

JSS Academy of Higher Education & Research

(Deemed to be University)

Re-Accredited "A+" Grade by NAAC

Sri Shivarathreeshwara Nagara Mysuru - 570015, Karnataka

Regulation & Syllabus

MS OBSTETRICS AND GYNAECOLOGY

2020

MS OBSTETRICS AND GYNAECOLOGY

Preamble:

The purpose of PG education is to create specialists who would provide high quality health care and advance the cause of science through research & training

The purpose of MS Obstetrics and Gynaecology is to standardize Obstetrics & Gynaecology teaching at Post Graduate level throughout the country so that it will benefit in achieving uniformity in undergraduate teaching as well and resultantly creating competent Obstetrician and Gynaecologist with appropriate expertise.

SUBJECT SPECIFIC LEARNING OBJECTIVES

Programme Objectives

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

- Provide quality care to the community in the diagnosis and management of Antenatal, Intra-natal and Post-natal period of normal and abnormal pregnancy and labour.
- provide effective and adequate care to a pregnant woman with complicated pregnancy.

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

SUBJECT SPECIFIC COMPETENCIES

A. Cognitive Domain

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

- recognizes the health needs of women and adolescents and carries out professional obligations in keeping with principles of National Health Policy and professional ethics

- has acquired the competencies pertaining to Obstetrics and Gynaecology that are required to be practiced in the community and at all levels of health system.
- on genetics as applicable to Obstetrics
- on benign and malignant gynaecological disorders.
- on Gynaecological Endocrinology and infertility.
- on interpretation of various laboratory investigations and other diagnostic modalities in Obstetrics & Gynaecology.
- on essentials of Paediatric and adolescent Gynaecology.
- on care of postmenopausal women and geriatric Gynaecology.
- on elementary knowledge of female breast & its diseases.
- on vital statistics in Obstetrics & Gynaecology.
- Anaesthesiology related to Obstetrics & Gynaecology.
- Reproductive and Child Health, family welfare & reproductive tract infections.
- STD and AIDS & Government of India perspective on women's health related issues.
- Medico-legal aspects in Obstetrics & Gynaecology.
- Asepsis, sterilization and disposal of medical waste.

- be able to effectively communicate with the family and the community
- is aware of the contemporary advances and developments in medical sciences as related to Obstetrics and Gynaecology.
- maintain medical records properly and know the medico-legal aspects in respect of Obstetrics & Gynaecology.
- Understands the difference between audit and research and how to plan a research project and demonstrate the skills to critically appraise scientific data and literature
- has acquired skills in educating medical and paramedical professionals

Ethical and Legal Issues:

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

Risk Management:

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

Confidentiality:

The post graduate student should:

- be aware of the relevant strategies to ensure confidentiality and when it might be broken.

- understand the principles of adult teaching and should be able to teach common practical procedures in Obstetrics and Gynaecology and involved in educational programme in Obstetrics and Gynaecology for medical and paramedical staff
- be abreast with all recent advances in Obstetrics and Gynaecology and practice evidence based medicine.

Use of information technology, audits and standards:

The post graduate student should:

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

Health of Adolescent Girls and Post-Menopausal Women

The student should:

- Recognize the importance of good health of adolescent and postmenopausal women.
- Identification and management of health problems of post-menopausal women.
- Understanding and planning and intervention program of social, educational and health needs of adolescent girls and menopausal women.

- Education regarding rights and confidentiality of women's health, specifically related to reproductive function, sexuality, contraception and safe abortion.
- Geriatric problems.

Reproductive Tract and HIV Infection

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

Medico-legal Aspects

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

B. Affective domain

- 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.
- 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.
- Develop communication skills to word reports and professional opinion as well asto interact with patients, relatives, peers and paramedical staff, and

C. Psychomotor domain

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

Operative Skills in Obstetrics and Gynaecology

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

- Operative procedures which must be done by P G students during training period:

(in graded manner-assisting, operating with senior person assisting, operating under supervision)

(Operations MUST BE DONE/OBSERVED during PG training programme and 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

Diagnostic Procedures

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

Health of Adolescent Girls and Post-Menopausal Women

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

Reproductive Tract and 'HIV' Infection

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

Medico-legal Aspects

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

Environment and Health

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

Syllabus

Course Contents:

Paper I

1. Basic Sciences

- Normal and abnormal development, structure and function (female and male). urogenital system and female breast.
- Applied Anatomy of genito-urinary system, abdomen, pelvis, pelvic floor, anterior abdominal wall, upper thigh (inguinal ligament, inguinal canal, vulva, rectum and anal canal).
- Physiology of spermatogenesis.
- Endocrinology related to male and female reproduction (Neurotransmitters).
- Anatomy and physiology of urinary and lower GI (Rectum/anal canal) tract.
- Development, structure and function of placenta, umbilical cord and amniotic fluid.
- Anatomical and physiological changes in female genital tract during pregnancy.
- Anatomy of fetus, fetal growth and development, fetal physiology and fetal circulation.
- Physiological and neuro-endocrinal changes during puberty, adolescence, menstruation, ovulation, fertilization, climacteric and menopause.

- Biochemical and endocrine changes during pregnancy, including systemic changes in cardiovascular, hematological, renal hepatic, renal, hepatic and other systems.
- Biophysical and biochemical changes in uterus and cervix during pregnancy and labor.
- Pharmacology of identified drugs used during pregnancy, labour, post-partum period in reference to their absorption, distribution, excretion, (hepatic) metabolism, transfer of the drugs across the placenta, effect of the drugs (used) on labour, on fetus, their excretion through breast milk.
- Mechanism of action, excretion, metabolism of identified drugs used in the management of Gynaecological disorder.
- Role of hormones in Obstetrics and Gynaecology- **Markers in Obstetrics & Gynaecology** –Non-neoplastic and neoplastic diseases.
- Pathophysiology of ovaries, fallopian tubes, uterus, cervix, vagina and external genitalia in healthy and diseased conditions.
- Normal and abnormal pathology of placenta, umbilical cord, amniotic fluid and fetus.
- Normal and abnormal microbiology of genital tract. Bacterial, viral and parasitical infections responsible for maternal, fetal and gynaecological disorders.
- Humoral and cellular immunology in Obstetrics & Gynaecology.
- Gametogenesis, fertilization, implantation and early development of embryo.
- Normal Pregnancy, physiological changes during pregnancy, labour and puerperium.
- Immunology of pregnancy.
- Lactation.

2. Medical Genetics

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

Paper II

Clinical obstetrics

- **Antenatal Care:**
 - **Prenatal care of normal pregnancy including examination, nutrition, immunization and follow up.**
 - Identification and management of complications and complicated of pregnancy - abortion, ectopic pregnancy, vesicular mole, Gestational trophoblastic Diseases, hyperemesis gravidarum, multiple pregnancy, antipartum haemorrhage, pregnancy induced hypertension, preeclampsia, eclampsia, Other associated hypertensive Anemia, Rh incompatibility, diabetes, heart disease, renal and hepatic diseases, preterm - post term pregnancies, intrauterine fetal growth retardation.
 - Neurological, hematological, dermatological diseases, immunological disorders disorders, and other medical and surgical disorders/problems associated with pregnancy, Multiple pregnancies, Hydramnios, Oligoamnios.
 - Diagnosis of contracted pelvis (CPD) and its management.
 - High-risk pregnancy
 - Pregnancy associated with complications, medical and surgical problems.
 - Prolonged gestation.
 - Preterm labour, premature rupture of membranes.
 - Blood group incompatibilities.
 - Recurrent pregnancy wastage.
 - Evaluation of fetal and maternal health in complicated pregnancy by making use of diagnostic modalities including modern ones (USG, Doppler, Electronic monitors) and plan for safe delivery for mother and fetus. Identifying fetus at risk and its management. Prenatal diagnostic modalities including modern ones.
 - Infections in pregnancy (bacterial, viral, fungal, protozoan).
 - Malaria, Toxoplasmosis.
 - Viral-Rubella, CMV, Herpes, HIV, Hepatic viral infections (B, C etc)
 - Sexually Transmitted Infections (STDs)
 - Mother to fetal transmission of infections.
- Identification and management of fetal malpositions and malpresentations.
- Management of pregnancies complicated by medical, surgical (with other specialties as required) and gynaecological diseases.
- Anemia, hematological disorders.

- Respiratory, Heart, Renal, Liver, skin diseases.
- Gastrointestinal, Hypertensive, Autoimmune, Endocrine disorders.
- Associated Surgical Problems.
- Acute Abdomen (surgical emergencies - appendicitis and GI emergencies).

Other associated surgical problems.

-Gynaecological disorders associate with pregnancy congenital genital tract developmental anomalies, Gynaec pathologies fibroid uterus, Ca Cx, genital prolapse etc..

- Prenatal diagnosis (of fetal problems and abnormalities), treatment -Fetal therapy
- M.T.P, PC & P.N.D.T Act etc
- National health MCH programs, social obstetrics and vital statistics.
- Recent advances in Obstetrics.

- **Intra-partum care:**

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

3. Post Partum

- Complication of 3 stage of labor retained placenta, inversion of uterus, post partum hemorrhage, rupture of uterus, Management of primary and secondary post-partum hemorrhage, retained placenta, uterine inversion Post-partum collapse, amniotic fluid embolism

- Identification and management of genital tract trauma- perineal tear, cervical/vaginal tear, episiotomy complications, rupture uterus,
 - Management of critically ill woman.
 - Post partum shock, sepsis and psychosis.
 - Postpartum contraception
 - Breast feeding practice; counseling and importance of breast-feeding. Problems in breast- feeding and their management, Baby friendly practices.
 - Problems of newborn at birth (resuscitation), management of early neonatal problems.
 - Normal and abnormal puerperium - sepsis, thrombophlebitis, mastitis, psychosis.
- Hematological problems in Obstetrics including coagulation disorders. Use of blood and blood components/products.

4. Operative Obstetrics:

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

5. New Born

1. Care of new born. Normal and high risk new born (including NICU care)
2. Asphyxia and neonatal resuscitation.
3. Neonatal sepsis-prevention, detection and management

4. Neonatal hyper- bilirubinemia-investigation and management
5. Birth trauma-Detection and management
6. Detection and management of fetal/neonatal malformation
7. Management of common neonatal problems

Paper III

Clinical Gynaecology and Fertility Regulation

-Epidemiology and etiopathogenesis of gynaecological disorders.

-Diagnostic modalities and management of common benign and malignant gynaecological diseases (diseases of genital tract)

Fibroid uterus

Endometriosis and adenomyosis

Endometrial hyperplasia

Genital prolapse (uterine and vaginal)

Cervical erosion, cervicitis, cervical polyps, cervical neoplasia.

Vaginal cysts, vaginal infections, vaginal neoplasia (VIN)

Benign Ovarian pathologies

Malignant genital neoplasia of ovary, Fallopian tubes, uterus, cervix, vagina, vulva and Gestational Trophoblastic diseases, Cancer Breast.

- Diagnosis and surgical management clinical conditions related to congenital malformations of genital tract. Reconstructive surgery in gynaecology.
- Intersex, ambiguous sex and chromosomal abnormalities

- Reproductive endocrinology: Evaluation of Primary/secondary Amenorrhea, management of Hyperprolactinemia, Hirsutism, Chronic an-ovulation, PCOD, thyroid and other endocrine dysfunctions.

- Infertility-Evaluation and management

- Methods of Ovulation Induction.

Tubal (Micro) surgery

- Management of immunological factors of Infertility

- Male infertility

- Obesity and other Infertility problems.

- (Introductory knowledge of Advanced Assisted Reproductive Techniques (ART)

- Reproductive tract Infections: prevention, diagnosis and treatment.

- STD

- HIV

- Other Infections

- Genital Tuberculosis

-Principles of radiotherapy and chemotherapy in gynaecological malignancies. Choice, schedule of administration and complications of such therapies.

- Rational approach in diagnosis and management of endocrinal abnormalities such as menstrual abnormalities, amenorrhea (primary/secondary), dysfunctional uterine bleeding, polycystic

ovarian disease, hyperprolactinemia (galactorrhea), hyperandrogenism, thyroid-pituitary-adrenal disorders, menopause and its treatment (HRT).

- Urological problems in Gynaecology-Diagnosis and management.

- Urinary tract infection

- Urogenital Fistulae

- Incontinence

- Other urological problems

- Orthopaedic problems in Gynaecology

- Menopause: management (HRT) and prevention of its complications.

- Endoscopy (Laparoscopy-Hysteroscopy)

- Diagnostic and simple therapeutic procedures (PG students must be trained to do these procedures)

- Recent advances in gynaecology-Diagnostic and therapeutic .

- Paediatric, Adolescent and Geriatric Gynaecology

- Introduction to Advanced Operative procedures.

Operative Gynaecology

- Abdominal and Vaginal Hysterectomy

- Surgical Procedures for genital prolapse, fibromyoma, endometriosis,ovarian, adnexal, uterine, cervical, vaginal and vulval pathologies.

- Surgical treatment for urinary and other fistulae, Urinary incontinence.
- Operative Endoscopy

Family Welfare and Demography

- Definition of demography and its importance in Obstetrics and Gynaecology
- Statistics regarding maternal mortality, perinatal mortality/morbidity, birth rate, fertility rate.
- Organizational and operational aspects of National health policies and programs, in relation to population and family welfare including RCH.
- Various temporary and permanent methods of male and female contraceptive methods.
- Knowledge of in contraceptive techniques (including recent development).
 1. Temporary methods
 2. Permanent Methods
 3. Recent advances in contraceptive technology
- Provide adequate services to service seekers of contraception including follow up.
 - Medical Termination of pregnancy: Act, its implementation, providing safe and adequate services.
 - Demography and population dynamics.
 - Contraception (fertility control)

Male and Female Infertility

- History taking, examination and investigation.
- Causes and management of male infertility.
- Indications, procedures of Assisted Reproductive Techniques in relation to male infertility problems.

TEACHING AND LEARNING METHODS

Postgraduate Training

Teaching methodology should be imparted to the students through:

- Lectures, seminars, symposia, Inter- and intra- departmental meetings (clinic pathological, Radio-diagnosis, Radiotherapy, Anaesthesia, Paediatrics 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/her postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.
- Department should encourage e-learning activities.

Practical and Clinical Training

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

Obstetric examination

Rotations:

- Details of 3 years posting in the PG programme (6 terms of 6 months each).
 - ***Allied posts should be done during the course-for & weeks***

I. Neonatology	- 2 weeks
II. Anaesthesia	- 2 weeks
III. Radiology/Radiotherapy	- 2 weeks
IV. Urology	- 2 weeks
V. Oncology	- 2 week

- Details of training in the subject during resident posting.

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

Outpatient Department and special clinics

Inpatients

Operation Theatre

Labour Room

Writing clinical notes regularly and maintains records

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

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

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

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

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

Skill Lab Training

1st Year Post graduates

1. Obstetrics examinations
2. Bimanual examination/PV
3. CUT, PPPIUCD insertion
4. Per vaginal examination – obstetrics
5. Per speculum examination and pap smear - gynaec
6. Per vaginal examination - gynaec
7. D and C and cervical biopsy
8. Normal delivery with AMTSL
9. Episiotomy suturing and repair
10. Breech delivery

2nd Year Post graduates

1. Obstetric examination
2. Obstetric examination pelvic assessment
3. Instrumental delivery

4. USG 1st Trimester obstetrics & basic gynecology
5. Basics of laparoscopy
6. Basics of Hysteroscopy
7. Breech delivery
8. Shoulder dystocia
9. Normal Delivery
10. Occipitoposterior delivery
11. Normal delivery case scenario

3rd Year Post graduates

1. Instrumental delivery
2. Laparoscopic Procedures
3. Hysteroscopy Procedures
4. USG obstetrics 2nd and 3rd trimester
5. Simulation scenario :
 - i. Normal delivery
 - ii. PPH
 - iii. Maternal collapse
 - iv. Shoulder dystocia
 - v. Breech delivery

Common course work

These are mandatory certificate courses to be completed within one year of commencement of the batch and the candidate is eligible for the university examination only on having the certificate as evidence of completing the course.

1. Course in Research methodology

The postgraduate is required to complete an online course on research methodology, registration being done through the portal of the designated training institution.

2. Course in Ethics

The postgraduate student shall complete the course in ethics of good clinical practices conducted by the institution

3. Basic Cardiac Life Support

The post graduate student shall complete the course and get duly certified

***District residency programme (DRP)**

Postgraduate shall undergo a compulsory residential rotation of three months in district hospital/ District health system as a part of the course curriculum in the 3rd, 4th, or 5th semester of the raining. The postgraduate is termed as the district resident.

Duties of the district resident

The district resident will work under the overall guidance of the district specialists and district residency programme coordinator (DRPC). He/she would be serving in the areas pertaining to their specialty and encompass night duties.

Dissertation

Objectives

1. The student should be able to acquire capability in research by planning and conducting systematic scientific enquiry and data analysis and deriving conclusions
2. Scientific data should be implemented for health improvement and safer practices

Guide for dissertation

1. Chief guide will be allocated from the Department of OBG as per the eligibility criteria
2. Co-guides are selected from the department or from the department related to the topic of dissertation

Submission of synopsis

Synopsis of the dissertation will be submitted at the end of six months after admission to the course, in the format prescribed by the institute:

I. Synopsis in essence should consist of:

1. Introduction and objectives of the research project
2. Brief review of literature
3. Materials and methodology of work
4. Statistical analysis
5. Bibliography

II. The protocol should be presented before the department faculty prior to submission to the Institutional Research Committee (IRC) for approval

III. Protocol will be scrutinized by the IRC in terms of feasibility, statistical validity, ethical aspects etc.

IV. IRC will forward the synopsis to Institutional Human Ethics Committee (IHEC) for review

V. Following the approval by IHEC, the synopsis will be sent to external reviewers for reviewing.

VI. Once confirmation is obtained from external reviewers it is registered with the Clinical Trial Registry of India, following which the actual study is carried out.

Submission of dissertation

1. The dissertation will relate to the candidates own work on a specific research problem or a clinical case study in accordance with the approved plan
2. The dissertation shall be written in English printed or typed double spacing, on white bond paper 22x28 cm with a margin of 3.5 cm, bearing the matter on one side of paper only and neatly bound with the title, the name of the college and university printed on the format cover.
3. The dissertation shall have the following headings:
 - a. Introduction
 - b. Review of literature
 - c. Materials and methods
 - d. Observation
 - e. Discussion
 - f. Conclusion
 - g. Summary
4. References

Four copies of each dissertation shall be submitted to the Dean, through their respective Heads of Department not later than six months prior to commencement of subject specific theory exam.

5. Evaluation of dissertation

- a. The dissertation shall be referred by the University for evaluation to external reviewers appointed by the university. The dissertations will be evaluated and reported independently to the Controller of

Examinations using Proforma for Dissertation Evaluation Form and recommend whether the dissertation

1. Accepted as submitted
2. Accepted pending modifications as suggested
3. Not accepted for reasons specified
- b. The dissertation shall be deemed to be accepted when it has been approved by at least two external reviewers (who are not the examiners for theory and practical examination), who will allocate marks from which an average will be taken.
- c. Acceptance of dissertation is a pre-requisite for his/ her admission to the theory, practical, viva voce examination. However, if the dissertation report from one or more of the reviewers is not received by the time the postgraduate is due for examination, he/she may be permitted provisionally permitted to appear for the examination, but the result will be withheld till the report is received. If the dissertation is rejected, then the candidate in addition to writing a fresh dissertation, shall have to appear for the examination.
- d. Where improvements have been suggested by external reviewers, the candidate shall be required to re-submit the dissertation, after making the required improvements for evaluation.
- e. If the dissertation is rejected by one of the external reviewers, it shall be referred to another external examiner whose judgement shall be final for purposes of acceptance or rejection of the dissertation.
- f. If the dissertation is rejected by the reviewers, it is returned to the candidate who must re-write and submit as a fresh dissertation and processed
- g. A candidate whose dissertation is accepted, but fails in the examination, need to appear only in the subject examination without any re-submission of dissertation.

ASSESSMENT

FORMATIVE ASSESSMENT, during the training includes

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

Logbook

The postgraduate student shall maintain a dynamic e-log book which needs to be updated on a weekly basis about the work carried out by them and the training programme undergone during the period of training. the logbooks shall be checked and assessed periodically by the faculty members

General Principles

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

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

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

The student to be assessed periodically as per categories listed in postgraduate student appraisal form (Annexure 1).

SUMMATIVE ASSESSMENT, ie., assessment at the end of training

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

Eligibility criteria for university examination

Candidates will be eligible to appear for the university examinations after completion of three years with the following criteria:

1. Attendance of 80% per year
 2. Submission of dissertation and acceptance by the examiner
 3. One research publication based on the dissertation
- One poster and one podium presentation at national or regional conferences, pertaining to the subject as mentioned in the syllabus

Postgraduate Examination shall be in three parts:

- **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 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 submitted at least six months before the Theory and Clinical Practical examination. The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical examination, A post graduate student shall be

allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Thesis by the examiners.

2. Theory Examination:

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

There should be four theory papers, as given below:

Paper I: Applied Basic sciences

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

Paper III: Gynaecology including fertility regulation

Paper IV: Recent Advances in Obstetrics & Gynaecology

- **Clinical/Practical & oral/viva voce Examination: shall be as given below:**

- **Obstetrics:**

Clinical

Long Case: I

Short Case: I

2 cases with different problems

Viva voce including:

- **Instruments**

- Pathology specimen
- Drugs and X-rays, NST, Sonography etc.
- Dummy Pelvis, Fetal skull

- **Gynaecology:**

- Clinical**

- Long Case: I

- Short Case: I

- 2 cases with different problems

Viva including:

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

Recommended Reading:

Books (latest edition)

Obstetrics

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

Gynaecology

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

Journals

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

Postgraduates Student Appraisal Form

Clinical Disciplines

Name of the Department/ Unit :

Name of the PG Student :

Period of Training : FROM..... TO.....

Sr.No.	PARTICULARS	Not Satisfactory	Satisfactory	More Than Satisfactory	Remarks
		1 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 attribute 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

CHECK LIST I

MODEL CHECK LIST FOR EVALUATION OF JOURNAL REVIEW RESENTATIONS

Name of the student:

Name of the faculty/observer:

Date:

Sl No	Items for observation during	Poor 0	Below average 1	Average 2	Good 3	Very Good 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 have been consulted					
5	Ability to respond to questions on the paper/subject					
6	Audio-visual aids used					
7	Ability to defend the paper					
8	Clarity on presentation					
9	Any other observation					
	Total Score					

CHECK LIST II

MODEL CHECK LIST FOR EVALUATION OF SEMINAR RESENTATIONS

Name of the student:

Name of the Faculty/observer:

Date:

Sl. No	Items for observation during presentation	Poor 0	Below average 1	Average 2	Good 3	Very Good 4
1	Whether other relevant publications have been 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 used					
9	Overall performance					
	Total Score					

CHECK LIST III

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

Name of the student:

Name of the Faculty/observer:

Date:

Sl. No	Points to be considered	Poor 0	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 cases 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	Overall quality of ward work					
	Total Score					

CHECK LIST IV

EVALUATION FORM FOR CLINICAL PRESENTATION

Name of the Student:

Name of the Faculty/observer:

Date:

Sl. No	Points to be considered	Poor 0	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 follows logically from history and findings					
10	Investigations required <ul style="list-style-type: none">• Complete list• Relevant order• Interpretation of investigation					
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 sequence 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		