainee receives immediate feedback to aid learning. The can be used at any time and in any setting when there is a trainee and patient interaction and an assessor is available.

Direct Observation of Procedural Skills (DOPS)

A DOPS is an assessment tool designed to evaluate the performance of a trainee in undertaking a practical procedure, against a structured checklist. The trainee receives immediate feedback to identify strengths and areas for development.

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 Obs / Gynae 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 outpatient department.

Acute Care Assessment Tool (ACAT)

The ACAT is designed to assess and facilitate feedback on a doctor's performance during their practice on the Acute Obs / Gynae Take. Any doctor who has been responsible for the supervision of the Acute Obs / Gynae Take can be the assessor for an ACAT.

Audit Assessment (AA)

The Audit Assessment tool is designed to assess a trainee's competence in completing an audit. The Audit Assessment can be based on review of audit documentation OR on a presentation of the audit at a meeting. If possible the trainee should be assessed on the same audit by more than one assessor.

Teaching Observation (TO)

The Teaching Observation form is designed to provide structured, formative feedback to trainees on their competence at teaching. The Teaching Observation can be based on any instance of formalized teaching by the trainee who has been observed by the assessor. The process should be trainee-led (identifying appropriate teaching sessions and assessors).

Decisions on progress (ARCP)

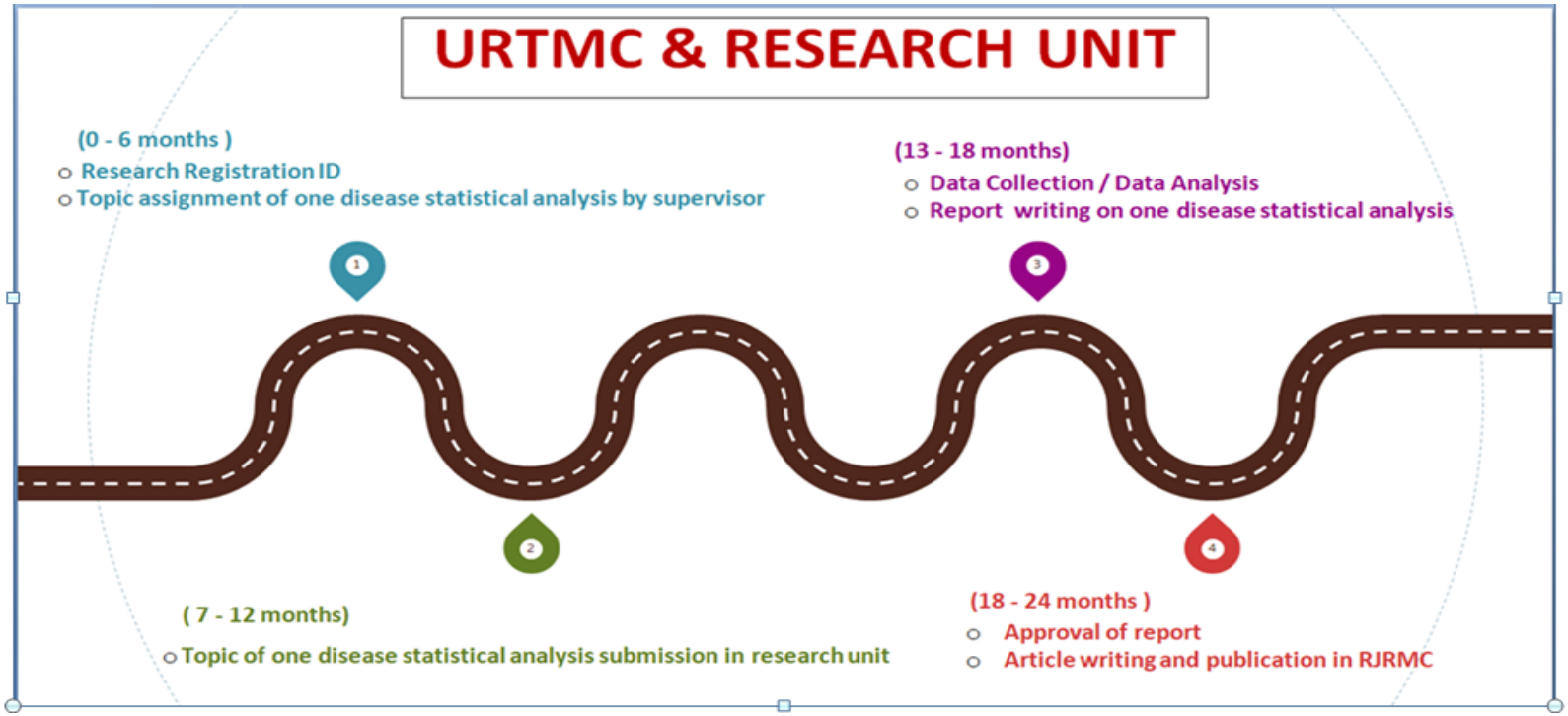
The Annual Review of Competence Progression (ARCP) is the formal method by which a trainee's progression through her/his training programme me is monitored and recorded. ARCP is not an assessment – it is the review of evidence of training and assessment. The ARCP process is described in A Reference Guide for Postgraduate

Specialty Training in the UK (the ―Gold Guide‖ – available from www.mmc.nhs.uk). Deaneries are responsible for organizing and conducting ARCPs. The evidence to be reviewed by ARCP panels should be collected in the trainee's e-Portfolio.

SECTION – III

Research & Article Writing

3.1 Research (One Disease Statistical Review)



Research Component (One Disease Statistical Review) will be completed over the two years duration of the course. Candidates will spend sufficient time for research during the training. Candidate will do the workshop on One Disease Statistical Analysis IT Skills in the first year of training. During the second year of training, the trainee will start collecting the data, analysis and submit the one disease statistical review report to the research unit and later on they will write up research article and will publish in RJRMC.

Statistical analysis of a disease

University Residency Program 2021
Rawalpindi Medical University
Research Assignment Y1/Y2
Report: Statistical Analysis

SUBMITTED BY: Dr.

……

(UNIVERSITY RESIDENT DGO -SPECIALTY)

SUPERVISED BY: Prof. Dr.

……

DEPARTMENT OF

……

HOSPITAL

…….....

DATE OF SUBMISSION: …….

Report Writing:

A Statistical Analysis of A Disease

Before you start conducting your analysis of a disease, you must develop an outline to find what you are looking for. Select in consultation with your supervisor any disease (patients) study site from where you will get data and develop a data collection Proforma which must include demographic variables (age, gender, name, contact number, socioeconomic status, patient hospital no., some quantitative variables related to patient history, symptoms, signs, duration of disease, duration of symptoms, and treatment, development of complications, improvement in symptoms and so on.(these are a few examples for variables). You have to choose minimum 05(five) demographic variables and minimum 05 (five) quantitative (disease related) variables for your analysis

You have to determine appropriate one (01) measure of central tendency and measure of dispersion for each variable

Measure of central tendency	Measure of dispersion
● Mean ● Mode ● Median	● Range ● Sample standard deviation ● Variance

Determine appropriate graphs and tables for your results with a few words description.

Types of graphs	Types of tables
● Pie chart ● Bar chart ● Histogram	● Frequency tables ● Relative frequency table ● Grouped frequency table

Formatting your report

A good report should be completed in 200 -500 words. Use standard font “Times New Roman” or “Arial” in 12 point-size, single space lines, one inch margins all around on a standard A4 size paper and use of footers for page numbers. Writing style should be in third person.
The report should have a

i. Title page (as shown in fig: 1)
ii. Content page (section with page number)

Must include sub-headers:

1. Introduction (scope and Background of the disease)
2. Materials Methods: Inclusion and exclusion criteria
3. Sampling site, sample number (30-50 patients)
4. Data collection on a properly designed Performa
5. Descriptive data analysis
5. Inferential test analysis (if applicable)
6. Detailed results or findings in the form of description/tables/graphs
7. Conclusion and recommendations
8. Discuss any issue or problem
9. References
10. Anexxure Performa used to collect data

Title of the reportSubmitted toResearch Unit RMU:_____

Report prepared byResident of (specialty): _____

Under Supervision: _____

Date:_____

3.2 Article Writing / Publication

Total of 2 years will be allocated for work on a research project with report writing. Report will be submitted to the research unit for approval. The report will be converted in to article in last six months of training and will be published in RJRMC.

Research Experience

The active research component programme must ensure meaningful, supervised research experience with appropriate protected time for each resident while maintaining the essential clinical experience. Recent productivity by the programme faculty and by the residents will be required, including publications in local/peer-reviewed journals. Residents must learn the design and interpretation of research studies, responsible use of informed consent, and research methodology and interpretation of data. The programme must provide instruction in the critical assessment of new therapies and of the medical literature. Residents should be advised and supervised by qualified staff members in the conduct of research

SECTION – IV

- ***Research Curriculum***
- ***Journal Club***
- ***Mandatory Workshops***

4.1 Research Curriculum

4.1.1 Introduction, Orientation, Purpose

With advent of Evidence Based Practice over last two to three decades in medical science, merging the best research **evidence** with good clinical expertise and patient values is inevitable in decision making process for patient care. Therefore apart from receiving per excellence knowledge of the essential principles of medicine and necessary skills of clinical procedures, the trainees should also be well versed and skillful in research methodologies. So the training in research being imperative is integrated longitudinally in all four year's training tenure of the trainees.

The purpose of the research training is to provide optimal knowledge and skills regarding research methods and critical appraisal. The expected outcome of this training is to make trainees dexterous and proficient to practically conduct quality research through amalgamation of their knowledge, skills and practice in research methodologies.

Orientation Session For DGO Trainees

A workshop on **'one disease statistical review' DSR** will be arranged by RMU to make trainees acquainted to the research during 2 years of training.

Purpose of research course:

The research course intends to provide ample knowledge to trainees regarding the importance of research, its necessity and types. This course will provide them clarity of concepts that what are the priority problems that

require research, how to sort them out and select topics for research. It will also teach them the best techniques for exploring existent and previous evidences in research through well organized literature search and also how to critically appraise them. The course will not only provide them comprehensive knowledge but will also impart optimum skills on how to practically and logically plan and design a research project by educating and coaching them about various research methodologies. The trainees will get familiarized to research ethics, concepts of protection of human study subjects, practice-based learning, evidence based practice in addition to the standard ethical and institutional appraisal procedures of Rawalpindi medical University.

4.1.2 Learning Outcomes of Research Course

After completion of course the trainees should be efficiently able to:

- Discuss the value of research in health service in helping to solve priority problems in a local context.
- Identify, analyse and describe a research problem.
- Review relevant literature and other available information
- Formulate research question, aim, purpose and objectives
- Identify study variables and type
- Develop an appropriate research methodology
- Identify appropriate setting and site for a study
- Calculate minimally required sample size for a study.
- Identify sampling technique, inclusion and exclusion criteria

- Formulate appropriate data collection tools according to techniques
- Identify resources required for research and means of resources
- Prepare a realistic study budget in accordance with the work plan.
- Prepare of a project plan for the study through work plans and Gantt charts
- Pre-test data collection tools identify appropriate plan for data analysis
- Critically appraise a research paper of any national or international journal.
- Formulate data collection procedure according to techniques
- Present research papers published in various national and international journals at journal club.
- Prepare a research proposal independently.
- Develop a strategy for dissemination and utilization of research results.
- Prepare final draft of the research project, requisite to the post graduation degree of trainee, under the guidance of the nominated supervisor.
- Supervisor will keep vigilant and continuous monitoring of all the research activities of the trainee.

4.1.3 Monitoring of Research Course

Supervisor will keep vigilant and continues monitoring of all the research activates of the trainings.

Formulation of research articles as requisite to degree of DGO

Publication of one original research articles in any Resident Journal of Rawalpindi Medical college, being first author, as requisite to DGO degree.

When the original article will be published in journal/s, then the trainee will submit hard and soft copies of the original journal with his/her published articles to Research unit in addition to copies to supervisor, HOD, Dean.

Curriculum of Research

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 3 in the curriculum of MD medicine.

4.2 Journal Club

4.2.1 Journal Club Sessions

The journal club of every department will comprise of an academic meeting of the head of department, faculty members, trainees and internees at departmental level.

The purpose of journal club will be to collectively attempt to seek new knowledge through awareness of current and recent research findings and also to explore best current clinical research and means of its implementation and utilization.

Apart from the teaching sessions of the trainees, they should attend the journal club sessions of the departments and should attempt to actively participate in them too.

One journal club meeting must be organized in the department in every month of the year and its attendance by the trainees will be mandatory.
The journal club meeting will be chaired by the Dean of specialty.

The purpose of participation of the trainees in journal club will be to enhance their scientific literacy and to have optimal insight of the relationship between clinical practice and evidenced-based medicine to continually improve patient care.

Format of Journal Club Meetings:

In a journal club meeting, one or two research paper/s published in an indexed national or international journal, selected by the Dean of the department will be presented by trainees.

The research paper will be presented as pdf on multimedia and the critical appraisal of the paper will follow it.

The topic will also be discussed in comparison to other evidences available according to the latest research.

The other trainees participating in the journal club will be informed regarding the selected paper a week prior to the meeting and should do literature search on the topic and also of the research paper that will be presented in meeting.

The trainees should actively participate in question & answer session of the journal club meeting that will be carried out following the presentation of the critical appraisal of the research paper. It will be compulsion for each trainee to ask at least one question or make at least one comment relevant to the topic and/or the research paper, during the journal club meeting.

Minimal Attendance of Journal Club meetings by R-Y1 trainee:

The R-Y1 trainees should attend at least 5 out of 6 journal club meetings during their first year of training.

Assessment of Trainees for Journal Club sessions:

There will be formative assessment of the trainee for her participation in the journal club.

Minimal Attendance of Journal Club meetings by trainee:

The trainees should attend at least 8 out of 12 journal club meetings during each year of training. Out of these 8 journal clubs she must make presentation in any two sessions as a compulsion.

Assessment of presentation of the trainee at Journal Club:

During the presentation, the head of department and two other senior faculty members will evaluate, trainee's ability to make effective presentation of the research paper and also his/her skills to critically appraise a research paper.

During the presentation the evaluators will generally qualitatively evaluate the skills of presenter without any quantitative assessment. They will inform the presenter by the end of first paper presentation, his/her mistakes, weaknesses and scope for improvement. The strengths and competences, on the other hand, will also be appreciated for encouragement.

A structured checklist for scoring the skills and abilities of trainee will be used by the above mentioned senior faculty members. The average of the three total scores will be calculated, out of total attainable score of 25 that will then be used in overall assessment of the trainee.

The evaluation will include aspects like the presenter's aptitude to identify the strengths and weaknesses of a research article, apart from assessment of the usefulness and validity of research findings. He/she should be able to

determine the appropriateness of the study methodology and design for the research question, apart from suitability of the statistical methods used, their appropriate presentation, interpretation and discussion. He/she should also be able to identify and justify relevance of the research to one's own practice.

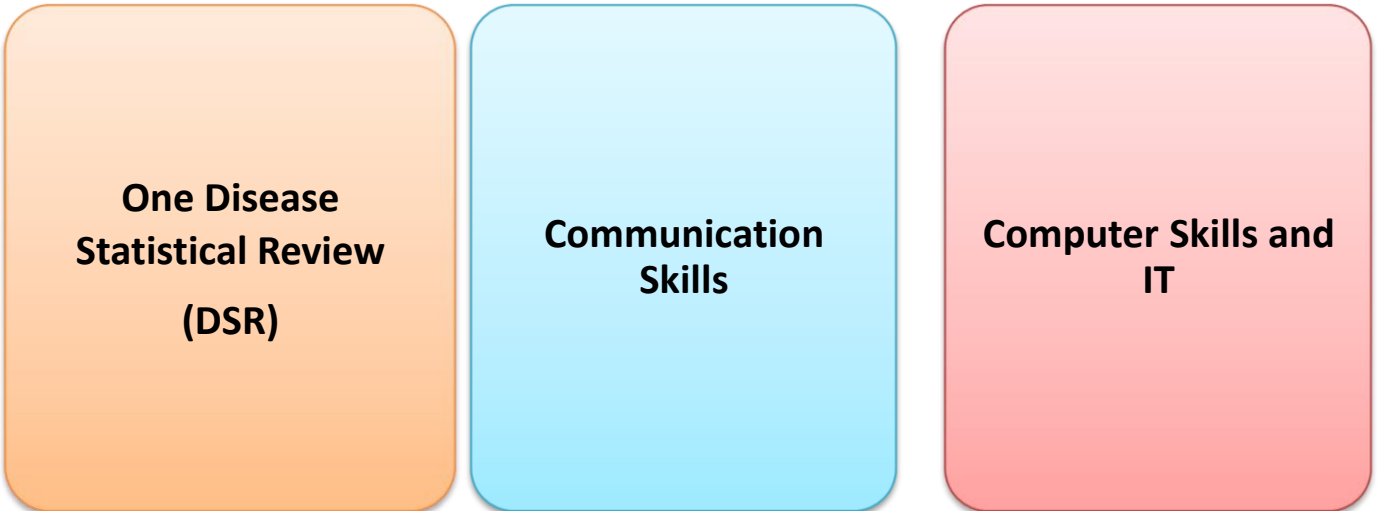
4.3 Workshops

4.3 Workshops

Mandatory by University

Mandatory by Obs & Gynae Dept

4.3.1 Workshops Mandatory By University



4.3.2 Workshops Mandatory By Department

- Neonatal Resuscitation
- Basic Surgical technique
- Obs Emergencies
- GPE / Investigation slips / Discharge slips / Surgical Notes
- Systemic, abdominal, Pelvic examination, Pap smear, HVS
- Pre and Post operative care
- Hysteroscopy, Laparoscopy , ERPC, Diagnostic D&C
- Eclampsia, Maternal collapse, USG Obs/Gynae
- APH, PPH, Shoulder Dystocia, Contraception
- Normal and Abnormal labour
- Malpresentation,Mechanism of labour, breech , Cord prolapse
- Counselling, Instrumental Delivery

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	• Ability to remember facts without necessarily understanding • Retrieving, recognizing, and recalling relevant knowledge from long-term memory
C2	Understanding	• 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	• Ability to use learned material in new situation • Carrying out or using a procedure for executing, or implementing.
C4	Analyzing	• 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	• Ability to put parts together • Making judgments based on criteria and standards through checking and critiquing.
C6	Creating	• 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.
Psychomotor Domain –P (Skills)		

P1	Imitation		• 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		• 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		• 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
	Articulation		• Coordinating and	**Example and Key Words (verbs)**

P4			adapting a series of actions to achieve harmony and internal consistency. • Ability to solve and modify skills to fit new requirements	**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		• 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)** 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. **Key Words:** create, design, develop, invent, manage, naturally
Attitude Domain –A (Professionalism)				
	Receiving			**Example and Key Words (verbs)**

A1			• Awareness, willingness to hear, selected attention.! • Involves being aware of and willing to freely attend to stimulus	**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.
A2	Responding		• 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 responding (motivation).	**Example and Key Words (verbs)** **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.
				Keywords: answers, assists, aids, complies, conforms, discusses, greets, helps, labels, performs, practices, presents, reads, recites, reports, selects, tells, writes.
	Valuing		• The worth or value a person attaches to a	**Example and Key Words (verbs)**

A3			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 .	**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.
A4	Organization		● Organizes values into priorities by contrasting different values, resolving conflicts between them, and creating an unique value system. The emphasis is on comparing, relating, and synthesizing values ● Involves building and internally consistent value system	**Example and Key Words (verbs)** **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

				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)** ● 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 Continuous Internal Assessments

Main Log book

Long case log book

Workshops

Attendance certificate

Sum of monthly test results

360° Proforma

(WPBA)

Mini CEX, OSATS. NOTSS

5.4 Tools of Summative Assessment

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

5.5 Assessment schedule of all clinical years

1st Year Assessment (End of 1st Year)	Final Assessment (End Of 2nd Year)
Formative Assessment	**Formative Assessment**
Log Book Obstetrics 04, Gynaecology 04	Log Book Obstetrics 04, Gynaecology 03
WPBA Multisource feedback, 360º performa	WPBA Multisource feedback, 360º performa
DOPS (Obstetrics 04, Gynae 03)	DOPS (Obstetrics 04, Gynae 03)
MiniCEX 1st semester – 4 2nd semester - 3 3rd semester - 4 4th semester – 3 (detail is in main log book)	MiniCEX 5th semester – 3 6th semester - 3 7thsemester - 3 8thsemester – 4 (detail is in main log book)
OSATS 1st semester – 6 2nd semester -4 3rd semester - 5 4th semester – 5	OSATS 5th semester – 5 6th semester - 5 7thsemester - 5 8thsemester – 5
NOTSS (Non Technical Skills For Surgeons)	**NOTSS (Non Technical Skills For Surgeons)**

End of YEAR 1 University Exam	End of YEAR 2 University Exam
Total marks = 350 • Written/MCQs = 200 • Clinical / OSCE = 150 **Written/MCQs = 200 marks** • Paper 1 100 MCQs (100 marks) • Paper 2 100 MCQs (100 marks) **Clinical/ OSCE = 150 Marks** OSCE 15 stations (150 marks) All interactive stations, time allocated 5 mints per station	**Total marks = 800** • Written/MCQs = 200 • Clinical / OSCE = 150 **Written/MCQs = 200 marks** • Paper 1 100 MCQs (100 marks) • Paper 2 100 MCQs (100 marks) **Long case (Obs and Gynae) 300 (150 for each case)** **Clinical/ OSCE = 150 Marks** OSCE 15 stations (150 marks), All interactive stations, time allocated 5 mints per station **One Disease statistical review report and article publication 150 marks**

Submission / Evaluation of One Disease Statistical Analysis review

The candidates will prepare their One Disease Statistical Analysis as per guidelines provided by the Advanced Studies & Research Board, available on university website.

The research topic in clinical subject should have 30% component related to basic sciences and 70% component related to applied clinical sciences. The research topic must consist of a reasonable sample size and sufficient numbers of variables to give training to the candidate to conduct research, to collect & analyze the data.

Synopsis of research project will be submitted by the end of the 1st year of DGO programme. The Research study after review by an Institutional Review Committee will be submitted to the University for consideration by the Advanced Studies & Research Board, through the Principal / Dean /Head of the institution.

5.6 Eligibility Criteria For Assessment/

1ST YEAR TRAINING ASSESSMENT

Must have certificate of completion of 1 year training from supervisor and DME

Submit satisfactory performance report duly signed by supervisor, which includes

(a) Attendance 80%

(b) Internal assessment 75%

Submit certificates of all mandatory workshops TO DME

Log book duly signed by supervisor, DME, QEC department

FINAL ASSESSMENT

Must have certificates of completion of 2 year training from supervisor and DME

Must have passed 1st year in training assessment

Submit certificates of all mandatory workshops to DME

Log book duly signed by supervisor, DME, QEC department

Submit satisfactory performance report duly signed by supervisor, which includes

(a) Attendance 80%

(b) Internal assessment 75%

One disease statistical review report should be submitted to Research Unit

SECTION VI

Assessment Strategies

6.1 Introduction

The vision:

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

The Mission:

We imagine a world characterized by:

- A structured approach to evaluating the competency of all residents and fellows
- Motivated physician role Models leading all program of the university.
- High quality, supervised, humanistic clinical educational experience, with customized formative feedback.
- Clinical learning environments characterized by excellence in clinical care, safety of patients, doctors and paramedics and professionalism.
- Residents and fellows achieving specific proficiency prior to graduation.
- Residents and fellows are prepared to be Virtuous Physicians who place the needs and well-being of patients first

The values:

- Honesty and Integrity
- Excellence and Innovation
- Accountability and Transparency

- Fairness and Equity
- Stewardship and Service
- Engagement of Stakeholders
- Leadership and Collaborations

Back Ground/ Rationale:

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

Aims:

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

The Characteristics of the document on Assessment Strategies:

Following aspects are tried to be accomplished while synthesis of this document on assessment strategies for MS Obstetrics & Gynecology University Residency Program:

- Should be Technically Sound
- Should be acceptable by all the stakeholders
- Should bed feasible for implementation
- Should be concise

- Should be according to the need of our educational system
- Should be reproducible / can be nationalized
- Should be sustainable
- Should be able to assesses all required competencies accurately

Few definitions before we proceed further made to be clear:

1. **What Is Competency?**

The ability to do something successfully or efficiently**.**

2. **What Is Competence?**

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

3. **What is performance based assessment of curriculum?**

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

4. **What is work place based assessment of curriculum**?

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

5. What is a Formative Assessment?

- Such an Assessment which creates learning itself, from one's deficiencies.
- It is non-threatening for the students because it does not decide pass or fail.
- Provision of Feed back to the students is essential component of Formative Assessment

6. What is a Summative Assessment?

- Criteria Based High Stake Examinations
- Provision of Feedback to the students is not essential for Summative Examinations

7. What is continuous Internal Assessment?

A collection of Formative Assessments is called Continuous Internal Assessment

What is the basis of curriculum and Assessment of DGO Programme Rawalpindi Medical University Rawalpindi?

The curriculum of Diploma In Gynaecology& Obstetrics, Rawalpindi Medical University Rawalpindi is derived from **Accreditation Council for Graduate Medical Education** which is competency / performance based system and depends upon six following competencies.

1. **Medical Knowledge**
2. **Patient Care**
3. **Interpersonal & Communication Skills**
4. **Professionalism**
5. **Practice Based Learning**
6. **System Based Learning**

Accreditation Council for Graduate Medical Education (ACGME) 6

Competencies based Model

6.2 Evaluation & Assessment Strategies

6.2.1 Assessment strategies

6.2.2 Table of specification

6.2.1 Assessment Strategies

Table of contents of first year assessment strategies

Obstetrics

A) Assessment strategies	First year assessment strategies Obstetrics			
S No	**Content (Obs)**	**Site of teaching and learning**	**Teaching and learning strategies**	**Formative Assessment tool**
				K P A
1	**NORMAL OBSTETRICS** • **Basics** (obstetric anatomy, perineum, embryology of fetal development, physiological changes in pregnancy) • **Antenatal** (concepts and objectives , history taking and obstetrical examination, recommended visits, dietary advice, antenatal screening, minor symptoms of pregnancy) • **Intrapartum** (diagnosis of labour, physiology of labour, fetal and pelvic dimension, mechanism of labour, management of labour, fetal monitoring, ability to differentiate between normal and abnormal findings) • **Postnatal Care** (normal puerperium, breast feeding) • **Neonatology** (apgor score neonatal resuscitation, neonatal care, behavior of new born, immunization) • **Breast feeding** (breast feeding protocol, maternal and neonatal benefits of breast feeding)	• OPD • LR • ANW	**Clinical rotation /** CBD, SGD, CSR e-learning JC, Assignment + Case Presentation PAL , DSDL	Log Book Obstetrics 05 (03 major, 02 minor) WPBA Multisource feedback, 360º performa DOPS (Obstetrics 05, (list attached) MiniCEX (Obstetrics 05, (list attached)
2	**OBSTETRICS COMPLICATIONS** • **Antenatal** (APH, PROM, PPROM, preterm labour, domestic violence, nutritional deficiencies • **Postnatal Care** (PPH (primary and secondary)	• ANW • LR • HDU	CBD, SGD, CSR JC, Assignment e-learning + Case Presentation PAL , DSDL	
3	**MEDICAL COMPLICATIONS** • Hematological disorders, (anemia, thrombocytopenia, DIC • Hypertensive disorder (PIH, preeclampsia, eclampsia) • Diabetes in pregnancy (type-I, II and GDM) • Drug abuse, medication in pregnancy	• HRA • ANW • OPD ER	CBD, SGD, CSR JC, Assignment + Case Presentation PAL , DSDL	
4	**OBSTETRICS PROCEDURES** • SVD, SVD with epi (along with scrubbing gloving gowning)	• DR (PAL, hand on learning) Simulation / drills	• DR (PAL, hand on learning) • Simulation / drills	

Table of contents of first year assessment strategies

Gynaecology

First year Assessment strategies Gynaecology						
S No	**Content (Gynae)**	**Site of teaching and learning**	**Teaching and learning strategies**	**Formative Assessment tool**		
				K	**P**	**A**
1	**BASIC GYNAECOLOGICAL CONCEPTS** • Embryology of genital tract (normal and abnormal development) • Anatomy of pelvic and pelvic floor • Physiology of normal menstrual cycle • History taking, examination, investigations	**Clinical rotation /** • OPD • Skill lab Gynae ward	CBD, SGD, CSR e-learning, JC, Assignment + Case Presentation PAL, DSDL	**Log Book** Gynaecology 04 (02 major, 02 minor) **WPBA** Multisource feedback, 360º performa **DOPS** Gynae 04) (list attached) **MiniCEX** Gynae 04) (list attached)		
	PUBERTY AND MENSTRUAL DISORDERS • Puberty and its disorders • Menarche, primary amenorrhea	• OPD • Gynae ward	~~CBD, SGD, CSR~~ e-learning ,JC, Assignment + Case Presentation PAL, DSDL			
	EARLY PREGNANCY COMPLICATIONS • Miscarriages • Ectopic	• OPD • ER Simulated	~~CBD, SGD, CSR~~ e-learning, JC, Assignment + Case Presentation PAL, DSDL			
	SUBFERTILITY AND CONTRACEPTION • Contraception	• OPD • Gynae ward • PNW ward Family planning clinic	CBD, SGD, CSR e-learning JC, Assignment + Case Presentation PAL, DSDL			

	GYNAECOLOGICAL TUMORS • Pelvic masses •	• OPD • Gynae ward	CBD, SGD, CSR e-learning ,JC, Assignment + Case Presentation PAL, DSDL	
	GYNAECOLOGICAL PROCEDURES • ERPC, MVA, perspeculum examination (Papsmear, HVS) , wound care Diagnostic dilatation and curettage, Colposcopy, Pipelle / Mirena insertion, EUA/ Polypectomy, TAH/Laparotomy, Diagnostic laparoscopy, Vaginal hysterectomy, Hysteroscopic guided biopsy, Perineal repair, Suction evacuation, Marsuplization, hymenctomy, Myomectomy as assistant	• OPD • OT / DR Gynae ward	Videos ,PAL , Drills simulation	

Table of contents of second year assessment strategies

Obstetrics

Second year assessment strategies	Obstetrics		
S No	**Content**	**Site of teaching and learning**	**Teaching and learning strategies**	**Formative Assessment tool**
1	**NORMAL OBSTETRICS** (content of first and second year)	**Clinical rotation /** • OPD • LR • ANW	**Clinical rotation /** CBD, SGD, CSR e-learning, JC, Assignment + Case Presentation PAL DSDL , BST	**Log Book** Obstetrics 06 (03 major, 03 minor) **WPBA** Multisource feedback, 360º performa **DOPS** (Obstetrics 04) **MiniCEX** (Obstetrics 05)
2	**OBSTETRICS COMPLICATION** • **Antenatal**(pregnancy with fibroid, pregnancy with placenta previa, content of first and second year included) • **Intrapartum** (Fetal distress, cord prolapse, instrumental delivery, still birth • **Postnatal Care** (PPH (Puerperial pyrexia, thromboprophylaxis, psychological disorder, DVT, early neonatal problem, problems with breast feeding)	• ANW • LR • HDU	CBD, SGD,CSR JC, Assignment e-learning + Case Presentation PAL, DSDL, BST	
3	**MEDICAL COMPLICATIONS** (content of first and second year included) • Diabetes in pregnancy (type-I, II and GDM) • Thyroid disorders (hypo and hyperthyroidism) • Liver disease (jaundice in pregnancy, cholostasis in pregnancy, AFLP) • Connective tissue disorders (APLS, SLE) • Neurological disorders, respiratory problems, • Renal disorder and skin disorder)	• HRA • ANW • OPD ER	CBD, SGD, CSR JC, Assignment + Case Presentation, PAL , DSDL, BST	
4	**OBSTETRICS PROCEDURES** (content of first and second year included) • Instrumental delivery**,** LSCS, CVS, amniocentesis, craniocentesis, ECV/ IPV, breach delivery, shoulder dystochia, PPH exploration (vaginal and cervical tear repair, ballontymponade, uterine artery ligation, B-lynch))	• DR (PAL, hand on learning) • Simulation / drills	• DR (PAL, hand on learning) • Simulation / drills	

Table of contents of second year assessment strategies

Gynaecology

Second year assessment strategies	Gynaecology		
S No	**Content (Gynae)**	**Site of teaching and learning**	**Teaching and learning strategies**	**Formative Assessment tool** **K P A**
1	**BASIC GYNAECOLOGICAL CONCEPTS** • Embryology of genital tract (normal and abnormal development) • Anatomy of pelvic and pelvic floor • Physiology of normal menstrual cycle • History taking, examination, investigations	**Clinical rotation /** • OPD • Skill lab Gynae ward	CBD, SGD, CSR e-learning, JC, Assignment + Case Presentation PAL, DSDL	**Log Book** Gynaecology 04 (02 major, 02 minor) **WPBA** Multisource feedback, 360º performa **DOPS** Gynae 04) (list attached) **MiniCEX** Gynae 04) (list attached)
	PUBERTY AND MENSTRUAL DISORDERS • Puberty and its disorders • Menarche, primary amenorrhea	• OPD • Gynae ward	CBD, SGD, CSR e-learning ,JC, Assignment + Case Presentation PAL, DSDL	
	EARLY PREGNANCY COMPLICATIONS • Miscarriages • Ectopic	• OPD • ER Simulated	CBD, SGD, CSR e-learning, JC, Assignment + Case Presentation PAL, DSDL	
	SUBFERTILITY AND CONTRACEPTION • Contraception	• OPD • Gynae ward • PNW ward Family planning clinic	CBD, SGD, CSR e-learning JC, Assignment + Case Presentation PAL, DSDL	
	GYNAECOLOGICAL TUMORS • Pelvic masses •	• OPD • Gynae ward	CBD, SGD, CSR e-learning ,JC, Assignment + Case Presentation PAL, DSDL	
	GYNAECOLOGICAL PROCEDURES • ERPC, MVA, perspeculum examination (Papsmear, HVS) , wound care,	• OPD • OT / DR Gynae ward	Videos ,PAL , Drills simulation	

6.2.2 Table of specification

Tables of Specification
For DGO Programme

(First Year)

Rawalpindi Medical University

Table of Specifications

First Year University Exam Diploma in Obs/Gynae (DGO) RMUR

2022-2023

(Updated on 10-07-2023)

Faculty Contributors

Prof. Lubna Ejaz Kahloon Dean Obstetrics & Gynecology, Gynae unit 1, RMU	**Dr. Humera Noreen** Assoc Prof, Gynae unit 1 Holy Family Hospital
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Eligibility criteria for sitting in Exam.

- One year training
- Approval of topic for one disease statistical
- Completion of workshops

Marks Allocation: Total marks: 350 (Written/MCQs: 200, Clinical/OSCE: 150)

- **Written/MCQs: 150marks**
-
    - Paper 1**:** 100 MCQ (100 marks)
    - Paper 2: 100 MCQ (100 marks)

- **Clinical/OSCE: 150marks**

    - OSCE: 15 Stations (150 marks),
    - All interactive stations, Time Allocated: 5 mins/station

TOS for written paper

Table of Specification (TOS) First year University examination Diploma in Obs/Gynae(DGO) RMUR 2022-2023		
Section No & No. of MCQs	**Obstetrics Paper I Topics/ Units**	**No of MCQ**
Section: 1 MCQ:25	**1. NORMAL OBSTETRICS** **Prenatal** • Obstetric anatomy • Perineum • Embryology of fetal development • Physiological changes in pregnancy • Miscellaneous	03
	Antenatal • 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	05
	Intrapartum • Diagnosis of labour • Physiology of labour • Fetal and pelvic dimensions • Mechanism of labour • Management of labour • Fetal monitoring (CTG, BPP)	07

	• Ability to differentiate between normal and abnormal findings • Miscellaneous	
	Postnatal Care • Normal puerperium, breastfeeding • Miscellaneous	01
	Neonatology • APGAR score, neonatal resuscitation • Neonatal care, behavior of new born • Immunization • Miscellaneous	04
	Breast feeding • Breast feeding protocol • Maternal and neonatal benefits of breastfeeding • Miscellaneous	05
Section 2 **MCQ: 31**	**2. OBSTETRICS COMPLICATIONS** **Antenatal** **Sub section: A** • Prolonged pregnancy • Induction of labour • PTL, PPROM, PROM • Miscellaneous	08
	Sub section: B • Fetal abnormality • IUD • IUGR • Oligohydramnios / Polyhydramnios • Prenatal diagnosis • Miscellaneous	07
	Sub section: C • APH • Twin and higher order gestation • Previous Cesarean scar • Perinatal infections • Miscellaneous	04

	Intrapartum • Abnormal laboure.g. Obstructed labour • Malposition&Malpresentations • Uterine rupture • Fetal distress • Third stage complications (medically managed) • Miscellaneous	03
	Postnatal • Puerperal pyrexia	09
	• Psychiatric disorders	
	• DVT / Thromboprophylaxis	
	• Early neonatal problem	
	• Breast feeding problem and Miscellaneous	
Section: 3 **MCQ: 27**	**3. MEDICAL COMPLICATIONS** • **Early pregnancy disorders** (hyperemesis, UTI, heart burn and constipation, fever and cramps, backache & lower abdominal pain) • **Hematological disorders,** (anemia, thalassemia, thrombocytopenia, etc)	08
	• **Hypertensive disorder** (PIH, preeclampsia, eclampsia) • **Cardiac disease in pregnancy** • **Neurological disorders during pregnancy (**Epilepsy, Stroke, Cavernous sinuous thrombosis, SOL, meningitis)	07
	• **Endocrinological disorders in pregnancy** • Diabetes(Type-I, II andGDM) • Thyroid disorders (hypo and hyperthyroidism) • Others / Miscellaneous	03
	• **Liver disease and gastroenterology disorders** (Jaundice in pregnancy, cholestasis in pregnancy, AFLP) • **Respiratory diseases (** Asthma, COPD, TB, Pulmonary edema)	05
	• **Connective tissue disorders** (APLS, SLEetc) • **Renal disorder** • **Infections:** STI, HIV, TB, COVID	02

	• **Drug abuse,**Medication in pregnancy • **Skin disordersin pregnancy** • **Other / Miscellaneous medical disorders**	02
Section: 4 **MCQ: 17**	**4. OBSTETRICS PROCEDURES AND EMERGENCIES OBS PROCEDURES** **Antenatal Procedures:** • Abdominal examination of normal & Abnormal pregnancy • Prenatal diagnostic Procedures like CVS, Cordocentesis, ultrasound, Doppler scan, Amniocentesis • Antenatal ECV • Miscellaneous	06
	Intrapartum & Post-natal procedures: • SVD, SVD with episiotomy and tears • Instrumental delivery • LSCS • Peripartum hysterectomy • Head stuck in breech delivery /LSCS • Delivery of second retained twin / Internal podalic version (IPV) • Craniocentesis • Miscellaneous	04
	OBSTETRIC EMERGENCIES • **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	07
Grand Total		100

Table of Specification (TOS)
First year University Exam Diploma in Obs/Gynae (DGO) RMUR 2022-2023

Section No & No. of MCQs	Gynecology Paper 2 Topics/ Units	No of MCQ
Section : 1 MCQ: 15	**1. BASIC GYNAECOLOGICAL CONCEPTS** • Embryology of genital tract	02
	• Anatomy of pelvis and pelvic floor	03
	• Physiology of normal menstrual cycle	02
	• Sexual dysfunction, rape & sexual assault, and Female genital mutilation	02
	• History taking, examination, investigations including USG, TVS CT, MRI, tumor markers	04
	• Professionalism, Counseling, reflection, feedback, ethics and statistics • Miscellaneous	02
Section: 2 MCQ: 15	**2. PUBERTY AND MENSTRUAL DISORDERS** • Puberty and adolescence including primary amenorrhea and other disorders	04
	• Secondary amenorrhea / oligohypo menorrhea and hirsutism (PCOD, hyper prolactinemia, premature ovarian failure, hypothyroidism, Asherman'ssyndrome, Sheehan's syndrome)	05
	• Menstrual disorders (HMB &Dysmenorrhea)	05
	• Menopause • Miscellaneous	01

Section: 3 **MCQ: 10**	**3. EARLY PREGNANCY COMPLICATIONS** • Miscarriages	05
	• Ectopic	02
	• GTD • Miscellaneous	03
Section: 4 **MCQ: 10**	**4. GENITAL TRACT INFECTIONS** • Upper And Lower Genital Tract Infections Including PID& Chronic Pelvic Pain, & Non STI's Like Candidiasis, Bacterial vaginosis, Bartholin Abscess	05
	• STDS (HIV, Syphilis, Genital Herpes, Genital Warts, Gonorrhea, Trichomoniasis, Chlamydia, Etc) • Miscellaneous	05
Section: 5 **MCQ: 10**	**5. SUBFERTILITY AND CONTRACEPTION** • Primary and secondary sub-fertility, Including assisted reproductive techniques and male infertility	04
	• Endometriosis&Adenomyosis	02
	• Contraception • Miscellaneous	04
Section: 6 **MCQ: 05**	**6. PELVIC FLOOR DYSFUNCTION** • Pelvic organprolapse	05

	• Miscellaneous	
Section: 7 **MCQ: 20**	**7. GYNAECOLOGICAL TUMORS (Benign)** • Tub ovarian	05
	• Uterine	06
	• Cervical	06
	• Vulvovaginal	03
Section: 8 **MCQ: 15**	**8. GYNAECOLOGICAL PROCEDURES** • Pelvic examination &Papsmear&HVS& vaginal discharge examination, Pipelle's biopsy • Colposcopy • ERPC, D&C, EUA, Polypectomy D&C • MVA • Suction evacuation • Marsuplization • Hymenectomy	05
	• Hysterosalpingography / sonohysteography • IUI • IUCD insertion and removal including PPIUCD&Mirena • Subdermal implants like Implanon insertion and removal	05
	• Ring pessary insertion • Sacrocolpopexy /hysteropexy • Other procedures for prolapse • Procedures for uterine inversion • Wound care anddebridement • Miscellaneous	05
Grand Total		**100**

TOS for OSCE

First year university examination Diploma in Obs/Gynae (DGO) RMUR 2022-2023

1. Total number of stations – 15 (All Interactive)
2. Time allocation for each station – 5minutes
3. Marks allocation for each station – 10marks

Topic Wise Distribution of Obstetrics OSCE Stations

Station No.	Station Description& Topics	Skill to be assessed
1. Interactive	**1. Prenatal and antenatal complications** **Short case** ((Audiovisuals, simulated patient, actual patient , or dummy) • Prolonged pregnancy • Induction of labour • PTL, PPROM, PROMAPH • Twin and higher order gestation • Previous Cesarean scar • Prenatal infections Miscellaneous	The candidates will be instructed to do relevant examination of a given case, make a diagnosis and will discuss the management.
2. Interactive	**2. Intrapartum and postpartum complications & management** **Short case** (Audiovisuals, simulated patient, actual patient , or dummy • Fetal abnormality • IUD • IUGR • Oligohydramnios / Polyhydramnios • Prenatal diagnosis • Miscellaneous	The candidates will be instructed to take focused history, do relevant examination of a given case, make a diagnosis and discuss the management.
3. Interactive	**3. Obstetrics radiology and prenatal diagnosis** **Radiograph** Ultrasound, Doppler, MRI, Images, Videos, Practical Demonstration. • Fetal abnormality	The candidate will be given instructions to do the ultrasound on real patient or interpret the findings of radiographicImages/reports, make a diagnosis and discuss management with complications.

	• IUGR • CVS • Amniocentesis	
4. Interactive	**4. Medical Complication's Management** **Short cases**	The candidate will be asked to take focused history, perform relevant examination of given patient, identify the findings make a diagnosis and discuss management with complications.
5. Interactive	**5. Feto-maternal monitoring during labor** **Radiograph** CTG trace, Partogram, labor care guide	• CTG trace with scenario will be given to the candidate to assess ability to interpret and manage. • Labor scenario will be given to assess the ability to fill partogram/LCG proforma.
6. Interactive	**6. Intrapartum procedures/skills on simulator** **Skill** SVD, AVD, ECV, Episiotomy, B-lynch Balloon temponade, ERPC, catheterization	To assess the ability of candidate to perform steps of asked procedure.
7. Interactive	**Obstetrics emergency management/skill on simulator/ dummy** **Skill** BLS/ALSO (Advanced life support in obstetrics) including maternal resuscitation Shoulder dystocia, breech delivery, second twin.	To assess the ability of candidate to amicably approach the emergency and perform steps of management on manikins.
8. Interactive	**Neonatal resuscitation /skill on simulator/ dummy** **Skill**	To assess the ability of candidate to perform the steps of neonatal resuscitation in a baby with neonatal problem.

9. Interactive	**Gynecological Radiology** **Radiograph** USG, CT Scan, MRI, Doppler Scan, Videos, Images, HSG	Images and reports/videos will be shown to the candidate with relevant clinical scenario to assess the ability to interpret the findings, make a diagnosis and discuss management with complications.
10. Interactive	**Gynecological pre operative preparation** **Skill** SOP for NPO, Gut Preparation, Consent, Counseling, Investigations, Blood arrangement, anesthesia fitness, multi disciplinary approach. Treatment of medical issues. Scrubbing, glowing, gowning , Test dose antibiotics, Catheterization and Iv cannulation	
11. Interactive	**Ggynecological procedures and problems** **Short case** Myomectomy, operative complications Sub-fertility, pubertal disorders, menstrual disorders	To assess the ability of candidate to amicably approach the patient, take a focused history and examination. To assess the candidate to perform the steps of procedures on manikins.
12. Interactive	**Clinical reasoning skill for D/D** **Short case** Scenario based Mass abdomen, DUB, subfertility, dysmenorrhea, UV-prolapse	investigations
13. Interactive	**Clinical problem solution** **Short case** Early pregnancy complications Upper and lower genital tract infections and STIs	To assess the candidate's ability to diagnose and manage the clinical problem
14. Interactive	**Procedure on simulator** **Skill** Pipelle biopsy, IUCD/Mirena insertion, sub dermal	To assess the candidate's ability to perform the steps of asked procedure.

	implant, vaginal pessary	
15. Interactive	**Instrument, medicine and sutures** (Instrument , dummy or cadaver) **Skill** Open surgery instruments, ERPC instruments, contraceptives (OCP'S, Injections, IUCD's), Hormonal preparation for DUB, HRT, endometriosis, subfertility	To assess the candidates ability to identify given item, its use, contraindication and complication. To assess the candidate's Standard technique of using and handling instrument and suturing on mannikinswill be assessed.

Reading material : Obstetrics and Gynaecology by 10 teachers.

Tables of Specification
For DGO Programme

(Second Year)

Eligibility criteria for sitting in Exam.

1. Two years training must be completed.
2. All previous assessments should be passed.
3. All mandatory workshops must be attended.
5. Cumulative score of 75% in Continuous Internal assessments of all training years must be secured.
6. One Disease Statistical Review should be accepted.

Marks Allocation:

Total marks: To be decided by DME department RMU

- **Written/MCQs:**
  - Paper 1**:** MCQ (Obstetrics) 100 marks
  - Paper 2: MCQ (Gynae) 100 marks
- **Clinical:**
  - OSCE: 15 Stations (150 marks), All interactive stations, Time Allocated: 5 mins/station
  - Long Case Obstetrics, Time allocated 60 mins
  - Long Case Gynae, Time allocated 60 mins
- **Research** (One disease statistical review)

CANDIDATE MUST PASS IN EACH COMPONENT SEPARATELY

Table of Specification (TOS)
Second year University Exam Diploma in Obs/Gynae (DGO) RMUR

2022-2023

Section No	*Obstetrics Paper 1* Topics/ Unit Allocation	No of MCQ
Section: 1 MCQ: 30	**1. NORMAL OBSTETRICS** **Prenatal** ● Obstetric anatomy ● Perineum ● Embryology of fetal development ● Physiological changes in pregnancy ● Miscellaneous	6
	Antenatal ● 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	4

	Intrapartum • 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
	Postnatal Care • Normal puerperium, breastfeeding • Miscellaneous	4
	Neonatology ● APGAR score neonatal resuscitation ● Neonatal care, behavior of newborn ● Immunization ● Miscellaneous	4
	Breast feeding Breast feeding protocol ● Maternal and neonatal benefits of breastfeeding ● Miscellaneous	2
Section 2 **MCQ:** **30**	**2. OBSTETRICS COMPLICATION** **Antenatal** **Subsection: A** ● Prolong pregnancy ● Induction of labor ● PTL, PPROM, PROM ● Miscellaneous	2

	Subsection: B ● Fetal abnormality ● IUD ● IUGR ● Oligohydramnios / Polyhydramnios ● Prenatal diagnosis ● Miscellaneous	6
	Subsection: C ● APH ● Twin and higher order gestation ● Previous Cesarean scar ● Perinatal infections ● Miscellaneous	6
	Intrapartum ● Abnormal laboure.g. Obstructed labor ● Malposition Malpresentation ● Uterine rupture ● Fetal distress ● Third stage complications (medically managed) ● Miscellaneous	6
	Postnatal ● Puerperal pyrexia	2
	● Psychiatric disorders	2
	● DVT / Thromboprophylaxis	2
	● Early neonatal problem	2
	● Miscellaneous	2
Section: 3 **MCQ: 30**	**3. MEDICAL COMPLICATIONS** ● **Early pregnancy disorders** (hyperemesis, UTI, heartburn and constipation, fever and cramps, backache & lower abdominal pain) ● **Hematological disorders,** (anemia, thalassemia, thrombocytopenia, etc)	4

	● **Hypertensive disorder** (PIH, preeclampsia, eclampsia) ● **Cardiac disease in pregnancy** ● **Neurological disorders during pregnancy (**Epilepsy, Stroke, Cavernous sinus thrombosis, SOL, meningitis)	8
	● **Endocrinological disorders in pregnancy** ● Diabetes(Type-I, II andGDM) ● Thyroid disorders (hypo and hyperthyroidism) ● Others / Miscellaneous	6
	● **Liver disease and gastroenterology disorders** (jaundice in pregnancy, cholestasis in pregnancy, AFLP) ● **Respiratory diseases,** Asthma, COPD, TB, Pulmonary edema	4
	● **Connective tissue disorders** (APLS, SLEetc) ● **Renal disorder,** ● **Infections:** STI, HIV, TB, COVID	4
	● **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:** ● Abdominal examination of normal & Abnormal pregnancy ● Prenatal diagnostic Procedures like CVS, Cordocentesis, ultrasound, Doppler scan, Amniocentesis ● Antenatal ECV ● Miscellaneous	2
	Intrapartum & Post-natal procedures: ● 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

	OBSTETRICS EMERGENCY ● **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

Table of Specification (TOS)
Second year University Exam Diploma in Obs/Gynae (DGO) RMUR 2022-2023

Section No & No. of MCQs	Gynecology Paper 2 Topics/ Units	No of MCQ
Section : 1 MCQ:20	**1. BASIC GYNAECOLOGICAL CONCEPTS** • Embryology of genital tract	4
	• Anatomy of pelvic and pelvic floor	6
	• Physiology of normal menstrual cycle	4
	• Sexual dysfunction, rape & sexual assault, and Female genital mutilation	2
	• History taking, examination, investigations including USG, TVS CT, MRI, tumor markers	2
	• Professionalism, Counseling, reflection, feedback, ethics and statistic • Miscellaneous	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)	10
	• Menstrual disorders (HMB &Dysmenorrhea)	
	• 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
	• Endometriosis & Adenomyosis	2
	• Contraception • Miscellaneous	4
Section: 6 **MCQ: 8**	**6. PELVIC FLOOR DYSFUNCTION** • Pelvic organ prolapse	4
	• Urinary incontinence • Miscellaneous	4
Section: 7 **MCQ: 12**	7. **GYNAECOLOGICAL TUMORS (Benign & malignant)** • Tub ovarian	4

	• Uterine	4
	• Cervical	2
	• Vulvovaginal	2
Section: 8 **MCQ: 10**	8. **GYNAECOLOGICAL PROCEDURES** • 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
	• Hysterosalpingography / sonohysterography • IUI • IUCD insertion and removal including PPIUCD & Mirena • Subdermal implants like Implanon insertion and removal	2
	• Ring pessary insertion • Sacrocolpopexy /hysteropexy • Other procedures for prolapse • Procedures for uterine inversion • Wound care and debridement	2
	• TAH/Laparotomy, LAVH, TLH, Myomectomy • Vaginal hysterectomy, vaginal repair, Perineal tear & rectovaginal fistula repair, Urinary fistula repair • Hysteroscopic guided biopsy • Diagnostic laparoscopy	2
	• Miscellaneous	2
Grand Total		100

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

Second year University exam (TOS for OSCE)

1. Total number of stations – 15 (all Interactive)
2. Time allocation for each station – 5 minutes
3. Marks allocation for each station – 10 marks

Topic Wise Distribution of Obstetrics OSCE Stations

Station No.	Station Description & Topics	Skill to be assessed
1	**Counseling for prenatal and antenatal complications** (Scenario based) • Prolong pregnancy • Induction of labor • PTL, PPROM, PROM, APH • Twin and higher order gestation • Previous Cesarean scar • Prenatal infections • Miscellaneous	In a given scenario the candidate's ability to counsel the patient and the family about the diagnosis, its implications and management options.
2	**Intrapartum and postpartum complication management** (Scenario based) • Fetal abnormality • IUD • IUGR • Oligohydramnios / Polyhydramnios • Prenatal diagnosis • Miscellaneous	In a given scenario the candidates ability to plan the appropriate management

3	**Obstetric Radiology and Prenatal diagnosis** Ultrasound, Doppler, MRI, Images, Videos, Practical Demonstration based. • Fetal abnormality • IUGR • CVS • Amniocentesis • Cordocentesis	Images, reports/videos will be shown to the candidate with relevant clinical scenarios to assess the ability to interpret the findings, make a diagnosis and discuss management with complications.
4	**Medical Complication Management** Scenario based/ Report based	The clinical scenario/Report will be given to the candidate to assess the ability to interpret the findings, make a diagnosis and discuss management with complications.
5	**Feto Maternal monitoring during labor** CTG trace, Partogram, labor care guide	• CTG trace with scenario will be given to the candidate to assess ability to interpret and manage. • Labor scenarios will be given to assess the ability to fill partogram/LCG proforma.
6	**Intrapartum procedures/skills on simulator** SVD, AVD, ECV, Episiotomy, B-lynch suture, Balloon temponade, ERPC, catheterization	To assess the ability of the candidate to perform steps of asked procedure.
7	**Obstetrics emergency management/skill on simulator/ dummy** BLS/ALSO (Advanced life support in obstetrics including maternal resuscitation). Shoulder dystocia, breech delivery, second twin.	To assess the ability of a candidate to amicably approach the emergency and perform steps of management in a given clinical scenario.

8	**Neonatal resuscitation /skill on simulator/ dummy**	To assess the ability of a candidate to perform the steps of neonatal resuscitation in a baby with neonatal problem.
Gynecology OSCE Stations		
9	**Gynecological Radiology** USG, CT Scan, MRI, Doppler Scan, Videos, Images, HSG, IVU for urinary fistula	Images, reports/videos will be shown to the candidate with relevant clinical scenarios to assess the ability to interpret the findings, make a diagnosis and discuss management with complications.
10	**Gynecological pre-operative preparation (especially Oncological surgery)** SOP for NPO, Gut Preparation, Consent, Counseling, Investigations, Blood arrangement, anesthesia fitness, multi disciplinary approach, Treatment of medical issues.	In a given scenario candidate ability to plan pre-op preparation for major gynecological operation.
11	**Counseling for gynecological procedures and problems** Myomectomy, TAH, VAH, Staging laparotomy, Oncological surgery, operative compilations. Subfertility, pubertal disorders, menstrual disorders	In a given scenario the candidate's ability to counsel the patient and the family about diagnosis, its implications and management options.
12	**Clinical reasoning skill for D/D** (Scenario based) Mass abdomen, DUB, subfertility, dysmenorrhoea, UV-prolapse	In a given clinical scenario candidates ability to discuss differential diagnosis based on history, examination and investigations

13	**Clinical problem solution** (Scenario based) Early pregnancy complications Upper and lower genital tract infections & STDs.	In a given scenario candidates ability to diagnose and manage the clinical problem
14	**Procedure on simulator** Pipelle biopsy, IUCD/Mirena insertion, sub dermal implant, vaginal pessary insertion.	In a given scenario candidates have the ability to perform the steps of the asked procedure.
15	**Instrument, medicine and sutures** ● MIS (Laparoscope, Hiysteroscope) and specific open surgery instruments, ERPC instruments, ● contraceptives (OCP'S, Injections, IUCD), ● Hormonal preparation for DUB, HRT, endometriosis, subfertility	To assess the candidates ability to identify given item, its use, contraindication and complication.

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.

1. https://www.acgme.org/Portals/0/PDFs/Milestones/InternalObstetrics & GynecologyMilestones.pdf
2. http://education.med.ufl.edu/files/2010/10/InternalObstetrics & GynecologyMilestones.pdf
3. http://www.upstate.edu/medresidency/current/competencies.php

SECTION VII

Log Books

7.1 Main Log book

For details, consult Main Log Book.

7.2 Long Case logbook

For details, consult Log Book for long case.

SECTION –VIII

References

8.1 References

Teaching Methods

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Links For Curriculum

https://elpaso.ttuhsc.edu/som/internal/IM_Curriculum_8-26-13.pdf

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

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

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

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

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SECTION – IX

Recommended Books

9.1 Recommended Books

Core Text Books

1. Obstetrics by Ten teachers 20th edition
2. Gynaecology by Ten teachers 20th edition
3. Edmonds *Dewhurst's Post Graduate Obstetrics & Gynecology*
4. D James, P Steer, C Weiner, B Gonik. *High Risk Pregnancy–Management Options*.
5. De Swiet, Medical disorder in obstetrics
6. Shaws text book of gynaecology
7. Evidence based text for MRCOG by Lusley
8. Munrokur Obstetrics

Gynecological Surgery (for reference only)

1. Shaws text book of operative gynaecology

Supplementary Books

1. **Snell. Clinical Anatomy.**
2. **Langman J. Embryology.**
3. **DTY Liu. Labor Ward Manual.**
4. **Studd. Progress in O & G.**
5. **Bonnar. Recent Advances in O & G.**
6. **RCOG Clinical Greentop Guidelines**
7. **NICE guidelines**

SECTION –X

Forms

10.1 List of Appendices

1. Workplace Based Assessments-Multi source feedback profoma- 360º evaluation **“ Appendix “ A”**
2. Proforma for feedback by Nurse for core competencies of the resident **“Appendix “B”**
3. Proforma for patient Medication Record **“Appendix “C”**
4. Workplace Based Assessments- guidelines for assessment of Generic & specialty specific Competencies **Appendix “ D”**
5. Supervisor’s Annual Review Report **Appendix “ E”**
6. Supervisors evaluation Proforma for continuous internal assessments **Appendix “ F”**
7. Evaluation of resident by the faculty **Appendix “ G”**
8. Evaluation of faculty by the resident **Appendix “ H”**
9. Evaluation of program by the faculty **Appendix “ I”**
10. Evaluation of program by the resident **Appendix “ J”**
11. Guidelines for program evaluation **Appendix “ K”**
12. Evaluation of Project Director by the residents **Appendix “ L”**

Workplace Based Assessments-Multi Source Feedback profoma- 360⁰ EvaluationAppendix "A"

Rawalpindi Medical University

Quality Enhancement Cell

360 Degree Evaluation Proforma (by Senior) PGT, MO, HO Proforma

Reviewer Evaluation for

Name: Designation:

Name: Designation:

Performance ratings Assessment Date: _____

The following guidelines are to be used in selecting the appropriate rating: 1=Never 2= Rarely 3= Occasionally 4 = Frequently 5= Always 6= Not Applicable

1. **Patients Care**
   Implements the highest standards of practice in the effective and timely treatment of all patients regardless of gender, ethnicity, location, or socioeconomic status.

   1 2 3 4 5 6

2. **Medical Knowledge**
   Keeps current with research and medical knowledge in order to provide evidence-based care.

   1 2 3 4 5 6

3. **Interpersonal and Communication Skills**
   Works vigorously and efficiently with all involved parties as patient advocate and/or consultant.

   1 2 3 4 5 6

4. **Practice based Learning and Improvement**
   Assesses medical knowledge and new technology and implements best practices in clinical setting.

   1 2 3 4 5 6

5. **Professionalism**
   Displays personal characteristics consistent with high moral and ethical behaviour.

   1 2 3 4 5 6

6. **Systems Based Practice**
   Efficiently utilizes health-care resources and community systems of care in the treatment of patients.

   1 2 3 4 5 6

Reference: Competencies identified by ACGME & ABMS

ACGME Accreditation Council for graduate medical education ABMS American Board of Medical Specialtie

Rawalpindi Medical University

Quality Enhancement Cell

360 Degree Evaluation Proforma (by Colleague) PGT, MO, HO Proforma

Reviewer
Evaluation for
Name: Designation:

Assessment Date: _____

The following guidelines are to be used in selecting the appropriate rating: 1=Never 2= Rarely 3= occasionally 4= Frequently 5= Always 6= Not Applicable

1. **He/she is often late to work?**

1 2 3 4 5 6

2. **He/she meets his deadlines oftenly?**

1 2 3 4 5 6

3. He/she is willing to admit the mistakes?

1 2 3 4 5 6

4. He/she communicates well with others?

5. He/she adjusts quickly to changing Priorities?

1 2 3 4 5 6

6. He/she is hardworking?

1 2 3 4 5 6

7. He/she works well with the other colleague?

1 2 3 4 5 6

8. He/she co-worker behave professionally?

1 2 3 4 5 6

9 He/she co-worker treat you, respect fully?

1 2 3 4 5 6

10 He/she co-worker handles criticism of his work well?

12 3 4 5 6

11 He/she follow up the patient's condition quickly?

1 2 3 4 5 6

Reference: http://www.surveymonkey.com/r//360-Degree-Employee-Evaluation-Template

Rawalpindi Medical University

Quality Enhancement Cell

360 Degree Evaluation Proforma (Self-Assessment) PGT, MO, HO Proforma

Reviewer Evaluation for

Name: Designation: Performance ratings

Assessment Date: _____

The following guidelines are to be used in selecting the appropriate rating:

1=Poor 2= Less than Satisfactory 3= Satisfactory 4= Good 5= Very Good 6= Don't know

1. **Clinical knowledge**

1 2 3 4 5 6

2. **Diagnosis**

1 2 3 4 5 6

3. **Clinical decision making**

1 2 3 4 5 6

4. **Treatment (including practical procedures)**

1 2 3 4 5 6

5. **Prescribing**

1 2 3 4 5 6

6. **Medical record keeping**

1 2 3 4 5 6

7. **Recognizing and working within limitations**

1 2 3 4 5 6

8. **Keeping knowledge and skills up to date**

1 2 3 4 5 6

9. **Reviewing and reflecting on own performance**

1 2 3 4 5 6

10. **Teaching (student, trainees, others)**

1 2 3 4 5 6

11. **Supervising colleagues**

1 2 3 4 5 6

12. **Commitment to care and wellbeing of patients**

1 2 3 4 5 6

13. **Communication with patients and relatives**

1 2 3 4 5 6

14. **Working effectively with colleagues**

1 2 3 4 5 6

15. **Effective time management**

1 2 3 4 5 6

Reference: www.gmc-uk.org

Rawalpindi Medical University

Quality Enhancement Cell

360 Degree Evaluation Proforma (by Paramedical Staff) PGT, MO, HO Proforma

Reviewer Evaluation for

Name: Designation:

Name: Designation:

Assessment Date: _____

Performance ratings

Rawalpindi Medical University

Quality Enhancement Cell

360 Degree Evaluation Proforma (by Attendant) PGT, MO, HO Proforma

Reviewer Evaluation for

Name: Designation:

Performance ratings

Assessment Date: _____

Rawalpindi Medical University

Quality Enhancement Cell

360 Degree Evaluation Proforma (by Patient) PGT, MO, HO Proforma

Reviewer Evaluation for

Name: Designation: Performance ratings Assessment Date: _____

Resident Evaluation by Nurse/ Staff for core competencies Appendix "B"

Please take a few minutes to complete this evaluation form. All information is confidential and will be used constructively. You need not answer all the questions.
Name of Resident_____ Location of care or interaction_____
(For example OPD/Ward/Emergency/Endoscopy Department)
Your position (for example: nurse, ward servant, endoscopy attendant)

S #	Professionalism	Poor	Fair	Good	V.Good	Excellent	Insufficient Contact
1	Resident is Honest and trustworthy						
2	Resident treats patients and families with courtesy, compassion and respect						
3	Resident treats me and other member of the tream with courtesy and respect						
4	Resident shows regard for my opinions						
5	Resident maintains a professional manner and appearance						
Interpersonal and communication skills							
6	Resident communicates well with patients, families, and members of the healthcare team						
7	Resident provides legible and timely documentation						
8	Resident respect differences in religion, culture, age, gender, sexual orientation and disability						

System based practice							
9	Resident works effectively with nurses and other professionals to improve patient care						
Patient Care							
10	Resident respects patient preferences						
11	Resident take care of patient comfort and dignity during procedures						
Practice based learning and improvement							
12	Resident facilitates the learning of students and other professionals						
Comments							
13	Please describe any praises or concerns or information about specific incidents						
Thanks you for your time and thoughtful input. You play a vital role in the education and training of the internal Obstetrics & Gynecology resident							

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

Total Score /52

Evaluation of Patient Medical Record/ Chart Evaluation Proforma Appendix "C"

Name of Resident ____

Location of Care or Interaction- (OPD/Ward/Emergency/Endoscopy Department)

S#		Poor	Fair	Good	V. Good	Excellent
1.	Basic Data on Front Page Recorded	0	0	0	0	0
2.	Presenting Complaints written in chronological order	0	0	0	0	0
3.	Presenting Complaints Evaluation Done	0	0	0	0	0
4.	Systemic review Documented	0	0	0	0	0
5.	All Components of History Documented	0	0	0	0	0
6.	Complete General Physical Examination done	0	0	0	0	0
7.	Examination of all systems documented	0	0	0	0	0
8.	Differential Diagnosis framed	0	0	0	0	0
9.	Relevant and required investigations documented	0	0	0	0	0
10.	Management Plan framed	0	0	0	0	0
11.	Notes are properly written and eligible	0	0	0	0	0

12.	Progress notes written in organized manner	0	0	0	0	0
13.	Daily progress is written	0	0	0	0	0
14.	Chart is organized no loose paper	0	0	0	0	0
15.	Investigations properly pasted	0	0	0	0	0
16.	Abnormal findings in investigations encircled.	0	0	0	0	0
17.	Procedures done on patient documented properly	0	0	0	0	0
18.	Obstetrics & Gynecology written in capital letter	0	0	0	0	0
19.	I/v fluids orders are proper with rate of infusion mentioned	0	0	0	0	0
20.	All columns of chart complete	0	0	0	0	0

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

TOTAL SCORE **/80**

Appendix "D"

Workplace Based Assessments - Guidelines for Supervisors for Assessment of Generic& Specialty Specific Competency

The Candidates of all MS programs will be trained and assessed in the following five generic competencies and also specialty specific competencies.

A. Generic Competencies:

i. Patient Care.

a. Patient Care competency will include skills of history taking, examination, diagnosis, counseling Plan care through ward teaching departmental conferences, morbidity and mortality meetings core curriculum lectures and training in procedures and operations.

b. The candidate shall learn patient care through ward teaching departmental conferences, morbidity and mortality meetings, care curriculum lectures and training in procedures and operations.

c. The Candidate will be assessed by the supervisor during presentation of cases on clinical ward rounds, scenario based discussions on patients management multisource feedback evaluation, Direct observation of Procedures (DOPS) and operating room assessments

d. These methods of assessments will have equal weightage.

ii. Medical knowledge and Research

a. The candidate will learn basic factual knowledge of illnesses relevant to the specialty through lectures/discussions on topics selected from the syllabus, small group tutorials and bed side rounds

b. The medical knowledge/skill will be assessed by the teacher during

c. The candidate will be trained in designing research project, data collection data analysis and presentation of results by the supervisor.

d. The acquisition of research skill will be assessed as per regulations governing thesis evaluation and its acceptance.

iii. Practice and System Based Learning

a. This competency will be learnt from journal clubs, review of literature policies and guidelines, audit projects medical error investigation, root cause analysis and awareness of health care facilities,.

b. The assessment methods will include case studies, personation in mobility and mortality review meetings and presentation of audit projects if any.

c. These methods of assessment shall have equal weight-age

iv. Communication Skills

a. These will be learn it from role models, supervisor and workshops.

b. They will be assessed by direct observation of the candidate whilst interacting with the patients, relatives, colleagues and with multisource feedback evaluation.

v. Professionalism as per Hippocratic oath

a. This competency is learnt from supervisor acting as a role model ethical case conferences and lectures on ethical issues such as confidentially informed consent end of life decisions, conflict of interest, harassment and use of human subjects in research.

b. The assessment of residents will be through multisource feedback evaluation according to preforms of evaluation and its scoring method.

B. Specialty Specific Competences.

i. The candidates will be trained in operative and procedural skills according to a quarterly based schedule.

ii. The level of procedural Competency will be according to a competency table to be developed by each specialty

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

a. **Level 1 Observer status**

b. The candidate physically present and observing the supervisor and senior colleagues

c. **Level 2 Assistant status** The candidate assisting procedures and operations

d. **Level 3 Performed under supervision** The candidate operating or performing a procedure under direct supervision

e. **Level 4 Performed independently** The candidate operating or performing a procedure without any supervision

vi. **Procedure Based Assessments (PBA)**

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

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

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

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

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

f. Assessment report will be submitted

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

Appendix "E"

Supervisor's Annual Review Report.

This report will consist of the following components: -

I. Verification and validation of Log Book of operations & procedures according to the expected number of operations and procedures performed (as per levels of competence) determined by relevant board of studies.

II. A 90% attendance in academic activities is expected. The academic activities will include: Lectures, Workshops other than mandatory workshops, journal Clubs Morbidity & Mortality Review Meetings and Other presentations.

III. Assessment report of presentations and lectures

IV. Compliance Report to meet timeline for completion of research project.

V. Compliance report on personal Development Plan.

VI. Multisource Feedback Report, on relationship with colleagues, patients.

VII. Supervisor will produce an annual report based on assessments as per proforma in appendix-G and submit it to the Examination Department.

VIII. 75% score will be required to pass the Continuous Internal Assessment on annual review.

Supervisor's Evaluation of the Resident (Continuous Internal Assessment) Appendix "F"

1	**Unsatisfactory**
2	**Below Average**
3	**Average**
4	**Good**
5	**Superior**

Resident's Name: _____ **Evaluator's Name(s):** _____ **Hospital Name:** _____ **Date o**

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

Patient Care	**Scale**				
1. Demonstrates sound clinical judgment	**1**	**2**	**3**	**4**	**5**
2. Presents patient information case concisely without significant omissions or digressions	**1**	**2**	**3**	**4**	**5**
3. Able to integrate the history and physical findings with the clinical data and identify all of the patient's major problems using a logical thought process	**1**	**2**	**3**	**4**	**5**
4. Develops a logical sequence in planning for diagnostic tests and procedures and Formulates an appropriate treatment plan to deal with the patient's major problems	**1**	**2**	**3**	**4**	**5**
5. Able to perform commonly used office procedures	**1**	**2**	**3**	**4**	**5**
6. Follows age appropriate preventative Obstetrics & Gynecology guidelines in patient care	**1**	**2**	**3**	**4**	**5**
Medical Knowledge	**Scale**				
1. Uses current terminology	**1**	**2**	**3**	**4**	**5**

2.	Understands the meaning of the patient's abnormal findings	**1**	**2**	**3**	**4**	**5**
3.	Utilizes the appropriate techniques of physical examination	**1**	**2**	**3**	**4**	**5**
4.	Develops a pertinent and appropriate differential diagnosis for each patient	**1**	**2**	**3**	**4**	**5**
5.	Demonstrates a solid base of knowledge of ambulatory Obstetrics & Gynecology	**1**	**2**	**3**	**4**	**5**
6.	Can discuss and apply the applicable basic and clinically supportive sciences	**1**	**2**	**3**	**4**	**5**
Professionalism		**Scale**				
1.	Demonstrates consideration for the patient' s comfort and modesty	**1**	**2**	**3**	**4**	**5**
2.	Arrives to clinic on time and follows clinic policies and procedures	**1**	**2**	**3**	**4**	**5**
3.	Works effectively with clinic staff and other health professionals	**1**	**2**	**3**	**4**	**5**
4.	Able to gain the patient's cooperation and respect	**1**	**2**	**3**	**4**	**5**
5.	Demonstrates compassion and empathy for the patient	**1**	**2**	**3**	**4**	**5**
6.	Demonstrates sensitivity to patient's culture, age, gender, and disabilities	**1**	**2**	**3**	**4**	**5**
7.	Discusses end-of-life issues (DPOA, advanced directives, etc.) when appropriate	**1**	**2**	**3**	**4**	**5**
Interpersonal and Communication Skills		**Scale**				
1.	Demonstrates appropriate patient/physician relationship	**1**	**2**	**3**	**4**	**5**
2.	Uses appropriate and understandable layman's terminology in discussions with patients	**1**	**2**	**3**	**4**	**5**
3.	Patient care documentation is complete, legible, and submitted in timely manner	**1**	**2**	**3**	**4**	**5**

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

3.	Uses information technology to access information to support diagnosis and treatment	**1**	**2**	**3**	**4**	**5**
Comments						

Resident's Signature _____ **Date** _____

Supervisor's Signature_____ **Date**_____

FACULTY EVALUATION OF RESIDENT (OBSTETRICS & GYNECOLOGY)

Appendix "G"

Abbreviations for six Core Competencies

- PC = Patient Care
- MK = Medical Knowledge
- ICS = Interpersonal / Communication Skills
- PBL = Practice-Based Learning and Improvement
- P = Professionalism
- SBP = Systems-Based Practice

Interpersonal and Communication Skills

Note content is appropriate and complete (ICS) (Question 1 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

Interpersonal skills with patients, families and staff is appropriate and skilled (ICS) (Question 2 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

Presents cases in clear, concise manner (ICS) (Question 3 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

Medical Knowledge

Demonstrates understanding of clinical problems and their pathophysiology (MK) (Question 4 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

Develops appropriate differential diagnosis (MK) (Question 5 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

Evaluates scientific basis of diagnostic tests used (MK) (Question 6 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

Reads service specific literature (MK) (Question 7 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

Patient Care

Obtains accurate clinical history (PC) (Question 8 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

Demonstrates appropriate physical exam (PC) (Question 9 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

Identifies and reviews relevant existing patient data (PC) (Question 10 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

Prioritizes problems and treatment plans appropriately (PC) (Question 11 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

Effectively uses consultation services (PC) (Question 12 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

ractice-Based learning and improvement.

Identifies areas for improvement and applies it to practice PBL (Question 13 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

Applies lesions learned from medical errors into practice PBL (question 14 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

Shows Interest in learning from complex care issues PBL (Question 15 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

Professionalism

Displays a professional attitude and demeanor (P) (Question 16 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

Attends rounds on time. Handles criticism of self in pro-active way (P) (Question 17 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

Cross-covers colleagues when necessary (P) (Question 18 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

System-Based Practices

Understands the different types of medical practice and delivery systems, and alternative methods of controlling health care costs and allocating resources (SBP) (Question 19 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

Effectively Utilizes ancillary services SBP (Questions 20 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

Uses Patient care venues appropriately SBP (Questions 21 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

Advocates for quality patient care and assists patients in dealing with system complexities SBP (Questions 22 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

Overall / Summary

Did resident meet course objectives? (Questions 23 of 24)

No Interaction	Unsatisfactory	Failing	Less than Marginal	Below Average	Average	Above Average	Advanced	Outstanding	Superior
0	1	2	3	4	5	6	7	8	9

RESIDENT EVALUATION OF FACULTY TEACHING SKILLS Appendix "H"

Faculty Member_____ Department:

Period of Evaluation_____ Location

Direction: please take a moment to assess the clinical faculty members teaching skills using this scale
1= Poor **2=Fair** **3= Very Good** **4= Excellent**

A. Leadership

Discussed expectations, duties and assignments for each team member and reviewed learning objectives and evaluation process	1	2	3	4	N/A
Treated each tea, member in a cutout and peaceful manner	1	2	3	4	N/A
Was usually prompt for teaching assignments and was always Available and accessible as a supervisor	1	2	3	4	N/A
Showed respect for the physician in other specialties / Subspecialties as well as for other health care professionals	1	2	3	4	N/A

Comments

B. Role of modeling

1	2	3	4	N/A
1	2	3	4	N/A
1	2	3	4	N/A
1	2	3	4	N/A

Demonstrated positive in interpersonal communication skills with
patients, family members and staff

Enthusiasm and interest in teaching residents

Recognized own limitations and used these
Situation as opportunities to demonstrate how he / she learn Used Medical /

scientific literature to support clinical decisions

Comments

C. Patient Care /Teaching and & Feedback

Demonstrate how to handle “difficult” patients encounters	1	2	3	4	N/A
Demonstrated how to perform special physical exam techniques and / or procedures and observed me during my initials attempt	1	2	3	4	N/A
Asked thought provoking questions to help me develop my critical thinking skills and clinical judgment	1	2	3	4	N/A
Share his/her own thought process when discussing patient workups and patients care decisions with the team	1	2	3	4	N/A
Highlighted important aspects of a patient case and often generalized to boarder medical concepts and principles	1	2	3	4	N/A
Integrated social / ethical aspects of medical (cost containment, patents right , humanism) into discussion of patient care	1	2	3	4	N/A
Provided guidance and specific “instructive feedback to help me correct mistakes and / or increase my knowledge base	1	2	3	4	N/A

Comments:

D. Didactic (Classroom) Instructions

Was usually prompt for teaching sessions, kept interruptions to minimum and kept discussion focused on case or topic	1	2	3	4	N/A
Gave lecture presentations that were well organized and "Interactive" () i.e., and review pertinent topics	1	2	3	4	N/A
Provided references or other materials that stimulated me to road, research and review pertinent topics	1	2	3	4	N/A

Comments

E. Evaluation

Reviewed my overall clinical performance at the end of the rotation pointed out my strengths and areas for improvement	1	2	3	4	N/A
Demonstrated "fairness" by adhering to established criteria, explaining reasons for the scores and following me to respond **Comments**	1	2	3	4	N/A

-

Overall, I would rate this faculty member's clinical teaching skills as

POOR FAIR VERY GOOD EXCELLENT

Would you recommend that faculty member continue to teach in this programm? Yes NO

COMMENTS, COMMENDATIONS OR CONCERNS

RESIDENT EVALUATION OF FACULTY (FOR CORE COMPETENCIES)Appendix "I"

B. Interpersonal and Communication Skills

Interpersonal and Communication Skills (Question 1 of 22)

Asks question in a non-threatening manner

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Interpersonal and Communication Skills (Question 2 of 22)

Emphasizes problem-solving (thought processes leading to decisions)

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Interpersonal and Communica tion Skills (Question 4 of 22)

Effectively communicates knowledge

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

C. Medical Knowledge

Medical Knowledge (Question 5 of 22)

Knowledge of specialty

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Medical Knowledge (Question 6 of 22)

Applies knowledge of specialty to patient problems

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Patient Care (Question 7 of 22)

Applies comprehensive high quality care

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

D. Patient Care

Patient Care (Question 8 of 22)

Explains diagnostic decisions

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Patient Care (Question 9 of 22)

Clinical Judgment

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Patient Care (Question 10 of 22)

Clinical Skills

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

E. **Practice-Based Learning and Improvement** Practice-Based Learning and Improvement (Question 11 of 22) Encourages self-education

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Practice-Based Learning and Improvement (Question 12 of 22)

Encourages evidence-based approaches to care

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

F. Professionalism

Professionalism (Question 13 of 22)

Sensitive caring respectful attitude towards patients

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Professionalism (Question 14 of 22)

Uses time with patients and residents effectively

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Professionalism (Question 15 of 22)

Sufficient resident teaching on rounds/clinics

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Professionalism (Question 16 of 22)

Respects all members of the health care team

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Professionalism (Question 17 of 22)

Demonstrates Integrity

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Professionalism (Question 18 of 22)

Attains credibility and rapport with patients and their family

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

G. Systems- Based Practice

Systems- Based Practice (Question 19 of 22)

Provides useful feedback including constructive criticism to team members

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

System Base Practice (Question 20 of 22)

Discusses availability cost and utility of system resources in providing medical care.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Overall/Summary (Question 21 of 22)

Overall contributions to your training

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Comments: (Question 22 of 22)

Faculty Evaluation of the Residency / Fellowship Program Appendix "J

Please use this scale to answer question1-10:

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

1. **PATIENT/CASE VOLUME :**

   There are a sufficient number and variety of patients/cases to facilitate high quality resident/fellow education.

2. **CURRICULUM:**

   The residency/fellowship program curriculum provides the appropriate education experiences for residents/fellows to analyze investigate and improve patient care practices.

3. **PROGRAM DIRECTOR :**

4. The program director effectively communicates with program faculty members to understand their role in resident/fellow education and development.

5. **ADMINISTRATIVE SUPPORT:**

   There is adequate administrative support service to facilitate faculty participation in resident/fellow education.

6. **SUPERVISION:**

   The Program resident/fellow supervision policy has been clearly communicated to program faculty and is used by the program.

7. **TRANSITION OF CARE:**

   The program transition of care/hand-off policy and tools have been distributed to program faculty and they are used.

8. **EVALUATION:**

   Program faculty receives regular and timely feedback about their teaching and supervisors skills.

9. **FACULTY DEVELOPMENT:**

   There are beneficial resources available for program faculty to improve their teaching and supervisionskills.

10. **SCHOLARLY ACTIVITY:**

    Program faculties have the adequate resources to participate in scholarly activates.

11. **FACULTY:**

    The program faculty provides the diversity of experience and expertise to accomplish the goals and objectives of the program

RESIDENT EVALUATION OF RESIDENCY PROGRAM

Appendix "K

A. Program Goals and Objectives (Question 1 of 35)

The goals and objectives for each rotation are clearly communicated to residents.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

B. Evaluation (Question 2 of 35)

The evaluation process of the residents is constructive (computerized faculty evaluations of residents, daily clinical feedback to residents, yearly PRITE, and Director's semi-a nnual resident meeting with resident).

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

C. Research (Question 3 of 35)

Residents are provided ample opportunity to develop an interest an in research.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Research (Question 4 of 35)

Residents are encouraged to participate in research.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Research (Question 5 of 35)

Residents are provided the education to develop an understanding of research.

.Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

D. Faculty (Question 6 of 35)

The size, diversification and availability of faculty is adequate for the training program.

.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Faculty (Question 7 of 35)

The Knowledge of the faculty is current and appropriate.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

E. Facilities (Question 8 of 35)

The available resources necessary (library and computer) to obtain current medical information and scientific evidence are adequate and accessible.

.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Facilities (Question 9 of 35)
On-call rooms, when needed, are adequate to ensure rest, safety, convenience and privacy.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Facilities (Question 10 of 35)

The facilities are adequate with regard to support services (nurses, clinic aides) and space for teaching and patient care.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

F. Leadership and Logistics (Question 11 of 35)

The Program Director communicates effectively with residents.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Leadership and Logistics (Question 12 of 35)

The Associate Program Director communicates effectively with residents.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Leadership and Logistics (Question 13 of 35)

The Chief Residents communicates effectively with residents.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Leadership and Logistics (Question 14 of 35)

The Program Coordinator communicates effectively with residents.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Leadership and Logistics (Question 15 of 35)

The Program Director provides effective leadership of the residency.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Leadership and Logistics (Question 16 of 35)

There is adequate departmental support for residency education.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Leadership and Logistics (Question 17 of 35)

There is adequate departmental support for residency education.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Leadership and Logistics (Question 18 of 35)

The program is responsive regarding scheduling, course materials and other logistical concerns.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Leadership and Logistics (Question 19 of 35) The valuation system (E-Value) is easy to use.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

G. Training (Question 20 of 35)

Faculty adequately supervises residents' care of patients.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Training (Question 21 of 35)
Training sites present a wide range of psychiatric clinical problems.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Training (Question 22 of 35)

Residents see an appropriate number of patients.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Training (Question 23 of 35)

Residents are given sufficient responsibility for decision-making and direct patient care.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Training (Question 24 of 35)

Rounds and staffing are conducted professionally.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Training (Question 25 of 35)

Rounds and staffing are conducted efficiently.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Training (Question 26 of 35)

Faculty teaches and supervises in ways that facilitate learning.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Training (Question 27 of 35)

The program is responsive to safety concems at training.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Training (Question 28 of 35)

The program is responsive to feedback from residents.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Training (Question 29 of 35)

Residents experience an appropriate balance of educational and clinical responsibilities.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Training (Question 30 of 35)

The didactic sessions provide core knowledge of the field.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Training (Question 31 of 35)

The morale of the residents is good.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Training (Question 32 of 35)

The morale of the faculty is good.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)	Satisfactory	Very Good	Excellent
0	1	2	3	4	5

Training (Question 33 of 35)

Overall, I am very satisfied with the training our program provides.

Cannot Evaluate	Unsatisfactory (Comment Required)	Marginal (Comment Required)		Satisfactory	Very Good	Excellent	
0	1	2		3	4	5	

Recommendations (Question 34 of 35)

What changes in the training program would you suggest to better prepare residents for their careers?

Additional Comments (Question 35 of 35)

Guidelines for program Evaluation Appendix "L"

Program Evaluation Committee (PEC)

Background

The purpose of this committee is to conduct and document a formal, systematic evaluation of the program & curriculum on an annual basis.

Membership

The chair and member ship of the committee are appointed by the Program Director. The membership of the committee consists of at least two members of the program faculty, and at least one resident/subspecialty resident.

Meeting Frequency

The committee meets, at a minimum, annually.

Responsibilities of the PEC

- The PEC actively participates in planning, developing, implementing and evaluating the educational activities of the program.
- The PEC reviews and makes recommendations for revision of competency-based goalsand objectives.
- Addresses areas of non-compliance with the standards; and reviews the program annually using written evaluations of faculty, residents, and others.

Required Documentation of PEC Activities

The PEC provides the GMEC with a written Annual Program Evaluation (APE) in the format that is appended to this document. This document details a written plan of action on document initiatives to improve performance based on monitoring of activities described below.

The APE document provides evidence that the PEC is monitoring the following areas, at a minimum:

1. Resident performance Facultydevelopment
2. Graduate performance, including performance of program graduates on the certifying examination

3. Assessment of program quality through:

   a. A n n u a l confidential and formal feedback from residents and faculty about the program quality;

   b. A s s e s s m e n t of improvements needed based on program evaluation feedback from faculty, residents, and others

4. Continuation of progress made on prior year's action plan

5. Prepare and submit a written plan of action to

   a. Document initiatives to improve performance in one of more of theareas identified,

D e l i n e a t e how they will be measured and monitored

   b. Document continuation of progress made on the prior year's action plan

Template for Documentation of Annual Program Evaluation and Improvement

Date of annual program evaluation meeting: _____

Attendees:

i. Program Director:

ii. Program Coordinator:

iii. Associate/Assistant PD:

iv. Faculty Members:

v. Residents:_____

	Reviewed √	**Discussion, Follow up, Action Plan**
1. Current Program Requirements & Institutional Requirements		
2. Most recent Internal Review Summary to ensure all recommendations are addressed		
3. Review Curriculum a. effective mechanism in place to distribute Goals & Objectives (G&O) to residents and faculty b. overall program educational goals c. up-to-date competency-based G&O for each assignment d. up-to-date competency-based G&O for each level of training		

-

e. G&O contain delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents		
4. Evaluation System a. Resident formative evaluation meets or exceeds program requirement b. Resident summative evaluation meets or exceeds program requirement c. Faculty evaluation meets or exceeds program requirement d. program evaluation meets or exceeds program requirement.		
5. Didactic Curriculum a. includes recognizing the signs of fatigue and sleep deprivation b. the didactic curriculum meets program requirements c. the didactic curriculum meets residents needs		
6. Clinical Curriculum – the effectiveness of in-patient and ambulatory teaching experience (structure, case mix, meets resident's needs)		
7. Volume and variety of patients and procedures (case log data) meets requirements and residents' needs		
8. Summary of written program evaluations completed by both faculty and residents		
9. Resident supervision complies with Program Requirement		
10. Recruiting results		
11. Duty hour monitoring results		
12. Track all research and scholarly activities of faculty and residents/fellows		

13. Educational outcomes: is the program achieving its educational objectives? What aggregate data (residents as a group) can be used to show the program is achieving its objectives? Board scores, in-service training exam scores, graduate surveys, employer surveys, etc.		

15. Clinical outcomes – specialty-specific metrics aligned with dept./division QI initiatives, disease outcomes, patient safety initiatives (describe resident involvement), QI projects (describe resident involvement)		

Note:

If deficiencies are found during this process, the program should prepare a written plan of action to document initiatives to improve performance in the areas that have been identified. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

Annual Program Evaluation (APE)

Minutes& Action Plan

Date of the APE meeting:

Date; Minutes & Action Plan were reviewed and Approved by teaching faculty:

Please attach the minutes of the meeting where the Minute &Action Plan were reviewed and approved.

Academic Year reviewed:

Faculty Members of the PEC in attendance Other Members of

the PEC in attendance : Areas reviewed:

1. Resident performance
    - Supporting documents:
2. Faculty development
    - Supporting documents:
3. Graduate performance
    - Supporting documents:
4. Program quality
    - Supporting documents:
5. Policies, Protocols & Procedures
    - Supporting documents:

-

RAWALPINDI MEDICAL UNIVERSITY

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MENTOR / SUPERVISOR EVALUATION OF TRAINEE

Resident's Name: _____

Evaluator's Name(s): _____

Hospital Name: _____

Date of Evaluation: _____

☐ Traditional Track (10% Clinic) ☐ Primary Care Track (20% Clinic)

1	Unsatisfactory
2	Below Average
3	Average
4	Good
5	Superior

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

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

RAWALPINDI MEDICAL UNIVERSITY

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Interpersonal and Communication Skills	Scale				
1. Demonstrates appropriate patient/physician relationship	1	2	3	4	5
2. Uses appropriate and understandable layman's terminology in discussions with patients	1	2	3	4	5
3. Patient care documentation is complete, legible, and submitted in timely manner	1	2	3	4	5
4. Recognizes need for behavioral health services and understands resources available	1	2	3	4	5
Systems-based Practice	**Scale**				
1. Spends appropriate time with patient for the complexity of the problem	1	2	3	4	5
2. Able to discuss the costs, risks and benefits of clinical data and therapy	1	2	3	4	5
3. Recognizes the personal, financial, and health system resources required to carry out the prescribed care plan	1	2	3	4	5
4. Demonstrates effective coordination of care with other health professionals	1	2	3	4	5
5. Recognizes the patient's barriers to compliance with treatment plan such as age, gender, ethnicity, socioeconomic status, intelligence, dementia, etc.	1	2	3	4	5
6. Demonstrates knowledge of risk management issues associated with patient's case	1	2	3	4	5
7. Works effectively with other residents in clinic as if a member of a group practice	1	2	3	4	5
Practice-Based Learning and Improvement	**Scale**				
1. Locates, appraises, and assimilates evidence from scientific studies	1	2	3	4	5
2. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies to assess diagnostic and therapeutic effectiveness of treatment plan	1	2	3	4	5
3. Uses information technology to access information to support diagnosis and treatment	1	2	3	4	5

Comments

Total Score _____/165

_____ _____ _____ _____

Resident's Signature **Date** **Evaluator's Signature** **Date**

RAWALPINDI MEDICAL UNIVERSITY

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Patient Medical Record / Chart Evaluation Proforma

Name of Resident

Location of Care or Interaction
(OPD/Ward/Emergency/Endoscopy Department)

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

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

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Preview Form

RESIDENT EVALUATION BY NURSE / STAFF

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

Name of Resident*

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

Your position (Nurse, Ward Servant, Endoscopy Attendant)

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

THANK YOU for your time and thoughtful input. You play a vital role in the education and training of the internal medicine residents.

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

Total Score _____/56

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Patient Evaluation of Trainee

Trainee Name: _____

Date of Evaluation: _____

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

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

	This Trainee:	Scale				
1.	Introduces him/herself and greets me in a way that makes me feel comfortable. ڈاکٹر صاحب نے خود کو متعارف کرایا اور خوش اسلوبی سے پیش آئے	1	2	3	4	5
2.	Manages his/her time well and is respectful of my time. ڈاکٹر صاحب نے میرے اور اپنے وقت کا خیال رکھا۔	1	2	3	4	5
3.	Is truthful, upfront, and does not keep things from me that I believe I should know. ڈاکٹر صاحب نے میرے مرض کی صورتحال پوری سچائی سے بیان کی۔	1	2	3	4	5
4.	Talks to me in a way that I can understand, while also being respectful. ڈاکٹر صاحب نے میرے احساسات کا خیال رکھا اور عزت سے میرا علاج کیا۔	1	2	3	4	5
5.	Understands how my health affects me, based on his/her understanding of the details of my life. ڈاکٹر صاحب نے میرے علاج میں میری صحت پر ذاتی زندگی کو مدنظر رکھا۔	1	2	3	4	5
6.	Takes time to explain my treatment options, including benefits and risks. ڈاکٹر صاحب نے میرے مرض کے علاج کے فوائد اور نقصانات کو تفصیلاً بیان کیا۔	1	2	3	4	5

Total Score _____/30

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Resident/Fellow Evaluation of Faculty Teaching

Evaluator: _____

Evaluation of: _____

Date:_____

Evaluation information entered here will be anonymous and made available only in aggregated form.

S#		Strongly Disagree	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Strongly Agree
	PATIENT CARE						
1.	Teaches current scientific evidence for daily patient management*						
2.	Explains rationale behind clinical judgements/decisions*						
3.	Teaches clear diagnostic algorithms*						
4.	Teaches clear treatment algorithms*						
	PATIENT CARE - OPERATIVE AND PROCEDURAL SKILLS						
5.	Teaches operative/procedural skills during cases*						
6.	Allows learners to perform operative/procedural skills when appropriate*						
	MEDICAL KNOWLEDGE						
7.	Teaches relevant pathophysiology needed to evaluate patient medical conditions*						
8.	Teaches how/when to use-order-perform procedures/tests*						
9.	Teaching content adds significantly to my medical knowledge						
10.	Teaches the use of literature / evidence based medicine to support clinical decisions/teaching points*						

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FINAL Evaluation Scoring Sheet

Name of Resident	Name of Supervisor	Year of Training

Date _____

Duration of Assessment _____

Specialty _____

Hospital _____

Unit _____

	Faculty #1 (165)	Faculty #2 (165)	Faculty #3 (165)	Average Score	Patient # 1 (30)	Patient # 2 (30)	Patient # 3 (30)	Medical Record Performa #1 (80)	Medical Record Performa #2 (80)	Medical Record Performa #3 (80)	Staff # 1 (56)	Staff #2 (56)	Staff #3 (56)
Medical Patient Care (30)				___/30									
Medical Knowledge (30)				___/30									
Professionalism (35)				___/35									
Interpersonal and Communication Skills (20)				___/20									
System Based Practice (35)				___/35									
Practice Based Learning and Improvement (15)				___/15									
Overall Rating													
Average:	_____/165				___/30			___/80			___/56		

Grand Total
_____/331

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Logbook *complete* ☐ *incomplete* ☐

Portfolio *complete* ☐ *incomplete* ☐

Leave /absentees: _____

Comments

_____

_____

_____

_____

Supervisor Name (1) _____ *Supervisor Name (2)* _____ *Head of Unit* _____

Sign & Stamp _____ *Sign & Stamp* _____ *Sign & Stamp* _____

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RAWALPINDI MEDICAL UNIVERSITY

RESIDENT SELF-ASSESSMENT PROFORMA

Resident Name_____ **Date** _____

Year of Training _____ **Hospital Name**_____ **Unit** _____

❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
Not Applicable	I rarely demonstrates (<25% of the time)	I do this Sometimes (25-50% of the time)	I do this most of the time (50-75% of the time)	I do this all the time (>75% of time)

1.	I am able to acquire accurate and relevant histories from my patients in an efficient, prioritized and hypothesis driven fashion.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
2.	I am able to seek and obtain appropriate, verified, and prioritized data from secondary sources (e.g. family, records and pharmacy)	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
3.	I am able to perform accurate physical examinations that are appropriately targeted to the patient's complaints.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
4.	I am able to synthesize all available data, including interview, physical exam, and preliminary lab data to define each patient's central clinical problem.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
5.	I am able to develop prioritized differential diagnoses, evidence based diagnostic and therapeutic plans for common conditions in Internal Medicine patients.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
6.	I am able to recognize situations with a need for urgent or emergent medical care, including life threatening conditions.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
7.	I am able to recognize when to seek additional guidance.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
8.	I am able to provide appropriate preventive care.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
9.	I am able to manage patients with common clinical disorders in the practice of outpatient internal medicine with minimal supervision.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
10.	I have performed several invasive procedures and documented them in my New Innovations log.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
11.	I demonstrate sufficient knowledge to diagnose and treat common conditions that require hospitalization.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
12.	I understand the indications for and the basic interpretation of common diagnostic tests.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
13.	I have reviewed my in service exam scores and believe my medical knowledge is where it should be for my level of training.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
14.	I am able to identify clinical questions as they emerge	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4

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	in patient care activities.					
15.	I am responsive to feedback from all members of the healthcare team including faculty, residents, students, nurses, allied health professionals, patients and their advocates.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
16.	I am an active participant in teaching rounds and intern report.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
17.	I effectively use verbal and non verbal skills to create rapport with patients and their advocates.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
18.	I communicate effectively with other caregivers to ensure safe transitions in care.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
19.	My patient presentations on rounds are organized, complete and succinct.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
20.	I am able to communicate the plan of care to all the members of the healthcare team.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
21.	My documentation in the medical record is accurate, complete and timely.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
22.	I accept personal errors and honestly acknowledge them.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
23.	I demonstrate compassion and respect to all patients.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
24.	I complete my clinical, administrative and academic tasks promptly.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
25.	I maintain patient confidentiality	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
26.	I log my duty hours regularly and make every effort not to violate the rules	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
27.	When I feel I am too fatigued to work safely, I understand that I can call the chief medical residents for back-up.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
28.	I understand the unique roles and services provided by the workers in the local health delivery system (social workers, case managers, dept of public health etc...)	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
29.	I am able to identify, reflect on, and learn from critical incidents and preventable medical errors.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4
30.	I do my best to minimize unnecessary care including tests, procedures, therapies and consultations.	❑ NA	❑ 1	❑ 2	❑ 3	❑ 4

Please identify three specific clinical skills that you have improved over the past six months:

Please set three specific goals for the next six months:

Signature _____ **Date** _____

Rawalpindi Medical University

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DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

Please complete the questions using a cross ☒ Please use black ink and CAPITAL LETTERS

Doctor's Name: _____

PMDC Number: _____

Clinical setting: A&E ☐ OPD ☐ In-patient ☐ Acute Admission ☐ Other

Procedure number ☐☐

Assessors position: Consultant ☐ SpSR ☐ SpR ☐ Specialty doctor ☐ Nurse ☐ Other ☐

Number of previous DOPS observed by assessor with any trainee 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5-9 ☐ >9 ☐

Number of times procedure performed by trainee: 0 ☐ 1-4 ☐ 5-9 ☐ >10 ☐

Difficulty of procedure: Low ☐ Average ☐ High ☐

Please grade the following areas	Well below expectations	Below Expectations	Borderline	Meets Expectations	Above Expectations	Well above expectations	U/C*
	1	2	3	4	5	6	
1 Demonstrate understanding of indications, relevant anatomy, technique of procedure	☐	☐	☐	☐	☐	☐	☐
2 Obtains informed consent	☐	☐	☐	☐	☐	☐	☐
3 Demonstrates appropriate preparation pre-procedure	☐	☐	☐	☐	☐	☐	☐
4 Appropriate analgesia or preparation pre-procedure	☐	☐	☐	☐	☐	☐	☐
5 Technical ability safe sedation	☐	☐	☐	☐	☐	☐	☐
6 Aseptic technique	☐	☐	☐	☐	☐	☐	☐
7 Seeks help where appropriate	☐	☐	☐	☐	☐	☐	☐
8 Post procedure management	☐						
9 Communication skills	☐	☐	☐	☐	☐	☐	☐
10 Consideration of Patient/professionalism	☐	☐	☐	☐	☐	☐	☐
11 Overall ability to perform procedure	☐	☐	☐	☐	☐	☐	☐

* U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Please use this space to record areas of strength or any suggested development

Anything especially good?	Suggestions for development:

Have you had training in the use of this assessment tool? ☐ Face to face ☐ Have read guidelines ☐ Web/ CD-Rom

Time taken for observation: (in minutes) ☐☐

Assessors signature: Date (mm/yy) ☐☐ / ☐☐

Time taken for feedback ☐☐

Assessor's Name: _____

*if appropriate Please note failure of return of all completed forms to your administrator is a probity issue

Acknowledgement: Adapted with permission of the American Board of internal Medicine

SpSR - Specialty Senior Registrar
SpR - Specialty Registrar

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CASE BASED CLINICAL EVALUATION OF TRAINEE

Resident's Name: _____

Evaluator's Name(s): _____

Hospital Name: _____

Date of Evaluation: _____

☐ Traditional Track (10% Clinic) ☐ Primary Care Track (20% Clinic)

1	Unsatisfactory
2	Below Average
3	Average
4	Good
5	Superior

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

History	Scale				
1. Introduces himself and greet the patient.	1	2	3	4	5
2. Listen to the patient problems.	1	2	3	4	5
3. Shows politeness and empathy	1	2	3	4	5
4. Gathers proper information of present and past history	1	2	3	4	5
Physical Examination	**Scale**				
1. Physical examination done correctly	1	2	3	4	5
2. Pick physical signs correctly	1	2	3	4	5
3. Relevant examination done in detail	1	2	3	4	5
4. Interpret physical signs correctly	1	2	3	4	5
Assessment Plans	**Scale**				
1. Can list a logical differential diagnosis	1	2	3	4	5
2. Defend the diagnosis logically	1	2	3	4	5
3. Identifies patient active problems	1	2	3	4	5
Interpretation and Correlation of Laboratory and Imaging Data	**Scale**				
1. Can order logical and relevant investigations	1	2	3	4	5
2. Correctly interpret investigations (Laboratory and Imaging)	1	2	3	4	5
3. Formulate a logical management plan	1	2	3	4	5
4. Treatment plan is logical and relevant	1	2	3	4	5
5. Able to write a proper prescription	1	2	3	4	5

Section XI

Monitoring of DGO program by RMU

Semester wise Progress Report

Department of Obs/Gynae Unit-I, Holy Family Hospital Rawalpindi

PROGRESS REPORT (1st Sep, 2022 to 28th Feb, 2023)

PROGRESS REPORT

S.NO	NAME OF RESIDENT	Name of Supervisor	Name of Mentor	YEAR OF TRAINING	Date of Joining	ATTENDANCE (total 153 days)	LEAVES	ABSENTEES	CPC Attendance	Expected DATE OF COURSE COMPLETION	ROTATIONS	WORKSHIP COMPLETED by University	WORKSHOPS PENDING	WORKSHOPS DONE IN DEPARTMENT
1	Dr.Tayyaba Khan	Dr.Saima Khan	Dr.Zainab Maqsood	1ST YEAR	1st JUNE, 2022	149	4	0	94%	31st MAY 2024	None	ne Disease Statistical analy	Communication skills, comp &	CVS, Placenta Accreta Spectrum (PAS) symposium: ,Leadership skills:, Safe Hysterectomy ,MiniCEX and OSAT, Safe Caesarean , Mecial Eithics / Obstetric Violence , Stress Management
2	Dr.Saba Zubbair	Dr.Humera Noreen	Dr.Nazia Farooq	1ST YEAR	1st JUNE, 2022	139	14	1	94%	31st MAY 2024	None	ne Disease Statistical analy	Communication skills, comp &	CVS, Placenta Accreta Spectrum (PAS) symposium: ,Leadership skills:, Safe Hysterectomy ,MiniCEX and OSAT, Safe Caesarean , Mecial Eithics / Obstetric Violence , Stress Management
3	Dr.Shahnaz	Dr.Humera Noreen	Dr.Sara Ejaz	1ST YEAR	1st JUNE, 2022	142	11	1	94%	31st MAY 2024	None	ne Disease Statistical analy	Communication skills, comp &	CVS, Placenta Accreta Spectrum (PAS) symposium: ,Leadership skills:, Safe Hysterectomy ,MiniCEX and OSAT, Safe Caesarean , Mecial Eithics / Obstetric Violence , Stress Management
4	Dr.Maria Husseen	Dr.Saima Khan	Dr. Noor Fatima	1ST YEAR	1st JUNE, 2022	148	5	0	94%	31st MAY 2024	None	Absent due to covid	Communications skills, comp &	CVS, Placenta Accreta Spectrum (PAS) symposium: ,Leadership skills:, Safe Hysterectomy ,MiniCEX and OSAT, Safe Caesarean , Mecial Eithics / Obstetric Violence , Stress Management

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PROGRESS REPORT

TOPIC ASSIGNED	GENERAL LOG BOOK ENTERIES	CASE PRESENTATIONS	Special Academic Activities	MINICEX	OSATS	NOTSS	Monthly test %	Long case	SUMMATIVE ASSESSMENT PLAN
Incidence of clinical PCOS in young unmarried patients .	In process	Management of preterm labour(ppt), missed OCP counseling (practical skill), Fetal Malpresentation at term(ppt),Pregnancy with sickle cell anemia GTG NO.61 (ppt),Breech Delivery (Practical skill Demonstration).		100.0%	60%	Done	68%	60%	1st year transition exam on June 2023
No	In process	liquor abnormalities (ppt) HMB counseling (practical skill), HMB, shoulder dystocia, substance abuse in pregnancy, liquor abnormalities,	Journal club ; acute kidney injury related disorders in pregnancy	100.0%	60%	Done	52%	60%	1st year transition exam on June 2023
Risk factor and presentation of abdominal pain in preganncy in third trimister	In process	pre conception counseling on DM (ppt) Drug protocol on mgso4 (practical skill),Pulmonary Embolism (ppt),Complications of pregnancy in Type 2 Dibates Mellitus(ppt)	–	100.0%	88%	Done	75%	60%	1st year transition exam on June 2023
risk factor and frequency of UTI in pregnant patients .	in process	Pre term, pre labour, reptured of membranes (PPT) Respiratory disease in pregnancy (PPT)	Practical skill protocol of labetalol use in hypertension poster presentation A rare case of persistent heavy bleeding after evacuation for miscarriage.	77.0%	75%	Done	65%	50%	1st year transition exam on June 2023