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Obstetrics and Gynecology Curriculum as per
Competency Based Curriculum

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RGUHS Obstetrics and Gynaecology Curriculum as per the new Competency Based Medical Education

PREAMBLE

The NMC envisages that the Indian Medical Graduate, should function as the Physician of first contact in the community, to provide holistic health care to the evolving needs of the nation and the world. To fulfil this the IMG should be able to perform the following roles: a clinician, a communicator, a lifelong learner, a professional and a team leader.

Competency-based medical education (CBME), which most of us are now aware about, is an outcomes-based training model that has become the international standard of medical education. This newly implemented curriculum is being rolled out as detailed by incorporating key principles of CBME and developing competencies for each speciality.

One of the key healthcare indicators of a country is maternal health. Reproductive health is also gaining prominence in the modern health context. The advances in obstetrics include a steady governmental push towards institutionalization of maternal care and a growing body of knowledge regarding prediction and prevention of problems, over and above the existing knowledge.

In line with this, the obstetrics and gynaecology undergraduate curriculum provides the IMG the appropriate knowledge, mandatory skills and optimal attitudes to be able to care for pregnant women and for women with reproductive tract issues and be able to identify high risk conditions and refer to specialists as appropriate.

The GMER 2019 states the following to be the competencies to be achieved by the IMG

Obstetrics and Gynaecology

(a) **Competencies in Obstetrics:** The student must demonstrate ability to:

1. Provide peri-conceptual counselling and antenatal care,
2. Identify high-risk pregnancies and refer appropriately,
3. Conduct normal deliveries, using safe delivery practices in the primary and secondary care settings,
4. Prescribe drugs safely and appropriately in pregnancy and lactation,
5. Diagnose complications of labour, institute primary care and refer in a timely manner,
6. Perform early neonatal resuscitation,
7. Provide postnatal care, including education in breast-feeding,
8. Counsel and support couples in the correct choice of contraception
9. Interpret test results of laboratory and radiological investigations as they apply to the care of the obstetric patient,
10. Apply medico-legal principles as they apply to tubectomy, Medical Termination of Pregnancy (MTP), Pre-conception and Prenatal Diagnostic Techniques (PC PNDT Act) and other related Acts.

Competencies in Gynaecology: The student must demonstrate ability to:

1. Elicit a gynaecologic history, perform appropriate physical and pelvic examinations and PAP smear in the primary care setting,
2. Recognize, diagnose and manage common reproductive tract infections in the primary care setting,
3. Recognize and diagnose common genital cancers and refer them appropriately.

(b) **Integration:** The teaching should be aligned and integrated horizontally and vertically in order to provide comprehensive care for women in their reproductive years and beyond, based on a sound knowledge of structure, functions and disease and their clinical, social, emotional, psychological correlates in the context of national health priorities.

To achieve these, NMC has given a detailed list of OBGYN competencies in the **3rd Volume (Competency based Undergraduate Curriculum in Surgery and Allied subjects)** with competencies Numbered OG1.1 and so forth) required to be gained by the IMG.

Based on the competencies mentioned in the above said document, following items have been developed and spelt out in a tabular format

- Specific learning objectives (SLO's) to achieve each competency
- Suggested Teaching-Learning methods
- Preferred assessment methods (both formative and summative)

This is only a guideline and teachers are encouraged to improvise and develop more detailed SLOs. The T-L methods can be modified based on local resources.

Also, a detailed **blueprint** showing the weightage and the assessment for particular topics. (Few topics have been grouped together to give the weightage). This blueprint is an attempt at ensuring concordance between the SLOs', TL methods and the assessment.

A **question paper layout (theory)** has also been added to ensure that there is consistency among different paper setters.

Also, a suggested **assessment format (practical)** has also been given.

List of all Obstetrics and Gynaecology Competencies with their specific learning objectives, with suggested teaching-learning and assessment methods

	Competencies	Specific learning objectives	Teaching learning methods with hours	When T-L will be done	For assessment
Topic: Demographic and Vital Statistics Number of competencies: (03) Number of procedures that require cert					
OG1.1	Define and discuss birth rate, maternal mortality and morbidity	Definition of birth rate Definition of maternal mortality What is maternal mortality ratio and rate, Incidence, Causes of maternal mortality Factors affecting maternal mortality – 3 delays Interventions to prevent maternal death Definition of maternal morbidity Explain - acute, chronic, direct, indirect, non-obstetric maternal morbidity	Lecture 1hr Integration with community health	5 th term	Meas s a of
OG1.2	"Define and discuss perinatal mortality and morbidity including perinatal and neonatal mortality and mortality audit	Definition of perinatal mortality Incidence Factors affecting perinatal mortality Causes of perinatal mortality Strategies to reduce perinatal mortality Definition of perinatal morbidity How to audit neonatal morbidity	Lectures 1hr Integration with community health	5 th term	Me s a of
OG1.3	Define and discuss still birth and abortion	Definition of stillborn Incidence, aetiology, pathology, symptoms, signs, investigations- still born infant Examination of stillborn infant Complications of IUD Management Definition of abortion Types of abortion Aetiology, Pathophysiology, clinical features, investigations, management, differential diagnosis	Lectures 2hr Tutorials /SGD	5 th Term	Me s a of

Topic: Anatomy of the female reproductive tract (Basic anatomy and embryology) Number of competencies: (01) Number of procedures that require certification : (NIL)

OG2.1	Describe and discuss the development and anatomy of the female reproductive tract, relationship to other pelvic organs, applied anatomy as related to Obstetrics and Gynaecology.	Development of external genital organs Development of internal genital organs Development of ovary, differentiation, descent Anatomy of external genitalia Anatomy of Internal genital organs- vagina, uterus, cervix, fallopian tubes, ovary Relationship to other pelvic organs Applied anatomy	Lecture 2hr Integration with Anatomy	5 th term	M / V
OG2.2	Define, classify and discuss the investigations and management of mullerian anomaly	classification of Mullerian anomaly, Investigation & management	Lecture 1hr	5 th term	M / V

Topic: Physiology of conception Number of competencies: (01) Number of procedures that require certification : (01)

OG3.1	Describe the physiology of ovulation, menstruation, fertilization, implantation and gametogenesis.	Gametogenesis – spermatogenesis, oogenesis Formation and maturation of ovarian follicles, structure of ovum Ovulation- mechanism, causes, timing, effects Fertilization- process, post fertilization events, implantation	Lecture 2hrs	5 th term	M / V
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Topic: Development of the fetus and the placenta Number of competencies: (01) Number of procedures that require certification : (01)

OG4.1	Describe and discuss the basic embryology of fetus, factors influencing fetal growth and development, anatomy and physiology of placenta, and teratogenesis	Embryology – formation of 3 germ layers, amnion and chorion, placenta Phases of conceptus development Timing of appearance of different organ systems Placenta- development, gross anatomy, structure, placental circulation, functions of placenta Teratogenesis, teratogens	Lecture 1hr	6 th term	M / V
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Topic: Preconception counselling Number of competencies:(02) Number of procedures that require certification :

OG5.1	Describe, discuss and identify pre-existing medical disorders and discuss their management; discuss evidence-based intrapartum care	Pre-existing medical disorders- anaemia, cardiac disease, DM, chronic hypertension, bronchial asthma, seizure disorders, thyroid disorders, chronic kidney disease, Antenatal care and preconception counselling Objectives, history and examination, assessment of period of gestation, investigations and nutrition.	Lectures 1hr Tutorials 1hr Bedside clinics, Small group discussion	6 th term	M
OG5.2	Determine maternal high risk factors and verify immunization status	screening for high risk factors, elderly primigravida: complications during pregnancy and labour, maternal and foetal mortality, management bad obstetric history obesity: physiological changes, management grand multipara: complications, mortality, management maternal immunization status for <ul style="list-style-type: none"> - Tetanus - hepatitis B - whooping cough - influenza vaccines contraindicated in pregnancy immunization in special circumstances: rabies, yellow fever, hepatitis A,	Lectures 1hr Bedside clinic, small group discussion	6 th term	M

Topic: Diagnosis of pregnancy Number of competencies:(01) Number of procedures that require certification :

OG6.1	Describe, discuss and demonstrate the clinical features of pregnancy, derive and discuss its differential diagnosis, elaborate the principles underlying and interpret pregnancy tests.	Discuss the clinical features of early pregnancy Tests to confirm pregnancy - immunological test, Urine Pregnancy test. Discuss the role of ultrasound in diagnosing Pregnancy	Lectures 1hr Bedside clinic, small group discussion OPDs	6 th term	M s
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Topic: Maternal Changes in pregnancy Number of competencies: (01) Number of procedures that require certification :

OG7.1	Describe and discuss the changes in the genital tract,	Haematology-blood volume, plasma volume, RBC & haemoglobin, blood coagulation factors CVS-anatomical changes, cardiac output, BP, venous pressure RS-respiratory rate, tidal volume, total lung capacity	Lectures 1hr Bedside clinic, small	6 th term	M s
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	cardiovascular system, respiratory, haematology, renal and gastrointestinal system in pregnancy	Renal changes in kidney, ureter, bladder Gastrointestinal changes Genital tract-changes in body of uterus, isthmus, cervix	group discussion		
Topic: Antenatal Care Number of competencies: (08) Number of procedures that require certification : (NIL)					
OG8.1	Enumerate, describe and discuss the objectives of antenatal care, assessment of period of gestation; screening for high-risk factors.	Procedure at 1st visit Procedure at subsequent visits Routine Antenatal screening Antenatal hygiene Immunization Pre conceptional counselling & care Period of gestation based on pts statement, previous records, objective signs & investigations	Bedside clinic, small group discussion OPDs	6 th term	M s
OG8.2	Elicit document and present an obstetric history including menstrual history, last menstrual period, previous obstetric history, comorbid conditions, past medical history and surgical history	Menstrual history in detail Negele's rule Importance of Past history Importance of Surgical history	Bedside clinic, small group discussion OPDs	6 th term	M s
OG8.3	Describe, demonstrate, document and perform an obstetrical examination including a general and abdominal examination (and clinical monitoring of maternal and fetal well-being;)	Antepartum fetal surveillance - clinical - biochemical - biophysical Evaluation of foetal wellbeing Maternal weight gain Assessment of height of fundus General physical examination Per abdomen -inspection, palpation, auscultation Symphysio fundal height, abdominal girth	Lectures 1hr Bedside clinic, small group discussion OPDs	3 rd 4 th & 6 th term	M s

OG8.4	Describe and demonstrate clinical monitoring of maternal and fetal well-being	Non stress test Biophysical profile DFMC CTG Maternal condition assessment -vital parameters -investigations - Antenatal foetal surveillance	Lectures 1hr Tutorials 1hr Bedside clinic, small group discussion	6 th term	M s
OG8.5	Describe and demonstrate pelvic assessment in a model	Bones of pelvis, anatomical measurements of diameters assessment at brim At midcavity At outlet Plane of least pelvic diameter	Bedside clinic, small group discussion, DOAP, Labour room posting	3 rd 4 th 6 th 8 th & 9 th terms	As
OG8.6	Assess and counsel a patient in a simulated environment regarding appropriate nutrition in pregnancy	BMI calorie requirement in pregnancy & lactation Protein requirement Folic acid requirement Vit b12 requirement Iron requirement Supplementary nutritional therapy Develop checklist for role play for nutrition in pregnancy	Lectures 1hr Bedside clinic, small group discussion, Role play OPD	3 rd term	M s
OG8.7	Enumerate the indications for and types of vaccination in pregnancy	Contraindicated vaccines in pregnancy Safe vaccines in pregnancy Tetanus toxoid-dose, route Current guideline for antenatal vaccination including T-dap Timing of vaccination	Lectures 1hr Bedside clinic, small group discussion OPD	3 rd term	M s
OG8.8	Enumerate the indications and describe the investigations including the use of ultrasound in the initial assessment and monitoring in pregnancy	Indication of 1st trimester USG Indication of 2nd trimester USG Indication of 3rd trimester USG USG markers of fetal anomalies Gestational age assessment on USG Doppler studies Routine antenatal blood and urine investigation Screening test for aneuploidy, preeclampsia and GDM Describe trimester wise blood test and ultrasound assessment	Lectures 1hr Bedside clinic, small group discussion	3 rd term	M s
Topic: Complications in early pregnancy Number of competencies: (05) Number of procedures that require cer					
OG9.1	Classify, define and discuss the aetiology and management of	Definition Etiology Classification	Lectures 1hr Tutorials 1hr	6 th & 7 th term	M s

	abortions including threatened, incomplete, inevitable, missed and septic	Definition, clinical features, investigations and management of threatened, inevitable, missed, complete and incomplete abortion Septic abortion definition Clinical Features Management Prevention	Bedside clinic, small group discussion OPD		
OG9.2	Describe the steps and observe/ assist in the performance of an MTP evacuation	Enumerate the steps of suction evacuation Enumerate steps of dilatation and evacuation Enumerate steps of menstrual regulation	Tutorials 1hr Bedside clinic, small group discussion opd / ward/ minor OT	6 th & 7 th term	M s
OG9.3	Discuss the aetiology, clinical features, differential diagnosis of acute abdomen in early pregnancy (with a focus on ectopic pregnancy) and enumerate the principles of medical and surgical management	Differential diagnosis of acute abdomen in early pregnancy- obstetric, gynaecological, medical and surgical causes Etiology of ectopic pregnancy Classification of ectopic pregnancy Clinical features of acute and chronic ectopic Diagnosis Management options Medical management Surgical management	Lectures 1hr Tutorials 1hr Bedside clinic, small group discussion OPD	6 th & 7 th term	M s
OG9.4	Discuss the clinical features, laboratory investigations, ultrasonography, differential diagnosis, principles of management and follow up of gestational trophoblastic neoplasms	Definition of Molar pregnancy Classification Etiopathology Clinical features Investigations- blood and ultrasonography Differential diagnosis Complications- immediate and late Management- medical and surgical Follow up- history, examination, investigations, and contraceptive advice.	Lectures 1hr Tutorials 1hr Bedside clinic, small group discussion OPD	6 th & 7 th term	M s
OG9.5	Describe the etiopathology, impact on	Definition of hyperemesis gravidarum Etiopathology Clinical features- symptoms and signs	Lectures 1hr	6 th & 7 th term	M s

	maternal and fetal health and principles of management of hyperemesis gravidarum	Investigations Complications to mother and foetus Management- hospitalization, fluids, drugs, diet, nutritional supplementation	Bedside clinic, small group discussion OPD		
Topic: Antepartum haemorrhage Number of competencies: (02) Number of competencies that require certification:					
OG10.1	Define, classify and describe the aetiology, pathogenesis, clinical features, ultrasonography, differential diagnosis and management of antepartum haemorrhage in pregnancy	Classification and differential diagnosis Placenta previa definition Etiology and types Clinical features Complications Management- investigations, expectant vs definitive management Definition of abruption placenta Etiology and types Clinical features and grades Management	Lectures 2hr Tutorials 2hr Bedside clinic, small group discussion OPD	6 th & 7 th term	M s
OG10.2	Enumerate the indications and describe the appropriate use of blood and blood products, their complications and management.	Enumerate different types of blood components Characteristic features and storage Indications for transfusion Massive transfusion protocol Complications and their management Discuss importance of consent form	Lectures 1hr Bedside clinic, small group discussion	8 th term	M s
Topic: Multiple pregnancies Number of competencies: (01) Number of procedures that require certification :					
OG11.1	Describe the etiopathology, clinical features; diagnosis and investigations, complications, principles of management of multiple pregnancies	Etiopathology and types Diagnosis- History, symptoms, general and abdominal examination Investigations Maternal changes Complications to mother and fetus Management- antenatal, 1st and 2nd stage of labour, including delivery of 2nd twin, third stage, puerperium	Lectures 1hr Tutorials 1hr Bedside clinic, small group discussion OPD	6 th & 7 th term	M s
Topic: Medical Disorders in pregnancy Number of competencies: (08) Number of procedures that require certification:					
OG12.1	Define, classify and describe the etiology and pathophysiology , early detection,	Classification of hypertensive disorders, definition of pre-eclampsia and eclampsia Diagnostic criteria Etiopathogenesis	Lectures 3hr Tutorials 2hr	8 th term	M s

	investigations; principles of management of hypertensive disorders of pregnancy and eclampsia, complications of eclampsia.	Clinical features of pre-eclampsia and eclampsia- symptoms and signs Specific investigations Maternal and foetal complications antenatal management- supportive, fluid management, antibiotics, anti-hypertensives, anti-convulsant Monitoring and surveillance Management during labour	Bedside clinic, small group discussion OPD		
OG12. 2	Define, classify and describe the etiology, pathophysiology, diagnosis, investigations, adverse effects on the mother and foetus and the management during pregnancy and labor, and complications of anemia in pregnancy	Definition Classification Aetiology of nutritional anaemia Clinical features of nutritional anaemia Physiological changes and effects of anaemia on pregnancy and foetus Investigations of nutritional anaemia Complications during pregnancy, labour and puerperium Prevention of nutritional anaemia Management of nutritional anaemia- diet, oral and parenteral iron, blood transfusion Discuss classification, aetiology, clinical features, investigations, complications and management of non-nutritional anaemia	Lectures 1hr Tutorials 1hr Bedside clinic, small group discussion OPD	6 th & 7 th term	M s
OG12. 3	Define, classify and describe the etiology, pathophysiology, diagnosis, investigations, criteria, adverse effects on the mother and foetus and the management during pregnancy and labor, and complications of diabetes in pregnancy	definition of gestational diabetes mellitus classification of diabetes mellitus in pregnancy Enumerate etiological factors Discuss pathophysiology of diabetes mellitus in pregnancy investigations for diabetes mellitus in pregnancy Screening test for gestational diabetes mellitus Describe the effects of diabetes on pregnancy complications of diabetes mellitus in pregnancy Discuss the management of diabetes in antenatal period, in labour, postnatal	Lectures 1hr Tutorials 1hr Bedside clinic, small group discussion	6 th & 7 th term	M s
OG12. 4	Define, classify and describe the etiology, pathophysiology	classification of heart disease in pregnancy Discuss etiology Describe pathophysiology of heart disease in pregnancy Discuss clinical features of heart disease in pregnancy	Lectures 1hr Tutorials 1hr	6 th & 7 th term	M s

	,diagnosis, investigations, criteria, adverse effects on the mother and foetus and the management during pregnancy and labor, and complications of heart diseases in pregnancy	Describe antenatal investigations diagnosis Discuss the effects of heart disease on pregnancy Discuss the effects of pregnancy on heart disease management during pregnancy, during labour, in postnatal Complications, preconceptional counselling	Bedside clinic, small group discussion OPD		
OG12.5	Describe the clinical features, detection, effect of pregnancy on the disease and impact of the disease on pregnancy complications and management of urinary tract infections in pregnancy	aetiology of UTI in pregnancy pathophysiology in pregnancy symptoms signs investigations complications management Asymptomatic bacteriuria	Lectures 1hr Bedside clinic, small group discussion OPD	7 th term	Me s
OG12.6	Describe the clinical features, detection, effect of pregnancy on the disease and impact of the disease on pregnancy complications and management of liver disease in pregnancy	Discuss classification of liver disease in pregnancy aetiology pathophysiology Describe clinical features of liver disease in pregnancy List the investigations of liver disease in pregnancy Discuss the differential diagnosis of liver disease in pregnancy List the maternal complications management of liver disease in pregnancy	Lectures 1hr Bedside clinic, small group discussion OPD	7 th term	Me s
OG12.7	Describe and discuss screening, risk factors, management of	introduction of HIV and incidence routes of transmission immunopathogenesis clinical presentation diagnosis management prenatal care, antenatal care, intrapartum care, postnatal care	Lectures 1hr Bedside clinic, small group discussion	7 th term	Me s

	mother and newborn with HIV	Pre-test and post-test counselling PPTCT program TORCH infection in pregnancy			
OG12.8	Describe the mechanism, prophylaxis, fetal complications, diagnosis and management of isoimmunization in pregnancy	Definition of Rh- isoimmunisation Mechanism of antibody formation in the mother Prevention of Rh-isoimmunisation Haemolytic disease of the fetus and newborn Antenatal investigations protocol of Rh-negative mother Plan of delivery in unimmunised and immunised mother Prognosis of Rh-isoimmunisation	Lectures 1hr Bedside clinic, small group discussion OPD	6 th & 7 th term	Ms
Topic: Labour- Number of competencies: (05) Number of procedures that require certification : (01)					
OG13.1	Enumerate and discuss the physiology of normal labor, mechanism of labor in occipito-anterior presentation; monitoring of labor including partogram; conduct of labor, pain relief; principles of induction and acceleration of labor; management of third stage of labor.	physiology of normal labour mechanism of normal labour monitoring of labour by partogram steps of delivery labour analgesia induction of labour by natural, medical, surgical, combined acceleration of labour management of 3rd stage of labour	Lectures 3hr Tutorials 1hr Bedside clinic, small group discussion, evening labour room posting	3 rd & 4 th term	Ms
OG13.2	Define, describe the causes, pathophysiology, diagnosis, investigations and management of preterm labor, PROM and postdated pregnancy	definition for preterm labour, PROM & post-dated pregnancy etiology pathophysiology symptoms signs investigations diagnosis complications management	Lectures 2hr Tutorials 1hr Bedside clinic, small group discussion	6 th & 7 th term	Ms
OG13.3	Observe/ assist in the performance of	indications for ARM Enumerate the technique of procedure limitations	Bedside clinic, small group	8 th & 9 th term	

	an artificial rupture of membranes	contraindications complications	discussion, evening labour room posting		
OG13. 4	Demonstrate the stages of normal labor in a simulated environment / mannequin (and counsel on methods of safe abortion).	physiology and mechanism and events of stage 1,2 and 3 of normal labour definition of abortion types of abortion indications of induced abortion medical and surgical methods MTP act complications of abortion	Bedside clinic, small group discussion, skill lab DOAP	8 th term	
OG13. 5	Observe and assist the conduct of a normal vaginal delivery	Monitoring of mother and foetus in second stage of labour General management- sterile precautions Position for delivery procedures Oxytocics and analgesia in labour Management of third stage of labour Examination of placenta Fourth stage of labour	Bedside clinic, Evening labour room posting DOAP	8 th & 9 th term	
Topic: Abnormal Lie and Presentation; Maternal Pelvis Number of competencies: (04) Number of procedures to be performed: (04)					
OG14. 1	Enumerate and discuss the diameters of maternal pelvis and types	Bones of female pelvis Diameters and planes of obstetric pelvis Clinical significance of each type of pelvis False and true pelvis Caldwell and Moloy classification of pelvis.	Bedside clinic, DOAP	6 th 8 th & 9 th term	M s
OG14. 2	Discuss the mechanism of normal labor, Define and describe obstructed labor, its clinical features; prevention; and management	normal labour- definition Describe cardinal movements involved in labour Explain synclitism/asynclitism Definition of obstructed labour causes Clinical features diagnosis Prevention Management Complications of obstructed labour	Lectures 1hr Bedside clinic, small group discussion, Evening labour room posting	8 th term	M s
OG14. 3	Describe and discuss rupture uterus, causes, diagnosis and management.	incidence of Rupture Uterus causes pathology Clinical features diagnosis complications Management- general and definitive	Lectures 1hr Bedside clinic, small group discussion, Evening labour	8 th term	M s

			room posting		
OG14.4	Describe and discuss the classification; diagnosis; management of abnormal labor	Definition Classification of abnormal uterine action Describe pathological retraction ring and management Management of abnormal labour Dystocia dystrophia syndrome	Lectures 1hr Bedside clinic, small group discussion	8 th term	M s
OG14.5	Describe and discuss causes, diagnosis and management of breech presentation, occipito posterior, transverse lie, face presentation	Breech – Etiological features Clinical Examination Management of Antenatal intrapartum Complications - Maternal Foetal OP- Aetiology Features Clinical Examination Mechanism of labour in OP, Course of labour Definition of deep transverse arrest and its management Define & discuss the management of transverse	Lectures 1hr Tutorials 1hr Bedside clinic, small group discussion, evening labour room posting	8 th term	M s
Topic: Operative obstetrics Number of competencies: (02) Number of procedures that require certification : (N					
OG15.1	Enumerate and describe the indications and steps of common obstetric procedures, technique and complications: Episiotomy, vacuum extraction; low forceps; Caesarean section, assisted breech delivery; external cephalic version; cervical cerclage	Episiotomy- definition, types, timing of episiotomy, structures incised, repair, complications vacuum extraction- design, indications, contraindications, procedure, complications low forceps- description of forceps, indications, contraindications, procedure, complications caesarean section- types, indications, procedure, complications. What is caesarean hysterectomy assisted breech delivery- principles, steps, indications, delivery of after coming head, complications external cephalic version- prerequisites, indications, contraindications, procedure, complications cervical cerclage – types, indications, procedure, complications	Tutorials 2hrs Bedside clinic, Small group discussion, observation in OT, evening labour room posting	8 th & 9 th term	M s Sk As t
OG15.2	Observe and assist in the performance of an episiotomy and demonstrate the correct suturing	episiotomy- suturing technique breech delivery	Bedside clinic, Small group discussion, observation in OT, DOAP Skill lab		M s

	technique of an episiotomy in a simulated environment. Observe/Assist in operative obstetrics cases – including - CS, Forceps, vacuum extraction, and breech delivery				
Topic: Complications of the third stage of labor- Number of competencies: (03) Number of procedures that req					
OG16. 1	Enumerate and discuss causes, prevention, diagnosis, management, of blood and blood products in appropriate use postpartum haemorrhage	Definition – primary and secondary PPH Aetiology incidence diagnosis Degree of shock in PPH Prevention Management- medical, appropriate use of blood and blood products Uterine compression sutures Step wise devascularisation	Lectures 1hr Tutorials 1hr Bedside clinic, Small group discussion, evening labour room posting	8 th term	M s
OG16. 2	Describe and discuss uterine inversion – causes, prevention, diagnosis and management.	uterine inversion- INCIDENCE TYPES degree aetiology Clinical features diagnosis Complications D/D ,prevention, prognosis management	Lectures 1hr Tutorials 1hr Bedside clinic, Small group discussion	8 th term	M s
OG16. 3	Describe and discuss causes, clinical features, diagnosis, investigations; monitoring of fetal well-being, including ultrasound and fetal Doppler; principles of management; prevention and counselling in	intrauterine growth restriction – definition Pathophysiology of FGR TYPES OF FGR aetiology diagnosis Management- antepartum, intrapartum and neonatal	Lectures 1hr Tutorials 1hr Bedside clinic	8 th term	M s

	intrauterine growth retardation				
OG16.4	Describe and discuss macrosomia, causes, diagnosis, intra partum complications, management	Definition of Macrosomia Causes clinical & sonological findings to diagnose & management shoulder dystocia - Causes Intrapartum Management maternal & neonatal complications	Lectures 1hr Bedside clinic, evening labour room posting Skill lab		MS
Topic: Lactation Number of competencies: (03) Number of procedures that require certification : (NIL)					
OG17.1	Describe and discuss the physiology of lactation	Anatomy of breast Phases of lactation Prolactin reflex Milk let down reflex Lactation inhibition and suppression			MS
OG17.2	Counsel in a simulated environment, care of the breast, importance and the technique of breast feeding	Care of breast Initiation of breast feeding Exclusive breast feeding Technique of breastfeeding-different position and attachment Frequency of breastfeeding Adequacy of breastfeeding Expression of breast milk			
OG17.3	Describe and discuss the clinical features, diagnosis and management of mastitis and breast abscess	Clinical presentation in mastitis Diagnosis of mastitis Complication of mastitis Treatment and prevention of mastitis Breast abscess – definition, clinical presentation, diagnosis, investigation, treatment			MS
Topic: Care of the new born Number of competencies: (04) Number of procedures that require certification : (NIL)					
OG18.1	Describe and discuss the assessment of maturity of the newborn, diagnosis of birth asphyxia, principles of resuscitation, common problems.	Examination of newborn Assessment of gestation age – by sole creases , breast nodule, scalp hair, ear lobe, testes and scrotum Birth asphyxia – definition, etiology, diagnosis, clinical features, management Equipments for resuscitation principles of resuscitation Common problem in resuscitation	Lectures 1hr Bedside clinic, Small group discussion DOAP, Evening labour room posting Skill Lab	3 rd & 4 th term	MS
OG18.2	Demonstrate the steps of	New born resuscitation algorithm Initial steps	Bedside clinic,	6 th term	

	neonatal resuscitation in a simulated environment	Positive pressure ventilation Endotracheal intubation, chest compression medication	DOAP, Evening labour room posting Skill Lab								
OG18. 3	Describe and discuss the diagnosis of birth asphyxia	definition birth asphyxia etiopathogenesis Clinical features and diagnosis management	Lectures 1hr Bedside clinic, small group discussion	8 th term	Me s						
OG18. 4	Describe the principles of resuscitation of the newborn and enumerate the common problems encountered	Principles of resuscitation Steps of resuscitation Resuscitation principle in baby who is apnoeic despite tactile stimulation Resuscitation when baby is apnoeic and HR less than 100	Bedside clinic, Small group discussion	8 th term	Me s						
Topic: Normal and abnormal puerperium. Number of competencies: (04) Number of procedures that require c											
OG19. 1	Describe and discuss the physiology of puerperium, its complications, diagnosis and management; counselling for contraception, puerperal sterilization	definition of Purperium Physiological changes includes uterine changes Define lochia & types general physiological changes Puerperal sepsis – definition , causes, pathogenesis , clinical features, diagnosis, management Subinvolution , urinary problems Thromboembolic disorders – DVT, thrombophlebitis, pulmonary embolism Obstetric palsies , puerperal psychiatric disorders	Lectures 2hrs Tutorials 1hr Bedside clinic, Small group discussion	6 th & 8 th term	Me s						
OG19. 2	Counsel in a simulated environment, contraception and puerperal sterilisation	Methods of contraception Puerperal sterilization - <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">a. informed consent and pre-requisites</td> </tr> <tr> <td style="text-align: center;">b. timing</td> </tr> <tr> <td style="text-align: center;">c. methods</td> </tr> <tr> <td style="text-align: center;">d. technique</td> </tr> <tr> <td style="text-align: center;">e. steps</td> </tr> <tr> <td style="text-align: center;">f. complication</td> </tr> </table> Develop a checklist for role paly including above mention SLO	a. informed consent and pre-requisites	b. timing	c. methods	d. technique	e. steps	f. complication	Tutorials 1hr Bedside clinic, DOAP, Role play	8 th & 9 th term	
a. informed consent and pre-requisites											
b. timing											
c. methods											
d. technique											
e. steps											
f. complication											

OG19.3	Observe/ assist in the performance of tubal ligation	Pre –operative preparation Type of anaesthesia Types of incision Procedure Advantages Drawbacks	DOAP & Intra operative, skill lab	8 th & 9 th term	
OG19.4	Enumerate the indications for, describe the steps in and insert and remove an intrauterine device in a simulated environment	Indications for cu-t insertions –WHO eligibility criteria Timing of insertion Technique of insertion – no touch insertion	Skill lab & OPD	8 th & 9 th term	Ms
Topic: Medical termination of pregnancy Number of competencies: (03) Number of procedures that require ce					
OG20.1	Enumerate the indications and describe and discuss the legal aspects, indications, methods for first and second trimester MTP; complications and management of complications of Medical Termination of Pregnancy	Induction of Abortion- Definition MEDICAL TERMINATION OF PREGNANCY Act Indications for termination Recommendations (new changes) First trimester (Upto 12 weeks) -Medical & Surgical Second Trimester (13-24 weeks) Medical & Surgical Complications of MTP- Immediate & Remote Management of Complications	Lectures 2hr Bedside clinic, Small group discussion	3 rd term	Ms
OG20.2	In a simulated environment administer informed consent to a person wishing to undergo Medical Termination of Pregnancy	Introduces oneself and verifies the patients identity and age. Explains that if minor or lunatic then parents or legal guardian consent is required Calculates the gestational age Provides information regarding the options available or the need for opinion of two medical practitioners Provides information regarding the failure rates, immediate and remote complications of the chosen procedures Explains that only the patients written consent is required and not the husbands Explains that it is a confidential procedure and has to be reported to the DHS in the prescribed form	Tutorials 1hr DOAP, Role play	8 th & 9 th term	

		Develop a checklist for role play including above mentioned SLO			
OG20.3	Discuss Pre-conception and Pre Natal Diagnostic Techniques (PC&PNDT) Act 1994 & its amendments	Definition of the PC & PNDT act Prenatal diagnostic procedures under the act Prenatal diagnostic Tests covered by the act Qualified Personnel and Registration (of The place where USG is performed) Offences and penalties	Lectures 1hr Bedside clinic, Small group discussion	9 th term	M s
Topic: Contraception Number of competencies: (02) Number of procedures that require certification : (NIL)					
OG21.1	Describe and discuss the temporary and permanent methods of contraception, indications, technique and complications; selection of patients, side effects and failure rate including Ocs, male contraception, emergency contraception and IUCD	Methods of contraception MEC criteria pearl Index Permanent – Male and Female contraceptive method Temporary Natural- Calendar, temperature, withdrawal, lactational (FAM) Barrier- Physical-male and female condoms, diaphragms ; Chemical - creams jelly and foam IUCD- types, mode of action, contraindications, complications, other uses Steroidal Contraception-oral, parenteral, devices COC- types, Mechanism of action, contraindications and non-contraceptive uses, follow up, Missed pill management Implants injectables and Emergency contraception Male contraception What is PPIUCD	Lectures 5hrs Tutorials 4hrs Bedside clinic, Small group discussion Skill lab 1	8 th & 9 th term	M s
OG21.2	Describe & discuss PPIUCD programme	Mode of insertion of PPIUCD Benefits Drawbacks Government Family Planning programs	Lectures 1hr Bedside clinic, Small group discussion	8 th & 9 th term	M s
Topic: Vaginal discharge Number of competencies: (02) Number of procedures that require certification :(NIL)					
OG22.1	Describe the clinical characteristics of physiological vaginal discharge	Characteristics of normal vaginal discharge Leucorrhoea Physiological excess Cervical causes Vaginal causes Enumerate the causes of physiological vaginal discharge	Lectures 1hr Bedside clinic ,Small group discussion, OPD	6 th term	M s
OG22.2	Describe and discuss the etiology (with	Defence of the genital tract Candida- Clinical features, complications, diagnosis, treatment	Lectures 1hr	6 th term	M s

	special emphasis on Candida, T. vaginalis, bacterial vaginosis), characteristics, clinical diagnosis, investigations, genital hygiene, management of common causes and the syndromic management	T. vaginalis- Clinical features, complications, diagnosis, treatment Bacterial Vaginosis- Clinical features, complications, diagnosis, treatment Gonorrhoea - Clinical features, complications, diagnosis, treatment Syphilis- Clinical features, complications, diagnosis, treatment Chlamydial infections- Clinical features, complications, diagnosis, treatment Chancroid, LGV, Granuloma Inguinale- cause, Clinical features, complications, diagnosis, treatment Herpes Genitalis- Clinical features, complications, diagnosis, treatment Syndromic Approach & kits available	Bedside clinic ,Small group discussion, OPD		
Topic: Normal and abnormal puberty Number of competencies: (03) Number of procedures that require certification:					
OG23. 1	Describe and discuss the physiology of puberty, features of abnormal puberty, common problems and their management	Puberty Definition and Morphological Changes Endocrinology of Puberty Precocious Puberty Definition, types, etiopathogenesis, diagnosis, treatment, prognosis, Delayed Puberty- Definition, types, etiopathogenesis, diagnosis, treatment, prognosis Puberty Menorrhagia - etiopathogenesis, diagnosis treatment	Lectures 1hr Bedside clinic ,Small group discussion, OPD	6 th & 7 th term	Ms
OG23. 2	Enumerate the causes of delayed puberty. Describe the investigation and management of common causes	Hypergonadotrophic Hypogonadism- Ovarian Failure, gonadal dysgenesis Hypogonadotrophic hypogonadism-primary, kallmann syndrome, tumors Eugonadism- Anatomical ; AIS	Lectures 1hr	6 th & 7 th term	Ms
OG23. 3	Enumerate the causes of precocious puberty	GnRH dependent- constitutional, intracranial lesions, juvenile primary hypothyroidism; incomplete GnRH independent – Ovarian; adrenal; Liver; iatrogenic	Lectures 1hr	6 th term	Ms
Topic: Abnormal uterine bleeding Number of competencies: (01) Number of procedures that require certification:					
OG24. 0	Discuss common disorders associated with menstruation like irregular cycle, HMB, intermenstrual	Definition of dysmenorrhea clinical Features Types of dismenorrhea & management of dismenorrhea Pre menstrual syndrome Etiology Clinical Features	Lectures 1hr Bedside clinic ,Small group discussion, OPD	6 th term	

	bleeding, dysmenorrhea, PMS, ovulatory pain	management			
OG24.1	Define, classify and discuss abnormal uterine bleeding, its management	Old terminology- Menorrhagia; Polymenorrhea; Metrorrhagia; Oligomenorrhea; Hypomenorrhea; DUB Oligomenorrhea; Hypomenorrhea; DUB FIGO PALM-COEIN classification Causes and its clinical features Investigations Management	Lectures 1hr Tutorials 1hr Bedside clinic	6 th term	M s
Topic: Amenorrhea Number of competencies: (01) Number of procedures that require certification : (NIL)					
OG25.1	Describe and discuss the causes of primary and secondary amenorrhea, its investigation and the principles of management.	definition of primary and secondary amenorrhea clinical types of amenorrhea physiological amenorrhea pathological amenorrhea causes of primary and secondary amenorrhea history, clinical examination, when to start investigating investigations panel differential diagnosis of primary and secondary amenorrhea	Lectures 1hr Tutorials 1hr Bedside clinic, Small group discussion, OPD	6 th term	M s
OG25.2	Describe and discuss sexual development and disorders of sexual development	Sexual Development Classification of intersex Disorder Turners Syndrome Klinefelter's syndrome	Lectures 1hr OPD	6 th term	M s
Topic: Genital injuries and fistulae Number of competencies: (02) Number of procedures that require certification					
OG26.1	Describe and discuss the etiopathogenesis, clinical features; investigation and implications on health and fertility and management of endometriosis and adenomyosis	<p>ENDOMETRIOSIS</p> <ul style="list-style-type: none"> - definition - prevalence and sites - pathogenesis (theories) - pathology - naked eye and microscopic appearance - ovarian endometrioma - Symptoms and signs - investigations - differential diagnosis - complications - management - expectant /medical / surgical /combined <p>ADENOMYOSIS</p> <ul style="list-style-type: none"> - definition - causes 	Lectures 2hr Tutorials 1hr Bedside clinic, Small group discussion, OPD	8 th term	M s

		<ul style="list-style-type: none"> - pathogenesis - symptoms and signs - investigations - differential diagnosis - management - complications 				
Topic: Genital infections Number of competencies: (04) Number of procedures that require certification : (NIL)						
OG27.1	Describe and discuss the etiology, pathology, clinical features, differential diagnosis, investigations, management and long term implications of sexually transmitted infections	<p>Discuss etiopathogenesis of each STD</p> <p>Describe the clinical features</p> <p>Discuss differential diagnosis of STD</p> <p>Discuss investigations and management of STD</p> <p>Syndromic Approach</p> <p>Discuss long term implications of STD</p>	Lectures 1hr Bedside clinic, Small group discussion, OPD	6 th term	Ms	
OG27.2	Describe and discuss the etiology, pathology, clinical features, differential diagnosis, investigations, management and long term implications of genital tuberculosis	<p>Describe aetiopathogenesis of genital TB</p> <p>Describe the clinical features</p> <p>Discuss differential diagnosis of genital TB</p> <p>Discuss investigations and management of genital TB</p> <p>Discuss long term implications of genital TB</p>	Lectures 1hr Bedside clinic, Small group discussion, OPD	6 th term	Ms	
OG27.3	Describe and discuss the etiology, pathology, clinical features, differential diagnosis, investigations, management and long term implications of HIV	<p>Describe etiopathogenesis of HIV</p> <p>Describe the clinical features of HIV in Gynaecology</p> <p>Discuss differential diagnosis of HIV</p> <p>Discuss investigations and management of HIV</p> <p>Discuss long term implications of HIV</p>	Lectures 1hr Bedside clinic, Small group discussion, OPD	6 th term	Ms	

OG27.4	Describe and discuss the etiology, pathology, clinical features, differential diagnosis, investigations, management and long term implications of Pelvic Inflammatory Disease	<p>Define PID</p> <p>Describe etiopathogenesis of PID</p> <p>Describe the clinical features of PID</p> <p>Discuss differential diagnosis of acute PID</p> <p>Discuss investigations and management of PID</p> <p>Discuss long term implications of PID</p>	<p>Lectures 1hr</p> <p>Tutorials 1hr</p> <p>Small group discussion, OPD</p>	6 th term	M s
OG27.5	Describe and discuss the etiology, pathology, clinical features, differential diagnosis, investigations, management of low back ache and chronic pelvic pain	<p>Describe aetiology, clinical features, management of chronic PID</p> <p>Definition of chronic pelvic pain</p> <p>Difference between cyclic and acyclic pelvic pain</p> <p>Non gynaecological causes of pelvic pain</p> <p>Enumerate Different causes of pelvic pain (gynaecological)</p> <p>What is pelvic congestion syndrome and its management</p> <p>What is Cornett sign</p> <p>What is pessary test</p> <p>What is role of laparoscopy in diagnosis of chronic pelvic pain</p> <p>What is LUNA</p> <p>What is residual (trapped) ovarian syndrome</p>	<p>Lectures 1hr</p> <p>Small group discussion, OPD</p>	6 th term	M s
OG27.6	Discuss clinical features, differential diagnosis, pathogens and management of Bartholin's abscess	<p>Causative organisms</p> <p>Pathology</p> <p>Fate of infection of Bartholin's gland</p> <p>clinical features</p> <p>local examination findings</p> <p>treatment</p> <p>recurrent Bartholinitis</p>	<p>Lectures 1hr</p> <p>Small group discussion, OPD</p>	6 th term	M s
Topic: Infertility Number of competencies:(04) Number of procedures that require certification : (NIL)					

OG28.1	Describe and discuss the common causes, pathogenesis, clinical features, differential diagnosis; investigations; principles of management of infertility – methods of tubal patency, ovulation induction, assisted reproductive techniques	Definition of infertility Enumerate the causes and pathogenesis Clinical features Evaluation of infertile couple, Discuss the principles of management of infertility	Lectures 1hr Tutorials 1hr Small group discussion, OPD	8 th term	M s
OG28.2	Enumerate the assessment and restoration of tubal patency	Causes for tubal factor in infertility Discuss the investigations to assess tubal patency Enumerate the methods to restore tubal patency	Lectures 1hr Tutorials 1hr Small group discussion, OPD	8 th term	M s
OG28.3	Describe the principles of ovulation induction	Discuss ovarian factor leading to infertility Enumerate the investigations for ovarian factor in infertility Discuss the principles and different methods available for ovulation induction	Lectures 1hr Tutorials 1hr Small group discussion, OPD	8 th term	M s
OG28.4	Enumerate the various Assisted Reproduction Techniques	Define ART Counselling for ART	Lectures 1hr Tutorials 1hr Small group discussion, OPD	8 th term	M s
OG28.5	Describe and discuss the common causes, pathogenesis, clinical features,	Male Infertility : Discuss Aetiology - Genetic Disorders of Spermatogenesis			M s

	differential diagnosis; investigations; principles of management of male infertility	<p>Disorders of Sperm Anatomical defect Sexual dysfunction & explain</p> <p>History to be elicited - To find the probable causes</p> <p>Investigation - WHO guidelines for semen analysis - Testicular biopsy - Immunological test -Chromosomal assay</p> <p>Enumerate ART methods</p>			
Topic: Uterine fibroids Number of competencies: (01) Number of procedures that require certification : (NIL)					
OG29.1	Describe and discuss the etiology; pathology; clinical features; differential diagnosis; investigations; principles of management, complications of fibroid uterus	<p>Incidence and pathogenesis Risk factors Figo classification of types of fibroid Histological features of fibroid Clinical features Examination Investigations Differential diagnosis Management Asymptotic fibroids: Medical management : Indications Side effects Surgical management : Principles of myomectomy prerequisites Indications Contraindications Endoscopic procedures: Hysteroscopy Laproscopy Uterine artery embolization New methods: MRgFUS Abdominal hysterectomy</p>	<p>Lectures 1hr Tutorials 1hr Small group discussion, OPD, Intra operative</p>	8 th term	M s
Topic: PCOS and hirsutism Number of competencies: (02) Number of procedures that require certification : (NIL)					
OG30.1	Describe and discuss the etiopathogenesis; clinical features; differential diagnosis; investigations;	<p>discuss the etiopathogenesis of PCOS Discuss clinical features of PCOS investigations , Diagnostic criteria , Differential diagnosis Treatment Long term complications</p>	<p>Lectures 1hr Tutorials 1hr Small group discussion</p>	8 th term	M s

	management, complications of PCOS				
OG30. 2	Enumerate the causes and describe the investigations and management of hyperandrogenism	Definition of hirsutism Ovarian causes: Adrenal causes: Others: Clinical features investigations management	Lectures 1hr Small group discussion, OPD	8 th term	Ms
Topic: Uterine prolapse Number of competencies: (01) Number of procedures that require certification :(NIL)					
OG31. 1	Describe and discuss the etiology, classification, clinical features, diagnosis, investigations, principles of management and preventive aspects of prolapse of uterus	Definition of pelvic organ prolapse Supports of uterus Pathophysiology and causes of prolapse Classification of pelvic organ prolapse Symptoms of prolapse Clinical evaluation including history and examination Differential diagnosis of mass per vaginum investigations Factors determining the choice of treatment in pelvic organ prolapse Management of prolapse: pessary treatment in pelvic organ prolapse preventive aspects of prolapse of uterus	Lectures 1hr Tutorials 1hr Small group discussion , OPD, OT, Bed side clinics	8 th term	Ms
Topic: Menopause Number of competencies: (02) Number of procedures that require certification : (NIL)					
OG32. 1	Describe and discuss the physiology of menopause, symptoms, prevention, management and the role of hormone replacement therapy.	Definition of menopause Physiology of menopause Symptoms and investigations Management and HRT	Lectures 1hr Small group discussion , OPD	6 th term	Ms
OG32. 2	Enumerate the causes of postmenopausal bleeding and describe its management	Definition of post-menopausal BLEEDING causes investigations management	Lectures 1hr Tutorials 1hr Small group discussion, OPD, minor OT, Bed side clinics	9 th term	Ms

Topic: Benign, Pre-malignant (CIN) and Malignant Lesions of the Cervix Number of competencies: (04) Number certification : (NIL)

OG33.1	Classify, describe and discuss the etiology, pathology, clinical features, differential diagnosis, investigations and staging of cervical cancer	Risk factors Clinical features Signs and symptoms Modes of spread investigations Histological types of c a Cervix Staging of Ca cervix-FIGO	Lectures 2hr Tutorials 1hr Small group discussion , OPD	9 th term	M s			
OG33.2	Describe the principles of management including surgery and radiotherapy of Benign, Pre-malignant (CIN) and Malignant Lesions of the Cervix	<table border="1"> <tr> <td>Benign lesions: Etiopathogenesis Clinical features Symptoms and treatment: preventive and definitive</td> </tr> <tr> <td>Premalignant lesions of cervix (CIN): Pathogenesis Etiology Symptoms Investigations Treatment of CIN: preventive and definitive</td> </tr> <tr> <td>Ca cervix: Management of Cervical Cancer according to staging Types of hysterectomy Indications for radiotherapy & Chemotherapy</td> </tr> </table>	Benign lesions: Etiopathogenesis Clinical features Symptoms and treatment: preventive and definitive	Premalignant lesions of cervix (CIN): Pathogenesis Etiology Symptoms Investigations Treatment of CIN: preventive and definitive	Ca cervix: Management of Cervical Cancer according to staging Types of hysterectomy Indications for radiotherapy & Chemotherapy	Lectures 1hr Small group discussion , OPD	9 th term	M s
Benign lesions: Etiopathogenesis Clinical features Symptoms and treatment: preventive and definitive								
Premalignant lesions of cervix (CIN): Pathogenesis Etiology Symptoms Investigations Treatment of CIN: preventive and definitive								
Ca cervix: Management of Cervical Cancer according to staging Types of hysterectomy Indications for radiotherapy & Chemotherapy								
OG33.3	Describe and demonstrate the screening for cervical cancer in a simulated environment	Complications and followup counsel the patient about need for Pap smear Examination take informed consent about the procedure ensure the adequate privacy at examination area keep ready equipment needed for the procedure Perform examination under aseptic precaution Document the findings Proper disposal of gloves	Small group discussion, OPD, Skill Lab, DOAP	9 th term	M s			
OG33.4	Enumerate the methods to prevent cancer of cervix including visual inspection with acetic acid (VIA), visual inspection of cervix with Lugol's iodine	Need for screening: Methods: VIA VILI PAP Colposcopy Indications Methods inference	Lectures 1hr Small group discussion, OPD	9 th term	M s			

	(VILI), pap smear and colposcopy				
Topic: Benign and malignant diseases of the uterus and the ovaries Number of competencies: (04) Number of p (NIL)					
OG34. 1	Describe and discuss aetiology, pathology, staging clinical features, differential diagnosis, investigations, staging laparotomy and principles of management of endometrial cancer	Types of endometrial hyperplasia Incidence, aetiology of endometrial cancer Pathology – gross, microscopic features. Types of endometrial cancer Modes of spread Diagnosis Figo staging Differential diagnosis, investigations Steps of staging laparotomy Chemotherapy and radiotherapy Follow-up	Lectures 1hr Small group discussion, OPD, intra operative	9 th term	M s
OG34. 2	Describe and discuss the etiology, pathology, classification, staging of ovarian cancer, clinical features, differential diagnosis, investigations, principal of management including staging laparotomy	Incidence, aetiology for ovarian cancer Genetics and ovarian malignancy Pathology Classification of ovarian cancer Modes of spread Clinical features Investigations Diagnosis Figo staging Differential diagnosis Screening Surgical management Chemotherapy Follow-up Germ cell tumours of ovary Discuss the role of Tumour markers	Lectures 2hr Tutorials 1hr Small group discussion, OPD, intra operative, Bed side clinics	9 th term	M s
OG34. 3	Describe and discuss the etiology, pathology, classification, staging, clinical features, differential diagnosis, investigations and management of	Gestational trophoblastic disease- spectrum WHO based prognostic scoring Incidence Aetiology pathology staging Spread, clinical features Investigations, management Surveillance during and after therapy	Lectures 1hr Tutorials 1hr Small group discussion, OPD, Bed side clinics	9 th term	M s

	gestational trophoblastic disease				
OG34.4	Operative Gynaecology : Understand and describe the technique and complications: Dilatation & Curettage (D&C); EA-ECC; cervical biopsy; abdominal hysterectomy; myomectomy; surgery for ovarian tumours; staging laparotomy; vaginal hysterectomy including pelvic floor repair; Fothergill's operation, Laparoscopy; hysteroscopy; management of postoperative complications	operative gynaecology: technique and complications Dilatation and curettage: indications, steps, complications Endometrial aspiration – endocervical curettage Cervical biopsy: types, indications, steps, procedures, complications TAH: types, indications, steps, complications Myomectomy: measures to control blood loss during myomectomy, steps, complications Surgery for ovarian tumours Staging laparotomy VH+PFR: steps, complications Fothergill's operation: indications, steps, complications Laparoscopy: advantages, disadvantages, instruments, indications, contraindications, techniques, complications Hysteroscopy: instruments, distending media, anaesthesia, procedures, indications, contraindications, complications	Lectures 2hr Small group discussion, OPD, OT, Minor OT	9 th term	M s
OG34.5	Benign lesions of cervix, ovary	Benign disorders of cervix - cervical erosion - cervical ectropion - cervical polyp Benign disorders of ovary - -Enumerate the conditions of non-neoplastic ovarian enlargement - classification of Benign ovarian tumors -complications of Benign ovarian tumors	Lectures 2hr Small group discussion, OPD, Bed side clinics	8 th term	M s
Topic: Obstetrics & Gynecological skills - I Number of competencies: (17) Number of procedures that require ce					
OG35.1	Obtain a logical sequence of history, and perform a humane and	Obtain a demographic data Chief complaints History of presenting complaints Obstetric and menstrual history Past and family history	Small group discussion, OPD, DOAP	3 rd 4 th 6 th & 8 th term	

	thorough clinical examination, excluding internal examinations (perrectal and per-vaginal)	Treatment history Personal history General physical examination including breast and thyroid, BMI SYSTEMIC EXAMINATION- RS/CVS/CNS ABDOMEN EXAMINATION			
OG35. 2	Arrive at a logical provisional diagnosis after examination.	With elicited history and detailed examination arrive at a logical provisional diagnosis	Small group discussion, OPD, DOAP	6 th 8 th & 9 th term	
OG35. 3	Recognize situations, which call for urgent or early treatment at secondary and tertiary centres and make a prompt referral of such patients after giving first aid or emergency treatment.	Analysis of clinical situation Identify the risk factors and need for urgent treatment Administer emergency medications Transfer to tertiary care centre	Small group discussion, OPD, DOAP	8 th & 9 th term	
OG35. 4	Demonstrate interpersonal and communication skills befitting a physician in order to discuss illness and its outcome with patient and family	Counsel the patient and family members Arrive at a provisional diagnosis Explain the medical condition to family members in a language understood by them Discuss the medical and surgical management, complications, requirement of blood and blood products if needed Explain the prognosis of medical condition	Small group discussion, OPD, DOAP	8 th & 9 th term	
OG35. 5	Determine gestational age, EDD and obstetric formula	Address their concerns GA; Menstrual History. Clinical methods Ultrasound examination EDD; Menstrual History Negele's Formula Clinical methods Dating scan No dating scan Then interval Scan	Small group discussion, OPD, DOAP	8 th & 9 th term	
OG35. 6	Demonstrate ethical behavior in all aspects of	Definition Gravida, Para, Living, Dead and Abortion Autonomy Justice	Small group discussion,	3 rd 4 th 6 th 8 th	

	medical practice.	Beneficence	OPD, DOAP, role play	& 9 th term			
OG35.7	Obtain informed consent for any examination / procedure	Non malfeasance For Examination: Informed oral consent For Procedure; informed written consent Signature is must diagnosis of condition name and purpose of procedure benefits, risks, and alternative procedures benefits and risks of each alternative procedures	Small group discussion, OPD, DOAP	3 rd 4 th 6 th 8 th & 9 th term			
OG35.8	Write a complete case record with all necessary details	Demography Obstetric score with amenorrhea LMP EDD Menstrual history Chief complaint HOPI Present obstetric history, Past obstetric history Past medical and surgical history and personal history General Physical examination with Vitals. Breast and Spine examination Specific Systemic Examination Diagnosis	Small group discussion, DOAP	3 rd 4 th 6 th 8 th & 9 th term			
OG35.9	Write a proper discharge summary with all relevant information	Contents of discharge summary -name, age, sex, hospital number, address, date of admission & discharge Final diagnosis Name of the operative interventions and intraoperative findings & complications Brief history Relevant investigations and Reports Course in the hospital in brief Advice on discharge Warning signs and symptoms relevant to the case to be mentioned Timing of follow up visits	Small group discussion, DOAP	8 th & 9 th term			
OG35.10	Write a proper referral note to secondary or tertiary centres or to other physicians with all necessary details.	Definition of referral letter Patient demographics Registered general Practitioner details <table border="1" data-bbox="496 1641 1228 1771"> <tr> <td>Referral Details</td> </tr> <tr> <td>- Institute</td> </tr> <tr> <td>- Specialty dept</td> </tr> </table> Referring Practitioner details Presenting complaints Past /Family History Assessment and examination Legal information Management to date Reason and urgency for referral	Referral Details	- Institute	- Specialty dept	Small group discussion, OPD, DOAP	8 th & 9 th term
Referral Details							
- Institute							
- Specialty dept							

OG35.11	Demonstrate the correct use of appropriate universal precautions for self-protection against HIV and hepatitis and counsel patients	<p>Universal Infection Control Precautions</p> <p>Protective Clothing</p> <p>Isolation Facilities</p> <p>Spillage Of Blood and Body Fluids</p> <p>Sterilization And Disinfection</p> <p>Intravenous Procedures</p> <p>Waste Disposal</p> <p>Staff Protection and Immunization</p>	Small group discussion, OPD, DOAP	3 rd 4 th 6 th 8 th & 9 th term	
OG35.12	Obtain a PAP smear in a stimulated environment	<p>counsel the patient about need for Pap smear Examination</p> <p>ensure the adequate privacy at examination area</p> <p>keep ready equipment needed for the procedure</p> <p>perform examination under aseptic precaution</p> <p>document the findings</p> <p>Proper disposal of gloves</p>	DOAP Skill lab	8 th & 9 th term	
OG35.13	Demonstrate the correct technique to perform artificial rupture of membranes in a simulated / supervised environment	<p>Indications</p> <p>Complications</p> <p>Pelvic examination findings</p> <p>Colour of liquor</p> <p>Foetal Heart Assessment</p> <p>Verbal consent</p>	DOAP, Evening labour room posting Skill lab	8 th & 9 th term	
OG35.14	Demonstrate the correct technique to perform and suture episiotomies in a simulated/ supervised environment	<p>Define</p> <p>Types</p> <p>Advantages</p> <p>Disadvantages</p> <p>Correct technique</p> <p>Complications – immediate & late</p>	DOAP, Evening labour room posting Skill lab	8 th & 9 th term	
OG35.15	Demonstrate the correct technique to insert and remove an IUD in a simulated/ supervised environment	<p>Define</p> <p>Types</p> <p>Mechanism of action</p> <p>Advantages</p> <p>Disadvantages</p> <p>Indications and contra indications</p> <p>Criteria for selection of a client</p> <p>Techniques</p> <p>Uses</p> <p>Complications</p>	Skill lab	8 th & 9 th term	
OG35.16	Diagnose and provide emergency	<p>Symptoms and signs</p> <p>Examination</p> <p>Resuscitation</p>	Small group discussion, drills,	8 th & 9 th term	Ski ass

	management of antepartum and postpartum hemorrhage in a simulated / guided environment	- Airway, breathing, circulation Vitals monitoring Conservative management, medical, balloon tamponade, brace suturing, stepwise devascularization, Emergency hysterectomy.	Skill lab		
OG35.17	Demonstrate the correct technique of urinary catheterization in a simulated/ supervised environment	Verbal consent after explaining to the patient Able to recognize and identify external urethral meatus with knowledge of anatomy of urethra Knows importance of aseptic precautions, proper painting and draping of the patient for the procedure Identifies foley's catheter and its parts, urosac Can demonstrate the procedure of catheterization on a mannequin	Skill lab	8 th & 9 th term	Sk ass
Topic: Obstetrics & Gynecological skills - II Number of competencies: (03) Number of procedures that require c					
OG36.1	Plan and institute a line of treatment, which is need based, cost effective and appropriate for common conditions taking into consideration (a) Patient (b) Disease (c) Socio-economic status (d) Institution/ Governmental guidelines.	History taking to help to arrive at the differential diagnosis Appropriate examination of the patient to elicit signs and narrow the list of differential diagnosis Appropriate investigation to arrive at most probable diagnosis Understanding the specificity and sensitivity of an investigation and its value in arriving at a diagnosis Have idea about cost of investigations so that balance decisions can be taken. Have institutional protocols for common diseases on conditions Understand and cost involved in various treatment options and choses the appropriate treatment based on social economic status	Small group discussion, Bed side clinics	8 th & 9 th term	
OG36.2	Organize antenatal, postnatal, well-baby and family welfare clinics	Understands the role of conservative treatment / medical treatment / surgical treatment for various disease conditions Will understand antenatal care and its importance Know the requirements for providing ANC care Will understand the various warning symptoms during antenatal period Knowledge of puerperium Knowledge of assessing the neonatal wellbeing Importance of breast feeding Understand attachment, latching and suckling in breast feeding evaluation	Small group discussion, Bed side clinics	8 th & 9 th term	

		Value of organizing postnatal clinics along with paediatrician /neonatologist for comfort and benefit of mother and baby Able to counsel regarding family planning in the postnatal visit			
OG36.3	Demonstrate the correct technique of punch biopsy of Cervix in a simulated/ supervised environment	Consent for the procedure Identify the punch biopsy forceps Aseptic precautions, painting and draping for the procedure Visualize the cervix using appropriate instrument Demonstrate the procedure on a mannequin Collect the specimen for histopathological examination	Small group discussion OPD	8 th & 9 th term	
Topic: Obstetrics & Gynecological skills - III Number of competencies: (07) Number of procedures that require					
OG37.1	Observe and assist in the performance of a Caesarean section	Define caesarean section [CS] Mention the indication for CS Describe preoperative care, investigations, informed consent Appreciate the need to cross match and confirm blood Inform anaesthetist, OT staff and neonatologist Observe hand washing, safety check list, instrument counts, type of anaesthesia given Enumerate the steps of LSCS List the complications of CS and its management Describe the post-operative care	Small group discussion, OT	8 th & 9 th term	
OG37.2	Observe and assist in the performance of Laparotomy	Appreciate the importance Documentation of all steps, events including new born details Indication for laparotomy Describe the preoperative care and investigations Informed consent, arrange blood and ICU bed Lists the steps of laparotomy, need for frozen section. Patient positioning and anaesthesia Complications of the procedure Post Operative care	Small group discussion, OT	8 th & 9 th term	
OG37.3	Observe and assist in the performance of Hysterectomy – abdominal/vaginal	Documentation of all events Indications Assessment for route of surgery Preoperative preparation Informed consent Anaesthesia and patient positioning Steps of Hysterectomy- abdominal/vaginal Complications of the procedure Post Operative care	Small group discussion, OT	8 th & 9 th term	
OG37.4	Observe and assist in the performance of	Documentation of all events Indications and contraindications Patient evaluation and pre op preparation Informed consent and anaesthesia	Small group discussion, Minor OT OPD	8 th & 9 th term	

	Dilatation & Curettage (D&C)	Steps of procedure Post procedure monitoring Complications of the procedure Documentation of all events			
OG37.5	Observe and assist in the performance of Endometrial aspiration - endocervical curettage (EA-ECC)	Discharge advice Know how to take informed consent How to perform per speculum and per vaginal examination Know about instruments used (Pipelle) and aseptic precautions How to take utero cervical length/ cervical length Procedure of EA-ECC Know how to fill the relevant clinical details in HPE /Biopsy form Postop instructions and follow up	Small group discussion, Minor OT OPD	8 th & 9 th term	
OG37.6	Observe and assist in the performance of outlet forceps application of vacuum and breech delivery	Know how to take informed consent Identify whether there is an appropriate indication for application of outlet forceps/ vacuum/ breech delivery Assess whether all criteria for application of outlet forceps/ vacuum/ breech delivery are met Pre requisites – availability of OT, blood products, Neonatologist, Senior Obstetrician Labour analgesia/ anaesthesia Know how to perform phantom application of outlet forceps/ check equipment of vacuum and choose an appropriate cup/ manoeuvres for delivery of legs, arms, shoulders and head in assisted breech delivery Perform application of outlet forceps/ vacuum/ breech delivery Know how to give and suture episiotomy and aseptic precautions Identify maternal and neonatal complications Documentation of the procedure	Small group discussion, Evening labour room posting	8 th & 9 th term	
OG37.7	Observe and assist in the performance of MTP in the first trimester and evacuation in incomplete abortion	Counselling the patient regarding the various methods available and complications of each and taking informed consent Look for any contraindications for the method chosen Prescription of first trimester MTP pills Identifying the complications of MTP pills/Incomplete abortion/ Evacuation of retained products Know regarding equipment, instruments and drugs used (Karmans cannula, Suction apparatus) Procedure for Evacuation of retained products in incomplete abortion, under aseptic precautions Check the need for USG and Anti D Know how to fill the relevant clinical details in HPE /Biopsy form	Small group discussion, Minor OT	8 th & 9 th term	

		Post operative/ post pill instructions and follow up Documentation of the procedure and know which register needs to be filled for intimation to Health Department of Government			
Topic: Should observe Number of competencies: (04) Number of procedures that require certification : (NIL)					
OG38.1	Laparoscopy	Indications for laparoscopy Contraindications for laparoscopy Informed consent Anaesthesia under which it is performed and its complications Complications of laparoscopy Postoperative instructions	Small group discussion, OT	8 th & 9 th term	
OG38.2	Hysteroscopy	Definition of Hysteroscopy Steps of Hysteroscopy Indications of Hysteroscopy Diagnostic Hysteroscopy Operative Hysteroscopy Fluid distension Media Post Op care and advice Risks and Complications of Hysteroscopy	Small group discussion, OT	8 th & 9 th term	
OG38.3	Lap sterilization	Sterilization procedure in women Steps of tubal sterilization done laparoscopically Effectiveness of Lap sterilization in prevention of pregnancy Risks associated with Lap tubal sterilization Benefits of Lap tubal sterilization Ideal timing for Lap tubal sterilization Reversal of Lap tubal sterilization procedure	Small group discussion	8 th & 9 th term	
OG38.4	Assess the need for and issue proper medical certificates to patients for various purposes	Definition of Medical certificate Medical Certificate certifying illness Medical Certificate certifying fitness Assessing the patient illness and nature of work Responsibility of the issuing doctor Responsibility of the patient Responsibility of the the third party Certificate Requirements Date of Certificate	Small group discussion	8 th & 9 th term	

Summary of course content, teaching and learning methods and student assessment for the undergraduate (MBBS) Curriculum in Obstetrics and gynaecology

Course content

The course content been given in detail in the above Table, which includes competencies, specific learning objectives for each competency and the suggested Teaching-Learning methods and assessment methods both formative and summative. The competencies have been developed by an expert group nominated by NMC, while the SLOs, T-L methods and assessments methods have written by the expert committee constituted by Rajiv Gandhi University of Health Sciences.

Teaching-Learning methods and Time allotted

	Lectures (hours)	Small group discussion (hours)	Self-directed learning (hours)	Total hours	Clinical postings (weeks)
2nd MBBS	25			25	4weeks First posting in 3-4 th terms (15hours/week)
3rd MBBS Part 1	25	35	5	65	4weeks Second posting in 6-7 th terms (18hours/week)
3rd MBBS Part 2	70	125	15	210	8+4weeks 3 rd &4 th posting (18hours/week)
Total	120	160	20	300	20weeks (This includes maternity and family welfare and family planning) Two postings of 4 weeks each. and

Time allotted excludes time reserved for internal / University examinations, and vacation.

25% of allotted time (non-clinical time) of third Professional shall be utilized for integrated learning with pre- and para- clinical subjects. This will be included in the assessment of clinical subjects.

Teaching-learning methods shall be learner centric and shall predominantly include small group learning, interactive teaching methods and case-based learning. Didactic lectures not to exceed one-third of the total teaching time. The teaching learning activity focus should be on application of knowledge rather than acquisition of knowledge.

The curricular contents shall be vertically and horizontally aligned and integrated to the maximum extent possible to enhance learner's interest and eliminate redundancy and overlap. The integration allows the student to understand the structural basis of Obstetrics

and Gynaecology problems, their management and correlation with function, rehabilitation, and quality of life

Acquisition and certification of skills shall be through experiences in patient care, diagnostic and skill laboratories. Use of skill lab to train undergraduates in listed skills should be done mandatorily.

The clinical postings in the second professional shall be 15 hours per week (3 hrs per day from Monday to Friday)

The clinical postings in the third professional part II shall be 18 hours per week (3 hrs per day from Monday to Saturday)

Newer T-L method like Learner-doctor method (Clinical clerkship) should be mandatorily implemented, from 1st clinical postings in Obstetrics and Gynaecology itself.

The goal of this type of T-L activity is to provide learners with experience in longitudinal patient care, being part of the health care team, and participate in hands-on care of patients in outpatient and inpatient setting. During the 1st clinical postings, the students are oriented to the working of the department. During the subsequent clinical posting the students are allotted patients, whom they follow-up through their stay in the hospital, participating in that patient's care including case work-up, following-up on investigations, presenting patient findings on rounds, observing surgeries if any till patient is discharged.

Curriculum Focus of Learner - Doctor programme	
Posting 1	Introduction to hospital environment, early clinical exposure, understanding perspectives of illness
Posting 2	History taking, physical examination, assessment of change in clinical status, communication and patient education
Posting 3	All of the above and choice of investigations, basic procedures and continuity of care
Posting 4	All of the above and decision making, management and outcome

Attitude, Ethics & Communication Module (AETCOM module)

The development of ethical values and overall professional growth as integral part of curriculum shall be emphasized through a structured longitudinal and dedicated programme on professional development including attitude, ethics, and communication which is called the AETCOM module. The purpose is to help the students apply principles of bioethics, systems-based care, apply empathy and other human values in patient care, communicate effectively with patients and relatives and to become a professional who exhibits all these values. This will be a longitudinal programme spread across the continuum of the MBBS programme including internship. MBBS Phase 3 Part 2, has to complete 8 modules of 5 hours each. The OBG faculty will have the responsibility of conducting 2-3 modules as per the decision and logistics of each institution.

Assessment

Eligibility to appear for university examinations is dependent on fulfilling criteria in two main areas – attendance and internal assessment marks

Attendance

Attendance requirements are 75% in theory and 80% in clinical postings for eligibility to appear for the examinations in Obstetrics and Gynaecology.

75% attendance in AETCOM Module is required for eligibility to appear for final examination in 3rd professional year 3 part 2.

Internal Assessment

Progress of the medical learner shall be documented through structured periodic assessment that includes formative and summative assessments. Logs of skill-based training shall be also maintained.

There shall be no less than four theory internal assessment (One each in 2nd MBBS and 3rd MBBS Part1 and Two in 3rd MBBS Part2) excluding the prelims in Obstetrics and Gynaecology. An end of posting clinical assessment shall be conducted for each of the clinical postings in Obstetrics and Gynaecology. There will be one Theory and Clinical preliminary exams before the student is eligible for university exams.

Day to day records and logbook (including required skill certifications) should be given importance in internal assessment. Internal assessment should be based on competencies and skills.

Learners must secure at least 50% marks of the total marks (combined in theory and clinical; not less than 40 % marks in theory and practical separately) assigned for internal assessment in Obstetrics and Gynaecology to be eligible for appearing at the final University examination.

Internal assessment marks will reflect as separate head of passing at the summative examination.

The results of internal assessment should be displayed on the notice board within 1-2 weeks of the test.

Remedial measures should be offered to students who are either not able to score qualifying marks or have missed on some assessments due to any reason.

Learners must have completed the required certifiable competencies for that phase of training and Obstetrics and Gynaecology logbook entry completed to be eligible for appearing at the final university examination.

AETCOM assessment will include: (a) Written tests comprising of short notes and creative writing experiences, (b) OSCE based clinical scenarios / viva voce.

University examinations

University examinations in Third Professional Part II shall be held at end of 12months of training in the subjects of Medicine, Surgery including Orthopedics, Obstetrics and Gynecology and Pediatrics.

University examinations are to be designed with a view to ascertain whether the candidate has acquired the necessary knowledge, minimal level of skills, ethical and professional values with clear concepts of the fundamentals which are necessary for him/her to function effectively and appropriately as a physician of first contact. Assessment shall be carried out on an objective basis to the extent possible.

Marks allotted

Obstetrics and Gynecology	Theory	Clinical examination
Total marks	2 papers of 100 marks each for Obstetrics and Gynecology. The pattern of each question paper is given below	200 marks
	Long essay 2X10= 20	One obstetric case for 80 marks
	Short essay 8x5=40 marks	One gynaec case for 80 marks
	Short answer question 10x3=30marks	Viva-voce for 40 marks. Station-1: Dummy, pelvis and fetal skull. Station-2: Instruments Station-3: Specimens Station-4: Drugs and contraception
	MCQs 10x1=10marks	

The theory paper should include different types such as structured essays, short essays, Short Answers Questions (SAQ) and MCQs (Multiple Choice Questions). Marks for each part should be indicated separately.

All the question papers to follow the suggested **blueprint (APPENDIX 1)**. It is desirable that the marks allotted to a particular topic are adhered to.

A minimum of **80%** of the marks should be from the **must know** component of the curriculum. A maximum of **20%** can be from the **desirable to know** component. All **main essay questions** to be from the **must know component** of the curriculum.

One main essay question to be of the **modified variety** containing a clinical case scenario. At least 30% of questions should be clinical case scenario based. Questions to be constructed to test higher cognitive levels.

Clinical examinations will be conducted in the hospital wards. Clinical cases kept in the examination must be of common conditions that the learner may encounter as a physician of first contact in the community. Selection of rare syndromes and disorders as examination cases is to be discouraged. Emphasis should be on candidate's capability to elicit history, demonstrate physical signs, write a case record, analyse the case and develop a management plan.

Viva/oral examination should assess approach to patient management, emergencies, attitudinal, ethical, and professional values. Candidate's skill in interpretation of common investigative data, X-rays, identification of specimens, ECG, etc. is to be also assessed.

At least one question in each paper of the clinical specialties in the University examination should test knowledge competencies acquired during the professional development programme. Skill competencies acquired during the Professional Development Programme must be tested during the clinical, practical and viva voce.

There shall be one main examination in an academic year and a supplementary to be held not later than 90 days after the declaration of the results of the main examination.

Pass criteria

Internal Assessment: 50% combined in theory and practical (not less than 40% in each) for eligibility for appearing for University Examinations

University Examination: Mandatory 50% marks separately in theory and clinicals (clinicals = clinical + viva)

The grace marks up to a maximum of five marks may be awarded at the discretion of the University to a learner for clearing the examination as a whole but not for clearing a subject resulting in exemption.

Appointment of Examiners

Person appointed as an examiner in the subject must have at least four years of total teaching experience as assistant professor after obtaining postgraduate degree in the subject in a college affiliated to a recognized/approved/permitted medical college.

For the Practical/ Clinical examinations, there shall be at least four examiners for 100 learners, out of whom not less than 50% must be external examiners. Of the four examiners, the senior-most internal examiner will act as the Chairman and coordinator of the whole examination programme so that uniformity in the matter of assessment of candidates is maintained.

Where candidates appearing are more than 100, two additional examiners (one external & one internal) for every additional 50 or part there of candidates appearing, be appointed.

All eligible examiners with requisite qualifications and experience can be appointed as internal examiners by rotation

External examiners may not be from the same University.

There shall be a Chairman of the Board of paper-setters who shall be an internal examiner and shall moderate the questions.

All theory paper assessment should be done as central assessment program (CAP) of concerned university.

DRAFT

BLUEPRINT FOR ASSESSMENT

This section contains the following items

- a. Rationale behind the blueprinting with excerpts from NMC document on assessment.
- b. Suggested Blueprinting for Obstetrics (including contraception)
- c. Sample for a 100-mark theory question paper in Obstetrics
- d. Suggested blueprinting for Gynecology theory 100 marks paper
- e. Sample for a 100-mark theory question paper in Obstetrics
- f. Comments on the theory blueprint and samples
- g. Principles to be followed in practical assessment
- h. Schema for practical examination (200 marks)
- i. Sample examination format

RATIONALE BEHIND THE BLUEPRINTING WITH EXCERPTS FROM NMC DOCUMENT ON ASSESSMENT

As per NMC guidelines, a balance should be drawn between the action verbs which are specified in the Bloom's taxonomy along with a balance of the topics of the curriculum

Levels of Bloom's Taxonomy with Suggested Verbs in the questions are specified below.

Knowledge	Define, Describe, Draw, Find, Enumerate, Cite, Name, Identify, List, label, Match, Sequence, Write, State
Comprehension	Discuss, Conclude, Articulate, Associate, Estimate, Rearrange, Demonstrate understanding, Explain, Generalise, Identify, Illustrate, Interpret, Review, Summarise
Application	Apply, Choose, Compute, Modify, Solve, Prepare, Produce, Select, Show, Transfer, Use
Analysis	Analyse, Characterise, Classify, Compare, Contrast, Debate, Diagram, Differentiate, Distinguish, Relate, Categorise
Synthesis	Compose, Construct, Create, Verify, Determine, Design, Develop, Integrate, Organise, Plan, Produce, Propose, rewrite

Evaluation	Appraise, Assess, Conclude, Critic, Decide, Evaluate, judge, Justify, Predict, Prioritise, Prove, Rank
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The focus should be on providing clinical oriented questions rather than purely theoretical questions. All faculty and students are directed to the NMC document on Competency Based Assessment for further details.

The blueprinting provided is an estimate only. While exact adherence to the number of questions may not be perfectly possible, the spirit of the blueprint must be honoured while setting the paper. This document will guide teachers/ students and evaluators on what to focus on.

SUGGESTED BLUEPRINTING FOR OBSTETRICS (INCLUDING CONTRACEPTION)

Level of Bloom's taxonomy tested	Demography / Anatomy/ Physiology/ Fetus/ Placenta/ Diagnosis of pregnancy	Antenatal care/ Complications in early pregnancy/ APH/ Multiple pregnancy/ Medical disorders in pregnancy	Labour/Abnormal lie/ presentation/ Operative obstetrics / Complications in 3 rd stage of labour	Lactation/Care of newborn/ Puerperium	MTP/ Contraception	Number of questions
Knowledge	1	1	1	1	2	6
Comprehension	1	2	2	1	1	7
Application	0	1	2	0	0	3
Analysis	1	1	1	1	0	4
Synthesis	0	0	0	0	1	1
Evaluation	0	1	0	0	0	1

Questions in each topic	3	6	6	3	4	Grand total 22
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***Operative procedures may be incorporated into questions in the respective topics.**

Incorporating both these above concepts, a sample 100-mark theory is mentioned below.

SAMPLE FOR A 100-MARK THEORY QUESTION PAPER IN OBSTETRICS

LONG ESSAYS (10 marks x 2 = 20 marks)

- 32-year-old G2P1L1 at 33 weeks of gestation presents with first episode of painless spotting per vaginum.
 - What is the clinical condition (1)
 - Enumerate the differential diagnoses. (1)
 - Discuss the clinical features of this condition. (2)
 - List the investigations and their interpretation (2)
 - Discuss the temporizing management options of this patient (2)
 - Discuss the definitive management options of this patient (2)
- Discuss the steps of lower segment cesarean section in terms of preoperative preparation, intraoperative steps and immediate postoperative care (3+4+3)

SHORT ESSAYS (5 marks x 8 =40 marks)

- Illustrate the physiological fetal circulation in utero. Illustrate the changes that take place in fetal circulation immediately after birth. (2+3)
- Differentiate between threatened abortion and incomplete abortion on the basis of definition, history, clinical features and management. (1+1+2+1)
- A 21 year old primigravida comes with 7 weeks amenorrhea and excessive vomiting. Discuss the differential diagnosis, clinical examination and management of such a patient (1+2+2).
- Illustrate the components of WHO Labour care guide. (5)

7. Primigravida who is in 2nd stage of labour for the past 2.5 hours has the following pervaginal findings. Fully dilated, fully effaced, vertex at +2 station and occiput at 2 o'clock position. Choose the optimal method of delivery with justification and details.
8. Compare and contrast non-severe preeclampsia with severe preeclampsia in terms of history/ clinical examination/investigations/ management (1+1+1+2).
9. A 26-year-old P1L1 with instrumental delivery 2 days back presents with fever, chills and foul-smelling vaginal discharge.
 - a. Discuss the other clinical features of this conditions (2).
 - b. Discuss the investigations and management of the condition (1.5 + 1.5)
10. Differentiate monochorionic twins and dichorionic twins in terms of embryology/ USG features and complications (1+2+2)

SHORT ANSWERS (3 marks x 10 = 30 marks)

11. Define maternal mortality. Enumerate four causes for maternal mortality. (1+2)
12. Enumerate six vaccines that are safe in pregnancy (1/2 each).
13. Justify the use of routine screening for GDM in all pregnant women. (3)
14. Enumerate the components of Active Management of Third Stage of Labour (3)
15. Describe the components of the milk ejection reflex (3)
16. Compare term and preterm newborns – three characteristics (1+1+1).
17. Enumerate 3 non-contraceptive benefits of oral contraceptive pills (1+1+1).
18. P3L3 has come seeking contraception but is not willing for permanent method of sterilization. List six options available for her contraception (1/2 each)
19. You are the district officer for Beti Bachao program. Develop 6 points to be put in a poster which is to be organized for popularizing awareness about PCPNDT act (3)
20. G2P1L1 with 34 weeks of gestation with mother's blood group O negative and husband's blood group A positive comes with ICT positive status. MCA PSV doppler and amniocentesis for bilirubin are available as options. Choose the modality with brief justification. (2+1)

SELECT THE SINGLE BEST RESPONSE TO THE MULTIPLE CHOICE QUESTIONS GIVEN BELOW. 10X1=10 marks

21.(i) Increase in menstrual bleeding in amount of bleeding or duration with regular cycles is called;

- a) Metrorrhagia
- b) Metropathia hemorrhagica
- c) Menorrhagia

d) Polymenorrhoea

21 (ii) A 21 year old P1L1 has delivered 45 days back. She is not breastfeeding her infant. She has tested HIV positive during her antenatal checkup. She wants a temporary method of contraception.

What are her options?

- a) Combined oral contraceptive pills
- b) Copper Intra uterine device
- c) LNG implant
- d) LNG Intrauterine device

21.(iii) The Length of fallopian tube is:

- a) 8-12cm
- b) 12-15cm
- c) 15-18cm
- d) 18-20cm

21(iv) The Corpus luteum secretes:

- a) Estrogens
- b) Progesterone
- c) Both
- d) None

21.(v) Test for Tubal patency is

- a) Basal body temperature measurement
- b) Hysteroscopy
- c) Fern test
- d) Spinnbarkeit test

22(i) Contraceptive method with the highest failure rate is

- a) Combined hormonal pills
- b) Tubectomy
- c) Barrier method
- d) Intra uterine devices

22(ii) Which is the first sign of puberty in a girl?

- a) Thelarche
- b) Menarche
- c) Adrenarche
- d) Pubarche

22.(iii) Screening test for carcinoma cervix is:

- a) Visual inspection of cervix with acetic acid
- b) Conization of cervix
- c) Thermal ablation of cervix
- d) Trachelectomy

22(iv).Birth truma is a risk factor for:

- a) Endometriosis
- b) Prolapse
- c) Abortion
- d) PID

22(v).Which of the following are effects of increased levels of oestrogen in the follicular phase of the menstrual cycle?

- a) Hair thinning
- b) Thickening of cervical mucous
- c) Thinning of cervical mucous
- d) Thickening of the endometrium

Rajiv Gandhi University of Health Sciences

MBBS / PHASE III / PART II DEGREE EXAMINATION

TIME:THREE HOURS

MAX.MARKS:

100 MARKS

OBSTETRICS & GYNAECOLOGY – PAPER -1

LONG ESSAY

2X10=20 marks

1. A 30 year old Gravida 4, Para 3, living 3 has delivered a live baby of weight 4 kgs 10mins back. Patient complains of extreme fatigue. Her pulse is 110/mm, BP is 80/50mmHg. Uterus is flabby with excessive bleeding per vagina.
 - What is your diagnosis?
(2 marks)
 - Give reasons.
(2 marks)
 - Outline the investigations & treatment of the case.
(3+3marks)

2. A Gravida 3, Para 2, living 2 with 32 weeks of pregnancy comes to Emergency ward with 2 episodes of bleeding per vagina , there is no history of pain abdomen and she had a similar episode which resolved spontaneously two days prior.
 - What is your differential diagnosis?
(3 marks)
 - Outline the investigations and treatment.
(3+4 marks)

SHORT ESSAY

8X5=40 marks

3. A 30 yr old G3P1L1A1 lady has come in with 9 wks of unplanned pregnancy. She wants to terminate the pregnancy, what are the legal issues to consider?
4. Describe the mechanism of labour in breech presentation. Enumerate the foetal complications of vaginal breech delivery.
(3+2 marks)
5. Enumerate the investigations and treatment of a Primigravida with 26 weeks of gestation with Hb of 6.5gms% on routine ANC.
(2+3 marks)
6. Describe the investigations and management of a Primigravida with 37 weeks of gestation who presents to the obstetric OPD with a blood pressure of 150/100mm of Hg.
(2+3 marks)
7. A 23 yr old lady comes with 2 months amenorrhoea. What signs and symptoms will diagnose pregnancy? What investigations will confirm the pregnancy?
(2+2+1 marks)
8. State the objectives of antenatal care. Enumerate the investigations & vaccinations in pregnancy. (2+2+1 marks)
9. Describe the indications and methods of medical management of ectopic pregnancy.
(2+3 marks)
10. Define maternal mortality. Enumerate the causes of maternal deaths. Outline the preventive measures for the top 3 cases of maternal mortality in India.
(1+2+2 marks)

SHORT ANSWERS

10X3=30 marks

11. Describe the screening tests to diagnose Diabetes in pregnancy.
12. What are the steps of active management of third stage of labour?
13. Mention 6 causes of Shock in obstetrics.
14. Enumerate the radiological signs of fetal death.
15. What are the types & risk factors for morbidly adherent placenta
16. Describe the causes and management of Bandl's ring.
17. Discuss the investigations to diagnose HELLP syndrome
18. Write the components of modified WHO Partogram(2020)
19. Pre- requisites for ventouse delivery.
20. Enumerate the indications & contraindications of Inj.Methyl ergometrine in obstetrics.

SELECT THE SINGLE BEST RESPONSE TO THE MULTIPLE CHOICE QUESTIONS GIVEN BELOW.

10X1=10 marks

21. (i) A 22 year old woman Gravida4 para3 living3 with 33weeks of gestation presents to the hospital with heavy painless vaginal bleeding. Her pulse rate is 110/min. Blood pressure is 90/50 mmHg. Per abdomen uterus is relaxed, non-tender. FHR is 160/min. What is the most likely diagnosis?

- a) Concealed abruption
- b) Placenta previa
- c) Premature labour
- d) Revealed abruption
- e) Vasa previa

21.(ii) Which of the following is a parameter used in fetal biophysical profiling?

- a) Abdominal circumference
- b) Amniotic fluid index
- c) Biparietal diameter
- d) Head circumference
- e) Femur length

21(iii) A 32 year old Primigravida with 28 weeks of gestation presents to the emergency ward with headache, reports seeing flashing lights, her Pulse are 80beats/min, and blood pressure is 172/112mmHg. Urine dipstick shows protein 3+, nitrites negative, leucocytes trace and blood trace.

Which is the **appropriate immediate** management of the patient?

- a) Request for an obstetric ultrasound
- b) Administer I V Labetolol to lower her blood pressure
- c) Administer Ramipril
- d) Immediate cesarean delivery.
- e) Avoid antenatal steroids as it would worsen her blood pressure

21.(iv) Which of the following methods is the correct way to calculate the estimated date of delivery (EDD)?

- a) First day of LMP + 9 months and 1 week
- b) First day of LMP + 9 months
- c) First day of last menstrual period (LMP) + 8 months and 1 week
- d) Last day of LMP + 9 months and 1 week

21.(v) Which one of the following is the primary source of progesterone in the later stages of pregnancy?

- a) Fetus
- b) Decidua
- c) Corpus luteum
- d) Placenta

22.(i) Which of the following statements are NOT true regarding HELLP Syndrome;

- a) Diagnosis is by biochemical evaluation.
- b) Blood pressure is elevated in all cases of HELLP.
- c) Termination of pregnancy is recommended irrespective of the period of gestation.
- d) It is associated with high maternal & perinatal morbidity & mortality.

22.(ii) Which of the following statements describe the first stage of labour correctly?

- a) Starts when regular painful contractions begin and ends when the cervix is fully effaced and dilated to 5 cm.
- b) Starts when the effaced cervix is 3cm dilated and end when the cervix is fully dilated at 10cm.
- c) Onset of painful contractions to full effacement of the cervix. The membranes are still intact.
- d) Onset is at rupture of membranes and ends with expulsion of the fetus.

22.(iii) A 25 year old G3P2L2 comes to the antenatal clinic with history of 6 months amenorrhoea. She complains of easy fatigability and her Hb% is 7.5 gms%

- a) Blood transfusion
- b) Parenteral iron injections
- c) 60 mgs of elemental iron per oral thrice daily
- d) 200mgs of ferrous sulphate orally once daily

22.(iv) 23 year old Primigravida comes with history of 3 months amenorrhoea and pain abdomen. She has had two episodes of spotting per vagina. On vaginal examination, her vitals are stable, uterus corresponds to 12 weeks size and cervical os is closed.

The most probable diagnosis is

- a) Missed abortion
- b) Threatened abortion
- c) Incomplete abortion
- d) Complete abortion

22.(v)Tertiary chorionic villi consists of;

- a) Trophoblast and mesoderm
- b) Trophoblast, ectoderm and blood vessels
- c) Mesoderm ectoderm and blood vessels
- d) Trophoblast mesoderm and blood vessels

SUGGESTED BLUEPRINTING FOR GYNECOLOGY THEORY 100 MARKS PAPER

A suggested distribution of topics in obstetrics incorporated with the Levels of Bloom’s taxonomy is tabulated below.

Level of Bloom’s taxonomy tested	Vaginal discharge/Genital infections	AUB/ Fibroid/ Genital Injuries/ Fistula	Puberty/ Amenorrhea/ Menopause/ Prolapse	Infertility/ PCOS/ Hirsutism	CIN/ Malignancy	Number of questions
Knowledge	1	1	2	2	0	6
Comprehension	1	2	2	0	2	7
Application	0	1	0	1	1	3
Analysis	0	0	0	1	1	2
Synthesis	1	0	0	0	1	2
Evaluation	0	1	0	1	0	2
Questions in each topic	3	4	4	5	5	Grand total 22

*Operative procedures may be incorporated into questions in the respective topics.

SAMPLE FOR A 100-MARK THEORY QUESTION PAPER IN GYNECOLOGY

LONG ESSAY (2 x 10 marks = 20 marks)

1. 34-year-old comes with excessive menstrual bleeding with passage of clots. She is not pregnant.
 - a. Discuss the PALM COEIN approach to classifying this condition. (3)
 - b. Describe in detail the conditions – L and M (2+2)

She is investigated and found to have a 8x8 cm leiomyoma.
 - c. Discuss the principles and steps in the operative management of such a condition. (3)
2. 15-year-old girl is brought by parents with complaints that she has not attained menstruation.
 - a. What is the condition (1). Define this condition (1).
 - b. Enumerate the various causes for the condition (3).
 - c. Describe the clinical (2) and management (3) of imperforate hymen.

SHORT ESSAY (10 x 5 marks = 50 marks)

3. Genital tuberculosis. Discuss the clinical features (2 marks). Enumerate the investigations (1 mark). Discuss the management (2 marks).
4. A 24-year-old P1L1 comes with complaints of curdy white discharge per vaginum. Apply the concept of syndromic management of Sexually Transmitted Disease and prepare a treatment plan for such a patient.
5. Discuss the etiological factors (2 marks), clinical features (1 mark) and classification (2 marks) and of uterovaginal prolapse.
6. Define menopause (1). Discuss the clinical features (2) and management options (2) for menopausal transition.

7. A couple married for 4 years comes with complaints of not being able to bear children. Classify the various causes of this condition.
8. 45-year-old woman has undergone pap smear and the report shows H-SIL. Discuss the options for management (3) and follow up (2) for the condition
9. Classify Ovarian tumours (WHO classification).
10. A 30-year-old came with raised Beta HCG and passage of grape like vesicles per vaginum. Uterus was evacuated.
 - a. What is the condition likely to be (1 mark).
 - b. Prepare a management plan(2 marks)
 - c. Follow-up plan (2 marks) for this patient.

SHORT ANSWER QUESTIONS (10 x 3 marks = 30 marks)

11. Enumerate the criteria for Bacterial vaginosis. (1+1+1)
12. Illustrate any one theory of endometriosis.
13. Enumerate three etiological factors for genital fistula (1+1+1)
14. 38-year-old comes with abnormal uterine bleeding not responding to tranexamic acid. Uterine curettage shows endometrial hyperplasia without atypia. She is willing for regular follow-up and is not willing for major operative procedure. Choose the best treatment modality (1) and describe the modality. (2)
15. List three options for conservative management of prolapse (1 each)
16. An obese hirsute 33-year-old woman presents with irregular menstrual cycles and ultrasonography suggestive of peripherally arranged follicles. Choose three pharmacological management options for her. (1 each)
17. Enumerate the parameters of semen analysis with their normal range (1 each)
18. A 56-year-old woman with endometrial curettage showing Carcinoma Endometrium has an MRI showing spread to serosa of corpus uteri but no invasion of other pelvic organs or vagina. Paraaortic and pelvic lymph nodes appear negative. What is the presumptive stage of this patient (1.5). What is the next step (1.5)?
19. Justify the usage of tranexamic acid as the first line of management of AUB. (3)
20. You are the district officer in-charge for popularizing routine early cancer screening for genital malignancy. Develop 6 points which can be put in a poster for encouraging patients to undergo early cancer screening.

SELECT THE SINGLE BEST RESPONSE TO THE MULTIPLE CHOICE QUESTIONS GIVEN BELOW.

10X1=10 marks

21.(i) Increase in menstrual bleeding in amount of bleeding or duration with regular cycles is called;

- e) Metrorrhagia
- f) Metropathia hemorrhagica
- g) Menorrhagia
- h) Polymenorrhoea

21.(ii) A 21 year old P1L1 has delivered 45 days back. She is not breastfeeding her infant. She has tested HIV positive during her antenatal checkup. She wants a temporary method of contraception.

What are her options?

- e) Combined oral contraceptive pills
- f) Copper Intra uterine device
- g) LNG implant
- h) LNG Intrauterine device

21.(iii) The Length of fallopian tube is:

- e) 8-12cm
- f) 12-15cm
- g) 15-18cm
- h) 18-20cm

21.(iv) The Corpus luteum secretes:

- e) Estrogens
- f) Progesterone
- g) Both
- h) None

21.(v) Test for Tubal patency is

- e) Basal body temperature measurement
- f) Hysterosalpingography
- g) Fern test
- h) Spinnbarkeit test

22.(i) Contraceptive method with the highest failure rate is

- e) Combined hormonal pills
- f) Tubectomy

- g) Barrier method
- h) Intra uterine devices

22.(ii) Which is the first sign of puberty in a girl?

- e) Thelarche
- f) Menarche
- g) Adrenarche
- h) Pubarche

22.(iii) Screening test for carcinoma cervix is:

- e) Visual inspection of cervix with acetic acid
- f) Conization of cervix
- g) Thermal ablation of cervix
- h) Trachelectomy

22.(iv) Birth trauma is a risk factor for:

- e) Endometriosis
- f) Prolapse
- g) Abortion
- h) PID

22.(v) Which of the following are effects of increased levels of oestrogen in the follicular phase of the menstrual cycle?

- e) Hair thinning
- f) Thickening of cervical mucous
- g) Thinning of cervical mucous
- h) Thickening of the endometrium

Rajiv Gandhi University of Health Sciences – Sample question paper

MBBS / PHASE III / PART II DEGREE EXAMINATION

TIME:THREE HOURS

MAX.MARKS:

100 MARKS

OBSTETRICS & GYNAECOLOGY – PAPER -2

LONG ESSAY

2X10=20 marks

1. A 54 year old woman presents with bleeding per vagina after 2 years of cessation of regular menstruation. She is diabetic and hypertensive on treatment since 4 years with a BMI of 30.
 - What is the most likely diagnosis?
(2 marks)
 - What is the differential diagnosis of postmenopausal bleeding?
(2 marks)
 - Outline the investigations & treatment of the case
(3+3marks)
2. A couple married for 2 yrs, unable to conceive despite staying together.
 - What are the probable causes?
(3 marks)
 - How will you investigate the couple?
(3 marks)
 - Wife has irregular cycles with BMI of 32 and coarse facial hair. Outline the treatment plan for her. (4 marks)

SHORT ESSAYS

8X5=40 MARKS

3. A parous woman of age 42 yrs is having regular cycles is experiencing an increase in the amount and duration of bleeding. She also complains of easy fatigability and weakness. Enumerate the differential diagnosis and how do you work up this case?
(2+3 marks)
4. 48yr old multiparous lady is having irregular menstrual periods since one year. She complains of several bouts of hot flushes and night sweats since 6 months. What is your diagnosis and treatment? (1+4 marks)
5. 65 yr old woman, P6L6, complains of something coming out through the vagina since 4 yrs. Since past 3 months she is complaining of occasional bloody discharge and development of a wound over the exposed part. What is the diagnosis. How do you manage the case? (2+3 marks)

6. Discuss the Clinical features and management of genital tuberculosis.
(2+3 marks)
7. Indications & contra indications of combined oral contraceptive pills.
(3+2 marks)
8. Describe causes, clinical features and enumerate the surgeries for Vesico-vaginal fistula. (2+3 marks)
9. Indications for Endoscopy in gynecology. Enumerate the complications of Hysteroscopy. (2+3 marks)
10. Discuss the diagnosis and treatment of Vaginal Trichomoniasis.
(3+2 marks)

SHORT ANSWERS

10X3=30MARKS

11. Describe the course and branches of internal iliac artery.
(1+2 marks)
12. Indications and dosage of Methotrexate in gynecology
(2+1 marks)
13. Describe the American fertility society classification of uterine anomalies.
14. Indications & complications of cervical biopsy.
(1+2 marks)
15. Bethesda classification of Pap smear.
16. Discuss the complications of Radiotherapy in gynecology.
17. What are the causes of precocious puberty?
18. What are the hormonal methods of treatment of endometriosis
19. PALM – COEIN classification.
20. What is Pearl index?

SELECT THE SINGLE BEST RESPONSE TO THE MULTIPLE CHOICE QUESTIONS GIVEN BELOW.

10X1=10 marks

21. Increase in menstrual bleeding in amount of bleeding or duration with regular cycles is called;
 - i) Metrorrhagia
 - j) Metropathia hemorrhagica
 - k) Menorrhagia
 - l) Polymenorrhoea
22. A 21 year old P1L1 has delivered 45 days back. She is not breastfeeding her infant. She has tested HIV positive during her antenatal checkup. She wants a temporary method of contraception.

What are her options?

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- k) Both
- l) None

25. Test for Tubul patency is

- i) Basal body temperature measurement
- j) Hysterolaparascopy
- k) Fern test
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26. Contraceptive method with the highest failure rate is

- i) Combined hormonal pills
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27. Which is the first sign of puberty in a girl?

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28. Screening test for carcinoma cervix is:

- i) Visual inspection of cervix with acetic acid
- j) Conization of cervix
- k) Thermal ablation of cervix

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29. Birth trauma is a risk factor for:

- i) Endometriosis
- j) Prolapse
- k) Abortion
- l) PID

30. Which of the following are effects of increased levels of oestrogen in the follicular phase of the menstrual cycle?

- i) Hair thinning
- j) Thickening of cervical mucous
- k) Thinning of cervical mucous
- l) Thickening of the endometrium

PRACTICAL/CLINICAL EXAMINATION

Principles to be adhered to in practical/clinical examination

- The practical/ clinical examination should include assessment in psychomotor and affective domain.
- **Assessment of clinical and procedural skills should be based on direct observations by the examiners.**

- AETCOM competencies should also be assessed.
- **Practical tests should not become simply tests of knowledge. Avoid making assessment mainly targeted to knowledge domain only.**

Examples

1. **Asking a learner in a room away from actual patient, “how history was taken” is to be avoided. Instead, learner should be observed while he/she is taking history.**
2. **Asking a learner in a room away from the actual patient “Tell us how the obstetric abdominal examination is done” is to be avoided. Instead, learner should be observed when the examination is being performed, and evaluated objectively using checklists/ other suitable scales”**

Tools to be used in practical examination

It is suggested that practical examination should include a combination of the following tools

- Clinical examination using long case – one each in Obstetrics and Gynecology, 80marks each
- Objective Structured Clinical Examination (OSCE) – Observed 4 stations 10marks each

SCHEMA FOR PRACTICAL EXAMINATION (200 MARKS)

	Topic header	Obstetrics	Gynaecology
I	Eliciting history (1 Obs / 1 Gyn)	25	25
II	Performing examination (1 Obs/ 1 Gyn)	25	25

III	Discussion (1 Obs / 1 Gyn) of management	30	30
IV	4 Viva voce stations with examiner presence (10 marks eachx4=40)	Station-1: Dummy, pelvis and fetal skull. Station-2: Instruments Station-3: Specimens Station-4: Drugs and contraception	

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SAMPLE PRACTICAL EXAMINATION FORMAT

I. ELICITING HISTORY

A. ELICITING HISTORY IN AN OBSTETRIC PATIENT [15 MARKS]

Role of examiner: To create a simulated patient (For example, an intern or a PG or an SR may be trained to become a simulated patient – as much details as possible to be provided).

Role of student: To elicit detailed obstetric history from a provided simulated patient with all elements

Role of examiner: To **observe and assess the student while student is eliciting history** from the simulated patient and observe regarding arrival at a suitable clinical interpretation/ conclusion based on the history elicited. Checklist for clear schema of marking may be developed locally.

Time duration is around 5-7 minutes.

B. ELICITING HISTORY IN A GYNECOLOGICAL PATIENT [15 MARKS]

Role of examiner: To create a simulated patient (For example, an intern or a PG or an SR may be trained to become a simulated patient – as much details as possible to be provided).

Role of student: To elicit detailed gynaecological history from a provided simulated patient with all elements

Role of examiner: To **observe and assess the student while student is eliciting history** from the simulated patient and observe regarding arrival at a suitable clinical interpretation/ conclusion based on the history elicited. Checklist for clear schema of marking may be developed locally.

Time duration is around 5-7 minutes.

II. EXAMINATION

A. OBSTETRIC EXAMINATION ASSESSMENT (25 marks)

Role of the examiner: A gravid / puerperal woman (with any suitable diagnosis, preferable late 2nd or 3rd trimester) should be provided for examination by the student.

The brief history of the obstetric patient should be provided to the student.

Student should be allowed to introduce himself/herself and gain confidence of the patient.

Role of the student:

Demonstration of **general physical examination should be observed by the examiner** using a locally developed checklist. (Annexure) [5 marks]

Demonstration of **abdominal obstetric examination should be observed by the examiner** using a locally developed checklist. (Annexure) [10 marks]

Further **discussion** based on the examination findings should be done with focus on the techniques and **nuances of performance on examination** rather than theoretical perspectives on management. [10 marks]

Time duration is around 5-7 minutes.

B. GYNECOLOGY EXAMINATION ASSESSMENT (25 MARKS)

Role of the examiner: A woman with gynaecological pathology should be provided for examination by the student.

The brief history of the gynaecological patient should be provided to the student.

Student should be allowed to introduce himself/herself and gain confidence of the patient.

Role of the student:

Demonstration of general **physical examination should be observed by the examiner** using a locally developed checklist. [5 marks]

Demonstration of abdominal **examination should be observed by the examiner** using a locally developed checklist. [10 marks]

Local examination (such as perineal / speculum and vaginal examination) findings should be provided by the examiner to the student.

Further **discussion based on the examination findings** should be done with focus on the techniques and nuances of **performance on examination** rather than theoretical perspectives on management. [10 marks]

Time duration is around 5-7 minutes.

Discussion on the management of the cases presented

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