

SRI BALAJI VIDYAPEETH

(Deemed – to be - University u/s 3of UGC Act, 1956)

Pillaiyarkuppam, Puducherry - 607 402

Mahatma Gandhi Medical College and Research Institute

Shri Sathya Sai Medical College and Research Institute



COMPETENCY BASED POSTGRADUATE MEDICAL CURRICULUM M.S. OBSTETRICS & GYNAECOLOGY (2020 Onwards)

(As approved at the 30th Academic Council Meeting held on 28th September 2020)

Preface

Following the promulgation of the much awaited CompetencyBased Medical Education (CBME) for post graduate by the Medical Council of India (MCI)(superseded by the Board of Governors), adoption of CBME for implementing post-graduate programs is a welcome move. Sri Balaji Vidyapeeth (SBV), Puducherry, Deemed to be University, declared u/s 3 of the UGC Act. and accredited by the NAAC with A grade, takes immense privilege in preparing such an unique document in a comprehensive manner and most importantly the onus is on the Indian setting for the first time,with regard to the competency based medical education for post graduate programs that are being offered in the broad specialty departments. SBV is committed to making cardinal contributions that would be realised by exploring newer vistas.Thus, post graduate medical education in the country could be made to scale greater heights and SBV is poised to show the way in this direction.

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Preface

Following roll out of much awaited Competency-Based Medical Education (CBME) for undergraduate by the Medical Council of India (MCI)(superseded by the Board of Governors) , adoption of CBME for post-graduate by it is welcome move.

The MCI has laid down the syllabus course wise, listing competency to some extent, teaching learning methods and the assessment methods as well. The MCI describes competencies in three domains (knowledge, skill, and attitude). However, the most significant problem in competency-based training is the development of appropriate assessment tools.

The salient feature of this document is defining the program educational objectives (PEO) for its postgraduate program as a whole, defining program outcomes (PO) based on the competencies to be practiced by the specialist, course outcomes (CO) and program specific sub-competencies and their progression in the form of milestones. The compilation of the milestone description leads to the formation of the required syllabus. This allows the mentors to monitor the progress in sub-competency milestone levels. It also defines milestone in five levels, for each sub-competency. Although MCI has described three domains of competencies, the domain 'Attitude' is elaborated into 4 more competencies for ease of assessment. The six competency model (ACGME) for residency education: Medical Knowledge, Patient Care, Practice Based Learning and Improvement, Systems Based Practice, Professionalism, Inter personal and Communication Skills gives better clarity and in-depth explanation. The sub-competency and their milestone levels are mapped into the entrustable professional activities (EPA) that are specific to the individual postgraduate program. To make the program more relevant, PEO, PO, CO and EPAs are mapped with each other. EPA's which are activity based are used for formative assessment and graded. EPA assessment is based on workplace based assessment (WPBA), multisource feedback (MSF) and e-portfolio. A great emphasis is given on monitoring the progress in acquisition of knowledge, skill and attitude through various appraisal forms including e-portfolios during three years of residency period.



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Foreword

Keeping in pace with changes made in the new MCI document this new revised document of post graduate curriculum was made. This herculean task was made possible with inputs from many contributors from the department. Competency based learning and technology (CoBaLT) was introduced in 2017. Tuning into the newer changes, this document has been made after extensive discussions among internal and external members.

The curriculum document was refined keeping in mind the MCI recommendations. The six domains of competencies (Medical Knowledge, Patient Care, System Based Practice, Practice Based Learning and improvement, Interpersonal Communication skills and Professionalism) were identified and sub-competencies under these domains specific to the speciality were written down in general terms. Not just teaching, self-reflecting and assessing one's own progress is a better way of learning. The progress of the student is documented as mile stones and mapped as entrustable professional activities related to the speciality.

We would like to wholeheartedly thank the departments of Obs and Gyn at MGMCRI and SSMCRI. The document would have not been complete without inputs from our respected external faculty Dr LathaChaturvedula and Dr Mary Daniel. We need to definitely mention about Dr SeeteshGhose, our Vice Principal Curriculum for his untiring efforts in bringing out this detailed document on the new Post graduate curriculum.

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Sri Balaji Vidyapeeth
Department of OB&GY
Post Graduate Program

1. Preamble

The purpose of this document is to provide teachers and learners illustrative guidelines to achieve defined outcomes through learning and assessment. This document was prepared by subject-content specialists. The Reconciliation Board of Academic Council has attempted to render uniformity without compromise to purpose and content of the document. Compromise in purity of syntax has been made in order to preserve the purpose and content. This has necessitated retention of “domains of learning” under the heading “competencies”. 2. Program Educational Objectives (PEO): Program Educational Objectives are broad statements that describe what graduates are expected to attain within few years of completing their program. These are based on the needs of the society as analysed and outlined by the regulatory bodies. So as defined in the MCI document, the program educational objectives for post graduate program are defined as follows:

2. Program Educational Objectives (PEO)

- PEO1:** Specialist who can provide comprehensive care related to obstetrics and gynaecology over and above the physician of first contact.
- PEO2:** Leader and team member who understands health care system and acts to provide safe patient care with accountability and responsibility.
- PEO3:** Communicator possessing adequate communication skills to convey required information in an appropriate manner in various health care settings.
- PEO4:** Lifelong learner keen on updating oneself regarding the advancement in the health care field and able to perform the role of researcher and teacher.
- PEO5:** Professional who understands and follows the principle of bio-ethics / ethics related to health care system.

3. Program Outcome (PO)

Program outcomes represent broad statements that incorporate many areas of inter-related knowledge and skills developed over the duration of the program through a wide range of courses and experiences. They represent the big picture, describe broad aspects of knowledge, skill and attitude development, and encompass multiple learning experiences.

After three years of residency program a postgraduate should be able to

- PO1:** Provide antepartum, intrapartum, postpartum care along with immediate care of new born with management of related complications.
- PO2:** Perform common minor & major Obstetric and gynaecological procedures and provide peri-operative care.
- PO3:** Provide care for reproductive tract and fertility related problems.
- PO 4:** Provide care of patient with common non-reproductive medical disorders.
- PO5:** Identify patient safety and system approach to medical errors.

- PO6:** Identify the needs of patients and society and provide cost effective preventive care and advocacy.
- PO7:** Communicate with stake holders of the health care system.
- PO8:** Perform Self Directed Learning and Critical appraisal of medical literature.
- PO9:** Develop & execute a protocol for a scientific research project, collect and analyse the data and scientifically communicate to others.
- PO10:** Obtain informed consent and share responsibility.

4. Course Outcomes (CO)

Course outcomes describe the learning that will take place across the curriculum through concise statements, made in specific and measurable terms, of what students will know and/or be able to do as the result of having successfully completed a course.

4.1 Course 1 (C1): Applied basic medical science

Outcome : At the end of three years the post graduate student should be able to:

- C1.1.** Apply knowledge of pre and para clinical sciences related to female genital tract and conception.
- C1.2.** Explain medical genetics related to obstetrics and gynaecology.
- C1.3.** Explain basic principles in biomedical research (Framing a hypothesis, Data collection, data analysis and prepare a scientific communication)

4.2 Course 2 (C2): Obstetrics including social obstetrics and neonatology.

Outcome: At the end of three years the post graduate student should be able to:

- C.2.1.** Provide quality care to the community in the diagnosis and management of antenatal, intra-natal and post-natal period of normal pregnancy.
- C2.2.** Provide effective and adequate care to a pregnant woman with complicated pregnancy.
- C2.3.** Provide effective and adequate care to a normal and high risk neonate.
- C2.4.** Manage effectively all obstetrical emergencies and if necessary make appropriate referrals.
- C2.5.** Explain preventive aspects including social obstetrics

4.3 Course 3 (C3): Gynaecology including family planning

Outcome: At the end of three years the post graduate student should be able to:

- C3.1** Provide quality care to the community in the diagnosis and management of common gynaecological conditions including screening and management of RTIs /STIs
- C3.2** Provide quality care to the community in the screening, diagnosis and management of common premalignant and malignant gynaecological conditions.
- C3.3** Manage effectively all gynaecological emergencies and if necessary make appropriate referrals.
- C3.4** Conduct a comprehensive evaluation of infertile couples and have a broad based

knowledge of assisted reproductive techniques, legal and ethical implications of these procedures.

- C3.5** Evaluate and manage common uro-gynaecological problems and appropriate referral.
- C3.6** Diagnose common breast diseases.
- C3.4** Provide counselling and delivery of fertility regulation methods including reversible and irreversible contraception, emergency contraception etc.
- C3.7** Provide quality care to women requesting Medical Termination of Pregnancy (MTP) and manage their related complications.
- C3.8** Evaluate and manage common adolescent and geriatric problems, violence against women.
- C3.9** Evaluate postmenopausal women and prescribe nonhormonal and hormonal therapy.

4.4 Course 4 (C4): Recent advances in obstetrics and gynaecology

Outcome: At the end of three years the post graduate student should be able to:

- C4.1** Demonstrate knowledge of Prenatal Diagnosis and fetal therapy
- C4.2** Demonstrate knowledge of fetal wellbeing and imaging.
- C4.3** Demonstrate knowledge of Medical and surgical problems in obstetrics and gynaecology.
- C4.4** Explain the principles of minimal invasive surgery, and demonstrate knowledge in emerging areas in O&G.
- C 4.5** Recent advances in infertility.
- C 4.6** Recent advances in Urogynecology
- C4.8** Perform Critical appraisal of medical literature.

5. Mapping of PEO, PO and the CO

Mapping (program mapping) facilitates the alignment of course-level outcomes with program outcomes. It allows faculty to create a visual map of a program. It is also used to explore how students are meeting program-level outcomes at the course level. Outcomes mapping focuses on student learning also. (Table 1)

Table1. Mapping of PEO, PO and CO

	PEO 1				PEO2	PEO3		PEO 4		PEO 5
	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10
C1	Y		Y					Y	Y	
C2	Y	Y		Y	Y	Y	Y	Y		Y
C3		Y	Y	Y	Y	Y	Y	Y		Y
C4				Y			Y	Y	Y	Y

All courses run concurrently for 3 years with a summative assessment at the end of 3 years.

6. Competencies, Sub-competencies and Milestones

The post graduate program is competency based, consisting of six domains of competency. Sub-competencies under these domains, specific to the speciality, have been mentioned in general terms. The progression through the curriculum is detailed in sub-competency milestone levels, that directs the prescribed syllabus. These sub-competency milestones are mapped to the Entrustable Professional Activities (EPAs), identified as essential for a specialist. Formative assessment includes EPA assessment, and is carried out every quarter using appropriate tools, for identifying eligibility for transfer of trust, to the resident. (Table 2)

6.1. Domain of competencies

1. Medical Knowledge (MK):

Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioural sciences, as well as the application of this knowledge to patient care.

2. Patient Care (PC):

Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health)

3. Interpersonal Communication Skills (ICS):

Demonstrate interpersonal communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

4. System Based Practice (SBP):

Demonstrate the ability to follow the standard operating procedures relevant to practices of the organisations for patient care .

5. Practice-based Learning and Improvement (PBLI):

Demonstrate the commitment to learn by practice and improve upon their ability.

6. Professionalism (P):

Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles

6.2 Sub-competencies

- MK1:** Knowledge of normal and abnormal structure and function of organs associated with female reproduction and correlation with symptoms and physical signs.
- MK 2:** Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision making, clinical problem solving, and other aspects of evidence-based health care.
- MK3:** Apply principles of social-behavioural sciences to provision of patient care, including assessment of the impact of psychosocial-cultural influences on health, disease, care-seeking, care-compliance, and barriers to and attitudes towards care.
- MK 4:** Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations.

- MK5:** Knowledge of resuscitation of new-born and neonatal condition.
- PC1:** Gather essential and accurate information about patients and their condition through history-taking, physical examination, and available laboratory data, imaging, and other tests.
- PC2:** Perform diagnostic, and surgical procedures considered essential for the area of practice.
- PC3:** Interpret laboratory data, imaging studies, and other tests required for obstetrics & gynaecology.
- PC 4:** Develop and carry out patient management plans rationally.
- PC5:** Provide health care services aimed at preventing health problems or maintaining health.
- PC6:** Provide appropriate referral of patients.
- PC7:** Provide appropriate care to new-born and neonate.
- ICS 1:** Communicate effectively with patients, families, and the public, as appropriate.
- ICS 2:** Communicate effectively with colleagues within specialty, other health professionals and health-related agencies leading to team work.
- ICS 3:** Informed consent and shared decision making.
- SBP1:** Patient Safety and Systems Approach to Medical Errors: Participate in identifying system errors and implementing potential systems solutions.
- SBP2:** Cost-effective Care and Patient Advocacy.
- PBLI 1:** Self-directed Learning/Critical Appraisal of Medical Literature.
- PBLI 2:** Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement.
- P 1:** Compassion, Integrity, and Respect for Others.
- P2:** Accountability and Responsiveness to the Needs of Patients, Society and the Profession

Table 2. Description of Competencies, Sub-competencies and Milestones

Medical Knowledge (MK):

Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioural sciences, as well as the application of this knowledge to patient care.

MK1: Knowledge of normal and abnormal structure and function of organs associated with female reproduction and correlation with symptoms and physical signs.

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of normal abdominal and pelvic anatomy. Normal early pregnancy development- implantation, early embryology, placental development(OR) abdominal/ pelvic pain and normal menstrual cycle.	Explains abnormalities associated with early pregnancy, implantation, early embryology, placental (ectopic, abortion, H. Mole). Explains late trimester complications (PIH, APH, PROM, PTL). Explains abnormal intrapartum and postpartum (Abnormal Labour, PPH, Puerperal sepsis). (OR) Explains abnormal discharge PV, pelvic floor disorders, pelvic mass and menstrual cycle abnormalities.	Correlates the symptoms and signs with the underlying obstetrical (OR) gynaecological pathology as mentioned in level 2. Demonstrates the ability to utilize focused diagnostic approaches, formulate comprehensive management plans for abnormal obstetrics (OR) gynaecological condition as mentioned in Level 2. Demonstrates knowledge about the management of medical comorbidities relevant to obstetrics (OR) gynaecological conditions as mentioned in Level 2	Demonstrates an in-depth knowledge regarding obstetrics (OR) gynaecological conditions as mentioned in Level 2 for management of patients with multiple and/or complex comorbidities. Educates residents regarding obstetrics(OR) gynaecological conditions as mentioned in Level 2	Demonstrates knowledge regarding atypical signs and symptoms regarding obstetrics (OR) gynaecological conditions as mentioned in Level 2.

MK 2 : Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision making, clinical problem solving, and other aspects of evidence-based health care.

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates the ability to formulate a differential diagnosis of various Obstetrical (antenatal, Intranatal and postnatal) (OR) gynaecological conditions (Ref.to MK 1 L2)	Demonstrates an understanding of initial evaluation and treatment options of obstetrics (OR) gynaecological conditions. (Ref.to MK 1 L2) Demonstrates the ability to formulate comprehensive management plans for patients with common obstetric (OR)gynaecological conditions. (Ref.to MK 1 L2) Demonstrates knowledge of relevant surgical anatomy, common procedural indications relevant to obstetrics and gynaecologic surgery. (Episiotomy/ LSCS, cervical encirclage) (OR) (D&C, ovarian cystectomy, hysterectomy, Family Planning surgeries).	Demonstrates the ability to interpret tests appropriate for obstetric (OR) gynaecological conditions. (Ref.to MK 1 L2) (Haematology/Biochemical/Microbiology, CTG/ Radiology) Demonstrates the ability to formulate comprehensive management plans for obstetrics (OR) gynaecological patients with comorbidities (Ref.to MK 1 L2)	Educates residents regarding normal and abnormal obstetric and gynaecological conditions. (Ref.to MK 1 L1&2) Demonstrates ability to share knowledge with other members of the health care.	Demonstrates ability to share knowledge with multi-disciplinary team regarding obstetric and gynaecological conditions. (Ref. to MK 1 L1&2) Applies innovative approaches and implements treatment plans based on emerging evidence for obstetric and gynaecological conditions. (Ref.to MK 1 L1&2)

MK 3 : Apply principles of social-behavioural sciences to provision of patient care, including assessment of the impact of psychosocial-cultural influences on health, disease, care-seeking, care-compliance, and barriers to and attitudes towards care.

Level 1	Level 2	Level 3	Level 4	Level 5
Recognises common psychosocial-cultural influences on woman's health, care-seeking, care-compliance, barriers and attitudes towards care.	Assesses psychosocial-cultural influences on woman's health, care-seeking, care-compliance, barriers and attitudes towards care.	Analyzes psychosocial-cultural influences on woman's health, care-seeking, care-compliance, barriers and attitudes towards care. Prepares a plan to improve woman's care-seeking and care-compliance attitudes towards health care.	Educates residents and other health care members regarding psychosocial-cultural influences on woman's health, care-seeking, care-compliance, barriers and attitudes towards care.	Leads a multidisciplinary team in planning for care of patients. Applies innovative approaches and implements treatment plans based on emerging evidence.

MK 4 : Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations

Level 1	Level 2	Level 3	Level 4	Level 5
Recalls the principles of epidemiological sciences. Demonstrates knowledge of the characteristics of good screening test. Demonstrates knowledge of indications and limitations of commonly used screening tests.	Applies principles to the identification of health problems. Demonstrates knowledge of evidence-based, age-appropriate guidelines for women's health maintenance and disease prevention (e.g., breast screening, cervical cancer screening)	Applies principles to the identification of risk factors. Recommends age- and risk-appropriate vaccinations.	Suggests the treatment strategies of health problems.	Plans disease prevention and health promotion efforts for patients and population in the community.

MK 5 : Knowledge of resuscitation of new-born and neonatal condition

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of normal neonatal conditions. Recalls the steps associated with neonatal resuscitation.	Explains common abnormal neonatal conditions. Explains the principle of neonatal resuscitation in normal condition.	Suggests the treatment strategies for abnormal neonatal conditions. Analyzes the appropriate neonatal resuscitation in special situations.	Plans the treatment strategies for abnormal neonatal conditions.	Plans disease prevention and health promotion efforts for neonate.

Patient Care (PC):

Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health)

PC1: Gather essential and accurate information about patients and their condition through history-taking, physical examination, and available laboratory data, imaging, and other tests.

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates basic knowledge of normal obstetrical care, routine/uncomplicated intrapartum obstetrical care including, conduct of normal labour & delivery, and normal postpartum care of women.	Performs basic history taking and physical examination appropriate to obstetrics, reproductive and related non-reproductive medical disorders.	Interprets test results and screens for obstetrics, reproductive and related non-reproductive medical disorders.	Demonstrates a comprehensive understanding of the varying patterns of obstetric, reproductive and related non-reproductive medical disorders. Effectively supervises and educates lower-level residents.	Applies innovative approaches to recognize atypical presentations of obstetric, reproductive and related non-reproductive medical disorders.

PC2: Perform diagnostic, and surgical procedures considered essential for the area of practice.

Level 1	Level 2	Level 3	Level 4	Level 5
<p>Performs basic procedures, including speculum examination and per vaginal examination, Pap smear. Demonstrates basic surgical principles, including use of universal precautions and aseptic technique. Positions the patient appropriately for surgery.</p>	<p>Performs antepartum and intrapartum diagnostic procedures for women with uncomplicated pregnancies (e.g., identification of Foetal lie, interpretation of Foetal heart rate monitoring, and tocodynamometry). Performs basic obstetrical skills, including assessment of dilation, spontaneous vagina delivery, ultrasound for assessment of Foetal number, lie, presentation, viability, and placental location. Demonstrates the performance of Apgar testing (OR) Performs simple abdominal incision and closure, vaginal or vulvar incisions and repair. Demonstrates basic surgical skills, including knot tying, simple suturing.</p>	<p>Performs medical and diagnostic procedures for women with complicated obstetric, reproductive and related non-reproductive medical disorders. Works effectively as a surgical assistant. Performs common operative obstetric/ gynaecological procedures.</p>	<p>Supervises and educates lower level residents. Collaborates and provides consultation to other members of the health care team.</p>	<p>Applies innovative approaches based on emerging evidence in medical, diagnostic and procedural skills. Performs complex obstetrical and gynaecological procedures.</p>

PC 3: Interpret laboratory data, imaging studies, and other tests required for the obstetrics & gynaecology

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of obstetrics, reproductive and related non-reproductive medical disorders.	Interprets commonly performed laboratory data, imaging studies. Correlates the laboratory data, imaging studies with underlying pathology	Interprets specially performed laboratory data, imaging studies. Correlates specially performed laboratory data, imaging studies with underlying pathology	Formulates management plans and initiates treatment for obstetric, reproductive and related non-reproductive medical disorders.	Applies innovative approaches to treatment plans based on emerging evidence

PC 4: Develop and carry out patient management plans rationally

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of obstetrics, reproductive and related non-reproductive medical disorders with available management options. Provides routine/ uncomplicated antenatal, intrapartum, post-partum care including, conduct of normal labour. Performs initial warming and drying of a non-depressed infant(OR) Demonstrates an understanding of the indications for endoscopy(OR) Demonstrates basic understanding of the	Performs the initial assessment, formulates a differential diagnosis, and initiates treatment for common obstetric, reproductive and related non-reproductive medical complications. Recognises complications and formulates initial management plan. Identifies an infant in need of resuscitation. Counsels on effectiveness, risks and benefits of available forms of management options.	Formulates management plans and initiates treatment for complex obstetrics, reproductive and related non-reproductive medical complications. Plans prophylactic strategies to reduce post-operative complications. Develops patient-centered management plans to maintain health and prevent disease. Assembles endoscopic instruments and checks proper functioning, Performs proper insertion	Demonstrates good decision making and ability to modify management plan. Recognizes timely consultation during management.	Provides on-going, comprehensive care for patients with obstetric, reproductive and related non-reproductive medical disorders. Applies innovative approaches to treatment plans based on emerging evidence.

effectiveness, risks, benefits, complications, and contraindications of contraception, including emergency contraception, and pregnancy termination Demonstrates knowledge of common procedural indications, comorbidities relevant to gynaecologic surgery and prophylactic strategies to reduce post-operative complications. Demonstrates the ability to recognize and manage peri-operative complications	Performs the initial assessment, formulates a differential diagnosis, and initiates treatment for common gynaecologic infections (e.g., sexually transmitted infections, vaginitis)	of endoscopic instruments.		
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PC5: Provide health care services aimed at preventing health problems or maintaining health

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of the characteristics of a good screening test. Demonstrates knowledge of indication, benefit and limitations of commonly used screening.	Recognizes basic risk factors, symptoms, and signs of common obstetric, reproductive and related non-reproductive medical disorders. Demonstrates knowledge of evidence-based, age- appropriate guidelines for women's health maintenance and disease prevention (e.g., breast screening, cervical cancer screening) Recommends age- and risk- appropriate vaccinations.	Formulates plans and initiates appropriate screening measures	Effectively supervises and educates lower level residents. Collaborates and provides consultation to other members of the health care team	Applies innovative approaches for preventive and promotive health care.

PC6: Provide appropriate referral of patients

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies indications for consultation, referral for patients with obstetrical (OR) gynaecological and medical complications.	Prepares necessary relevant document for transfer of care for patients with obstetrical(OR) gynaecological and medical complications.	Uses a multi-disciplinary approach and makes appropriate referrals.	Effectively supervises and educates lower level residents. Collaborates and provides consultation to other members of the health care team.	Follows up till final outcome after referral.

PC7: Provide appropriate care to new-born and neonate

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies normal and abnormal neonatal conditions. Able to assist in resuscitation of new born.	Provides basic care required for new born and neonate. Able to resuscitate new born in normal situation.	Provides care required for new born and neonate in abnormal conditions. Able to resuscitate new born in difficult situations.	Effectively supervises and educates residents. Collaborates and provides consultation to other members of the health care team.	Applies innovative approaches for preventive and promotive health care.

Interpersonal Communication Skills (ICS):

Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

ICS 1: Communicate effectively with patients, families, and the public, as appropriate

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates adequate listening skills. Communicates effectively in routine clinical situations. verbalises basic knowledge about common contraceptive options. Understands the importance of informed consent.	Enquires for patient and family understanding of illness and allows opportunities for patients' queries. Maintains communication with patient and family regarding plan of care for hospitalised patient's management plan.	Communicates effectively in stressful, emergent, and complex situations. Capable of delivering bad news to patients and families regarding poor prognoses situations. Communicates with patients and families across a broad range of socio- economic and cultural backgrounds.	Delivers bad news to families about complications. Capable of informing patients and families about a medical error that caused harm or death. Incorporates risk management in this process Participates in education of patients and families	Capable of communication in the most challenging situations, and invites participation from all stakeholders . Leads multidisciplinary family/patient/ team member conferences. Role models for effective communication to junior colleagues

ICS 2: Communicate effectively with colleagues within specialty, other health professionals, and health-related agencies leading to team work

Level 1	Level 2	Level 3	Level 4	Level 5
Understands the importance of relationship development, information gathering and sharing, and teamwork.	Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team. Demonstrates an understanding of transitions of care and team debriefing.	Works effectively in interprofessional and interdisciplinary health care teams. Participates in effective transitions of care and team debriefing. Communicates effectively with physicians and other health care professionals regarding patient care.	Leads inter-professional and interdisciplinary health care teams to achieve optimal outcomes. Leads the team in complex situations. Leads effective transitions of care and team debriefing. Responds to requests for consultation in a timely manner and communicates recommendations to the requesting team.	Educates other health care professionals regarding team building. Provides effective consultation in complex and atypical patients. Provides appropriate role modelling. Applies innovative approaches for leading the team.

ICS 3: Informed consent and shared decision making.

Level 1	Level 2	Level 3	Level 4	Level 5
Understands the importance of informed consent.	Begins to engage patients in shared decision making, and obtains informed consent for basic procedures.	Uses appropriate and easy-to-understand language in all phases of communication utilizing an interpreter where necessary. Engages in shared decision making, incorporating patients' and families' cultural frameworks. Obtains informed consent for complex procedures	Participates in multidisciplinary family/patient/team member conferences for informed consent and shared decision making.	Models and coaches shared decision making in complex and highly stressful situations. Organizes and leads multidisciplinary family/patient/team member conferences for informed consent and shared decision making.

System Based Practice (SBP):

Demonstrate the ability to follow the standard operating procedures relevant to practices of the organisations for patient care.

SBP1: Patient Safety and Systems Approach to Medical Errors: Participate in identifying system errors and implementing potential systems solutions

Level 1	Level 2	Level 3	Level 4	Level 5
Recognises limitations and failures of a team approach (e.g., hand-offs, miscommunication) in health care as the leading cause of preventable patient harm.	Demonstrates knowledge of institutional surveillance systems to monitor for patient safety (e.g., surgical site infection, medical error reporting). Participates in “time-out”. Utilizes check lists to promote patient safety (e.g., medication reconciliation) Demonstrates knowledge of the epidemiology of medical errors and the differences between near misses, medical errors, and sentinel events	Participates in patient safety reporting and analysing systems. Participates in team drills. Demonstrates knowledge of national patient safety standards, as well as their use/application in the institution.	Reports errors and near-misses to the institutional surveillance system and superiors. Recognizes when root cause analysis is necessary, and is capable of participating in root cause analysis. Participates in quality improvement (QI)/patient safety projects.	Contributes to peer-reviewed medical literature. Organizes and leads institutional QI/patient safety projects.

SBP2: Cost-effective Care and Patient Advocacy

Level 1	Level 2	Level 3	Level 4	Level 5
Understands the importance of providing cost-effective care. Understands the role of physicians in advocating for appropriate women’s health care.	Aware of common socioeconomic barriers that impact patient care. Demonstrates an awareness of the need for coordination of patient care and patient advocacy.	Demonstrates the incorporation of cost awareness into clinical judgment and decision-making. Coordinates and advocates for needed resources to facilitate patient care (e.g., effective discharge planning).	Practices cost-effective care (e.g., formulary drugs, generic drugs, tailoring of diagnostic tests) Analyses patient care options from a quality of life (QOL)/cost-of-care perspective, and includes in patient counselling Communicates effectively within his or her own hospital/clinic to advocate for patient needs	Participates in advocacy or health care legislation locally, regionally, or nationally Communicates effectively within health care systems to advocate for the needs of patient populations Demonstrates an understanding of the political economics of health care legislation locally, regionally, and nationally

Practice-based Learning and Improvement (PBLI):
Demonstrate the commitment to learn by practice and improve upon their ability.

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates an understanding of critical appraisal of the literature. Demonstrates responsiveness to constructive feedback	Identifies resources (e.g., texts, search engines) to answer questions while providing patient care. Recognises limits of knowledge, expertise, and technical skills. Describes commonly used study designs (e.g., randomized controlled trial [RCT], cohort; case-control, cross-sectional)	Applies patient-appropriate evidence-based information from review articles or guidelines on common topics in practice. Critically reviews and interprets the literature with the ability to identify study aims, hypotheses, designs, and biases.	Tailors evidence-based practice based on the values and preferences of each patient. Reads and assesses strength of evidence in current literature and applies it to one's own practice. Analyses his or her own outcomes as compared to national standards.	Designs a hypothesis-driven or hypothesis-generating study. Contributes to peer-reviewed medical literature.

PBLI 2: Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement

Level 1	Level 2	Level 3	Level 4	Level 5
Shows commitment to self-evaluation, lifelong learning, and patient safety	Demonstrates understanding of the basic concepts of QI. Reads appropriate information as assigned by the program or related to patient-specific topics. Understands level of evidence for patient care recommendations	Refers and utilises national standards or guidelines in patient care plans. Identifies quality of care issues within one's own practice with a system-based approach	Participates in departmental or institutional Q process/committees Implements changes with a goal of practice improvement Monitors one's own outcomes to improve practice	Analyses departmental or institutional outcomes. Contributes to peer-reviewed medical literature Organizes and leads effective institutional QI/patient safety projects

Professionalism (P):

Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles

P 1: Compassion, Integrity, and Respect for Others

Level 1	Level 2	Level 3	Level 4	Level 5
Understands the importance of compassion, integrity, and respect for others Demonstrates sensitivity and responsiveness to patients	Consistently shows compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team. Consistently demonstrates sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations Accepts constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others	Consistently shows compassion, integrity, and respect for patients who decline medical advice or request un-indicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress Modifies one's own behaviour based on feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others	Consistently models compassion, integrity, and respect for others Coaches others to improve compassion, integrity, and respect for patients	Assumes long-term or leadership role in community outreach activities to improve the health of vulnerable populations

P2: Accountability and Responsiveness to the Needs of Patients, Society, and the Profession

Level 1	Level 2	Level 3	Level 4	Level 5
Understands that physicians are accountable to patients, society, and the profession. Acts with honesty and truthfulness	Consistently punctual for clinical assignments and responsive to requests for assistance; completes administrative duties (e.g., medical records, reports) on time and without reminders Understands the signs and symptoms of fatigue, stress, and substance abuse	Serves as an example for others in punctuality, responsiveness, and timely completion of duties Recognises signs and symptoms of fatigue, stress, and substance abuse	Coaches others to improve punctuality and responsiveness; offers assistance to ensure patient care duties are completed in a timely fashion Demonstrates self-awareness of fatigue and stress, and mitigates the effects	Participates in institutional or community peer counselling related to professionalism

7. Syllabus

7.1 Course 1 Applied basic medical sciences:

A. Basic Sciences

1. Normal and abnormal development, structure and function (female and male) of urogenital systems and female breast.
2. Applied Anatomy of genito-urinary system, abdomen, pelvis, pelvic floor, anterior abdominal wall, upper thigh (inguinal ligament, inguinal canal, vulva, rectum and anal canal).
3. Physiology of spermatogenesis.
4. Endocrinology related to male and female reproduction (Neurotransmitters).
5. Anatomy and physiology of urinary and lower GI (Rectum / anal canal) tract.
6. Development, structure and function of placenta, umbilical cord and amniotic fluid.
7. Anatomical and physiological changes in female genital tract during pregnancy.
8. Anatomy of foetus, Foetal growth and development, Foetal physiology and Foetal circulation.
9. Physiological and neuro-endocrinal changes during puberty, adolescence, menstruation, ovulation, fertilization, climacteric and menopause.
10. Biochemical and endocrine changes during pregnancy, including systemic changes in cardiovascular, haematological, renal, hepatic and other systems.
11. Biophysical and biochemical changes in uterus and cervix during pregnancy and labour.
12. 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 foetus, their excretion through breast milk.
13. Mechanism of action, excretion, metabolism of identified drugs used in the management of gynaecological disorders.
13. Role of hormones in Obstetrics and Gynaecology.
15. Markers in Obstetrics & Gynaecology- Non-neoplastic and neoplastic diseases
16. Pathophysiology of ovaries, fallopian tubes, uterus, cervix, vagina and external genitalia in healthy and diseased conditions.
17. Normal and abnormal pathology of placenta, umbilical cord, amniotic fluid and foetus.
18. Normal and abnormal microbiology of genital tract. Bacterial, viral and parasitical infections responsible for maternal, foetal and gynaecological disorders.
19. Humoral and cellular immunology in Obstetrics & Gynaecology.
20. Gametogenesis, fertilization, implantation and early development of embryo.
21. Normal Pregnancy, physiological changes during pregnancy, labour and puerperium.

22. Immunology of pregnancy.

23. Lactation.

B. Medical Genetics

1. Basic medical genetics including cytogenetics.
2. Pattern of inheritance of Chromosomal abnormalities - types, incidence, diagnosis, management and recurrence risks.
3. General principles of Teratology.
4. Screening, counselling and prevention of developmental abnormalities.
5. Birth defects - genetics, teratology and counselling.
6. Basic Course in Biomedical Research, Data collection and analysis, Scientific communication

7.2 Course 2: Obstetrics including Social Obstetrics and Neonatology:

A Antenatal Care:

1. Prenatal care of normal pregnancy including examination, nutrition, immunization and follow up.
2. Identification and management of obstetric related complications in pregnancy – abortion, ectopic pregnancy, vesicular mole, Gestational trophoblastic Diseases, hyperemesis gravidarum, multiple pregnancy, antepartum haemorrhage, pregnancy induced hypertension, preeclampsia, eclampsia, other associated hypertensive disorders, anaemia, Rh incompatibility, preterm - post term pregnancies, intrauterine foetal growth restriction, premature rupture of membranes, Polyhydramnios, Oligohydramnios, Diagnosis of contracted pelvis (CPD) and its management.
3. Identification and management of **medical complications associated with pregnancy** Neurological, haematological, dermatological diseases, immunological disorders and other medical and surgical disorders/problems
4. Recurrent pregnancy wastage and Bad obstetric history
5. Evaluation of Foetal and maternal health in complicated pregnancy by making use of diagnostic modalities including modern ones (USG, Doppler, antepartum fetal surveillance) and plan for safe delivery for mother and foetus. Identifying foetus at risk and its management. Prenatal diagnostic modalities including modern ones.
6. Mother to foetal transmission of infections and Infections in pregnancy (bacterial, viral, fungal, protozoan).
7. Pregnancy and Sexually Transmitted Infections (STDs).
8. Identification and malpositions of Foetal malposition and malpresentations.
9. Management of pregnancies complicated by surgical (with other specialties as required) and gynaecological diseases.
10. M.T.P, PC & P.N.D.T Act etc.
11. National health MCH programs, social obstetrics and vital statistics

B. Intra-partum care:

1. Normal labour - mechanism and management.
2. Partographic monitoring of labour progress, recognition of abnormal labour and its appropriate management.
3. Identification and conduct of abnormal labour and complicated delivery - breech, instrumental delivery, Caesarean section, destructive operations.
4. Induction and augmentation of labour.
5. Management of abnormal labour - Abnormal pelvis, soft tissue abnormalities of birth canal, mal-presentation, mal-positions of foetus, abnormal uterine action, obstructed labour and other dystocias
6. Analgesia and anaesthesia in labour.
7. Maternal and Foetal monitoring (Intrapartum fetal surveillance) in normal and abnormal labour
8. Identification and management of intrapartum complications, cord presentation, complication of 3rd stage of labour - retained placenta, inversion of uterus, rupture of uterus, postpartum haemorrhage.

C. Post-Partum

1. Identification and management of complication of 3rd stage of labour-retained placenta, inversion of uterus, rupture of uterus, primary and secondary post-partum haemorrhage, post-partum collapse, amniotic fluid embolism, genital tract trauma – perineal tear, cervical/vaginal tear, episiotomy complications,
2. Management of critically ill women. Post-partum shock, sepsis and psychosis.
3. Postpartum contraception.
4. Breast feeding practice; haemorrhage and importance of breast-feeding. Problems in breast-feeding and their management, baby friendly practices.
5. Problems of newborn – at birth (resuscitation), management of early neonatal problems.
6. Normal and abnormal puerperium – sepsis, thrombophlebitis, mastitis, psychosis. Haematological problems in Obstetrics including coagulation disorders. Use of blood and blood components/products.

D. Operative Obstetrics:

1. Indications, techniques and management of complications of vaginal instrumental delivery, Caesarean section, Obstetric hysterectomy, destructive operations, manipulations (External/internal podalic version, manual removal of placenta etc).

E. New Born

1. Care of new born: Normal and high risk new born (including NICU care).
2. Neonatal resuscitation.
3. Birth asphyxia
4. Neonatal sepsis – prevention, detection and management.

5. Neonatal hyper bilirubinaemia– investigation and management.
6. Birth trauma – Detection, prevention and management.
7. Detection, prevention and management of Foetal/neonatal malformation.
8. Management of common neonatal problems.

7.3. Course 3: Gynaecology including family planning;

A. General Gynaecology

1. Epidemiology and aetiopathogenesis of gynaecological disorders.
2. Diagnostic modalities of common benign gynaecological diseases of genital tract: Fibroid uterus, Endometriosis and adenomyosis, Endometrial hyperplasia.
3. Cervical erosion, cervicitis, cervical polyps, cervical neoplasia, vaginal cysts, vaginal infections, vaginal neoplasia (VIN), Benign Ovarian pathologies.
4. Genital prolapse (uterine and vaginal) –aetiology, classification, diagnosis, complications and treatment modalities.
5. Diagnosis and surgical management of clinical conditions related to congenital malformations of genital tract. Reconstructive surgery in gynaecology.
6. Intersex, ambiguous sex and chromosomal abnormalities.
7. Reproductive endocrinology: Evaluation of Primary/secondary amenorrhea, management of hyperprolactinemia, hirsutism, chronic anovulation, PCOD, thyroid and other endocrine dysfunctions. abnormal uterine bleeding, hyperprolactinemia (galactorrhoea), hyperandrogenism, thyroid-pituitary-adrenal disorders, menopause and its treatment (HRT).
8. Reproductive tract infections: prevention, diagnosis and treatment.
9. Diagnostic and simple therapeutic procedures (PG students must be trained to do these procedures).
10. STD, HIV, Other Infections
11. Genital Tuberculosis.

B. Gynae-Oncology

1. Screening, diagnostic modalities and management of common malignant gynaecological diseases of genital tract i.e., body of uterus, cervix, ovary, fallopian tubes, vagina, vulva and Gestational trophoblastic diseases and cancer breast.
2. Principles of radiotherapy and chemotherapy in gynaecological malignancies. Choice, schedule of administration and complications of such therapies.

C. Operative Gynaecology

1. Abdominal and Vaginal Hysterectomy
2. Surgical Procedures for genital prolapse, fibromyoma, endometriosis,
3. Surgeries for ovarian, adnexal, uterine, cervical, vaginal and vulval pathologies.
4. Surgical treatment for urinary and other fistulae, urinary incontinence

5. Endoscopy (Laparoscopy, Hysteroscopy)
6. Introduction to advanced operative procedures.

D. Female and male Infertility

1. History taking, examination and investigations.
2. Causes and management of male infertility.
3. Indications, procedures of Assisted Reproductive Techniques in relation to male infertility problems.
4. Infertility - Evaluation and management
5. Methods of ovulation induction
6. Surgeries to improve fertility eg; Tubal (micro) surgery
7. Management of immunological factors of Infertility
8. Obesity and other Infertility problems.
9. IUI

E. Family Welfare and Demography

1. Definition of demography and its importance in Obstetrics and Gynaecology.
2. Statistics regarding maternal mortality, perinatal mortality/morbidity, birth rate, fertility rate and their prevention.
3. Organizational and operational aspects of National health policies and programs, in relation to population and family welfare including RCH.
4. Various temporary and permanent methods of male and female contraceptive methods.
5. Knowledge of contraceptive techniques (including recent developments). (Temporary methods permanent methods)
6. Provide adequate services to service seekers of contraception including follow up.
7. Medical Termination of Pregnancy: Act, its implementation, providing safe and adequate services, techniques.

F. Paediatric, Adolescent and Geriatric Gynaecology

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

7.4 Course 4: Recent advances

1. Prenatal Diagnosis and fetal therapy , fetal wellbeing and imaging.
2. Medical and surgical problems in obstetrics and gynaecology.
3. Recent advances in minimal invasive surgery including robotics and demonstrate knowledge in emerging areas in O&G.
4. Recent advances in infertility procedures like IVF, ICSI, Embryo transfer, Uterine transplanation, oocyte retrieval and Assisted Reproductive Techniques (ART).

5. Recent advances in Urogynecology, (newer diagnostic, surgical and medical methods for treatment of urogyn condition).
6. Recent advances in Pediatric and adolescent gynecology.
7. Recent advances in screening, diagnosis and management of gynaecological malignancies.
8. Perform critical appraisal of medical literature.

8. Teaching and Learning Methods

8.1. Theory

Theory aspect will imparted to the students through: Lectures, symposia, inter- and intra-departmental meetings (clinico-pathological, Radiodiagnosis, Radiotherapy, Anaesthesia, Paediatrics/ Neonatology), maternal morbidity/mortality meetings and journal club. Records of these are to be maintained by the department.

8.2 Clinical Training

Emphasis should be on self-directed 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 them in OPD, specialty clinics, wards, operation theatres, labour room, family planning clinics and other departments like anaesthesiology, neonatology, radiology/ radiotherapy. Students should be able to perform and interpret ultrasonography in Obstetrics and Gynaecology, electronic fetal heart monitoring, partogram etc.

8.3 Details of 3 years posting in the PG programme (6 terms of 6 months each)

	1st Mon	2nd Mon	3rd Mon	4th Mon	5th Mon	6th Mon	7th Mon	8th Mon	9th Mon	10th Mon	11th Mon	12th Mon
1st year	O	O	LR	G	G	O	O	G	LR	G	O	O
2nd year	O	LR	O	G	G	O	O	LR	AP*	AP*	G	G
3rd year	LR	O	O	G	G	O	LR	O	G	G	O	O

O – Obstetrics, G-Gynaecology, LR- Labour room, AP-Allied posting

*Allied posts should be done during the course – for 8 weeks

- ❖ Neonatology - 2 weeks
- ❖ Anaesthesia - 2 weeks
- ❖ Radiology/Radiotherapy - 2 weeks
- ❖ Oncology - 2 weeks

Details of training in the subject during resident posting The student should attend to the duties (Routine and emergency) and will be attending Out patient Department and special clinics, In patients, Operation Theatre, Labour Room.

Also will be writing clinical notes regularly and maintain records.

8.4 Research

Student need to submit research proposal within six months of joining the course. Need to complete online basic course in biomedical medical research offered by ICMR and submit the certificate within one year of joining the course. Need to complete and submit the research six months prior to final examination. A postgraduate student 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 her postgraduate studies so as to make her eligible to appear at the postgraduate degree examination. Departments should encourage e-learning activities. Students will be encouraged to attend, participate in CMEs

8.5 Undergraduate Teaching

The postgraduate students shall be required to participate in the teaching and training programme of undergraduate students and interns under supervision and independently.

9. Assessment

9.1 Formative assessment:

Formative assessment is continual to assess medical knowledge, patient care, procedural & academic skills, interpersonal communication skills, system based practice, self-directed learning and professionalism of the activities mentioned every 3/6 monthly. EPAs are listed as below (Table 3) with description of each EPA (Table 4). Progress of the students is recorded after discussion with the student in Entrustable Professional Activity (EPA) assessment form (Annexure-1). These EPAs are also mapped with PO and CO. (Table 5)

9.1.1 List of Entrustable Professional Activities

Table 3. List the of Entrustable Professional Activities

EPA No.	GENERAL
1.	Gathering a history and performing physical examination
2	Prioritising a differential diagnosis following a clinical encounter
3	Recommending and interpreting common screening and diagnostic tests and data
4	Entering and discussing orders and prescriptions and giving the necessary instructions to the patients
5	Documenting a clinical encounter in patient records
6	Provide an oral presentation of a clinical encounter
7	Recognize a patient requiring urgent or emergency care and initiate evaluation and management
8	Give or receive a patient handover to transition care responsibility
9	Obtain informed consent for tests and/or procedures
10	Collaborate as a member of an interprofessional team
11	Form clinical questions and retrieve evidence to advance patient care
	Obstetrics
12	Providing antenatal care including obstetric examination
13	Providing Intranatal care including labour management
14	Managing PPH
15	Performing Minor obstetrics procedure (Normal delivery, episiotomy repair, repair of 1st and 2nd degree perineal tear)
16	Performing Instrumental delivery
17	Performing Caesarean Section
18	Complex obstetric procedures (Repair of III rd degree perineal tear, complete perineal tear, assisted breech delivery, external cephalic version, destructive operations, MROP, shoulder dystocia)
19	Performing basic obstetric ultrasound
20	Performing neonatal resuscitation Gynaecology
21	Performing gynaecological examination, minor OPD gynaecological procedures (Pap smear, VIA, VILI, Cervical biopsy)
22	Performing minor gynaecological OT procedures (D&C, FC, SE, Polypectomy, conisation)
23	Performing basic gynaecological ultrasound
24	Performing abdominal hysterectomy
25	Preforming Vaginal hysterectomy
26	Complex surgeries (Staging laparotomy, Radical hysterectomy, Tuboplasty, Vaginoplasty, Diagnostic and operative endoscopic procedures)
	Family Planning
27	Insertion and removal of Cu-T
28	Performing minor family planning procedures (suction and evacuation, dilatation and evacuation)
29	Performing sterilisation (Puerperal, Interval, Concurrent, Laparoscopic)
	Research Methodology
30	Should be able to write a scientific protocol for clinical research
31	Reporting and communication of scientific research

9.1.2 Description of EPA

EPAs are described individually with relevant domains of competencies and sub-competencies, how to assess and level at which student can be entrusted.

Table 4. EPAs, Competency levels and entrustability

EPA 1: Gathering a history and performing physical examination		
1. Description of the activity:	Residents should be able to perform an accurate complete or focused history and physical exam in a prioritized, organised manner without supervision and with respect for the patient. The history and physical examination should be tailored to the clinical situation and specific patient encounter. This data gathering and patient interaction activity serves as the basis for clinical work and as the building block for patient evaluation and management.	
2. Most relevant domains of competence:	MK, PC, ICS, P	
3. Subcompetencies within each domain	MK1; MK3; PC2; ICS1; P1	
4. Methods of assessment	<p>1. MK assessment will be done by the faculty either by direct interaction, written exam or e-portfolio</p> <p>2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio.</p> <p>3. Communication skills & Professionalism will be assessed by Multisource feedback</p> <p>4. Assessment done in OPD / Ward posting</p>	
5. Resident will be entrustable when these subcompetency Milestone Levels are attained	MK	1-L 3; 3-L 3
	PC	2-L 3
	ICS	1-L 4
	P	1 L 3

EPA 2: Prioritizing a differential diagnosis following a clinical encounter		
1. Description of the activity:	Residents should be able to integrate patient data to formulate an assessment, developing a list of potential diagnoses that can be prioritized and lead to selection of a working diagnosis	
2. Most relevant domains of competence	MK, PC, ICS, PBLI, P	
3. Subcompetencies within each domain	MK1,2; PC1,3; ICS1; PBLI1; P1	
4. Methods of assessment	<p>1. MK assessment will be done by the faculty either by direct interaction, written exam or e-portfolio</p> <p>2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio.</p> <p>3. Communication skills & Professionalism will be assessed by MSF</p> <p>4. Assessment done in OPD posting</p>	
5. Resident will be entrustable when these subcompetency Milestone Levels are attained	MK	1-L 3; 3-L 3
	PC	2-L 3
	ICS	1-L2
	PBLI	1-L2
	P	1-L2

EPA 3: Recommending and interpreting common diagnostic and screening tests		
1. Description of the activity:	Residents should be able to select and interpret common diagnostic and screening tests using evidence-based and cost-effective principles as one approaches a patient in any setting.	
2. Most relevant domains of competence	MK, PC, ICS, PBLI, P	
3. Subcompetencies within each domain	MK1.2; 2.2; PC1.2; PBLI2.2; P1.2	
4. Methods of assessment	<p>1. MK assessment will be done by the faculty either by direct interaction, written exam or e-portfolio</p> <p>2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio.</p> <p>3. Communication skills & Professionalism will be assessed by MSF</p> <p>4. Assessment done in OPD /Ward posting</p>	
5. Resident will be entrustable when these subcompetency Milestone Levels are attained	MK	1-L2, 2-L2
	PC	1-L2
	PBLI	2-L2
	P	1-L2

EPA 4: Entering and discussing orders and prescriptions and giving the necessary instructions to the patients		
1. Description of the activity:	Residents should be able to prescribe therapies or interventions beneficial to patients. Residents will have a comprehensive understanding of some but not necessarily all of the patient's clinical problems for which they must provide orders. They must also recognise their limitations and seek review for any orders and prescriptions they are expected to provide but for which they do not understand the rationale.	
2. Most relevant domains of competence:	PC, ICS, SBP, PBL	
3. Sub competencies within each domain	PC 4; ICS 1; SBP 2; PBLI 2	
Methods of assessment	<p>1. MK assessment will be done by the faculty either by direct interaction, written exam or e-portfolio</p> <p>2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio.</p> <p>3. Communication skills & Professionalism will be assessed by MSF</p> <p>4. Assessment done in OPD /WARD posting</p>	
5. Resident will be entrustable when these subcompetency Milestone Levels are attained	PC	4-L2
	ICS	1-L2
	SBP	2-L2
	PBLI	2-L2
EPA 5: Documenting a clinical encounter in patient records		
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to provide accurate, focused, and context-specific documentation of a clinical encounter in either written or electronic formats. Performance of this EPA is predicated on the ability to obtain information through history, using both primary and secondary sources, and physical exam in a variety of settings	
2. Most relevant domains of competence:	PC, ICS, SBP, P.	
3.Subcompetencies	PC4; ICS 1; SBP 2; P1	
4. Methods of assessment	<p>1. MK assessment will be done by the faculty either by direct interaction, written exam or e-portfolio</p> <p>2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio.</p> <p>3. Communication skills & Professionalism will be assessed by MSF</p> <p>4. Assessment done in OPD/WARD posting</p>	
5. Resident will be entrustable when these subcompetency Milestone Levels are attained	PC	4-L2
	ICS	1-L2
	SBP	2-L2
	P	1-L2

EPA 6: Provide an oral presentation of a clinical encounter		
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to concisely present a summary of a clinical encounter to the members of the health care team in order to achieve a shared understanding of the patient's current condition. A prerequisite for the ability to provide an oral presentation is synthesis of the information, gathered into an accurate assessment of the patient's current condition.	
2. Most relevant domains of competence:	PC, ICS, PBLI, P	
3. Subcompetencies within each domain	PC4.2; ICS1.2; PBLI2.2; P1.2	
4. Methods of assessment	<p>1. MK assessment will be done by the faculty either by direct interaction, written exam or e-portfolio</p> <p>2. PC, SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio.</p> <p>3. Communication skills & Professionalism will be assessed by MSF</p> <p>4. Assessment done in OPD/WARD posting</p>	
5. Resident will be entrustable when these subcompetency Milestone Levels are attained	PC	4-L2
	ICS	1-L2
	PBLI	2-L2
	P	1-L2

EPA 7: Recognize a patient requiring urgent or emergency care and initiate evaluation and management		
1. Description of the activity:	Residents should be able to promptly recognise a patient who requires urgent or emergent care, initiate evaluation and management, and seek help when required. New residents in particular are often among the first responders in an acute care setting, or the first to receive notification of an abnormal lab or deterioration in a patient's status. Early recognition and intervention provides the greatest chance for optimal outcomes in patient care. This EPA often calls for simultaneously recognizing need and initiating a call for assistance.	
2. Most relevant domains of competence	PC, ICS	
3. Subcompetencies within each domain	PC 1, 2, 3; ICS1	
4. Methods of assessment	<p>1. MK assessment will be done by the faculty either by direct interaction, written exam or e-portfolio</p> <p>2. PC, SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio.</p> <p>3. Communication skills & Professionalism will be assessed by</p> <p>4. Assessment done in OPD/Ward posting</p>	
5. Resident will be entrustable when these subcompetency Milestone Levels are attained	PC	1-L2, 2-L2, 3-L2
	ICS	1-L2

EPA 8: Give or receive a patient handover to transition care responsibility		
1. Description of the activity:	Effective and efficient handover communication is critical for patient care. It ensures that patients continue to receive high-quality and safe care through transitions of responsibility from one health care team or practitioner to another.	
2. Most relevant domains of competence	PC; ICS; PBLI; P	
3. Subcompetencies within each domain	PC1.2, 3.2; ICS 2.2; PBLI 2.2; P 1.2	
4. Methods of assessment	1. MK assessment will be done by the faculty either by direct interaction, written exam or e-portfolio 2. PC, SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio. 3. Communication skills & Professionalism will be assessed by MSF 4. Assessment done in OPD/Ward posting	
5. Resident will be entrustable when these subcompetency Milestone Levels are attained	PC	1-L2, 2-L2, 3-L2
	ICS	2-L2
	PBLI	2-L2

EPA 9: Obtain informed consent for tests and/or procedures		
1. Description of the activity	Residents should be able to perform patient care interventions that require informed consent for interventions, tests, or procedures they order or perform (e.g., immunizations, central lines, contrast and radiation exposures, blood transfusions) but should not be expected to obtain informed consent for procedures or tests for which they do not know the indications, contraindications, alternatives, risks, and benefits.	
2. Most relevant domains of competence:	PC, ICS, SBP, P	
3. Subcompetencies within each domain	PC1.2, 2.2, 4.2; ICS 1.2; SBP 2.2; P 1.2	
4. Methods of assessment	1. MK assessment will be done by the faculty either by direct interaction, written exam or e-portfolio 2. PC, SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio. 3. Communication skills & Professionalism will be assessed by MSF 4. Assessment done in OPD/Ward posting	
5. Resident will be entrustable when these subcompetency Milestone Levels are attained	PC	1-L2, 2-L2, 4-L2
	ICS	1-L2
	SBP	2-L2
	P	1-L2

EPA 10: Collaborate as a member of an interprofessional team		
1. Description of the activity:	Effective teamwork is necessary to achieve the Institute of Medicine competencies for care that is safe, timely, effective, efficient, and equitable. Introduction to the roles, responsibilities, and contributions of individual team members early in professional development is critical to fully embracing the value that teamwork adds to patient care outcomes.	
2. Most relevant domains of competence:	ICS, SBP, P .	
3. Subcompetencies within each domain	ICS2.2; SBP1.2; P2.2	
4. Methods of assessment	1. MK assessment will be done by the faculty either by direct interaction, written exam or e-portfolio 2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback 4. Assessment done in OPD/Ward posting	
5. Resident will be entrustable when these subcompetency Milestone Levels (L) are attained	ICS	2-L2
	SBP	1-L2
	P	2-L2

EPA 11: Form clinical questions and retrieve evidence to advance patient care		
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to identify key clinical questions in caring for patients, identify information resources, and retrieve information and evidence that will be used to address those questions. Residents should have basic skill in critiquing the quality of the evidence and assessing applicability to their patients and the clinical context. Practicing evidence-based medicine is and the self-awareness to identify gaps and fill them.	
2. Most relevant domains of competence:	MK, PBLI.	
3.Subcompetencies within each domain	MK1.2, 2.2; PBLI1.2	
4. Methods of assessment	1. MK assessment will be done by the faculty either by direct interaction, written exam or e-portfolio. 2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio. 3. Communication skills & Professionalism will be assessed by Multisource feedback. 4. Assessment done during seminar, journal club and case presentation.	
5. Resident will be entrustable when these subcompetency Milestone Levels are attained	MK	1-L2, 2-L2
	PBLI	1-L2
	SBP	2-L2

EPA 12 : Providing antenatal care including obstetric examination		
1. Description of the activity	Residents should be able to perform focused history and physical examination in a prioritised, organised manner without supervision and with respect for the patient. The history and physical examination should be tailored to the clinical situation and specific patient encounter. This data gathering and patient interaction serves as the basis for patient evaluation and management.	
2. Most relevant domains of competence	MK; PC; ICS; PBLI; P	
3. Subcompetencies within each domain	MK1.3,2.3; PC1.3, 6.3; ICS1.3; PBLI2.3; P1.3	
4. Methods of assessment	1. MK assessment will be done by the faculty either by direct interaction e-portfolio. 2. PC, SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio. 3. Communication skills & Professionalism will be assessed by MSF 4. Assessment done during OPD & Ward posting.	
5. Resident will be entrustable when these subcompetency Milestone Levels (L) are attained	MK	1-L3, 2-L3
	PC	1-L3, 6-L3
	ICS	1-L3
	PBLI	2-L3
	P	1-L3

EPA 13 : Providing intra-natal care including labour management		
1. Description of the activity	Resident should be able to provide care to the patient during the process of childbirth with respect to monitoring the well being of the mother and the foetus, ordering and interpreting the necessary investigations as well as communicating to the fellow team members and counselling the patient and her attenders.	
2. Most relevant domains of competence:	MK; PC; ICS; PBLI; P	
3. Subcompetencies within each domain	MK 1.3, 2.3; PC 1.3, 6.3; ICS1.3; PBLI 2.3; P1.3	
4. Methods of assessment	1. MK assessment will be done by the faculty either by direct interaction e-portfolio. 2. PC, SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio. 3. Communication skills & Professionalism will be assessed by MSF 4. Assessment done during OPD & Ward posting.	
5. Resident will be entrustable when these subcompetency Milestone Levels (L) are attained	MK	1-L3, 2-L3
	PC	1-L3, 6-L3
	ICS	1-L3
	PBLI	2-L3
	P	1-L3

EPA 14: Performing Minor obstetric procedures (Normal delivery, episiotomy repair, repair of 1st and 2nd degree perineal tears)		
1. Description of the activity	The resident should have knowledge and technical knowhow for performing minor obstetric procedures like conducting vaginal delivery and repairing episiotomy and perineal tears of 1st and 2nd degree unsupervised and should be able to detect complications if any and communicate with the consultant.	
2. Most relevant domains of competence	MK; PC; ICS; SBP; PBLI;P	
3.Subcompetencies within each domain	MK 1.3, 2.3; PC 1.3, 6.3; ICS 1.3; SBP 1.3, 2.3; PBLI 2.3; P1.3	
4.Methods of assessment	1. MK assessment will be done by the faculty either by direct interaction or e-portfolio. 2. PC,SBP & PBLI assessment will be done by the faculty at the workplace and e-portfolio. 3. Communication skills & professionalism will be assessed by MSF 4. Assessment done during Labour room & OT posting.	
5. Resident will be entrustable when these subcompetency Milestone Levels (L) are attained	MK	1-L3, 2-L3
	PC	1-L3, 6-L3
	ICS	1-L3
	SBP	1-L3, 2-L3
	PBLI	2-L3
	P	1-L3

EPA 15 : Managing PPH		
1. Description of the activity	Resident should be able to anticipate, diagnose and take necessary measures in case of post-partum haemorrhage including communication with team members, consultant and patient attenders.	
2. Most relevant domains of competence	MK; PC; ICS1;P	
3.Subcompetencies within each domain	MK1.3, 2.3; PC4.3; ICS1.3; P1.3	
4.Methods of assessment	1. MK assessment will be done by the faculty either by direct interaction or by e-portfolio. 2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio. 3. Communication skills & Professionalism will be assessed by MSF 4. Assessment done during Labour room & OT posting.	
5. Resident will be entrustable when these subcompetency Milestone Levels (L) are attained	MK	1-L3, 2-L3
	PC	1-L3, 6-L3
	ICS	1-L3
	P	1-L3

EPA 16 : Performing Instrumental delivery		
1. Description of the activity	Resident should have the knowledge regarding indications and contraindications of instrumental delivery and the necessary expertise to conduct it safely. Should possess the communication skill to counsel the patient and attenders prior to such procedure.	
2. Most relevant domains of competence:	MK; PC; ICSI; SBP; PBLI; P	
3.Subcompetencies within each domain	MK1.3, 2.3; PC1.3,6.3; ICS1.3, 3.3; SBP1.3, 2.3; PBLI2.3; P1.3	
4.Methods of assessment	1. MK assessment will be done by the faculty either by direct interaction or by e-portfolio. 2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and by e-portfolio. 3. Communication skills & Professionalism will be assessed by MSF 4. Assessment done during Labour room & OT posting.	
5. Resident will be entrustable when these subcompetency Milestone Levels (L) are attained	MK	1-L3, 2-L3
	PC	1-L3,6 L3
	ICS	1-L3; 3L3
	SBP	1-L3,2-L3
	PBLI	2 -L3
	P	1-L3

EPA 17: Performing Caesarean Section		
1. Description of the activity	Resident should be have the necessary expertise to perform Caesarean section safely as well as diagnose and rectify complications if any. Should possess necessary communication skills to obtain consent. Should have knowledge and apply the same in taking decision to perform this operative procedure	
2. Most relevant domains of competence:	MK; PC; ICS, SBP, PBLI, P	
3.Subcompetencies within each domain	MK1.3,2.3;PC 2.3,6.3; ICS1.3,3.3; SBP1.3,2.3;PBLI2.3,P1.3	
4.Methods of assessment	1. MK assessment will be done by the faculty either by direct interaction or by e-portfolio. 2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio. 3. Communication skills & Professionalism will be assessed by MSF 4. Assessment done during Labour room & OT posting.	
5. Resident will be entrustable when these subcompetency Milestone Levels (L) are attained	MK	1-L3, 2-L3
	PC	1-L3,6-L3
	ICS	1-L3; 3L3
	SBP	1-L3,2-L3
	PBLI	2 -L3
	P	1-L3

EPA 18 :Complex obstetric procedures (Repair of 3rd degree perineal tear, complete perineal tear assisted breech delivery, external cephalic version, instrumental delivery, MROP, shoulder dystocia)		
1. Description of the activity	Resident should have the knowledge of complex obstetrical procedures and should be able to assist the consultant effectively during performance of such.	
2. Most relevant domains of competence:	MK; PC; ICS; SBP; PBLI;P	
3.Subcompetencies within each domain	MK1.3, 2.3; PC2.2, 6.2; ICS1.3, 3.3; SBP1.3, 2.3; PBLI2.3; P1.3	
4.Methods of assessment	<p>1. MK assessment will be done by the faculty either by direct interaction or by e-portfolio.</p> <p>2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio.</p> <p>3. Communication skills & Professionalism will be assessed by MSF</p> <p>4. Assessment done during Labour room & OT posting.</p>	
5. Resident will be entrustable when these subcompetency Milestone Levels (L) are attained	MK	1-L3, 2-L3
	PC	1-L3,6-L3
	ICS	1-L3; 3L3
	SBP	1-L3,2-L3
	PBLI	2 -L3
	P	1-L3

EPA 19 :Performing basic obstetric ultrasound		
1. Description of the activity	Resident should have the knowledge of basic ultrasound and should be able to elicit basic foetal parameters for calculation of gestational age in normal antenatal case, able to interpret various doppler findings.	
2. Most relevant domains of competence:	MK; PC; ICS; SBP; P	
3.Subcompetencies within each domain	MK2.2; PC2.3; ICS1.3; SBP1.3,2.3; P1.3	
4.Methods of assessment	<p>1. MK assessment will be done by the faculty either by direct interaction e-portfolio.</p> <p>2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio.</p> <p>3. Communication skills & Professionalism will be assessed by MSF</p> <p>4. Assessment done during Labour room & OT posting.</p>	
5. Resident will be entrustable when these subcompetency Milestone Levels (L) are attained	MK	1-L3, 2-L3
	PC	1-L3,6-L3
	ICS	1-L3; 3L3
	SBP	1-L3,2-L3
	P	1-L3

EPA 20 :Performing neonatal resuscitation		
1. Description of the activity	Resident should have the knowledge of neonatal resuscitation and should be able to provide basic neonatal resuscitation in uncomplicated cases and assist the consultant effectively during complicated cases.	
2. Most relevant domains of competence:	MK; PC; ICS; SBP; PBLI; P	
3.Subcompetencies within each domain	MK5.2; PC7.2; ICS1.3; SBP1.3,2.3; PBLI2.3; P1.3	
4.Methods of assessment	1. MK assessment will be done by the faculty either by direct interaction e-portfolio. 2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio. 3. Communication skills & Professionalism will be assessed by MSF 4. Assessment done during Labour room & OT posting.	
5. Resident will be entrustable when these subcompetency Milestone Levels (L) are attained	MK	1-L3, 2-L3
	PC	1-L3,6-L3
	ICS	1-L3; 3L3
	SBP	1-L3,2-L3
	PBLI	2- L3
	P	1 -L3

EPA 21 :Performing gynaecological examination with minor OPD gynaecological procedures (Pap smear, VIA, VILI, Cervical biopsy)		
1. Description of the activity	Residents should be able to perform an accurate complete or focused history and physical exam in an organised manner without supervision and with respect for the patient along with necessary knowledge and expertise to perform minor screening procedures in opd.	
2. Most relevant domains of competence:	MK; PC; ICS; PBLI; P	
3.Subcompetencies within each domain	MK1.3,2.3; PC1.3,6.3; ICS1.3; PBLI2.3; P1.3	
4.Methods of assessment	1. MK assessment will be done by the faculty either by direct interaction or by e-portfolio. 2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio. 3. Communication skills & Professionalism will be assessed by MSF 4. Assessment done during OPD posting.	
5. Resident will be entrustable when these subcompetency Milestone Levels (L) are attained	MK	1-L3, 2-L3
	PC	1-L3,6-L3
	ICS	1-L3; 3L3
	PBLI	2- L3
	P	1 -L3

EPA 22 : Performing minor gynaecological OT procedures (D&C, FC, SE, Polypectomy)		
1. Description of the activity	Resident should be having the expertise to perform these minor gynaecological O T procedures unsupervised in a safe manner and detect complications if any.	
2. Most relevant domains of competence:	MK; PC; ICS; PBLI; P	
3.Subcompetencies within each domain	MK1.3,2.3; PC1.3,6.3; ICS1.3; PBLI2.3; P1.3	
4.Methods of assessment	1. MK assessment will be done by the faculty either by direct interaction or by e-portfolio. 2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio. 3. Communication skills & Professionalism will be assessed by MSF 4. Assessment done during OPD posting.	
5. Resident will be entrustable when these subcompetency Milestone Levels (L) are attained	MK	1-L3, 2-L3
	PC	1-L3,6-L3
	ICS	1-L3
	PBLI	2- L3
	P	1 -L3

EPA 23 :Performing basic gynaecological ultrasound		
1. Description of the activity	Resident should have the knowledge of basic gynaecological ultrasound and able to elicit uterine and adnexal masses and endometrial thickness.	
2. Most relevant domains of competence:	MK; PC; ICS; SBP; P	
3.Sub competencies within each domain	MK2.2; PC2.3; ICS1.3; SBP1.3, 2.3; P1.3	
4.Methods of assessment	1. MK assessment will be done by the faculty either by direct interaction or by e-portfolio. 2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio. 3. Communication skills & Professionalism will be assessed by MSF 4. Assessment done during OPD posting.	
5. Resident will be entrustable when these subcompetency Milestone Levels (L) are attained	MK	2-L2
	PC	2-L3
	ICS	1-L3
	PBLI	1-L3,2-L3
	P	1 -L3

EPA 24 :Performing abdominal hysterectomy		
1. Description of the activity	Resident should be able to assist the procedure of abdominal hysterectomy effectively and perform the surgery under supervision. Should have knowledge about indications and possible complications of the procedure. Should be able to obtain informed consent prior to the surgery.	
2. Most relevant domains of competence:	MK; PC; ICS; SBP; PBLI; P	
3.Sub competencies within each domain	MK1.4, 2.3; PC2.3, 6.3; ICS1.3,3.3;SBP1.3, 2.3; PBLI2.3; P1.3	
4.Methods of assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction or by e-portfolio. 2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio. 3. Communication skills & Professionalism will be assessed by MSF 4. Assessment done during OT posting. 	
5. Resident will be entrustable when these subcompetency Milestone Levels (L) are attained	MK	1-L4, 2-L3
	PC	2-L3, 6-L3
	ICS	1-L3, 3-L3
	PBLI	2-L3
	P	1 -L3
EPA 25 :Performing vaginal hysterectomy		
1. Description of the activity	Resident should be able to assist the procedure of vaginal hysterectomy effectively and perform the surgery under supervision. Should have knowledge about indications and possible complications of the procedure. Should be able to obtain informed consent prior to the surgery.	
2. Most relevant domains of competence:	MK; PC; ICS; SBP; PBLI; P	
3.Subcompetencies within each domain	MK1.4,2.4; PC2.3, 6.3; ICS1.4, 3.3; SBP1.3, 2.3, PBLI2.3; P1.3	
4.Methods of assessment	<ol style="list-style-type: none"> 1. MK assessment will be done by the faculty either by direct interaction or by e-portfolio. 2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio. 3. Communication skills & Professionalism will be assessed by MSF 4. Assessment done during OT posting. 	
5. Resident will be entrustable when these subcompetency Milestone Levels (L) are attained	MK	1-L4, 2-L4
	PC	2-L3, 6-L3
	ICS	1-L4, 3-L3
	SBP	1-L3,2-L3
	PBLI	2-L3
	P	1 -L3

EPA 26 :Complex surgery (Staging laparotomy , Radical hysterectomy, Tuboplasty, Vaginoplasty, Diagnostic and operative endoscopic procedures)		
1. Description of the activity	Resident should be able to assist these complex surgical procedures effectively and should have knowledge about indications and possible complications. Should be able to obtain informed consent prior to the surgery.	
2. Most relevant domains of competence:	MK; PC; ICS; SBP;PBLI; P	
3.Subcompetencies within each domain	MK1.3,2.3; PC2.2, 6.2; ICS1.4, 3.3; SBP1.3, 2.3; PBLI2.3; P1.3	
4.Methods of assessment	1. MK assessment will be done by the faculty either by direct interaction e-portfolio. 2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio. 3. Communication skills & Professionalism will be assessed by MSF 4. Assessment done during OT posting.	
5. Resident will be entrustable when these subcompetency Milestone Levels (L) are attained	MK	1-L3, 2-L3
	PC	2-L2, 6-L2
	ICS	1-L4, 3-L3
	SBP	1-L3,2-L3
	PBLI	2-L3
	P	1 -L3

EPA 27: Insertion of Cu-T		
1. Description of the activity	Resident should be able to assist the procedure of T insertion effectively and perform the same under supervision. Should have knowledge about indications and possible complications of the procedure. Should be able to obtain informed consent prior to it.	
2. Most relevant domains of competence:	MK; PC; ICS; SBP;PBLI; P	
3.Subcompetencies within each domain	MK1.3,2.3; PC2.3, 5.3; ICS1.3, 3.3; SBP1.3, 2.3;PBLI2.3; P1.3	
4.Methods of assessment	1. MK assessment will be done by the faculty either by direct interaction or by e-portfolio. 2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio. 3. Communication skills & Professionalism will be assessed by MSF 4. Assessment done during OPD posting.	
5. Resident will be entrustable when these subcompetency Milestone Levels (L) are attained	MK	1-L3, 2-L3
	PC	2-L3, 5-L3
	ICS	1-L3, 3-L3
	SBP	1-L3,2-L3
	PBLI	2-L3
	P	1 -L3

EPA 28 :Performing minor family planning procedures (suction and evacuation, dilatation and evacuation)		
1. Description of the activity	Resident should be able to assist these minor family planning procedures effectively and perform the same under supervision. Should have knowledge about indications and possible complications of the procedures. Should be able to obtain informed consent prior to it.	
2. Most relevant domains of competence:	MK; PC; ICS; SBP; PBLI; P	
3.Sub competencies within each domain	MK1.3, 2.3; PC2.3, 5.3; ICS1.3, 3.3; SBP1.3, 2.3; PBLI2.3; P1.3	
4.Methods of assessment	1. MK assessment will be done by the faculty either by direct interaction or by e-portfolio. 2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio. 3. Communication skills & Professionalism will be assessed by MSF 4. Assessment done during OT posting.	
5. Resident will be entrustable when these subcompetency Milestone Levels (L) are attained	MK	1-L3, 2-L3
	PC	2-L3, 5-L3
	ICS	1-L3, 3-L3
	SBP	1-L3,2-L3
	PBLI	2-L3
	P	1-L3

EPA 29 :Performing sterilisation (Puerperal, Interval, Concurrent, Laparoscopic)		
1. Description of the activity	Resident should be able to assist these sterilisation procedures effectively and perform the same under supervision. Should have knowledge about indications and possible complications of the procedures. Should be able to obtain informed consent prior to it.	
2. Most relevant domains of competence:	MK;PC; ICS; SBP; PBLI; P	
3.Subcompetencies within each domain	MK1.3, 2.3; PC2.3, 5.3; ICS1.3, 3.3; SBP1.3, 2.3; PBLI2.3;P1.3	
4.Methods of assessment	1. MK assessment will be done by the faculty either by direct interaction e-portfolio. 2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio. 3. Communication skills & Professionalism will be assessed by MSF 4. Assessment done during OT posting.	
5. Resident will be entrustable when these subcompetency Milestone Levels (L) are attained	MK	1-L3, 2-L3
	PC	2-L3, 5-L3
	ICS	1-L3, 3-L3
	SBP	1-L3,2-L3
	PBLI	2-L3
	P	1-L3

30. Should be able to write a scientific protocol for clinical research		
1. Description of the activity	Resident should be able to perform critical appraisal of the literature to produce a scientific writing on clinical research.	
2. Most relevant domains of competence:	MK; ICS; PBLI; P	
3.Subcompetencies within each domain	MK2.3; ICS1.3; PBLI1.3; P1.3	
4.Methods of assessment	<p>1. MK assessment will be done by the faculty either by direct interaction or by e-portfolio.</p> <p>2. PC,SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio.</p> <p>3. Communication skills & Professionalism will be assessed by MSF</p> <p>4. Assessment done by evaluating dissertation posting.</p>	
5. Resident will be entrustable when these subcompetency Milestone Levels (L) are attained	MK	2- L3
	ICS	1-L3
	PBLI	1-L3
	P	1-L3

31. Reporting and communication of scientific research		
1. Description of the activity	Resident should be able to prepare a evidence based document and will be able to present to scientific community in an effective way.	
2. Most relevant domains of competence:	MK; ICS; PBLI; P	
3.Subcompetencies within each domain	MK 2.3; ICS 3.2; PBLI 1.3; P 1.3	
4.Methods of assessment	<p>1. MK assessment will be done by the faculty either by direct interaction or by e-portfolio.</p> <p>2. PC, SBP & PBLI assessment will be done by the Faculty at the workplace and e-portfolio.</p> <p>3. Communication skills & Professionalism will be assessed by MSF</p> <p>4. Assessment done during OT posting.</p>	
5. Resident will be entrustable when these subcompetency Milestone Levels (L) are attained	MK	2- L3
	ICS	3-L2
	PBLI	1-L3
	P	1-L3

9.1.3 Mapping of of PO, EPA, Competency and Sub-competency with level

Table 5. Mapping of PO, EPA, Competency and Sub-competency with level

EPA		Program Outcome										Domains and levels of competency
General		1	2	3	4	5	6	7	8	9	10	
1	Gathering a history and performing physical examination	Y	Y	Y	Y							MK - 1.4, 3.3 / PC - 2.3 / ICS - 1.4 / P - 1.3
2	Prioritising a differential diagnosis following a clinical encounter	Y	Y	Y	Y							MK1.2,2.2/PC1.2,3.2/ICS1.2/PBLI1.2/P1.2
3	Recommending and interpreting common diagnostic and screening tests											MK1.2,2.2/PC1.2/SBP2.2/PBLI2.2/P1.2
4	Entering and discussing orders and prescriptions and giving the necessary instructions to the patients	Y	Y	Y	Y							PC4.2/ICS1.2/SBP2.2/PBLI2.2
5	Documenting a clinical encounter in patient records	Y	Y	Y	Y							PC4.2/ICS1.2/SBP2.2/P1.2
6	Provide an oral presentation of a clinical encounter	Y	Y	Y	Y	Y	Y	Y		Y		PC4.2/ICS1.2/PBLI2.2/ P1.2
7	Recognise a patient requiring urgent or emergency care and initiate evaluation and management					Y						PC1.2,2.2,3.2/ICS1.2
8	Give or receive a patient handover to transition care responsibility					Y						PC1.2,3.2/ICS2.2/PBLI2.2/P1.2
9	Obtain informed consent for tests and/or procedures									Y		PC1.2,2.2,4.2/ICS1.2/SBP2.2/P1.2
10	Collaborate as a member of an interprofessional team							Y				ICS2.2/SBP1.2/P2.2
11	Form clinical questions and retrieve evidence to advance patient care								Y			MK1.2,2.2/PBLI1.2
Obstetrics												
12	Providing antenatal care including obstetric examination	Y	Y			Y					Y	MK1.3,2.3/PC1.3,6.3/ICS1.3/PBLI2.3/P1.3
13	Providing intranatal care including labour management	Y	Y			Y					Y	MK1.3,2.3/PC1.3,6.3/ICS1.3/PBLI2.3/P1.3
14	Performing Minor obstetric procedure (Normal delivery, episiotomy repair, repair of 1st and 2nd degree perineal tear)	Y	Y			Y					Y	MK1.3,2.3/PC1.3,6.3/ICS1.3/SBP1.3,2.3/PBLI2.3/P1.3
15	Managing PPH	Y										MK1.3,2.3/PC4.3/ICS1.3/P1.3

16	Performing Instrumental delivery	Y	Y			Y					Y	MK1.3,2.3/ PC2.3, 6.3/ ICS1.3,3.3/ SBP1.3,2.3/ PBLI2.3/P1.3
17	Performing Caesarean Section	Y	Y			Y					Y	MK1.3,2.3/ PC2.3, 6.3/ ICS1.3,3.3/ SBP1.3,2.3/ PBLI2.3/P1.3
18	Complex obstetric procedures (Repair of III rd degree perineal tear, complete perineal tear, assisted breech delivery, external cephalic version, instrumental delivery, MROP, shoulder dystocia)	Y	Y								Y	MK1.3,2.3/ PC2.2,6.2/ ICS1.4,3.3/ SBP1.3,2.3/ PBLI2.3/P1.3
19	Performing basic Obstetric Ultrasound											MK1.2,2.2/ PC1.3/ICS1.3/ SBP1.3,2.3/ PBLI2.3/P1.3
20	Performing neonatal resuscitation	Y										MK1.2,2.2/ PC1.3/ICS1.3/ SBP1.3,2.3/ PBLI2.3/P1.3
Gynaecology												
21	Performing gynaecological examination with minor OPD gynaecological procedures (Pap smear, VIA, VILI, Cervical biopsy)	Y	Y			Y					Y	MK1.3,2.3/ PC1.3,6.3/ICS1.3/ PBLI2.3/P1.3
22	Performing minor gynaecological OT procedure (D&C, FC, SE, Polypectomy)	Y	Y			Y					Y	MK1.3,2.3/ PC1.3,6.3/ICS1.3/ PBLI2.3/P1.3
23	Performing basic gynaecological ultrasound											MK1.2,2.2/ PC1.3/ICS1.3/ SBP1.3,2.3/ PBLI2.3/P1.3
24	Performing abdominal hysterectomy	Y	Y			Y					Y	MK1.3,2.3/ PC2.3,6.3/ ICS1.3,3.3/ SBP1.3,2.3/ PBLI2.3/P1.3
25	Performing Vaginal hysterectomy	Y	Y			Y					Y	MK1.3,2.3/ PC2.3,6.3/ ICS1.3,3.3/ SBP1.3,2.3/ PBLI2.3/P1.3

26	Complex surgery (Staging laparotomy, Radical hysterectomy, Tuboplasty, Vaginoplasty, Diagnostic and operative endoscopic procedures)	Y	Y			Y					Y	MK1.3,2.3/ PC2.2,6.2/ ICS1.4,3.3/ SBP1.3,2.3/ PBLI2.3/P1.3	
Family Planning													
27	Insertion of Cu-T	Y	Y			Y					Y	MK1.3,2.3/ PC2.2,6.2/ ICS1.4,3.3/ SBP1.3,2.3/ PBLI2.3/P1.3	
28	Performing minor family planning procedures (suction and evacuation, dilatation and evacuation)	Y	Y			Y					Y	MK1.3,2.3/ PC2.3,5.3/ ICS1.4,3.3/ SBP1.3,2.3/ PBLI2.3/P1.3	
29	Performing sterilisation (Puerperal, Interval, Concurrent, Laparoscopic)	Y	Y			Y					Y	MK1.3,2.3/ PC2.3,5.3/ ICS1.4,3.3/ SBP1.3,2.3/ PBLI2.3/P1.3	
Research													
30	Should be able to write a scientific protocol for clinical research									Y	Y	Y	MK2.3/ICS3.2/ PBLI1.3/P1.3
31	Reporting and communication of scientific research									Y	Y	Y	MK2.3/ICS3.2/ PBLI1.3/P1.3

As a part of Internal Assessment theory and clinical examination should be conducted every 6 months

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 teaching
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-2).

9.1.4 E-Portfolio

Electronic portfolio to be maintained by the residents to record their activities under the section:

- ❖ EPA
- ❖ Daily log

- ❖ Patient care
- ❖ Procedures
- ❖ Dissertation
- ❖ Academic activities (Seminar, symposium, case presentation, journal club)
- ❖ Co-curricular activities (Conference, CME, Workshop),
- ❖ Teaching Assignments,
- ❖ Awards and achievements
- ❖ Outreach activities.

E-portfolio shall be checked and assessed periodically by the faculty members. This will enable to monitor progress of the residents, their level of attainment of milestones and impart the training accordingly

9.2 Summative Assessment:

9.2.1 Eligibility for appearing in the final university exam

- ❖ Attendance : 75 % each year
- ❖ One poster presentation in International/National/ State level conference.
- ❖ One oral presentation in International/National/ State level conference.
- ❖ Submission of one scientific paper for publication to an indexed journal

9.2.2 Components of postgraduate examination

Dissertation

Every post graduate student shall carry out work on an assigned research project under the guidance of a recognised Post Graduate Teacher, the result of which shall be written up and submitted in the form of a Thesis. Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the post graduate student to the techniques of research, critical analysis, acquaintance with the latest advances in medical science and the manner of identifying and consulting available literature. Thesis shall be submitted at least six months before the Theory and Clinical / Practical examination and will be evaluated by two externals. A postgraduate student shall be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Thesis by the examiners.

Theory Examination

There should be four theory papers, as given below:

- ❖ Paper I: Applied Basic sciences.
- ❖ Paper II: Obstetrics including social obstetrics and Neonatology
- ❖ Paper III: Gynaecology including Family planning
- ❖ Paper IV: Recent Advances in Obstetrics & Gynaecology

Each theory paper will be of 100 marks i.e. 4 papers of 100 marks each (Total 400). Each paper will have 10 short essay answer questions of 10 marks each.

Clinical ,Oral/viva voce Examination including Dissertation and Spotters:

shall be as given below:

Each students will be evaluated with all the components of clinical and viva-voce

- ❖ Clinical (300)
- ❖ Obstetrics
- ❖ Long Case: 1 case (100)
- ❖ Short Case: 1 case (50)

Gynaecology:

- ❖ Long Case: 1 case (100)
- ❖ Short Case/ Spot Case: 1 case (50)

Viva-voce : (100)

- ❖ Instruments (10)
- ❖ Pathology specimens(10)
- ❖ Drugs and USG/X-rays (10)
- ❖ CTG, Partogram (10)
- ❖ Family planning (10)
- ❖ Dissertation (25)
- ❖ Spotters (25)

Pass criteria

The examination (MS) shall be held at the end of 3rd academic year. There will be four evaluations for each theory paper. The examinations shall be organised on the basis of 'Marking system' to evaluate and to certify post graduate student's level of knowledge, skill and competence at the end of the training. Obtaining a minimum of 50% marks in 'Theory' as well as 'Practical' separately shall be mandatory for passing examination as a whole. Student must secure minimum of 40% in each theory paper and in aggregate 50% overall as far as theory is concerned.

10. Blueprint for MS

10.1 Paper I

Basic Sciences

Sl.No	Discipline	Topics	Weightage	Marks Allotted	No. of Questions
1	Anatomy including genetics	Female genital & urinary tract - embryology, anatomy; Applied genetics	20%	20	20
2	Biochemistry	Biochemical changes as applicable to obstetrics & Gyn- eg; carbohydrate, iron metabolism; Nutrition.	10%	10	1
3	Physiology	Physiology of Ovulation, menstruation, Pregnancy, Labour, Lactation and Micturition disorders.	20%	20	2
4	Pharmacology	Drug usage in pregnancy and lactation (antihypertensives, anticonvulsants, tocolytics, anticoagulants, oxytocics, drugs used for glycaemic control, hormones, drugs used in gynaecology for ovulation induction and cancer chemotherapy).	20%	20	2
5	Micrbiology	Normal and abnormal vaginal flora, UTI, STIs / HIV/AIDS, Immunology related to Obst& Gyn	10%	10	1
6	Pathology	Aetiopathogenesis of obst& gyn disorders, Antiphospholipid Antibody Syndrome, Benign Premalignant and malignant gynaecological disorders.	20%	20	2

10.2 Paper II

Obstetrics with Social Obstetrics and Neonatology

Sl.No	Section	Topics	Weightage	Marks Allotted	No. of Questions
1	Normal and Abnormal Pregnancy	Hyperemesis, Abortion, ectopic, GTD, Multi -fetal gestation, PTL, PROM, IUGR, Poly & Oligo hydramnios, Prolonged Pregnancy, Abnormalities of the placenta & cord.	20%	20	2
2	Normal and Abnormal labour	Dysfunctional Labour, Abnormal Uterine action, Contracted pelvis & CPD, Malposition and malpresentation, Obstructed Labour & rupture of uterus, Third stage complications, Injuries to birth canal.	10%	10	1
3	Medical disorders in pregnancy	Anaemia in pregnancy, Hypertensive Disorders, Diabetes in pregnancy, Cardiac disease, Renal Disease, Liver disease, Disorders of Blood Coagulation, Respiratory diseases in Pregnancy, Thyroid disorders in pregnancy	20%	20	2
4	Special topics	Rh-ve Pregnancy, Pregnancy after caesarean section, Elderly primigravida, Teenage pregnancy, Grand Multipara, Infection in pregnancy, Obesity.	10%	10	1
5	Puerperium	Normal & Abnormal Puerperium, Genital tract trauma	10%	10	1
6	Neonatology	Care of newborn, Birth injury, Birth Asphyxia, Congenital anomalies, Early neonatal problems eg. RDS, MAS, Convulsions, Jaundice	10%	10	1
7	Social obstetrics	MMR, Perinatal mortality and Morbidity, National programs, Trends in caesarean section, Preventive aspects of anaemia , infection and obstructed labour.	10%	10	1
8	Operative Obstetrics	Episiotomy, Forceps, vacuum, caesarean, Circilage, Version, Caesarean hysterectomy, suction evacuation etc	10%	10	1

10.3 Paper III**Gynaecology including Family planning**

Sl.No	Discipline	Topics	Weightage	Marks Allotted	No. of Questions
1	General gynaecology, Benign Gynaecological Disorders	Displacement of genital organs, Endometriosis, Fibroid, Adenomyosis, Menstrual disorders.	20%	20	2
2	Premalignant & Malignant Gynaecological Disorders	Cervix, Ovary, Endometrium, Vagina, Vulva, fallopian tube, GTN.	20%	20	2
3	Family planning	Population dynamics, Contraception and MTP	20%	20	2
4	Infections of Genital tract	Leucorrhoea, STIs, PID, Genital TB, HIV/AIDS	10%	10	1
5	Pediatric, Adolescent & Geriatric gynaecology	Gyn Problems in Paediatrics, Intersex, Hirsutism, PCOS, Menopause and Hormone Therapy	10%	10	1
6	Urogynaecology	Urinary tract injuries, fistulae, urinary incontinence	10%	10	1
	Reproductive medicine	Infertility investigations and Management, ART, endocrinology	10%	10	1

10.4 Paper IV

Recent Advances in Obstetrics & Gynaecology

Sl.No	Section	Topics	Weightage	Marks Allotted	No. of Questions
1	Prenatal Diagnosis and Fetal therapy, Genetics	Screening and diagnosis of Aneuploidy, Diagnosis of neural tube defects, Down Syndrome, diagnostic techniques, Fetal Therapy, Fetal transfusion, Fetal Gene Therapy, Fetal Surgery, Cord blood Banking, Stem cell Therapy, Chromosomal abnormalities- mode of inheritance, Genetic tests and counselling. Antepartum and Intrapartum fetal Suveillance, Imaging in O&G, Doppler, MRI. Doppler velocimetry.	20%	20	2
2	Gynaec oncology	Recent advances in screening, diagnosis, prevention and mangemenet of gynaecological oncology	10%	10	1
3	Medical and surgical problems in obstetrics and gynaecology	Advances and current practices in medical and surgical disorders in pregnancy ; and gynaecological conditions.	20%	20	2
4	endocrinology and Infertility	Advances and current practices in infertility Investigations and Management, ART, endocrinology	20%	20	2
5	Emerging areas in paediatric, adolescent and geriatric gynaecology, minimal invasive surgery, heredity in OG.	Endoscopy, Robotic Surgery, Psychosocial, paediatric, adolescent and geriatric gynaecology, Heredity in gyn diseases, menopausal disorders and hormonal therapy, Female Sexuality, ethical and Medicolegal issues in O&G practice.	20%	20	2
6	Urogynaecology	Advances in urogynaecology, Urinary tract injuries, fistulae, urinary incontinence	10%	10	1

11. Model Question Papers

Subject- Obstetrics & Gynaecology

Paper I :Applied Basics Sciences

3 Hours

(10 x 10 = 100 marks)

ANSWER ALL QUESTIONS

(Draw labelled diagram wherever required)

1. Explain the developmental anomalies of genital tract and their clinical importance.
2. Describe the female pelvic diaphragm and mention the specific supports which hold the genital tract in position.
3. Describe the effect of pregnancy on carbohydrate metabolism and screening tests for carbohydrate intolerance during pregnancy
4. Explain the physiology of micturition and changes that result in genuine stress incontinence?
5. Explain the physiology of normal menstruation and endometrial changes.
6. Evaluate the commonly used antihypertensive drugs in pregnancy.
7. Describe mechanism of action of magnesium sulphate and its use in obstetrics.
8. Classify the microorganism responsible for pelvic inflammatory disease and propose methods to prevent.
9. Describe pathology of ovarian sex-cord stromal tumours.
10. Explain the aetio-pathology and clinical significance of fibroids.

Paper II: Obstetrics including social obstetrics and neonatology

3 Hours

(10 x 10 = 100 marks)

**ANSWER ALL QUESTIONS
(Draw labelled diagram wherever required)**

1. Discuss the causes of hyperemesis gravidarum and its management.
2. Explain the aetio-pathogenesis of preterm rupture of membrane.
3. Classify the dysfunctional labour.
4. Evaluate a pregnant woman who presents with Hb of 7 gm%.
5. Discuss the management of 34 weeks pregnant woman with BP of 150/100, proteinuria of 1+.
6. Plan the antenatal management of a 3rd gravida who is Rh negative.
7. Design a protocol to prevent puerperal sepsis.
8. Describe the different causes of birth injuries of the new born and suggest steps to prevent them.
9. Discuss the steps taken to reduce the maternal mortality.
10. Compare the advantage and disadvantage of forceps and vacuum delivery.

Paper III: General gynaecology with family planning

3 Hours

(10 x 10 = 100 marks)

**ANSWER ALL QUESTIONS
(Draw labelled diagram wherever required)**

1. Discuss the nonsurgical treatment for pelvic organ prolapse.
2. Explain the aetio-pathogenesis of fibroid and its complications.
3. Describe the management options for stage I A carcinoma cervix.
4. Discuss the management of endometrial hyperplasia.
5. Compare and contrast combined oral contraceptives with intrauterine device.
6. Explain various emergency contraceptive methods.
7. Describe CDC guidelines for the management of pelvic inflammatory diseases.
8. Explain role of hormone therapy in the management of postmenopausal osteoporosis.
9. Explain the investigations and management of a patient with complaint of involuntary loss of urine.
10. Evaluate the various methods of ovulation induction.

Paper IV : Recent advance and Subspecialty

3 Hours

(10 x 10 = 100 marks)

**ANSWER ALL QUESTIONS
(Draw labelled diagram wherever required)**

1. Evaluate a pregnant woman with elevated maternal serum alpha fetoprotein.
2. Explain the first trimester screening for foetal defects.
3. Discuss the recent advances in Radiotherapy for gyn cancers.
4. Explain the predictors of preeclampsia.
5. Discuss the management of pregnancy with epilepsy.
6. Explain the procedure and clinical application of in vitro maturation of oocyte.
7. Evaluation and management of hyperprolactinaemia.
8. Explain the role of heredity in gynaecological cancers and the preventive aspects.
9. Critically analyse the various gynaecological endoscopic procedures.
10. Explain the changing trends in aetiology and management of urological injuries in gyn practice.

12. Recommended Reading

12.1 Books

(Latest editions of the following books are recommended)

16.1 Books

1. Williams Obstetrics – Cunningham et al - McGraw Hill
2. Williams Gynaecology – Cunningham et al– McGraw Hill
3. Practical Guide to High-risk pregnancy & delivery Fernando Arias -S. Daftary, A.G Bhide– Elsevier
4. Mudaliar& Menon’s Clinical Obs –Gopalan Sarala and Jain Vanita- Orient Longman
5. Obstetrics Normal & Problem pregnancies – Gabbe – Elsevier
6. High risk pregnancy – Management Options –James, Steer, Weiner, Gonik – Elsevier
7. Medical Disorders in Obstetric Practice –Michael de Swiet – Blackwell
8. Practical Obstetric problems (Ian Donald)- BI Publication, Delhi
9. Munro Kerr’s Operative Obstetrics –Balliere Tindall U.K. – AITBS Delhi
10. The Management of Labour- Arulkumaran-Universities Press
11. Text Books of Obstetrics-Sheila Balakrishnan- Paras.
12. Shaw’s Text Book of Gynaecology-Padubidri VG and Daftary SN - Elsevier
13. Shaw’s Text Book of Operative Gynaecology –Elsevier.
14. Te Linde’s Operative Gynaecology –Lippincott Williams &Wilkins
15. Berek& Novak’s Gynaecology –Lippincott Williams & Wilkins.
16. Clinicalgynaecologic Endocrinology and Infertility - Speroff& Fritz- Lippincott
17. Recent Advances in Obstetrics & Gynaecology -Dunlop & Ledger . JAYPEE Publishers.
18. Current Progress in Obstetrics & Gynaecology, Studd - Tree Life Media.
19. Clinical methods in Obst& Gyn – a problem based approach – Asha O, RaghavanS, Habeebullah S . Orient Longman.
20. Essentials of Gynaecology- Lakshmi Seshadri –Lippincott Williams & Wilkins .
21. Clinicalgynaecologic Oncology : Disaia JP, Craftsman TM -The CV Mosby Co.

12.2 Journals

1. Journal of Obstetrics& Gynaecology India
2. British Journal of Obstetrics&Gynaecology
3. American Journal of Obstetrics&Gynaecology
4. International Journal of Obstetrics&Gynaecology
5. Obstetrics& Gynaecology Survey
6. Gynaecology Oncology
7. Obstetrics& Gynaecology (Green Journal)
8. Obstetrics &Gynaecology Clinics of N. America
9. Clinics in Obstetrics& Gynaecology
10. Journal of Clinical Ultrasound

13. Annexures

Annexure 1: Entrustable Professional Activities Assessment

Department of Obstetrics & Gynaecology

Entrustable Professional Activities Assessment Form MS O&G Residents

Name of the Resident:

UNI No:

Levels of competence:

- ❖ Level I: Knowledge only; can observe
- ❖ Level II(A): Can assist properly
- ❖ Level II(B): Can do under strict supervision
- ❖ Level III: Can do under loose supervision (Entrustability decision to be made based on milestones)
- ❖ Level IV: Can do independently
- ❖ Level V: Has expertise to teach others

First year of the residency

EPAs		On the day joining	After 1 month	1st Quarter		2nd Quarter	
		Resident	Resident	Faculty	Resident	Faculty	Resident
1	Gathering a history and performing physical examination						
2	Prioritising a differential diagnosis following a clinical encounter						
3	Recommending and interpreting common screening and diagnostic tests and data						
4	Entering and discussing orders and prescriptions and giving the necessary instructions to the patients						
5	Documenting a clinical encounter in patient records						
6	Provide an oral presentation of a clinical encounter						
7	Recognise a patient requiring urgent or emergency care and initiate evaluation and management						
8	Give or receive a patient handover to transition care responsibly						
9	Obtain informed consent for tests and/or procedures						
11	Collaborate as a member of an interprofessional team						
	Form clinical questions and retrieve evidence to advance patient care						
	Signature of the resident						
	Signature of the faculty						
	Signature of the HOD						

Obstetrics		3rd Quarter		4th quarter	
		Resident	Faculty	Resident	Faculty
12	Providing antenatal care including obstetric examination				
13	Providing Intranatal care including labour management				
14	Managing PPH				
15	Performing Minor obstetric procedure (Normal delivery, episiotomy repair, repair of 1st and 2nd degree perineal tear)				
16	Performing Instrumental delivery				
17	Performing Caesarean Section				
18	Complex obstetric procedures (Repair of 3rd degree perineal tear, complete perineal tear repair, assisted breech delivery, external cephalic version, instrumental delivery, MROP, shoulder dystocia)				
19	Performing basic obstetric USG				
20	Performing neonatal resuscitation				
Gynaecology					
21	Performing gynaecological examination with minor OPD gynaecological procedures (Pap smear, VIA, VILI, Cervical biopsy)				
22	Performing minor Gynaecological OT procedure (D&C, FC, SE, Polypectomy)				
23	Performing basic gynaecologic ultrasound				
24	Performing abdominal hysterectomy				
25	Performing Vaginal hysterectomy				
26	Complex surgery (Staging laparotomy, Radical hysterectomy, Tuboplasty, Vaginoplasty, Diagnostic and operative endoscopic procedures)				
	Family Planning				
27	Insertion of Cu-T				
28	Performing minor family planning procedures (suction and evacuation, dilatation and evacuation)				
29	Performing sterilisation (Puerperal, Interval, Concurrent, Laparoscopic)				
	Signature of the resident				
	Signature faculty				
	Signature of the HOD				

Second year of the residency

Obstetrics		5thHfyr		6thHfyr	
		Resident	Faculty	Resident	Faculty
12	Providing antenatal care including obstetric examination				
13	Providing intranatal care including labour management				
14	Managing PPH				
15	Performing Minor obstetric procedures (Normal delivery, episiotomy repair, repair of 1st and 2nd degree perineal tear)				
16	Performing Instrumental delivery				
17	Performing Caesarean Section				
18	Complex obstetric procedures (Repair of 3rd degree perineal tear, complete perineal tear repair, assisted breech delivery, external cephalic version, instrumental delivery, MROP, shoulder dystocia)				
19	Performing basic obstetric USG				
20	Performing neonatal resuscitation				
Gynaecology					
21	Performing gynaecological examination with minor OPD gynaecological procedures (Pap smear, VIA, VILI, Cervical biopsy)				
22	Performing minor Gynaecological OT procedure (D&C, FC, SE, Polypectomy)				
23	Performing basic gynaecologic ultrasound				
24	Performing abdominal hysterectomy				
25	Performing Vaginal hysterectomy				
26	Complex surgery (Staging laparotomy, Radical hysterectomy, Tuboplasty, Vaginoplasty, Diagnostic and operative endoscopic procedures) Family Planning				
27	Insertion of Cu-T				
28	Performing minor family planning procedures (suction and evacuation, dilatation and evacuation)				
29	Performing sterilisation (Puerperal, Interval, Concurrent, Laparoscopic)				
	Signature of the resident				
	Signature faculty				
	Signature of the HOD				

Third year of the residency

Obstetrics		7thHfyr		8thHfyr	
		Resident	Faculty	Resident	Faculty
12	Providing antenatal care including obstetric examination				
13	Providing intranatal care including labour management				
14	Managing PPH				
15	Performing Minor obstetric procedures (Normal delivery, episiotomy repair, repair of 1st and 2nd degree perineal tear)				
16	Performing Instrumental delivery				
17	Performing Caesarean Section				
18	Complex obstetric procedures (Repair of 3rd degree perineal tear, complete perineal tear repair, assisted breech delivery, external cephalic version, instrumental delivery, MROP, shoulder dystocia)				
19	Performing basic obstetrics USG				
20	Performing neonatal resuscitation				
Gynaecology					
21	Performing gynaecological examination with minor OPD gynaecological procedures (Pap smear, VIA, VILI, Cervical biopsy)				
22	Performing minor Gynaecological OT (procedure D&C, FC, SE, Polypectomy)				
23	Performing basic gynaecology ultrasound				
24	Performing abdominal hysterectomy				
25	Performing Vaginal hysterectomy				
26	Complex surgery (Staging laparotomy, Radical hysterectomy, Tuboplasty, Vaginoplasty, Diagnostic and operative endoscopic procedures)				
Family Planning					
27	Insertion of Cu-T				
28	Performing minor family planning procedures (suction and evacuation, dilatation and evacuation)				
29	Performing sterilisation (Puerperal, Interval, Concurrent, Laparoscopic)				
	Signature of the resident				
	Signature faculty				
	Signature of the HOD				

Annexure 2: Quarterly Appraisal Form
Sri Balaji Vidyapeeth
Department of Obstetrics & Gynaecology
 Postgraduate Students Appraisal Form

Name of the PG Student:

UNI No:

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

Sr. No.	PARTICULARS	Not Satisfactory	Satisfactory	More Than Satisfactory	Remarks
		123	4 56	789	
1	Journal based / recent advances learning				
2	Patient based /Laboratoryor 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	E-portfolio Maintenance				

Publications

Yes/ No

Remarks* _____

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

Signature of assessee

Signature of the faculty

Signature of HOD

Annexure 3: Multisource feedback

I. Patient/Relative

Sri Balaji Vidyapeeth

Department of Obstetrics & Gynaecology

EVALUATION SHEET FOR POSTGRADUATE CLINICAL WORK

(To be completed by Patient/Relative)

Name of the Resident: UIN No.:

Name of the Respondent: Date:

Sr. No.	Criteria to be assessed	Score		
		Below par(1)	At par (2)	Above par (3)
	Shows a caring attitude to patients			
	Is respectful towards patients			
	Shows no prejudice in the care of patients			
	Communicates effectively with patients			
	Empathetic counseling of patient's relatives			
	Effectively counsels patients preoperatively and postoperatively			
	Takes religious and social considerations into account when making decisions			
	Allows patients to make an informed decision regarding management and allows them to express their doubts and concerns			
	Takes financial situation of patient into consideration when making decisions			
	Discusses each step of the management with the patient and relatives			
General Comments:		Total score:		
Highlights in performance (strengths)				
Possible suggested areas for improvement (weakness)				
Signature of the faculty:				

Annexure 3: Multisource feedback

II. Peer

Sri Balaji Vidyapeeth

EVALUATION SHEET FOR POSTGRADUATE CLINICAL WORK

(To be completed by Peer)

Name of the Resident: UIN No.:

Name of the Respondent: Date:

Sr. No.	Criteria to be assessed	Score		
		Below par(1)	At par (2)	Above par (3)
1	Shows a caring attitude to patients			
2	Is respectful towards patients			
3	Shows no prejudice in the care of patients			
4	Communicates and counsels effectively patients and patient's relatives			
5	Critically evaluates and uses patient outcomes to improve patient care			
6	Communicates effectively with colleagues			
7	Communicates effectively with other health professionals			
8	Acknowledges gaps in personal knowledge and expertise, and frequently asks for feedback			
9	Regularity and punctuality of attendance			
10	Works constructively in the health care system			
General Comments:		Total score:		
Highlights in performance (strengths)				
Possible suggested areas for improvement (weakness)				
Signature of the faculty:				

Annexure 3: Multisource feedback

III. Nurse / Technician / Other Health Professionals

Sri Balaji Vidyapeeth

EVALUATION SHEET FOR POSTGRADUATE CLINICAL WORK

(To be completed by Nurse / Technician / Other Health Professionals)

Name of the Resident: UIN No.:

Name of the Respondent: Date:

Sr. No.	Criteria to be assessed	Score		
		Below par(1)	At par (2)	Above par (3)
1	Shows a caring attitude to patients			
2	Is respectful towards patients			
3	Shows no prejudice in the care of patients			
4	Communicates effectively with patients			
5	Empathetic counselling of patient's relatives			
6	Communicates effectively with colleagues			
7	Communicates effectively with other health professionals			
8	Allows them to express their doubts or concern regarding clinical decisions			
9	Proper and complete documentation			
10	Works constructively in the health care system			
General Comments:		Total score:		
Highlights in performance (strengths)				
Possible suggested areas for improvement (weakness)				
Signature of the faculty:				

Annexure 3:Multisource feedback

IV. Unit Head

Sri Balaji Vidyapeeth

EVALUATION SHEET FOR POSTGRADUATE CLINICAL WORK

To be completed by respective Unit Head)

Name of the Resident: UIN No.:

Name of the Respondent: Date:

Sr. No.	Criteria to be assessed	Score		
		Below par (1)	At par (2)	Above par (3)
1	History taking and physical examination			
2	Regularity and punctuality			
3	Ability to identify patient’s problems			
4	Patient management skills			
5	Procedural skills / range of clinical technical skills			
6	Self directed learning			
7	Communication skills			
8	Proper and complete documentation			
9	Relationship with peers			
10	Works constructively in the health care system			
General Comments:		Total score:		
Highlights in performance (strengths)				
Possible suggested areas for improvement (weakness)				
Signature of the faculty:				

Annexure 4: Work Place Based Assessment (WPBA)

Sri Balaji Vidyapeeth

Department of Obstetrics & Gynaecology

EVALUATION SHEET FOR POSTGRADUATE (WPBA)

Name of the Resident:UIN No.:

Name of the Faculty:Date:

Designation :

No. of Mini-CEX Observed:

0	1	2	3	4	5-9	>9
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Clinical setting

OPD	IP	A&E :
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 New / Follow up:

Clinical problem: _____

Complexity of the case:

Low	Avg.	High
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No. of times patient seen by the resident:

0	1	2	3	5-9	>9
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	Below expectation	Borderline	Meet expectation	Above expectation	Not observed
History taking skill					
Physical examination skill					
Communication skill					
Clinical judgement					
Professionalism					
Organisational efficiency					
Overall clinical care					

Anything good:	Suggestions for improvement:
Agreed upon action:	
Signature of the resident	Signature of the faculty

Annexure 5 : Feedback for Journal club

Sri Balaji Vidyapeeth

Department of Obstetrics & Gynaecology

EVALUATION SHEET FOR POSTGRADUATE (WPBA)

(To be marked individually by each faculty)

Name of the Resident:UIN No.:

Name of the Faculty:Date:

Sr. No.	Criteria to be assessed	Score		
		Below par(1)	At par (2)	Above par (3)
1	Relevance of article chosen			
2	Identifies the problem addressed in the paper			
3	Completeness of presentation			
4	Analyses and gives comments on methodology and statistics			
5	Brief summary of results			
6	Comparison of work with other published work			
7	Merits and demerits of the paper			
8	Summary and take home message			
9	Time management			
10	Overall performance – relevant answers to questions, attitude during presentation and confidence			
General Comments:		Total score:		
Highlights in performance (strengths)				
Possible suggested areas for improvement (weakness)				
Signature of the faculty:				

Annexure 6 : Feedback for Seminar

Sri Balaji Vidyapeeth

Department of Obstetrics & Gynaecology

EVALUATION SHEET FOR POSTGRADUATE (WPBA)

(To be marked individually by each faculty)

Name of the Resident:UIN No.:

Name of the Faculty:Date:

Sr. No.	Criteria to be assessed	Score		
		Below par(1)	At par (2)	Above par (3)
1	Introduction of subject and its importance / Objectives			
2	Completeness of presentation			
3	Cogency of presentation			
4	Consulted all relevant literature			
5	Use of audio-visual aids			
6	Understanding of subject			
7	Summary and take home message			
8	Cites appropriate references / suggests further reading			
9	Time management			
10	Overall performance – relevant answers to questions, attitude during presentation and confidence			
General Comments:		Total score:		
Highlights in performance (strengths)				
Possible suggested areas for improvement (weakness)				
Signature of the faculty:				

Annexure 7 : Feedback for Case presentation

Sri Balaji Vidyapeeth

Department of Obstetrics & Gynaecology

EVALUATION SHEET FOR POSTGRADUATE (WPBA)

(To be marked individually by each faculty)

Name of the Resident:UIN No.:

Name of the Faculty:Date:

Sr. No.	Criteria to be assessed	Score		
		Below par(1)	At par (2)	Above par (3)
1	Logical order in presentation (History taking)			
2	Cogency of presentation			
3	Accuracy and completeness of general and local physical examination			
4	Other systemic examination			
5	Summarizes the case and analyses the appropriate differential diagnoses			
6	Whether the diagnosis follows logically from history and findings			
7	Investigations required : Completeness of list, relevant order, interpretation of investigations			
8	Management principles and details			
9	Time management			
10	Overall performance – relevant answers to questions, attitude during presentation and confidence			
General Comments:		Total score:		
Highlights in performance (strengths)				
Possible suggested areas for improvement (weakness)				
Signature of the faculty:				