



**ALL INDIA INSTITUTE OF MAEDICAL SCIENCES
KALYANI**

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

Postgraduate Curriculum

Masters in Surgery

Obstetrics and Gynaecology

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1. Overview of AIIMS Kalyani and Program

AIIMS Kalyani was set up as part of the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) initiative for the purpose of "correcting regional imbalances in the availability of affordable/reliable tertiary healthcare services". The principal objectives of this institute towards its mission are to develop patterns of teaching in undergraduate and postgraduate medical education in all its branches so as to demonstrate a high standard of medical education. Currently our Department of Obstetrics and Gynaecology has full blown OPD services with special clinics on Family clinic. We are also going to start other specialty clinic namely High-risk pregnancy, Reproductive medicine clinic, Urogynecology clinic. Very soon we are also going to have indoor ward, minor and major operation theatres. The department of Department of Obstetrics and Gynaecology has been already allotted state of the art building with all modern infrastructure and facilities. Now the Department of Obstetrics and Gynaecology has 5 faculties (One additional Professor, 2 Associate Professors and 2 Assistant Professors) and one senior resident (SR). All the faculty members are trained from reputed institutions of the country and have experience in a variety of field. The recruitment process for fresh SRs and JRs are also in process. We already have started research activities in the department. Several of our faculties are involved in multicenter/interdisciplinary research projects. All the faculties are well experienced in teaching and training the UG and PG students. All the faculties are very passionate and dynamic about patient care and research. We are getting common cases and also uncommon and rare cases referred from different areas. So clinical materials along with educational materials are not a constraint for Department of Obstetrics and Gynaecology to start Post Graduation in Pediatrics in AIIMS. Already we are already conducting teaching and training of MBBS students in Department of Obstetrics and Gynaecology. We are also conducting training programs and awareness programs at our department.

Faculties:

Dr. Hafizur Rahman	Additional Professor and Head
Dr. Ipsita Mahapatra	Associate Professor
Dr. Subharanjan Samant Ray	Associate Professor
Dr. Sayanti Paul	Assistant Professor
Dr Sivaranjani P	Assistant Professor

Clinical material: We are getting all kind of cases referred to us from nearby areas. We are evaluating them and even started case discussion at departmental level and also with other reputed institutes in India. Reporting of unusual cases is also an undergoing process in our department.

Infrastructure:

OPD complex: There are 5 OPD rooms for the faculty and residents. There are two demonstration rooms for teaching, investigation and clinical examination OPD complex. Also there is a seminar room for teaching.

IPD: Our proposed ward, Operation theatres, NICU and PICU with all world class facilities are going to be started very soon. We already have good number of nursing officers.

Labour Room: The state-of-the-art Labour room and operation theaters are also going to be functional very soon.

Equipment: We are procuring many world class advance machines some of which already arrived.

Library facility: AIIMS Kalyani has the facility of a well-equipped Central library. The process of developing a departmental library is also undergoing.

Research activities:

The department has already started different research activities. Seminars, journal clubs, case presentation are being conducted in the department regularly either singly or in collaboration with other departments.

Teaching activities:

The department has designed a teaching curriculum for the various MBBS semesters in lines of that being followed at AIIMS Bhubaneswar. This includes both theory and clinical classes. We also have developed an undergraduate log book.

Taking into consideration the various credentials, the department finds itself self-sufficient in starting Post Graduate training program in the Department of Obstetrics and Gynaecology AIIMS Kalyani.

NUMBER OF POST GRADUATE STUDENTS TO BE ADMITTED

Teacher Student ratio of PG Students: The ratio of recognized Postgraduate teacher to the number of students to be admitted for the postgraduate courses in broad and super specialties outlined in the table given below:

Teacher Student ratio of PG Students		
Sl. No.	Designation	Number of PG per year
1	Professor	4 seats per year
2	Additional Professor	3 seats per year
3	Associate Professor	2 seats per year
4	Assistant Professor	1 seat per year

2. PROGRAM GOALS

- By the end of a 3 years post graduate course, the resident will be expected to work as a Specialist/consultant in Obstetrics & Gynaecology. This will require thorough knowledge of anatomy, physiology, pharmacology and pathophysiology related to reproductive system.
- He/ She should be able to make decisions regarding patient management and adopt favorable ethical attitudes.
- He/ She should be reasonably acquainted with the recent advances and operative procedures.
- During this period he/she should acquire skills needed for education of undergraduate students and planning of research projects.

3. OBJECTIVES- to be achieved at the end of 3 years course

- Provide quality maternal care in the diagnosis and management of Ante natal & Post natal period of normal and abnormal pregnancy.
- Provide effective & adequate care to the obstetrical and early neonatal emergencies.
- Provide counseling and delivery of fertility regulation methods and perform medical termination of pregnancy.
- Organize and implement maternal components in the “National health programs”
- Develop adequate surgical skills to manage common obstetrical & gynaecological problems.
- Medical genetics: elementary genetics as applicable to obstetrics
- Normal and abnormal pregnancy during antenatal, intranatal, and post natal period.
- Benign and malignant gynecological disorders.

- Gynecological endocrinology and infertility
- Operative procedures including endoscopy and it's related complications and their application in obstetrics and gynaecology
- Common medical and surgical problems in association with obstetrics & gynaecology
- Essentials of pediatric and adolescent gynaecology
- Care of post menopausal women and geriatric gynaecology.
- Elementary knowledge of female breast and it's diseases
- Vital statistics in obstetrics & gynaecology
- Anaesthesiology related to obstetrics and gynaecology
- Reproductive and child health, family welfare programs
- Reproductive tract infections, STD & AIDS.
- Medicolegal aspects in obstetrics & gynaecology
- Asepsis, sterilization and biomedical waste disposal
- Knowledge & interpretation of various laboratory investigations and other diagnostic modalities in obstetrics and gynaecology
- Properly maintain medical records and know the medicolegal aspects.
- Keep abreast with advances in the field of obstetrics and gynaecology
- Be familiar with modern methods of training & teaching
- Demonstrate communication skills and compassionate attitude towards the patients
- Be familiar with research methodologies.

4. COMPONENTS OF THE POSTGRADUATE CURRICULUM

The major components of the Postgraduate curriculum shall be:

1. Theoretical knowledge
2. Practical and clinical skills
3. Thesis skills.
4. Attitudes including communication skills.
5. Training in research methodology.

5. SCHEDULE OF TRAINING

The postgraduate resident will undergo a graded training with postings schedule as follows

First Year

- Rotational Unit posting
- Labour ward posting
- Postoperative ward posting

Second Year

- Rotational Unit posting
- Labour ward posting
- Postoperative ward posting
- Family Clinic posting
- Specialty clinic Posting
- rural

Third Year

- Rotational Unit posting
- Labour ward posting
- Specialty clinic posting
- Interdepartmental posting (Neonatology: 2 weeks, Anesthesia and critical care: 2 weeks Surgery: 2 weeks, Radiodiagnosis and Radiotherapy: 2 weeks)

6. DEPARTMENTAL ACADEMIC ACTIVITIES

- Postgraduate program is essentially self-directed and from clinical and academic work. The following formal sessions are meant to supplement this core effort.

Sl. No	Academic activity	Frequency
1	Bed side Teaching rounds	Daily
2	Clinical case discussions	Weekly
3	Seminars	Weekly
4	Journal Club/ Research methodology meetings	Every fortnightly
5	Mortality meetings: Maternal and Perinatal	Every month
6	Inter-departmental Meetings / Integrated Seminars/ Clinico-Pathological Conference (CPC)	Every month
7	Dissertation Review	Every month
8	Guest Lectures / CME/workshops/seminars-organize	Every 3 month

	or attend	
9	Workshops on: Biostatistics, Research Methodology, Teaching Methodology, Communication skills. Medical Ethics and legal issues	Every 6-12 monthly
10	Presentation in Conferences/workshops	At least one National and one regional conference during the entire training period
11	Research Publications in (PubMed/Scopus/ Medline/ Embase/SCI/SCIE) indexed Journals	One original article and one case report during 3 years training

7. TEACHING AND LEARNING METHODS

A. THEORETICAL TEACHING

Should be imparted to the student through:

- Lectures, seminars, symposia and journal club, interdepartmental meetings, maternal mortality and morbidity meetings. Record of these are to be maintained by the department.
- Maintenance of log book: The entries in the log book should be made on a daily basis and should be signed by the consultant every month. The log book should be finally signed by the head of the department. Log book to be brought at the time of final practical examination
- Writing thesis.
- Encouraging and allowing the students to attend and actively participate in CMEs, conferences by presenting papers.
- CMEs/hands on workshop: Neonatal resuscitation workshop by the pediatric department

B. PRACTICAL & CLINICAL TRAINING

- Student should be trained about proper history taking, clinical examination, advising relevant investigations and instituting medical/surgical management by posting students in OPDs, specially clinics, wards, operation theaters, labour room, family planning clinics and other departments like anaesthesiology, neonatology, radiology.
- Emphasis should be self learning, group discussions and case presentations
- Details of 3 years posting in resident program (6 semesters of 6 months each)
- Allied posting should be done during the course—for 6 weeks
 - Neonatology-2 weeks
 - Anaesthesia-2 weeks
 - Radiology- 2weeks
- Details of training in the subject during resident posting
- The student should attend to duties (routine & emergency):

Outpatient department and special clinics

Inpatients

- Operation theatre
- Labour room
- Family welfare department

Writing clinical notes regularly and maintain records

1st semester: Working under supervision of senior residents
and teaching faculty

2nd & 3rd semester Bedside patient care in OPD, wards, labour room and

family welfare ,carrying out minor operations under supervision
and assisting in major operations

4th, 5th, & 6th semester: Independent duties in management of patients (including major operations under supervision of teaching faculty)

8. SYLLABUS

PAPER I- BASIC SCIENCES

(Including but not limited to following)

Anatomy & physiology

1. Normal and abnormal development and function of female and male urogenital system & breast.
2. Applied anatomy of genitor urinary system, abdomen, pelvis, pelvic floor, anterior abdominal wall.
3. Anatomy, physiology of urinary and lower G I tract (rectum /anal canal).
4. Development, structure and function of placenta, umbilical cord and amniotic fluid.
5. Anatomical and physiological changes in the female genital tract in pregnancy.
6. Anatomy of fetus, fetal growth and development, fetal physiology and fetal circulation.
7. Physiology and neuroendocrinial changes during puberty, adolescence, menstruation, ovulation, fertilization, climacteric and menopause.
8. Physiology of spermatogenesis
9. Endocrinology of male and female reproduction.

10. Biochemical and endocrine changes, including systemic changes in cardiovascular, hematological, renal, hepatic, and other systems.
11. Biophysical and biochemical changes in uterus and cervix during pregnancy and labor
12. Drugs in pregnancy
13. Mechanism of action, excretion, metabolism of identified drugs used in the management of gynecological disorders.
14. Role of hormones in obstetrics & gynaecology.
15. Markers in obstetrics and gynaecology—neoplastic and non neoplastic diseases
16. Pathophysiology of ovaries, fallopian tubes, uterus, cervix, vagina and external genitalia.
17. Normal and abnormal microbiology of genital tract. Bacterial, Viral, and Parasitic infections in genital tract.
18. Gametogenesis, fertilization, implantation and early development of embryo.
19. Normal and abnormal pathology of placenta, umbilical cord, amniotic fluid.
20. Physiology of normal pregnancy, labor, puerperium.
21. Immunology of pregnancy.

Medical Genetics

1. Basic medical genetics
2. Pattern of inheritance
3. Chromosomal abnormalities--types, incidence, diagnosis, management and recurrence risk.
4. General principle of teratology.
5. Screening, counseling, and prevention of developmental abnormalities.
6. Birth defects-genetic, teratology, and counseling

PAPER II-CLINICAL OBSTETRICS

(Including but not limited to following)

Antenatal

1. Prenatal care of normal pregnancy including examination, nutrition, immunization, and follow up
2. Identification and management of complications of pregnancy: abortion, ,ectopic pregnancy, gestational trophoblastic disease, hyperemesis gravidarum, multiple pregnancy, antepartum hemorrhage, pregnancy induced hypertension, preeclampsia, eclampsia, anemia, Rh incompatibility, diabetes, heart disease, renal and hepatic disease, preterm and post term pregnancy, intrauterine growth restriction, hydramnios, oligohydramnios, PROM
3. Identification and management of neurological, hematological, dermatological, immunological disorders and other medical and surgical disorders associated with pregnancy
4. Diagnosis of contracted pelvis (CPD) and it's management
5. Evaluation of maternal and fetal health in complicated pregnancy by diagnostic modalities like USG, Doppler and Electronic Fetal monitors and taking appropriate measures for management.
6. Infections in pregnancy;
 - a) Malaria, Toxoplasmosis
 - b) Viral-Rubella, CMV, Herpes, HIV, Hepatic viral infections
 - c) Sexually transmitted infections
 - d) Mother to fetal transmission of infection
7. Identification and management of fetal malpresentation and malposition
8. Acute abdomen-Surgical emergencies-Appendicitis, and GI emergencies

9. Gynecological disorders associated with pregnancy-genital tract developmental anomalies, gynae pathologies-Fibroid uterus, Ca Cx, Genital prolapse etc
10. Prenatal diagnosis and fetal treatment
11. MTP, PNDT Act etc
12. National health MCH programs, social obstetrics, and vital statistics
13. Recent advances in obstetrics

Intrapartum

1. Normal labor-mechanism and management
2. Partographic monitoring of labor progress, recognition of abnormal labor and it's appropriate management
3. Identification and conduct of abnormal labor and complicated delivery-breech, forceps delivery, cesarean section, destructive operations.
4. Induction and augmentation of labor
5. Management of abnormal labor-- abnormal pelvis, soft tissue abnormalities of birth canal, malpresentations, malposition, abnormal uterine action, prolonged labor and obstructed labor.
6. Maternal and fetal monitoring in normal and abnormal labor (including electronic fetal monitoring)
7. Identification and management of intrapartum complications. viz-cord presentation, cord prolapse, complication of 3rd stage of labor-retained placenta, inversion of uterus, rupture uterus, post partum hemorrhage, post partum collapse, amniotic fluid embolism.
8. Analgesia and anesthesia in labor.

Postpartum

1. Identification and management of genital tract trauma—perineal tear, cervical and vaginal tear, episiotomy complications, rupture uterus
2. Management of critically ill woman
3. Post partum shock, sepsis, psychosis.
 - i. Post partum contraception
4. Breast feeding practice: counseling and importance of breast feeding, problems in breast feeding, and their management, baby friendly practices.
5. Problems of new born- at birth (resuscitation), management of early neonatal problems.
6. Normal and abnormal puerperium—sepsis, thrombophlebitis, mastitis, psychosis.
7. Hematological problems in obstetrics including coagulation disorders. Use of blood and blood components/products

Operative Obstetrics

PG students must have performed routine procedures and assisted /observed uncommon procedures

1. Decision making, technique & management of complications.
2. Vaginal instrumental delivery, caesarean section, obstetric hysterectomy, destructive operations, manipulations (external cephalic/internal podalic versions, manual removal of placenta etc)
3. Medical termination of pregnancy—safe abortion—selection of cases, technique and management of complications, MTP law.

New Born

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

PAPER III-CLINICAL GYNAECOLOGY

(Including but not limited to following)

1. Epidemiology and etiopathogenesis of gynaecological disorders
2. Diagnostic modalities and management of common benign and malignant gynaecological diseases (diseases of genital tract)
 - a) Fibroid uterus
 - b) Endometriosis and Adenomyosis
 - c) Abnormal uterine bleeding
 - d) Endometrial hyperplasia
 - e) Genital prolapse
 - f) Cervical erosion, cervicitis, cervical polyps, cervical intraepithelial neoplasia (CIN)
 - g) Vaginal cysts, vaginal infections, vaginal Intra epithelial neoplasia(VaIN)
 - h) Benign ovarian pathologies

- i) Malignant genital neoplasia—of ovary, fallopian tube, uterus, cervix, vagina, vulva, and gestational & non gestational trophoblastic diseases, Ca breast
- 3. Diagnosis and surgical management of clinical conditions related to congenital malformations of genital tract. Reconstructive surgery in gynaecology
- 4. Intersex, ambiguous genitalia, chromosomal abnormalities
- 5. Infertility—evaluation and management
 - a) Methods of ovulation induction
 - b) Tubal microsurgery
 - c) Management of immunological factors of infertility
 - d) Male infertility
 - e) Obesity and other infertility problems
 - f) Introductory knowledge of advanced assisted reproductive techniques (ART)
- 6. Reproductive tract infections—prevention, diagnosis, and treatment
 - a) STD
 - b) HIV
 - c) Genital tuberculosis
 - d) Other infections
- 7. Principles of radiotherapy and chemotherapy in gynaecological malignancies. Choice , schedule of administration and complications of such therapies
- 8. Rational approach to diagnosis and management of endocrinological abnormalities such as; menstrual abnormalities, amenorrhea, dysfunctional uterine bleeding, PCOS, hyperprolactinemia, hyperandrogenism, thyroid, pituitary & adrenal disorders.
- 9. Urological problems in gynaecology—diagnosis and management.

- a) Urinary tract infection
- b) Urogenital injuries and fistulae
- c) Urinary incontinence
- d) Other urological problems

10. Menopause management(HRT) and prevention of it's complications

11. Endoscopy (Laparoscopy & Hysteroscopy)

- a) Diagnostic and simple therapeutic procedure.
- b) Introduction to advanced operative procedures

Operative Gynaecology

1. Abdominal incisions, suture material, instruments and knotting
2. Abdominal and vaginal hysterectomy
3. Surgical procedures for genital prolapse, fibromyoma, endometriosis, adnexal , ovarian ,uterine, cervical, vaginal, and vulval pathologies
4. Surgical treatment of urinary & other fistulae
5. Operative endoscopy

Family welfare and Demography

1. The importance of demography in obstetrics and gynaecology
2. Statistics regarding maternal mortality /morbidity, perinatal mortality/morbidity, birth rate, fertility rate
3. Organizational and operational aspects of National Health Policies and Programs, in relation to population and family welfare including RCH.
4. Knowledge of contraceptive methods both female and male.

5. Medical termination of pregnancy; act, its implementation, providing safe services
6. Population dynamics

PAPER IV-RECENT ADVANCES IN OBSTETRICS & GYNAECOLOGY

- Recent advances in Obstetrics and Gynaecology
- Recent Clinical Guidelines and Good practice guidelines-International and national
- Evidence-based Medicine practice-related to Obstetrics and Gynaecology
- Research methodology- Clinical and biomedical research, basic statistics-in clinical application of research related to obstetrics and Gynaecology
- Government programs and schemes-related to maternal and Child welfare

PRACTICAL TRAINING

- Skills to be acquired during the training period. Operations must be done /observed during PG residency and Log Book maintained

Obstetrics: (Including but not limited to following)

1. Conduct of normal vaginal delivery
2. Perineal infiltration and pudendal block
3. Episiotomy
4. Ventouse and forceps delivery
5. Management of genital tract injuries
6. Exploration of cervix
7. Lower segment cesarean section

8. Manual removal of placenta
9. Breech vaginal delivery
10. External cephalic version
11. Delivery of twins
12. Management of post partum hemorrhage
13. Management of shock
14. Cervical cerclage
15. Amnio infusion

Family planning

1. IUCD insertion & removal, Implants
2. Post partum & interval female sterilization
3. Suction evacuation

Gynaecology

1. PAP smear
2. wet smear examination
3. Post coital test
4. Endometrial biopsy
5. Dilatation and curettage
6. Cervical biopsy
7. Cryo/electrocautery
8. Hysterosalpingography
9. Diagnostic laparoscopy
10. Operations for uterovaginal prolapse
11. Operations for ovarian tumors

12. Operations for ectopic pregnancy
13. Abdominal hysterectomy
14. Vaginal hysterectomy
15. Myomectomy
16. Repair of complete perineal tear
17. Uterine and ovarian artery ligation
18. Internal iliac ligation
19. Colposcopy
20. Endoscopic surgery
21. Repair of genital fistulae
22. Operations for urinary incontinence
23. Radical hysterectomy for gynaecological malignancy
24. Tuboplasty

Diagnostic procedures

1. Interpretation of X-rays—twins, common fetal malformations, mal-presentations, hysterosalpingography
2. Sonographic pictures at various stages of pregnancy—normal and abnormal pregnancy.
Fetal biophysical profile & Doppler study, common gynaecological pathologies
3. Sonography in infertility: Follicular study and endometrial study
4. Amniocentesis
5. Electronic fetal monitoring and its interpretation
6. Cervical Pap smear-VIA, VILI

7. Colposcopy
8. Laparo & hysteroscopy

Health of adolescent girls and post-menopausal women:

1. Recognize importance of good health of adolescent and post menopausal women.
2. Identification and management of health problems of post menopausal women
3. Understanding and planning and intervention program of social, educational, and health needs of adolescent girls and menopausal women.
4. Education regarding rights and confidentiality of women's health, specially related to reproductive function, sexuality, contraception and safe abortion.
5. Genetic problem

Reproductive tract and 'HIV' infection:

1. Epidemiology of RTI and HIV infection in Indian Women of reproductive age group.
2. Cause, effect and management of these infections
3. HIV infection in pregnancy, it's effects and management.
4. Relationship of RTI & HIV with gynecological disorders.
5. Planning and implementation of preventive strategies.

Medicolegal aspects

1. Knowledge and correct application of various acts and laws while practicing obstetrics and gynaecology, particularly MTP act and sterilization, preconception and PNDT Act.
2. Knowledge of importance of proper recording of facts about history, examination findings, investigation reports, and treatment administered in all patients.

3. Knowledge of steps recommended for examination and management of rape cases.
4. Knowledge of steps taken in the event of death of a patient
5. Proper consent taken in obstetrics and gynaecology.

Environment and Health

1. Biomedical waste disposal.
2. Universal precaution for the prevention of HIV and other viral and infectious diseases.
3. Effect of environment on pregnancy outcome.

8. THESIS

1. Every candidate shall carry out work on an assigned research project under the guidance of a recognized Post graduate teacher. The project shall be written and submitted in the form of a thesis.
2. Every candidate shall submit thesis plan/Synopsis to the Institute within six months from the date of admission.
3. Thesis shall be submitted to the Institute/University six months before the commencement of theory examination.
4. The student will identify a relevant research question,
 - (1) Conduct a critical review of literature,
 - (2) Formulate a hypothesis,
 - (3) Determine the most suitable study design,

- (4) State the objectives of the study,
- (5) Prepare a study protocol,
- (6) Undertake a study according to the protocol,
- (7) Analyze and interpret data and draw conclusions,
- (8) Write a research paper.

Thesis-

1. Topic of thesis should be decided by the student in consultation with the supervisor
2. Synopsis submission and approval: Process to be completed within six months of admission to MS program
3. The Dissertation will be submitted to Academic Section at least six months prior to the scheduled examination
4. Acceptance of the thesis should be a prerequisite to appear in the final examination.
5. Thesis to be sent to two reviewers & rejected if only both rejected.

2.LOG BOOK

The work done during the three years based on the above areas will be documented in a Log Book. The performance of the Postgraduate student during the training period will be monitored throughout the course and duly recorded in the log books as evidence of the ability and daily work of the student. The log book must be checked and signed by the concerned faculty every month.

Clinical Skills:

- Labor ward work performance: Normal Labor
- Labor ward work performance: Abnormal Labor
- Operative Obstetrics
- Gynecology Operations
- Obstetric procedures
- Gynecology Procedures
- Family welfare: contraception prescription
- Family welfare: MTP procedure
- Allied subjects posting: Neonatology
- Allied subjects posting: Anesthesia and critical care
- Allied subjects posting: Radiodiagnosis and radiotherapy
- Allied Surgery
- Attendance report

Academic performance:

- Case presentation
- Academic Activity: Seminars
- Academic Activity: Journal Club
- Academic Activity: Dissertation review
- Maternal and Perinatal death Audits
- Academic Activity: CME, Workshop, Conferences, Presentations, Publications

10. ASSESSMENT

Principles:

- The assessment will be valid, objective, and reliable.
- It covers cognitive, psychomotor and affective domains.
- Formative, continuing and summative (Term and Final) assessment
- Thesis will also be assessed separately.
- Assessment will be done every 6 monthly, five times during the program and the results documented
- in the log book.

Formative Assessment:

The formative assessment is continuous as well as periodical. Formative assessment will provide feedback to the candidate. Continuous assessment will be based on the feedback from the senior residents and the consultants concerned. Periodical assessment will be held every six monthly and graded by the consultant in-charge during the particular posting and academic assignment.

Personal attributes

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

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

Clinical Work

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

Internal Assessment

- Yearly Annual examination at the end of 1st Year, 2nd year and 3rd year -Pre final (before final examination)-which will be both theory and practical examination and will be conducted by internal examiners & each candidate will enter details of theory paper, cases allotted (2 long & 2 short), obstetrics & gynecology viva-voce.
- Log book to be brought, checked and signed by concerned teacher at the end of each month and semester and at the time of annual practical examination.

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

FINAL SUMMATIVE ASSESSMENT/EXAMINATION PATTERNS

Eligibility for Final Summative:

- Attendance: 80% in each 6 monthly term
- Overall Grade for performance: Based on 6 monthly assessments, a satisfactory remark for 8 out of 10
- Dissertation: Acceptance
- Presentation of Scientific Poster (1) and Paper (1) at National Meeting
- Publication: Original research article (1) and case report (1) in indexed Journal:
Sent/accepted/published

PATTERN OF FINAL EXAMINATION & MARKS DISTRIBUTION

THEORY EXAMINATION

There should be 4 theory papers-100 marks each

Time allotted-3 hours each paper

Paper I : Applied Basic sciences

Paper II : Obstetrics including social obstetrics & diseases of the new born

Paper III : Gynaecology

Paper IV : Recent advances in Obstetrics & Gynaecology + Medical & Surgical problems related to Obstetrics and Gynaecology

(Essay: Ten questions , 10 marks each)

PRACTICAL EXAMINATION

Viva Voice - 200 marks

A. Obstetrics viva voce: 100 marks

1. Dummy, pelvis & fetal skull
2. Imaging: X –rays, sonography, cardiotocography etc
3. Instruments
4. Pathology specimens
5. Drugs

B. Gynaecology Voce :100 marks

1. Instruments
2. Pathology specimens
3. Drugs
4. Imaging: Xrays, sonography etc
5. Contraceptives

Clinical: 400 marks

A. Obstetrics Clinical: 200 marks

- Long Case: 1 Case (One antenatal) (100 marks)
- Short Case: 2 Short Cases (One antenatal+ one Postnatal) (50 marks each)

B. Gynaecology Clinical-200 Marks

- Long Case: 1 Case (100 marks)

- Short Cases: 2 Short Cases (One Gynaecology+ One Postoperative) (50 marks each)

- Candidate will have to pass theory and practical examinations separately.
- The pass percentage for practical exams will be 50%.
- The pass percentage for theory will be 50%, with at least 40% score in each paper independently.

11. SUGGESTED READING

Core books

Obstetrics:

- William's Textbook of obstetrics – Gary Cunningham et al – McGraw Hill
- Basic Science in Obstetrics and Gynaecology, 4th Edition, Phillip Bennett & Catherine Williamson
- Practical Guide to High-risk pregnancy & delivery Fernando Arias –S. Daftary Elsevier
- High Risk Pregnancy: Management Options David K James, Philip J Steer, Carl P Weiner, Bernard Gonik
- Mudaliar & Menon's Clinical Obstetrics –S. Gopalan & Orient Longman
- Dewhursts Textbook of Obstetrics and Gynaecology

Gynaecology

- Berek & Novak's Gynecology (Berek and Novak's Gynecology) by Jonathan S. Berek
- Williams Gynecology, by Barbara Hoffman , John Schorge , et al Lippincott
- Jeffcoate's Principles of Gynaecology – International Edition
- Te Linde's Operative Gynaecology – Victoria L Handa

- Shaw's Text Book of Gynaecology - - Elsevier
- Shaw's Text Book of Operative Gynaecology —Elsevier Te Linde's Operative Gynaecology

Reference books

Obstetrics

- Speroff's Gynaecologic endocrinology and infertility
- Munro-Kerr's operative obstetrics
- Medical disorders in obstetric practice-Michael de Swiet
- Medico legal aspects in Obst & Gynaecology- Mukherjee G G
- USG in Obst & Gynaecology— Callens
- Care of the new born-Meherban Singh

Gynaecology

- Laparoscopy And Hysteroscopy –Sutton
- Gynae And Obstetrics Procedures –Parulekar S V
- Principles And Practice Of Colposcopy- Balya B S
- Contraception –Chaudhury
- Case Discussions In Obstetrics & Gynecology

Journals

- American Journal Of Obstetrics And Gynaecology(AJOG)
- British Journal Of Obstetrics And Gynaecology (BJOG)
- International Journal of Gynaecology and Obstetrics (IJGO)

- Journal of Obstetrics and Gynaecology of India (JOGI)
- Clinics Of North America
- Recent Advances In Obstetrics And Gynaecology-John Bonnar
- Progress In Obstetrics And Gynaecology-John Studd

Guidelines

- WHO Guidelines
- RCOG Green top Guidelines
- NICE Guidelines
- FOGSI-ICOG Good practice points/guidelines
- Government of India Guidelines/Schemes-related to maternal and child health well being