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NARAYAN MEDICAL COLLEGE & HOSPITAL

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

PREAMBLE:

The purpose of PG education is to create specialists who would provide high quality health care and advance the cause of science through research & training. The purpose of MS Obstetrics and Gynaecology is to standardize Obstetrics & Gynaecology teaching at Post Graduate level throughout the country so that it will benefit in achieving uniformity in undergraduate teaching as well and resultantly creating competent Obstetrician and Gynaecologist with appropriate expertise.

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

SUBJECT SPECIFIC LEARNING OBJECTIVES

PROGRAMME OBJECTIVES

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

- Provide quality care to the community in the diagnosis and management of Antenatal, Intra-natal and Post-natal period of normal and abnormal pregnancy and labor.
- provide effective and adequate care to a pregnant woman with complicated pregnancy.
- provide effective and adequate care to a normal and high risk neonate.
- perform obstetrical ultrasound in normal and abnormal pregnancy including Doppler.
- manage effectively all obstetrical and gynecological emergencies and if necessary make appropriate referrals.
- provide quality care to the community in the diagnosis and management of gynaecological problems including screening, and management of all gynecological cancers including during pregnancy.
- conduct a comprehensive evaluation of infertile couple and have a broad based knowledge of assisted reproductive techniques including – ovulation induction, *in vitro* fertilization and intra-cytoplasmic sperm injection, gamete donation, surrogacy and the legal and ethical implications of these procedures.
- provide counseling and delivery of fertility regulation methods including reversible and irreversible contraception, emergency contraception etc.
- provide quality care to women having spontaneous abortion or requesting Medical Termination of Pregnancy (MTP) and manage their related complications.

SUBJECT SPECIFIC COMPETENCIES

A. COGNITIVE DOMAIN

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

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

ETHICAL AND LEGAL ISSUES:

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

RISK MANAGEMENT:

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

CONFIDENTIALITY:

THE POST GRADUATE STUDENT SHOULD:

- be aware of the relevant strategies to ensure confidentiality and when it might be broken.
- understand the principles of adult teaching and should be able to teach common practical procedures in Obstetrics and Gynaecology and involved in educational programme in Obstetrics and Gynaecology for medical and paramedical staff.

- be abreast with all recent advances in Obstetrics and Gynaecology and practice evidence based medicine.

USE OF INFORMATION TECHNOLOGY, AUDITS AND STANDARDS:

THE POST GRADUATE STUDENT SHOULD:

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

HEALTH OF ADOLESCENT GIRLS AND POST-MENOPAUSAL WOMEN

THE STUDENT SHOULD:

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

REPRODUCTIVE TRACT AND 'HIV' INFECTION

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

MEDICO-LEGAL ASPECTS

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

B. AFFECTIVE DOMAIN

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

C. PSYCHOMOTOR DOMAIN

At the end of the course, the student should acquire following clinical & operative skills and be able to:

OPERATIVE SKILLS IN OBSTETRICS AND GYNAECOLOGY

- Adequate proficiency in common minor and major operations, post-operative management and management of their complications.
- Operative procedures which must be done by P G students during training period:
(in graded manner - assisting, operating with senior person assisting, operating under supervision)
(Operations MUST BE DONE/ OBSERVED during PG training programme and logbook maintained)

1. Obstetrics: Venesection, culdocentesis

Conduct normal deliveries

Episiotomy and its repair

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

2. Gynaecology: Endometrial / cervical biopsy.

Dilatation and curettage

Coldocentesis, Colpotomy

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

OPERATIONS MUST BE OBSERVED AND/OR ASSISTED WHEN POSSIBLE:

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

DIAGNOSTIC PROCEDURES

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

HEALTH OF ADOLESCENT GIRLS AND POST-MENOPAUSAL WOMEN

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

REPRODUCTIVE TRACT AND 'HIV' INFECTION

- Provide advice on management of RTI and HIV infections in Indian women of reproductive age group.
- Provide advice on management of HIV infections in pregnancy, relationship of RTI and HIV with gynaecological disorders.
- Planning and implementation of preventive strategies.

MEDICO-LEGAL ASPECTS

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

ENVIRONMENT AND HEALTH

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

SYLLABUS
COURSE CONTENTS:
PAPER I

1. Basic Sciences

- Normal and abnormal development, structure and function (female and male) urogenital system and female breast.
- Applied Anatomy of genito-urinary system, abdomen, pelvis, pelvic floor, anterior abdominal wall, upper thigh (inguinal ligament, inguinal canal, vulva, rectum and anal canal).
- Physiology of spermatogenesis.
- Endocrinology related to male and female reproduction (Neurotransmitters).
- Anatomy and physiology of urinary and lower GI (Rectum / anal canal) tract.
- Development, structure and function of placenta, umbilical cord and amniotic fluid.
- Anatomical and physiological changes in female genital tract during pregnancy.
- Anatomy of fetus, fetal growth and development, fetal physiology and fetal circulation.
- Physiological and neuro-endocrinal changes during puberty, adolescence, menstruation, ovulation, fertilization, climacteric and menopause.
- Biochemical and endocrine changes during pregnancy, including systemic changes in cardiovascular, hematological, renal hepatic, renal, hepatic and other systems.
- Biophysical and biochemical changes in uterus and cervix during pregnancy and labor.
- Pharmacology of identified drugs used during pregnancy, labour, post-partum period in reference to their absorption, distribution, excretion, (hepatic) metabolism, transfer of the drugs across the placenta, effect of the drugs (used) on labor, on fetus, their excretion through breast milk.
- Mechanism of action, excretion, metabolism of identified drugs used in the management of Gynaecological disorder.
- Role of hormones in Obstetrics and Gynaecology.
- **Markers in Obstetrics & Gynaecology**- Non-neoplastic and neoplastic diseases
- Pathophysiology of ovaries, fallopian tubes, uterus, cervix, vagina and external genitalia in healthy and diseased conditions.
- Normal and abnormal pathology of placenta, umbilical cord, amniotic fluid and fetus.
- Normal and abnormal microbiology of genital tract. Bacterial, viral and parasitic infections responsible for maternal, fetal and gynaecological disorders.
- Humoral and cellular immunology in Obstetrics & Gynaecology.
- Gametogenesis, fertilization, implantation and early development of embryo.
- Normal Pregnancy, physiological changes during pregnancy, labor and puerperium.
- Immunology of pregnancy.
- Lactation.

2. Medical Genetics

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

Paper II

Clinical obstetrics

1. ANTENATAL CARE:

- Prenatal care of normal pregnancy including examination, nutrition, immunization and follow up.
- Identification and management of complications and complicated of pregnancy –abortion, ectopic pregnancy, vesicular mole, Gestational trophoblastic Diseases, hyperemesis gravidarum, multiple pregnancy, antipartum hemorrhage, pregnancy induced hypertension, preeclampsia, eclampsia, Other associated hypertensive disorders, Anemia, Rh incompatibility, diabetes, heart disease, renal and hepatic diseases, preterm - post term pregnancies, intrauterine fetal growth retardation,
- Neurological, hematological, dermatological diseases, immunological disorders and other medical and surgical disorders/problems associated with pregnancy, Multiple pregnancies, Hydramnios, Oligoamnios.
- Diagnosis of contracted pelvis (CPD) and its management.
- High-risk pregnancy
 - ❖ Pregnancy associated with complications, medical and surgical problems.
 - ❖ Prolonged gestation.
 - ❖ Preterm labor, premature rupture of membranes.
 - ❖ Blood group incompatibilities.
 - ❖ Recurrent pregnancy wastage.
- Evaluation of fetal and maternal health in complicated pregnancy by making use of diagnostic modalities including modern ones (USG, Doppler, Electronic monitors) and plan for safe delivery for mother and fetus. Identifying fetus at risk and its management. Prenatal diagnostic modalities including modern ones.
- Infections in pregnancy (bacterial, viral, fungal, protozoan)
 - ❖ Malaria, Toxoplasmosis.
 - ❖ Viral – Rubella, CMV, Herpes, HIV, Hepatic viral infections (B, C etc)
 - ❖ Sexually Transmitted Infections (STDs)
 - ❖ Mother to fetal transmission of infections.
- Identification and management of fetal malpositions and malpresentations.
- Management of pregnancies complicated by medical, surgical (with other specialties as required) and gynecological diseases.
 - ❖ Anemia, hematological disorders
 - ❖ Respiratory, Heart, Renal, Liver, skin diseases.
 - ❖ Gastrointestinal, Hypertensive, Autoimmune, Endocrine disorders.
 - ❖ Associated Surgical Problems.
- Acute Abdomen (surgical emergencies - appendicitis and GI emergencies).
Other associated surgical problems.
 - ❖ Gynaecological disorders associate with pregnancy - congenital genital tract developmental anomalies, Gynaec pathologies - fibroid uterus, Ca Cx, genital prolapse etc.
 - ❖ Prenatal diagnosis (of fetal problems and abnormalities), treatment – Fetal therapy
 - ❖ M.T.P, PC & P.N.D.T Act etc
 - ❖ National health MCH programs, social obstetrics and vital statistics
 - ❖ Recent advances in Obstetrics.

2. INTRA-PARTUM CARE:

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

3. POST PARTUM

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

4. Operative Obstetrics:

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

5. New Born

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

Paper III

CLINICAL GYNAECOLOGY AND FERTILITY REGULATION

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

- Endoscopy (Laparoscopy - Hysteroscopy)
 - Diagnostic and simple therapeutic procedures (PG students must be trained to do these procedures)
 - Recent advances in gynaecology - Diagnostic and therapeutic
 - Pediatric, Adolescent and Geriatric Gynaecology
 - **Introduction to Advance Operative procedures.**
- **OPERATIVE GYNAECOLOGY**
 - Abdominal and Vaginal Hysterectomy
 - Surgical Procedures for genital prolapse, fibromyoma, endometriosis, ovarian, adenexal, uterine, cervical, vaginal and vulval pathologies.
 - Surgical treatment for urinary and other fistulae, Urinary incontinence
 - Operative Endoscopy
- **Family Welfare and Demography**
 - Definition of demography and its importance in Obstetrics and Gynaecology.
 - Statistics regarding maternal mortality, perinatal mortality/morbidity, birth rate, fertility rate.
 - Organizational and operational aspects of National health policies and programs, in relation to population and family welfare including RCH.
 - Various temporary and permanent methods of male and female contraceptive methods.
 - Knowledge of in contraceptive techniques (including recent developments).
 1. Temporary methods
 2. Permanent Methods.
 3. Recent advances in contraceptive technology
 - Provide adequate services to service seekers of contraception including follow up.
 - Medical Termination of Pregnancy: Act, its implementation, providing safe and adequate services.
 - Demography and population dynamics.
 - Contraception (fertility control)
- **MALE AND FEMALE INFERTILITY**
 - History taking, examination and investigation.
 - Causes and management of male infertility.
 - Indications, procedures of Assisted Reproductive Techniques in relation to male infertility problems.

TEACHING AND LEARNING METHODS

Postgraduate Training

TEACHING METHODOLOGY SHOULD BE IMPARTED TO THE STUDENTS THROUGH:

- Lectures, seminars, symposia, Inter- and intra- departmental meetings (clinicpathological,
- Radio-diagnosis, Radiotherapy, Anaesthesia, Pediatrics/Neonatology), maternal morbidity/mortality meetings and journal club. ***Records of these are to be maintained by the department.***
- By encouraging and allowing the students to attend and actively participate in CMEs, Conferences by presenting papers.

- Maintenance of log book: Log books shall be checked and assessed periodically by the faculty members imparting the training.
- Writing thesis following appropriate research methodology, ethical clearance and good clinical practice guidelines.
- The postgraduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.
- A postgraduate student of a postgraduate degree course in broad specialities/ superspecialities would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of his postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.
- Department should encourage e-learning activities.

PRACTICAL AND CLINICAL TRAINING

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

ROTATIONS:

- Details of 3 years posting in the PG programme (6 terms of 6 months each)
 - a. Allied posts should be done during the course – for 8 weeks**
 - i. Neonatology -2 weeks
 - ii. Anaesthesia - 2 weeks
 - iii. Radiology/Radiotherapy - 2 weeks
 - iv. Surgery - 2 weeks
 - v. Oncology - 2 weeks

b. Details of training in the subject during resident posting

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

Out patient Department and special clinics

Inpatients

Operation Theater

Labor Room

Writing clinical notes regularly and maintains records.

1st term - working under supervision of senior residents and teaching faculty.

2nd & 3rd term- Besides patient care in O.P.D., wards, Casualty and labor room, carrying out minor operations under supervision and assisting in major operation.

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

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

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

ASSESSMENT

FORMATIVE ASSESSMENT, during the training includes Formative assessment should be continual and should assess medical knowledge, patient care, procedural & academic skills, interpersonal skills, professionalism, self directed learning and ability to practice in the system. The formative assessment is continuous as well as periodical. The former is based on the feedback from the senior residents and the consultants concerned. Assessment is held periodically. Formative assessment will not count towards pass/fail at the end of the program, but will provide feedback to the candidate

GENERAL PRINCIPLES

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

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

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

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

The formative assessment is continuous as well as end-of-term. The former is based on the feedback from the senior residents and the consultants concerned. All the consultants of the unit in which resident is working will give marks based on performance. These marks will be summated over a period of tenure. ***End-of-term assessment is held at the end of each semester (upto the 5th semester). Formative assessment will not count towards pass/fail at the end of the program, but will provide feedback to the candidate***

INTERNAL ASSESSMENT

The performance of the Postgraduate student during the training period should be monitored throughout the course and duly recorded in the log books as evidence of the ability and daily work of the student. Marks should be allotted out of 100 as followed.

Sr. No.	Items	Marks
1	Personal Attributes	20
2	Clinical Work	20
3	Academic activities	20
4	End of term theory examination	20
5	End of term practical examination	20

1. PERSONAL ATTRIBUTES:

- **Behavior and Emotional Stability:** Dependable, disciplined, dedicated, stable in emergency situations, shows positive approach.
- **Motivation and Initiative:** Takes on responsibility, innovative, enterprising, does not shirk duties or leave any work pending.
- **Honesty and Integrity:** Truthful, admits mistakes, does not cook up information, has ethical conduct, exhibits good moral values, loyal to the institution.

- **Interpersonal Skills and Leadership Quality:** Has compassionate attitude towards patients and attendants, gets on well with colleagues and paramedical staff, is respectful to seniors, has good communication skills.

2. CLINICAL WORK:

- **Availability:** Punctual, available continuously on duty, responds promptly on calls and takes proper permission for leave.
- **Diligence:** Dedicated, hardworking, does not shirk duties, leaves no work pending, does not sit idle, competent in clinical case work up and management
- **Academic ability:** Intelligent, shows sound knowledge and skills, participates adequately in academic activities, and performs well in oral presentation and departmental tests.
- **Clinical Performance:** Proficient in clinical presentations and case discussion during rounds and OPD work up. Preparing Documents of the case history/examination and progress notes in the file (daily notes, round discussion, investigations and management) Skill of performing bed side procedures and handling emergencies.

3. ACADEMIC ACTIVITY: Performance during presentation at Journal club/ Seminar/ Case discussion/Stat meeting and other academic sessions. Proficiency in skills as mentioned in job responsibilities.

4. END OF TERM THEORY EXAMINATION conducted at end of 1st, 2nd year and after 2 years 9 months

5. END OF TERM PRACTICAL/ORAL EXAMINATIONS after 2 years 9 months.

- Marks for **personal attributes** and **clinical work** should be given annually by all the consultants under whom the resident was posted during the year. Average of the three years should be put as the final marks out of 20.
- Marks for **academic activity** should be given by the all consultants who have attended the session presented by the resident.

The Internal assessment should be presented to the Board of examiners for due consideration at the time of Final Examinations

SUMMATIVE ASSESSMENT, ie., assessment at the end of training The summative examination would be carried out as per the Rules given in POSTGRADUATE MEDICAL EDUCATION REGULATIONS, 2000.

THEORY EXAMINATION (TOTAL= 400)

Paper	Title	Pattern of question	Marks
Paper 1	Basic sciences as related to Obstetrics & Gynaecology	10 question each will carry equal 10 marks	100
Paper 2	Obstetrics including diseases of Neonates	10 question each will carry equal 10 marks	100
Paper 3	Gynaecology including fertility regulation	10 question each will carry equal 10 marks	100
Paper 4	Recent Advances in Obstetrics & Gynaecology	10 question each will carry equal 10 marks	100

PRACTICAL EXAMINATION AND VIVA VOCE (TOTAL=400)

S. NO	CASE		MARKS
1	LONG CASE = TWO (one each from OBS & GYNAE)	X 100	200
2	SHORT CASE =TWO (one each from OBS & GYNAE)	X 50	100
3	VIVA VOCE(OBS& GYNAE separately)	50	100
	Instruments	10	
	Pathological specimen	10	
	Drugs, Xray- sonography	10	
	Dummy pelvis	10	
	Family planning	10	

POSTGRADUATE EXAMINATION SHALL BE IN THREE PARTS:

1. Thesis

Every post graduate student shall carry out work on an assigned research project under the guidance of a recognised Post Graduate Teacher, the result of which shall be written up and submitted in the form of a Thesis. Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the post graduate student to the techniques of research, critical analysis, acquaintance with the latest advances in medical science and the manner of identifying and consulting available literature. **Thesis shall be submitted at least six months before the Theory and Clinical / Practical examination. The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical examination.** A post graduate student shall be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Thesis by the examiners.

2. Theory Examination:

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

Paper I: Applied Basic sciences.

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

Paper III: Gynaecology including fertility regulation

Paper IV: Recent Advances in Obstetrics & Gynaecology

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

a) Obstetrics:

Clinical

Long Case: 1 case

2 cases with different problems

Short Case/ Spot Case: 1 case

Viva voce including:

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

- **b) Gynecology:**

Clinical

Long Case: 1 case

2 cases with different problems

Short Case/ Spot Case: 1 case

Viva including:

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

JOB RESPONSIBILITIES

OPD

History & Work up of all cases and presentation to the consultants. This includes all the special clinics including infertility, endocrinology, oncology, Menopause & adolescent clinic. Documentation in OPD Card, register completion and maintenance.

Minor Procedures

Aseptic Dressings / Stitch removal / Pap smear collection / Colposcopy / Cryo Cautery / Electrocautery / HSG.

Family Planning

Counselling for contraception / Sterilization / IUCD insertion / Removal.

INDOORS

Labour-room / L-room Recovery

History & work up of all cases. Examination of all patients and documentation in the files.

- Sending investigations & filing investigation forms.
- Performing NST, Maintaining partogram in in labouring patients.
- Monitoring vitals, uterine contractions and fetal heart rate in laboring patients, conducting deliveries,
- Episiotomy stitching and neonatal resuscitation.
- I/V Line insertion, RT insertion, Catheterization, preparation of Synto drip, instillation of misoprostol or
- Cerviprime for induction of labour.
- Management of sick patients including those with Eclampsia, Abruption & PPH Assessment & shifting of sick patients to ICUs.
- Completion of files
- Preparation of discharge summary
- Preparation of weekly, monthly and annual stat.

Post Partum& Gynae Ward / Recovery

- Care of post partum patients
- Advise to post partum patients regarding breast feeding, immunization of baby& contraceptive advise to mother.
- History and workup of all gynae cases, examination of all patients, sending investigations and
- filling forms
- Pre operative assessment and preparation of all patients before surgeryAseptic dressing, suture removal

Operation Theatre

- Performing minor procedures like D&C, MTP, Endometrial biopsy, Cervical biopsy, Cryo Cautery, Electro cautery etc. Assisting major procedures listed above

RECOMMENDED READING:

Books (latest edition)

OBSTETRICS

1. William Textbook of Obstetrics
2. High risk Obstetrics - James
3. High risk pregnancy - Ian Donal
4. Text book of Operative Obstetrics - Munro Kerr.
5. Medical disorder in pregnancy - De Sweit
6. High risk pregnancy - Arias
7. A text book of Obstetrics - Thrnbull
8. Text book of Obstetrics - Holland & Brews.
9. Manual of Obstetrics - Daftary& Chakravarty

GYNAECOLOGY

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

JOURNALS

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

ANNEXURE I

Postgraduate Students Appraisal Form Pre / Para /Clinical Disciplines

NAME OF THE DEPARTMENT/UNIT :

NAME OF THE PG STUDENT :

PERIOD OF TRAINING :

FROM.....TO.....

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

Publications : Yes/ No

REMARKS*_____

***REMARKS:**

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

.....
SIGNATURE OF ASSESSEE

.....
SIGNATURE OF CONSULTANT

.....
SIGNATURE OF HOD

TEACHING PROGRAMME

GENERAL PRINCIPLES

Acquisition of practical competencies being the keystone of postgraduate medical education, postgraduate training should be skills oriented. Learning in postgraduate program is essentially self-directed and primarily emanating from clinical and academic work. The formal sessions are meant to supplement this core effort.

TEACHING SESSIONS:

- Clinical case discussions:
 - PG Bed side
 - Teaching rounds
- Seminars / Journal Club
- Statistical meetings: Weekly./ monthly
- Mortality meetings
- Interdepartmental Meetings : Pediatrics, Radiology
- Others – Guest Lectures / Vertical Seminars / Central Stat Meets

TEACHING SCHEDULE

THE SUGGESTED DEPARTMENTAL SCHEDULE IS AS FOLLOWS

1. Seminar / Symposium :- **Once a week**
2. Journal Club :- **Once a week**
3. PG Case discussion / Bed Side teaching :- **Once a week**
4. Intradepartmental Statistical Meet incharge, residents & faculty):- **Once a month**
5. Interdepartmental meet which includes meet with other specialties viz. Medicine, Pathology, Microbiology, Gastroenterology, Anaesthesia. :-**Twice a month**
6. Perinatology Meet with Pediatric department discussing any neonatal death in inborn babies and other topics of common interest :- **Once a month**
7. Thesis meet to discuss thesis being done by the PG residents. :-**Once a week**
8. Grand round of the wards :-**Twice a month**
9. Interdepartmental Meet with the Radiology department. :-**Once a month**
10. Central session (held in hospital auditorium regarding various topics like CPC, Guest :-**Once a week**
11. Lectures, Student Seminars, Grand Round, Sessions on basic Sciences,
12. Biostatistics, Research Methodology, Teaching Methodology, Health Economics
13. Medical Ethics & Legal issues).

POSTINGS

Emphasis should be self-directed learning, group discussions, case presentations & practical hands on learning. Student should be trained about proper history taking, clinical examination, advising relevant investigations, their Interpretations and instituting medical surgical management by posting the candidates in OPD, specialty clinics, wards, operation theatres, labour room, family planning clinics & other departments like neonatology, radiology, anaesthesia. The candidates must be trained to manage all emergency situations seen frequently.

- Gynaecology Ward
- Labour-room
- Emergency
- Family Planning
- Gynaecology Operation Theatre

SENT UP CRITERIA

- The performance of the Postgraduate student during the training period should be monitored throughout the course and duly recorded in the log books as evidence of the ability and daily work of the student. Marks should be allotted out of 100 as followed.

Sr. No.	Items	Marks
1	Personal Attributes	20
2	Clinical Work	20
3	Academic activities	20
4	End of term theory examination	20
5	End of term practical examination	20

MINIMUM OF 75 MARKS WILL BE CUMPULSORY

- Post graduate students **appraisal form (annexure-1)** duly signed by HOD Of Department



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