



# BLDE UNIVERSITY

## PG CURRICULUM 2016-17

### M.S Obstetrics And Gynaecology

Published by

**BLDE UNIVERSITY**

[Declared as Deemed to be University u/s 3 of UGC act, 1956, vide notification No.F.9-37/2007-U.3(A)]

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The Constituent College

**SHRI B. M. PATIL MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE**

Smt. Bangamma Sajjan Campus, B. M. Patil Road (Sholapur Road), Vijayapura - 586103, Karnataka, India.

University: Phone: +918352-262770, Fax: +918352-263303 , Website: [www.bldeuniversity.ac.in](http://www.bldeuniversity.ac.in), E-mail: [office@bldeuniversity.ac.in](mailto:office@bldeuniversity.ac.in)

College: Phone: +918352-262770, Fax: +918352-263019, E-mail: [bmpmc.principal@bldeuniversity.ac.in](mailto:bmpmc.principal@bldeuniversity.ac.in)



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The Constituent College

**SHRI B. M. PATIL MEDICAL COLLEGE, HOSPITAL AND RESEARCH CENTRE**

BLDEU/REG/PG/2016-17/ 505

June 18, 2016

## NOTIFICATION

**Subject: Revised Curriculum for the Post Graduate Degree and Diploma Course-2016**

Reference:

1. Medical Council of India Regulation on Graduate Medical Education, 1997 and subsequent amendments of the same from time-to-time.
2. Minutes of the meeting of the Academic Council of the University held on April 29, 2016.
3. Minutes of the meeting of the BOM of the University held on June 18, 2016.

The Board of Management of University is pleased to **approve the Curriculum for Post Graduate Degree and Diploma Course at its meeting held on June 18, 2016.**

The revised curriculum shall be effective, from the Academic Session 2016-17 onwards, for Post Graduate Degree and Diploma Course in the Constituent College of the University viz. Shri B. M. Patil Medical College, Hospital and Research Centre, Vijayapura.

REGISTRAR

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**BLDE University, Vijayapura.**

To,  
The Dean, Faculty of Medicine and Prinicpal  
Shri B. M. Patil Medical College,  
Hospital and Research Centre,  
Vijayapura.

Copy to:-

- The Secretary, UGC, New Delhi
- The Controller of Examinations
- Prof. & HODs of Pre, Para and Clinical Departments.
- PS to Hon'ble President
- PS to Hon'ble Vice-Chancellor

Smt. Bangaramma Sajjan Campus, Sholapur Road, Vijayapura - 586103, Karnataka, India.

## **Vision & Mission**

- Excellence in all our endeavours.
- Committed to provide globally competitive quality medical education.
- Provide the best health care facilities in this backward region, in particular, to socially disadvantaged sections of the society.
- Constantly striving to become a Reputed research University with world-class infrastructure, latest tech-tools for teaching/research and adopting global best practices.

## **Section - I**

### **Goals and General Objectives of Postgraduate Medical Education Program**

#### **Goal**

The goal of postgraduate medical education shall be to produce a competent specialist and / or a medical teacher as stated in the Post Graduate Medical Education Regulations 2000 and its amendments thereof [May2013]

- (i) Who shall recognize the health needs of the community, and carry out professional obligations ethically and in keeping with the objectives of the national health policy;
- (ii) Who shall have mastered most of the competencies, pertaining to the specialty, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system;
- (iii) Who shall be aware of the contemporary advances and developments in the discipline concerned;
- (iv) Who shall have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology; and
- (v) Who shall have acquired the basic skills in teaching of the medical and paramedical professionals.

#### **General Objectives**

At the end of the postgraduate training in the discipline concerned the student shall be able to:

- (i) Recognize the importance of the concerned specialty in the context of the health need of the community and the national priorities in the health sector.
- (ii) Practice the specialty concerned ethically and in step with the principles of primary health care.
- (iii) Demonstrate sufficient understanding of the basic sciences relevant to the concerned specialty.
- (iv) Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive and promotive measures/strategies.
- (v) Diagnose and manage majority of the conditions in the specialty concerned on the basis of clinical assessment, and appropriately selected and conducted investigations.
- (vi) Plan and advice measures for the prevention and rehabilitation of patients suffering from disease and disability related to the specialty.
- (vii) Demonstrate skills in documentation of individual case details as well as morbidity and mortality data relevant to the assigned situation.

- (viii) Demonstrate empathy and humane approach towards patients and their families and exhibit interpersonal behavior in accordance with the societal norms and expectations.
- (ix) Play the assigned role in the implementation of national health programs, effectively and responsibly.
- (x) Organize and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the clinic/hospital or the field situation.
- (xi) Develop skills as a self-directed learner; recognize continuing educational needs; select and use appropriate learning resources.
- (xii) Demonstrate competence in basic concept of research methodology and epidemiology, and be able to critically analyse relevant published research literature.
- (xiii) Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing students, general physicians and paramedical health workers.
- (xiv) Function as an effective leader of a team engaged in health care, research or training.

### **Statement of the Competencies**

Keeping in view the general objectives of postgraduate training, each discipline shall aim at development of specific competencies, which shall be defined and spelt out in clear terms. Each department shall produce a statement and bring it to the notice of the trainees in the beginning of the program so that he or she can direct the efforts towards the attainment of these competencies.

### **Components of the PG Curriculum**

The major components of the PG curriculum shall be:

- Theoretical knowledge
- Practical/clinical Skills
- Training in writing thesis/research articles
- Attitudes, including communication.
- Training in research methodology, medical ethics & medicolegal aspects
- Teaching skills to the undergraduates, juniors and support teams

Source: Medical Council of India, Regulations on Postgraduate Medical Education, 2000. [amended upto May2013]

### **Eligibility for Admission:**

Eligibility requirements for Post Graduate Diploma and Degree Courses are:

1. The candidates seeking admission to these courses should have passed MBBS from the college recognized by Medical Council of India.

Eligibility requirements for Post graduate degree in superspeciality courses, M.Ch./D.M are:

The candidate seeking admission to these courses should have passed MS/MD from the college recognized by Medical Council of India.

2. As per the requisitions of statutory bodies, as laid out in post graduate regulations 2000 of Medical Council of India and its amendments thereof, the minimum percentage of marks in the entrance test conducted by the University for eligibility for admission to Post Graduate courses in broad specialties and super specialties shall be 50 percent for candidates belonging to General category and 40 percent for the candidates belonging to Scheduled Caste, Scheduled Tribes and Other Backward Classes. Eligibility for persons with locomotor disability of lower limbs category ranging from 30-70% will be 45 percent.

Eligibility for Foreign / PIO / NRI students will be based on qualifying examination marks.

### **The MCI norms to qualify for Admissions**

Candidates seeking admission to these Post Graduate Degree courses should have passed M.B.B.S. recognised by Medical Council of India or equivalent qualification and should have obtained permanent Registration from the Medical Council of India or any of the State/ Medical council or candidate should register the same within one month from the date of admission, failing which the admission of the candidate shall be cancelled. Provided that in the case of a foreign national, the MCI may on the payment of prescribed fee for the registration, grant temporary registration for the duration of post graduate training restricted to the medical college/ institute to which the applicant is admitted for the time being exclusively for post graduate studies; provided further, that temporary registration to such foreign national shall be subjected to the condition that such person is duly registered with appropriate registering authority in his /her country wherefrom he has obtained his basic medical qualification ,and is duly recognized by the corresponding Medical Council or concerned authority.

If the candidate fails to fulfill the relevant eligibility requirements as mentioned above he/she will not be considered eligible for admission for Medical Postgraduate Degree and Diploma Courses even if he/she is placed in the merit list of BLDEU-PGET/BLDEU-SUPERSPECIALTY ET.

## **Obtaining Eligibility Certificate by the University before making Admission**

Candidate shall not be admitted for any postgraduate degree/diploma course unless he/she has obtained and produced the eligibility certificate used by the University. The candidate has to make an application to the University with the following documents along with the prescribed fee:

1. MBBS pass/degree certificate issued by the University.
2. Marks cards of all the university examinations passed MBBS course.
3. Attempt Certificate issued by the Principal
4. Certificate regarding the recognition of the Medical College by the Medical Council of India.
5. Completion of internship certificate.
6. In case internship was done in a non-teaching hospital, a certificate from the Medical Council of India that the hospital has been recognized for internship.
7. Registration by any State Medical council and
8. Proof of SC/ST or OBC or physically handicapped status, as the case may be.

In addition to the above mentioned documents, candidate applying for admission to superspeciality courses has to produce degree/pass certificate of MD/MS degree with prescribed fee.

## **Intake of Students**

The intake of students to each course shall be in accordance with the ordinance in this behalf.

## **Course Duration**

- a. M.D. / M.S. Degree Courses:

The course of study shall be for a period of 3 years consisting of 6 terms including examinations. For Candidates possessing recognized two year Postgraduate Diploma in the same subject the duration of the course shall be two years including examinations. (MCI PG REG 2000 10:1)

- b. D.M/M Ch Degree Courses; (MCI PG REG 2000, 10:2)

The duration of these courses shall be for a period of 3 years including examinations.

- c. Diploma Courses:

The course of study shall be for a period of 2 years consisting of 4 terms including examinations (MCI PG REG 2000, 10.3).

## **Training Method**

The postgraduate training for degree/diploma shall be of residency pattern. The post graduate shall be trained with graded responsibilities in the management and treatment of patients entrusted to his/her care. The participation of the students in all facets of educational

process is essential. Every candidate should take part in seminars, group discussions grand rounds, case demonstration, clinics, journal review meetings, CPC and clinical meetings.. Every candidate should be required to participate in the teaching and training program of undergraduate students. Training should include involvement in laboratory and experimental work, and research studies. Basic medical sciences students should be posted to allied and relevant clinical departments or institutions. Exposure to applied aspects of their learning should be addressed Similarly, clinical subjects' students should be posted to basic medical sciences and allied specialty departments or institutions.

Training of superspecialty should follow similar pattern. In addition, they have to be trained in advanced techniques of diagnosis and treatment pertaining to their specialty, participate actively in surgical operations [M.Ch] as well.

### **Attendance, Progress and Conduct**

A candidate pursuing degree/diploma course should work in the concerned department of the institution for the full period as a full time student. No candidate is permitted to run a clinic/laboratory/nursing home while studying postgraduate course

Each year shall be taken as a unit for the purpose of calculating attendance. Every student shall attend symposia, seminars, conferences, journal review meetings, grand rounds, CPC, case presentation, clinics and lectures during each year as prescribed by the department and not absent himself / herself from work without valid reasons. Every Candidate is required to attend a minimum of 80% of the training during each academic year of the post graduate course. This shall include assignments, assessment of full time responsibilities and participation in all facets of educational process. Provided further, leave of any kind shall not be counted as part of academic term without prejudice to minimum 80% attendance of training period every year. Leave benefits shall be as per university rules.

A post graduate student pursuing degree course in broad specialities, MD, MS and superspeciality courses DM, M.Ch would be required to present one poster presentation, read one paper in 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/her to be eligible to appear at the university degree examinations. (MCI, PG 2000, 13.9)

Any student who fails to complete the course in the manner stated above shall not be permitted to appear for the University Examinations.



## Monitoring Progress of Studies

The learning process of students should be monitored through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring is done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment done by using checklists that assess various aspects.

The learning out comes to be assessed include:

- Personal Attitudes,
- Acquisition of Knowledge,
- Clinical and operative skills, skills of performing necessary tests/experiments
- Teaching skills.

### Personal Attitudes:

The essential items are:

- Caring attitude, empathy
- Initiative in work and accepting responsibilities
- Organizational ability
- Potential to cope with stressful situations and undertake graded responsibility
- Trust worthiness and reliability
- To understand and communicate intelligibly with patients and others
- To behave in a manner which establishes professional relationships with patients and colleagues
- Ability to work in team
- A critical enquiring approach to the acquisition of knowledge

The Methods used mainly consist of observation. Any appropriate methods can be used to assess these. It is appreciated that these items require a degree of subjective assessment by the guide, supervisors and peers. However every attempt should be made to minimize subjectivity.

### Acquisition of Knowledge:

Lectures: Lectures/theory classes as necessary may be conducted. It is preferable to have one class per week if possible. They may, be employed for teaching certain topics. Lectures may be didactic or integrated.

a) Didactic Lectures: Recommended for selected common topics for post graduate students of all specialties. Few topics are suggested here.

- Bio-statistics
- Use of library,
- Journal review
- Use of computers,
- Appropriate use of AV aids
- Research Methods,

- Search of literature,
- Rational drug therapy
- Medical code of Conduct and Medical Ethics
- National Health and Disease Control Programmes
- Communication skills etc.
- Bio medical waste

These topics may preferably taken up in the first few weeks of the 1<sup>st</sup> year commonly for all new postgraduates. The specialty wise topics can be planned and conducted at departmental level.

- b) Integrated teaching: These are recommended to be taken by multidisciplinary teams for selected topics, eg. Jaundice, Diabetes mellitus, thyroid diseases etc. They should be planned well in advance and conducted.

### **Journal Review Meeting (Journal Club):**

The ability to do literature search, in depth study, presentation skills, use of audio-visual aids, understanding and applying evidence based medicine are to be focused and assessed. The assessment is made by faculty members and peers attending the meeting using a checklist.

### **Seminars / Symposia:**

The topics should be assigned to the student well in advance to facilitate in depth study. The ability to do literature search, in depth study, presentation skills and use of audio – visual aids are to be assessed using a checklist.

### **Clinico-Pathological conferences:**

This should be a multidisciplinary case study of an interesting case to train the candidate to solve diagnostic and therapeutic problems by using an analytical approach. The presenter (s) are to be assessed using a check list similar to that used for seminar.

**Medical Audit:** Periodic morbidity and mortality meeting be held. Attendance and participation in these must be insisted upon. This may not be included in assessment.

**Clinical Skills:** Day to Day Work: Skills in outpatient and ward work should be assessed periodically. The assessment should include the candidates' sincerity and punctuality, analytical ability and communication skills

**Clinical Meetings:** Candidates should periodically present cases to his peers and faculty members. This should be assessed using a check list.

**Group Discussions:** Group discussions are one of the means to train and assess the student's ability to analyse the given problem or situation, apply the knowledge and make appropriate

decisions. This method can be adopted to train and assess the competency of students in analyzing and applying knowledge.

**Death review meetings/Mortality meetings:** Death review meetings is important method for reflective learning. A well conducted morbidity and mortality meetings bring about significant reduction in complications, improve patient care and hospital services. They also address system related issues. Monthly meetings should be conducted with active participation of faculty and students. Combined death review meetings may be required wherever necessary.

### **Clinical and Procedural Skills:**

The candidate should be given graded responsibility to enable learning by apprenticeship. The performance is assessed by the guide by direct observation. Particulars are recorded by the student in the log book.

### **Teaching Skills:**

Candidates should be encouraged to teach undergraduate medical students and paramedical students, if any. This performance should be based on assessment by the faculty members of the department and from feedback from the undergraduate students

### **Work diary / Log Book:**

Every candidate shall maintain a Work Diary/Log Book and record his/her participation in the training programs conducted by the department such as journal reviews, seminars, etc. Special mention may be made of the presentations by the candidate as well as details of clinical or laboratory procedures, conducted by the candidate. A well written and validated Log Book reflects the competencies attained by the learner and points to the gaps which need address. This Log Book shall be scrutinized by concerned teachers periodically and certified, by the Head of Department and Head of the Institution, and presented during University Practical / Clinical examination.

### **Periodic Tests:**

In case of degree courses of three years duration ( MD/MS, DM, M.Ch), the concerned departments may conduct three tests, two of them be annual tests, one at the end of first year and the other in the second year. The third test may be held three months before the final examination. The tests may include written papers, practical / clinical and viva voce.

One of these practical/clinical tests should be conducted by OSPE (objective structured practical examination or OSCE (objective structured clinical examination) method.

Records and marks obtained in such tests will be maintained by the Head of Department and sent to the University, when called for,

In case of diploma courses of two years duration, the concerned departments may conduct two tests, one of them be at the end of first year and the other in the second year three months before the final examination. The tests may include written papers, practical /clinical and viva voce.

One of these practical/clinical tests should be conducted by OSPE or OSCE method.

**Records:** Records and marks obtained in tests will be maintained by the Head of the Departments and will be made available to the University or MCI.

**Procedure for defaulter:**

Every department should have a committee to review such situations. The defaulting candidate is counseled by the guide and head of the department. In extreme cases of default the departmental committee may recommend that defaulting candidate be withheld from appearing the examination, if she/he fails to fulfill the requirements in spite of being given adequate chances to set himself or herself right.

**Dissertation:** Every candidate pursuing MD/MS degree course is required to carry out work on a selected research project under the guidance of a recognized post graduate teacher. The results of such a work shall be submitted in the form of a dissertation.

The dissertation is aimed to train a post graduate student in research methods and techniques. It includes identification of a problem, formulation of hypothesis, search and review of literature, getting acquainted with recent advances, designing of a research study, collection of data, critical analysis and comparison of results and drawing conclusions.

Every candidate shall submit to the Registrar (Academic) of the University in the prescribed proforma, a synopsis containing particulars of proposed dissertation work within six months from the date of commencement of the course on or before the dates notified by the University. The synopsis shall be sent through the proper channel.

Such synopsis will be reviewed and the dissertation topic will be registered by the University. No change in the dissertation topic or guide shall be made without prior approval of the University.

The dissertation shall be written under the following headings:

1. Introduction
2. Aims or Objectives of study
3. Review of Literature
4. Material and Methods
5. Results
6. Discussion
7. Conclusion

8. Summary
9. References
10. Tables
11. Annexure

The written text of dissertation shall be not less than 50 pages and shall not exceed 150 pages excluding references, tables, questionnaires and other annexure. It should be neatly typed in double line spacing on one side of paper (A4 size, 8.27” x 11.69”) and bound properly. Spiral binding should be avoided. The dissertation shall be certified by the guide, head of the department and head of the Institution.

Adequate number of copies as per norms and a soft copy of dissertation thus prepared shall be submitted to the Controller of Examinations six months before final examination on or before the dates notified by the University.

The dissertation shall be valued by examiners appointed by the university. Acceptance of dissertation work is an essential precondition for a candidate to appear in the University examination.

**Guide:**

The academic qualification and teaching experience required for recognition by this University as a guide for dissertation work is as per Medical Council of India Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998 and its amendments thereof. Teachers in a medical college/institution having a total of eight years teaching experience out of which at least five years teaching experience as Lecturer or Assistant Professor gained after obtaining post graduate degree shall be recognized as post graduate teachers.

A Co-guide may be included provided the work requires substantial contribution from a sister department or from another medical institution recognized for teaching/training by this University / Medical Council of India. The co-guide shall be a recognized post graduate teacher of BLDE University

**Change of Guide:**

In the event of a registered guide leaving the college for any reason or in the event of death of guide, guide may be changed with prior permission from the university.

### **Schedule of Examination:**

The examination for M.D. /M.S and DM/M.Ch courses shall be held at the end of three academic years (six academic terms). The examination for the diploma courses shall be held at the end of two academic years (four academic terms).

The university shall conduct two examinations in a year at an interval of four to six months between the two examinations. Not more than two examinations shall be conducted in an academic year.

### **Scheme of Examination**

#### **M.D. /M.S. Degree**

M.D. / M.S. Degree examinations in any subject shall consist of dissertation, written papers (Theory), Practical/Clinical and Viva Voce.

#### **Dissertation:**

Every candidate shall carryout work and submit a Dissertation as indicated above. Acceptance of dissertation shall be a precondition for the candidate to appear for the final examination.

#### **Written Examination (Theory):**

Written examination shall consist of **four** question papers, each of **three** hours duration. Each paper shall carry 100 marks. Out of the **four** papers, the 1<sup>st</sup> paper in clinical subjects will be on applied aspects of basic medical sciences. Recent advances may be asked in any or all the papers. In basic medical subjects and para-clinical -subjects, questions on applied clinical aspects should also be asked.

#### **Practical / Clinical Examination:**

In case of practical examination, it should be aimed at assessing competence and skills of techniques and procedures as well as testing students ability to make relevant and valid observations, interpretations and inference of laboratory or experimental work relating to his/her subject.

In case of clinical examination, it should aim at examining clinical skills and competence of candidates for undertaking independent work as a specialist. Each candidate should examine at least one long case and two short cases minimum. However additional assessment methods can be adopted which will test the necessary competencies reasonably well.

The total marks for Practical / clinical examination shall be 200.

**Viva Voce:**

Examination shall aim at assessing depth of knowledge, logical reasoning, confidence and oral communication skills.

The total marks shall be 100:

- 80 Marks, for examination of all components of syllabus
- 20 Marks for Pedagogy

**Examiners:**

There shall be at least four examiners in each subject. Out of them two shall be external examiners and two shall be internal examiners. The qualification and teaching experience for appointment as an examiner shall be as laid down by the Medical Council of India.

Criteria for declaring as pass in University Examination: A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory, (2) Practical/clinical and (3) viva voce examination. The candidate should pass independently in practical/clinical examination and Viva Voce vide MCI pg 2000 reg no 14(4) (Ciii)

A candidate securing less than 50% of marks as described above shall be declared to have failed in the examination. Failed candidate may appear in any subsequent examination upon payment of fresh fee to the Controller of Examinations.

Declaration of distinction: A successful candidate passing the University examination in first attempt will be declared to have passed the examination with distinction, if the grand total aggregate of marks is 75 percent and above.

Distinction will not be awarded for candidates passing the examination in more than one attempt.

**D.M/M.Ch Degree**

DM/M.Ch Degree examinations in any subject shall consist of written theory papers (theory), practical/clinical and Viva voce.

**Written Examination (Theory):**

Written examination shall consist of **four** question papers, each of **three** hours duration. Each paper shall carry 100 marks. Out of the **four** papers, the 1<sup>st</sup> paper in clinical subjects will be on applied aspects of basic medical sciences. Recent advances may be asked in any or all the papers. In basic medical subjects and para-clinical -subjects, questions on applied clinical aspects should also be asked.

**Practical / Clinical Examination:**

In case of practical examination, it should be aimed at assessing competence and skills of techniques and procedures as well as testing students ability to make relevant and valid

observations, interpretations and inference of laboratory or experimental work relating to his/her subject.

In case of clinical examination, it should aim at examining clinical skills, competence of candidates for undertaking independent work as a specialist. Each candidate should examine at least one long case and two short cases.

The total marks for Practical / clinical examination shall be 200.

### **Viva Voce:**

Examination shall aim at assessing depth of knowledge, logical reasoning, confidence and oral communication skills.

The total marks shall be 100:

- 80 Marks, for examination of all components of syllabus
- 20 Marks for Pedagogy

### **Examiners:**

There shall be at least four examiners in each subject. Out of them two shall be external examiners and two shall be internal examiners. The qualification and teaching experience for appointment as an examiner shall be as laid down by the Medical Council of India.

Criteria for declaring as pass in University Examination: A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory, (2) Practical including clinical and (3) viva voce examination. The candidate should pass independently in practical/clinical examination vide MCI pg 2000 reg no 144-c (iii).

Declaration of distinction: A successful candidate passing the University examination in first attempt will be declared to have passed the examination with distinction, if the grand total aggregate of marks is 75 percent and above.

A candidate securing less than 50% of marks as described above shall be declared to have failed in the examination. Failed candidate may appear in any subsequent examination upon payment of fresh fee to the Controller of Examinations.

Declaration of distinction: A successful candidate passing the University examination in first attempt will be declared to have passed the examination with distinction, if the grand total aggregate of marks is 75 percent and above.

Distinction will not be awarded for candidates passing the examination in more than one attempt.



## **Diploma Examination:**

Diploma examination in any subject shall consist of Theory (written papers), Practical / Clinical and Viva-Voce.

### **Theory:**

There shall be **three** written question papers each carrying 100 marks. Each paper will be of **three** hours duration. In clinical subjects one paper out of this shall be on basic medical sciences. In basic medical subjects and Para clinical subjects, questions on applied clinical aspects should also be asked.

### **Practical / Clinical Examination:**

In case of practical examination it should be aimed at assessing competence, skills related to laboratory procedures as well as testing students ability to make relevant and valid observations, interpretation of laboratory or experimental work relevant to his/her subject.

In case of clinical examination, it should aim at examining clinical skills and competence of candidates for undertaking independent work as a specialist. Each candidate should examine at least one long case and two short cases.

The maximum marks for Practical/Clinical shall be 150.

Viva-Voce Examination: Viva Voce examination should aim at assessing depth of knowledge, logical reasoning, confidence and oral communication skills. The total marks shall be 50.

Criteria for declaring as pass in University Examination: A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory, (2) Practical / clinical and viva voce examination.

A candidate securing less than 50% of marks as described above shall be declared to have failed in the examination. Failed candidate may appear in any subsequent examination upon payment of fresh fee to the Controller of Examinations.

Declaration of distinction: A successful candidate passing the University examination in first attempt will be declared to have passed the examination with distinction, if the grand total aggregate of marks is 75% and above. Distinction will not be awarded for candidates passing the examination in more than one attempt.

### **Examiners:**

There shall be at least four examiners in each subject. Out of them, two shall be external examiners and two shall be internal examiners. The qualification and teaching experience for appointment as an examiner shall be as laid down by the Medical Council of India.

Number of Candidates per day:

The maximum number of candidates for practical / clinical and Viva-Voce examination shall be as under:

MD / MS Courses:	Maximum of 8 per day
Diploma Course:	Maximum of 8 per day
DM/M.Ch	Maximum of 3 per day

## **SECTION - II**

### **M.S [OBYG] Obstetrics & Gynaecology**

#### **Goal:**

The postgraduate course M.S. (Obstetrics & Gynaecology) should enable a medical graduate to practise Obstetrics & Gynaecology with adequate competency,

To practice In an ethical manner with empathy

To continue to update with recent advances.

To act as a team leader in executing the National Health Policies.

#### **Objectives:**

**The objective of the course is to train an OBGyn Specialist who shall have:**

- i. Mastered most of the competencies that are required to be practised at the secondary and the tertiary levels of the health care delivery system
- ii. Acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology; and
- iii. Acquired the basic skills in teaching of the medical and paramedical professionals.
- iv. Who shall continue to evince keen interest in continuing Obstetrics & Gynaecology education irrespective of whether he or she is in a teaching institution or is a practicing Obstetrician &Gynecologist

The objectives will also be considered under the sub headings

- Knowledge (Cognitive domain)
- Skills(Psychomotor domain)
- Human values, Ethical practice & Communication abilities (Affecter domain)

#### **Specific Learning Objectives:**

The specific learning objectives of postgraduate training course in Obstetrics & Gynaecology would be to train an MBBS doctor who will:

- Practice Obstetrics & Gynaecology efficiently and effectively, backed by scientific knowledge and skill base.
- Exercise empathy and a caring attitude towards patients and maintain high ethical standards.
- Who shall develop skills as a self-directed learner, recognize continuing education needs and select & use appropriate learning resources.

- Who shall learn basic concepts of research methodology & epidemiology and be able to critically analyze relevant published research literature.
- Be a motivated ‘teacher’ – keen to share his/ her knowledge and skills with a colleague, junior or any learner.
- Offer to the community, the current quality of ‘Standard care’ in Obstetrics & Gynecological diagnosis’ as well as therapeutics, medical or surgical, for common as well as referred conditions.
- Periodically self assess his/ her performance and keep abreast with ongoing advances in the field & apply the same in his /her practice.
- Be aware of his / her own limitations to the application of the specialty in situations which warrant referral to major centers or individuals more qualified to treat.
- Apply research and epidemiological methods during his/her practice. The candidate shall be able to present or publish work done by him/her.
- Contribute as an individual or in a group or institution towards the fulfillment of national objectives with regard to prevention of maternal mortality and morbidity and improving the neonatal outcome.
- Effectively communicate with patients or relatives so as to educate them sufficiently and give them full benefit of informed consent to treatment and ensure compliance.
- Effectively communicate with colleagues.

### **Course Contents**

It includes topics not only of Obstetrics and Gynaecology, but also those aspects of Medicine, Surgery, Anesthesia Pediatrics, applied Anatomy, Physiology, Pathology, Pharmacology and Microbiology relevant to the practice of both Obstetrics and Gynaecology. It is intended as a guide to the candidates and it is not comprehensive.

As and when there are newer developments it becomes eligible for inclusion. Hence the candidates should familiarize themselves with the current content of the scientific journals and reviews of major topics.

## **Theory - cognitive skills**

### **Basic Sciences**

#### **Physiology**

- i. Physiology and neuro endocrine changes during adolescence, puberty, menstruation, ovulation, fertilization, climacteric and menopause.
- ii. Markers in Obstetrics and Gynaecology, Non-neoplastic and neoplastic diseases.
- iii. Physiological changes in different organ systems of the body during pregnancy.

#### **Genetics**

Normal and abnormal karyotypes

Problems of intersex

Genetic causes of infertility and early pregnancy loss

Genetic aspects of artificial insemination

#### **Anatomy Including Embryology**

Gametogenesis, Ovulation, Fertilization, Implantation, Development of foetus and placenta. Development of male and female genital tract. Problems of abnormal development of genital tract in Obstetrics & Gynaecology. Anatomy of Urogenital system, including pelvic musculature. Blood supply, Innervation and Lymphatic drainage of the pelvis and reproductive organs.

#### **Pathology**

Pathology of inflammatory, degenerative and neoplastic diseases of the vulva, vagina, cervix, uterus, fallopian tubes, ovaries and the broad ligament.

#### **Haematology**

Blood groups, Rh factor, incompatibility, Blood transfusion, coagulation system and coagulation disorders diagnosis

#### **Biochemistry**

Steroid and prostaglandin synthesis and metabolism in mother and foetus. Maternal and foetal carbohydrate, lipid, amino-acid and iron metabolism. Synthesis and secretion of foetal pulmonary surfactant.

**Endocrinology**

Structure, synthesis, function, metabolism and principles of hormonal assays, produced from the Hypothalamus, Anterior and Posterior Pituitary, Thyroid, Pancreas, Adrenal cortex, Adrenal medulla, Ovary, Testis, and Placenta.

**Pharmacology**

Placental transfer of drugs and its effects on mother and foetus, Eg: Antibiotics, antihypertensives, Psychotropic drugs, Oral contraceptives, Chemotherapeutic drugs, Anticonvulsants, Anticoagulants and Oxytocic drugs. Effects of tobacco and alcohol on pregnant mother and foetus. Teratogenic effect of drugs taken during pregnancy and lactational period.

**Immunology**

Basic immunology including primary and secondary immune response, mechanism of antibody production. HLA System and graft rejection. Changes in pregnancy. The foetus as a graft. Immunological pregnancy tests. Rhesus and other types of Isoimmunisation. Active and passive immunization and Autoimmune diseases.

**Microbiology**

Epidemiology and pathophysiology of diseases developing in pregnancy, that is, Septic Abortion, Preterm labour, PROM, Puerperal sepsis, Mastitis, Septic shock and Neonatal sepsis. Microbiology of TORCH infections, Syphilis, Chlamydia, Mycoplasma, Hepatitis and HIV.

**Maternal physiological changes during pregnancy**

- i) Fluid and electrolyte balance.
- ii) Changes in Respiratory & Cardio vascular system
- iii) Changes in Gastro-intestinal system – including liver and pancreas
- iv) Changes in Urinary system
- v) Hematological changes including coagulation mechanisms and fibrinolytic system

**Teratology**

Mechanisms of teratogenesis. Effect of possible teratogens - drugs, viruses, radiation and other agents.

### **Antenatal care**

Includes diagnosis of pregnancy, identification of the high risk mother and foetus with different modalities of investigation, clinical monitoring for maternal & foetal welfare and selection of place of delivery.

### **Physiology of Labour**

Causation of onset of labour

Intrapartum care

Maternal and foetal monitoring

Mechanism and management of normal labour

### **Abnormal Pregnancy**

- i. Medical diseases and disorders complicating pregnancy and child birth
- ii. Obstetric complications of pregnancy
- iii. Multiple pregnancy
- iv. Congenital malformations
- v. Foetal growth restriction (FGR)
- vi. Repeated pregnancy loss
- vii. Preterm labour
- viii. Prolonged pregnancy
- ix. Malpresentations
- x. Shock and collapse
- xi. Ectopic pregnancy
- xii. Rh incompatibility.
- xiii. Abnormalities of Labour and Delivery

Includes induction of labour and abnormal uterine action

### **Additional Topics:**

1. Chikungunya fever in pregnancy
2. Dengue fever in pregnancy
3. Zika virus in pregnancy
4. DIPSI Protocols & guide lines
5. Biomedical waste management

## 6. Bioethics

7. Effect of newer drugs on pregnancy (example newer antiepileptics & antihypertensives)

8. Legal implications of PC-PNDT ACT, MTP Act & Tubal ligation/Tubectomy.

## **Social Obstetrics**

Study of interplay of social and environmental factors and human reproduction, going back to premarital and preconceptional period.

- i. Implementing safe motherhood initiatives
- ii. Community maternal health care
- iii. Antenatal checkup
- iv. MCH problems
- v. Risk approach to pregnant women with  
Anaemia, STD, Syphilis, Tetanus, AIDS and other medical problems
- vi. Domiciliary care
- vii. Postnatal complications
- viii. Low birth weight (L.B.W.) babies
- ix. Socioeconomic status and birth weight correction
- x. Infant feeding
- xi. Road to health chart and school health programmes.
- xii. Pre pregnancy and post pregnancy counseling
- xiii. Reproductive and child health (RCH)
- xiv. National Health Programmes.
- xv. Adolescent girls & Post menopausal women.
- xvi. Reproductive tract & HIV infection.
- xvii. Environment and Health.
- xviii. Medico legal aspects.

Family welfare programmes including Reconstructive surgeries

Temporary methods like:

Chemical contraceptives

Barrier methods

Hormonal contraception

IUD (Intrauterine Contraceptive Device)



Permanent methods like:

- Tubectomy
- Laparoscopic tubal ligation
- Minilaparoscopic tubectomy

Reconstructive surgeries like

- Tuboplasty
- Vaso Vasotomy

### **Perinatology**

- i. The term new born infant
- ii. Low birth weight baby - Preterm, IUGR
- iii. Asphyxia neonatorom
- iv. Respiratory Distress Syndrome
- v. Jaundice in the new born
- vi. Haemorrhagic disease of the new born
- vii. Convulsions in the new born
- viii. Injuries of the new born
- ix. Diarrhea in the new born
- x. Vomiting in the new born
- xi. Congenital malformations of the new born.

### **Neonatal**

Early neonatal complications, infections and management.

### **Mortality and Morbidity-Maternal & Perinatal**

Epidemiology, Magnitude of the problem, causes, prevention and management of Maternal & Perinatal mortality and morbidity.

### **Gynaecology**

History taking with special reference to Gynaecological history , abdominal and pelvic examination, relevant investigations to arrive at most probable diagnosis. Topics include: Infection, New growths (both benign and malignant) and other pathological disorders of vulva, vagina, cervix, uterus, fallopian tubes, ovaries and pelvic cellular tissue including STDs and HIV.

## Adolescent Gynaecology

Menstrual disorders, including amenorrhoea, menopause

Gynaecological problems and management of the post menopausal and elderly women.

Chromosomal disorders – including intersex

Gynaecological cytopathology.

Contraception and family planning, Infertility and ART

Hormone therapy.

Problems of sex and marriage

## **Clinical Obstetrics & Gynaecology (Psychomotor skills)**

### **Obstetrics**

- i. Diagnosis of early pregnancy, its complications and management.
- ii. Aims of ANC and Management of high risk pregnancies.
- iii. To work in labour wards and to manage normal and complicated deliveries.
- iv. Neonatal care and resuscitation in labour wards
- v. Follow-up of normal and abnormal deliveries during postnatal period
- vi. Assisting caesarean sections initially. By the end of the course, they shall be able to do caesarean sections independently.
- vii. S I C U Management.(Surgical Intensive Care Unit)
- viii. Family welfare programmes and reconstructive surgeries of the fallopian tubes.
- ix. Rural obstetrics care and referral services.
- x. Evaluation of fetal and maternal health in complicated pregnancies by making use of investigations including ultrasonography, doppler and electronic fetal monitor and plan for safe delivery. Identifying the fetus at risk and its management.
- xi. Prenatal diagnosis of fetal abnormalities and fetal therapy.
- xii. MTP and PC & PNMT Act.
- xiii. National Health and RCH programmes, MMR & PNMR.
- xiv. Recent advances in obstetrics.

### **Skills training in simulation setting**

i. Internal Iliac artery ligation

ii. Hemostatic sutures

iii. Pelvitrainer session

iv. DRILLS

PPH

Eclampsia

Shoulder Dystocia

Pulmonary embolism

v. Cadaveric dissection in anatomy hall

## Gynaecology

- i. To work in O.P.D. and examine Gynaecology cases routinely,
- ii. Minor operations: To assist in the beginning and carry out work independently by the end of 1st year.
- iii. Major Operations: To assist as second assistant for the 1<sup>st</sup> six months, first assistant for the next 6 months and do major operations like Vaginal Hysterectomy with P.F.R. (Pelvic Floor Repair) and Abdominal Hysterectomy and Oophorectomy with the assistance of senior doctors. By the end of the course the candidate shall be familiar with the techniques of the above mentioned operations and to do them independently.
- iv. To do investigations like HSG and USG under guidance initially and independently by the end of course.
- v. To assist medicolegal cases.
- vi. Writing case records
- vii. Candidate should write separate PG case sheets, keep a diary and log book and get it verified by the Unit Chief at the end of each month.

## Essential Research Skills

- i. Basic statistical knowledge.
  - a) Ability to undertake clinical & basic research
  - b) Descriptive and inferential statistics
  - c) Ability to publish results of one's work.
- ii. This is achieved during the course by making students to attend workshops on research methodology, arranging basic statistics classes and regularly having journal clubs etc., where selected articles are taken and evaluated for content, quality and presentation.

## Communication abilities

Ability to interact with and work as a team with other colleagues, patients and teachers.

## Record keeping

The ability to maintain records scientifically.

## Labour Skills

Sl.No	Procedure	Observed	Assisted	Done
1	Vaginal deliveries			
2	Forceps delivery			
3	Ventouse			
4	Episiotomy repair- Colpocentesis 3 <sup>rd</sup> degree perineal tear suturing			
5	Destructive operations			

### Surgical skills -Minor Operations

Sl.No	Procedure	Observed	Assisted	Done
1	D&C, suction evacuation	50	25	25
2	M.R, Mid-Trimester procedures like extraamniotic instillation of 0.1% ethacardine lacate	5	5	5
3	Cerviprime gel instillation	25	25	25
4	Insertion of intrauterine devices	50	50	25
5	Cervical & endometrial biopsy	25	25	10
6	Electric cauterization	5	5	5
7	Fallopian tube testing procedures and hysterosalpingogram	5	10	25
8	Pap Smear	100	100	100
9	Colposcopy	20	10	10
10	Cryosurgery	10	10	10

### Major Operations

Sl.No	Procedure	Observed	Assisted	Done
1	Caesarean section(Minimum)	100	20	10
2	Vaginal hysterectomy (Minimum)	50	20	5
3	Abdominal hysterectomy (Minimum)	50	20	5
4	Oophorectomy	20	5	5
5	Cervical encerclage	25	20	5
6	Caesarian hysterectomy	10	55	-
7	Salpingectomy for ectopic pregnancy	10	10	2
8	Laparotomy	20	10	5
9	Internal iliac Artery ligation	5	5	-
10	MRP	10	10	5
11	Operation for inversion of uterus	5	2	-
12	Diagnostic laparoscopy and operative laparohysteroscopy	10	10	5
13	Tubectomy – Minilap Laparoscopic sterilization	30	30	20

### Special Operations (Only to assist)

Sl.No		Assisted
1	Tuboplasty	5
2	Myomectomy	5
3	Ovarian debulking operation	5
4	Ventrofixation (Gilliam's operation)	2
5	Sling operations for prolapse	5
6	Wertheim's hysterectomy	5
7	Simple and radical vulvectomy	5
8	Operations for Urinary stress incontinence	10

### Year wise Structured Training Schedule

#### I year

Theoretical knowledge, Basic sciences

i. Examination and diagnosis of Obstetrics & Gynecological cases with relevant investigations & case recording.

ii. *Surgical skills*

Assisting Caesarian sections, as second assistant initially and later on as first assistant. Assisting all major Gynaecological operations like Vaginal & Abdominal hysterectomies as a second assistant.

#### *Minor Operations*

Assisting minor operations like M.T.P., Tubectomy, Laparoscopy, Cervical biopsy, D&C in the initial period, and later on doing these under supervision and independently.

#### II Year

Theoretical knowledge of Allied subjects

**Clinical examination and diagnosis:** The student is encouraged to take diagnostic, investigational and therapeutic decisions.

**Surgical Skills:** At the end of the second year, the student should be capable of operating without assistance but under supervision, like caesarean section and minor operations like,

M.T.P. cervical biopsy, D & C, tubectomies, outlet forceps and emergencies during delivery. The student must know how to manage the complications during and after delivery confidently.

**Conference and workshops:** The Postgraduates are encouraged to attend one conference at State Level and one at National level. Presentation of papers in the conferences is encouraged.

The student should be involved actively in presentation of Seminars, Panel discussions, Journal clubs and Case Discussions and to maintain record in Log Book.

### **III<sup>rd</sup> Year**

Should be thorough with basic, allied and recent advances in the subject

**Clinical Diagnosis & Examination:** The student should be able to make clinical diagnosis and be familiar with techniques of operations like Caesarean sections, Abdominal and Vaginal hysterectomies, Reconstructive surgeries of fallopian tubes and surgeries for ovarian tumours. Techniques of assisted reproductive technologies.

*Teaching activities:* Final year student should take lead in conducting seminars, panel discussions, journal clubs and case discussions with I & II year students. The student should involve himself/herself in teaching undergraduate students, specially bedside clinics.

The student should attend National and State level conferences, C.M.E. Programmes and workshops on colposcopy, hysteroscopy and endoscopic surgeries, including ultrasound guided procedures. The student must also be exposed to the Assisted reproductive technologies like, I.V.F-E-T, ICSI, and also to observe radical surgeries in Gynaec-Oncology.

### **Labour ward Postings & Posting in other allied departments:**

- i. The student must work in labour wards atleast 6 months during II & III year. (3 months each year)
- ii. Paediatrics: 1 month
- iii. Radio-diagnosis including Ultrasound : 1 month
- iv. Gynaec oncology/Surgery: 1 month
- v. Anaesthesia: 1 month

### **GOALS:**

#### Anaesthesia

- Short G A
- Endotracheal intubation
- Spinal anaesthesia
- Monitoring ventilated patients
- Management of complications of anaesthesia

#### Paediatrics:

- Neonatal assessment & resuscitation
- Recognition of neonatal complications
- Basic knowledge of working of phototherapy & warmer

#### Gynaec oncology

- Observe assist Gynaec oncosurgeries
- Principles of Radiotherapy in Gynaec oncology
- Principles of chemotherapy & management of chemotherapy courses

#### Radio-diagnosis

- Ultrasound - Obstetrics USG
  - Gynaec
  - Doppler study
- C T , M R I – reading of Obst & Gynaec CT, MRI
- HSG

### **Teaching / Learning Experience**

#### Teaching and Learning Activities

A candidate pursuing the course should work in the institution as a full time student. No candidate will be permitted to run a clinic/laboratory/nursing home while studying a postgraduate course. Each year will be taken as a unit for the purpose of calculating attendance.

Every student shall attend teaching and learning activities during each year as prescribed by the department and not absent himself / herself from work without valid reasons.

A list of teaching and learning activities designed to facilitate students to acquire essential knowledge and skills is given below:

1. Theory classes: Every week on Thursday between 8am to 9am
  - a. Didactic Lectures: These will be conducted for selected common topics for the post graduate students. Some of the topics will be:
    - i. Bio-statistics
    - ii. Use of library
    - iii. Research Methods
    - iv. Medical Code of Conduct and Medical Ethics
    - v. National Health and Disease Control Programmes
    - vi. Communication Skills etc.

These topics will be taken up in the first few weeks of the 1<sup>st</sup> year.

- b. **Integrated Lectures:** These will be taken by multidisciplinary teams for selected topics, eg. Jaundice, Diabetes mellitus, Thyroid, Anemia etc.
2. **Journal Club:** This will be held once a week. All the PG students are expected to attend and actively participate in discussion and enter relevant details in the Log book. Further, every candidate must make a presentation from the allotted journal(s), selected articles at least four times a year and a total of 12 Journal articles in three years. The presentations are evaluated using check lists and carry weightage for periodic assessment. (See Checklist in Section IV). A time table with names of the student and the moderator is announced at the beginning of every year.
  3. **Subject seminar:** This will be held once a week. All the PG students are expected to attend and actively participate in discussion and enter relevant details in the Log Book. Further, every candidate must present selected topics at least four times a year and a total of 12 seminar presentations in three years. The presentations are evaluated using check lists and carry weightage for internal assessment (See Checklist in Section IV). A timetable for the subject with names of the student and the moderator is scheduled at the beginning of every year
  4. **Clinical case discussion:** Case presentation will be made every week. Case can be clinically interesting or problem based. Each M.S. student should present at least 20 clinical cases for discussion in the three year posting (10 Obstetrics & 10 Gynaecology)
  5. **Group Discussion:** will be done every week. P.G student should participate and give the opinion on the topic concerned.
  6. **Integrated teaching programme:** One horizontal/vertical integrated teaching programme will be conducted every three months.
  7. Attending OPD work
  8. **Ward Rounds:** Ward rounds will be service or teaching rounds.
    - a) Service rounds: Postgraduate students and Interns should do every day for the care of the patients. Newly admitted patients should be worked up by the PGs and presented to the seniors the following day.
    - b) Teaching Rounds: Every unit will have 'grand rounds' for teaching purpose. A diary should be maintained for day to day activities by the students.Entries of (a) and (b) should be made in the Log Book.
  9. **Clinico-Pathological Conference:** Recommended once in 3 months for all post graduate students. Presentation to be done by rotation. If cases are not available due to lack of clinical postmortems, it could be supplemented by published CPCs.



10. **Inter Departmental Meetings:** These will be held periodically with departments of Pathology, Radio-Diagnosis, Pediatrics and Anesthesia. These meetings should be attended by post graduate students and relevant entries must be made in the Log Book.

Pathology:

Interesting cases are chosen and presented by the post graduate students and discussed by them as well as the senior staff of OBGY Department. The staff of Pathology department then show the slides and present final diagnosis. In these sessions the advanced immuno-histo-chemical techniques, tumour markers and other recent developments can be discussed.

Radio-diagnosis:

Interesting cases and the imaging modalities will be discussed.

11. *Teaching Skills:*

Post graduate students must teach undergraduate students (Eg. Medical, nursing) by taking demonstrations, bed side clinics, tutorials, lectures etc. Assessment is made using a checklist by OBGY faculty as well as students. (See model check list in Chapter IV). Record of their participation is to be kept in Log book. Training of post graduate students in Educational Science and Technology is being done through Microteaching and workshops.

12. P.G.Panel discussion will be conducted every 4<sup>th</sup> month.

13. Ethical meeting will be conducted every 3 months.

14. Role play will be conducted 3 times in one year.

15. Micro teaching exercise every month which will help in pedagogy of final exam

16. *Log Book:*

The unit heads will scrutinize it every week end. The HOD will see and sign at the end of each unit posting.

The log book is a record of the important activities of the candidates during his training. Collectively, log books are a tool for the evaluation of the training programme of the institution by external agencies. The record includes academic activities as well as the presentations and procedures carried out by the candidate.

Log books shall be submitted to the examiners at the time of university examinations.

Format for the log book for the different activities is given in Tables 1,2 and 3 of section IV. Copies may be made and use.

### **Dissertation Refer in Section-1**

### **Monitoring Learning Progress**

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also helps students

to evaluate themselves. The monitoring will be done by the staff of the department based on participation of students in various teaching / learning activities. It will be structured and assessment is done using checklists that assess various aspects.

The learning outcomes to be assessed include: (i) Personal Attitudes, (ii) Acquisition of Knowledge, (iii) Clinical and operative skills, (iv) Teaching skills and (v) Dissertation.

**i) Personal Attitudes.** The essential qualities are:

- a. Caring attitudes
- b. Initiative
- c. Organizational ability
- d. Potential to cope with stressful situations and undertake responsibility
- e. Trustworthiness and reliability
- f. Understanding and communicating intelligibly with patients and relatives
- g. To behave in a manner which establishes professional relationships with patients and colleagues
- h. Ability to work in a team
- i. A critical , enquiring approach to the acquisition of knowledge

The methods used mainly consist of observation. It is appreciated that these items require a degree of subjective assessment by the guide, supervisors and peers.

**Acquisition of Knowledge:** The methods used comprise of ‘Log Book’ which records participation in various teaching / learning activities by the students. The number of activities attended and the number in which presentations are made are to be recorded. The log book is periodically validated by the supervisors. Some of the activities are listed.

**Journal Review Meeting (Journal Club):** The ability to do literature search, in depth study, presentation skills, and use of audio – visual aids will be assessed. The assessment is made by faculty members and peers attending the meeting using a checklist.(See model check list I, in section IV)

**Seminars / Symposia:** The topics will be assigned to the student well in advance to facilitate in depth study. The ability to do literature search, in depth study, presentation skills and use of audio – visual aids are assessed using a checklist.(model check list II, section IV)

**Clinico-Pathological conferences:** This will be a multidisciplinary case study of an interesting case to train the candidate to solve diagnostic and therapeutic problems by using an analytical approach. The presenter(s) will be assessed using a check list similar to that used for seminars.

**Medical Audit:** Maternal & Perinatal mortality meeting will be held on first Monday of every month.

**ii) Clinical Operative Skills**

**Day to day work:** Skills in outpatient and ward works are assessed periodically. The assessment includes the candidates' sincerity and punctuality, analytical ability and communication skills.(model check list III, section IV)

**Clinical meetings:** Candidates periodically present cases to his/her peers and faculty members. This is assessed using a check list.(Model check list IV, section IV)

**Clinical and Procedural Skills:** The candidate is given graded responsibility to enable learning by apprenticeship. The performance is assessed by the guide by direct observation. Particulars are recorded by the student in the log book. (Table No.3, Chapter IV)

**iii) Teaching Skills:** Candidate is encouraged to teach undergraduate medical students and paramedical students, if any. This performance will be based on assessment by the faculty members of the department and from feedback from the undergraduate or paramedical students.(Model check list V, section IV)

**iv) Dissertation in the Department:** Periodic presentations are to be made in the department. Initially the topic selected is to be presented before submission to the University for registration, again before finalization, for critical evaluation and then before final submission of the completed work.(Model check list VI & VII, section IV)

**v) Periodic tests:** The departments conduct three tests, two of them, annual tests, one at the end of first year and the other in the second year. The third test may be held three months before the final examination. The tests will include written papers, practicals / clinicals and viva voce. One of these tests shall have OSCE(Objective structured clinical examination) format

**vi) Work diary / Log Book** – Every candidate shall maintain a work diary and record his/her participation in the training programmes conducted by the department such as journal reviews, seminars, etc. Special mention may be made of the presentations by the candidate as well as details of clinical Operative procedures, if any, conducted by the candidate.

**vii) Records:** Records, log books and marks obtained in tests will be maintained by the Head of the Department and will be made available to the University or MCI on request.

**Log Book**

The log book is a record of the important activities of the candidates during his/her training. Formative assessment will partially be based on the evaluation of the log book. Collectively, log books are a tool for the evaluation of the training programme of the institution by external agencies. The record includes academic activities as well as the presentations and procedures carried out by the candidate.

**Format for the Log** book for the different activities is given in Tables 1,2,3and 4 of Chapter IV.

**Formative assessment** will be done by each staff every month for each P.G by using model overall assessment sheet.

Eligibility criteria for appearing in the University examination will be

- a. 80% attendance in each year
- b. Log Book
- C. Formative assessment

**Procedure for defaulters:** The department has a committee to review such situations. The defaulting candidate is counseled by the guide and Head of the Department. In extreme cases of default the departmental committee may recommend that defaulting candidate be withheld from appearing in the examination, if she/he fails to fulfill the requirements, in spite of being given adequate chances to set himself/ herself right.

### **Scheme of Examination**

#### **A. Theory**

There shall be four papers, each of three hours duration. Each paper shall consist of two long essay questions, each carrying 20 marks, and 6 short essay questions, each carrying 10 marks. Total marks for each paper will be 100. Questions on recent advances may be asked in any or all the papers. Details of distribution of topics for each paper will be as follows:

- Paper I: Basic Sciences as applicable to Obstetrics and Gynaecology
- Paper II: Obstetrics including Social Obstetrics & Diseases of New born
- Paper III: Gynaecology
- Paper IV: Recent Advances and Family Welfare Planning.

**Note: The distribution of chapters / topics shown against the papers are suggestive only.**

#### **B. PRACTICAL EXAMINATION:**

Obstetrics long case	-	100 marks
Obstetrics short case	-	50 marks
Gynaecology long case	-	100 marks
Gynaecology short case	-	<u>50 marks</u>
		300 marks

#### **C. Viva Voce:**

**100 Marks**

1. Viva-Voce Examination: (80 Marks)

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression and interpretation of data. It includes all components

of course contents. In addition candidates may also be given case reports, charts, dummies (pelvis, foetal skull), gross specimens, pathology slides, instruments, X-rays, ultrasound, CT Scan images, NST etc., for interpretation. It includes discussion on dissertation also.

2. Pedagogy Exercise: (20 Marks)

A topic will be given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

**A.**

Maximum marks for Obstetrics & Gynaecology	Theory	Practical	Viva	Grand Total
	400	300	100	800

**Recommended Books – Latest edition**

Sl. No.	Name of the Author	Name of the Book	Edition	Name of the Publication
1	Ian Donald	‘Practical Obstetrics problems’	7 <sup>th</sup> Edn.	B. A. Publication
2	Ferando Arias	‘Practical guide to high risk pregnancy & delivery’	4 <sup>th</sup> Edn	Elsevier’s Publications
3	William’s	‘Text book of Obstetrics’	24 <sup>th</sup> Edn.	Mc. Graw Hill
4	Holland & Brewe’s	‘Manual of Obstetrics’	2 <sup>nd</sup> Edn	B.I.P. Publications
5	Jeffcoat’s	‘Principles of Gynaecology’	8 <sup>th</sup> Edn.	Butterworth Heighmen
6	Padubidri	Shaw’s Text book of Gynaecology’	15 <sup>th</sup> Edn.	B. L. Churchill Livingston.
7	Dutta	‘Text book of Gynaecology’	5 <sup>th</sup> Edn.	Jaypee brothers
8	Dutta	Text of Obstetrics	8 <sup>th</sup> Edn	Jaypee brothers
9	Munro Kerr’s	‘Operative Obstetrics’	12 <sup>th</sup> Edn.	A.T.B.S. Publications
10	Telinde’s	‘Operative Gynaecology’	8 <sup>th</sup> Edn.	Lippincott Publications
11	Barus or Cecil and Burrows	‘Medical disorders in Obstetric practice’	3 <sup>rd</sup> Edn.	Blackwell science Publications
12	Ratnam	‘Obstetrics and Gynaecology’	2 <sup>nd</sup> Edn.	Orient Longman Publications
13	Arul Kumaran	‘The management of labour’	1 <sup>st</sup> Edn.	Orient Longman Publications
14	Bhaskar Rao	‘Clinical Gynaecology’	4 <sup>th</sup> Edn.	Orient Longman Publications
15	C.S.Dawn	‘Text books of Obstetrics and Neonatology’	14 <sup>th</sup> Edn.	B.B. Publications
16	C.S.Dawn	‘Text books of Gynaecology and contraception’	13 <sup>th</sup> Edn.	B.B. Publications
17	J. Studd	‘Progress in Obstetrics and Gynaecology’	Latest Edn.	I.S.E. Publications
18	Padubidri	‘Text book of Obstetrics’	16 <sup>th</sup> Edn.	C.B.S. Publications
19.	Novak’s	‘Gynaecology’	12 <sup>th</sup> Edn.	Williams and Wilkins Publications

20.	Dewhurst	‘Obstetrics and Gynaecology’	5 <sup>th</sup> Edn.	Blackwell Science
21.	Speroff	‘Clinical Gynaecologic Endocrinology and infertility’	6 <sup>th</sup> Edn.	Lippincott Publications
22.	Bonney’s	‘Gynaecological surgery’	9 <sup>th</sup> Edn.	A.I.T.B.S. Publications
23.	Callen	‘Ultrasonography’	5 <sup>rd</sup> Edn.	C.B.S. Publications
24.	Schollmeyer Thoraff	Practical manual for laparoscopic & Hysteroscopic Gynecological surgery	2 <sup>nd</sup> Edn	Hercoat Brey’s Asia Publications
25.	Hart,Gordon	Diagnosis & Treatment of male Infertility	1 <sup>st</sup> Edn	Lippincott
26.	Williams	Gynaecology	2 <sup>nd</sup> Edn	Mc. Graw Hill
27.	Malhotra Narendra	Ultrasound in Obstetrics & Gynaecology	4 <sup>th</sup> Edn	Jaypee Brothers
28.	Briggs,Gerald.G	Drugs in pregnancy & Lactation	10 <sup>th</sup> Edn	A.T.B.S.Publication
29.	Kistner’s	‘Gynaecology-Principles and practice’	6 <sup>th</sup> Edn.	Mosby Publications
30	Michael and Moor	‘Essentials of Obstetrics and Gynaecology’	3 <sup>rd</sup> Edn.	W.B. Saunder’s Publications
31	John Bonnar	Recent Advances in Obstetrics & Gynaecology	Latest Edn	Churchill Livingstone

### **Journals**

1. Journal of FOGSI
2. Clinics of Obstetrics & Gynaecology – North America
3. British Journal of Obstetrics & Gynaecology
4. American Journal of Obstetrics & Gynaecology
5. Current opinion in Obstetrics & Gynaecology
6. Briggs update: Drugs in pregnancy & lactation.
7. Operative technique in gynaecologic surgery
8. Fertility & Sterility
9. American Association of Gynaecology Laproscopy
10. Obstetrics & Gynaecology Clinics

## **SECTION II**

### **Curriculum of Diploma in Obstetrics & Gynaecology (D.G.O.)**

**Goal:** The postgraduate course D.G.O (Obstetrics & Gynaecology) should enable a medical graduate to practice Obstetrics & Gynaecology with adequate competency and skills with sound knowledge

To practice In an ethical manner with empathy.

To continue to update with recent advances

To be able to act as a team leader in executing the National Health Policies.

#### **Objectives:**

**The objectives of the course are to turn out an OBGYN specialist who shall have:**

- i. Mastered most of the competencies, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system;
- ii. Acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology; and
- iii. Acquired the basic skills in teaching of the medical and paramedical professionals.
- iv. Who shall continue to evince keen interest in continuing Obstetrics & Gynaecology education irrespective of whether he/she is in a teaching institution or is a practicing OBGyn.
- v. The objectives will also be considered under the sub headings
  - Knowledge (Cognitive domain)
  - Skills(Psychomotor domain)
  - Human values, Ethical practice & Communication abilities(Affector domain)

#### **Specific Learning Objectives:**

The specific learning objectives of postgraduate training course in Obstetrics & Gynaecology would be to train an MBBS doctor who will:

- Practice Obstetrics & Gynaecology efficiently and effectively, backed by scientific knowledge and skill base.
- Exercise empathy and a caring attitude and maintain high ethical standards.
- Who shall develop skills as a self-directed learner, recognize continuing education needs, select & use appropriate learning resources;

- Who shall learn basic concepts of research methodology & epidemiology and be able to critically analyze relevant published research literature.
- Be a motivated ‘teacher’ – keen to share his or her knowledge and skills with a colleague or a junior or any learner.
- Offer to the community, the current quality of ‘Standard care’ in Obstetrics & Gynaecological diagnosis, as well as therapeutics, medical or surgical, for common as well as referred conditions.
- Periodically self assess his/her performance and keep abreast with ongoing advances in the field & apply the same to his /her practice.
- Be aware of his or her own limitations in the application of the speciality in situations which warrant referral to major centers or individuals more qualified to treat.
- Apply research and epidemiological methods during his/her practice. The candidate shall be able to present or publish work done by him/her.
- Contribute as an individual or in a group or institution towards the fulfillment of national objectives with regard to prevention of maternal mortality and morbidity and improving the neonatal outcome.
- Effectively communicate with patients or relatives so as to educate them sufficiently and give them full benefit of informed consent to treatment and ensure compliance.
- Effectively communicate with colleagues.

### **Course contents**

It includes topics not only of Obstetrics and Gynaecology, but also those aspects of Medicine, Surgery, Paediatrics, applied Anatomy, Physiology, Pathology, Pharmacology and Microbiology relevant to the practice of both Obstetrics and Gynaecology. It is intended as a guide to the candidates and it is not comprehensive.

As and when there are newer developments, they become eligible for inclusion. Hence the candidates should familiarize themselves with the current content of the scientific journals and reviews of major topics.



## **Theory**

### **Basic Sciences**

#### **Physiology**

- i. Physiology and neuroendocrine changes during adolescence, puberty, menstruation, ovulation, fertilization, climacteric and menopause.
- ii. Markers in Obstetrics and Gynaecology, Non-neoplastic and Neoplastic diseases.
- iii. Physiological changes in cardio vascular system, urinary system & reproductive system during pregnancy.

#### **Genetics**

Normal and abnormal Karyotypes

Problems of intersex

Genetic causes of infertility and early pregnancy loss

Genetic aspects of artificial insemination

#### **Anatomy Including Embryology**

Gametogenesis, ovulation, Fertilization, Implantation, Development of foetus and placenta. Development of male and female genital tract. Problems of abnormal development of genital tract in Obstetrics and Gynaecology. Anatomy of Urogenital system, including pelvic musculature, Blood supply, Innervation and lymphatic drainage of the pelvis and reproductive organs.

#### **Pathology**

Pathology of inflammatory degenerative and neoplastic diseases of the vulva, vagina, cervix, uterus, fallopian tubes, ovaries and the broad ligament.

#### **Haematology**

Blood groups, Rh factor, Rh incompatibility, blood transfusion ,Coagulation system & coagulation disorders.

#### **Biochemistry**

Steroid and prostaglandin synthesis and metabolism in mother and foetus. Maternal and foetal carbohydrate, lipid, amino-acid and iron metabolism. Synthesis and secretion of foetal pulmonary surfactant.

## **Endocrinology**

Structure, synthesis, function, metabolism and principles of hormone of assays , produced from the Hypothalamus, Anterior and Posterior Pituitary, Thyroid, Pancreas, Adrenal cortex, Adrenal medulla, Ovary, Testis, and Placenta.

## **Pharmacology**

Placental transfer of drugs and its effects on mother and foetus, Eg: Antibiotics, antihypertensives, psychotropic drugs, oral contraceptives, chemotherapeutic drugs, Anticonvulsants, Anti coagulants and Oxytocic drugs: Effects of tobacco and alcohol on pregnant mother and foetus. Teratogenic effects of drugs taken during pregnancy and lactational period.

## **Immunology**

Basic immunology including primary and secondary immune response, mechanism of antibody production, HLA system and graft rejection. Changes in pregnancy and the foetus as a graft. Immunological pregnancy tests. Rhesus and other Isoimmunisations. Active and passive immunization and Auto immune diseases.

## **Microbiology**

Epidemiology and Pathophysiology of diseases developing in pregnancy, that is, Septic abortion, Preterm labour, PROM, Puerperal sepsis, Mastitis, Septic shock and Neonatal sepsis. Microbiology of TORCH infections, Syphilis, Chlamydia, Mycoplasma, Hepatitis and HIV.

## **Maternal physiological changes during pregnancy**

- i. Fluid and electrolyte balance.
- ii. Changes Respiratory, Cardio vascular system.
- iii. Changes in Gastro-intestinal system – including liver and pancreas
- iv. Changes in Urinary system
- v. Haematological changes including coagulation mechanism and fibrinolytic system

## **Teratology**

Mechanisms of teratogenesis . Effect of possible teratogens – drugs, viruses, radiation and other agents.

## **Antenatal care**

Includes diagnosis of pregnancy, identification of high-risk group of mothers and foetus with different modalities of investigation, Clinical monitoring for maternal/foetal welfare and selection of place of delivery.

## **Physiology of Labour**

Causation of onset of labour

Intrapartum care

Maternal and foetal monitoring

Mechanism and management of normal labour

## **Abnormal pregnancy**

- i. Medical diseases and disorders complicating pregnancy and child birth
- ii. Obstetric complications of pregnancy
- iii. Multiple pregnancy
- iv. Congenital malformations
- v. Foetal growth restriction (FGR)
- vi. Repeated pregnancy loss
- vii. Preterm labour
- viii. Prolonged pregnancy
- ix. Malpresentations
- x. Shock and collapse
- xi. Ectopic pregnancy
- xii. Rh incompatibility.

## **Abnormalities of Labour and Delivery**

Includes induction of labour and abnormal uterine action

Additional Topics

1. Chikungunya fever in pregnancy
2. Dengue fever in pregnancy
3. Zika virus in pregnancy
4. DIPSI Protocols & guide lines
5. Biomedical waste management
6. Bioethics

7. Newer drugs & effect on pregnancy (like newer antiepileptics & anti hypertensives )

8. Legal Implications of PC-PNDT ACT, MTP Act & Tubectomy/Tubal Ligation

### **Social Obstetrics**

Study of interplay of social and environmental factors and human reproduction going back to premarital and preconceptional period.

- i. Implementing safe motherhood initiatives.
- ii. Community maternal health care.
- iii. Antenatal checkup.
- iv. MCH problems.
- v. Risk approach to pregnant women  
Anaemia, STD, Syphilis Tetanus, AIDS
- vi. Domiciliary care
- vii. Postnatal complications
- viii. Low birth weight (L.B.W.)
- ix. Socio-economic status and birth weight correction
- x. Infant feeding
- xi. Road to health chart and school health programmes.
- xii. Pre pregnancy and post pregnancy counseling
- xiii. Reproductive and child health (RCH)
- xiv. National Health Programmes

### **Family welfare programmes including Reconstructive surgeries**

Temporary methods like

Chemical contraceptives

Barrier methods

Hormonal contraception

IUD

Permanent methods like

Tubectomy

Laparoscopic tubal ligation

Minilap

Reconstructive surgeries like

Tuboplasty

Vaso Vasotomy

## **Perinatology**

- i. The term new born infant
- ii. Low birth weight baby -Preterm, - IUGR
- iii. Asphyxia neonatorum
- iv. Respiratory distress
- v. Jaundice in the new born
- vi. Haemorrhagic disease of new born
- vii. Convulsions in the new born
- viii. Injuries of the new born
- ix. Infections of the new born
- x. Diarrhea in the new born
- xi. Vomiting in the new born
- xii. Congenital malformations of the new born.

## **Neonatal**

Early neonatal complications, infections and management.

## **Mortality and Morbidity**

Epidemiology, Magnitude of the problem, causes, prevention and management of Maternal & perinatal mortality and morbidity.

## **Gynaecology**

History taking with special reference to Gynaecological history, abdominal and pelvic examination, relevant investigations to arrive at most probable diagnosis.

Topics includes: Infection, New growths (both benign and malignant) and other pathological disorders of vulva, vagina, cervix, uterus, fallopian tubes, Ovaries and Pelvic cellular tissue including STD and HIV.

Adolescent Gynaecology

Menstrual disorders, including amenorrhoea, menopause

Gynaecological problems and management of the post menopausal and elderly women.

Chromosomal disorders – including intersex

Gynaecological cytopathology.

Contraception and family planning.

Infertility and ART

Hormonal therapy.

Problem of sex and marriage

## **Clinical Obstetrics & Gynaecology (Psychomotor skill)**

### **Obstetrics**

- i. Diagnosis of early pregnancy and its complications and management.
- ii. Aims of ANC and management of high-risk pregnancies.
- iii. To work in labour wards and to manage normal and complicated deliveries.
- iv. Neonatal care and resuscitation in labour wards
- v. Follow-up of normal and abnormal deliveries during postnatal period
- vi. Assisting caesarean section initially and by the end of the course, they shall be able to do Caesarean sections independently.
- vii. SICU management.(Surgical Intensive Care Unit)
- viii. Family welfare programmes and reconstructive surgeries of the fallopian tubes.
- ix. Rural obstetric care and referral services

### **Simulation based training at Skills Lab:**

- i. Internal Iliac artery ligation
- ii. Hemostatic sutures
- iii. Pelvitrainer session
- iv. DRILLS
  - PPH
  - Eclampsia
  - Shoulder Dystocia
  - Pulmonary embolism

### **Gynaecology**

- i. To work in O.P.D. and examine gynaecology cases routinely,
- ii. Minor operations  
To assist in the beginning and carry on work independently by the end of I year.
- iii. Major Operations  
To assist as second assistant for the 1<sup>st</sup> six months, first assistant for the next 6 months and do some major operations like Vaginal hysterectomy with P.F.R. and Abdominal hysterectomy and Oophorectomy under supervision of senior doctors. By the end of

the course the candidate shall be familiar with the techniques of above mentioned operations and perform those independently.

- iv. To do investigations like HSG and USG under guidance initially and independently by the end of course.
- v. To assist medico legal cases.
- vi. Writing case records
- vii. Candidate should write separate PG case sheets, keep diary and log book and get it verified by the Unit Chief at the end of each month.

**Communication abilities**

Ability to interact with and work as a team with other colleagues, patients and teachers.

**Record keeping**

The ability to maintain records as scientifically as possible. Knowledge of computer is helpful.

**Surgical Skills**

**1. Procedures to be performed independently (PI)**

**Labour Skills**

Sl.No	Procedure	Observed	Assisted	Done
1	Vaginal deliveries			
2	Forceps delivery			
3	Ventouse			
4	Episiotomy repair- Colpocentesis 3 <sup>rd</sup> degree perineal tear suturing			
5	Destructive operations			

### Surgical skills -Minor Operations

Sl.No	Procedure	Observed	Assisted	Done
1	D&C suction evacuation	25	10	10
2	M.R Mid-Trimester procedures like extraamniotic instillation of 0.1% ethacridine lactate	5	5	5
3	Cerviprime gel installation	25	15	10
4	Insertion of intrauterine devices	25	25	25
5	Cervical & endometrial biopsy	20	20	10
6	Electric cauterization	5	5	5
7	Fallopian tube testing procedures and hysterosalpingogram	5	5	10
8	Papsmear cervical biopsy	100	100	100
9	Cryosurgery	20	20	10
10	Colposcopy	10	10	5

#### a) Major O.T. Procedures

Major O.T

Sl.No	Procedure	Observed	Assisted	Done
1	Caesarean section (minimum)	50	20	5
2	Oophorectomy	10	5	5
3	Cervical encerclage	10	10	5
4	Caesarean hysterectomy	2	2	-
5	Salpingectomy for ectopic pregnancy	10	2	2
6	Laparotomy	10	5	2
7	Internal iliac Artery ligation	5	2	-
8	MRP	5	5	-



9	Operations for inversion of uterus	3	2	-
10	Diagnostic laparoscopy and operative laparohysteroscopy	10	10	5
11	Tubectomy – Minilap Laparoscopic sterilization	20	20	10
12	Vaginal hysterectomy	10	10	5
13	Abdominal hysterectomy	10	10	5

**2. Procedures to be observed (Candidate to wash and observe) (O)**

**a. Special Operations**

Sl.No		Assisted
1	Tuboplasty	3
2	Myomectomy	3
3	Ovarian debulking operations	5
4	Ventrofixation (Gilliam's operation)	3
5	Sling operations for prolapse	3
6	Wertheim's hysterectomy	5
7	Simple and radical vulvectomy	3
8	Caesarean hysterectomy	2
9	Internal iliac artery ligation	2
10	Operations for inversion of uterus	2

## **Year wise Structured Training Schedule**

### **1<sup>st</sup> Year**

- i. Theoretical knowledge, Basic sciences
- ii. Examination and diagnosis of Obstetric and Gynaecological cases with relevant investigations & case recording.
- iii. Surgical Skills: Assisting Caesarean sections as second assistant initially and later on as first assistant, under supervision.

Assisting all major gynaecological operations like, vaginal and abdominal hysterectomies as a second assistant.

#### **Minor Operations**

Assisting minor operations like M.T.P. Tubectomy, Laparoscopy, Cervical biopsy, D&C in the initial period, and later on doing independently under supervision.

### **2<sup>nd</sup> Year**

Theoretical knowledge of Allied Subjects

Clinical examination and diagnosis. The student is encouraged to take diagnostic, investigational and therapeutic decisions.

#### **Surgical Skills**

At the end of the second year the student should be capable of doing surgeries without assistance but under supervision, like caesarean section and minor operations like, M.T.P. cervical biopsy, D&C, tubectomies, outlet forceps and handling other emergencies during delivery. The student must know how to manage the complications during and after delivery confidently.

#### **Conference and workshops**

The student is encouraged to attend one conference of State level & one at National level. Presentation of paper in the conference is encouraged. They should attend all OBG society meetings and CME Programmes.

The student should be involved actively in presentation of seminars, panel discussion, Journal clubs and case discussions with seniors, and to maintain the records.

## **Labour ward Postings & posting in other allied departments**

- i. The student must work in labour wards for at least 6 months during I and II year.  
(3 months each year)
- ii. Paediatrics  
2 weeks
- iii. Radio-diagnosis including Ultrasound and NST  
1 month
- iv. Anaesthesia  
2 weeks

## **GOALS:**

### Anaesthesia

- Short G A
- Endotracheal intubation
- Spinal anaesthesia
- Monitoring ventilated patients
- Management of complications of anaesthesia

### Paediatrics:

- Neonatal assessment & resuscitation
- Recognition of neonatal complications
- Basic knowledge of working of phototherapy & warmer

### Gynaec oncology

- Observe, assist Gynaec oncosurgeries
- Principles of Radiotherapy in Gynaec oncology
- Principles of chemotherapy & be able to manage chemotherapy courses

### Radio-diagnosis

- Ultrasound - Obstetrics USG
  - Gynaec
  - Doppler study
- C T, M R I – reading of Obst & Gynaec CT & MRI
- HSG

## **Teaching / Learning Experience:**

A candidate pursuing the course should work in the institution as a full time student. No candidate will be permitted to run a clinic/laboratory/nursing home while studying a postgraduate course. Each year will be taken as a unit for the purpose of calculating attendance.

Every student shall attend teaching and learning activities during each year as prescribed by the department and not absent himself / herself from work without valid reasons.

A list of teaching and learning activities designed to facilitate students to acquire essential knowledge and skills is given below:

**1. Theory classes: Every week on Thursday between 8am to 9am**

**a. Didactic Lectures:** Will be taken for selected common topics for the post graduate students. Few topics are:

- i. Bio-statistics
- ii. Use of library
- iii. Research Methods
- iv. Medical code of Conduct and Medical Ethics
- v. National Health and Disease Control Programmes
- vi. Communication Skills etc.

These topics will be taken up in the first few weeks of the 1<sup>st</sup> year.

**b. Integrated Lectures:** These will be taken by multidisciplinary teams for selected topics, eg. Jaundice, Diabetes mellitus, Thyroid, Anemia etc.

**2. Journal Club:** This will be held once a week. All the PG students are expected to attend and actively participate in discussion and enter relevant details in the Log book. Further, every candidate must make a presentation from the allotted journal(s), selected articles at least four times a year and a total of 08 Journal articles in two years.

**3. Subject seminar:** This will be held once a week. All the PG students are expected to attend and actively participate in discussion and enter relevant details in the Log Book. Further, every candidate must present selected topics at least four times a year and a total of 08 seminar presentations in two years.

**5. Clinical case discussion:** Case presentation will be made every week. Case can be clinically interesting or problem based. Each DGO student should present at least 12 clinical cases for discussion in the two year posting (6 Obstetrics & 6 Gynaecology)

**6. Group Discussion:** will be done every week. Each P.G student should participate and give the opinion on the topic concerned.

**7. Integrated teaching programme:** One horizontal/vertical integrated teaching programme will be conducted once in three months.

8. Attending OPD work

**9. Ward Rounds:** Ward rounds may be service or teaching rounds.

a. Service rounds: Postgraduate students and Interns should do every day for the care of the patients. Newly admitted patients should be worked up by the PGs and presented to the seniors the following day.

b. Teaching Rounds: Every unit will have 'grand rounds' for teaching purpose. A diary should be maintained for day to day activities by the students.

Entries of (a) and (b) should be made in the Log Book.

**10. Clinico-Pathological Conference:** This will be held once in 3 months for all post graduate students. Presentation to be done by rotation. If cases are not available due to lack of clinical postmortems, it will be supplemented by published CPCs.

**11. Inter Departmental Meetings:** Held every three months with departments of Pathology, Radio-Diagnosis, Pediatrics and Anesthesia. These meetings should be attended by post graduate students and relevant entries must be made in the Log Book.

**12. Teaching Skills:** Post graduate students must teach undergraduate students (Eg. Medical, nursing) by taking demonstrations, bed side clinics, tutorials, lectures etc. Assessment is made using a checklist by OBGY faculty as well as students. (See model check list in Chapter IV). Record of their participation to be kept in Log book. Training of post graduate students in Educational Science and Technology is recommended.

13. P.G. Panel discussion will be conducted every 4<sup>th</sup> month.

14. Ethical meeting will be conducted every 3 months.

15. Role play will be conducted 3 times in one year.

### **Monitoring Progress of Studies**

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring will be done by the staff of the department based on

participation of students in various teaching / learning activities. It will be structured and assessment will be done using checklists that assess various aspects. Checklists are given in section IV.

The learning outcomes to be assessed include: (i) Personal Attitudes, (ii) Acquisition of Knowledge, (iii) Clinical and operative skills.

i) **Personal Attitudes:** The essential attributes are:

- Caring attitude
- Initiative
- Organisational ability
- Potential to cope with stressful situations and undertake responsibility
- Trust worthiness and reliability
- To understand and communicate intelligibly with patients and others
- To behave in a manner which establishes professional relationships with patients and colleagues
- Ability to work in team
- A critical enquiring approach to the acquisition of knowledge

The Methods used mainly consist of observation. It is appreciated that these items require a degree of subjective assessment by the guide, supervisors and peers.

ii) **Acquisition of Knowledge:** The methods used comprise of 'Log Book' which records participation in various teaching / learning activities by the students. The number of activities attended and the number in which presentations are made are to be recorded. The log book should periodically be validated by the supervisors. Some of the activities are listed. The list is not complete.

**Journal Review Meeting (Journal club):** The ability to do literature search, in depth study, presentation skills, and use of audio – visual aids are to be assessed. The assessment is made by faculty members and peers attending the meeting using a checklist.

**Seminars / symposia:** The topics will be assigned to the student well in advance to facilitate in depth study. The ability to do literature search, in depth study, presentation skills and use of audio – visual aids will to be assessed using a checklist.

**Clinico-Pathological conferences:** This will be a multidisciplinary case study of an interesting case to train the candidate to solve diagnostic and therapeutic problems by using an analytical approach. The presenter(s) are to be assessed using a check list similar to that used for seminar.

**iii) Clinical Skills:**

**Day to Day Work:** Skills in outpatient and ward work will be assessed periodically. The assessment will include the candidates' sincerity and punctuality, analytical ability and communication skills.

**Clinical Meetings:** The candidate should periodically present cases to his peers and faculty members. This will be assessed using a check list.

**Clinical and Procedural Skills:** The candidate will be given graded responsibility to enable learning by apprenticeship. The performance is assessed by the guide by direct observation. Particulars are recorded by the student in the log book. (Table No.3, Chapter IV)

**iv) Periodic tests:** The department conducts two tests, one of them at the end of first year and the other in the second year three months before the final examination. Test may be held three months before the final examination. The tests will include written papers, practicals / clinicals and viva voce.

**vii) Work diary / Log Book** – Every candidate shall maintain a work diary and record his/her participation in the training programmes conducted by the department such as journal reviews, seminars, etc. Special mention may be made of the presentations by the candidate as well as details of clinical or laboratory procedures, if any conducted by the candidate.

**viii) Records:** Records, log books and marks obtained in tests will be maintained by the Head of the Department and will be made available to the University or MCI.

**ix) Short Research projects** will be allotted and the DGO candidates should carry out the research within the stipulated time and send it for publication.

## Log book

The log book is a record of the important activities of the candidates during his training; Formative assessment is based on the evaluation of the log book. Collectively, log books are a tool for the evaluation of the training programme of the institution by external agencies. The record includes academic activities as well as the presentations and procedures carried out by the candidate.

**Format for the log book** for the different activities is given in Tables 1, 2 and 3 of Chapter IV.

**Formative assessment** will be done by each staff every month for each P.G by using model overall assessment sheet.

Eligibility criteria for appearing in the University examination will be

a. 80% attendance in each year

b. Log Book

C. Formative assessment

**Procedure for defaulters:** The department has a committee to review such situations. The defaulting candidate is counseled by the guide and Head of the Department. In extreme cases of default, the departmental committee may recommend that defaulting candidate be withheld from appearing in the examination, if she/he fails to fulfill the requirements in spite of being given adequate chances to set himself or herself right.



## Scheme of Examination

### A. Theory

There shall be three papers, each of three hours duration. Each paper shall consist of two long essay questions, each question carrying 20 marks and six short essay questions, each carrying 10 marks. Total marks for each paper will be 100. Questions on recent advances may be asked in any or all the papers. Details of distribution of topics for each paper will be as follows:

Paper I:	Basic Science as applicable to Obstetrics and Gynaecology
Paper II:	Obstetrics
Paper III:	Gynaecology

**Note: The distribution of chapter / topics shown against the papers are suggestive only.**

### B. Clinical

#### **PRACTICAL EXAMINATION:**

Obstetrics long case	-	70 marks
Obstetrics short case	-	30marks
Gynaecology long case	-	70marks
Gynaecology short case	-	30 marks
	-	200 marks

### C. Viva Voce:

**100 Marks**

1. All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression and interpretation of data. It includes all components of course contents. In addition candidates may be also be given case reports, charts, dummies (pelvis, foetal skull), gross specimens, pathology slides, instruments, X-rays, ultrasound, CT Scan images, NST etc., for interpretation. It includes discussion on dissertation also.
2. Pedagogy Exercise: (20 Marks)  
A topic is given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8-10 minutes.

**D.**

Maximum marks for DGO	Theory	Practical	Viva	Grand Total
	300	200	100	600

**Recommended Books – Latest edition**

Sl. No.	Name of the Author	Name of the Book	Edition	Name of the Publication
1	Ian Donald	‘Practical Obstetrics problems’	7 <sup>th</sup> Edn.	B. A. Publication
2	Ferando Arias	‘Practical guide to high risk pregnancy & delivery’	4 <sup>th</sup> Edn	Elsevier’s Publications
3	William’s	‘Text book of Obstetrics’	24 <sup>th</sup> Edn.	Mc. Graw Hill
4	Holland & Brewe’s	‘Manual of Obstetrics’	2 <sup>nd</sup> Edn	B.I.P. Publications
5	Jeffcoat’s	‘Principles of Gynaecology’	8 <sup>th</sup> Edn.	Butterworth Heinmann
6	Padubidri	Shaw’s Text book of Gynaecology’	15 <sup>th</sup> Edn.	B. L. Churchill Livingston.
7	Dutta	‘Text book of Gynaecology’	5 <sup>th</sup> Edn.	Jaypee brothers
8	Dutta	Text of Obstetrics	8 <sup>th</sup> Edn	Jaypee brothers
9	Munro Kerr’s	‘Operative Obstetrics’	12 <sup>th</sup> Edn.	A.T.B.S. Publications
10	Telinde’s	‘Operative Gynaecology’	8 <sup>th</sup> Edn.	Lippincott Publications
11	Barus or Cecil and Burrows	‘Medical disorders in Obstetric practice’	3 <sup>rd</sup> Edn.	Blackwell science Publications
12	Ratnam	‘Obstetrics and Gynaecology’	2 <sup>nd</sup> Edn.	Orient Longman Publications
13	Arul Kumaran	‘The management of labour’	1 <sup>st</sup> Edn.	Orient Longman Publications
14	Bhaskar Rao	‘Clinical Gynaecology’	4 <sup>th</sup> Edn.	Orient Longman Publications
15	C.S.Dawn	‘Text books of Obstetrics and Neonatology’	14 <sup>th</sup> Edn.	B.B. Publications
16	C.S.Dawn	‘Text books of Gynaecology and contraception’	13 <sup>th</sup> Edn.	B.B. Publications
17	Padubidri	‘Text book of Obstetrics’	16 <sup>th</sup> Edn.	C.B.S. Publications
18	Novak’s	‘Gynaecology’	12 <sup>th</sup> Edn.	Williams and Wilkins Publications
19.	Dewhurst	‘Obstetrics and Gynaecology’	5 <sup>th</sup> Edn.	Blackwell Science
20.	Speroff	‘Clinical Gynaecologic Endocrinology and infertility’	6 <sup>th</sup> Edn.	Lippincott Publications
21.	Bonney’s	‘Gynaecological surgery’	9 <sup>th</sup> Edn.	A.I.T.B.S. Publications
22.	Callen	‘Ultrasonography’	5 <sup>rd</sup> Edn.	C.B.S. Publications
23.	Schollmeyer Thoraff	Practical manual for laparoscopic & Hysteroscopic Gynecological surgery	2 <sup>nd</sup> Edn	Hercoat Brey’s Asia Publications
24.	Hart,Gordon	Diagnosis & Treatment of male Infertility	1 <sup>st</sup> Edn	Lippincott

25.	Williams	Gynaecology	2 <sup>nd</sup> Edn	Mc. Graw Hill
26.	Malhotra Narendra	Ultrasound in Obstetrics & Gynaecology	4 <sup>th</sup> Edn	Jaypee Brothers
27.	Briggs,Gerald.G	Drugs in pregnancy & Lactation	10 <sup>th</sup> Edn	A.T.B.S.Publication

### **Journals**

1. Journal of FOGSI
2. Clinics of Obstetrics & Gynaecology – North America
3. Fertility and Sterility
4. British Journal of Obstetrics & Gynaecology
5. American Journal of Obstetrics & Gynaecology
6. American association of gynaecology laproscopy
7. Obstetrics & Gynaecologic Clinics
8. Current Opinion in Obstetrics & Gynaecology
9. Briggs update: Drugs in pregnancy & lactation.
10. Operative technique in gynaecologic surgery

## SECTION - III

### MEDICAL ETHICS & MEDICAL EDUCATION

#### Sensitization and Practice

##### Introduction

There is now a shift from the traditional individual patient, doctor relationship, and medical care. With the advances in science and technology and the needs of patient, their families and the community, there is an increased concern with the health of society. There is a shift to greater accountability to the society. Doctors and health professionals are confronted with many ethical problems. It is, therefore necessary to be prepared to deal with these problems. To accomplish the Goal (i), General Objectives (ii) stated in Chapter II (pages 2.1 to 2.3), and develop human values it is urged that **ethical sensitization** be achieved by lectures or discussion on ethical issues, clinical case discussion of cases with an important ethical component and by including ethical aspects in discussion in all case presentations, bedside rounds and academic postgraduate programs.

##### Course Contents

###### 1. Introduction to Medical Ethics

What is Ethics?

What are values and norms?

Relationship between being ethical and human fulfillment

How to form a value system in one's personal and professional life

Heteronomous Ethics and Autonomous Ethics

Freedom and personal Responsibility

###### 2. Definition of Medical Ethics

Difference between medical ethics and bio-ethics

Major Principles of Medical Ethics 0

Beneficence = fraternity

Justice = equality

Self determination (autonomy) = liberty

###### 3. Perspective of Medical Ethics

The Hippocratic Oath

The Declaration of Helsinki

The WHO Declaration of Geneva

International code of Medical Ethics (1993)

Medical Council of India Code of Ethics

4. Ethics of the Individual
  - The patient as a person
  - The Right to be respected
  - Truth and confidentiality
  - The autonomy of decision
  - The concept of disease, health and healing
  - The Right to health
  - Ethics of Behavior modification
  - The Physician – Patient relationship
  - Organ donation
  
5. The Ethics of Human life
  - What is human life?
  - Criteria for distinguishing the human and the non-human
  - Reasons for respecting human life
  - The beginning of human life
  - Conception, contraception
  - Abortion
  - Prenatal sex-determination
  - In vitro fertilization (IVF), Artificial Insemination by Husband (AIH)
  - Artificial Insemination by Donor (AID)
  - Surrogate motherhood, Semen Intra fallopian Transfer (SIFT),
  - Gamete Intra fallopian Transfer (GIFT), Zygote Intra fallopian Transfer (ZIFT),
  - Genetic Engineering
  
6. The family and society in Medical Ethics
  - The Ethics of human sexuality
  - Family Planning perspectives
  - Prolongation of life
  - Advanced life directives – The Living Will
  - Euthanasia
  - Cancer and Terminal Care
  
7. Profession Ethics
  - Code of conduct
  - Contract and confidentiality
  - Charging of fees, Fee-splitting
  - Prescription of drugs
  - Over-investigating the patient

Low – Cost drugs, vitamins and tonics  
Allocation of resources in health cares  
Malpractice and Negligence

8. Research Ethics  
Animal and experimental research / humanness  
Human experimentation  
Human volunteer research – Informed Consent  
Drug trials\  
ICMR Guidelines for Ethical Conduct of Research – Human and Animal  
ICH / GCP Guidelines  
Schedule Y of the Drugs and Cosmetics Act.
9. Ethical work -up of cases  
Gathering all scientific factors  
Gathering all human factors  
Gathering value factors  
Identifying areas of value – conflict, setting of priorities,  
Working our criteria towards decisions

### **Recommended Reading**

1. Francis C. M., **Medical Ethics**, 2<sup>nd</sup> Ed, 2004 Jaypee Brothers, Bangalore/-
2. Ethical guidelines for biomedical research on human participants, ICMR publication 2006
3. Santosh Kumar: the elements of research, writing and editing 1994, Dept of Urology, JIPMER, Pondicherry
4. Srinivas D.K etal, Medical Education Principles and Practice, 1995, National Teacher Training Centre, JIPMER, Pondicherry
5. Indian National Science Academy, Guidelines for care and use of animals in scientific Research, New Delhi, 1994
6. International committee of Medical Journal Editors, Uniform requirements for manuscripts submitted to biomedical journals, N Engl J Med 1991
7. Kirkwood B.R, Essentials of Medical Statistics, 1<sup>st</sup> Ed., Oxford: Blackwell Scientific Publications 1998
8. Mahajan B.K. Methods in bio statistics for medical students, 5<sup>th</sup> Ed, New Delhi, Jaypee, Brothers Medical Publishers, 1989
9. Raveendran, B. Gitanjali: A Practical approach to PG dissertation, New Delhi, Jaypee Publications, 1998.
10. John A Dent. Ronald M Harden, A Practical guide for medical teacher, 4<sup>th</sup> Edition, Churchill Livingstone, 2009.
11. Tejinder Singh Anshu, Principles of Assessment in Medical Education, Jaypee brothers

12. Dr. K.Lakshman, A Hand Book on Patient Safety, RGHHS & Association of Medical Consultants, 2012
13. Bernard Mogs, Communication skills in health & social care, 3rd Edition, (S) SAGE, 2015
14. Manoj Sharma , R. Lingyak Petosa, Measurement and Evaluation for Health Educators, Jones & Bartlett Learning.
15. David E. Kern, Patricia A, Thomas Mark T, Hughes, Curriculum Development for Medical Education. A six-step approach, The Johns Hopkins University press/Baltimore.
16. Tejinder Singh Piyush Gupta Daljit Singh, Principles of Medical Education (Indian Academy of Paediatrics), 4th Edition, Jaypee Brothers, 2013.
17. Robert Reid, Torri Ortiz Linenemann, Jessica L.Hagaman, Strategy Instruction for Students with learning disabilities, 2nd Edition, The Guilford Press London.
18. Lucinda Becker Pan Demicolo, Teaching in higher education, (S) SAGE, 2013.
19. C.N. Prabhakara, Essential Medical Education (Teachers Training), Mehta publishers.
20. Tejinder Singh Piyush Gupta, Principles of Evaluation & Research for health care programmes, 4th Edition, IAP National Publication House (Jaypee Brothers).
21. R.L.Bijlani, Medical Research, Jaypee Brothers, 2008
22. Stephen Polgar Shane A Thomas, Introduction to Research in the Health Sciences, Churchill Livingstone Elsevier, 2013.
23. Amar A,Sholapurkar. Publish & Flourish -A practical guide for effective scientific writing, Jaypee Brothers, 2011
24. Charles R.K.Hind, Communication Skills in Medicine, BMJ, 1997.

**SECTION - IV**

**ANNEXURES**

**MODEL CHECK-LIST FOR EVALUATION OF JOURNAL**

**REVIEW PRESENTATIONS**

Name of the Student:

Name of the Faculty/Observer:

Date:

Sl. No.	Items for observation during presentation	Poor 1	Average 2	Good 3	Excellent 4
1.	Article Chosen was				
2.	Extent of understanding of scope & objectives of the paper by the candidate				
3.	Whether cross references have been consulted				
4.	Whether other relevant publications consulted				
5.	Ability to respond to questions on the paper / subject				
6.	Audio-Visual aids used				
7.	Ability to defend the paper				
8.	Clarity of presentation				
9.	Any other observation				
	Total Score				



**Check List – II**

**MODEL CHECK-LIST FOR EVALUATION OF SEMINAR  
PRESENTATIONS**

Name of the Student:

Date:

Name of the Faculty/Observer:

Sl. No.	Items for observation during presentation	Below Average 1	Average 2	Good 3	Very Good 4
1.	Whether other relevant publications consulted				
2.	Whether cross references have been consulted				
3.	Completeness of Preparation				
4.	Clarity of Presentation				
5.	Understanding of subject				
6.	Ability to answer questions				
7.	Time scheduling				
8.	Appropriate use of Audio-visual aids				
9.	Any other observation				
	Total Score				

**Check List – III**

**MODEL CHECK LIST FOR EVALUATION OF CLINICAL WORK IN  
WARD / OPD**

(To be completed once a month by respective Unit Heads including posting in other departments)

Name of the Student:

Date:

Name of the Unit Head:

Sl. No.	Points to be considered	Below Average 1	Average 2	Good 3	Very Good 4
1.	Regularity of attendance				
2.	Punctuality				
3.	Interaction with colleagues and supportive staff				
4.	Maintenance of case records				
5.	Presentation of cases during rounds				
6.	Investigations work up				
7.	Bedside manners				
8.	Rapport with patients				
9.	Counseling patient's relatives for blood donation or Postmortem and Case follow up.				
10.	Over all quality of Ward work				
	Total Score				

**Check List – IV**

**EVALUATION FORM FOR CLINICAL PRESENTATION**

Name of the Student:

Date:

Name of the Faculty:

Sl. No.	Points to be considered	Below Average 1	Average 2	Good 3	Very Good 4
1.	Completeness of history				
2.	Whether all relevant points elicited				
3.	Clarity of Presentation				
4.	Logical order				
5.	Mentioned all positive and negative points of importance				
6.	Accuracy of general physical examination				
7.	Whether all physical signs elicited correctly				
8.	Whether any major signs missed or misinterpreted				
9.	Diagnosis: Whether it follows logically from history and findings				
10.	Investigations required				
	▪ Complete list				
	▪ Relevant order				
	▪ Interpretation of investigations				
11	Ability to react to questioning Whether it follows logically from history and findings				
12.	Ability to defend diagnosis				
13.	Ability to justify differential diagnosis				
14.	Others				
	Total Score				

**Check List – V**

**MODEL CHECK LIST FOR EVALUATION OF TEACHING SKILL PRACTICE**

Sl. No.		Strong Point	Weak Point
1.	Communication of the purpose of the talk		
2.	Evokes audience interest in the subject		
3.	The introduction		
4.	The sequences of ideas		
5.	The use of practical examples and/or illustrations		
6.	Speaking style (enjoyable, monotonous, etc., specify)		
7.	Attempts audience participation		
8.	Summary of the main points at the end		
9.	Asks questions		
10.	Answers questions asked by the audience		
11.	Rapport of speaker with his audience		
12.	Effectiveness of the talk		
13.	Uses AV aids appropriately		

**Check List – VI**

**MODEL CHECK LIST FOR DISSERTATION SYNOPSIS PRESENTATION**

Name of the Student:

Date:

Name of the Faculty:

Sl. No.	Points to be considered divine	Poor	Below Average 1	Average 2	Good 3	Very Good 4
1.	Interest shown in selecting a topic					
2.	Appropriate review of literature					
3.	Discussion with guide & Other faculty					
4.	Quality of Protocol					
5.	Preparation of proforma					
	Total Score					

### Check List – VII

#### CONTINUOUS EVALUATION OF DISSERTATION WORK BY GUIDE / CO-GUIDE

Name of the Student:

Date:

Name of the Faculty:

Sl. No.	Items for observation during presentation	Below Average 1	Average 2	Good 3	Very Good 4
1.	Periodic consultation with guide/co-guide				
2.	Regular collection of case material				
3.	Depth of analysis / discussion				
4.	Departmental presentation of findings				
5.	Quality of final output				
6.	Others				
	Total Score				

## LOG BOOK

**Table 1: Academic activities attended**

Name:

Admission year:

College:

<b>Date</b>	<b>Type of Activity</b> <b>Specify Seminar, Journal Club, Presentation, UG teaching</b>	<b>Particulars</b>

## LOG BOOK

**Table 2: Academic presentations made by the student**

Name:

Admission Year:

College:

<b>Date</b>	<b>Topic</b>	<b>Type of Presentation</b> <b>Specify Seminar, Journal Club, Presentation, UG teaching Etc.</b>



## LOG BOOK

**Table 3: Diagnostic and Operative procedures performed**

**Name:**

**Academic Year:**

**College:**

<b>Date</b>	<b>Name</b>	<b>ID No.</b>	<b>Procedure</b>	<b>Category O, A, PA, PI*</b>

**\* Key:**

O – Washed up and observed

A – Assisted a more senior Surgeon

PA – Performed procedure under the direct supervision of a senior surgeon

PI – Performed independently

**Model Overall Assessment Sheet**

**Name of the College:**

**Academic Year:**

Sl. No.	Faculty Member & Others	Name of Student and Mean Score									
		A	B	C	D	E	F	G	H	I	J
1.											
2.											
3.											
4.											
5.											
<b>Total Score</b>											

Note: Use separate sheet for each year.

  
**REGISTRAR**  
**BLDE (Deemed to be University)**  
**Vijayapura-586103. Karnataka**