

SUMANDEEP VIDYAPEETH

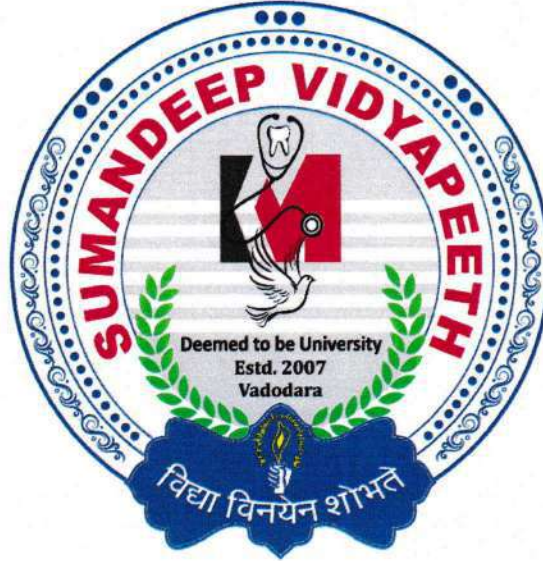
(Declared as Deemed to be University under Section 3 of the UGC Act 1956)

Accredited by NAAC with a CGPA of 3.53 out of four-point scale at 'A' Grade

At & Post Piparia, Tal: Waghodia 391760 (Gujarat) India.

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CURRICULUM

Master of Surgery (M.S.)

OBSTETRICS & GYNECOLOGY

Attested CTC

Charaney
15/2/2021

Vice-Chancellor

Sumandeep Vidyapeeth

An Institution Deemed to be University

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Chavhan



2015

Chavhan



CURRICULM FOR POST GRADUATE DEGREE COURSE(ob&gy)

A postgraduate student acquires the knowledge of pathophysiology of reproductive system and is able to manage the pathological state affecting the state.

*During the study period 6 monthly assessment reports are to be forwarded by guide through HOD & Dean to SVU about the observed progress. Student should not be allowed to appear for examination if found not satisfactory by college academic committee.

Programme outcome M.S.

The purpose of MS education is to create specialists who would provide high quality health care and advance the cause of science through research & training. The goal of postgraduate medical education shall be to produce competent specialists and/or Medical teachers.

Programme specific outcome M.S.

POS 1. A post graduate specialist having undergone the required training should be able to recognize the health needs of the community, acquire knowledge to handle effectively medical / surgical problems and should be aware of the recent advances pertaining to his specialty.

POS 2. Practice the speciality concerned ethically and in step with the principles of primary health care.

POS 3...The PG student should acquire the basic skills in teaching of medical / para-medical students and is also expected to know the principles of research methodology and self-directed learning for continuous professional development.

POS 4.. Play the assigned role in the implementation of national health programme, effectively and responsibly.

POS 5.. Organize and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the clinic/hospital or the field situation.

POS 6.. Develop skills as a self-directed learner, recognize continuing education needs; select and use appropriate learning resources.

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COURSE OUTCOME (CO): The goal of the MS course in Obstetrics and Gynaecology is to produce a competent Obstetrician and Gynaecologist who can:

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

GOALS

The goal of postgraduate medical education shall be to produce competent specialists and/or Medical teachers.

- 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 speciality, 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 advance 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;

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GENERAL OBJECTIVES OF POST-GRADUATE TRAINING EXPECTED FROM STUDENTS AT THE END OF POST-GRADUATE TRAINING

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

- i. Recognize the importance to the concerned speciality in the context of the health needs of the community and the national priorities in the health section.
- ii. Practice the speciality concerned ethically and in step with the principles of primary health care.
- iii. Demonstrate sufficient understanding of the basic sciences relevant to the concerned speciality.
- 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 primitive measure/strategies.
- v. Diagnose and manage majority of the conditions in the speciality concerned on the basis of clinical assessment, and appropriately selected and conducted investigations.
- vi. Plan and advise measures for the prevention and rehabilitation of patients suffering from disease and disability related to the speciality.
- vii. Demonstrate skills in documentation of individual case details as well as morbidity and mortality rate relevant to the assigned situation.
- viii. Demonstrate empathy and humane approach towards patients and their families and exhibit interpersonal behaviour in accordance with the societal norms and expectations.
- ix. Play the assigned role in the implementation of national health programme, 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 education needs; select and use appropriate learning resources.
- xii. Demonstrate competence in basic concepts of research methodology and epidemiology, and be able to critically analyze 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 health team engaged in health care, research or training.
- xv. Should be able to practice Evidence Based obstetrics and gynecology. On completion of the course the student shall be able to
 - i. Demonstrate significance of Evidence Based Obstetrics & Gynecology
 - ii. Demonstrate awareness of epidemiologically-based needs assessments through research and systematic reviews of research evidence.
 - iii. Contribute to the appraisal process.
 - iv. Understand quality assurance in the delivery of maternity and gynecological care

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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 programme so that he or she can direct the efforts towards the attainment of these competencies.

COMPONENTS OF THE POSTGRADUATE CURRICULUM:

The major components of the Postgraduate curriculum shall be :

- Theoretical knowledge
- Practical and clinical skills
- Thesis skills.
- Attitudes including communication skills.
- Training in research methodology and evidence based obs and gyne.

COURSE FOR THEORETICAL KNOWLEDGE OBSTETRICS:

1. Basic sciences

A) Applied Anatomy in females of genito urinary system, abdomen, pelvis, pelvic floor, anterior abdominal wall and breast.

B) Anatomy of fetus

C) Fundamentals of reproduction

Gametogenesis fertilization, implantation & early development of human embryo.

Placenta - development, structure, functions

Amniotic fluid - formation and function

Fetal growth & development, fetal physiology

Birth defects, Genetics & teratology & counselling.

Physiological changes during pregnancy, labour and puerperium

Endocrinology of pregnancy.

Lactation

Immunology of pregnancy

Molecular biology


2. Normal pregnancy, labour & puerperium.

Breast feeding - baby friendly initiative

3. Early recognition and prompt management of pregnancy complications, - Hyperemesis gravidarum, abortions, ectopic pregnancy, hydatidiform mole, Pre-eclampsia, eclampsia, Pathophysiology of PIH,

Antepartum hemorrhage, multiple pregnancy, polyhydramnios, Oligohydramnios & Prolonged pregnancy.

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4. Management of pregnancies complicated by medical, surgical or gynaecological diseases, in consultation with the concerned specialities by team approach.

- Anemia, Heart disease, diabetes mellitus, liver disorders, Respiratory diseases, Renal diseases, CNS disorder, Skin, Psychiatry. Hypertensive disorders.
- Acute abdomen, Acute Appendicitis, Intestinal obstruction, perforations.
- Fibroids, Ovarian tumors, Carcinoma cervix, genital prolapse.
- Recent advances in medical and surgical management.

5. Infections in pregnancy.

Malaria, Toxoplasmosis, viral infections (Rubella, CMV, Hepatitis B, Herpes) syphilis and Other sexually transmitted infections including HIV, Leptospirosis.

Parents to child transmission of HIV infection. (PPTCT)

6. Evaluation of the fetal and maternal health in complicated pregnancy by making use of available diagnostic modalities and plan for safe delivery of the fetus while safeguarding the maternal health. Identification of fetus at risk and management.

High risk pregnancy - Post caesarean pregnancy, prolonged gestation, preterm labour, fetal growth restriction, premature rupture of membranes, blood group incompatibility, recurrent pregnancy wastages. Imaging techniques, CTG

7. Prenatal diagnosis of fetal abnormalities and appropriate care. Fetal therapy. PNDT Act and its implications.

8. Partographic monitoring of labour progress, early recognition of dysfunctional labour and appropriate interventions during labour including active management of labour.

9. Obstetrical analgesia and anesthesia.

10. Induction and augmentation of labour.

11. Management of abnormal labour : Abnormal pelvis, soft tissue abnormalities in birth passage, Malpresentation and malpositions of fetus, abnormal uterine action, obstructed labour and cervical dystocia. Third stage complications - PPH including surgical management, retained placenta, uterine inversion, post partum collapse, amniotic fluid embolism.

12. Abnormal puerperium, Puerperal sepsis, Thrombophlebitis, Mastitis, puerperal venous sinus thrombosis, Psychosis.

13. National Health Programmes to improve the maternal and child health, social obstetrics and vital statistics. (Maternal and Perinatal mortality)

14. Drugs used in obstetric practice including prostaglandins. FDA Classification

15. Coagulation disorders in obstetrics, Blood and component therapy.

16. Operative obstetrics - decision making, technique, recognition and management of complications - C.S. instrumental delivery, obstetrics hysterectomy, role of destructive surgery. Manipulations-version, MRP etc.

Forceps, Vacuum, Internal iliac artery ligation

17. Intensive care in obstetrics for critically ill patient. Fluid and electrolyte balance, volume status maintenance, protecting vital organ function.

18. Provision of safe abortion services - selection of case, techniques, and management of complications. Septic abortion, Criminal abortion, MTP Act Adoption laws.

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NEW BORN

1. Care of newborn care of preterm, S.G.A. neonates, infants of diabetic mother
2. Asphyxia & Neonatal resuscitation (Respiratory distress syndrome and Meconium aspiration syndrome)
3. Neonatal sepsis - prevention, early detection & management.
4. Neonatal hyperbilirubinemia, investigation and management.
5. Birth trauma - prevention, early detection & management.
6. Detection of congenital malformations in new born and make timely referrals for surgical corrections.
7. Management of the common problems in neonatal period.

GYNAECOLOGY:

Basic sciences

1. Development of genital tract and associated malformations. Basics of breast diseases related to ob/gy

Applied anatomy of female genital tract, abdominal wall and urinary tract.

2. Physiology of menstruation and ovulation

Physiology of spermatogenesis

Endocrinology - hypothalamus pituitary, thyroid and adrenal glands Neurotransmitters

Common menstrual disorders and their management

3. Diagnosis and surgical management of clinical conditions related to congenital malformations of genital tract.

Reconstructive surgery in gynaecology

4. Chromosomal abnormalities and intersex. Ambiguous sex at birth

5. Reproductive Endocrinology : Evaluation of primary and secondary amenorrhoea, management of hyperprolactinemia, Hirsutism, chronic anovulation and PCOD,. Thyroid dysfunction.

6. Endometriosis and adenomyosis - medical and surgical management.

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7. Infertility evaluation and management. Use of ovulation induction methods and Tubal microsurgery, Assisted reproduction techniques, management of immunological factors in infertility. Adoption law, medico-legal and ethical issues.

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8. Reproductive Tract Infections, Sexually Transmitted Infections, HIV/AIDS : Prevention, Diagnosis and management. Genital tuberculosis.

9. Screening for genital malignancies - cytology, colposcopy and biochemistry. Management of premalignant lesions

10. Benign and malignant tumors of genital tract – Early diagnosis and management.

11. Principles and practice of oncology in gynaecology - chemotherapy, radiotherapy, palliative treatment.

12. Supports of pelvic organs , genital prolapse, surgical management of genital prolapse.

13. Common urological problems in gynaecology - SUI, voiding difficulties, VVF, urodynamics, surgical repair of genital fistulae, ureteric and bladder injuries.

14. Management of menopause, prevention of complications, HRT, cancer screening - genital, breast.

15. Recent advances.

16. Newer diagnostic aids - USG, interventional sonography, other imaging techniques, endoscopy.

17. Hysteroscopy, laparoscopy - diagnostic, simple surgical procedures, including laparoscopic tubal occlusion, endometrial ablative techniques, colposcopy.

18. Medicolegal aspects, ethics, communications and counselling. (SEXUAL / ASSAULTS)

19. Operative gynaecology - Selection of case, technique and management of complications of minor and major

gynaecology procedures.

Abdominal and vaginal hysterectomy

Surgical procedures for genital prolapse

Surgical management of benign and malignant genital neoplasms.

Repair of genital fistulae, SUI

Operative endoscopy – Laparoscopic, Hysteroscopic

20. Recent advances in gynaecology - diagnostic and therapeutic

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Special groups - Pediatric and adolescent gynaecology, geriatric gynaecology

22. Evidence based management

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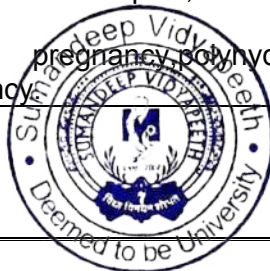


FAMILY PLANNING :

1. Demography and population Dynamics.
2. Contraception - Temporary methods. Permanent methods(vasectomy and female sterilization) Legal issues.
3. MTP Act and procedures of MTP in first & second trimester.(Recent Amendments, Legal/ethical issues)
4. Emergency contraception.
5. Recent advances, New development, Future researchwork in contraceptive technology.

TOPIC	Must know	Desirable to know	Good if known
<p><i>Basic sciences</i></p> <p>A)Applied Anatomy in females of genito urinary system,abdomen, pelvis, pelvic floor, anterior abdominal walland breast.</p> <p>B)Anatomy of fetus</p> <p>C)Fundamentals of reproduction</p> <ul style="list-style-type: none"> • Gametogenesis fertilization, implantation & early development of human embryo. • Placenta - development, structure, functions • Amniotic fluid - formation and function • Fetal growth & development, fetal physiology • Birth defects,Genetics& teratology & counselling. • Physiological changes during pregnancy, labour and puerperium • Endocrinology of pregnancy. • Lactation • Immunology of pregnancy • Molecular biology 	<p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p> <p>√</p>		
<p>Normal pregnancy, labour& puerperium.</p> <p>Breast feeding - baby friendly initiative</p>	<p>√</p>		
<p>Early recognition and prompt management of pregnancy complications, - Hyperemesis gravidarum, abortions, ectopic pregnancy, hydatidiform mole,Pre-eclampsia, eclampsia, Pathophysiology of PIH, Antepartum hemorrhage, multiple pregnancy,polyhydramnios, Oligohydramnios &Prolonged pregnancy</p>	<p>√</p>		

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Management of pregnancies complicated by medical,surgical or gynaecological diseases, in consultation with the concerned specialities by team approach.	√		
<ul style="list-style-type: none"> Anemia,Heartdisease,diabetes mellitus, liverdisorders,Respiratory diseases, Renal diseases, CNSdisorder, Skin, Psychiatry. Hypertensive disorders . Acute abdomen, Acute Appendicitis, Intestinalobstruction, perforations. Fibroids, Ovarian tumors, Carcinoma cervix, genitalprolapse. 	√		
Recent advances in medical and surgical manage	√		
Infections in pregnancy. Malaria, Toxoplasmosis, viral infections (Rubella, CMV,Hepatitis B, Herpes) syphilis and Other sexuallytransmitted infections including HIV, Leptospirosis. Parents to child transmission of HIV infection. (PPTCT)	√		
Evaluation of the fetal and maternal health in complicated pregnancy by making use of available diagnostic modalitiesand plan for safe delivery of the fetus while safeguarding thematernal health. Identification of fetus at risk andmanagement. High risk pregnancy - Post caesarean pregnancy, prolongedgestation, preterm labour, fetal growth restriction, prematurerupture of membranes, blood group incompatibility,recurrent pregnancy wastages. Imaging techniques, CTG	√		
Prenatal diagnosis of fetal abnormalities and appropriate care. Fetal therapy. PNDT Act and its implications.	√		
Partographic monitoring of labour progress, early recognition of dysfunctional labour and appropriate interventions during labour including active management oflabour.	√		
Obstetrical analgesia and anesthesia.	√		
Induction and augmentation of labour.	√		
Management of abnormal labour : Abnormal pelvis, soft tissue abnormalities in birth passage, Malpresentation and malpositions of fetus, abnormal uterine action, obstructedlabour and cervical dystocia. Third stage complications - PPH including surgical management, retained placenta, uterine inversion, post partum collapse, amniotic fluidembolism.	√		
Abnormal puerperium, Puerperal sepsis, Thrombophlebitis, Mastitis, Puerperal venous sinus thrombosis, Psychosis	√		

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. National Health Programmes to improve the maternal and child health, social obstetrics and vital statistics. (Maternal and Perinatal mortality)	√		
Drugs used in obstetric practice including prostaglandins.FDA Classification	√		
Coagulation disorders in obstetrics, Blood and component therapy.	√		
Operative obstetrics - decision making, technique, recognition and management of complications - C.S. instrumental delivery, obstetrics hysterectomy, role of destructive surgery. Manipulations - version,MRP etc. Forceps, Vacuum, Internal iliac artery ligation	√ √ √	√	
Intensive care in obstetrics for critically ill patient. Fluid and electrolyte balance, volume status maintenance, protecting vital organ function.	√		
. Provision of safe abortion services - selection of case, techniques, and management of complications. Septic abortion, Criminal abortion, MTP Act Adoption laws	√		
NEW BORN: Care of newborn care of preterm, S.G.A. neonates, infants of diabetic mother	√		
Asphyxia & Neonatal resuscitation (Respiratory distress syndrome and Meconium aspiration syndrome)	√		
Neonatal sepsis - prevention, early detection & management.	√		
Neonatal hyperbilirubinemia, investigation and management.	√		
Birth trauma - prevention, early detection & management.	√		
Detection of congenital malformations in new born and make timely referrals for surgical corrections.	√		
Management of the common problems in neonatal period.	√		
GYNAECOLOGY:			
Development of genital tract and associated malformations. Basics of breast diseases related to ob/gy	√		
Applied anatomy of female genital tract, abdominal wall and urinary tract.	√		
Physiology of menstruation and ovulation	√		
Physiology of spermatogenesis	√		
Endocrinology - hypothalamus pituitary, thyroid and adrenal glands	√		
Neurotransmitters	√		
Common menstrual disorders and their management	√		

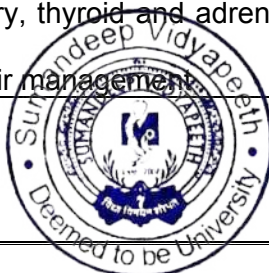
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. Diagnosis and surgical management of clinical conditions related to congenital malformations of genital tract.	√		
Chromosomal abnormalities and intersex. Ambiguous sexat birth	√		
Reproductive Endocrinology : Evaluation of primary and secondary amenorrhoea, management of hyperprolactinemia, Hirsutism, chronic anovulation and PCOD,. Thyroid dysfunction	√		
Endometriosis and adenomyosis - medical and surgical management.	√		
Infertility evaluation and management. Use of ovulation induction methods and Tubal microsurgery, Assisted reproduction techniques , management of immunological factors in infertility. Adoption law, medico-legal and ethical issues.	√	√	
Reproductive Tract Infections, Sexually Transmitted Infections, HIV/AIDS : Prevention, Diagnosis and management.Genital tuberculosis.	√		
Screening for genital malignancies - cytology, colposcopy and biochemistry. Management of premalignant lesions	√		
Benign and malignant tumors of genital tract – Early diagnosis and management	√		
Principles and practice of oncology in gynaecology -chemotherapy, radiotherapy, palliative treatment.		√	
Supports of pelvic organs , genital prolapse,surgical management of genital prolapse	√		
Common urological problems in gynaecology - SUI, voiding difficulties, VVF, urodynamics, surgical repair of genital fistulae, ureteric and bladder injuries.		√	
Management of menopause, prevention of complications, HRT, cancer screening - genital, breast.	√		
. Recent advances		√	
. Newer diagnostic aids - USG, interventional sonography,	√		
other imaging techniques, endoscopy		√	
Hysteroscopy, laparoscopy - diagnostic, simple surgical procedures, including laparoscopic tubal occlusion,	√		
endometrial ablative techniques, colposcopy.		√	
Medicolegal aspects, ethics, communications and counselling.(SEXUAL / ASSAULTS)	√		
Operative gynaecology - Selection of case, technique and management of complications of minor and major gynaecology procedures.	√		
<input type="checkbox"/> Abdominal and vaginal hysterectomy	√		
<input checked="" type="checkbox"/> Surgical procedures for genital prolapse	√		
<input type="checkbox"/> Surgical management of benign and malignant genital neoplasms.	√		
		√	

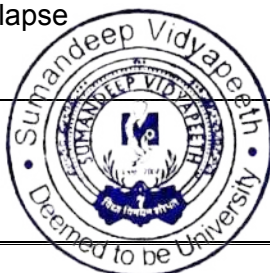
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<input type="checkbox"/> Repair of genital fistulae, SUI <input type="checkbox"/> Operative endoscopy – Laparoscopic, Hysteroscopic		√ √	
Recent advances in gynaecology - diagnostic and therapeutic		√	
Special groups - Pediatric and adolescent gynaecology, geriatric gynaecology			√
Evidence based management	√		
FAMILY PLANNING			
. Demography and population Dynamics.	√		
Contraception - Temporary methods. Permanent methods (vasectomy and female sterilization) Legal issues.	√		
MTP Act and procedures of MTP in first & second trimester.(Recent Amendments, Legal/ethical issues)	√		
Emergency contraception.	√		
Recent advances, New development, Future research work in contraceptive technology.		√	

PRACTICAL & CLINICAL SKILLS

Obstetrics

- i. Diagnosis of early and its complication and management
- ii. AIM of ANC and management of high risk pregnancies
- iii. To work in labour wards and to manage normal and complicated deliveries.
- iv. Neonatal care and resuscitation in labour wards
- v. Follow up of normal and abnormal deliveries during postnatal period
- vi. Assisting caesarean section initially, by the end of the course they shall be able to do caesarean sections independently.
- vii. ICU management
- viii. Family welfare programmes and reconstructive surgeries of the fallopian tube
- ix. Rural obstetrics care and referral services.

Gynaecology

- i. To work in OPD and examine gynaecology cases routinely.
- ii. Minor operations : To assist in the beginning and carry out work independently by the end of 1 year
- iii. Major operations : To assist as second assistant for the 1 six months and as first assistant for the next 6 months and do major operations like vaginal hysterectomy with PFR and abdominal hysterectomy, ovariectomy with the assistance of senior doctors By the end the course the candidate shall be familiar with the technique of above mentioned operations and to do independently.
- iv. To do investigations like HSG and USG under guidance initially and independently by the end of course.
- v. To assist medico legal cases
- vi. Writing case records
- vii. Candidate should write separate PG case sheets. They should keep diary and log book and get verified by the Unit Chief by the end of each month.

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EVIDENCE BASED Obstetrics and gynecology

- i. Introduction to evidence-based decision making
- ii. Assessing Evidence
- iii. Implementing Evidence- Based Decision in Clinical Practice

Methodology of implementation of EBES

All post graduates after enrollment will be exposed to organized evidence searching skills lectures along with teaching of clinical epidemiology, biostatistics and research methodology.

The entire post graduate Journal Clubs will be carried out on a prescribed Evidence Based format with emphasis on critical appraisal. A designated teacher/facilitator will assess every post graduate student for each JC presentation.

All PG seminars will have evidence embedded in the presentation and all references relating to the subject matter will be incorporated. At the end of the seminar all the references will be listed and the seminar will be assessed by the facilitator.

In the OPD/ward/ICU/OT/Practical Skills/Equivalent activity in pre-para clinical department, every post graduate student will be exposed to at least one encounter of role modeling in which a consultant after raising a relevant query will search for its evidence and demonstrate evidence searching methodologies, its importance and utility to the student.

Surgical Skills

A. Labor Room Procedures

1. Conducting normal delivery including forceps and ventose application. Episiotomy repair, colpo-syntesis 3rd degree perineal tear suturing.
2. Conducting abnormal deliveries.

B. Minor O.T. procedures :

- i. MTP, D&C, suction evacuation, M.R. Mid Trimester procedures extraamniotic instillation with of 2% ethacradine inj., Local application cerviprime gel insertion of intrauterine devices.
- ii. Cervical and Endometrial biopsy, electric cauterisation and cold cautery, tube testing procedures and histosalphingogram.
- iii. Cervical biopsy, pap smear.
- iv. Diagnostic laparoscopy and colposcopy
- v. Tubectomy both mini lap and laparoscopic sterilisation.

C. Major O.T. Procedures

- i. Caesarean section minimum 10 to be done and 20 operations to be assisted.
- ii. Abdominal hysterectomy minimum 20 to be assisted and 5 to be performed.
- iii. Vaginal hysterectomy minimum 20 to be assisted and 5 to be performed
- iv. Sling operation for urogenital prolapse
- v. Ovariectomy
- vi. Cervical encirclage
- vii. Caesarian hysterectomy
- viii. Salpingectomy for ectopic pregnancy
- ix. Laparotomy
- x. Internal iliac ligation
- xi. Internal podalic version and MRP
- xii. Operations for inversion of uterus

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D. Special operations (only to assist)

- i. Tuboplasty
- ii. Myomectomy
- iii. Ovarian de-bulking operation
- iv. Ventrofixation (Gilliam's operation)
- v. Sling operations for prolapse
- vi. Wartheim's hysterectomy
- vii. Simple and radical vulvectomy
- viii. Operation for stress incontinence

ATTITUDES INCLUDING COMMUNICATION SKILL

The essential items are :

- Caring attitudes
- Initiatives
- Organisational ability
- Potential to cope with stressful situations and undertake responsibility
- Trust worthiness and reliability
- To understand and communicate intelligibly with patients and others
- To behave in a manner which establishes professional relationship with patients and colleagues
- Ability to work in team
- A clinical 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.

ESSENTIAL RESEARCH SKILLS

- a. Basic statistical knowledge.
- b. Ability to undertake clinical and basic research
- c. Descriptive and inferential statistics
- d. Ability to publish results of one's work.
- e. constantly appraise and evaluate clinical practice and procedures and maintain professional standards by EBM

- i. This could be achieved during the course by attending workshops on research methodology, basic statistics classes and regularly having journal clubs etc. where selected articles are taken and evaluated for content quality and presentation.. The student will also learn to evaluate the level of evidence that the paper provides and to apply its recommendations in the community.

Attested CTC

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15/2/2021

Vice-Chancellor
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Monitoring Learning Progress

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

The learning out comes to be assessed should included : (I) Personal attitudes, (ii) Acquisition of knowledge (iii) Clinical and operative skills (iv) Teaching skills and (v) Dissertation.

The ability to do literature search, in depth study, presentation skills, and use of audio-visual aids are to be assessed. The assessment is made by faculty members and peers attending the seminars, journal clubs clinical meets, & Clinico-pathological conferences.

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. Candidates should periodically present cases to his peers and faculty members.

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 logbook.

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.

Periodic tests : The 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, practicals / clinicals and viva voce.

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

Records : Records, log book and marks obtained in tests will be maintained by the Head of the Department and will be made available to the University.

Year wise Structured Training Schedule :

1 year

Theoretical knowledge, Basic sciences. Examination and diagnosis of Obstetrics & Gynaecological cases with relevant investigations & case recording.

Evidence based Medicine: Learn the principles of EBM. Apply these principles in day to day practice.

Surgical skills

Assisting caesarian sections as second assistant initially and later on as first assistant, With supervision,

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

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Minor Operations

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

II Year

Theoretical knowledge of Allied subjects

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

Evidence based Medicine: Learn to appraise the evidence and quantify its level.

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

Conference and workshops : Encouraged to attend one conference of State level and at national level. Presentation of paper in the conference should be encouraged. The student should be involved actively in presentation of seminars, panel discussion, Journal clubs and case discussions with senior, and to maintain record in log book.

III Year

Should be through with basic, allied and recent advances.

Clinical Diagnosis and Examination : Should be able to make clinical diagnosis and be familiar with techniques of operations like caesarean sections, abdominal and vaginal hysterectomies, reconstructive gurgeries of fallopian tubes and surgeries on ovarian tumours.

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 Sate level conferences, It is mandatory to send a paper for publishing in an indexed journal and read one paper in national or sate level conference.

The student must also be exposed to the Assisted reproductive technologies like, IVF ET ICSI, and also to observe radical surgeries in Gynaec-oncology.

The student should be well versed with all recent advances in the speciality.

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OBSTETRICS AND GYNAECOLOGY - M.S. EXAMINATION

There shall be four papers. Each paper shall carry 100 marks and of 3 hrs duration

1. Paper 1 (Basic Sciences).
2. Paper 2 (Obstetrics).
3. Paper 3 (Gynecology) .
4. Paper 4 (Recent Advances).

Each paper shall have 5 questions of 20 marks each of which 3 shall be in long essay form (1 or 2 parts) and remaining 2 questions shall be of 4 short notes each. There shall be no options between or within the questions.

Practical Examination

There shall be four examiners. These will be as follows

Internal Examiners: Two

External Examiners: Two (Out these minimum one shall be out of state)

The examiners will be divided in two pairs.

The practical examination will be taken for a total of 600 marks.

The different heads of examination (with marks) will be as follows:

Long obstetrics case: 30 minutes (Total marks: 200) All the four examiners will take long case together. Each pair of examiners will do separate marking (Average will taken).

Short cases:

Obstetrics Case (10 minutes) 100 marks

Gynaecology Case (10 minutes) 100 marks

Spot Gynaecology case (10 minutes) 50 marks

One case will be taken by one pair.

Viva (tables)

Obstetrics (10 minutes)

Gynaecology (10 minutes)

Family planning and Termination of pregnancy (10 minutes)

One viva will be taken by on pair. Each viva will carry 50 marks.

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Break up of practical examination with marks

	Head	Time	Marks
1	Long case	30 minutes	200
2	Short cases (Two)	10 minutes each	200
3	Spot case	10 minutes	50
4	Viva (Three tables)	10 minutes each	150 (50 marks each)
		Total marks	600

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