

Rajiv Gandhi University of Health Sciences



UNDERGRADUATE LOGBOOK

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

Name of college

College emblem

Purpose of this logbook

The log book is a verified record of the progression of the learner documenting the Acquisition of there quisite knowledge, skills, attitude and competencies. It is a record of the academic/co-curricular activities of the designated student, who would be responsible for maintaining his/her logbook.

Entries in the logbook will reflect the activities undertaken in the department and has to be scrutinized by the head of the concerned department.

The logbook is a record of various activities by the student like:

- ✓ Overall participation & performance
- ✓ attendance
- ✓ participation in sessions
- ✓ record of completion of pre-determined activities
- ✓ acquisition of selected competencies

The logbook is the record of work done by the candidate in the department and shall be verified by the college before submitting the application of the students for the university examination.

The purposes of this logbook are:

- a. To orient the students to holistic patient management by completing the case record, observing and recording procedures and discussing patient treatment in the therapeutics section.
- b. To facilitate the student's learning process, document the learning process and assist in student assessment
- c. To keep a record of the student's progressing development of the desired skills and attitudes
- d. To ensure that the time spent in the department is well utilized
- e. To form a basis for continual assessment of the student

This log book is a documentation of cases seen, clerked and witnessed by you during your posting in OBG .It is also a record of various seminars, case-based learning, simulation exercises and other academic activities that the learner has been a part of during course. Though efforts are made to cover as much as possible, in no way should this be considered the syllabus.

Please carry this book whenever you attend the non-lecture academic activities of the department and get it duly signed by the concerned staff at the end of the academic activity.

We expect discipline, honesty, sincerity and punctuality.

The responsibility of completing the logbook and getting it verified/assessed by the faculty lies with the student. The logbook must be carried by the student as per the given instructions.

General Instructions

1. It is expected that the students will adhere to the highest ethical standards and Professionalism.
2. Shall maintain punctuality in respect to arrival and completion of the assigned work
3. Maintain a cordial relationship with peers, unit staff and hospital staff
4. Not indulge in any act which would bring disrepute to the institution.
5. You should wear a clean apron and follow the dress regulations as laid down by the college and maintain proper hygiene with wearing respective identification badge while in college and hospital.
6. You should carry the following with you for the clinics
 - a. Clinical textbook
 - b. Stethoscope
 - c. Clinical kit for examination
7. Respect the patient as an individual and recognize that she also has rights.
8. Cases that are discussed only have to be documented and not the dummy cases.
- 9. Loss of this logbook at any time may affect the formative assessment results and Impair the student appearing in the summative assessment.**
- 10. Student is solely responsible for maintaining the Logbook and the records. If the student loses the logbook, he/she would be withheld from appearing for the University examination unless Suitable back up proof is provided.**

Objectives of learning in OBG Department:

A. KNOWLEDGE

At the end of course, the student should be able to:

1. Outline the anatomy, Physiology and pathophysiology of the reproductive system and the common conditions affecting it.
2. Detect normal pregnancy, labour, puerperium and manage the problems likely to be encounter therein.
3. List the leading causes of maternal and perinatal morbidity and mortality.
4. Understand the principles of contraception and various techniques employed, methods of medical termination of pregnancy, sterilization and their complications.
5. Identify the use, abuse and side effects of drugs in pregnancy, Pre-menopausal and post menopausal periods.
6. Describe the national programme of maternal and child health and family welfare and their implementation at various levels.
7. Identify the common gynecological diseases and describe principles of their management.
8. State the indications, techniques and complications of surgeries like Caesarian section, laprotomy, abdominal and vaginal hysterectomy , Fothergill's operation and vacuum aspiration for MTP

B. SKILLS:

At the end of course, the student should be able to:

1. Examine a pregnant woman: recognize high risk factors.
2. Conduct a normal delivery, recognize complications and early referral. Provide post-natal care.
3. Resuscitate the newborn and recognize congenital anomalies.
4. Advise a couple on the use of various available contraceptive devices and assist in insertion and removal of intra uterine contraceptive devices
5. Perform pelvic examination, diagnose and manage common gynaecological problems including early detection of genital malignancies
6. Make a vaginal cytological smear.
7. Interpretation of data of investigations like biochemical, histopathological, radiological, ultrasound etc.

Name of the student	
Roll No	
University Registration Number	
Batch	
Contact No	
E mail Id	
Guardian/Parent Name Contact Number	
Signature of the student	
Signature of the HOD	

LOGBOOK CERTIFICATE

**This is to certify that the candidate
Reg No..... has satisfactorily completed all requirements
mentioned in this Logbook for OBG including related AETCOM modules as
per the Competency-Based Undergraduate Medical Education Curriculum,
Graduate Medical Regulation 2019 during the period fromto
.....**

He/ She is eligible to appear for the summative (University) assessment.

Head of Department:

Name:

Signature:

Faculty Name:

Signature:

Date:

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ATTENDANCE EXTRACT

Theory classes

Professional Year	Number attended	Number conducted	Percentage of Attendance	Signature of HOD
Second Professional				
Third Professional Part I				
Third Professional Part II				

Bedside clinics:

Professional Year	Unit From (date) To (date)	Number attended	Number conducted	Percentage of Attendance	Signature of Unit Head	Signature of HOD
Second Professional year Posting 1						
Third Professional year Part I Posting 2						
Third Professional Part II Posting 3						
Third Professional year Part II Posting 4						

Note:

Every candidate should have **attendance not less than 75% of the total classes conducted in theory which includes didactic lectures and self-directed learning and not less than 80% of the total classes conducted in practical which includes small group teaching, tutorials, integrated learning and practical sessions** in each calendar year calculated from the date of commencement of the term to the last working day in each of the subjects prescribed to be eligible to appear for the university examination.

SUMMARY OF INTERNAL ASSESSMENT (IA)

Sl. No.	Internal Assessment	Date of Assessment	Total marks		Marks scored		Signature of student with date	Signature of teacher with date
			Theory	Practical	Theory	Practical		
1	First							
2	Second							
3	Third							
4	Remedial							

Total marks obtained on a total of 200 is -----

A student will be permitted to appear for final university exams only if he/she obtains more than 100 marks in the assessments.

Final remarks if any -

Note: A candidate who has not secured requisite aggregate in the internal assessment may be subjected to remedial assessment by the institution. If he/she successfully completes the same, he/she is eligible to appear for University Examinations. The remedial assessment shall be completed before submitting the internal assessment marks online to the University.

Formative Assessment at the end of each posting:

MCQ marks obtained	Second Professional year	Third Professional year Part I	Third Professional year Part II

		1 Posting	2 Posting	3 Posting	4 Posting
		Date	Date	Date	Date
Academic Performance (Case Presentation & Viva Voce) (25+10)					
Marks Obtained					
Feedback Provided	Positive				
	Could be improved				
Professionalism					
Timely submission of record Book (5)					
Behaves respectfully with peers and teachers (5)					
Grooming and adherence to Dress code (5)					
Total (out of 35+15)					
Signature of Student					
Signature of Teacher					

Guidelines for scoring (to be shown to the student and discussed with them)

Attendance – 95 -100% - 5 ; 90-94%-4;85-89%-3 80-84%-2;> 80%-1

Timely submission of record – Always submits the record on time – 5; Often submits the record on time -4; Sometimes submits the record on time -3 ; Rarely submits the record on time – 2 ; Never submits the record on time -1

Behaves respectfully with peers and teachers - Always speaks politely and demonstrates the appropriate body language with peers and teachers -5; Often speaks politely and demonstrates the appropriate body language with peers and teachers -4; Sometimes speaks politely and demonstrates the appropriate body language with peers and teachers – 3 ; Rarely speaks politely and demonstrates the appropriate body language with peers and teachers – 2; Never speaks politely and demonstrates the appropriate body language with peers and teachers -1

Clinical posting 1
Duration 4 weeks
Date of posting From To
Unit

Competency to be achieved

- 1) Obstetric History taking & examination
- 2) Gynaecological History taking & examination
- 3) Assessment of postnatal mother
- 4) Monitoring of labour
- 5) Active management of 3rd stage of labour

Clinical Posting 1

SLNO	ACTIVITY
1.	Obstetric history taking(OG.8.2) Determine gestational age, EDD and obstetric formula(OG35.5)
2.	Obstetric examination(OG 8.3)
3.	Gynec history taking(OG 24.1)
4.	Gynec examination (OG 24.1)
5.	Monitoring of labour(OG 13.1)
6.	Active Management of third stage of labour(OG 16.1)
7.	History taking and examination of postnatal mother(OG 19.1)

Competency # addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets(M) expectations Exceeds(E) expectations	Decision of faculty Completed (C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received
OG 8.2 OG35.5	Obstetric history taking Determine gestational age, EDD and obstetric formula						Initial of learner
OG 8.3	Obstetrics examination						Initial of learner
OG 24.1	Gynae history						Initial of learner
OG 13.1	Monitoring of Labour						
OG 16.1	Active management 3 rd stage of labour						
OG 19.1	History taking and examination of postnatal mother						

Learner doctor method 1

Posting 1

A. Competency to be achieved-

1. History taking
2. Examination - General physical examination
 - Systemic examination
 - Obstetrics examination
3. Communication skills-

One antenatal patient will be allotted to the student. The student is expected to take the history of the patient and examine her. Case record has to be written and daily follow-up till discharge has to be entered. The students will communicate with the patient and doctor about the patient care.

A brief summary is to be written at the time of patient discharge and discuss the case with the teacher.

Learner doctor method

Draft

Learner doctor method

Draft

Learner doctor method

Draft

Learner doctor method

Draft

Reflection on the learner doctor method of learning;

What happened?

So what ?

What next?

Signature of faculty :Date :

Learner doctor method 2

B. Competency to be achieved

1. History taking

- Examination
- General physical examination
 - Systemic examination
 - Gynaecological examination

One patient will be allotted to the student. The student is expected to take the history of the patient and examine her. Case record has to be written and daily follow-up till discharge has to be entered. The students will communicate with the patient and doctor about the patient care.

A brief summary is to be written at the time of patient discharge and discuss the case with the teacher.

Learner doctor method

Draft

Learner doctor method

Draft

Learner doctor method

Draft

Learner doctor method

Draft

Reflection on the learner doctor method of learning;

What happened?

So what ?

What next?

Signature of faculty: Date :

Posting 2	
Duration 8 weeks	
Date of posting	From To
Unit :	

Competency to be achieved

- 1) Diagnosis of early pregnancy
- 2) Antenatal care and advice
- 3) Identify the high risk factors in pregnancy
- 4) Methods of Induction of labour
- 5) Develop a partogram
- 6) Postnatal care & Advice
- 7) Pre & Post operative care

Clinical posting 2

SLNO	ACTIVITY (Case Presentation)
1.	Diagnosis of early pregnancy (OG 6.1)
2.	Antenatal care and advice (OG 8.1,8.6)
3.	Diagnosis of high risk (OG 8.1)
4.	Partogram (OG 13.1)
5.	Postnatal care and advice (OG 19.1)
6.	Pre and postoperative care including consent for surgery (OG 34.4, 35.7)

Competency # addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets(M) expectations Exceeds(E) expectations	Decision of faculty Completed (C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received
OG6.1	Diagnosis of early pregnancy						Initial of students
OG 8.1, OG 8.6	Antenatal care and advice						Initial of students
OG 8.1	Diagnosis of high risk						Initial of students
OG 13.1	Partogram						Initial of students
OG 19.1	Postnatal care and advice						Initial of students
OG 34.4, OG 35.7	Pre and postoperative care including consent for surgery						Initial of students

Learner doctor method.

Posting 2

Competency to be achieved

1. History taking
2. Examination - General physical examination
 - Systemic examination
 - Obstetrics examination
3. Identifying High Risk factors
4. Communication & patients education
5. Selection of appropriate investigation
6. Approach towards the diagnosis

One patient will be allotted to the student. The student is expected to take the history of the patient and examine her. Case record has to be written and daily follow-up till discharge has to be entered. The students will communicate with the patient and doctor about the patient health.

A brief summary is to be written at the time of patient discharge and discuss the case with the teacher.

Learner doctor method.

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Learner doctor method.

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Learner doctor method.

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Learner doctor method

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Reflection on the learner doctor method of learning :

What happened?

So what ?

What next?

Signature of the faculty:

Date:

Posting 3	
Duration 8 weeks	
Date of posting	From To
Unit :	

Competency to be achieved

- 1) Obstetric History taking and complete examination
- 2) Gynaecological History taking and complete examination
- 3) Management of medical and obstetric disorders in pregnancy
- 4) Management of Gynaecological disorder

Clinical Posting 3

SLNO	ACTIVITY (Case Presentation)
1.	Describe clinical features; diagnosis and investigations, complications, principles of management of multiple pregnancies (OG11.1)
2.	Define, classify and describe the aetiology, clinical features, ultrasonography, differential diagnosis and management of antepartum haemorrhage in pregnancy (OG10.1)
3.	Define, classify and describe the early detection, investigations; principles of management of hypertensive disorders of pregnancy and eclampsia , complications of eclampsia.(OG12.1)
4.	Define, classify and describe the diagnosis, investigations, adverse effects on the mother and foetus and the management during pregnancy and labor, and complications of anemia in pregnancy . (OG12.2)
5.	Define, classify and describe diagnosis, investigations, criteria, adverse effects on the mother and foetus and the management during pregnancy and labor, and complications of diabetes in pregnancy (OG12.3)
6.	Define, classify and describe the etiology, diagnosis, investigations, criteria, adverse effects on the mother and foetus and the management during pregnancy and labor, and complications of heart diseases in pregnancy (OG12.4)
7.	Describe the mechanism, prophylaxis, fetal complications, diagnosis and management of isoimmunization in pregnancy (OG12.8)
8.	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 retardation (OG16.3)
9.	Define, classify and discuss abnormal uterine bleeding , its aetiology, clinical features, investigations, diagnosis and management (OG24.1)
10.	Describe and discuss the clinical features; differential diagnosis; investigations; principles of management, complications of fibroid uterus (OG29.1)
11.	Describe and discuss the etiology, classification, clinical features, diagnosis, investigations, principles of management and preventive aspects of prolapse of uterus (OG31.1)

Competency # addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets(M) expectations Exceeds(E) expectations	Decision of faculty Completed (C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received
OG11.1	Describe the clinical features; diagnosis and investigations, complications, principles of management of multiple pregnancies						Initial of students
OG10.1	Define, classify and describe the aetiology, clinical features, ultrasonography, differential diagnosis and management of antepartum haemorrhage in pregnancy						Initial of students
OG12.1	Define, classify and describe the early detection, investigations; principles of management of hypertensive disorders of pregnancy and eclampsia , complications of eclampsia						Initial of students

Competency # addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets(M) expectations Exceeds(E) expectations	Decision of faculty Completed (C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received
OG12.2	Define, classify and describe the diagnosis, investigations, adverse effects on the mother and foetus and the management during pregnancy and labor, and complications of anemia in pregnancy						Initial of students
OG12.3	Define, classify and describe the diagnosis, investigations, criteria, adverse effects on the mother and foetus and the management during pregnancy and labor, and complications of diabetes in pregnancy						Initial of students
OG12.4	Define, classify and describe the etiology, diagnosis, investigations, criteria, adverse effects on the mother and foetus and the management during pregnancy and labor, and complications of heart diseases in pregnancy						Initial of students

Competency # addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets(M) expectations Exceeds(E) expectations	Decision of faculty Completed (C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received
OG12.8	Describe the mechanism, prophylaxis, fetal complications, diagnosis and management of isoimmunization in pregnancy						Initial of students
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 retardation						Initial of students
OG24.1	Define, classify and discuss abnormal uterine bleeding , its aetiology, clinical features, investigations, diagnosis and management						Initial of students

Competency # addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets(M) expectations Exceeds(E) expectations	Decision of faculty Completed (C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received
OG29.1	Describe and discuss the clinical features; differential diagnosis; investigations; principles of management, complications of fibroid uterus						Initial of students
OG31.1	Describe and discuss the etiology, classification, clinical features, diagnosis, investigations, principles of management and preventive aspects of prolapse of uterus						Initial of students

Learner doctor method.

Posting 3

Competency to be achieved

1. History taking
2. Examination - General physical examination
 - Systemic examination
 - Obstetrics examination
3. Identifying High Risk factors
4. Communication & patients education
5. Selection of appropriate investigation
6. Approach towards the diagnosis
7. Plan of Management.

One patient will be allotted to the student. The student is expected to take the history of the patient and examine her. Case record has to be written and daily follow-up till discharge has to be entered. The students will communicate with the patient and doctor, about the patient care & plan of management

A brief summary is to be written at the time of patient discharge and discuss the case with the teacher.

Learner doctor method.

Draft

Learner doctor method.

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Learner doctor method.

Draft

Learner doctor method

Draft

Reflection on the learner doctor method of learning :

What happened?

So what ?

What next?

Signature of the faculty:

Date:

Posting 4
Duration 4 weeks
Date of posting From To
Unit :

Competency to be achieved

- 1) Gynaecological history taking and complete examination
- 2) Early detection of genital malignancies
- 3) Document and maintain a case record
- 4) Write a discharge summary for the given case
- 5) Write a Referral note for the given case
- 6) Take an informed consent for the given procedure

Clinical posting 4

SLNO	ACTIVITY (Case Presentation)
1.	Classify, describe and discuss the etiology, clinical features, differential diagnosis, investigations and staging of cervical cancer (OG33.1)
2.	Describe and discuss aetiology, staging clinical features, differential diagnosis, investigations, staging laparotomy and principles of management of endometrial cancer (OG34.1)
3.	Describe and discuss the etiology, classification, staging of ovarian cancer , clinical features, differential diagnosis, investigations, principal of management including staging laparotomy (OG34.2)
4.	Obtain a logical sequence of history, and perform a humane and thorough clinical examination, excluding internal examinations (perrectal and per-vaginal) (OG35.1)
5.	Arrive at a logical provisional diagnosis after examination. (OG35.2)
6.	Write a complete case record with all necessary details (OG35.8)
7.	Write a proper discharge summary with all relevant information (OG35.9)
8.	Write a proper referral note to secondary or tertiary centres or to other physicians with all necessary details (OG35.10)
9.	Take an informed consent from the patient and family for Staging laprotomy (OG34.4, OG35.7)

Competency # addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets(M) expectations Exceeds(E) expectations	Decision of faculty Completed (C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received
OG33.1	Classify, describe and discuss the etiology, , clinical features, differential diagnosis, investigations and staging of cervical cancer						Initial of students
OG34.1	Describe and discuss aetiology, staging clinical features, differential diagnosis, investigations, staging laparotomy and principles of management of endometrial cancer						Initial of students
OG34.2	Describe and discuss the etiology, classification, staging of ovarian cancer , clinical features, differential diagnosis, investigations, principal of management including staging laparotomy						Initial of students

Competency # addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets(M) expectations Exceeds(E) expectations	Decision of faculty Completed (C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received
OG35.1	Obtain a logical sequence of history, and perform a humane and thorough clinical examination, excluding internal examinations (perrectal and per-vaginal						Initial of students
OG35.2	Arrive at a logical provisional diagnosis after examination.						Initial of students
OG35.8	Write a complete case record with all necessary details						Initial of students

Competency # addressed	Name of Activity	Date completed dd-mm-yyyy	Attempt at activity First or Only (F) Repeat (R) Remedial (Re)	Rating Below (B) expectations Meets(M) expectations Exceeds(E) expectations	Decision of faculty Completed (C) Repeat(R) Remedial(Re)	Initial of faculty and date	Feedback Received
OG35.9	Write a proper discharge summary with all relevant information						Initial of students
OG35.10	Write a proper referral note to secondary or tertiary centres or to other physicians with all necessary details						Initial of students
OG34.4, OG 35.7	Take an informed consent from the patient and family for Staging laprotomy						Initial of students

Learner doctor method.

Posting 4

Competency to be achieved

1. Arriving at diagnosis
2. Planning management
3. Taking consent from the patient for the procedure
4. Assessing post procedure complication
5. Writing discharge summary
6. Advise on discharge

One patient will be allotted to the student. The student is expected to take the history of the patient and examine her. Case record has to be written and daily follow-up till discharge has to be entered. The students will communicate with the patient and doctor about patient care and plan of management.

A brief summary is to be written at the time of patient discharge and discuss the case with the teacher.

Learner doctor method.

Draft

Learner doctor method.

Draft

Learner doctor method

Draft

Reflection on the learner doctor method of learning :

What happened?

So what ?

What next?

Signature of the faculty:

Date:

LABOUR ROOM PROCEDURES

SLNO	ACTIVITY
1.	Obtain a logical sequence of history, and perform a humane and thorough clinical examination, excluding internal examinations (perrectal and per-vaginal) (OG35.1)
2.	Arrive at a logical provisional diagnosis after examination. (OG35.2)
3.	mechanism of labor in occipito-anterior presentation (OG13.1)
4.	monitoring of labor including partogram (OG13.1)
5.	Induction of Labour
6.	acceleration of labor(OG13.1)
7.	Amniotomy (OG 13.3)
8.	Enumerate and describe the indications, steps and complications of Caesarean Section (OG15.1)
9.	Observe/Assist in operative obstetrics case – Forceps/ vacuum extraction (OG15.2)
10	Describe and discuss the classification; diagnosis; management of abnormal labor (OG 14.4)

Competency # addressed	Name of Activity	Date completed dd-mm-yyyy	Observed	Assisted	Initial of faculty and date	Feedback Received
OG35.1	Obtain a logical sequence of history, and perform a humane and thorough clinical examination, excluding internal examinations (perrectal and per-vaginal)					Initial of students
OG35.2	Arrive at a logical provisional diagnosis after examination.					Initial of students
OG13.1	mechanism of labor in occipito-anterior presentation					Initial of students

Competency # addressed	Name of Activity	Date completed dd-mm-yyyy	Observed	Assisted	Initial of faculty and date	Feedback Received
OG13.1	monitoring of labor including partogram					Initial of students
OG13.1	Induction of labour					Initial of students
OG13.1	acceleration of labor					Initial of students
OG 13.3	Amniotomy					Initial of students
OG15.1	Caesarean section,					Initial of students
OG15.2	Instrumental delivery					Initial of students
OG14.4	diagnosis; management of abnormal labor					Initial of students

Certifiable Skills

Name of Activity: Observe and assist the conduct of a normal vaginal delivery

Competency # addressed	Date completed dd-mm-yyyy	Performed under supervision	Initial of faculty and date	Feedback Received
OG13.5				
OG13.5				
OG13.5				
OG13.5				
OG13.5				
OG13.5				
OG13.5				
OG13.5				
OG13.5				
OG13.5				
OG13.5				

Checklist for assessment of skills in Skill lab

Sl. no	Skills
1	Speculum Examination /Pap Smear
2	Prevaginal examination
3	Normal Delivery
4	Episotomy
5	Female Urinary Catheterization

1. Speculum Examination / Pap Smear

Sl No	Step/Task	Yes 1	No 0
1	Introduce yourself		
2	Verbal consent		
3	Explain procedure to woman		
4	Ask to empty bladder		
5	Provide adequate privacy		
6	Place in dorsal position		
7	Scrub hands		
8	Wear sterile gloves		
9	Encourage the woman to take deep breath and relax during examination		
10	Separate the labia with left hand, introduce cuscus speculum into vagina with right hand.		
11	Points to observe:		
	a) Direction of cervix		
	B)Cervical lips		
	c) External os		
	d) abnormal discharge or bleeding from any side		
	e) abnormal growth from any side		
12	Take Pap Smear using Ayre's spatula from the cervix \, rotate in a 360 ⁰ movement. The longer projection of the spatula is inserted into the endocervix and shorter end to the ecto cervix		
13	Another sample is collected from the posterior fornix with the flat end of the spatula		
14	The material collected is immediately spread over 2 slides and at once put into the fixative ethyl alcohol 95% before drying or fixed with confixative spray.		
15	The slides are labelled and send to the lab with brief patient history and examination findings and proper patient identification number.		
16	Proper disposal of the gloves		
17	Documentation of findings		

Level of expertise expected - advanced / beginner

Level of expected expertise attained- Yes/no

Needs to repeat the session – Yes/ No

Repeat session: level of expected expertise attained- Yes/ No.

2.Prevaginal examination

Sl No	Step/Task	Yes 1	No 0
1	Introduce yourself		
2	Verbal consent		
3	Ask to empty bladder		
4	Provide adequate privacy		
5	Explain procedure to woman		
6	Place in dorsal position		
7	Scrub hands		
8	Wear sterile gloves		
9	Lubricate fingers with jelly		
10	Separate the labia with left hand, introduce index and middle finger of right hand into vagina,		
11	Encourage the woman to take deep breath and relax during examination		
12	Bimanual examination – to note down		
	a) Direction of the cervix		
	b) consistency of the cervix (firm / hard)		
	c)cervical motion tenderness (tenderness present / absent)		
	d)Whethercervix bleeds on touch		
	e)Uterus - anteverted/ retroverted		
	f)Size of uterus		
	g)Consistency of uterus		
	h)Mobility of uterus		
	i)Surface of Uterus –regular/ irregular		
	j) Palpation of Adnexa – appendages / fornices / describe the mass if palpable		
13	Proper disposal of gloves		
14	Document findings		

Level of expertise expected– advanced/ beginner

Level of expected expertise attained- Yes/no

Needs to repeat the session – Yes/ No

Repeat session: level of expected expertise attained- Yes/ No.

3. Normal delivery

Sl. No.	Procedure	Yes	No	Comments if any
1.	Put on personal protective barriers. (Wear Goggles, Mask, Cap, Shoe cover, Plastic Apron).			
2.	Perform hand hygiene and put on sterile glove			
3.	Empty the bladder			
4.	Paint & drape the parts			
5.	Talk to the woman and encourage woman for breathing & small pushes with contractions			
6.	Once crowning give liberal episiotomy after infiltrating lignocaine			
7.	Control the birth of the head with the fingers of one hand to maintain flexion, allow natural stretching of the perineal tissue, ask the assistant to support perineum			
8.	Feel around the baby's neck for the cord and respond appropriately if the cord is present.			
9.	Allow the baby's head to turn spontaneously and with the hands on either side of the baby's head, delivers the anterior shoulder			
10.	Pull the head upward as the posterior shoulder is born over the perineum			
11.	Support the rest of the baby's body as it slides out and place the baby on the mother's abdomen over the clean towels			
12.	Note the time of birth and sex of the baby			
13	Active management of third stage of labor (AMTSL) a) Administer uterotonic Drug – Inj. oxytocin 10 IU IM or tab. Misoprostol (600ug) orally			
	b) Perform controlled cord Traction during a contraction by placing one hand on the lower abdomen to support the uterus and gently pulling the clamped cord by the other hand close to perineum			

14.	Examine the vagina and perineum			
15.	Examine the placenta, membranes, and umbilical cord <ul style="list-style-type: none"> ● Maternal surface of placenta ● Foetal surface ● Membranes Umbilical cord			

Level of expertise expected – advanced / beginner

Level of expected expertise attained – Yes / No

Needs to repeat the session – Yes / No

Repeat session: level of expected expertise attained- Yes/ No

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4. Episiotomy

Sl No	Step/Task	Yes 1	No 0
1	Informs patient about need for episiotomy and local infiltration		
2	Gives local Inj. Xylocaine in fan shaped manner after checking for inadvertent needle in vessel		
3	Performs the incision with fingers guarding the fetus from injury		
4	Confirms integrity of rectum		
5	Changes gloves		
6	Identifies the apex of the mucosal layer		
7	Ask for appropriate suture material		
8	<i>Sutures vaginal mucosa first</i> by continuous suturing		
9	Sutures muscle layer intermittently after vaginal mucosa		
10	Sutures skin after muscular layer		
11	Confirms haemostasis, looks for any forgotten gauze		
12	Do a per rectal examination to feel for any suture passing through rectal mucosa		

Level of expertise expected– advanced/ beginner

Level of expected expertise-attained- Yes/no

Needs to repeat the session – Yes/ No

Repeat session : level of expected expertise attained- Yes/ No.

5. Female Urinary Catheterization

Sl No	Step/Task	Yes 1	No 0
1	Self-Introduce, Explain procedure & take consent		
2	Arrange Catheter set		
3	Paint external genitalia upto mid-thigh		
4	Painting- separate labia minora & clean urethral & vaginal region		
5	Draping		
6	Keep kidney tray over drape		
7	Lubricate the tip of the foley 's Catheter with xylocaine gel		
8	Separate labia minora with left hand		
9	Introduce the catheter into the urethra		
10	Drain the urine into the kidney tray		
11	Foley bulb to be inflated with 5 ml distilled water		
12	Connecting the urosac bag		
13	Dispose appropriately (yellow linen – gauze, paper) (red linen – glove)		

Level of expertise expected– advanced/ beginner

Level of expected expertise attained- Yes/no

Needs to repeat the session – Yes/ No

Repeat session : level of expected expertise attained- Yes/ No.

AETCOM MODULES

Module number:
Name of the activity:
Department of Internal Medicine

Date:

Competencies
The student should be able to :

Reflection

Feedback

Signature of the student:

Assessment:

Signature of the faculty

AETCOM MODULES

Module number:

Date:

Name of the activity:

Department of Internal Medicine

Competencies
The student should be able to :

Reflection

Feedback

Signature of the student:

Assessment:

Signature of the faculty

Integrated sessions :

	Date of session	Topics covered	Competency numbers addressed	Departments involved in the conduct of the session	Signature of the student	Signature of the faculty
1						
2						
3						
4						
5						

Self-directed learning sessions:

Sl. No.	Date	Topic	Competency number	Signature of The Faculty
1.				
2.				
3.				
4.				
5.				
6				
7				
8				
9				
10				

Seminars presented

Date	Topic	Content(5)	Clarity of presentation (5)	Interaction (5)	Knowledge (5)	Use of Audio Video aid (5)	Total

Research projects and publications

Sl.no	Name of the topic	Date	Signature of the faculty
1			
2			
3			
4			
5			

Co curricular activities –(quiz, poster, debates, essays, skit)

Sl.no	Name of the topic	Date	Signature of the faculty
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Participation in CME, conference, workshops

Sl.no	Name of the topic	Date	Signature of the faculty
1			
2			
3			
4			
5			

Awards and recognition

Sl. no	Name of the topic	Date	Signature of the faculty
1			
2			
3			
4			
5			