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Competency Based Medical Education (CBME)

PG CURRICULUM 2019-20

M.S Obstetrics & Gynaecology

Published by
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The Constituent College
SHRI B. M. PATIL MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, VIJAYAPURA
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BLDE(DU)/REG/PG-Curr/2019-20/268 May 06, 2019

NOTIFICATION

Sub: Competency Based Medical Education (CBME) based Revision of Post Graduate Curriculum

Ref: 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 28th meeting Academic Council of the University held on April 26, 2019.
3. Minutes of the 47th meeting Board of Management held on May 04, 2019.

The Board of Management of the University is pleased to approve the CBME based Revised Curriculum for Post Graduate Degree Course at in its 47th meeting held on May 04, 2019.

The Revised Curriculum shall be effective, from the Academic Session 2020-21 onwards, for Post Graduate Degree Course in the Constituent College of the University viz. Shri B. M. Patil Medical College, Hospital and Research Centre, Vijayapura.

REGISTRAR

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

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

Copy to:
- The Secretary, UGC, New Delhi
- The Secretary, MCI
- The Controller of Examinations
- The Vice Principal
- The Vice Principal (Academics)
- The Prof. & HODs Pre, Para and Clinical Departments
- The Co-ordinator, IQAC
- PS to the Hon'ble Chancellor
- PS to the Hon'ble Vice-Chancellor

Our Vision

"To be a Leader and be recognized as an Institution striving for maintenance and enhancement of Quality Medical Education and Healthcare"

Our Mission

- To be committed to promote sustainable development of higher education including Health science education, consistent with the statutory and regulatory requirements.
- Reflect the needs of changing technology and make use of the academic autonomy to identify the academic programs that are dynamic.
- Adopt global concepts in education in the healthcare sector.

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 [May2018]

(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 May 2018]

Eligibility for Admission:

1. Post graduate degree course:

   The candidate seeking admission should have passed MBBS from a college recognized by Medical Council of India.

As per requisites of statutory bodies & as laid out in Post graduate regulations of MCI & its amendments thereof, the minimum percentage of marks obtained in the entrance test

conducted by competent authority shall be as per MCI regulations & its amendments as applicable time to time.

Eligibility for Foreign / PIO / NRI students will be based on qualifying examination marks and MCI amendments as applicable at the time of selection and admission process.

Candidates seeking admission to superspeciality [M.Ch]
The candidate seeking admission to superspeciality course should have passed MS/MD in concerned subjects (As per MCI regulations & its amendments thereof) or passed DNB in concerned broad specialities & should fulfill requirements of MCI regulations.

2. As per requisites of statutory bodies & as laid out in Post graduate regulations of MCI & its amendments thereof, the minimum percentage of marks obtained in the entrance test conducted by competent authority shall be as per MCI regulations & its amendments as applicable time to time.

   Eligibility for Foreign / PIO / NRI students will be based on qualifying examination marks and MCI amendments as applicable at the time of selection and admission process.

The MCI norms to qualify for Admissions

Candidates seeking admission to these Post Graduate Degree courses should have passed M.B.B.S. recognized 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 Courses even if he/she is placed in the merit list of statutory authority and BLDE (Deemed to be University).

Obtaining Eligibility Certificate by the University before making Admission

Candidate shall not be admitted for any postgraduate degree 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/DNB 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 completed 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 completed years including examinations.

Training Method

The postgraduate training for degree 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 superspeciality [M.Ch] 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 as well.

Attendance, Progress and Conduct

A candidate pursuing degree 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 specialties, 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.
- Documentation 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.

The following selected common topics for post graduate students of all specialties to be covered are suggested here. These topics can be addressed in general with appropriate teaching-learning methods centrally or at departmental level.

- History of medicine with special reference to ancient Indian medicine
- Basics of health economics and health insurance
- Medical sociology, Doctor –Patient relationship, role of family in disease
- Professionalism & Medical code of Conduct and Medical Ethics
- Research Methods, Bio-statistics
- Use of library, literature search ,use of various software and databases

- Responsible conduct of research
- How to write an article, publication ethics and Plagiarism
- Journal review and evidence based medicine
- Use of computers &Appropriate use of AV aids
- Rational drug therapy
- National Health and Disease Control Programmes
- Roles of specialist in system based practice
- Communication skills.
- Bio medical waste management
- Patient safety, medical errors and health hazards
- Patient's rights for health information and patient charter.

These topics may preferably taken up in the first few weeks of the 1st year commonly for all new postgraduates and later in 2nd year or 3rd year as required during their progression of the programme. The specialty wise topics can be planned and conducted at departmental level.

a) 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

Attitude and Communication skills:

Candidates should be trained in proper communication skills towards interaction and communication with patients, attendees and society in general. There should be appropriate training in obtaining proper written informed consent, discussion and documentation of the proceedings. Structured training in various areas like consent, briefing regarding progress and breaking bad news are essential in developing competencies.

Variety of teaching –learning methods like Role play, video based training, standardized patient scenarios, reflective learning and assisting the team leader in all these areas will improve the skills. Assessment can be done using OSCE simulated scenarios and narratives or any appropriate means. Training to work as team member, lead the team whenever situation demands is essential. Mock drills to train and assess the readiness are very helpful.

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 gap which needs 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,

Assessment

Assessment should be comprehensive & objective. It should address the stated competencies of the course. The assessment needs to be spread over the duration of the course.

FORMATIVE ASSESSMENT, ie., assessment during the training would include:
Formative assessment should be continual and should assess medical knowledge, patient care, procedural & academic skills, interpersonal skills, professionalism, self directed learning and ability to practice in the system.

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

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

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

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 (Deemed to be 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. 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 1st paper in clinical subjects will be on applied aspects of basic medical sciences and 4th paper on Recent advances, which 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 300.

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 pass & distinction: 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)

Obtaining a minimum of 40% marks in each theory paper and not less than 50% cumulatively in all the four papers for degree examinations. Obtaining of 50% marks in Practical examination shall be mandatory for passing the examination as a whole in the said degree examination as the case may be.[amendment of MCI PG Regulations clause 14 dated 5.4.2018]

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 1st 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 300.

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 passing and distinction: 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).

Obtaining a minimum of 40% marks in each theory paper and not less than 50% cumulatively in all the four papers for degree examinations. Obtaining of 50% marks in Practical examination shall be mandatory for passing the examination as a whole in the said degree examination as the case may be.[amendment of MCI PG Regulations clause 14 dated 5.4.2018]

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.

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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.

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
DM/M.Ch Maximum of 3 per day

Additional annexure to be included in all curricula

Postgraduate Students Appraisal Form
Pre/Para/Clinical Disciplines

Name of Department/Unit :
Name of the PG Student :
Period of Training : FROM…… TO……..

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

Publications Yes/No

Remarks* ……..
…….
…….
……

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

SIGNATURE OF ASSESSEE SIGNATURE OF GUIDE

SIGNATURE OF HOD SIGNATURE OF UNIT CHIEF

SECTION - II

M.S [OBGY] Obstetrics and Gynaecology

Goals:

The postgraduate course M.S. (Obstetrics and Gynaecology) should enable a medical graduate to practice Obstetrics and Gynaecology with adequate competency, in an ethical manner and 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 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,
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 & Gynaecologist.

The objectives are 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 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 colleagues, patients and relatives so as to educate them sufficiently and give them full benefit of informed consent to treatment and ensure compliance.

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 Domain

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 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, incompatibility, Blood transfusion, coagulation system and 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 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, Chemotheraputic 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.

OBSTETRICS
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 wellbeing and selection of place of delivery.

Physiology of Labour and peurperium

Causation of onset of labour
Intrapartum care
Maternal and fetal monitoring
Mechanism and management of normal labour
Physiology and care during puerperium

Abnormal Pregnancy and labour

i. Medical and surgical 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. Abortions
xii. Ectopic pregnancy
xiii. Isoimmunisation – Rh incompatibility, immune and Non immune hydrops.
xiv. Induction of labour and abnormal uterine action
xv. Abnormalities of Labour and Delivery- malpostions, malpresentations, cord proplapse, obstructed labour, prolonged labour dystocias
xvi. Complications of third stage of labour and puerperium

Additional topics

1. Chikungunya fever in pregnancy
2. Dengue fever in pregnancy
3. Zika virus in pregnancy
4. H1 N1 (swine flu in pregnancy)
5. Notifiable diseases in pregnancy
6. DIPSI Protocols & guide lines
7. Biomedical waste management

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

8. Bioethics
9. Effect of newer drugs on pregnancy(example newer antiepileptics & antihypertensives)
10. Legal implications of PC-PNDT ACT, MTP Act & Tubal ligation/Tubectomy and other aspects of practice of specialty**.**
11. PPTCT and NACO guide lines
12. Audit cycle

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, HIV and 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 counselling
xiii. Reproductive and child health (RCH)
xiv. National Health Programmes.

Ethical and Legal Issues:

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

Medico-legal Aspects

- Knowledge and correct application of various Acts and Laws while practicing Obstetrics and Gynaecology, particularly MTP Act and sterilization, Preconception and P.N.D.T. Act.
- Knowledge of importance of proper recording of facts about history, examination findings, investigation reports and treatment administered in all patients.

- Knowledge of steps recommended for examination and management of sexual assault cases.
- Knowledge of steps taken in the event of death of a patient.

Risk Management:

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

Confidentiality:

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

Use of information technology, audits and standards:

The post graduate student should:

- Acquire a full understating of all common usage of computing systems including the principles of data collection, storage, retrieval, analysis and presentation.
- Understand quality improvement and management and how to perform, interpret and use of clinical audit cycles and the production and application of clinical standards, guidelines and protocols.
- Understand National Health Programmes related to Obstetrics and Gynaecology and should be aware of all the Acts and Laws related to specialty.
- Maternal death surveillance review and response (MDSR) and near miss review meetings.

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.
xii. Management of New born to HIV, HBsAg, TB , H1N1 and other infected mothers
xiii. Management of New born to diabetic, thyroid disorders and mothers with other medical disorders

Neonatalogy

Early neonatal complications, infections and management.

Maternal & Perinatal - Mortality and Morbidity

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

Gynaecology

Clinical Gynaecology and Fertility Regulation

- Epidemiology and etiopathogenesis of gynaecological disorders.
- Diagnostic modalities and management of common benign and malignant gynaecological diseases (diseases of genital tract):
- Fibroid uterus and other beign conditions of uterus
- Endometriosis and adenomyosis
- Endometrial hyperplasia
- Genital prolapse (uterine and vaginal)
- Cervical erosion, cervicitis, cervical polyps, cervical neoplasia.
- Vaginal cysts, vaginal infections, vaginal neoplasia (VIN)
- Benign Ovarian pathologies
- Malignant genital neoplasia - of ovary, Fallopian tubes, uterus, cervix, vagina and vulva
- Gestational Trophoblastic diseases and neoplasia
- Screening for gynecological malignancies
- Diagnosis and surgical management of clinical conditions related to congenital malformations of genital tract. Reconstructive surgery in gynecology. Breast disorders and management
- Intersex, ambiguous sex and chromosomal abnormalities.
- Reproductive endocrinology: Evaluation of Primary/secondary Amenorrhea, management of Hyperprolactinemia, Hirsutism, Chronic an-ovulation, PCOD, thyroid and other endocrine dysfunctions. Reproductive tract Infections: prevention, diagnosis and treatment.
- Pelvic infection
- Sexually transmitted infections (STI) including human immune deficiency virus infections (HIV)
- Other Infections
- Genital Tuberculosis.
- Principles of radiotherapy and chemotherapy in gynecological malignancies. Choice, schedule of administration and complications of such therapies.
- Rational approach in diagnosis and management of endocrinal abnormalities such as: menstrual abnormalities, amenorrhea (primary/secondary), dysfunctional uterine bleeding, polycystic ovarian disease, Hyperprolactinemia (galactorrhea), hyperandrogenism, thyroid - pituitary - adrenal disorders, menopause and its treatment (HRT).
- Urological problems in Gynaecology - Diagnosis and management.

- Urinary tract infection
- Genital Fistulae
- Incontinence – urinary and faecal
- Other urological problems
- Orthopedic problems in Gynaecology.
- Menopause: management (HRT) and prevention of its complications.
- Endoscopy (Laparoscopy - Hysteroscopy)
- Diagnostic and simple therapeutic procedures (PG students must be trained to do these procedures)
- Recent advances in gynecology - Diagnostic and therapeutic
- Pediatric, Adolescent and Geriatric Gyanecology
- Imagining in gynecology (USG, X-react Scan, PET scan MRI and other newer modalities.

Health of Adolescent Girls and Post-Menopausal Women

The student should:

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

Reproductive Tract and 'HIV' Infection

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

Operative Gynaecology

- Surgical Procedures for genital prolapse, fibromyoma, endometriosis, ovarian, adenexal, uterine, cervical, vaginal and vulval pathologies.
- Surgical treatment for urinary and other fistulae, Urinary & fecal incontinence
- Operative Endoscopy
- Reconstructive surgeries of genital tract
- Radical surgeries for genital malignancies
- Robotic surgeries
- Transplant surgeries for reproductive organs

Family Welfare and Demography

- Demography and its importance in Obstetrics and Gynaecology.

- Statistics regarding maternal mortality, perinatal mortality/morbidity, birth rate, fertility rate.
- Organizational and operational aspects of National health policies and programs, in relation to population and family welfare including RCH.

- Demography, population dynamics and contraceptive techniques.
    - Temporary methods
    - Permanent Methods.
    - Recent advances in contraceptive technology
- Provide adequate services to service seekers of contraception including follow up.
- Medical Termination of Pregnancy: Act, its implementation, providing safe and adequate services.
- Demography and population dynamics.

Male and Female Infertility: Evaluation and management

- Causes and management of male and female infertility.
- Ovulation Induction
- Tubal (Micro) surgery
- Management of immunological factors of Infertility
- Male infertility
- Obesity and other Infertility problems
- Intra Uterine insemination (IUI).
- Advanced Assisted Reproductive Techniques (ART)
- Surrogacy and related medico legal and ethical aspects.

Affective domain

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

Psychomotor domain

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

A. **Obstetrics**

i. Diagnosis of early pregnancy, its complications and management.
ii. 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. Management of critically ill patients in HDU and S I C U (Surgical Intensive Care Unit).
viii. Family welfare programmes and reconstructive surgeries of the fallopian tubes.
ix. To provide obstructs services in rural and primary care settings.
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. To do abdominal and pelvic ultrasound examination both normal and abnormal pregnancy including Doppler study and interventional procedures.
xiii. Provide MTP services.
xiv. National Health and RCH programmes.
xv. 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
- Shock

v. Cadeveric dissection in-
Anatomy of pelvis, Ureter,Anterior abdominal wall
Dissection of internal iliac artery

B. **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 1st 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.

Essential Research Skills

Basic statistical knowledge.

a) Ability to undertake clinical & basic research
b) Descriptive and inferential statistics
c) Ability to publish results of one's work.

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.

Operative Skills in Obstetrics and Gynaecology

Adequate proficiency in common minor and major operations, post-operative management and management of their complications.

Operative procedures which must be done by P G students during training period, in graded manner - assisting, operating with senior person assisting, operating under supervision.

(Operations MUST BE DONE/OBSERVED during PG training programme and log book maintained)

- **Obstetrics:**
- Venesection, culdocentesis
- Conduct normal deliveries
- Episiotomy and its repair
- Application of forceps and ventouse (10).
- Carry out caesarian section delivery (10 must be done)
- Manual removal of placenta
- Management of genital tract obstetrical injuries.
- Post partum sterilization/Minilap tubal ligation (20 must be done)
- Medical termination of pregnancy - various methods (20 must be done)

- **Gynaecology:** Endometrial / cervical biopsy.
  Dilatation and curettage
  Culdocentesis, Colpotomy
- Opening and closing of abdomen (10 must be done)
- Operations for pelvic organ prolapse
- Ovarian cyst operation
- Operation for ectopic pregnancy
- Vaginal and abdominal hysterectomy

Operations must be OBSERVED and/or ASSISTED when possible:

- Internal podalic version
- Caesarean Hysterectomy
- Internal iliac artery ligation
- Destructive obstetrical operations
- Tubal microsurgery

- Radical operations for gynaec malignancies
- Repair of genital fistulae
- Operations for incontinence
- Myomectomy, Laparoscopic and hysteroscopic surgery
- Reconstructive surgeries of genital tract and other complicated and rare surgeries.

Diagnostic Procedures

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

Communication abilities

Ability to interact with and work as a team with other colleagues, patients and teachers.
Communication skills to present scientific papers , lectures, discussions in professional and public forums.

Record keeping

The student should learn to prepare and maintain Medical records for clinical, research and legal purposes.

Use of information technology, audits and standards:

Students should-

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

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.

IIIrd 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 minimum period of 6 months during course period, Paediatrics: 2 weeks
ii. Radio-diagnosis including Ultrasound : 2 weeks
iii. Gynaec oncology/Surgery: 2 weeks
iv. Anaesthesia: 2 weeks

GOALS OF LEARNING DURING ALLIED POSTING

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/ surgery

- Learning the Principles of Managing wounds and management of surgical conditions
- Observe and assist Gynaec oncosurgeries
- Principles of Radiotherapy in Gynaec oncology
- Principles of chemotherapy & management of chemotherapy courses

Radio-diagnosis

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

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.

Practical and Clinical Training

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

Teaching methodology should be imparted to the students through:

- Lectures, seminars, symposia, Inter- and intra- departmental meetings (clinicpathological, Radio-diagnosis, Radiotherapy, Anaesthesia, Pediatrics/ Neonatology), maternal morbidity/mortality meetings and journal club.

Records of these are to be maintained by the department.

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

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

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 1st 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 three times a month. 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 three times in a month. 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:** To be done once in a month. 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. **Inter Departmental Meetings**: These will be held periodically (once in 4 months) with departments of Pathology, Community Medicine, Radio-Diagnosis, Pediatrics and Anesthesia. These meetings should be attended by post graduate students and relevant entries must be made in the Log Book.

10. *Teaching Skills:*

    Post graduate students must teach undergraduate students (Eg. Medical, nursing) by taking demonstrations, bed side clinics, tutorials, (5 Tutorials in a year) lectures etc. Assessment is made using a checklist by OBGY faculty as well as students. (See model check list 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.

11. P.G. Panel discussion will be conducted every 4^{th} month.

12. Ethical meeting will be conducted every 3 months.

13. Role play in communication skills will be conducted 3 times in one year.

14. Micro teaching exercise every month which will help in pedagogy session in the final exam.

15. Medical & mortality Audit done every month (maternal & perinatal)

16. *Log Book:*

The Faculty to scrutinize the log book entry done by the students.

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.

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 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,)

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.

The suggested teaching plan is proposed here for convenience. However it can be modified as per need.

P. G. Teaching Schedule (Month Wise)

DAY	WEEK-1	WEEK-2	WEEK-3	WEEK-4
Monday	Mortality Meeting	Journal club	Journal club	Journal club
Tuesday	Group Discussion	Group Discussion	Group Discussion	Departmental Meeting
Wednesday	Case Presentation **(LONG CASE – 1 PG)**	Case Presentation (**SHORT CASE – 2 PG)**	Problem Based Case Discussion **– 2 PGs**	Interdepartmental Teaching programme
Thursday	Theory class		Theory class	
Friday	Seminar	Seminar/Pedagogy **(3 PGs)**	Seminar	Symposium
Saturday	Panel discussion/Quiz			Activity at Clinical Skills Laboratory/cadaver laboratory 3 PM To 4 PM Theory Classes/integrated teaching

ASSESSMENT

FORMATIVE ASSESSMENT

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

General Principles

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

Formative assessment will be done by each staff every month for each P.G by using model overall assessment sheet. (check list III and VIII)

Eligibility criteria for appearing in the University examination will be

a) 80% attendance in each term
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.

SUMMATIVE ASSESSMENT

Will be done at the end of training

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

Postgraduate Examination shall be in three parts:

1. Thesis

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

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

Scheme of Examination

2. Theory Examination:

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

There 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. Recent advances may be asked in other papers also. There may be overlap of topics.

II. Practical examination 400Marks

A. **Clinical 300 Marks**

There shall be two long cases and two short cases to be examined and presented by each candidate and ward rounds of two cases with total marks of 300.

Clinical examination	**300 marks**
One long case Obstetrics	75
One short case Obstetrics	50
One long case Gynaecology	75
One short case Gynaecology	50
Ward rounds Two cases	25+25=50

B. 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.
   Instruments & diagnostic images 20marks

Dummy pelvis & fetal skull	20marks
Gross specimens	20marks
Drugs & Family planning	20marks

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	Clinical	Viva	Grand Total
	400	300	100	800

Recommended Books – Latest edition

Sl. No.	Name of the Author	Name of the Book	Name of the Publication
1	Ian Donald	'Practical Obstetrics problems'	B. A. Publication
2	Ferando Arias	'Practical guide to high risk pregnancy & delivery'	Elsevier's Publications
3	William's	'Text book of Obstetrics'	Mc. Graw Hill
4	Holland & Brewe's	'Manual of Obstetrics'	B.I.P. Publications
5	Jeffcoat's	'Principles of Gynaecology'	Butterworth Heighmen
6	Padubidri	Shaw's Text book of Gynaecology'	B. L. Churchill Livingston.
7	Dutta	'Text book of Gynaecology'	Jaypee brothers
8	Dutta	Text of Obstetrics	Jaypee brothers
9	Munrokerr's	'Operative Obstetrics'	A.T.B.S. Publications
10	Telinde's	'Operative Gynaecology'	Lippincott Publications
11	Barus or Cecil and Burrows	'Medical disorders in Obstetric practice'	Blackwell science Publications
12	Ratnam	'Obstetrics and Gynaecology'	Orient Longman Publications
13	Arul Kumaran	'The management of labour'	Orient Longman Publications
14	Bhaskar Rao	'Clinical Gynaecology'	Orient Longman Publications
15	C.S.Dawn	'Text books of Obstetrics and Neonatology'	B.B. Publications
16	C.S.Dawn	'Text books of Gynaecology and contraception'	B.B. Publications
17	J. Studd	'Progress in Obstetrics and Gynaecology	I.S.E. Publications
18	Padubidri	'Text book of Obstetrics'	C.B.S. Publications
19.	Novak's	'Gynaecology'	Williams and Wilkins Publications
20.	Dewhurst	'Obstetrics and Gynaecology'	Blackwell Science
21.	Speroff	'Clinical Gynaecologic Endocrinology and infertility'	Lippincott Publications
22.	Bonney's	'Gynaecological surgery'	A.I.T.B.S. Publications

23.	Callen	'Ultrasonography'	C.B.S. Publications
24.	Schollmeyer Thoraff	Practical manual for laparoscopic & Hysteroscopic Gynecological surgery	Hercoat Brey's Asia Publications
25.	Hart,Gordon	Diagnosis & Treatment of male Infertility	Lippincott
26.	Williams	Gynaecology	Mc. Graw Hill
27.	Malhotra Narendra	Ultrasound in Obstetrics & Gynaecology	Jaypee Brothers
28.	Briggs,Gerald.G	Drugs in pregnancy & Lactation	A.T.B.S.Publication
29.	Kistner's	'Gynaecology-Principles and practice'	Mosby Publications
30	Michael and Moor	'Essentials of Obstetrics and Gynaecology'	W.B. Saunder's Publications
31	John Bonnar	Recent Advances in Obstetrics & Gynaecology	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 & Sterililty
9. American Association of Gynaecology Laproscopy
10. Obstetrics & Gynaecology Clinics

Note: The list of books & Journals recommended are suggestive only and students are required to read and referred other additional books and publications as required in the learning process.

SECTION - III

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: Name of the Faculty/Observer: Date:

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: Name of the Unit Head: Date:

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: Name of the Faculty: Date:

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: Name of the Faculty: Date:

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

CONTINOUS EVALUATION OF DISSERTATION WORK BY GUIDE / CO-GUIDE

Name of the Student: Name of the Faculty: Date:

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				

Annexure VIII

Postgraduate Students Appraisal Form

Pre / Para /Clinical Disciplines

Name of the Department/Unit:

Name of the PG Student:

Period of Training: FROM……TO……

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

Publications **Yes/ No**

Remarks* _____

_____

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

SIGNATURE OF ASSESSEE SIGNATURE OF CONSULTANT SIGNATURE OF HOD

LOG BOOK

Table 1: Academic activities attended

Name: Admission year:

College:

Date	**Type of Activity** **Specify Seminar, Journal Club, Presentation, UG teaching**	**Particulars**

LOG BOOK

Table 2: Academic presentations made by the student

Name: Admission Year:

College:

Date	**Topic**	**Type of Presentation** **Specify Seminar, Journal Club, Presentation, UG teaching Etc.**

LOG BOOK

Table 3: Diagnostic and Operative procedures performed

Name: **Academic Year:**

College:

Date	**Name**	**ID No.**	**Procedure**	**Category O, A, PA, PI***

* **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.											
Total Score											

Note: Use separate sheet for each year.

SECTION - IV

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
   Heteronymous 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**, 2nd Ed, 2004Jaypee Brothers, Bangalore/-
2. Ethical guidelines for biomedical research on human participants, ICMR publication 2017
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
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8. Mahajan B.K. Methods in bio statistics for medical students, 5th Ed, New Delhi, Jaypee, Brothers Medical Publishers, 1989
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12. Dr. K.Lakshman, A Hand Book on Patient Safety, RGUHS & 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 Evalution for Health Educators, Jones & Bartlett Learning.
15. David E. Kern, Particia 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.
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21. R.L.Bijlani, Medical Research, Jaypee Brothers, 2008
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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.

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