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Teaching & Evaluation Scheme

Programme Name: MS- Obstetrics and Gynaecology
Effective From: AY 2024-25
Programme Code: MB206

Course Code	Subject Name	Hours/ Week			UA		IA		Total	
		L #	P*	T	MAX	MIN	MAX	MIN	MAX	MIN
1MB206101	Obstetrics and Gynaecology -I	3	0	3	100	40	-	-	400	200
1MB206102	Obstetrics and Gynaecology -II				100	40	-	-		
1MB206103	Obstetrics and Gynaecology -III				100	40	-	-		
1MB206104	Obstetrics and Gynaecology -IV				100	40	-	-		
1MB206105	Obstetrics and Gynaecology -Practical				400	200	-	-	400	200

Seminar, Case Presentation, Journal Club,
*Clinics, Ward, ICU and Emergency Duties for all days

SCHEME OF EXAMINATION

A. Theory: 400Marks

B. Clinical/Practical Examination: 300 Marks

C. Viva-Voce Examination: 100Marks

DETAILS OF EXAMINATION

Thesis:

Thesis shall be submitted at least six months before the Theory and Clinical / Practical examination. The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical examination. A postgraduate student shall be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Thesis by the examiners.

Theory:

There shall be four papers, each of three hours duration. Total marks of each paper will be 100. Questions on recent advances may be asked in any or all the papers. The format of each paper will be same as shown below.

Sr. no.	Description	MD Courses
1	THEORY	
	No. of theory papers	4
	Marks of each theory paper	100
	Total marks for theory paper	400
	Passing Minimum for theory	200/400(40% Minimum in each paper)
2	PRACTICAL/CLINICAL	300
3	VIVA VOCE	100
	Passing minimum for practical/clinical including viva voce	200/400

	shall include (1) Theory – aggregate 50% (In addition, in each Theory paper a candidate has to secure minimum of 40%) (2) Practical/Clinical and Viva voce - aggregate 50% (3) If any candidate fails even under one head, he/she has to re-appear for both Theory and Practical/Clinical and Viva voce examination. (4) Five per cent of mark of total marks of Clinical/Practical and Viva Voce marks (20 marks) will be of Dissertation/thesis and it will be part of clinical/practical examination marks. External examiner outside the state will evaluate dissertation/ thesis and take viva voce on it and marks will be given on quality of Dissertation/thesis and performance on its viva voce. (5) No grace mark is permitted in post-graduate examination either for theory or for practical.

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Syllabus

GUIDELINES FOR COMPETENCY BASED POSTGRADUATE TRAINING PROGRAMME FOR MS IN OBSTETRICS AND GYNAECOLOGY

Preamble:

The purpose of PG education is to create specialists who would provide high quality health care and advance the cause of science through research & training.

The purpose of MS Obstetrics and Gynaecology is to standardize Obstetrics & Gynaecology teaching at Post Graduate level throughout the country so that it will benefit in achieving uniformity in undergraduate teaching as well and resultantly creating competent Obstetrician and Gynecologist with appropriate expertise.

The purpose of this document is to provide teachers and learners illustrative guidelines to achieve defined out comes through learning and assessment. This document was prepared by various subject-content specialists. The Reconciliation Board of Academic Committee has attempted to render uniformity without compromise to purpose and content of the document. Compromise in purity of syntax has been made in order to preserve the purpose and content. This has necessitated retention of "domains of learning" under the heading "competencies".

SUBJECT SPECIFIC LEARNING OBJECTIVES

Programme Objectives

The **goal** of the MS course in Obstetrics and Gynaecology is to produce a competent Obstetrician and Gynecologist who can:

a. Provide quality care to the community in the diagnosis and management of Antenatal, Intra-natal and Post-natal period of normal and abnormal pregnancy and labor.

b. Provide effective and adequate care to a pregnant woman with complicated pregnancy.

c. Provide effective and adequate care to abnormal and high risk neonate.

d. Perform obstetrical ultra sound in normal and abnormal pregnancy including Doppler.

e. Manage effectively all obstetrical and gynecological emergencies and if necessary make appropriate referrals.

f. Provide quality care to the community in the diagnosis and management of gynecological problems including screening, and management of all gynecological cancers including during pregnancy.

g. Conduct a comprehensive evaluation of infertile couple and have a broad based knowledge of assisted reproductive techniques including – ovulation induction, in vitro fertilization and intra-cytoplasmic sperm injection, gamete donation, surrogacy and the legal and ethical implications of these procedures.

h. Provide counseling and delivery of fertility regulation methods including reversible and irreversible contraception, emergency contraception etc.

i. Provide quality care to women having spontaneous abortion or requesting Medical

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Termination of Pregnancy (MTP) and manage their related complications.

SUBJECT SPECIFIC COMPETENCIES

A. Cognitive Domain

At the end of the MS Course in Obstetrics and Gynaecology, the student should have acquired knowledge in the following:

- recognizes the health needs of women and adolescents and carries out professional obligations in keeping with principles of National Health Policy and professional ethics
- has acquired the competencies pertaining to Obstetrics and Gynaecology that are required to be practiced in the community and at all levels of health system
- on genetics as applicable to Obstetrics.
- On benign and malignant gynecological disorders.
- On Gynecological Endocrinology and infertility.
- On interpretation of various laboratory investigations and other diagnostic modalities in Obstetrics & Gynaecology.
- On essentials of Pediatric and adolescent Gynaecology.
- On care of post menopausal women and geriatric Gynaecology.
- On elementary knowledge of female breast &its diseases.
- On vital statistics in Obstetrics &Gynaecology.
- Anesthesiology related to Obstetrics &Gynaecology.
- Reproductive and Child Health, family welfare & reproductive tract infections.
- STD and AIDS & Government of India perspective on women's health related issues.
- Medico-legal aspects in Obstetrics &Gynaecology.
- Asepsis ,sterilization and disposal of medical waste.
- Be able to effectively communicate with the family and the community
- is aware of the contemporary advances and developments in medical sciences as related to Obstetrics and Gynaecology.
- maintain medical records properly and know the medico-legal aspects in respect of Obstetrics & Gynaecology
- Understands the difference between audit and research and how to plan a research project and demonstrate the skills to critically appraise scientific data and literature
- Has acquired skills in educating medical and paramedical professionals

Ethical and Legal Issues:

The post graduate student should understand the principles and legal issues surrounding informed consent with particular awareness of the implication for the unborn child, postmortem examinations consent to surgical procedures including tubal ligation/vasectomy, parental consent and medical certification, research and teaching and properly maintain medical records.

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Risk Management:

The post graduate student should demonstrate a working knowledge of the principles of risk management and their relationship to clinical governance and complaints procedures.

Confidentiality:

The postgraduate student should:

- Be aware of the relevant strategies to ensure confidentiality and when it might be broken.
- Understand the principles of adult teaching and should be able to teach common practical procedures in Obstetrics and Gynaecology and involved in educational programme in Obstetrics and Gynaecology for medical and paramedical staff.
- Be abreast with all recent advances in Obstetrics and Gynaecology and practice evidence based medicine.

Use of information technology, audits and standards:

The postgraduate student should:

- acquire a full understating of all common usage of computing systems including the principles of data collection, storage, retrieval, analysis and presentation.
- understand quality improvement and management and how to perform, interpret and use of clinical audit cycles and the production and application of clinical standards, guidelines and protocols.
- Understand National Health Programmes related to Obstetrics and Gynaecology and should be aware of all the Acts and Laws related to specialty.

Health of Adolescent Girls and Post-Menopausal Women

The student should:

- Recognize the importance of good health of adolescent and postmenopausal women.
- Identification and management of health problems of post-menopausal women.
- Understanding and planning and intervention program of social ,educational and health needs of adolescent girls and menopausal women.
- Education regarding rights and confidentiality of women's health, specifically related to reproductive function, sexuality, contraception and safe abortion.
- Geriatric problems.

Reproductive Tract and 'HIV' Infection

- Epidemiology of RTI and HIV infection in Indian women of reproductive age group.
- Cause, effect and management of these infections.
- HIV infections in pregnancy, its effects and management.
- Relationship of RTI and HIV with gynecological disorders.

- Planning and implementation of preventive strategies.

Medico-legal Aspects

- Knowledge and correct application of various Acts and Laws while practicing Obstetrics and Gynaecology, particularly MTP Act and sterilization, Preconception and P.N.D.T. Act.
- Knowledge of importance of proper recording of facts about history, examination findings, investigation reports and treatment administered in all patients.
- Knowledge of steps recommended for examination and management of rape cases.
- Knowledge of steps taken in the event of death of a patient.

B. Affective domain

1. Should be able to function as a part of a team, develop an attitude of cooperation with colleagues, and interact with the patient and the clinician or other colleagues to provide the best possible diagnosis or opinion.
2. Always adopt ethical principles and maintain proper etiquette in dealings with patients, relatives and other health personnel and to respect the rights of the patient including the right to information and second opinion.
3. Develop communication skills to word reports and professional opinion as well as to interact with patients, relatives, peers and paramedical staff, and for effective teaching.

C. Psychomotor domain

At the end of the course, the student should acquire following clinical & operative skills and be able to:
Operative Skills in Obstetrics and Gynaecology

- Adequate proficiency in common minor and major operations, post-operative management and management of their complications.
- Operative procedures which must be done by P G students during training period: ***(in graded manner - assisting, operating with senior person assisting, operating under supervision)***

(Operations MUSTBEDONE/OBSERVED during PG training programme and log book maintained)

1. Obstetrics: Venesection , culdocentesis

Conduct normal deliveries Episiotomy and its repair

- Application of forceps and ventouse (10).
- Carry out caesarian section delivery(10mustbe done)
- Manual removal of placenta
- Management of genital tract obstetrical injuries.
- Post partum sterilization/ Mini lap tubal ligation(20mustbedone)
- Medical termination of pregnancy-various methods(20 must be done)

2. Gynaecology: Endometrial/cervical biopsy.

Dilatation and curettage Culdocentesis, Colpotomy

- Opening and closing of abdomen(10mustbedone)
- Operations for pelvic organ prolapse
- Ovarian cyst operation
- Operation for ectopic pregnancy
- Vaginal and abdominal hysterectomy

Operations must be OBSERVED and/or ASSISTED when possible:

- Internal podalic version
- Caesarea Hysterectomy
- Internal iliac artery ligation
- Destructive obstetrical operations
- Tubal microsurgery
- Radical operations for gynaec malignancies
- Repair of genital fistulae
- Operations for incontinence
- Myomectomy ,Laparoscopic and hysteroscopic surgery

Diagnostic Procedures

- Interpretation of x-rays –Twins ,common fetal malformations/ mal-presentations, abnormal pelvis (pelvimetry), Hysterosalpingography
- Sonographic pictures at various stages of pregnancy-normal and abnormal pregnancies, Fetal biophysical profile, common gynecological pathologies.
- Amniocentesis
- Fetal surveillance methods-Electronic fetal monitoring and its interpretation
- Post-coital test
- Vaginal Pap Smear
- Colposcopy
- Endoscopy- Laparoscopy and Hysteroscopy.

Health of Adolescent Girls and Post-Menopausal Women

- Provide advice on importance of good health of adolescent and postmenopausal women.
- Identification and management of health problems of post-menopausal women.
- Planning and intervention program of social, educational and health needs of adolescent girls and menopausal women.
- Provide education regarding rights and confidentiality of women's health, specifically related to reproductive function, sexuality, contraception and safe abortion.
- Provide advice on geriatric problems.

Reproductive Tract and 'HIV' Infection

- Provide advice on management of RTI and HIV infections in Indian women of reproductive age group.

- Provide advice on management of HIV infections in pregnancy, relationship of RTI and HIV with gynecological disorders.
- Planning and implementation of preventive strategies.

Medico-legal Aspects

- Correct application of various Acts and Laws while practicing obstetrics and Gynaecology, particularly MTP Act and sterilization, Preconception and P.N.D.T. Act.
- Implement proper recording of facts about history, examination findings, investigation reports and treatment administered in all patients.
- Implement the steps recommended for examination and management of rape cases.
- Follow proper procedures in the event of death of a patient.

Environment and Health

- Follow proper procedures in safe disposal of human body fluids and other materials.
- Follow proper procedures and universal precautions in examination and surgical procedures for the prevention of HIV and other diseases.

Syllabus

Course Contents:

Paper I - Applied Basic sciences

1. Basic Sciences

- Normal and abnormal development, structure and function (female and male) urogenital system and female breast.
- Applied Anatomy of genito-urinary system, abdomen, pelvis, pelvic floor , anterior abdominal wall, upper thigh (inguinal ligament, inguinal canal, vulva, rectum and anal canal).
- Physiology of spermatogenesis.
- Endocrinology related to male and female reproduction (Neurotransmitters).
- Anatomy and physiology of urinary and lower GI (Rectum/ anal canal) tract.
- Development, structure and function of placenta, umbilical cord and amniotic fluid.
- Anatomical and physiological changes in female genital tract during pregnancy.
- Anatomy of fetus, fetal growth and development, fetal physiology and fetal circulation.
- Physiological and Neuro -endocrinal changes during puberty, adolescence, menstruation, ovulation, fertilization, climacteric and menopause.
- Biochemical and endocrine changes during pregnancy, including systemic changes in cardiovascular, hematological, renal hepatic, renal, hepatic and other systems.
- Biophysical and biochemical changes in uterus and cervix during pregnancy and labor.
- Pharmacology of identified drugs used during pregnancy, labour, post-partum

period in reference to their absorption, distribution, excretion, (hepatic) metabolism, transfer of the drugs across the placenta, effect of the drugs (used) on labor, on fetus, their excretion through breast milk.

- Mechanism of action, excretion, metabolism of identified drugs used in the management of Gynecological disorder.
- Role of hormones in Obstetrics and Gynaecology.

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Markers in Obstetrics & Gynaecology -Non-neoplastic and neoplastic diseases

- Pathophysiology of ovaries ,fallopian tubes ,uterus ,cervix ,vagina and external genitalia in healthy and diseased conditions.
- Normal and abnormal pathology of placenta, umbilical cord, amniotic fluid and fetus.
- Normal and abnormal microbiology of genital tract. Bacterial, viral and parasitical infections responsible for maternal, fetal and gynecological disorders.
- Humoral and cellular immunology in Obstetrics & Gynaecology.
- Gametogenesis, fertilization, implantation and early development of embryo.
- Normal Pregnancy, physiological changes during pregnancy, labor and pauperism.
- Immunology of pregnancy.
- Lactation.

2. Medical Genetics

- Basic medical genetics including cytogenetics.
- Pattern of inheritance
- Chromosomal abnormalities-types, incidence, diagnosis, management and recurrence risk.
- General principles of Teratology.
- Screening, counseling and prevention of developmental abnormalities.
- Birth defects -genetics, teratology and counseling.

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Paper II

Obstetrics including social obstetrics and Diseases of New Born

1. Antenatal Care:

- Prenatal care of normal pregnancy including examination, nutrition, immunization and follow up.
- Identification and management of complications and complicated of pregnancy – abortion, ectopic pregnancy, vesicular mole, Gestational trophoblastic Diseases, hyperemesis gravidarum, multiple pregnancy, anti-partum hemorrhage, pregnancy induced hypertension, preeclampsia, eclampsia, Other associated hypertensive disorders, Anemia, Rh incompatibility, diabetes, heart disease, renal and hepatic diseases, preterm - post term pregnancies, intrauterine fetal growth retardation,
- Neurological, hematological, dermatological diseases, immunological disorders and other medical and surgical disorders/problems associated with pregnancy, Multiple pregnancies, Hydramnios, Oligoamnios.
- Diagnosis of contracted pelvis (CPD) and its management.
- High-risk pregnancy
- Pregnancy associated with complications, medical and surgical problems.
- Prolonged gestation.
- Pre term labor, premature rupture of membranes.
- Blood group incompatibilities.
- Recurrent pregnancy wastage.
- Evaluation of fetal and maternal health in complicated pregnancy by making use of diagnostic modalities including modern once (USG, Doppler, Electronic monitors) and plan for safe delivery for mother and fetus. Identifying fetus at risk and its management. Prenatal diagnostic modalities including modern ones.
- Infections in pregnancy (bacterial, viral, fungal, protozoan)
- Malaria, Toxoplasmosis.
- Viral–Rubella, CMV, Herpes, HIV, Hepatic viral infections (B, C etc)
- Sexually Transmitted Infections (STDs)
- Mother to fetal transmission of infections.
- Identificationandmanagementoffetalmalpositionsandmalpresentations.
- Management of pregnancies complicated by medical, surgical (with other specialties as required) and gynecological diseases.
- Anemia, hematological disorders
- Respiratory, Heart, Renal, Liver, skin diseases.
- Gastrointestinal, Hypertensive, Autoimmune, Endocrine disorders.
- Associated Surgical Problems.

  Acute Abdomen (surgical emergencies- appendicitis and GI emergencies).

  Other associated surgical problems.
- Gynecological disorders associate with pregnancy - congenital genital tract developmental anomalies, Gynaec pathologies - fibroid uterus, Ca Cx, genital

prolapsed etc.

- Prenatal diagnosis (of fetal problems and abnormalities), treatment–Fetal therapy
- M.T.P, PC & P.N.D.T Act etc
- National health MCH programs, social obstetrics and vital statistics
- Recent advances in Obstetrics.

2. Intra-partum care:

- Normal labor- mechanism and management.
- Partographic monitoring of labor progress, recognition of abnormal labor and its appropriate management.
- Identification and conduct of abnormal labor and complicated delivery - breech, forceps delivery, caesarian section, destructive operations.
- Induction and augmentation of labor.
- Management of abnormal labor - Abnormal pelvis, soft tissue abnormalities of birth canal, mal-presentation, mal-positions of fetus, abnormal uterine action, obstructed labor and other distocias.
- Analgesia and anaesthesia in labor.
- Maternal and fetal monitoring in normal and abnormal labor (including electronic fetal monitoring).
- Identification and management of intra partum complications, Cord presentation, complication of 3rd stage of labor - retained placenta, inversion of uterus, rupture of uterus, post-partum hemorrhage.

3. Post Partum

- Complication of 3rd stage of labor retained placenta, inversion of uterus, post-partum hemorrhage, rupture of uterus, Management of primary and secondary post-partum hemorrhage, retained placenta, uterine inversion. Post-partum collapse, amniotic fluid embolism
- Identification and management of genital tract trauma - perineal tear, cervical/vaginal tear, episiotomy complications, rupture uterus.
- Management of critically ill woman.
- Postpartum shock, sepsis and psychosis.
- Postpartum contraception.
- Breast feeding practice; counseling and importance of breast-feeding. Problems in breast-feeding and their management, Baby friendly practices.
- Problems of newborn-at birth (resuscitation), management of early neonatal problems.
- Normal and abnormal purperium - sepsis, thrombophlebitis, mastitis, psychosis. Hematological problems in Obstetrics including coagulation disorders. Use of blood and blood components/products.

4. Operative Obstetrics:

- Decision- making, technique and management of complications.
- Vaginal instrumental delivery, Caesarian section, Obst. Hysterectomy, destructive operations, manipulations (External/internal podalic version, manual removal of placenta etc)
- Medical Termination of Pregnancy - safe abortion - selection of cases, technique and management of complication. MTP law.

5. New Born

1. Care of newborn: Normal and high-risk newborn (including NICU care).
2. Asphyxia and neonatal resuscitation.
3. Neonatal sepsis-prevention, detection and management.
4. Neonatal hyperbilirubinemia- investigation and management.
5. Birth trauma-Detection and management.
6. Detection and management of fetal/ neonatal malformation.
7. Management of common neonatal problems.

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Paper III

Clinical Gynaecology and Fertility Regulation

- Epidemiology and etiopathogenesis of gynecological disorders.
- Diagnostic modalities and management of common benign and malignant gynecological diseases (diseases of genital tract):
    - Fibroid uterus
    - Endometriosis and adenomyosis Endometrial hyperplasia
    - Genital prolapse (uterine and vaginal)
    - Cervical erosion, cervicitis, cervical polyps, cervical neoplasia. Vaginal cysts, vaginal infections, vaginal neoplasia (VIN) Benign Ovarian pathologies
    - Malignant genital neoplasia-of ovary, Fallopian tubes, uterus, cervix, vagina, vulva and Gestational Trophoblastic diseases, Cancer Breast.
- Diagnosis and surgical management of clinical conditions related to congenital malformations of genital tract. Reconstructive surgery in gynaecology.
- Intersex, ambiguous sex and chromosomal abnormalities.
- Reproductive endocrinology: Evaluation of Primary/secondary Amenorrhea, management of Hyperprolactinemia, Hirsutism, Chronic an-ovulation, PCOD, thyroid and other endocrine dysfunctions.
- Infertility-Evaluation and management
    - Methods of Ovulation Induction
    - Tubal(Micro)surgery
    - Management of immunological factors of Infertility
    - Male infertility
    - Obesity and other Infertility problems.
    - **(Introductory knowledge of)**Advanced Assisted Reproductive Techniques (ART)
- Reproductive tract Infections: prevention, diagnosis and treatment.
    - STD
    - HIV
    - Other Infections
    - Genital Tuberculosis.
- Principles of radiotherapy and chemotherapy in gynaecological malignancies. Choice, schedule of administration and complications of such therapies.
- Rational approach in diagnosis and management of endocrinal abnormalities such as: menstrual abnormalities, amenorrhea (primary/secondary), dysfunctional uterine bleeding, polycystic ovarian disease, hyper prolactinemia (galoctorrhea), hyperandrogenism, thyroid - pituitary - adrenal disorders, menopause and its

- treatment (HRT).
- Urological problems in Gynaecology- Diagnosis and management.
    - Urinary tract infection
    - Urogenital Fistulae
    - Incontinence
    - Other urological problems
- Orthopedic problems in Gynaecology.
- Menopause: management (HRT) and prevention of its complications.
- Endoscopy (Laparoscopy-Hysteroscopy)
    - Diagnostic and simple therapeutic procedures (PG students must be trained to do these procedures)
- Recent advances in Gynaecology- Diagnostic and therapeutic
- Pediatric, Adolescent and Geriatric Gynaecology
- Introduction to Advance Operative procedures

Operative Gynaecology

- Abdominal and Vaginal Hysterectomy
- Surgical Procedures for genital prolapsed, fibromyoma, endometriosis, ovarian, adenexal, uterine, cervical, vaginal and vulval pathologies.
- Surgical treatment for urinary and other fistulae, Urinary incontinence
- Operative Endoscopy

Family Welfare and Demography

- Definition of demography and its importance in Obstetrics and Gynaecology.
- Statistics regarding maternal mortality, perinatal mortality/ morbidity, birth rate, fertility rate.
- Organizational and operational aspects of National health policies and programs, in relation to population and family welfare including RCH.
- Various temporary and permanent methods of male and female contraceptive methods.
- Knowledge of in contraceptive techniques (including recent developments).
    1. Temporary methods
    2. Permanent Methods.
    3. Recent advances in contraceptive technology
- Provide adequate services to service seekers of contraception including follow up.
- Medical Termination of Pregnancy: Act, its implementation, providing safe and adequate services.
- Demography and population dynamics.
- Contraception (fertility control)

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Male and Female Infertility

- History taking, examination and investigation.
- Causes and management of male infertility.
- Indications, procedures of Assisted Reproductive Techniques in relation to male infertility problems.

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Paper IV

Recent Advances in Obstetrics & Gynaecology

- Recent advances in obstetrics
- Recent advances in Gynaecology
- Recent advances in family welfare and fertility regulation
- Recent advances in infertility
- Recent advances in medical genetics
- Recent advances in operative procedures
- Recent advances in health sciences

TEACHING AND LEARNING METHODS

Postgraduate Training

Teaching methodology should be imparted to the students through:

- Lectures, seminars, symposia, Inter- and intra- departmental meetings (clinic- pathological, Radio-diagnosis, Radiotherapy, Anaesthesia, Pediatrics/ Neonatology), maternal morbidity/mortality meetings and journal club. ***Records of these are to be maintained by the department.***
- By encouraging and allowing the students to attend and actively participate in CMEs, Conferences by presenting papers.
- Maintenance of log book: Log books shall be checked and assessed periodically by the faculty members imparting the training.
- Writing thesis following appropriate research methodology, ethical clearance and good clinical practice guidelines.
- The postgraduate students shall be required to participate in the teaching and training program of undergraduate students and interns.
- A postgraduate student of a postgraduate degree course in broad specialities /super specialities would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published/accepted for publication/sent for

publication during the period of his postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.

- Department should encourage- learning activities.

Practical and Clinical Training

- Emphasis should be self-learning, group discussions and case presentations.
- Student should be trained about proper History taking, Clinical examination, advising / ordering relevant investigations, their interpretation and instituting medical / surgical management by posting students in OPD, specialty clinics, wards, operation theaters, Labor room, family planning clinics and other departments like anesthesiology, neonatology, radiology/ radiotherapy. **Students should be able to perform and interpret ultrasonography in Obstetrics and Gynaecology, NST, Partogram.**

Rotations:

- Details of 3years posting in the PG programme (6 terms of 6months each)

a. Allied posts should be done during the course*–for 8weeks*

i.	Neonatology	-2weeks
ii.	Anaesthesia	-2weeks
iii.	Radiology/Radiotherapy	-2weeks
iv.	Surgery	-2weeks
v.	Oncology	-2weeks

b. Details of training in the subject during resident posting

The student should attend to the duties (Routine and emergency):

Outpatient Department and special clinics

Indoor patients Operation Theater Labor Room

Writing clinical notes regularly and maintains records.

1st term -	working under supervision of senior residents and teaching faculty.
2nd & 3rd term-	Besides patient care in O.P.D., wards, Casualty And labor room, carrying out minor operations un der supervision and assisting in major operation.

4th ,5th & 6th term- independent duties in management of patient including Major operations under supervision of teaching faculty

c. Surgeries to be done during PG training. **(Details in the Syllabus)**

During the training programme, patient safety is of paramount importance; therefore, skills are to be learnt initially on the models, later to be performed under supervision followed by performing independently; for this purpose, provision of surgical skills laboratories in medical colleges is mandatory.

ASSESSMENT

FORMATIVE ASSESSMENT, during the training includes

Formative assessment should be continual and should assess medical knowledge, patient care, procedural& academic skills, interpersonal skills, professionalism, self-directed learning and ability to practice in the system.

General Principles

Internal Assessment should be frequent, cover all domains of learning and used to provide feedback to improve learning; it should also cover professionalism and communication skills. The Internal Assessment should be conducted in theory and clinical examination.

Quarterly assessment during the MS training should be based on following educational activities:

1. **Journal based/recent advances learning**
2. **Patient based/Laboratory or Skill based learning**
3. **Self-directed learning and teaching**
4. **Departmental and interdepartmental learning activity**
5. **External and Outreach Activities/CMEs**

The student to be assessed periodically as per categories listed in postgraduate student appraisal form (Annexure I).

SUMMATIVE ASSESSMENT, i.e., assessment at the end of training

The summative examination would be carried out as per the Rules given in POSTGRADUATE MEDICAL EDUCATION REGULATIONS, 2000.

Formative assessment should be continual and should assess medical knowledge, patient care, procedural& academic skills, interpersonal skills, professionalism, self-directed learning and ability to practice in the system.

General Principles

Internal Assessment should be frequent, cover all domains of learning and used to provide feedback to improve learning; it should also cover professionalism and communication skills. The Internal Assessment should be conducted in theory and clinical examination.

Quarterly assessment during the MS training should be based on following educational activities:

6. **Journal based/recent advances learning**
7. **Patient based/Laboratory or Skill based learning**

8. **Self-directed learning and teaching**
9. **Departmental and interdepartmental learning activity**
10. **External and Outreach Activities/CMEs**

The student to be assessed periodically as per categories listed in postgraduate student appraisal form (Annexure I).

SUMMATIVE ASSESSMENT, i.e., assessment at the end of training

The summative examination would be carried out as per the Rules given in POSTGRADUATE MEDICAL EDUCATION REGULATIONS, 2000.

Postgraduate Examination shall be in three parts:

1. Thesis

Every post graduate student shall carry out work on an assigned research project under the guidance of a recognized Post Graduate Teacher, the result of which shall be written up and submitted in the form of a Thesis. Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the post graduate student to the techniques of research, critical analysis, acquaintance with the latest advances in medical science and the manner of identifying and consulting available literature.

Thesis shall be submitted at least six months before the Theory and Clinical / Practical examination. The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical examination. A post graduate student shall be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Thesis by the examiners.

2. Theory Examination:

The examinations shall be organized on the basis of 'Grading'or 'Marking system' to evaluate and to certify post graduate student's level of knowledge, skill and competence at the end of the training. Obtaining a minimum of 50% marks in 'Theory' as well as 'Practical' separately shall be mandatory for passing examination as a whole. The examination for M.D./ MS shall be held at the end of 3rd academic year. An academic term shall mean six month's training period.

There should be four theory papers, as given below:

Paper I: Applied Basic sciences.

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Paper II: Obstetrics including social obstetrics and Diseases of New Born

Paper III: Gynaecology including fertility regulation

Paper IV: Recent Advances in Obstetrics & Gynaecology

3. Clinical/ Practical & oral/ viva voce Examination: shall be as given below:

a) Obstetric
b) Clinical

1 Long case 100 marks 30 min

1 Short case 50 marks 15 min

Viva voce 50 marks 30 min including:

- Instruments
- Pathology specimens
- Drugs and X-rays, Sonography etc.
- Dummy Pelvis

c) Gynaecology:

Clinical

1 Long case 100 marks 30 min

1 Short case 50 marks 15 min

Viva voce 50 marks 30 min including:

- Instruments
- Pathology specimens
- Drugs and X-rays, Sonography etc.
- Family planning

Recommended Reading:

Books (latest edition) Obstetrics

1. William Textbook of Obstetrics
2. High risk Obstetrics-James
3. High risk pregnancy-Ian Donald
4. Textbook of Operative Obstetrics-Munro Kerr.
5. Medical disorder in pregnancy-De Sweit

6. High risk pregnancy-Arias
7. A textbook of Obstetrics-Thrnbull
8. Textbook of Obstetrics-Holland &Brews.
9. Manual of Obstetrics -Daftary& Chakravarty

Gynaecology

1. Textbook of Gynaecology-Novak
2. Textbook of Operative Gynaecology-Te-lindes
3. Textbook of operative Gynaecology -Shaws
4. Textbook of Gynaecology and Reproductive Endocrinology-Speroft
5. Textbook of Obstetrics &Gynaecology-Dewhurst
6. Manual of Gynecological Oncology-Disai
7. Textbook of Gynaecology –Jaeffcot

Journals

03-05 international Journals and 02 national (all indexed) journals

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Faculty of Medicine

Annexure 1

Postgraduate Students Appraisal Form Pre / Para /Clinical Disciplines

Name of the Department/Unit : Name of

the PG Student :

Period of Training : FROM……TO……

Sr. No.	PARTICULARS	Not Satisfactory	Satisfactory	More Than Satisfactory	Remarks
		1 2 3	4 5 6	7 8 9	
1.	Journal based /recent advances learning				
2.	Patient based /Laboratory or Skill based learning				
3.	Self-directed learning and teaching				
4.	Departmental and interdepartmental learning activity				
5.	External and Outreach Activities / CMEs				
6.	Thesis/ Research work				
7.	Log Book Maintenance				

Publications Yes/No

Remarks* _____

_____

_____

_____

***REMARKS: Any significant positive or negative attributes of a postgraduate student to be mentioned. For score less than 4 in any category, remediation must be suggested. Individual feedback to postgraduate student is strongly recommended.**

SIGNATURE OF ASSESSEE SIGNATURE OF CONSULTANT SIGNATURE OF HOD