

Preface

The promulgation of the much-awaited Competency Based Medical Education (CBME) for post graduate programs by the National Medical Council is a welcome move. Sri BalajiVidyapeeth (SBV), Puducherry, deemed to be University, declared u/s 3 of the UGC Act. and accredited by the NAAC with A grade, takes immense privilege in preparing such an unique document in a comprehensive manner and most importantly the onus is on the Indian setting for the first time, with regard to the competency based medical education for post graduate programs that are being offered in the broad specialty departments. SBV is committed to making cardinal contributions that would be realised by exploring newer vistas. Thus, post graduate medical education in the country could be made to scale greater heights and SBV is poised to show the way in this direction.

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Preface

The salient feature of this document is defining the program educational objectives (PEO) for its postgraduate program as a whole, defining program outcomes (PO) based on the competencies to be practiced by the specialist, course outcomes (CO) and program specific sub-competencies and their progression in the form of milestones. The compilation of the milestone description leads to the formation of the required syllabus. This allows the mentors to monitor the progress in sub-competency milestone levels. It also defines milestone in five levels, for each sub-competency. Although NMC has described three domains of competencies, the domain 'Attitude' is elaborated into 4 more competencies for ease of assessment. The six competency model (ACGME) for residency education: Medical Knowledge, Patient Care, Practice Based Learning and Improvement, Systems Based Practice, Professionalism, Inter personal and Communication Skills gives better clarity and in-depth explanation and is used in this document. The sub-competency and their milestone levels are mapped into the entrustable professional activities (EPA) that are specific to the individual postgraduate program. While doing all this, the syllabus prescribed by NMC is fully incorporated into the curriculum. To make the program more relevant, PEO, PO, CO and EPAs are mapped with each other. EPAs which are activity based are used for formative assessment and graded. EPA assessment is based on workplace based assessment (WPBA), multisource feedback (MSF) and eportfolio. A great emphasis is given on monitoring the progress in acquisition of knowledge, skill and attitude through various appraisal forms including e-portfolios during three years of residency period.

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Foreword

Keeping in pace with changes made in the new MCI document this new revised document of post graduate curriculum was made. This herculean task was made possible with inputs from many contributors from the department. Competency based learning and technology (CoBaLT) was introduced in 2017. Tuning into the newer changes, this document has been made after extensive discussions among internal and external members.

The curriculum document was refined keeping in mind the MCI recommendations. The six domains of competencies (Medical Knowledge, Patient Care, System Based Practice, Practice Based Learning and improvement, Interpersonal Communication skills and Professionalism) were identified and sub-competencies under these domains specific to the speciality were written down in general terms. Not just teaching, self-reflecting and assessing one's own progress is a better way of learning. The progress of the student is documented as mile stones and mapped as entrustable professional activities related to the speciality.

We would like to wholeheartedly thank the departments of Obs and Gyn at MGMCRI and SSMCRI. The document would have not been complete without inputs from our respected external faculty Dr Latha Chaturvedula and Dr Mary Daniel. We need to definitely mention about Dr.Seetesh Ghose, our Vice Principal Curriculum for his untiring efforts in bringing out this detailed document on the new Post graduate curriculum.

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This document named postgraduate curriculum for the **MS OB&GY** has been prepared in the accordance with the document notified by Board of Governors in suppression of MCI <https://www.mciindia.org/CMS/information-desk/for-colleges/pg-curricula-2>. This document has been prepared by the Department of **Obstetrics & Gynaecology** of MGMCRI, Puducherry and SSSMCRI, Chennai ratified by the Board of Studies on **dd.mm.yyyy** and approved by Academic Council of Sri Balaji Vidyapeeth, a deemed to be university, accredited 'A' Grade by NAAC on **dd.mm.yyyy** .

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List of Abbreviations and Acronyms

PEO	Programme Educational Objective
PO	Programme Outcome
CO	Course outcome
EPA	Entrustable Professional Activity
MK	Medical Knowledge
PC	Patient Care
SBP	System Based Practice
PBLI	Practice Based Learning and Improvement
IPCS	Interpersonal Communication Skills
P	Professionalism

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SRI BALAJI VIDYAPEETH
POST - GRADUATE PROGRAMME
MS OBSTETRICS GYNAECOLOGY

1. Preamble

The competency based curriculum should take into account the needs of the society, both local and global. It needs to outline the demand for the present day as well as future. The curriculum needs to be reviewed at least every five years to address the trending needs, as new knowledge is evolving and communication of the same is seamless. Accordingly the competencies need to meet the societal needs detailing the cognitive, psychomotor and affective domain development for attaining these competencies.

The curriculum indicates to the candidate the knowledge, basic skills and attitudes required to become an Obstetrician and Gynaecologist. It disciplines the thinking habits for problem solving and discovery of new knowledge in the field of Obstetrics and Gynaecology. It defines the Teaching - Learning methods adopted for the resident to achieve the goals of the and the methods of assessment performed throughout the training period and at the completion of training. The purpose of this document is to provide teachers and learners illustrative guidelines to achieve defined outcomes through learning and assessment.

2. Programme Educational Objective (PEO)

Programme Educational Objectives are broad statements that describe what graduates are expected to attain within few years of completing their programme. These are based on the needs of the society as analysed and outlined by the regulatory body. So as defined by Medical Council of India (MCI), the PEO for MS Obstetrics and Gynaecology are as follows:

- PEO1:** Specialist who can provide comprehensive care related to obstetrics and gynaecology over and above the physician of first contact.
- PEO2:** Leader and team member who understands health care system and acts to provide safe patient care with accountability and responsibility.
- PEO3:** Communicator possessing adequate communication skills to convey required information in an appropriate manner in various health care settings.
- PEO4:** Lifelong learner keen on updating oneself regarding the advancement in the health care field and able to perform the role of researcher and teacher.
- PEO5:** Professional who understands and follows the principle of bio-ethics / ethics related to health care system.

3. Programme Outcome (PO)

PO's represent broad statements that incorporate many areas of inter - related knowledge and skills developed over the duration of the programme through a wide range of courses and experiences. They represent the big picture and describe broad aspects of knowledge, skill and attitude development. They encompass multiple learning experiences.

After a period of 3 years, the resident should be able to attain the following PO's:

- PO1:** Provide antepartum, intrapartum, postpartum care along with immediate care of new born with management of related complications.
- PO2:** Perform common minor & major Obstetric and gynaecological procedures and provide peri- operative care.
- PO3:** Provide care for reproductive tract and fertility related problems.
- PO 4:** Provide Care of patient with common non-reproductive medical disorders.
- PO5:** Identify patient safety and system approach to medical errors.
- PO6:** Identify the needs of patients and society and provide cost effective preventive care and advocacy.
- PO7:** Communicate with stake holders of the health care system.
- PO8:** Perform self directed learning and Critical appraisal of medical literature.
- PO9:** Develop & execute a protocol for a scientific research project, collect and analyse the data and scientifically communicate to others.
- PO10:** Obtain informed consent and share responsibility.

4. Course and Course Outcomes (CO)

CO's describe the learning that will take place across the curriculum through concise statements, made in specific and measurable terms, of what students will know and /or be able to do after successful completion of each course.

There are four courses for MS Obstetrics and Gynaecology:

Course 1 (C1) Applied basic medical science

Course 2 (C2) Obstetrics including social obstetrics and neonatology

Course 3 (C3) Gynaecology including family planning

Course 4 (C4) Recent advances in obstetrics and gynaecology

4.1 Course 1 (C1): (Applied Basic Medical Science)

- C1.1.** Apply knowledge of pre and para-clinical sciences related to female genital tract and conception.
- C1.2.** Explain medical genetics related to obstetrics and gynaecology.
- C1.3.** Explain basic principles in biomedical research (Framing a hypothesis, Data collection, data analysis and prepare a scientific communication)

4.2 Course 2 (C2) (Obstetrics Including Social Obstetrics and Neonatology)

- C2.1.** Provide quality care to the community in the diagnosis and management of antenatal, intra- natal and post-natal period of normal pregnancy.
- C2.2.** Provide effective and adequate care to a pregnant woman with complicated pregnancy.
- C2.3.** Provide effective and adequate care to a normal and high risk neonate.
- C2.4.** Manage effectively all obstetrical emergencies and if necessary make appropriate referrals.
- C2.5.** Explain preventive aspects including social obstetrics

4.3 Course 3 (C3) (Gynaecology Including Family Planning)

- C3.1.** Provide quality care to the community in the diagnosis and management of common gynaecological conditions including screening and management of RTIs /STIs
- C3.2.** Provide quality care to the community in the screening, diagnosis and management of common premalignant and malignant gynaecological conditions.
- C3.3.** Manage effectively all gynaecological emergencies and if necessary make appropriate referrals.

- C3.4.** Conduct a comprehensive evaluation of infertile couple and have a broad based knowledge of assisted reproductive techniques, legal and ethical implications of these procedures.
- C3.5.** Evaluate and manage common uro-gynaecological problem.
- C3.6.** Diagnose common breast diseases.
- C3.7.** Provide counselling and delivery of fertility regulation methods including reversible and irreversible contraception, emergency contraception etc.
- C3.8.** Provide quality care to women requesting Medical Termination of Pregnancy (MTP) and manage their related complications.
- C3.9.** Evaluate and manage common adolescent and geriatric problems, violence against women.
- C3.10.** Evaluate postmenopausal women and prescribe nonhormonal and hormonal therapy.

4.4 Course 4 (C4): Recent Advances in Obstetrics and Gynaecology

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- C4.1.** Demonstrate knowledge of Prenatal Diagnosis and fetal therapy
- C4.2.** Demonstrate knowledge of fetal wellbeing and imaging.
- C4.3.** Demonstrate knowledge of Medical and surgical problems in obstetrics and gynaecology.
- C4.4.** Explain the principles of minimal invasive surgery, and demonstrate knowledge in emerging areas in O&G.
- C 4.5.** Recent advances in infertility.
- C 4.6.** Recent advances in Urogynecology
- C4.7.** Perform Critical appraisal of medical literature.

5. Mapping of PEO, PO and CO

Programme mapping facilitates the alignment of course - level outcomes with programme outcomes. It allows faculty to create a visual map of a programme. It is also used to explore how students are meeting program - level outcomes at the course level. Outcomes mapping focuses on student learning also.

Table1. Mapping of PEO, PO and CO –

	PEO1				PEO2	PEO3		PEO4		PEO5
	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10
C1	√		√					√	√	
C2	√	√		√	√	√	√	√		√
C3		√	√	√	√	√	√	√		√
C4				√			√	√	√	√

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All courses run concurrently for 3 years, with a summative assessment at the end.

Competencies, Sub - Competencies and Milestones

The post graduate programme is competency based, consisting of six domains of competency. Sub - competencies under these domains, specific to the speciality, have been mentioned in general terms. The progression through the curriculum is detailed in sub - competency milestone levels, that directs the prescribed syllabus. These sub - competency milestones are mapped to the Entrustable Professional Activities (EPAs), identified as essential for a specialist. Formative assessment includes EPA assessment, and is carried out every quarter using appropriate tools, for identifying eligibility for transfer of trust, to the resident.

Domain of Competencies

1. **Medical Knowledge (MK)**–Acquiring Knowledge of established and evolving biomedical, clinical, epidemiological, and social – behavioural sciences, and the application of this knowledge to patient care.
2. **Patient Care/Procedural Skill(PC/PS)**–Demonstrate ability to provide patient - centred care/demonstrate skills required for teaching and conducting research.
3. **System Based Practise (SBP)** - Demonstrate the ability to follow the standard operating procedures relevant to practices of the organisations for patient care, inculcating quality and economical practices.
4. **Practice Based Learning and improvement (PBLI)** - Demonstrate the commitment to learn by literature search, feedback, practice and improve upon their ability.
5. **Interpersonal Communication skills (IPCS)** - Demonstrate behaviour and skills that result in the effective communication, exchange of information and cooperation with patients, their families, and health professionals
6. **Professionalism (P)** - Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Sub - Competencies

Medical Knowledge (MK)

MK1: Knowledge of normal and abnormal structure and function of organs associated with female reproduction and correlation with symptoms and physical signs.

MK 2: Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision making, clinical problem solving, and other aspects of evidence-based health care.

MK3: Apply principles of social-behavioural sciences to provision of patient care, including assessment of the impact of psychosocial-cultural influences on health, disease, care-seeking, care-compliance, and barriers to and attitudes towards care.

MK 4: Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations.

MK5: Knowledge of resuscitation of new-born and neonatal condition.

Patient Care/ Procedural skill (PC/PS)

PC1: Gather essential and accurate information about patients and their condition through history- taking, physical examination, and available laboratory data, imaging, and other tests.

PC2: Perform diagnostic, and surgical procedures considered essential for the area of practice.

PC 3: Interpret laboratory data, imaging studies, and other tests required for the Obstetrics and Gynaecology.

PC 4: Develop and carry out patient management plans rationally.

PC5: Provide health care services aimed at preventing health problems or maintaining health.

PC6: Provide appropriate referral of patients.

PC7: Provide appropriate care to new-born and neonate

System Based Practice

SBP1: Patient Safety and Systems Approach to Medical Errors: Participate in identifying system errors and implementing potential systems solutions.

SBP2: Cost-effective Care and Patient Advocacy.

Practice based learning and improvement

PBLI 1: Self-directed Learning/Critical Appraisal of Medical Literature.

PBLI 2: Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement.

Interpersonal communication skills

ICS 1: Communicate effectively with patients, families, and the public, as appropriate.

ICS 2: Communicate effectively with colleagues within specialty, other health professionals, and health-related agencies leading to team work.

ICS 3: Informed consent and shared decision making.

Professionalism

P 1: Compassion, Integrity, and Respect for Others.

P2: Accountability and Responsiveness to the Needs of Patients, Society, and the Profession

Milestone Levels for Sub-competencies

Medical Knowledge

MK 1: Anatomy and Physiology of Female reproductive organs

Knowledge of normal and abnormal structure and function of organs associated with female reproduction and correlation with symptoms and physical signs

Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Demonstrates knowledge of normal abdominal and pelvic anatomy. Normal early pregnancy development implantation, early embryology, placental development (OR) abdominal/ pelvic pain and normal menstrual cycle	Explains abnormalities associated with early pregnancy, implantation, early embryology, placental (ectopic, abortion, H. Mole). Explains late trimester complications (PIH, APH, PROM, PTL). Explains abnormal intrapartum and postpartum (Abnormal Labour, PPH, Puerperal sepsis). (OR) Explains abnormal discharge PV, pelvic floor disorders, pelvic mass and menstrual cycle abnormalities.	Correlates the symptoms and signs with the underlying obstetrical (OR) gynaecological pathology as mentioned in level 2. Demonstrates the ability to utilize focused diagnostic approaches, formulate comprehensive management plans for abnormal obstetrics (OR) gynaecological condition as mentioned in Level 2. Demonstrates knowledge about the management of medical comorbidities relevant to obstetrics (OR) gynaecological conditions as mentioned in Level 2	Demonstrates an in-depth knowledge regarding obstetrics (OR) gynaecological conditions as mentioned in Level 2 for management of patients with multiple and/or complex comorbidities. Educates residents regarding obstetrics(OR) gynaecological conditions as mentioned in Level 2	Demonstrates knowledge regarding atypical signs and symptoms regarding obstetrics (OR) gynaecological conditions as mentioned in Level 2.

MK 2: Clinical Reasoning

Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision making, clinical problem solving, and other aspects of evidence-based health care				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
<p>Demonstrates the ability to formulate a differential diagnosis of various Obstetrical (antenatal, Intranatal and postnatal) (OR) gynaecological conditions (Ref.to MK 1 L2)</p>	<p>Explains abnormalities associated with early pregnancy, implantation, early embryology, placental (ectopic, abortion, H. Mole). Explains late trimester complications (PIH, APH, PROM, PTL). Explains abnormal intrapartum and postpartum (Abnormal Labour, PPH, Puerperal sepsis). (OR) Explains abnormal discharge PV, pelvic floor disorders, pelvic mass and menstrual cycle abnormalities.</p>	<p>Correlates the symptoms and signs with the underlying obstetrical (OR) gynaecological pathology as mentioned in level 2. Demonstrates the ability to utilize focused diagnostic approaches, formulate comprehensive management plans for abnormal obstetrics (OR) gynaecological condition as mentioned in Level 2. Demonstrates knowledge about the management of medical comorbidities relevant to obstetrics (OR) gynaecological conditions as mentioned in Level 2</p>	<p>Demonstrates an in-depth knowledge regarding obstetrics (OR) gynaecological conditions as mentioned in Level 2 for management of patients with multiple and/or complex comorbidities.</p> <p>Educates residents regarding obstetrics(OR) gynaecological conditions as mentioned in Level 2</p>	<p>Demonstrates knowledge regarding atypical signs and symptoms regarding obstetrics (OR) gynaecological conditions as mentioned in Level 2.</p>

MK 3: Impact of psychosocial-cultural influences on health, disease, care-seeking, care-compliance, and barriers to and attitudes towards care

Apply principles of social-behavioural sciences to provision of patient care, including assessment of the impact of psychosocial-cultural influences on health, disease, care-seeking, care-compliance, and barriers to and attitudes towards care				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Recognises common psychosocial cultural influences on woman's health, care seeking, care compliance, barriers and attitudes towards care.	Assesses psychosocial cultural influences on woman's health, care-seeking, care compliance, barriers and attitudes towards care.	Analyzes psychosocial cultural influences on woman's health, care seeking, care compliance, barriers and attitudes towards care. Prepares a plan to improve woman's care-seeking and care-compliance attitudes towards health care.	Educates residents and other health care members regarding psychosocial cultural influences on woman's health, care seeking, care compliance, barriers and attitudes towards care.	Leads a multidisciplinary team in planning for care of patients. Applies innovative approaches and implements treatment plans based on emerging evidence.

MK 4: Epidemiology of health.

Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
<p>Recalls the principles of epidemiological sciences.</p> <p>Demonstrates knowledge of the characteristics of good screening test.</p> <p>Demonstrates knowledge of indications and limitations of commonly used screening tests.</p>	<p>Applies principles to the identification of health problems.</p> <p>Demonstrates knowledge of evidence-based, age appropriate guidelines for women's health maintenance and disease prevention (e.g., breast screening, cervical cancer screening)</p>	<p>Applies principles to the identification of risk factors.</p> <p style="text-align: center;">SBV</p> <p>Recommends age and risk appropriate vaccinations.</p>	<p>Suggests the treatment strategies of health problems.</p>	<p>Plan disease prevention and health promotion efforts for patients and population in the community.</p>

MK 5: Newborn Care and Neonatal Resuscitation

Knowledge of resuscitation of new-born and neonatal condition				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Demonstrates knowledge of normal neonatal conditions. Recalls the steps associated with neonatal resuscitation.	Explains common abnormal neonatal conditions. Explains the principle of neonatal resuscitation in normal condition.	Suggests the treatment strategies for abnormal neonatal conditions. Analyses the appropriate neonatal resuscitation in special situations.	Plans the treatment strategies for abnormal neonatal conditions.	Plan disease prevention and health promotion efforts for neonate.

Patient Care/Procedural Skill – PC/PS

PC/PS.1. Gathering patient information

Gather essential and accurate information about patients and their condition through history-taking, physical examination, and available laboratory data, imaging, and other tests				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Demonstrates basic knowledge of normal obstetrical care, routine/uncomplicated intrapartum obstetrical care including, conduct of normal labour & delivery, and normal postpartum care of women.	Performs basic history taking and physical examination appropriate to obstetrics, reproductive and related non-reproductive medical disorders.	Interprets test results and screens for obstetrics, reproductive and related non-reproductive medical disorders.	Demonstrates a comprehensive understanding of the varying patterns of obstetric, reproductive and related non-reproductive medical disorders. Effectively supervises and educates lower level residents.	Applies innovative approaches to recognize atypical presentations of obstetric, reproductive and related non-reproductive medical disorders.

PC/PS.2. Diagnostic and Surgical Procedure

Perform diagnostic, and surgical procedures considered essential for the area of practice				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
<p>Performs basic procedures, including speculum examination and per vaginal examination, Pap smear. Demonstrates basic surgical principles, including use of universal precautions and aseptic technique. Positions the patient appropriately for surgery.</p>	<p>Performs antepartum and intrapartum diagnostic procedures for women with uncomplicated pregnancies (e.g., identification of Foetal lie, interpretation of Foetal heart rate monitoring, and tocodynamometry). Performs basic obstetrical skills, including assessment of dilation, spontaneous vagina delivery, ultrasound for assessment of Foetal number, lie, presentation, viability, and placental location. Demonstrates the performance of Apgar testing (OR) Performs simple abdominal incision and closure, vaginal or vulvar incisions and repair. Demonstrates basic surgical skills, including knot tying, simple suturing.</p>	<p>Performs medical and diagnostic procedures for women with complicated obstetric, reproductive and related non reproductive medical disorders. Works effectively as a surgical assistant. Performs common operative obstetric/ gynaecological procedures.</p>	<p>Supervises and educates lower level residents. Collaborates and provides consultation to other members of the health care team.</p>	<p>Applies innovative approaches based on emerging evidence in medical, diagnostic and procedural skills. Performs complex obstetrical and gynaecological procedures.</p>

PC/PS.3. Laboratory Investigations

Interpret laboratory data, imaging studies, and other tests required for the obstetrics & gynaecology				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Demonstrates knowledge of obstetrics, reproductive and related non reproductive medical disorders.	Interprets commonly performed laboratory data, imaging studies. Correlates the laboratory data, imaging studies with underlying pathology	Interprets specially performed laboratory data, imaging studies. Correlates specially performed laboratory data, imaging studies with underlying pathology	Formulates management plans and initiates treatment for obstetric, reproductive and related non-reproductive medical disorders.	Applies innovative approaches to treatment plans based on emerging evidence

PC/PS 4. Patient Management

Develop and carry out patient management plans rationally				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Demonstrates knowledge of obstetrics, reproductive and related non-reproductive medical disorders with available management options Provides routine/ uncomplicated antenatal, intrapartum, post-partum care including, conduct of normal labour. Performs initial warming and drying of a non depressed infant(OR) Demonstrates an understanding of the indications for endoscopy(OR) Demonstrates basic understanding of the effectiveness, risks, benefits, complications, and contraindications of contraception, including emergency	Performs the initial assessment, formulates a differential diagnosis, and initiates treatment for common obstetric, reproductive and related non-reproductive medical complications. Recognises complications and formulates initial management plan. Identifies an infant in need of resuscitation. Counsels	Interprets test results and screens for obstetrics, reproductive and related non-reproductive medical disorders.	Demonstrates a comprehensive understanding of the varying patterns of obstetric, reproductive and related non-reproductive medical disorders. Effectively supervises and educates lower level residents.	Applies innovative approaches to recognize atypical presentations of obstetric, reproductive and related non-reproductive medical disorders.

<p>contraception, and pregnancy termination Demonstrates knowledge of common procedural indications, comorbidities relevant to gynaecologic surgery and prophylactic strategies to reduce postoperative complications. Demonstrates the ability to recognize and manage perioperative complications</p>	<p>on effectiveness, risks and benefits of available forms of management</p>			
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PC/PS 5. Preventive health care

Provide health care services aimed at preventing health problems or maintaining health				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
<p>Demonstrates knowledge of the characteristics of a good screening test. Demonstrates knowledge of indication, benefit and limitations of commonly used screening.</p>	<p>Recognizes basic risk factors, symptoms, and signs of common obstetric, reproductive and related non-reproductive medical disorders. Demonstrates knowledge of evidence based, age appropriate guidelines for women’s health maintenance and disease prevention (e.g., breast screening, cervical cancer screening) Recommends age and risk appropriate vaccinations.</p>	<p>Formulates plans and initiates appropriate screening measure</p>	<p>Effectively supervises and educates lower level residents. Collaborates and provides consultation to other members of the health care team</p>	<p>Applies innovative approaches for preventive and promotive health care.</p>

PC/PS 6. Referral

Provide appropriate referral of patients				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Identifies indications for consultation, referral for patients with obstetrical (OR) Gynaecological medical complications.	Prepares necessary relevant document for referral transfer of care for patients with obstetrical (OR) gynaecological and medical complications.	Uses a multidisciplinary approach and makes appropriate referrals. SBV	Effectively supervises and educates lower level residents. Collaborates and provides consultation to other members of the health care team.	Follows up till final outcome after referral.

PC/PS 7. Neonatal care

Provide appropriate care to new-born and neonate				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Identifies normal and abnormal neonatal condition. Able to assist in resuscitation of new born.	Provides basic care required for new born and neonate. Able to resuscitate new born in normal situation.	Provides care required for new born and neonate in abnormal condition. Able to resuscitate new born in difficult situation.	Effectively supervises and educates residents. Collaborates and provides consultation to other members of the health care team.	Applies innovative approaches for preventive and promotive health care.

System Based Practice

SBP 1. Patient safety

Patient Safety and Systems Approach to Medical Errors: Participate in identifying system errors and implementing potential systems solutions				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Recognizes limitations and failures of a team approach (e.g., hand-offs, miscommunication) in healthcare as the leading cause of preventable patient harm.	Demonstrates knowledge of institutional surveillance systems to monitor for patient safety (e.g., surgical site infection, medical error reporting). Participates in “time-out”. Utilizes check lists to promote patient safety (e.g., medication reconciliation) Demonstrates knowledge of the epidemiology of medical errors and the differences between near misses, medical errors, and sentinel events	Participates in patient safety reporting and analysing systems. Participates in team drills. Demonstrates knowledge of national patient safety standards, as well as their use/ application in the institution.	Reports errors and near misses to the institutional surveillance system and superiors. Recognizes when root cause analysis is necessary, and is capable of participating in root cause analysis. Participates in quality improvement (QI)/patient safety projects.	Contributes to peer-reviewed medical literature. Organizes and leads institutional QI/patient safety projects.

SBP 2. Cost-effective care

Cost-effective Care and Patient Advocacy				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
<p>Understands the importance of providing cost-effective care. Understands the role of physicians in advocating for appropriate women's health care.</p>	<p>Aware of common Socioeconomic barriers that impact patient care. Demonstrates an awareness of the need for coordination of patient care and patient advocacy.</p>	<p>Demonstrates the incorporation of cost awareness into clinical judgment and decision making. Coordinates and advocates for needed resources to facilitate patient care (e.g., effective discharge planning).</p>	<p>Practices cost-effective care (e.g., formulary drugs, generic drugs, tailoring of diagnostic tests) Analyses patient care options from a quality of life (QOL)/cost-of-care perspective, and includes in patient counselling Communicates effectively within his or her own hospital/clinic to advocate for patient needs</p>	<p>Participates in advocacy or health care legislation locally, regionally, or nationally Communicates effectively within health care systems to advocate for the needs of patient populations Demonstrates an understanding of the political economics of health care legislation locally, regionally, and nationally</p>

Practice based learning and improvement

PBLI 1. Practise based learning

Demonstrate the commitment to learn by practice and improve upon their ability.				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Demonstrates an understanding of critical appraisal of the literature. Demonstrates responsiveness to constructive feedback	Identifies resources (e.g.texts, search engines) to answer questions while providing patient care. Recognizes limits of knowledge, expertise, and technical skills. Describes commonly used study designs (e.g., randomized controlled trial [RCT], cohort; case-control, cross-sectional)	Applies patient appropriate evidence based information from review articles or guidelines on common topics in practice. Critically reviews and interprets the literature with the ability to identify study aims, hypotheses, design, and biases.	Tailors evidence- based practice based on the values and preferences of each patient. Reads and assesses strength of evidence in current literature and applies it to one's own practice. Analyses his or her own outcomes as compared to national standards.	Designs a hypothesis driven or hypothesis-generating study. Contributes to peer- reviewed medical literature.

PBLI 2. Practise based learning

Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Shows committment to self evaluation, lifelong learning, and patient safety	Demonstrates understanding of the basic concepts of QI. Reads appropriate information as assigned by the program or related to patient-specific topics. Understands level of evidence for patient care recommendations	Refers to and utilizes standards or guidelines in patient care plans. Identifies quality of care issues within one's own practice with a system-based approach	Participates in departmental or institutional Q process/committees Implements changes with a goal of practice improvement Monitors one's own outcomes to improve practice	Analyses departmental or institutional outcomes. Contributes to peer-reviewed medical literature Organizes and leads effective institutional QI/patient safety projects

Interpersonal Communication Skills

ICS 1. Patient Communication

Communicate effectively with patients, families, and the public, as appropriate				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Demonstrates adequate listening skills. Communicates effectively in routine clinical situations. Verbalizes basic knowledge about common contraceptive options Understands the importance of informed consent.	Enquires for patient and family understanding of illness and allows opportunities for patient questions. Maintains communication with patient and family regarding plan of care for hospitalized patient's management plan.	Communicates effectively in stressful, emergent, and complex situations. Capable of delivering bad news to patients and families regarding poor prognoses situations. Communicates with patients and families across a broad range of socio- economic and cultural backgrounds.	Delivers bad news to families about complications. Capable of informing patients and families about a medical error that caused harm or death. Incorporates risk management in this process Participates in education of patients and families	Capable of communication in the most challenging situations, and invites participation from all stake holders . Leads multidisciplinary family/patient/ team member conferences. Role models for effective communication to junior colleagues

ICS 2. Peer Communication

Communicate effectively with colleagues within specialty, other health professionals, and health- related agencies leading to team work				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Understands the importance of relationship development, information gathering and sharing, and teamwork.	Demonstrates an understanding of the roles of health care team members, and communicates effectively	Works effectively in interprofessional and interdisciplinary health care teams. Participates in effective transitions of	Leads inter- professional and interdisciplinary health care teams to achieve optimal outcomes. Leads the team	Educates other health care professionals regarding team building. Provides effective consultation in complex

	within the team. Demonstrates an understanding of transitions of care and team debriefing.	care and team debriefing. Communicates effectively with physicians and other health care professionals regarding patient care.	in complex situations. Leads effective transitions of care and team debriefing. Responds to requests for consultation in a timely manner and communicates recommendations to the requesting team.	and atypical patients. Provides appropriate role modelling. Applies innovative approaches for leading the team.
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ICS 3. Informed Consent

Informed consent and shared decision making.				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Understands the importance of informed consent.	Begins to engage patients in shared decision making, and obtains informed consent for basic procedures.	Uses appropriate and easy to understand language in all phases of communication utilizing an interpreter where necessary. Engages in shared decision making, incorporating patients' and families' cultural frameworks. Obtains informed consent for complex procedures	Participates in multidisciplinary family/patient/ team member conferences for informed consent and shared decision making.	Models and coaches shared decision making in complex and highly stressful situations. Organizes and Leads multidisciplinary family/patient/team member conferences for informed consent and shared decision making.

Professionalism

P 1. Respectful Behaviour

Compassion, Integrity, and Respect for Others				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Understands the importance of compassion, integrity, and respect for others Demonstrates sensitivity and responsiveness to patients	Consistently shows compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team. Consistently demonstrates sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations. Accepts constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others	Consistently shows compassion, integrity, and respect for patients who decline medical advice or request un-indicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress Modifies one's own behaviour based on feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others	Consistently models compassion, integrity, and respect for others Coaches others to improve compassion, integrity, and respect for patients	Assumes long- term or leadership role in community outreach activities to improve the health of vulnerable populations

P 2. Accountability

Accountability and Responsiveness to the Needs of Patients, Society, and the Profession				
Milestone Level 1	Milestone Level 2	Milestone Level 3	Milestone Level 4	Milestone Level 5
Understands that physicians are accountable to patients, society, and the profession. Acts with honesty and truthfulness	Consistently punctual for clinical assignments and responsive to requests for assistance; completes administrative duties (e.g., medical records, reports) on time and without reminders Understands the signs and symptoms of fatigue, stress, and substance abuse	Serves as an example for others in punctuality, responsiveness, and timely completion of duties Recognizes signs and symptoms of fatigue, stress, and substance abuse	Coaches others to improve punctuality and responsiveness; offers assistance to ensure patient care duties are completed in a timely fashion Demonstrates self awareness of fatigue and stress, and mitigates the effects	Participates in institutional or community peer counselling related to professionalism

6. Syllabus

Course 1 (C1) (Applied basic medical Sciences)

Basic Sciences

1. Normal and abnormal development, structure and function (female and male) of urogenital systems and female breast.
2. Applied Anatomy of genito-urinary system, abdomen, pelvis, pelvic floor, anterior abdominal wall, upper thigh (inguinal ligament, inguinal canal, vulva, rectum and anal canal).
3. Physiology of spermatogenesis.
4. Endocrinology related to male and female reproduction (Neurotransmitters).
5. Anatomy and physiology of urinary and lower GI (Rectum / anal canal) tract.
6. Development, structure and function of placenta, umbilical cord and amniotic fluid.
7. Anatomical and physiological changes in female genital tract during pregnancy.
8. Anatomy of foetus, Foetal growth and development, Foetal physiology and Foetal circulation.
9. Physiological and neuro-endocrinal changes during puberty, adolescence, menstruation, ovulation, fertilization, climacteric and menopause.
10. Biochemical and endocrine changes during pregnancy, including systemic changes in cardiovascular, haematological, renal, hepatic and other systems.
11. Biophysical and biochemical changes in uterus and cervix during pregnancy and labour. 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 labour on foetus, their excretion through breast milk.
12. Mechanism of action, excretion, metabolism of identified drugs used in the management of gynaecological disorders.
13. Role of hormones in Obstetrics and Gynaecology.
14. Markers in Obstetrics & Gynaecology- Non-neoplastic and neoplastic diseases
15. Pathophysiology of ovaries, fallopian tubes, uterus, cervix, vagina and external genitalia in healthy and diseased conditions.
16. Normal and abnormal pathology of placenta, umbilical cord, amniotic fluid and foetus.
17. Normal and abnormal microbiology of genital tract. Bacterial, viral and parasitical infections responsible for maternal, Foetal and gynaecological disorders.
18. Humoral and cellular immunology in Obstetrics & Gynaecology.
19. Gametogenesis, fertilization, implantation and early development of embryo.
20. Normal Pregnancy, physiological changes during pregnancy, labour and puerperium.

21. Immunology of pregnancy.

22. Lactation.

Medical Genetics

1. Basic medical genetics including cytogenetics.
2. Pattern of inheritance -Chromosomal abnormalities - types, incidence, diagnosis, management and risk factors.
3. General principles of Teratology.
4. Screening, counselling and prevention of developmental abnormalities.
5. Birth defects - genetics, teratology and counselling.
6. Basic Course in Biomedical Research, Data collection and analysis, Scientific communication

Course 2 (C2) (Obstetrics including Social Obstetrics and Neonatology)

Antenatal care

1. Prenatal care of normal pregnancy including examination, nutrition, immunization and follow up.
2. Identification and management of obstetric related complications in pregnancy – abortion, ectopic pregnancy, vesicular mole, Gestational trophoblastic Diseases, hyperemesis gravidarum, multiple pregnancy, antepartum haemorrhage, pregnancy induced hypertension, preeclampsia, eclampsia, other associated hypertensive disorders, anaemia, Rh incompatibility, preterm - post term pregnancies, intrauterine Foetal growth restriction, premature rupture of membranes, Polyhydramnios, Oligohydramnios. Diagnosis of contracted pelvis (CPD) and its management.
3. Identification and management of medical complications associated with pregnancy Neurological, haematological, dermatological diseases, immunological disorders and other medical and surgical disorders/problems
4. Recurrent pregnancy wastage and Bad obstetric history
5. Evaluation of Foetal and maternal health in complicated pregnancy by making use of diagnostic modalities including modern ones (USG, Doppler, antepartum fetal surveillance) and plan for safe delivery for mother and foetus. Identifying foetus at risk and its management. Prenatal diagnostic modalities including modern ones.
6. Mother to foetal transmission of infections and Infections in pregnancy (bacterial, viral, fungal, protozoal).
7. Pregnancy and Sexually Transmitted Infections (STDs).
8. Identification and management of foetal malpresentations and malpositions.
9. Management of pregnancies complicated by surgical (with other specialties as required) and gynaecological diseases.
10. M.T.P, PC & P.N.D.T Act etc.

11. National health MCH programs, social obstetrics and vital statistics

Intra-partum care:

1. Normal labour - mechanism and management.
2. Partographic monitoring of labour progress, recognition of abnormal labour and its appropriate management.
3. Identification and conduct of abnormal labour and complicated delivery - breech, instrumental delivery, Caesarean section, destructive operations.
4. Induction and augmentation of labour.
5. Partographic monitoring of labour progress, recognition of abnormal labour and its appropriate management.
6. Identification and conduct of abnormal labour and complicated delivery - breech, instrumental delivery, Caesarean section, destructive operations.
7. Induction and augmentation of labour.
8. Partographic monitoring of labour progress, recognition of abnormal labour and its appropriate management.
9. Identification and conduct of abnormal labour and complicated delivery - breech, instrumental delivery, Caesarean section, destructive operations.
10. Induction and augmentation of labour.
11. Management of abnormal labour - Abnormal pelvis, soft tissue abnormalities of birth canal, mal- presentation, mal-positions of foetus, abnormal uterine action, obstructed labour and other dystocias
12. Analgesia and anaesthesia in labour.
13. Partographic monitoring of labour progress, recognition of abnormal labour and its appropriate management.
14. Partographic monitoring of labour progress, recognition of abnormal labour and its appropriate management.
15. Identification and conduct of abnormal labour and complicated delivery - breech, instrumental delivery, Caesarean section, destructive operations.
16. Induction and augmentation of labour.
17. Management of abnormal labour - Abnormal pelvis, soft tissue abnormalities of birth canal, mal- presentation, mal-positions of foetus, abnormal uterine action, obstructed labour and other dystocias
18. Analgesia and anaesthesia in labour.
19. Maternal and Foetal monitoring (Intraparum fetal surveillance) in normal and abnormal labour
20. Identification and management of intrapartum complications, cord presentation, complications of third stage of labour - retained placenta, inversion of uterus, rupture of uterus, postpartum haemorrhage.

Post-Partum

1. Identification and management of complications of third stage of labour- retained placenta, inversion of uterus, rupture of uterus, primary and secondary post-partum haemorrhage, Post-partum collapse, amniotic fluid embolism, genital tract trauma – perineal tear, cervical/vaginal tear, episiotomy complications,
2. Management of critically ill woman. Post-partum shock, sepsis and psychosis.
3. Postpartum contraception.
4. Breast feeding practice; haemorrhage and importance of breast-feeding. Problems in breast-feeding and their management, Baby friendly practices.
5. Problems of new born– at birth (resuscitation), management of early neonatal problems.
6. Normal and abnormal puerperium – sepsis, thrombophlebitis, mastitis, psychosis. Haematological problems in Obstetrics including coagulation disorders. Use of blood and blood components/products.

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Operative Obstetrics:

1. Indications, techniques and management of complications of vaginal instrumental delivery, Caesarean section, obstetric hysterectomy, destructive operations, manipulations (External/internal podalic version, manual removal of placenta etc)

New Born

1. Care of new born: Normal and high risk new born (including NICU care).
2. Neonatal resuscitation.
3. Birth Asphyxia
4. Neonatal sepsis – prevention, detection and management.
5. Neonatal hyper bilirubinaemia– investigation and management.
6. Birth trauma – Detection, prevention and management.
7. Detection, prevention and management of Foetal/neonatal malformation.
8. Management of common neonatal problems.

Course 3 (C3) (Gynaecology including family planning)

General Gynaecology

1. Epidemiology and aetiopathogenesis of gynaecological disorders.
2. Diagnostic modalities of common benign gynaecological diseases of genital tract: Fibroid uterus, Endometriosis and adenomyosis, Endometrial hyperplasia.
3. Cervical erosion, cervicitis, cervical polyps, cervical neoplasia, Vaginal cysts,

vaginal infections, vaginal neoplasia (VIN), Benign Ovarian pathologies.

4. Genital prolapse (uterine and vaginal) –aetiology, classification, diagnosis, complications and treatment modalities.
5. Diagnosis and surgical management of clinical conditions related to congenital malformations of genital tract. Reconstructive surgery in gynaecology. Intersex, ambiguous sex and chromosomal abnormalities.
6. Reproductive endocrinology: Evaluation of Primary/secondary Amenorrhoea, management of hyperprolactinemia, hirsutism, Chronic anovulation, PCOD, thyroid and other endocrine dysfunctions. abnormal uterine bleeding,
7. hyperprolactinemia (galactorrhoea), hyperandrogenism, thyroid - pituitary - adrenal disorders, menopause and its treatment (HRT).
8. Reproductive tract Infections: prevention, diagnosis and treatment.
9. Diagnostic and simple therapeutic procedures (PG students must be trained to do these procedures) .
10. STD, HIV, Other Infections SBV
11. Genital Tuberculosis

Gynae Oncology

1. Screening, diagnostic modalities and management of common malignant gynaecological diseases of genital tract i.e., body of uterus, cervix, ovary, fallopian tubes, vagina, vulva and Gestational Trophoblastic diseases and Cancer Breast.
2. Principles radiotherapy and chemotherapy in gynaecological malignancies. Choice, schedule of administration and complications of such therapies.

Operative Gynaecology

1. Abdominal and Vaginal Hysterectomy
2. Surgical Procedures for genital prolapse, fibromyoma, endometriosis.
3. Surgeries for ovarian, adnexal, uterine, cervical, vaginal and vulval pathologies.
4. Surgical treatment for urinary and other fistulae, Urinary incontinence
5. Endoscopy (Laparoscopy - Hysteroscopy)
6. Introduction to advanced Operative procedures

Female and Male Infertility

1. History taking, examination and investigations.
2. Causes and management of male infertility.
3. Indications, procedures of Assisted Reproductive Techniques in relation to male infertility problems.
4. Infertility - Evaluation and management
5. Methods of Ovulation Induction
6. Surgeries to improve fertility eg; Tubal (Micro) surgery

7. Management of immunological factors of Infertility
8. Obesity and other Infertility problems.
9. IUI

Family welfare and Demography

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

Paediatric, Adolescent and Geriatric Gynaecology

Menopause: management (HRT) and prevention of its complications

Course 4 (C4) (Recent Advances)

1. Prenatal Diagnosis and fetal therapy, fetal wellbeing and imaging.
2. Medical and surgical problems in obstetrics and gynaecology.
3. Recent advances in minimal invasive surgery including robotics and demonstrate knowledge in emerging areas in O&G.
4. Recent advances in infertility procedures like IVF, ICSI, Embryo transfer, Uterine transplanation, oocyte retrieval and Assisted Reproductive Techniques (ART).
5. Recent advances in Urogynecology, (newer diagnostic, surgical and medical methods for tretament of urogyn condition).
7. Recent advances in Pediatric and adolescent gynecology.
8. Recent advances in screening, diagnosis and management of gynaecological malignancies.
9. Perform Critical appraisal of medical literature.

7. Teaching and Learning Method

The trainee will undergo a graded training over a period of three years.

○ Orientation

At the beginning of the course each resident should be given an orientation to the department and subject. The candidate shall be assigned dissertation guides so as to help them prepare protocols

Theory (Knowledge/ Cognitive Domain)

The teaching learning methods does not totally depend on didactic lectures. Only the introductory lectures by faculty are in this format.

Introductory Lectures

Teaching programme

This will include theory topics and will ensure participation of the resident in the form of:

1. Seminars, group discussions and symposia. These should be regularly organized in the department.
2. Problem case discussion, before and after the conduct of the case should form part of training.
3. Journal club presentation and discussion
4. Interdepartmental programmes with clinical departments
5. Simulation based training involving - Weekly 2hrs class on simulation:
 - a) Learning and practicing basic skills and competencies
 - b) Problem solving and decision making skills/ Interpersonal and communications skills or team - based competencies, Deliberate practice with feedback, Exposure to uncommon events and Assessment of learners

Structured Graded Training–Year wise Knowledge / cognitive domain

First Year Objectives:

Second Year Objectives

Third Year Objectives:

Practical skills training(psychomotor domain)

Resident Rotations

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

	1st Mon	2nd Mon	3rd Mon	4th Mon	5th Mon	6th Mon	7th Mon	8th Mon	9th Mon	10th Mon	11th Mon	12th Mon
1st year	O	O	LR	G	G	O	O	G	LR	G	O	O
2nd year	O	LR	O	G	G	O	O	LR	AP*	AP*	G	G
3rd year	LR	O	O	G	G	O	LR	O	G	G	O	O

O – Obstetrics, G-Gynaecology, LR- Labour room, AP-Allied posting

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

- Neonatology - 2 weeks
- Anaesthesia - 2 weeks
- Radiology/Radiotherapy - 2 weeks
- Oncology - 2 weeks

Structured Graded Training –Year - wise Practical training objectives

First Year Objectives:

Second Year Objectives

Third Year Objectives:

E - portfolio

It is an electronic portfolio to be maintained by the resident to record their day to day academic and patient care activities under the following sections:

- Entrustable Professional Activity assessment
- Daily log
- Patient care
- Procedure
- Dissertation
- Academic activities(Seminar, symposium, case presentation, journal club)
- Co - curricular activities (Conference, CME, Workshop),
- Teaching Assignments,

- Awards and achievements
- Outreach activities.

E – portfolio will be monitored and endorsed periodically by the faculty supervisors. This will enable faculty to monitor residents progress, attainment of milestones and impart the training accordingly.

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8. Assessment

Assessment will have 2 components Formative and Summative

Formative assessment

Cognitive Assessment

- Assessment in Cognitive Domain
- Schedule of theory tests
 - 1st year – 2 papers consisting of syllabus from Course 1
 - 2nd year – 2 papers consisting of syllabus from Course 2 and 3
 - 3rd year – one paper consisting of syllabus from Course 4
 - 3rd year – Mock exams one month prior to University examination, consisting of 4 papers, including syllabus from all the four courses.

EPA Assessment

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- Assessment of Entrustable Professional Activities (EPA) done during the OT posting by the consultant in - charge. EPA assessment will be done once by the end of the 1st week of the posting and then again at the end of the posting, for monitoring of resident progress.

List of EPA's

1. History taking.
2. Formulating differential diagnosis
3. Recommending and interpreting investigations
4. Ordering prescriptions and instructing patients
5. Documentation
6. Presenting a clinical case
7. Identification and management of emergency conditions
8. Handing or taking over of patients
9. Obtaining informed consent
10. Collaborating with team members
11. Clinical reasoning
12. Providing antenatal care
13. Providing intrapartum care
14. Performing minor procedures
15. Managing PPH
16. Conducting instrumental delivery

17. Performing Caesarean section
18. Performing complex obstetric procedures
19. Performing basic obstetric ultrasound
20. Performing neonatal resuscitation
21. Performing gynaecological examination
22. Performing minor gynaecological procedures
23. Performing basic gynaecological ultrasound
24. Performing abdominal hysterectomy
25. Performing vaginal hysterectomy
26. Assisting Complex gynaecological surgeries
27. Performing Insertion of Cu-T
28. Performing minor family planning procedures
29. Performing sterilization SBV
30. Writing a scientific protocol for clinical research
31. Critically appraising a scientific research

EPA Descriptions

EPA1. History taking.

Gathering a history and performing physical examination			
Description for the activity	Residents should be able to perform an accurate complete or focused history and physical exam in a prioritized, organized manner without supervision and with respect for the patient. The history and physical examination should be tailored to the clinical situation and specific patient encounter. This data gathering and patient interaction activity serves as the basis for clinical work and as the building block for patient evaluation and management.		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	1,3	1 – L3 3 – L3
	PC/PS	2	2 – L3
	SBP		
	IPCS	1	1 – L4
	P	1	1 – L3
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD / Ward posting 		

EPA 2. Formulating differential diagnosis

Prioritizing a differential diagnosis following a clinical encounter			
Description for the activity	Residents should be able to integrate patient data to formulate an assessment, developing a list of potential diagnoses that can be prioritized and lead to selection of a working diagnosis.		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	1,2	1 – L3 2 – L3
	PC/PS	1,3	1 – L3 3 – L3
	PBLI	1	1 – L2
	IPCS	1	1 – L2
	P	1	1 – L2
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD /Ward posting 		

EPA 3. Recommending and interpreting investigations

Recommending and interpreting common diagnostic and screening tests			
Description for the activity	Residents should be able to integrate patient data to formulate an assessment, developing a list of potential diagnoses that can be prioritized and lead to selection of a working diagnosis.		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	1,2	1 – L2 2 – L2
	PC/PS	1	1 – L2
	PBLI	2	2 – L2
	P	1	1 – L2
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS, SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD /Ward posting 		

EPA 4. Ordering prescriptions and instructing patients

Entering and discussing orders and prescriptions and giving the necessary instructions to the patients			
Description for the activity	Residents should be able to prescribe therapies or interventions beneficial to patients. Entering residents will have a comprehensive understanding of some but not necessarily all of the patient's clinical problems for which they must provide orders. They must also recognize their limitations and seek review for any orders and prescriptions they are expected to provide but for which they do not understand the rationale.		
4 - Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	PC/PS	4	4 – L2
	SBP	2	2 – L2
	IPCS	1	1 – L2
	PBLI	2	2 – L2
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD /WARD posting 		

EPA 5. Documentation

Documenting a clinical encounter in patient records			
Description for the activity	Residents should be able to provide accurate, focused, and context-specific documentation of a clinical encounter in either written or electronic formats. Performance of this EPA is predicated on the ability to obtain information through history, using both primary and secondary sources, and physical exam in a variety of settings		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	PC/PS	4	4 – L2
	SBP	2	2 – L2
	IPCS	1	1 – L2
	P	1	1 – L2
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS, SBP & PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD/WARD posting 		

EPA 6. Presenting a clinical case

Provide an oral presentation of a clinical encounter			
Description for the activity	Residents should be able to concisely present a summary of a clinical encounter members of the health care team in order to achieve a shared understanding of the patient's current condition. A prerequisite for the ability to provide an oral presentation is synthesis of the information, gathered into an accurate assessment of the patient's current condition.		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK		
	PC/PS	4	4 – L2
	PBLI	2	2 – L2
	IPCS	1	1 – L2
	P	1	1 – L2
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS, SBP & PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD/WARD posting 		

EPA 7. Identification and management of emergency conditions

Recognize a patient requiring urgent or emergency care and initiate evaluation and management			
Description for the activity	Residents should be able to promptly recognize a patient who requires urgent or emergent care, initiate evaluation and management, and seek help is essential. New residents in particular are often among the first responders in an acute care setting, or the first to receive notification of an abnormal lab or deterioration in a patient's status. Early recognition and intervention provides the greatest chance for optimal outcomes in patient care. This EPA often calls for simultaneously recognizing need and initiating a call for assistance. a patient who requires urgent or		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	PC/PS	1,2,3	1 – L2 2 – L2 3 – L2
	IPCS	SBV 1	1 – L2
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD/Ward posting 		

EPA 8. Handing or taking over of patients

Give or receive a patient handover to transition care responsibility			
Description for the activity	Effective and efficient handover communication is critical for patient care. It ensures that patients continue to receive high-quality and safe care through transitions of responsibility from one health care team or practitioner to another.		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	PC/PS	1,3	1 – L2 3 – L2
	PBLI	2	2 – L2
	IPCS	2	2 – L2
	P	1	1 – L2

Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD/ Ward posting
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EPA 9. Obtaining informed consent

Obtain informed consent for tests and/or procedures			
Description for the activity	Residents should be able to perform patient care interventions that require informed consent for interventions, tests, or procedures they order or perform (e.g., immunizations, central lines, contrast and radiation exposures, blood transfusions) but should not be expected to obtain informed consent for procedures or tests for which they do not know the indications, contraindications, alternatives, risks, and benefits. <p style="text-align: center;">SBV</p>		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	PC/PS	1,2,4	1 – L2 2 – L2 4 – L2
	SBP	2	2 – L2
	IPCS	1	1 – L2
	P	1	1 – L2
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD / Ward posting 		

EPA 10. Collaborating with team members

Collaborate as a member of an interprofessional team			
Description for the activity	Effective teamwork is necessary to achieve the Institute of Medicine competencies for care that is safe, timely, effective, efficient, and equitable. Introduction to the roles, responsibilities, and contributions of individual team members early in professional development is critical to fully embracing the value that teamwork adds to patient care outcomes.		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	SBP	1	1 – L2
	IPCS	2	2 – L2
	P	2	2 – L2
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD/ Ward posting 		

EPA 11. Clinical reasoning

Form clinical questions and retrieve evidence to advance patient care			
Description for the activity	Residents should be able to identify key clinical questions in caring for patients, identify information resources, and retrieve information and evidence that will be used to address those questions. Residents should have basic skill in critiquing the quality of the evidence and assessing applicability to their patients and the clinical context. Underlying the skill set of practicing evidence-based medicine is the foundational knowledge an individual has and the self-awareness to identify gaps and fill them.		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	1,2	1 – L2 2 – L2
	PBLI	1	1 – L2
	SBP	2	2 – L2
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD Ward posting 		

EPA 12. Providing antenatal care

Providing antenatal care including obstetric examination			
Description for the activity	Residents should be able to perform focused history and physical exam in a prioritized, organized manner without supervision and with respect for the patient. The history and physical examination should be tailored to the clinical situation and specific patient encounter. This data gathering and patient interaction serves as the basis for patient evaluation and management		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	1,2	1-L3, 2-L3
	PC/PS	1,6	1-L3, 6-L3
	PBLI	2	2-L3
	IPCS	1	1-L3
	P	1	1-L3
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD / Ward posting 		

EPA 13. Providing intrapartum care

Providing intra-natal care including labour management			
Description for the activity	Resident should be able to provide care to the patient during the process of childbirth with respect to monitoring the well being of the mother and the foetus, ordering and interpreting the necessary investigations as well as communicating to the fellow team members and counselling the patient and her attenders.		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	1,2	1-L3, 2-L3
	PC/PS	1,6	1-L3, 6-L3
	PBLI	2	2-L3
	IPCS	1	1-L3
	P	1	1-L3
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD/ Ward posting 		

EPA 14. Performing minor procedures

Performing Minor obstetrics procedures (Normal delivery, episiotomy repair, repair of 1st and 2nd degree perineal tear)			
Description of the activity	The resident should have knowledge and technical knowhow for performing minor obstetric procedures like conducting vaginal delivery and repairing episiotomy and perineal tears of 1st and 2nd degree unsupervised and should be able to detect complications if any and communicate with the consultant.		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	1,2	1-L3, 2-L3
	PC/PS	1,6	1-L3, 6-L3
	SBP	1,2	1-L3 2-L3
	IPCS	1	1-L3
	PBLI	2	2-L3
	P	1	1-L3
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD / Ward posting 		

EPA 15. Managing PPH

Management of post partum haemorrhage			
Description for the activity	Resident should be able to anticipate, diagnose and take necessary measures in case of post-partum haemorrhage including communication with team members, consultant and patient attenders.		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	1,2	1-L3, 2-L3
	PC/PS	4	4 – L3
	IPCS	1	1-L3
	P	1	1-L3
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD/ Ward posting 		

EPA 16. Conducting instrumental delivery

Performing Instrumental delivery			
Description for the activity	Resident should have the knowledge regarding indications and contraindications of instrumental delivery and the necessary expertise to conduct it safely. Should possess the communication skill to counsel the patient and attenders prior to such procedure.		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	1,2	1-L3, 2-L3
	PC/PS	1,6	1-L3,6 L3
	SBP	1,2	1-L3; 2 -L3
	IPCS	1,3	1-L3,3-L3
	PBLI	2	2 -L3
	P	1	1-L3
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD/Ward posting 		

EPA 17. Performing Caesarean section

Performing Caesarean Section			
Description for the activity	Resident should be have the necessary expertise to perform Caesarean section safely as well as diagnose and rectify complications if any. Should possess necessary communication skills to obtain consent. Should have knowledge and apply the same in taking decision to perform this operative procedure		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	1,2	1-L3, 2-L3
	PC/PS	2,6	2-L3,6-L3
	SBP	1,2	1-L3; 2 -L3
	IPCS	1,3	1-L3,3-L3
	PBLI	2	2 -L3
	P	1	1-L3
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD/ Ward posting 		

EPA 18. Performing complex obstetric procedures

Complex obstetric procedures (Repair of 3rd degree perineal tear, complete perineal tear repair, assisted breech delivery, external cephalic version, instrumental delivery, MROP, shoulder dystocia)			
Description for the activity	Resident should have the knowledge of complex obstetrical procedure and should be able to assist the consultant effectively during performance of such.		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	1,2	1-L3, 2-L3
	PC/PS	2,6	2-L3,6-L3
	SBP	1,2	1-L3; 2 -L3
	IPCS	1,3	1-L3,3-L3
	PBLI	2	2 -L3
	P	1	1-L3
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD/Ward posting 		

EPA 19. Performing basic obstetric ultrasound

Performing basic obstetric ultrasound			
Description for the activity	Resident should have the knowledge of basic ultrasound and should be able to elicit basic foetal parameters for calculation of gestational in normal antenatal case, able to interpret various doppler findings.		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	2	2-L3
	PC/PS	2	2-L3
	SBP	1	1-L3
	IPCS	1	1-L3
	P	1	1-L3
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD/Ward posting 		

EPA20. Performing neonatal resuscitation

Performing basic neonatal resuscitation			
Description for the activity	Resident should have the knowledge of neonatal resuscitation and should be able to provide basic neonatal resuscitation in uncomplicated case and assist the consultant effectively during complicated cases		
Resident will be entrustable when these subcompetency Milestone Levels are attained	MK	5	5-L3
	PC/PS	7	7-L3
	SBP	1,2	1-L3; 2 -L3
	IPCS	1	1-L3
	PBLI	2	2- L3
	P	1	1 -L3
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD/ Ward posting 		

EPA 21. Performing gynaecological examination

Performing gynaecological examination with minor OPD gynaecological procedures (Papsmear, VIA, VILI, Cervical biopsy)			
Description for the activity	Residents should be able to perform an accurate complete or focused history and physical exam organized manner without supervision and with respect for the patient along with necessary knowledge and expertise to perform minor screening procedures in opd.		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	1,2	1-L3, 2-L3
	PC/PS	1,6	1-L3,6-L3
	PBLI	2	2-L3
	IPCS	1	1- L3
	P	1	1 -L3
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD/Ward posting 		

EPA 22. Performing minor gynaecological procedures

Performing minor gynaecological OT procedures (D&C, FC, SE, Polypectomy)			
Description for the activity	Resident should be having the expertise to perform these minor gynaecological O T procedures unsupervised in a safe manner and detect complications if any.		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	1,2	1-L3, 2-L3
	PC/PS	1,6	1-L3,6-L3
	PBLI	2	2-L3
	IPCS	1	1- L3
	P	1	1 -L3
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OT 		

EPA 23. Performing basic gynaecological ultrasound

Performing basic gynaecological ultrasound			
Description for the activity	Resident should have the knowledge of basic ultrasound and should be able to elicit basic gynaecological ultrasound findings		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	2	2-L2
	PC/PS	2	2-L3
	PBLI	1	1-L3
	IPCS	1	1-L3
	P	1	1 -L3
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD / Ward posting 		

EPA24. Performing abdominal hysterectomy

Performing abdominal hysterectomy			
Description for the activity	Resident should be able to assist the procedure of abdominal hysterectomy effectively and perform the surgery under supervision. Should have knowledge about indications and possible complications of the procedure. Should be able to obtain informed consent prior to the surgery.		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	1,2	1-L4, 2-L3
	PC/PS	2,6	2-L3, 6-L3
	SBP	1,2	1-L3, 2-L3
	IPCS	1,3	1-L3, 3-L3
	PBLI	2	2-L3
	P	1	1 -L3
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OT 		

EPA 25. Performing vaginal hysterectomy

Performing vaginal hysterectomy			
Description for the activity	Resident should be able to assist the procedure of vaginal hysterectomy effectively and perform the surgery under supervision. Should have knowledge about indications and possible complications of the procedure. Should be able to obtain informed consent prior to the surgery		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	1,2	1-L4, 2-L4
	PC/PS	2,6	2-L3, 6-L3
	SBP	1,2	1-L3, 2-L3
	IPCS	1,3	1-L4,3-L3
	P	1	1-L3
	PBLI	2	2 -L3
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS, SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OT 		

EPA26. Assisting Complex gynaecological surgeries

Assist Complex surgery (Staging laparotomy , Radical hysterectomy, Tuboplasty, Vaginoplasty,Diagnostic and operative endoscopic procedures)			
Description for the activity	Resident should be able to assist these complex surgical procedures effectively and should have knowledge about indications and possible complications. Should be able to obtain informed consent prior to the surgery.		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	1,2	1-L3, 2-L3
	PC/PS	2,6	2-L2, 6-L2
	SBP	1,2	1-L3,2-L3
	IPCS	1,3	1-L4, 3-L3
	P	1	1 -L3
	PBLI	2	2-L3
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OT. 		

EPA 27. Performing insertion of Cu-T

Perform Insertion of Intrauterine device() Cu-T			
Description for the activity	Resident should be able to assist the procedure Cu T insertion effectively and perform the same under supervision. Should have knowledge about indications and possible complications of the procedure. Should be able to obtain informed consent prior to it.		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	1,2	1-L3, 2-L3
	PC/PS	2,5	2-L3, 5-L3
	SBP	1,2	1-L3,2-L3
	IPCS	1,3	1-L3, 3-L3
	P	1	1 -L3
	PBLI	2	2-L3
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OPD. 		

EPA 28. Performing minor family planning procedures

Performing minor family planning procedures (suction and evacuation, dilatation and evacuation)			
Description for the activity	Resident should be able to assist these minor family planning procedures effectively and perform the same under supervision. Should have knowledge about indications and possible complications of the procedures. Should be able to obtain informed consent prior to it.		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	1,2	1-L3, 2-L3
	PC/PS	2,5	2-L3, 5-L3
	SBP	1,2	1-L3,2-L3
	IPCS	1,3	1-L3, 3-L3
	P	1	1-L3
	PBLI	2	2-L3
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OT 		

EPA 29. Performing sterilization

Performing sterilization (Puerperal, Interval, Concurrent, Laparoscopic)			
Description for the activity	Resident should be able to assist these sterilisation procedures effectively and perform the same under supervision. Should have knowledge about indications and possible complications of the procedures. Should be able to obtain informed consent prior to it.		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	1,2	1-L3, 2-L3
	PC/PS	2,5	2-L3, 5-L3
	SBP	1,2	1-L3,2-L3
	IPCS	1,3	1-L3, 3-L3
	P	1	1-L3
	PBLI	2	2-L3
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in OT 		

EPA 30. Writing a scientific protocol for clinical research

Should be able to write a scientific protocol for clinical research			
Description for the activity	Resident should be able to perform critical appraisal of the literature to produce a scientific writing on clinical research.		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	2	2- L3
	PBLI	1	1-L3
	IPCS	1	1-L3
	P	1	1-L3
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done by evaluating dissertation 		

EPA 31. Critically appraising a scientific research

Reporting and communication of scientific research			
Description for the activity	Resident should be able to prepare a evidence based document and will be able to present to scientific community in an effective way.		
Resident will be entrustable when these subcompetency Milestone Levels are attained	Relevant domains of competency	Subcompetencies within each domain	Milestone level (L) in subcompetency
	MK	2	2- L3
	PBLI	1	1-L3
	P	1	1-L3
	IPCS	3	3-L2
Method of Assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction, written exam or eportfolio 2. PC/PS,SBP& PBLI assessment will be done by the Faculty at the workplace and eportfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done in presentations & Journal club. 		

Mapping of EPA to Programme Outcomes (PO)

Table 4 showing mapping of the EPA's to the Programme outcomes

	PO1.	PO2.	PO3.	PO4.	PO5.	PO6.	PO7.	PO8.	PO9.	PO10.
EPA1.	√	√	√	√						
EPA2.	√	√	√	√						
EPA3.										
EPA4.	√	√	√	√						
EPA5.	√	√	√	√						
EPA6.	√	√	√	√	√	√	√		√	
EPA7.					√					
EPA8.					√					
EPA9.									√	
EPA10					SBV		√			
EPA11								√		
EPA12	√	√			√					√
EPA13	√	√			√					√
EPA14	√	√			√					√
EPA15	√									
EPA16	√	√			√					√
EPA17.	√	√			√					√
EPA18.	√	√								√
EPA19.										
EPA20.	√									
EPA21.	√	√			√					√
EPA22	√	√			√					√
EPA23										
EPA24	√	√			√					√
EPA25	√	√			√					√
EPA26	√	√			√					√
EPA27	√	√			√					√
EPA28	√	√			√					√
EPA29	√	√			√					√
EPA30								√	√	√
EPA31								√	√	√

Summative Assessment

Dissertation

Objectives

1. The student should be able to demonstrate capability in research by planning and conducting systematic scientific inquiry & data analysis and deriving conclusion.
2. Communicate scientific information for health planning.

Guide for dissertation

1. Chief guide will be allocated from the Department of Obstetrics & Gynaecology.
2. Co - guides can be selected from within the department or from other disciplines related to the dissertation topic.

Submission of dissertation protocol

It should be submitted at the end of six months after admission in the course, in the format prescribed by the institute:

1. Protocol in essence should consist of: ^{SBV}
 - a) Introduction and objectives of the research project.
 - b) Brief review of literature
 - c) Suggested materials and methods, and (scheme of work)
 - d) Statistician should be consulted at the time of selection of groups, number of cases and method of study. He should also be consulted during the study.
 - e) Bibliography
2. The protocol must be presented in the Department of Obstetrics & Gynaecology before being forwarded to the Institutional Research Committee (IRC) for review.
3. Protocol must be approved by the research committee, which is appointed by the Dean / Principal to scrutinize the dissertation protocol in references to its feasibility, statistical validity, ethical aspects, etc.
4. Once approved by the IRC, the protocol will be forwarded to the Institutional Human Ethics Committee (IHEC) for review.
2. After presentation and approval of the protocol by the IHEC, the dissertation must be registered in the Clinical Trial Registry of India - <http://ctri.nic.in>, following which data collection may be initiated.

Submission of dissertation

1. The dissertation shall relate to the candidates own work on a specific research problem or a series of clinical case studies in accordance with the approved plan.
2. The dissertation shall be written in English, printed or typed double line spacing, on white bond paper 22x28 cm with a margin of 3.5 cm, bearing the matter on one side of paper only and neatly bound with the title, the name of the College and University printed on the front cover.
3. The dissertation shall contain: Introduction, review of literature, material and methods, observations, discussion, conclusion and summary and reference as per index medicus.

4. Each candidate shall submit to the Dean four copies of dissertation, through their respective Heads of the Department not later than six months prior to the date of commencement of theory examination in the subject.

Evaluation of Dissertation:

1. The dissertation shall be referred by the University for Evaluation, to External Examiners appointed by the University. The examiners will evaluate and report independently to the Controller of Examinations using Proforma for Dissertation Evaluation Form and recommend whether the dissertation
 - a. Accepted as submitted
 - b. Accepted pending modification as suggested
 - c. Not Accepted for reasons specified
2. The dissertation shall be deemed to be accepted when it has been approved by at least two external examiners, who will allocate marks from which an average will be taken.
3. If the dissertation is rejected by one of the external examiners it shall be referred to another external examiner (other than the one appointed for initial evaluation) whose judgment shall be final for purposes of acceptance or otherwise of the dissertation.
4. Where improvements have been suggested by the external examiners, the candidate shall be required to re - submit the dissertation, after making the required improvements for evaluation.
5. When a dissertation is rejected by the examiners, it shall be returned to the candidate who shall have to rewrite it. The second version of the dissertation, as and when submitted shall be treated as a fresh dissertation and processed.
6. Acceptance of dissertation submitted by the candidate is a pre - condition for his / her admission to the written, oral and practical / clinical part of the examination.
 - a. Provided that under special circumstances if the report from one or more examiners is not received by the time the Post - Graduate examination is due, the candidate may be permitted provisionally to sit for the examination but the result be withheld till the receipt of the report, subject to the condition that if the dissertation is rejected then the candidate in addition to writing a fresh dissertation, shall have to reappear for the examination.
7. A candidate whose dissertation stands approved by the examiners but fails in the examination, shall not be required to submit a fresh one if he/she appears in the examination in the same branch on a subsequent occasion.

Eligibility Criteria

- Candidates will be eligible to appear for the university examinations after completion of 3years and when following criteria are fulfilled:
 1. Attendance of 80%
 2. Submission of dissertation and acceptance by external examiner
 3. One research Publication based on the Dissertation

4. One poster and one Podium presentation at National or Regional conferences, recognised by Theory (Subject contents already outlined in syllabus)

Theory

- Final Theory Papers: 4 papers
- All papers should have 10 short answer questions.
- Question papers are prepared based on the prescribed blueprint described later (see blueprint section)
- Model question paper is attached for ready reference.

Practical

- The practical examination is structured and consists of 2 sessions- morning and afternoon.

Morning Session – one hour			
Clinical Cases	No	^{SBV} Duration	Marks
Long case	2	40 minutes	200
Short cases	2	20 minutes	100

- Structured Assessment (For clinical Cases)

Segment	Marks distribution	Duration
Oral skills / Presentation	20	60 minutes
Examination	20	
Investigations	20	
Diagnosis	15	
Management	25	

Afternoon Session		
Segment		Marks
1.	Instruments	10
2.	Pathology specimens	10
3.	Drugs and USG/X-rays	10
4.	CTG, Partogram	10
5.	Family planning	10
6.	Dissertation	25
7.	Spotters	25

- Total Marks allotted:

Segment	Total Marks
Theory (Papers 1 - 4)	400
Practical	300
Viva Voce	100
Grand Total	800

- Recommendations for passing:

1. The candidate will be required to secure minimum 50% marks in theory and 50% marks in clinicals and viva - voce separately, which is mandatory for passing the whole examination.
SBV
2. There will be enough gap between theory and practical examination as recommended by MCI rules.
3. There university practical examination will be conducted by 2 external and 2 internal examiners.

9. Blueprint of Theory Exam paper

Paper I : Applied Basics Sciences

Sl. No	Discipline	Topics	Weightage	Marks Allotted	No. of Questions
1	Anatomy including genetics	Female genital & urinary tract embryology, anatomy; Applied genetics	20%	20	20
2	Biochemistry	Biochemical changes as applicable to obstetrics & Gyn-eg; carbohydrate, iron metabolism; Nutrition.	10%	10	1
3	Physiology	Physiology of Ovulation, menstruation, Pregnancy, Labour, Lactation and Micturition a disorders. <small>SBV</small>	20%	20	2
4	Pharmacology	Drug usage in pregnancy and lactation (antihypertesives, anticonvulsants, tocolytics, anticoagulants, oxytocics, drugs used for glycaemic control, hormones, drugs used in gynaecology for ovulation induction and cancer chemotherapy).	20%	20	2
5	Microbiology	Normal and abnormal vaginal flora, UTI, STIs / HIV/AIDS, Immunology related to Obst& Gyn	10%	10	1
6	Pathology	Aetiopathogenesis of obst& gyn dis orders, Antiphospholipd Antibody Syndrome, Benign Premalignant and malignant gynaecological disorders.	20%	20	2

Paper II: Obstetrics including social obstetrics and neonatology

Sl. No	Section	Topics	Weightage	Marks Allotted	No. of Questions
1	Normal and Abnormal Pregnancy	Hyperemesis, Abortion, ectopic, GTD, Multi -fetal gestation, PTL, PROM, IUGR, Poly & Oligo hydramnios , Prolonged Pregnancy, Abnormalities of the placenta & cord.	20%	20	2
2	Normal and Abnormal labour	Dysfunctional Labour, Abnormal Uterine action, Contracted pelvis & CPD, Malposition and malpresentation, Obstructed Labour & rupture of uterus, Third stage complications, Injuries to birth canal.	10%	10	1
3	Medical disorders in pregnancy	Anaemia in pregnancy, Hypertensive Disorders, Diabetes in pregnancy, Cardiac disease, Renal Disease, Liver disease, Disorders of Blood Coagulation, Respiratory diseases in Pregnancy, Thyroid disorders in pregnancy	20%	20	2
4	Special topics	Rh-ve Pregnancy, Pregnancy after caesarean section, Elderly primigravida, Teenage pregnancy, Grand Multipara, Infection in pregnancy, Obesity.	10%	10	1
5	Puerperium	Normal & Abnormal Puerperium, Genital tract trauma	10%	10	1
6	Neonatology	Care of newborn ,Birth injury, Birth Asphyxia, Congenital anomalies, Early neonatal problems eg. RDS, MAS, Convulsions, Jaundice	10%	10	1
7	Social obstetrics	MMR, Perinatal mortality and Morbidity, National programs, Trends in caesarean section, Preventive aspects of anaemia, infection and obstructed labour.	10%	10	1
8	Operative Ob- stetrics	Episiotomy, Forceps , vacuum, caesarean, Circlage, Version, Caesarean hysterectomy, suction evacuation etc	10%	10	1

Paper III: Gynaecology including Family planning

Sl. No	Discipline	Topics	Weightage	Marks Allotted	No. of Questions
1	General gynaecology, Benign Gynaecological Disorders	Displacement of genital organs, Endometriosis, Fibroid, Adenomyosis, Menstrual disorders.	20%	20	2
2	Premalignant & Malignant Gynaecological Disorders	Cervix, Ovary, Endometrium, Vagina, Vulva, fallopian tube, GTN.	20%	20	2
3	Family planning	Population dynamics, Contraception and MTP	20%	20	2
4	Infections of Genital tract	Leucorrhoea, STIs, PID, Genital TB, HIV/ AIDS	10%	10	1
5	Pediatric, Adolsecent & Geriatric gynaecology	Gyn Problems in Paediatrics, Intersex, Hirsutism, PCOS, Menopause and Hormone Therapy	10%	10	1
6	Urogynaecology	Urinary tract injuries, fistulae, urinary incontinence	10%	10	1
7	Reproductive medicine	Infertility investigations and Management, ART, endocrinology	10%	10	1

Paper IV: Recent Advances in Obstetrics & Gynaecology

Sl. No	Section	Topics	Weightage	Marks Allotted	No. of Questions
1	Prenatal Diagnosis and Fetal therapy, Genetics	Screening and diagnosis of Aneuploidy, Diagnosis of neural tube defects, Down Syndrome, diagnostic techniques, Fetal Therapy, Fetal transfusion, Fetal Gene Therapy, Fetal Surgery, Cord blood Banking, Stemcell Therapy, Chromosomal abnormalities mode of inheritance, Genetic tests and counselling. Antepartum and Intrapartum fetal surveillance, Imaging in O&G, Doppler, MRI. Doppler velocimetry.	20%	20	2
2	Gynaec oncology	Recent advances in screening, diagnosis, prevention and management of gynaecological oncology	10%	10	1
3	Medical and surgical problems in obstetrics and gynaecology	Advances and current practices in medical and surgical disorders in pregnancy; and gynaecological conditions.	20%	20	2
4	Endocrinology and Infertility	Advances and current practices in infertility Investigations and Management, ART, endocrinology	20%	20	2
5	Emerging areas in paediatric, adolescent and geriatric gynaecology, minimal invasive surgery, heredity in OG.	Endoscopy, Robotic Surgery, Psychosocial, paediatric, adolescent and geriatric gynaecology, Heredity in gyn diseases, menopausal disorders and hormonal therapy, Female Sexuality, ethical and Medico- legal issues in O&G practice.	20%	20	2
6	Urogynaecology	Advances in urogynaecology ,Urinary tract injuries, fistulae, urinary incontinence	10%	10	1

10. Model Question Paper

SRI BALAJI VIDYPAEETH

PILLAIYARKUPPAM, PUDUCHERRY-607402

P.G DEGREE EXAMINATION

M.S. OBSTETRICS & GYNAECOLOGY

PAPER I - Applied Basics Sciences

3 Hours

(10 x 10 = 100 marks)

ANSWER ALL QUESTIONS

(Draw labelled diagram wherever required)

1. Explain the developmental anomalies of genital tract and their clinical importance.
2. Describe the female pelvic diaphragm and mention the specific supports which hold the genital tract in position.
3. Describe the effect of pregnancy on carbohydrate metabolism and screening tests for carbohydrate intolerance during pregnancy
4. Explain the physiology of micturition and changes that result in genuine stress incontinence?
5. Explain the physiology of normal menstruation and endometrial changes.
6. Evaluate the commonly used antihypertensive drugs in pregnancy.
7. Describe mechanism of action of magnesium sulphate and its use in obstetrics.
8. Classify the microorganism responsible for pelvic inflammatory disease and propose methods to prevent.
9. Describe pathology of ovarian sex-cord stromal tumours.
10. Explain the aetio-pathology and clinical significance of fibroids.

SRI BALAJI VIDYPAEETH
PILLAIYARKUPPAM, PUDUCHERRY-607402
P.G DEGREE EXAMINATION
M.S. OBSTETRICS & GYNAECOLOGY

PAPER II - Obstetrics Including Social Obstetrics and Neonatology

3 Hours

(10 x 10 = 100 marks)

ANSWER ALL QUESTIONS

(Draw labelled diagram wherever required)

1. Discuss the causes of hyperemesis gravidarum and its management.
2. Explain the aetio-pathogenesis of preterm rupture of membrane.
3. Classify the dysfunctional labour.
4. Evaluate a pregnant woman who presents with Hb of 7 gm%.
5. Discuss the management of 34 weeks pregnant woman with BP of 150/100, proteinuria of 1+.
6. Plan the antenatal management of a 3rd gravida who is Rh negative.
7. Design a protocol to prevent puerperal sepsis.
8. Describe the different causes of birth injuries of the new born and suggest steps to prevent them.
9. Discuss the steps taken to reduce the maternal mortality.
10. Compare the advantage and disadvantage of forceps and vacuum delivery.

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P.G DEGREE EXAMINATION
M.S. OBSTETRICS & GYNAECOLOGY
PAPER III - General Gynaecology with Family Planning

3 Hours

(10 x 10 = 100 marks)

ANSWER ALL QUESTIONS

(Draw labelled diagram wherever required)

1. Discuss the nonsurgical treatment for pelvic organ prolapse.
2. Explain the aetio-pathogenesis of fibroid and its complications.
3. Describe the management options for stage I A carcinoma cervix.
4. Discuss the management of endometrial hyperplasia.
5. Compare and contrast combined oral contraceptives with intrauterine device.
6. Explain various emergency contraceptive methods.
7. Describe CDC guidelines for the management of pelvic inflammatory diseases.
8. Explain role of hormone therapy in the management of postmenopausal osteoporosis.
9. Explain the investigations and management of a patient with complaint of involuntary loss of urine.
10. Evaluate the various methods of ovulation induction.

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P.G DEGREE EXAMINATION
M.S. OBSTETRICS & GYNAECOLOGY
PAPER IV - : Recent Advance and Subspecialty

3 Hours

(10 x 10 = 100 marks)

ANSWER ALL QUESTIONS

(Draw labelled diagram wherever required)

1. Evaluate a pregnant woman with elevated maternal serum alpha fetoprotein.
2. Explain the first trimester screening for foetal defects.
3. Discuss the recent advances in Radiotherapy for gyn cancers.
4. Explain the predictors of preeclampsia.
5. Discuss the management of pregnancy with epilepsy.
6. Explain the procedure and clinical application of in vitro maturation of oocyte.
7. Evaluation and management of hyperprolactinaemia.
8. Explain the role of heredity in gynaecological cancers and the preventive aspects.
9. Critically analyse the various gynaecological endoscopic procedures.
10. Explain the changing trends in aetiology and management of urological injuries in gyn practice.

11. Recommended Reading

List of recommended books

Sl. No	Name of the book	Author Name
1	Williams Obstetrics – Cunningham et al - McGraw Hill	1
2	Williams Gynaecology – Cunningham et al– McGraw Hill	2
3	Practical Guide to High-risk pregnancy & delivery Fernando Arias -S. Daftary, A.G Bhide– El- sevier	3
4	Mudaliar& Menon’s Clinical Obs –Gopalan Sarala and Jain Vanita- Orient Longman	4
5	Obstetrics Normal & Problem pregnancies – Gabbe – Elsevier	5
6	High risk pregnancy – Management Options –James, Steer, Weiner, Gonik – Elsevier	6
7	Medical Disorders in Obstetric Practice –Michael de Swiet – Blackwell	7
8	Practical Obstetric problems (Ian Donald)- BI Publication, Delhi	8
9	Munrokerr’s Operative Obstetrics –Balliere Tindall U.K. – AITBS Delhi	9
10	The Management of Labour- Arulkumaran-Universities Press	10
11	Text Books of Obstetrics-Sheila Balakrishnan- Paras.	11
12	Shaw’s Text Book of Gynaecology-Padubidri VG and Daftary SN - Elsevier	12
13	Shaw’s Text Book of Operative Gynaecology –Elsevier.	13
14	Te Linde’s Operative Gynaecology –Lippincott Williams &Wilkins	14
15	Berek& Novak’s Gynaecology –Lippincott Williams & Wilkins.	15
16	Clinicalgynaecologic Endocrinology and Infertility - Speroff& Fritz- Lippincott	16
17	Recent Advances in Obstetrics & Gynaecology -Dunlop & Ledger . JAYPEE Publishers.	17
18	Current Progress in Obstetrics & Gynaecology, Studd - Tree Life Media.	18
19	Clinical methods in Obst& Gyn – a problem based approach – Asha O, RaghavanS, Habeebullah S . Orient Longman.	19
20	Essentials of Gynaecology- Lakshmi Seshadri –Lippincott Williams & Wilkins .	20
21	Clinicalgynaecologic Oncology : Disaia JP, Craftsman TM -The CV Mosby Co.	21

List of Recommended Journals

S. No	Name of the Journal
1	Journal of Obstetrics& Gynaecology India
2	British Journal of Obstetrics & Gynaecology
3	American Journal of Obstetrics & Gynaecology
4	International Journal of Obstetrics & Gynaecology
5	Obstetrics& Gynaecology Survey
6	Gynaecology Oncology
7	Obstetrics& Gynaecology (Green Journal)

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Annexures - Assessment and Feedback forms

Annexure 1 – Multisource Evaluation sheet

Evaluation sheet for postgraduate clinical work

(To be completed by respective Unit Head/Peers/HCPs/Patient relatives)

Name of the Resident: UIN No.:

Name of the Faculty/Peers/HCPs/Patient relatives:

Date:

Sl. No.	Criteria to be assessed	Score		
		Below par (0)	At par (1)	Above par (2)
	INTERPERSONAL COMMUNICATION SKILLS (IPCS)			
1.	Ability to gather the needed information during History taking and physical examination in a respectful manner.			
2.	Ability to give the necessary information regarding choice of management and guide the patient/attenders to make appropriate decisions.			
3.	Ability to communicate the risks involved for patient care, in an understandable language without making the patient/attenders apprehensive, allowing 2 way communication.			
4.	Ability to be caring and respectful with patients during any procedure.			
5.	Ability to convey the required information clearly to the consultants, peers and other health care workers.			
	PROFESSIONALISM (P)			
1.	Ability to be regular and punctual			
2.	Demonstrate respectfulness and obedience to consultants, peers and other health care workers.			
3.	Ability to accept and follow constructive feedback from consultants, peers and other health care workers.			
4.	Ability to maintain emotional balance during triggering situations, people and environment.			
5.	Makes their presence respectful, with their physical appearance and wearing appropriate attire.			
	IPCS Total score: IPCS Final score= IPCS Total score*10			
Milestone Level: IPCS=1 0 - 20%, IPCS=2 20 - 40%, IPCS=3 40 - 60%, IPCS=4				

	60 - 80%, IPCS=5 80 - 100%,
	P Total score: P Final score= P Total score*10
	Milestone Level: 0 - 20%, P=1. 20 - 40%, P=2. 40 - 60%, P=3. 60 - 80%, P=4. 80 - 100%, P=5
	Signature:

SBV

Annexure 2–Seminar

Evaluation sheet for postgraduate seminar

(To be marked individually by each faculty)

Name of the Resident: UIN No:

Name of the Faculty: Date:

S. No.	Criteria to be assessed	*Score (1 – 10)
1	Introduction of subject and its importance / Objectives	
2	Completeness of presentation	
3	Cogency of presentation	
4	Consulted all relevant literature	
5	Use of audio - visual aids	
6	Understanding of subject	
7	Summary and take home message <small>SBV</small>	
8	Cites appropriate references / suggests further reading	
9	Time management	
10	Overall performance – relevant answers to questions, attitude during presentation and confidence	

***Score interpretation – 1-3->Needs improvement; 4-6->Meets expectations; 7-9->Exceeds expectation; 10->Outstanding.**

General Comments:
Highlights in performance (strengths)
Possible suggested areas for improvement (weakness)
Signature

Annexure 3 – Journal Club

Evaluation sheet for postgraduate journal club

(To be marked individually by each faculty)

Name of the Resident:..... UIN No :

Name of the Faculty: Date:

S. No.	Criteria to be assessed	*Score(1-10)
1	Relevance of article chosen	
2	Identifies the problem addressed in the paper	
3	Completeness of presentation	
4	Analyses and gives comments on methodology and statistics	
5	Brief summary of results	
6	Comparison of work with other published work	
7	Merits and demerits of the paper <small>SBV</small>	
8	Summary and take home message	
9	Time management	
10	Overall performance – relevant answers to questions, attitude during presentation and confidence	

***Score interpretation – 1-3->Needs improvement; 4-6->Meets expectations; 7-9->Exceeds expectation; 10->Outstanding.**

General Comments:
Highlights in performance (strengths)
Possible suggested areas for improvement (weakness)
Signature:

Annexure 4 - Case Presentation

**MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE
PILLAIYARKUPPAM, PUDUCHERRY – 607 402**

Evaluation sheet for postgraduate case presentation

(To be marked individually by each faculty)

Name of the Resident:

UIN No

Name of the Faculty:

Date:

S. No.	Criteria to be Assessed	*Score (1-10)
1	Logical order in presentation (History taking)	
2	Cogency of presentation	
3	Accuracy and completeness of general and local physical examination	
4	Other systemic examination <small>SBV</small>	
5	Summarizes the case and analyses the appropriate differential diagnoses	
6	Whether the diagnosis follows logically from history and findings	
7	Investigations required : Completeness of list, relevant order, interpretation of investigations	
8	Management principles and details	
9	Time management	
10	Overall performance – relevant answers to questions, attitude during presentation and confidence	

***Score interpretation – 1-3->Needs improvement; 4-6->Meets expectations; 7-9->Exceeds expectation; 10->Outstanding.**

General Comments:

Highlights in performance (strengths)

Possible suggested areas for improvement (weakness)

Signature:

Annexure 5 - EPA Assessment Form
DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY
Entrustable Professional Activity Assessment Form

STUDENT NAME:

UIN No:

PGY:

ASSESSMENT No:

FACULTY:

DATE:

SBV

EPA	MARKING OF SUBCOMPETENCY						
	MK1 L3	MK3 L3	PC2 L3	IPCS1 L4	P1 L3		
1. History taking							
	/	/	/	/	/	/	/
2. Formulating differential diagnosis	MK1 L3	MK2 L3	PC1 L3	PC3 L3	ICS1 L2	P1 L2	PBLI 1 L2
	/	/	/	/	/	/	/
3. Recommending and interpreting investigations	MK1 L2	MK2 L2	PC1 L3	PBLI2 L3	P1 L2		
	/	/	/	/	/	/	/
4. Ordering prescriptions and instructing patients	MK1 L2	MK2 L2	PC1 L2	PBLI2 L2	P1 L2		
	/	/	/	/	/	/	/
5. Documentation	PC4 L2	SBP2 L2	ICS1 L2	P1 L2			
	/	/	/	/	/	/	/
6. Case presentation	PC4 L2	PBLI L2	IPCS1 L2	P1 L2			

Upper half for self-assessment

Lower half for Faculty assessment

7. Identification and management of emergency conditions	PC1 L2	PC2 L3	IPCS1 L2	SBP2 L2					
8. Handing or taking over	PC L2	PC3 L2	PBLI2 L2	IPCS2 L2	P1 L2				
9. Obtaining informed consent	PC1 L2	PC2 L2	PC41 L2	SBP2 L2	IPCS1 L2	P1 L2			
10. Collaboration	SBP1 L2	IPCS2 L2	P2 L2						
11. Clinical reasoning	MK1 L2	MK2 L2	PBLI1 L2	SBP2 L2					
12. Providing antenatal care	MK1 L3	MK2 L3	PC1 L3	PC6 L3	PBLI1 L3	IPCS 1 L3	P1 L3		
13. Providing intrapartum Care	MK1 L3	MK2 L3	PC1 L3	PC6 L3	PBLI2 L3	IPCS L1	P1 L3		
14. Performing minor procedures	MK1 L3	MK2 L3	PC1 L3	PC6 L3	SBP1 L3	SBP2 L3	IPCS1 L3	PBLI2 L3	P1 L3

15.Management of PPH	MK1 L3	MK2 L3	PC4 L3	IPCS1 L3	P1 L4						
16.Instrumental delivery	MK1 L3	MK2 L3	PC1 L3	PC6 L3	SBP1 L3	SBP2 L3		IPCS1 L3	IPCS3 L3	PBLI2 L3	P1 L3
17.Caesarean section	MK1 L3	MK2 L3	PC2 L3	PC6 L3	SBP1 L3	SBP2 L3		IPCS1 L3	IPCS3 L3	PBLI2 L3	P1 L3
					SBV						
18.Complex obstetric procedures	MK1 L3	MK2 L3	PC2 L3	PC6 L3	PC7 L3	PC9 L3	SBP1 L3	SBP2 L3	IPCS1 L3	IPCS3 L3	PBLI2 L3
	P1 L3										
19.Performing basic obstetric ultrasound	MK2 L3	PC2 L3	SBP1 L3		IPCS1 L3	P1 L3					
20.Neonatal resuscitation	MK5 L3	PC7 L3	SBP1 L3		SBP2 L3	IPCS1 L4	PBLI 2 L3	P1 L3			
21.Performing gynaecological examination	MK1 L3	MK2 L3	PC1 L3	PC6 L3	PBLI2 L3	IPCS L3	P1 L3				
22.Performing minor gynaecological	MK1 L3	MK2 L3	PC1 L3	PC6 L3	PBLI2 L3	IPCS L3	P1 L3				

procedures										
23. Performing basic ultrasound	MK2 L2	PC2 L3	IPCS1 L3	PBLI L31	P1 L3					
24. Performing abdominal hysterectomy	MK1 L4	MK2 L3	PC2 L3	PC6 L3 ^{SBV}	SBP1 L3	SBP2 L3	IPCS1 L3	IPCS3 L3	PBLI2 L3	P1 L3
25. Performing vaginal hysterectomy	MK1 L4	MK2 L3	PC2 L3	PC6 L3	SBP1 L3	SBP2 L3	IPCS1 L3	IPCS3 L3	PBLI2 L3	P1 L3
26. Assist complex gynaecological surgeries	MK1 L3	MK2 L3	PC2 L2	PC6 L2	SBP1 L3	SBP2 L3	IPCS1L3	IPCS3 L3	PBLI2 L3	P1 L3
27. Insertion of copper T	MK1 L3	MK2 L3	PC2 L3	PC5 L3	SBP1 L3	SBP2 L3	IPCS1 L3	IPCS2 L3		
	PBLI2 L3	P1 L3								
28. Performing minor family planning procedures	MK1 L3	MK2 L3	PC2 L3	PC5 L3	SBP1 L3	SBP2 L3	IPCS1 L3	IPCS3 L3	PBLI2 L3	P1 L3
29. Performing	MK1	MK2 L3	PC2	PC5	SBP1 L3	SBP2 L3	IPCS1	IPCS3	PBLI2	P1

sterilisation	L3		L3	L3			L3	L3	L3	L3
30. Write a scientific protocol for clinical research	MK2 L3	PBLI1 L3	IPCS1 L3	P1 L3						
31. Critical appraisal of scientific research	MK2 L3	PBLI1 L3	IPCS1 L3	P1 L3						
				SBV						

Grade	1	2	3	4	5
Entrustability	Can observe and assist	Can perform with strict supervision	Can perform with loose supervision	Can perform independently	Expert

Key for assigning Grade of entrustability

Signatures	
Resident	
Faculty	
Head of the Department	

Annexure 6 – EPA Progress sheet

EPA	GRADE OF ENTRUSTABILITY								
	PG Y1				PG Y2		PG Y3		
	0	3 MONTHS	6 MONTHS	9 MONTHS	12 MONTHS	6 MONTHS	12 MONTHS	6 MONTHS	12 MONTHS
Date Assessed									
EPA1.					SBV				
EPA2.									
EPA3.									
EPA4.									
EPA5.									
EPA6.									
EPA7.									
EPA8.									
EPA9.									
EPA10.									
EPA11.									
EPA12.									
EPA13.									
EPA14.									
EPA15.									

EPA16.									
EPA17.									
EPA18.									
EPA19.									
EPA20.									
Candidates sign					SBV				
HOD Sign									

Annexure 7 – Dissertation evaluation form

SRI BALAJI VIDYAPEETH Proforma for evaluation of Dissertation

UIN:

Topic of the study :

DISSERTATION COMPONENTS	Grade		
TITLE			
Title appropriate and clear	A	B	C
INTRODUCTION			
Purpose of the Study	A	B	C
Hypothesis/Research Question	A	B	C
Aims & Objectives	A	B	C
REVIEW OF LITERATURE			
Appropriate	A	B	C
Complete and current	A	B	C
METHODS			
Study subjects, controls, Inclusion and Exclusion criteria	A	B	C
Materials/Apparatus/Cases	A	B	C
Methodology used	A	B	C
Procedure for data collection	A	B	C
Appropriate statistical methods employed	A	B	C
Handling of ethical issues	A	B	C
RESULTS			
Logical organization of data	A	B	C
Appropriate use of charts, tables, Graphs, figures, etc.	A	B	C
Statistical/Clinical interpretation	A	B	C
DISCUSSION			
Appropriate to data	A	B	C
Discussion and implication of results	A	B	C
Comparison with other studies	A	B	C
Satisfactory explanation of deviations if any	A	B	C
Limitations of the study	A	B	C
Recommendation for future studies	A	B	C
CONCLUSION			
Relevance, are they in line with aims	A	B	C

SUMMARY			
Clear and Concise	A	B	C
REFERENCES			
Vancouver Format and appropriately cited in text.	A	B	C

Key for grading – A – Exceeds expectation, B – Meets expectation, C – Needs Improvement

Overall Impression

(Please Check the appropriate box)

- Accepted as submitted
- Accepted pending modification as suggested below
- Not Accepted for reasons specified below

SBV

Remarks:

Signature of the examiner with date