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1. Introduction

Medical education is a continuous process. The present day aim of post-graduate education is to produce clinically competent specialists who can hold the responsibility of taking specialized care of a community.

Post-graduate education should, therefore, be competence based and student centered. The purpose of the whole process of post-graduate education is to stimulate self-learning among the trainees. It is the trainees who will decide about what to learn, where to learn, how to learn. Here the teachers will act as facilitators in all aspect of student learning.

For every course there should be a curriculum, which will be a guide for the teachers and the students. It describes about the contents, about the methods which will be used to teach these contents. It will also contain the objectives that the students will achieve after the course and it will also contain about how to evaluate the students to assess their competencies.

Recently BSMMU has introduced its competency-based Residency Program. Phase A training of this program, lasts for two years, aims at a broad-based training in different related disciplines and Phase B training is directed to Obstetrics & Gynecology and its different subspecialties.

2. Rationale and Objectives:

2.1 Educational Purpose and Goals:

- To prepare the resident who would be able to meet and respond to the changing healthcare needs and expectation of our society.
- To develop specialist in the field of obstetrics and gynaecology who posses knowledge, skills and attitudes that will ensure that they are competent to practice obstetrics and gynaecology, safely and effectively.
- To ensure that they have appropriate foundation for lifelong learning and further training in obstetrics and gynaecology.
- To help they develop to be critical thinkers and problem solvers when managing obstetrical and gynaecological problems in the community they serve.

2.2. General Objective:

To develop a medical expert to have specialized knowledge, skill and expertise in the field of Obstetrics and Gynecology with professionalism having accountability and respect for others and be responsive to health needs of the society.

2.3. Specific Objectives:

The educational and training process aims to produce specialists in the field of obstetric and gynaecology who:

- a) shall acquire knowledge, competency and expertise in obstetrical and gynaecological practical skill and surgical techniques during training periods and should be able to manage all types of emergencies and routine problems.
- b) shall acquire a humanitarian approach and good communication skill with patients, attendants, colleagues and other auxiliary staffs.
- c) shall acquire professionalism, responsibility, accountability, honor and respect for others.
- d) can address all aspects of the obstetrics and gynaecology
- e) provide optimum health care to the Obs & Gynae patients including surgical care.
- f) teach and train undergraduate medical students and junior doctors in Obs & Gynae in medical college and other Institutions.
- g) carry out and guide research to improve the practice of the art and science of Obs & Gynae.
- h) develop his/her knowledge, skill and attitude of his/her areas of interest and become specialists in allied specialities.
- i) have thorough knowledge about theoretical aspects of Obs & Gynae including recent advances also have adequate knowledge about basic science as applicable to Obs & Gynae.
- j) be able to assess the patients seeking Obs & Gynae treatment by obtaining patient's history, eliciting physical findings, formulating provisional diagnosis, deciding whether patient needs hospitalization or not.

- k) manage the patients - by suggesting appropriate investigations; when required perform specific procedures independently and competently; deal with the complications effectively and promptly. be aware of one's professional limitations and be able to refer to appropriate centers/specialist when required develop one's knowledge, skills and attitudes in his/her areas of interest and become specialists in allied specialties.
- l) be able to carry out research and publish the findings, he/she shall be able to critically evaluate recent medical literature and update his/her knowledge. Also exhibit awareness of surgical audit.
- m) to know the ethics and medico-legal aspects related to the practice of Obs & Gynae.

3. Admission Requirements

Medical graduate with successful completion of internship and with full registration with the BMDC will be selected by competitive admission test.

A. Pre-requisite for admission in Phase-A

B. The applicants should not be above 45 years of age on enrolment.

- a) MBBS or equivalent degree as recognized by BMDC
- b) One year of internship/in-service training
- c) Completion of one year after internship/in-service training
- d) MBDC registration.

C. Candidates for residency have to sit for a written MCQ-based admission test on Basic Medical Sciences and Faculty-based topics.

4. Duration of course is 5 years

Phase A: Duration will be for 2years

Phase B: Duration will be for 3 years

5. Content of Learning: The Educational and Clinical Syllabus

This section lists the contents of the syllabus including applied specialities and basic medical sciences, clinical rotations and

generic skills. Each stage/phase of learning in the curriculum should have defined competencies to be attained by the residents within the domains of knowledge, skills and attitude.

5.1 Syllabus for Phase – A:

5.1.1 Applied Basic Sciences:

Applied anatomy, physiology, pathology and pharmacology in relation to the practice of Obs & Gynae.

1. Research methodology
2. Bio statistics
3. Genetics
4. Immunology

5.1.2 Allied Specialties:

- 1) Anaesthesia
- 2) Female Urology
- 3) Neonatology
- 4) Endocrine Medicine
- 5) Radiology and imaging
- 6) General surgery
- 7) Radiation & Medical Oncology
- 8) Dermatology
- 9) Cardiology
- 10) Family Planning

5.1.3 General Obs & Gynae

5.2 Syllabus for Phase B:

- 1) General Obs & Gynae
- 2) Infertility
- 3) Gynaecological oncology
- 4) Feto-maternal medicine
- 5) Thesis writing

5.3 Admission Requirements for Phase B

1. Residents who successfully completed phase A training and passed Phase A Final Examination are eligible for enrolment in Phase B Programme

6. Competencies:

A modern day specialist is expected to play the following roles:

- Medical specialist,
- Communicator,
- Collaborator,
- Manager,
- Scholar, &
- Professional.
- Health Advocate

Competencies will be assessed on the basis of all these roles following pre-designed checklist

A medical specialist should be able to:

- Demonstrate diagnostic and therapeutic skills for ethical and effective patient care.
- Access and apply relevant information to clinical practice.
- Demonstrate effective consultation services with respect to patient care, education and legal opinions.

Communicator

- Establish therapeutic relationships with patients/families.
- Obtain and synthesize relevant history from patients/families/communities.
- Listen effectively.
- Discuss appropriate information with patients/families and the health care team.

Collaborator

- Consult effectively with other doctors and health care professionals.
- Contribute effectively to other interdisciplinary team activities.

Manager

- Utilize resources effectively to balance patient care, learning needs and outside activities.
- Allocate health care resources wisely.
- Work effectively and efficiently in a health care organization.
- Utilize information technology to optimize patient care, life – long learning and other activities.

Health Advocate

- Identify the important determinants of health, affecting patients.
- Contribute effectively to improve health of patients and communities.
- Recognize and respond to those issues where advocacy is appropriate

Scholar

- Develop, implement and monitor a personal continuing education strategy.
- Critically appraise sources of medical information.
- Facilitate learning of house staff/students and other health professionals.
- Contribute to development of new knowledge.

Professional

- Deliver highest quality of care with integrity, honesty and compassion.
- Exhibit appropriate personal and interpersonal professional behaviors.
- Practice obstetrics & gynaecology ethically consistent with obligations of a specialist.

7. The Learning Process:**7.1. Principle of Learning**

- Problem based, need based, structured, supervised, student based & outcome based.
- Supervised direct patient care activities
- Supervised clinical training in obs & gynae
- Clinical training in the allied specialities on rotations
- Learning non-clinical and clinical aspects of the curriculum

7.2 Teaching - Learning methods:

Clerkship, Ward round, IPD, OPD, Pre-theatre and theatre training. Training through different diagnostic and therapeutic

multidisciplinary clinic Self directed learning. Development of skill through skill lab using models, simulators, instruments, video presentation Lecture. Tutorial / Small group teaching. Interactive session / Clinical meeting Presentation of journal article Seminar/conference

7.3 Record of Training

The evidences require to confirm progress through training includes:

1. Details of the training rotations, the training plan agreed with weekly timetables and duty rosters, and numbers of practical procedures and outcomes
2. Confirmations of attendance at events in the educational programme, at departmental and inter-departmental meetings and other educational events
3. Confirmation (certificates) of attendance at subject-based/skills – training/instructional courses
4. Recorded attendance at conference and meetings
5. A properly completed logbook with entries capable of testifying to the training objectives which have been attained and the standard of performance achieved
6. CME activity
7. Supervisor's reports on Observed performance (in the work place): of duties, practical procedures of presentations made and teaching activity: of advising and working with others, of standards of case notes, correspondence and communication with others.

7.4 Research

Competency to perform research activities is an important part of the MS Residency Programme as these are an essential set of skills for effective clinical practice. Undertaking research helps to develop critical thinking and the ability to review medical literature. Every Resident shall carry out work on an assigned research project under the guidance of a recognized supervisor, the project shall be written and submitted in the form of a Thesis / Research Report.

8. Assessment Strategy

Progress may be assessed by some, or all of the following methods.

- A. **General:** These assessments are not specific to any particular clinical problem or procedure. Reports from supervisors: Work based assessment. Reflective observations from other team members (also known as the 360, multi source feedback) Patient satisfaction questionnaires
- B. **Specific:** These methods of assessment will be applied to particular clinical problems or procedures and will be done around performance (workplace based assessments). Observed assessment of clinical skills (also known as the Mini-CEX) Directly observed assessment of practical skills (DOPS) Knowledge Based Assessment.

8.1. Formative assessment:

Will be conducted by training units/ this examination will be at the end of each blocks under guidance of respective supervisor. This will be done in a variety of ways, including: Presentations at ward rounds and grand rounds Article presentation from journals Observation of performance of practical procedures Review of patient's medical records MOCK examination: written, MCQ, clinical examination (at the end of each block) Structured clinical assessment (SCA)

8.2. Summative Assessment:

Phase A Final and Phase B Final Examination will be included in summative examination

The following formats will be used for summative assessment:

1. Written tests: MCQs, EMQs, SAQ and Essays
2. Structured clinical assessment (SCA)
3. Clinical examination: short cases. Long cases
4. Viva
5. Logbook evaluation
6. Portfolios
7. The result of formative examination at the end of the blocks of Phase A will also be included in summative examination

8.1.1 End of the Block Assessment

The residents, who have successfully completed the education activities of a block, will be eligible to take the end block examination. This assessment will be a formative type of assessment.

At the end of each block each candidate will be assessed on all the seven competencies. Their performance at the end of each block will be graded as follows:

1. Unsatisfactory: 1-5
2. Satisfactory : 6-7
3. Good : 8-9
4. Excellent : 10

8.1.2 Content and process

A. Written examination:

- Marks : 100;
 Time : 100 min
 Type of question : Short essay question (SEQ)
 Content : Lectures covered during the block
 - basic medical science
 - medical humanities (during director's hours)
 - allied subject related
 Number of questions : 10

B. Clinical/Practical examination:

(To be organized by the course coordinator)

1. Case based focused history taking – 1 station
2. Case based specific system clinical examination – 1 station
3. Demonstration of clinical skill/procedure – 1 station
4. Data interpretation covering disease covered during the block – 1 station
5. Communication skill & patient education – 1 station
6. Case scenario – based management of common emergencies related to the block – 1 station
7. Scenario based situation to assess the managerial cum leadership quality training – 1 station

8.1.3 Reporting system**A. EOBR – (Work based assessment)**

- All the following competences to be covered
 - A. Clinical competence,
 - B. Communication
 - C. Professional
 - D. Scholarship.
 - E. Collaboration
 - F. Managerial
 - G. Health advocacy

B. Logbook:

Residents will maintain logbook in which entire academic and professional activities during their training period will be recorded daily and signed by the supervisor. Completed logbook is prerequisite for appearing in Phase Final Examination.

C. Portfolio**D. POMR focused assessment:**

- Randomly one POMR will be drawn from each resident's collection & will hand over to the next resident to comment on individual section or a selected section of the POMR. Supervisor will make observation later.
- There will be two area for marking, one for the resident who filled the POMR and other from the assessment standard of the assessing resident.
Marks may be divided into 80% and 20% respectively.

E. Written examination mark:**F. Clinical/Practical examination Mark:****8.2. Phase a assessment:**

This assessment will be held as the end of Phase A. This assessment will be summative type of assessment. Residents, who have successfully completed all the end of the block examinations of Phase A, will be eligible to take end of Phase A assessment. The Department of Examinations of the University will take all necessary steps for the conduction of this assessment.

The Phase A Examination consists of 3 (three) components.

- Written Examination (Consisting of 2 papers).
- Clinical Examination (One long case & four short cases).
- SCA (12 stations SCA).

Written Examination:

Two Papers, 20 SAQs for each paper divided in two groups (Group A & B)

➤ **Paper I**

Basic Principles of surgery
Number allocated for each question- 5-8
Marks - 100, Pass mark – 60%; Time: 3hours

➤ **Paper II**

Allied & Basic subject
Basic subject-30%
Allied-70%
Number allocated for each question- 5-8
Marks – 100, Pass mark – 60%; Time: 3hours

Clinical Examination:

One long case (Obs/Gynae) & four short cases (2 cases from surgery and 2 from allied subject or obs/gynae)
Marks – 100; Pass mark – 60%.

Clinical Examiners:

- Four examiners; among them there will be 2 external. 2 examiners from obs and gynae and 2 examiners from surgery dept (Associate professor may be included if there is inadequate number of Professor)
- One examiner will be appointed as Convenor by the Dean.
- Examination: Cases to be collected and examination to be conducted by the Convenor of the respective examination.

i) Long case:

One long case (Obs/Gynae)
Directly observed
Two examiners for each examinee.
History taking and examination by the examinee – 30 minutes.

ii) Short cases

2 cases from surgery and 2 from allied subject or obs/gynae

Directly observed

Two examiners for each examinee.

History taking and examination by the examinee (4 cases)-30 minutes

Structured Clinical Assessment (SCA):**Examination:**

12 stations (2 interactive)

5 min each

Marks 100; Pass mark: 60.

Basic principle of surgery -50%

Allied subjects and obs/gynae - 50%

Type - Procedures-4 station

Counseling-2 station

Interactive-2 station

Static-2 station

8.3. Phase B assessment:

Assessment will be done in two broad compartments.

a) Compartment: A

The Examination consists of 3 (three) components.

Written Examination (Consisting of 2 papers).

Clinical Examination (Two long cases- one Obs & one Gynae case).

SCA and Oral (12 stations SCA, Oral one board consisting of 2 examiners).

b) Every Resident must pass all the 3 components of Compartment- A separately. Candidates will be declared failed if he/she fails in one or more component of the examination. He/she then has to appear all the 3 components in the next Phase Final Examination.

c) Compartment: B; Thesis and Thesis defense.**Written Examination: Two papers:****Question type and marks:****Paper - I (Obstetrics):-**

15 questions in 2 groups (10 short questions in Group-A and 5 scenario based problem solving questions in Group-B, mark distribution: group a - 50% and group B - 50%)

This will assess the knowledge of different level and its application.

Marks - 100; Pass mark - 60%; Time: 3hours.

Paper - II (Gynecology):-

15 questions in 2 groups (10 short questions in Group-A and 5 scenario based problem solving questions in Group-B, mark distribution: group A - 50% and group B - 50%)

The questions should focus to assess the capability of handling clinical problem independently and comprehensively as a specialist.

Structure of the suggested format could be:-

A scenario followed by question(s).

Question may include diagnosis, differential diagnosis, investigation plan, treatment, follow up and patient education.

Marks - 100; Pass mark - 60%; Time: 3hours.

Clinical Examination: Two long cases

There will be two long cases- one Obs case & one Gynae case

Clinical Examiners:

- Four Professors; 2 external. (Associate professor may be included where there is inadequate number of Professor.)
- One examiner will be appointed as Convenor by the Dean.

Examination: Cases to be collected and examination to be conducted by the Convenor of the respective examination.

Long case:

Directly observed

Two examiners for each examinee.

History taking and examination by the examinee - 30min.

Discussion on the case 20 min.(Presentation 6min, Crossing 6x2min and Decision 2min).

Examiners will not ask any question nor stop the examinee in any way during history taking and physical examinations.

Discussion should be done as per structured format and proper weightage on different segments of clinical skills.

Marks - 100; Pass mark - 60%.

Structured Clinical Assessment (SCA):**Examination:**

10 stations: 5 min each
 Marks 100; Pass mark: 60.
 Obstetrics -50%
 Gynaecology - 50%
 Type -
 Procedures-4 station
 Counseling-2 station
 Interactive-2 station
 Static-2 station

Conduction of Examination:

Examiners 4, (including the Convenor); Observers; Organizers as per requirements.

Stations to be arranged and examination to be conducted by the Convenor.

Oral Examination:

One board consisting of 2 examiners (one internal and one external)
 20 minutes (9+9+2).
 Marks 100; Pass mark: 60.

Thesis Evaluation:

To be evaluated by 3 (three) evaluators:- 2 subject specialist and one academician involved in research and teaching research methodology.

Among the subject specialists one should be external.

Evaluators shall be in the rank of Professor/Assoc. Professor.

Supervisor will attend the defense as an observer and may interact only when requested by the evaluators.

Thesis must be submitted to the controller of Exam not later than 27 months of enrolment in Phase-B.

Thesis must be sent to the evaluators 2 (Two) week prior to assessment date.

Evaluation will cover Thesis writing and its defense. Marks: Thesis writing 200, Defense: 100.

For thesis writing evaluator will mark on its structure, content, flow, scientific value, cohesion, etc.

For defense - Candidate is expected to defend, justify and relate the work and its findings.

Assessment must be completed in next 3 months.

Outcome of the assessment shall be in 4 categories - "Accepted", "Accepted with minor correction", "Accepted with major correction" and "Not Accepted".

Description of terms in Thesis Evaluation:

Accepted: Assessors will sign the document and resident will bound it and submit to the Examination Department by 7 days.

Accepted with minor correction: Minor correction shall include small inclusion/exclusion of section; identified missing references, correction of references and typographical and language problem. To be corrected and submitted within 2 weeks.

Accepted with major correction: Task is completed as per protocol with acceptable method but some re-analysis of result and corresponding discussion are to be modified.

To be corrected, confirmed by Supervisor and submit within 3 (Three) weeks.

Not Accepted: When work is not done as per protocol or method was faulty or require further inclusion or confirmation of study.

To complete the suggested deficiencies and reappear in defense examination during its next Phase Final Examination.

Candidate has to submit his/her thesis and sit for examination and pay usual examination fess for the examination.

8.3. Residents must submit and appear Thesis defense at notified date and time. However not- acceptance of the Thesis does not bar the resident in appearing the written, clinical and oral exam.

9. Qualifying for MD/MS Degree:

On passing both the compartments, the candidate will be conferred the degree of MD/MS in the respective discipline. If any candidate fails in one compartment he/she will appear in that compartment only in the subsequent Phase-B exam.

**Rotation schedule for MS Obs & Gynae residents
During Phase a (2-Years)**

BLOCK	SPECIALITY	DURATION (MONTHS)
1	General Obs & Gynae	3 months
2	Urology (BSMMU)/ Other medical college Hospital	2 month
	Urology (DMCH)/ Other medical college Hospital	1 month
3	Neonatology	1 month
	Endocrine Medicine	1 month
	Dermatology	1 month
4-5	Surgery	6 months
6	Radiation & Medical Oncology	1 month
	Cardiology	1 month
	Radiology & Imaging	1 month
7	General Obs & Gynae	2 months
	Anesthesia	1 month
8	Phase A completion exam	

**Rotation schedule for MS Obs & Gynae residents
Phase B (Total - 3 Years)**

Year	Block	Duration	Specialty
Year 1	1	3 months	Infertility
	2	3 months	Gynaecological Oncology
	3	3 months	Feto - maternal medicine
	4	DMCH Other medical college Hospital	Eclampsia ward, labour ward, fistula ward, Family planning
Year 1	Development of research protocol and submission to Institutional Review Board (IRB) for approval.		
Year 2	1	General Obs & Gynae	
	2		
	3		
Year 2	Complete data collection for thesis.		
Year 3	Academic course, training, finalization and submission of thesis		
	Preparation for final examination.		

10. Supervision and training monitoring:

Respective supervisors will supervise residents. They will be supervised in relation to their arrival & departure from the ward, their presence in morning session, presentation in morning session, case & journal presentation, performing different procedures, patient management, etc.

Training should incorporate the principle of gradually increasing responsibility and provide each trainee with a sufficient scope and variety of experience like management of in patients, out patients, emergency and different procedures. All elements of work in training rotations must be supervised with the level of supervision varying depending on the experience of the trainee and the clinical exposure. Outpatient and referral supervision must routinely include the opportunity to personally discuss all cases. As training progresses the trainee should have the opportunity for increasing autonomy, consistent with safe and effective care for the patient. Trainees will at all times have a named Supervisor, responsible for overseeing their education. Supervisors are responsible for supervision of learning throughout the program to ensure patient and / or laboratory safety, service delivery as well as the progress of the resident with learning and performance. They set the lesson plans based on the curriculum, undertake appraisal, review progress against the curriculum, give feedback on both formative and summative assessments as well as sign the logbook and portfolio. The residents are made aware of their limitations and are encouraged to seek advice and receive help at all times.

The Course Coordinator of each department coordinates all training and academic activities of the programme in collaboration with the Course Manager. The Course Director of each faculty directs guides and manages curricular activities under his / her jurisdiction and is the person to be reported to for all events and performances of the residents and supervisors.

11. Curriculum Review:

The Departmental curriculum committee will revise curriculum from time to time. Necessary correction and modification will be done as and when necessary.

Course content

Phase A

Principles of surgery:

- The metabolic response to Injury
- Shock and blood transfusion
- Wounds, tissue repair and scars
- Surgical infection
- Diagnostic imaging
- Gastrointestinal endoscopy
- Pre operative preparation
- Anesthesia and pain relief
- Care in the operating room
- Perioperative management of the high risk surgical patient
- Nutrition and fluid therapy
- Postoperative care
- Management of intestinal injuries and their complications
- Management of intestinal adhesion
- Colostomy and ileostomy
- Ca-Pelviccolon & rectal cancer

Neonatology

- Neonatal examination
- Essential newborn care
- Neonatal resuscitation.
- Neonatal feeding
- Management of common neonatal problems
- Jaundice
- Infections

Urology

- Endocrine Medicine Dermatology**
- Radiation & Medical Oncology Cardiology**
- Radiology & Imaging Anaesthesia**

Genetics

- Chromosomes, RNA, DNA
- Mutation
- Mendelian laws
- Single genetics disorders – Haemophilia

- Cytogenetic disorders - Thalassemia
 - a) Down syndrome
 - b) Klinefelter's syndrome
 - c) Turner's syndrome
 - d) Triple x-syndrome

Multifactorial inheritance

Intersex -

- a) Hermaphrodite
- b) Congenital adrenal hyperplasia
- c) Testicular feminization syndrome

Genetic counseling

Southern blotting

Polymerase chain reaction

Karyotyping

Recombinant DNA technology.

Bio statistics

Variables	
Data	
Measures of central tendency	
Measures of dispersion	
Sampling & Sampling technique	
Probability & distributions	
Significance and statistical inference	
Research methodology	
Epidemiological studies	
Demography & vital statistics	

Immunology

Cells, cytokines, complement system, MHC	
Transplantation	
Immunoglobulins, Monoclonal antibodies	
Hypersensitivity	
Autoimmune disease	
Immunodeficiency	
Endotoxic shock	
Tumour immunity	
Clinical immunology – Rh incompatibility	

Course content for MS Residency (Obs & Gynae) - Phase B

Obstetrics

Ante-natal care	
Normal labour and its management	
Special circumstances affecting labour	
Intrapartum fetal assessment	
Postnatal care	
Prolonged Pregnancy	
Obstructed labour	
Ante Partum hemorrhage (APH)	
Placenta praevia	
Abruptio placenta	
Indeterminate causes of 3 rd trimester bleeding	
Malpresentation & malposition	
Puerperium	
Abnormal puerperium	
Vaginal birth after caesarean delivery (VBAC)	
Pre-eclampsia and eclampsia	
Gestational diabetes and pre-gestational diabetes	
Preterm labour	
Intrauterine growth restriction	
Multiple pregnancies	
Premature rupture of membranes	
Foetal death	
Vital statistics	
Procedures in obstetrics	

Gynaecology

Paediatric and adolescent gynecology	
Puberty, Delayed puberty	
Dysmenorrhoea, Menorrhagia	
Polycystic ovary syndrome	
Hirsutism & virilism	
DUB	
Vaginal and vulval Infections	
Non-neoplastic epithelial disorder of genital tract	
Pelvic inflammatory diseases	
Sexually transmitted diseases	
Pelvic Tuberculosis	
HIV infection	
Chronic pelvic pain	
Abortions	
Ectopic pregnancy	
Urinary incontinence	
Genital prolapse	
Endometriosis	
Premenstrual syndrome	
Primary and secondary amenorrhoea	
Other menstrual problem	
Menopause climacteric and HRT	
Contraception	
Intersexuality	
Benign disorders of the breast	
Palliative care	

Fetomaternal Medicine

Pre-conceptual care	
Antenatal diagnosis of foetal abnormality of genetic disease	
Chorionic Villus Sampling	
Amniocentesis	
Foetal Surveillance	
Pregnancy with Medical Disorders	
Chronic Hypertension	

Cardiac disease	
Renal disease	
Liver disease	
Respiratory disease	
Gastrointestinal disease	
Connective Tissue Disease.	
Haematological Disease	
Thromboembolic Disease	
Psychiatric disorders	
Diabetes mellitus and other Endocrine diseases	
Rh isoimmunization	
Critical Care in Obstetrics	
Amniotic fluid embolism	
Pulmonary thrombo-embolism	
DIC	

Gynaecological oncology

Pre-invasive Vulval and Vaginal malignancies	
Invasive vulval carcinoma	
Invasive vaginal carcinoma	
Pre-invasive cervical cancer	
Invasive cervical cancer	
Ovarian malignancy	
Gestational trophoblastic diseases	
Chemotherapy for gynaecological cancer	
Radiation therapy for gynaecological cancer	

Infertility

Primary subfertility	
Secondary subfertility	
Male subfertility	
ART	

Phase A**Basic Science****Learning issues:**

Gaining knowledge on different aspects of basic medical science and its application in appropriate practical conditions

Gynaecology:

1. Anatomy of female pelvic organ and its Gynaecological importance:
2. External genitalia
3. Internal genitalia
4. Blood vessels, lymphatic, Nerve supply of genital organ
Development of genital organ and Gonads and malformation
- Internal and external genital organ and its clinical importance -
5. Endocrinology of puberty, climacteric and menopause.
6. Neuro endocrinology of Reproductive organs
7. Ovarian steroid genesis
8. Thyroid
9. Hypothalamo-pituitary-Ovarian axis
10. Menstrual cycle: Ovarian cycle, Endometrial cycle
11. Ovulation: Ovular cycle, Anovular cycle
12. Examination of Gynaecological patient
13. Pharmacotherapeutics in relation to Gynaecology
Hormone
Chemotherapy
Imunotherapy
Contraceptive
Oral Pill
Injectable
Inj. Depoprovera
Implant - Norplant, Implanon
Emergency contraceptive
Inj. Oxytocin
Inj. Methargin
PG

Obstetrics:

1. Anatomy of female reproductive organ and its obstetric importance
2. Gametogenesis - Oogenesis, Spermatogenesis
3. Fertilization, Implantation, Placenta formation.
4. Fetal Physiology - Fetal circulation, Change of circulation at birth.

5. Physiological changes during pregnancy
 - Genital organ
 - Breast – Cutaneous change and lactation
 - Systemic changes
 - Metabolic change
 - Hematological changes
 - Cardio vascular changes
 - Respiratory changes
 - Urinary system change
6. Endocrinology in relation to reproduction
 - Placental Endocrinology
 - Gland Endocrinology
7. Anatomy of maternal pelvis and fetal skull and its obstetrical importance.
8. Pharmacotherapeutics in obstetric

Principles of surgery:

Learning issues:

- ◆ The metabolic response to injury
- ◆ Shock and blood transfusion
- ◆ Wounds, tissue repair and scars
- ◆ Surgical infection
- ◆ Diagnostic imaging
- ◆ Gastrointestinal endoscopy
- ◆ Pre operative preparation
- ◆ Anaesthesia and pain relief
- ◆ Care in the operating room
- ◆ Perioperative management of the high risk surgical patient
- ◆ Nutrition and fluid therapy
- ◆ Basic surgical skills and anastomoses
- ◆ Principles of laparoscopic and robotic surgery
- ◆ Postoperative care
- ◆ Management of intestinal injuries and their complications
- ◆ Management of intestinal adhesion
- ◆ Colostomy and ileostomy

Obstetrics & Gynaecology

Learning issues:

Develop skill to obtain complete case based history taking from patient, caretaker or outside records of Obs & Gynae cases. Progressively develop skill to perform focused & accurate clinical examination.

Develop skill to relate history with physical findings in order to establish diagnosis

- Develop skill to prepare patient for surgery
- Develop skill to identify different post operative complications
- Performing different steps in relation to infection prevention
- Develop skill to perform P/V examination of labour patient and interpret the findings and identify different stages of labour
- Develop skill to maintain partograph and identify any deviation from normal
- Performing episiotomy and its repair
- Performing active management of 1st stage of labour.
- Performing hand wash
- Performing Wearing of Gown and gloves
- Performing Insertion of canulla
- Performing Urethral catheterization
- Performing patient positioning, painting and dropping of the patient
- Trolley preparation
- Interpret – routine haematological reports (CBC, Blood sugar), X-ray, USG, Partogram, and CTG.

Anaesthesia

Learning issues:

- Preparation of patient for anaesthesia
- Induction and maintenance of anaesthesia
- On theater and post operative care of patient
- Post-operative analgesia
- Patient's positioning
- Obstetric Analgesia and anesthesia
- Treatment of gynaecological malignancies in relation to palliative care
- Care of unconscious patients

Radiology and Imaging**Learning issues**

Performing and interpretation of USG and other imaging techniques in obstetrics & gynaecology. Interpret a report of X-ray, CT scan, MRI of various gynaecological problems

Neonatology**Learning issue**

Evaluation of newborn

Care of newborn

Identification and management of asphyxiated newborn.

Neonatal feeding

Identification and management of neonatal jaundice

Identification and management of common neonatal infection

Identification of different birth injuries and its management

Identification and management of common neonatal infections

Identification and management of different neonatal special problems

Seizures

Hypoglycaemia

Hypocalcaemia

Apnoea

Urology**Learning Issue:**

Identification and management of female urinary incontinence

Performing and interpretation urodynamics and cystoscope

Performing cystoscopy and interpretation

Identification and management of urinary bladder injury

Identification and management of Ureteric injury

Endocrine medicine**Learning Issue:**

Identification and management plan of PCO

Identification and management plan of Hirsutism

Management plan for hormone replacement therapy (HRT)

Identification and management plan for Gestational diabetes and pre-gestational diabetes and diabetes mellitus

Identification and management plan for diabetes mellitus in gynaecological condition

Identification and management of hypothyroidism and hyperthyroidisms in pregnancy

Identification and management plan for thyroid disorders in gynaecological condition

Identification and management of Congenital adrenal hyperplasia

Identification and management of hyperprolactinaemia

Endoscopic surgery**Learning issue**

Developing skill by training in dry lab

Developing skill in doing diagnostic laparoscopy

Identification and management plan of acute abdomen

Radiation and medical oncology**Medical Oncology****Learning Issue:**

Able to select the cases for chemotherapy

Preparation of a patient for chemotherapy

Identification and management of complications of chemotherapy

Post chemotherapy follow up.

Radiation Oncology**Learning Issue:**

Preparation of a patient for a radiotherapy

Identification and management of different complications of radiotherapy

Post radiotherapy follow up

Gynaecological malignancies in relation to palliative care

Able to select the cases for palliative care.

Able to counsel the patients and attendants regarding palliative care.

Provide psychosocial support and long-term follow-up for women with endometrial cancer.

Dermatology**Learning issue:**

Identification and management of common dermatologic conditions (Scabies and ring worm)

Identification and management of sexually transmitted diseases like gonorrhoea and syphilis and other common STDs

Obstetrics & Gynaecology**Learning issues:**

Resident must progressively develop skill to obtain complete case based history taking from patient, caretaker or outside records.

To progressively develop the activity to perform focused & accurate clinical examination.

To relate physical findings with history in order to establish diagnosis

Resident must progressively develop how to provide routine antenatal care, care during labour.

Management of wound infection

Management of spinal headache

Identification and management of different type shock

Identification and management of different type PPH.

Monitoring labour through Partogram (maternal and foetal condition & progress of labour)

Observe and assist – LUCS, Hysterectomy.

Interpret the routine investigations done during antenatal care.

Formulate and interpret the base line investigations for minor and major gynaecologic operation

- Manage case of normal puerperium

Collection, storage and transportation of pathological specimen.

Obstetrics & Gynaecology**Learning issues:**

Resident must progressively develop to obtain complete case based history taking from patient, caretaker or outside records.

To progressively develop the activity to perform focused & accurate clinical examination.

To relate physical findings with history in order to establish diagnosis & to formulate a management plan.

Resident must progressively develop how to provide routine antenatal care, care during labour.

Management of different problem during pregnancy (Hyperemesis, threatened abortion, UTI)

Management of wound infection

Management of spinal headache

Management of patient having menorrhagia.

Identification and management of different type shock

Identification and management of different type PPH.

Monitoring labour through Partogram (maternal and foetal condition & progress of labour)

Minor surgical procedures – D & C

Observe and assist – LUCS, Hysterectomy.

Interpret the routine investigations done during antenatal care.

Formulate and interpret the base line investigations for minor and major gynaecologic operation

Obstetrics & Gynaecology**Learning Issue:**

Resident must progressively develop to obtain complete case based history taking from patient, caretaker or outside records.

Progressively develop the activity to perform focused & accurate clinical examination.

Relate history with physical findings in order to establish diagnosis & to formulate a management plan.

- Manage case of normal puerperium
- Manage patients having abnormal puerperium (puerperal sepsis, UTI, wound infection, breast – complications, Respiratory Tract Infection)
Plan and manage case of IUFD (Intra – uterine foetal death)
- Evaluate and manage menstrual problem (puberty menorrhagia, DUB).
Evaluation and management of ectopic pregnancy
Evaluation and management of endotoxic shock
Evaluation and management of cases of acute PID.
Opening and closing of abdomen.
Collection, storage and transportation of pathological specimen.

Perform – USG, TVS and report writing.
 Minor surgical procedures – Marsupialization, Manual removal of placenta
 Pap test, VIA, Colposcopy, Self Breast Examination (SBE), Clinical Breast Examination (CBE)

Phase B

Infertility

Learning Issue:

- Develop skill to obtain complete case based history and focused clinical examination of a patient having primary or secondary infertility
- Formulate appropriate investigation for diagnosis of infertility cases
- Can interpret the investigation reports (Base-line, special – hormone profile HSG, Sonohysterosalphingogram, TVS, Folliculometry).
- Can interpret special investigations and find out the different causes of sub-fertility.
- Can institute a protocol for ovulation induction, COH (controlled ovarian hyperstimulation) and can do monitoring of cases
- Develop skill for performing diagnostic laparoscopy
- Develop skill to select cases who need IUI
- Develop skill to prepare the couple for IUI
- Develop skill to perform IUI
- Can detect and treat other endocrine diseases related to sub – fertility (thyroid disorder, hyperprolactinaemia, PCODs)
- Develop skill to counsel infertility cases.

Gynaecological Oncology

Vulval and Vaginal Malignancies

Learning Issue:

Develop skill to obtain complete case based history and focused clinical examination of a patient having vaginal or vulval ulcer, growth or any other changes (leucoplakia, wart, scaly changes)
 Develop skill to perform and interpret the diagnostic procedures like biopsy

Invasive vulval carcinoma

Learning Issue:

Develop skill to diagnose invasive vulval –cancer through history and focused clinical examination and diagnostic procedure like biopsy
 Develop skill to counsel a patient about the diagnosis, treatment options, post-operative complications and follow-up

Breast cancer

Learning Issue:

Develop skill to counsel a patient regarding CBE, SBE.
 Develop skill to teach the patient to do SBE.
 Develop skill to do CBE
 Develop skill to can formulate investigation and interpret the report to diagnose breast cancer (USG, Mammogram, FNAC).
 Can manage patient having breast pain and fibrocystic breast disease
 Develop skill to refer a patient having fibro adenoma or breast -ca

Pre-invasive cervical cancer

Learning Issue:

Develop skill to counsel women before and after doing different cervical cancer screening test (Pap, VIA, Colposcopy, HPV Testing)
 Develop skill to counsel women regarding HPV vaccine
 Develop skill to perform and interpret VIA, Pap test, Colposcopy.
 Develop skill to do colposcopy directed biopsy.
 Develop skill to do LEEP

Cervical cancer pre-invasive

Learning Issue:

Develop skill to diagnose invasive cervical –cancer through detail history and focused clinical examination and diagnostic procedure like cervical biopsy
 Develop skill to do staging of cervical cancer
 Develop skill to counsel a patient about the diagnosis, treatment options, post-operative complications and follow-up
 Counsel patient about the need of radiotherapy chemotherapy

Benign & malignant disease disorder of the ovaries Learning Issue:

Develop skill to obtain complete case based history and focused clinical examination of a patient having from a patient present with ovarian tumour

Develop skill to differentiate clinically between benign and malignant ovarian tumor

Can plan appropriate investigation and interpret the tests to diagnose ovarian cancer:

Ultrasonography

Serum tumor markers

Cytology from paracentesis

CTscan

Color Doppler

Develop skill to diagnose both benign & malignant ovarian tumor

Develop skill to do staging of malignant ovarian tumor

Develop skill to plan management of malignant ovarian tumor

Develop skill to counsel a patient having malignant ovarian tumor

Develop skill to refer the patient for further assessment and treatment if needed.

Can plan for follow up of a patient with ovarian tumor after treatment

Can provide psychosocial support and long-term follow-up for women with ovarian cancer.

Develop skill to counsel the patient about chemotherapy.

Gestational Trophoblastic Disease

Learning Issue:

- Develop skill to obtain complete case based history and focused clinical examination to establish diagnosis of chorio-carcinoma clinically
- Develop skill to perform and interpret the different investigations for diagnoses of different types of trophoblastic diseases
- Develop skill to manage a case of hydatidiform mole
- Develop skill to manage a case of chorio-carcinoma in collaboration with medical oncologist

- Able to select the cases of GTN for chemotherapy
- Can prepare a patient for chemotherapy
- Plan for chemotherapy regimens for non-metastatic or low risk gestational trophoblastic disease.
- Mention the follow up plan of a patient receiving chemotherapy for GTD.
- Counsel a patient about the diagnosis, management, prognosis, side-effects and complications following chemotherapy and follow-up

Chemotherapy for Gynaecological cancer

Learning Issue:

Develop skill to select and prepare a patient the patient for chemotherapy

Develop skill to identify the complication of chemotherapy & manage it

Develop skill to select the cases for chemotherapy

Develop skill to prepare a patient for chemotherapy

Develop skill to counsel the patient and attendants regarding chemotherapy

Can refer when & where appropriate for chemotherapy

Radiation therapy

Learning Issue:

Develop skill to select and prepare a patient the patient for radiotherapy

Develop skill to identify the complication of radiotherapy & manage it

Able to counsel the patient and attendants regarding radiotherapy

Can refer when & where appropriate for radiotherapy

Feto maternal medicine

Pre-conceptual care

Learning Issues:

Develop skill to obtain complete case based history and focused clinical examination of a patient and can assess historical and on-going risks that may affect future pregnancy.

Develop skill to counsel a patient regarding the impact of pregnancy on maternal medical conditions and impact of maternal medical conditions on pregnancy.

• Residency Program

Develop skill to counsel a patient regarding appropriate lifestyle modifications conducive to favorable pregnancy outcome.

Develop skill to counsel a patient regarding appropriate preconception testing.

Counsel a patient regarding pregnancy-associated risks and conditions, such as:

- a. Advanced age
- b. Hypertension
- c. Diabetes
- d. Genetic disorder
- e. Prior aneuploid or anomalous fetus/newborn

Develop skill to detect, prevent or treat any condition which would be harmful for both the mother & her baby

Antenatal diagnosis of foetal abnormality of genetic disease Learning Issues:

Develop skill to obtain complete case based history (age, family history, previous baby with abnormalities, known case of balance translocation or H/O recurrent miscarriage) and focused clinical examination

Develop skill to formulate appropriate investigation and can interpret the investigation reports:

Biochemical (MSAFP, UE, triple test)

Cytogenetic (CVS, amniocenteses, cordocentesis)

DNA analysis

Foetal blood sampling

Foetal tissue biopsy

USG to see nuchal translucency

Develop skill to counsel about management option including termination of pregnancy

Can refer where appropriate, for further counseling & support

Develop skill to plan care of current pregnancy & delivery

Develop skill to manage the patient having foetal abnormalities/genetic disorders

Chorionic Villus Sampling

Learning Issues:

- Develop skill to take an appropriate history and identify patients with or at risk of genetic disorders.
- Develop skill to counsel about: prenatal diagnostic options, risks, timing, results and accuracy, management options after testing, including termination of pregnancy
- Develop skill to refer, where appropriate, for further specialist and/or genetic counseling.

Amniocentesis

Learning Issues:

Develop skill to take an appropriate history and identify patients with or at risk of genetic disorders.

Develop skill to counsel about:

Prenatal diagnostic options

Risks

Timing

Results and accuracy

- Management options after testing, including termination of pregnancy
- Can refer, where appropriate, for further specialist and/or genetic counseling.

Foetal Surveillance

Learning Issues:

Develop skill to obtain complete case based history and focused clinical examination of an obstetric patient to screen for fetal growth disorders.

Develop skill to customized growth chart.

Develop skill to formulate appropriate investigation and can interpret the investigation reports

Ultrasound biometry

Umbilical artery Doppler

Middle cerebral artery Doppler

Biophysical profile (including amniotic fluid volume, CTG).

- Develop skill to manage a case of SGA /FGR including:
- Arrange appropriate investigations to identify cause
- Institute appropriate monitoring
- Plan time and mode of delivery, including termination of pregnancy, where appropriate.

- Develop skill to manage a case of LGA/macrosomia including
- Arrange appropriate investigations to identify cause
- Plan time/mode of delivery.

Develop skill to manage complications and outcome of growth-restricted neonates

Pregnancy with renal diseases

Learning Issues:

Develop skill to obtain complete case based history and focused clinical examination of a woman with CRD including outcome of previous pregnancies, drug therapy

Develop skill to formulate appropriate investigation and can interpret the investigation reports

Develop skill to counsel regarding fetal and maternal risks

Develop skill to institute and modify drug treatment

Develop skill to plan delivery and postnatal care

Can refer where appropriate, for further assessment and treatment

Develop skill to manage a case of renal transplant

Can refer for further assessment and treatment

Pregnancy with cardiac diseases

Learning Issues:

Develop skill to take an appropriate history from an obstetric patient with cardiac disease (family history, previous operations/procedures, complications of cardiac disease, drug therapy)

Develop skill to assess cardiac function

Develop skill to perform complete physical examination to assess cardiac disease

Develop skill to arrange and interpret appropriate investigations for a patient with pre existing cardiac disease (ECG, echocardiography)

Can refer a patient correctly to cardiologists, haematologists, anaesthetists for further assessment and treatment

Develop skill to plan delivery and postnatal care in liaison with cardiologists, intensivists and anaesthetists

Develop skill to counsel patient and their attendant about fetal and maternal risks

Develop skill to counsel regarding:

Contraception

Effect of pregnancy on maternal cardiac disease

Effect of maternal cardiac disease on pregnancy

Develop skill to manage case of acute pulmonary oedema during pregnancy

Develop skill to manage cases of different valvular heart disease with pregnancy

(Mitral stenosis, Aortic stenosis, Pulmonary stenosis, Mitral valve prolaps, Aortic regurgitation, Prosthetic heart valve)

Pregnancy with Liver diseases

Learning Issues:

Develop skill to obtain complete case based history and focused clinical examination of a woman with liver disease including viral hepatitis, CLD, obstetric cholestasis and Fulminating hepatic failure HELLP syndrome.

Develop skill to formulate appropriate investigation and can interpret the investigation reports (liver function test, viral markers, coagulation profile)

Develop skill to counsel patient and their attendant regarding fetal and maternal risks

Can refer to hepatologists for further assessment and treatment

Develop skill to plan delivery and postnatal care in liaison with hepatologists

Develop skill to counsel regarding contraception

Develop skill to manage cases of viral hepatitis, obstetric cholestasis, AFLF, CLD and patients with other liver diseases:

Develop skill to institute and modify drug treatment

Pregnancy with Connective Tissue Disorders

Learning Issues:

Develop skill to obtain complete case based history and focused clinical examination of a woman with CTD including previous obstetric history, drug therapy

Develop skill to formulate appropriate investigation and can interpret the investigation reports (APA, Anti Cardiolipin Ab, anti-dsDNA Ab, ANA, Anti-Ro, Anti-LA)

Develop skill to manage a case of SLE and APS in pregnancy:

Develop skill to counsel regarding fetal and maternal risks, including risks of therapy

Develop skill to monitor stage of disease including fetal monitoring

Develop skill to institute and modify drug therapy

Develop skill to plan delivery and postnatal care

Can refer, where appropriate, for further assessment and treatment

Develop skill to manage a case of other CTD in pregnancy:

Develop skill to counsel regarding fetal and maternal risks, including risks of therapy

Develop skill to Arrange and interpret appropriate investigations, including fetal monitoring

Develop skill to plan delivery and postnatal care

Can refer, where appropriate, for further assessment and treatment

Pregnancy with Haematological Diseases

Learning Issues:

Develop skill to obtain complete case based history and focused clinical examination of a woman with haematological disease both pre-existing haematological disease and women with pregnancy-induced haematological disease

Develop skill to formulate appropriate investigation and can interpret the investigation reports to establish the diagnosis of different type of anaemia, thrombocytopenic purpura

Develop skill to manage a case of anaemia during pregnancy:

Counsel regarding fetal and maternal risks

Arrange and interpret appropriate investigations

Institute and modify drug therapy, including where appropriate, parenteral iron, blood transfusion

Plan delivery and postnatal care

Refer, where appropriate, for further assessment and treatment

Develop skill to manage a case of thalassaemia & sickle cell anaemia including

Counsel regarding fetal and maternal risks and prenatal diagnosis

Arrange and interpret appropriate investigations (including fetal monitoring in thalassaemia/sickle cell disease)

Institute and modify therapy (including vaso-occlusive crisis in sickle cell disease, blood transfusion)

Plan delivery and postnatal care

Refer, where appropriate, for further assessment and treatment

Develop skill to manage a case of idiopathic thrombocytopenic purpura in pregnancy including

Counsel regarding fetal and maternal risks

Arrange and interpret appropriate investigations

Institute and modify therapy

Plan delivery and postnatal care

Refer, where appropriate, for further assessment and treatment

Develop skill to manage a case of congenital coagulation disorder in pregnancy

Counsel regarding fetal and maternal risks and prenatal diagnosis

Arrange and interpret appropriate investigations

Institute and modify therapy

Plan delivery and postnatal care

Refer, where appropriate, for further assessment and treatment

Manage a case of DIC in pregnancy including

Identify and treat underlying cause

Arrange and interpret appropriate investigations

Institute and modify resuscitative and replacement therapy

Rh isoimmunization

Learning Issues:

Develop skill to obtain complete case based history and focused clinical examination of a woman with Rh-isoimmunization in pregnancy

Can perform clinical examination of a mother with Rh isoimmunization in pregnancy.

Develop skill to plan appropriate investigation and can interpret the investigation reports to formulate management plan in pregnancy with Rh-isoimmunization

Develop skill to diagnose & assess the severity of Rh-isoimmunization in pregnancy

Develop skill to manage patient of Rh-isoimmunization with critical value.

Develop skill to plan delivery and postnatal care

Obstetrics

Ante-natal care

Learning Issue:

Develop skill to obtain complete case based history from patient and must progressively develop how to provide routine antenatal care.

Progressively develop the activity to perform focused and accurate clinical examination and giving advice the patient for routine investigation in antenatal period.

Relate history and physical findings in order to establish diagnosis and to formulate a management plan.

Identify the danger signs during ANC and communicate it to the patient successfully.

Develop skill to identify high-risk pregnancies, communicate and manage it.

Normal labour and its active management

Learning Issue:

Develop skill to obtain complete case based history and perform focused and accurate clinical examination of a labour patient.

Develop skill to assess the progress of labour and monitor maternal and foetal condition using partogram.

Develop skill to manage normal labour

Can detect any abnormality of labour and manage it properly

Develop skill to conduct vaginal delivery

Develop skill to conduct assisted vaginal delivery

Intrapartum foetal assessment

Learning Issues:

Develop skill to monitor foetal condition during labour and to detect foetal distress during labour.

Develop skill to monitor foetal condition by intermittent auscultation or continuous or intermittent foetal electronic monitoring.

Prolonged Pregnancy

Learning Issue:

Developing skill to obtain complete case based history taking from patient having prolonged pregnancy.

Performing the activity of focused and accurate clinical examination

Evaluation the physical findings with history as well as the investigation report in order to establish diagnosis and to formulate a management plan.

Developing skill to manage prolonged pregnancy

Develop skill to counsel regarding fetal and maternal risk in prolonged pregnancy.

Ante Partum hemorrhage (APH)

Learning Issue:

Developing skill to obtain complete case based history taking from Ante Partum hemorrhage (APH)

Performing the activity of focused and accurate clinical examination

Evaluation the physical findings with history as well as the investigation report in order to establish the cause of APH and to formulate a management plan.

Developing skill to manage patients having Ante Partum hemorrhage (APH)

Placenta Praevia

Learning Issues:

Developing skill to obtain complete case based history from placenta praevia

Performing the activity of focused and accurate clinical examination

Evaluate the physical findings and investigation report with history to establish the cause of APH and.

Developing skill to differentiate placenta praevia from abruptio placenta clinically

Developing skill to formulate a management plan of patients having placenta praevia

Abruptio placenta

Learning Issues:

Developing skill to obtain complete case based history, performing focused and accurate clinical examination

Evaluate the physical findings and investigation report with history to establish the diagnosis of abruptio placenta

Developing skill to identify the complications of abruptio placenta and manage it

Developing skill to formulate a management plan of patients having abruptio placenta

Malpresentation & malposition

Learning Issues:

Developing skill to obtain complete case based history and focused clinical examination from breech presentation at term & during labour

Developing skill to perform complete examination to detect different types of malposition & malpresentation

Developing skill to perform clinical pelvimetry

Developing skill to select the cases to allow vaginal breech delivery & elective C/S

Developing skill to plan appropriate investigation if necessary

Developing skill to conduct vaginal breech delivery

Developing skill to select the cases with face presentation to allow vaginal delivery or C/S

Developing skill to diagnose brow presentation in labour & manage it

Developing skill to diagnose transverse lie during pregnancy

Developing skill to select the cases for C/S

Developing skill to perform external cephalic version

Developing skill to manage case of CPD in labour

Developing skill to counsel patient and party in case of malpresentation & CPD

Multiple pregnancies

Learning Issues

- Develop skill to obtain complete case based history and focused clinical examination of a woman with multiple pregnancies.
- Relate history and physical findings in order to establish diagnosis.
- Develop skill to plan appropriate investigations and interpret the investigation reports to formulate management plan in multiple pregnancy.
- Develop skill to identify risk factors associated with multiple pregnancy
- Develop skill to plan delivery and post natal care
- Can detect any abnormality during antenatal, intranatal & postnatal period and treat it accordingly.

PROM

Learning Issues

Develop skill to obtain complete case based history from patient. Progressively develop the activity to perform focused and accurate clinical examination.

Relate history and physical findings in order to establish diagnosis

Pooling

Nitrazine test

Ferring

Can perform clinical examination of patient with PROM to detect Chorioamnionitis - pulse, temp. BP, uterine tenderness, foul smelling P/V discharge.

Develop skill to plan appropriate investigation and can interpret the investigation reports to diagnose Chorioamnionitis -CBC, CRP, HVS - C/S, Urine R/E, USG

Develop skill to plan management of a patient with PROM.

Develop skill to plan management of a patient with choriamnionitis.

Preterm Labour**Learning issues**

Develop skill to obtain complete case based history from patient.
 Progressively develop the activities to perform focused and accurate clinical examination.
 Relate history and physical findings in order to established diagnosis
 UT contraction
 Dilatation and effacement of cervix
 Vaginal bleeding
 Develop skill to plan appropriate investigation reports to formulate management plan.
 Develop skill to evaluate maternal and fetal condition.
 Develop skill to counsel patient about fetal condition.
 Develop skill to plan management of a patient with preterm labour
 Bed rest
 Corticosteroids
 Tocolysis
 Antibiotics
 Plan for delivery

IUGR**Learning issues**

Develop skill to obtain complete case based history from patient
 Performing the activity of focused and accurate clinical examination
 Develop skill to plan appropriate investigation and interpret the investigation reports (USG, Doppler study, NST, BPP, MBPP)
 Can relate physical findings and investigation report to establish diagnosis.
 Developing skill o formulate a management plan of patient having IUGR.

Foetal death**Learning issues**

Develop skill to obtain complete case based history taking from patient.

Performing the activity of focused and accurate clinical examination.

Can plan appropriate investigation reports to establish diagnosis
 USG

Straight x-ray abdomen

Spalding sign

Haematological examination

Develop skill to counsel a patient with IUD

Can plan management

Expected management

Termination

Can plan appropriate investigations to diagnose complications like DIC- FDP, PT, APTT, D-dimmer

Develop skill to manage complications associated with IUD- PPH, DIC

Vaginal birth after caesarean delivery (VBAC)**Learning issues**

Developing skill to obtain complete case based history from patient having previous history of caesarean delivery and can examine accurately
 Can evaluate the selection criteria for VBAC
 Can plan appropriate investigation and interpret the investigation reports
 USG- Presentation, Position of placenta, Amount of liquor
 Can select the patient for vaginal birth on the basis of history, physical examination, investigation reports
 Can plan vaginal delivery and monitoring of the fetal and maternal condition
 Can detect symptoms and sign associated with impending rupture or early stage of rupture uterus

Puerperium**Learning issues**

Developing skill to obtain complete case based history from a patient during Puerperium.
 Performing the activity of focused and accurate clinical examination

Can plan appropriate investigation and interpret the investigation reports

Develop skill to evaluate maternal and fetal condition

Can plan appropriate management of a patient during Puerperium

Develop skill to counsel the patient about

Diet

Rest

Breast feeding

Family planning

Next pregnancy

Immunization

Can demonstrate position and attachment for breast feeding

Abnormal Puerperium

Learning Issue

Developing skill to obtain complete case based history from a patient with abnormal puerperium

Progressively develop the activity to perform focused and accurate clinical examination

Can plan appropriate investigations (CBC, Urine R/E and C/S, HVS – C/S, blood culture, USG) and interpret investigation reports to established diagnosis

Puerperal sepsis

Endometritis

UTI

Caesarean section wound infection

Episiotomy infection

Develop skill to diagnose and manage breast complications like breast engorgement, mastitis and breast abscess

Can detect thrombophlebitis

Can plan investigation for thrombophlebitis

Develop skill to plan management according to diagnosis

Pre-eclampsia and eclampsia

Learning Issue

Develop skill to obtain complete case based history from pre-eclampsia patient.

Performing the activity of focused and accurate clinical examination

Relate history and physical findings in order to establish diagnosis

Can plan appropriate investigations and interpret investigation reports:

Bed side urinary protein

Urinary total protein (UTP)

Serum Uric acid

Liver function test - bilirubin, ALT, AST, serum albumin, serum globulin, albumin globulin ratio

Serum creatinine

Coagulation profile

USG – BPP, MBPP, AFI, EFW

CTG

Develop skill to detect the cases of severe PE

Can monitor a patient with severe PE (maternal and foetal monitoring) in cases of conservative management

Can give MgSo₄ in severe PE cases and monitor the patients

Can plan appropriate management of PE patient before, during and after delivery.

Can identify impending signs of eclampsia

Can diagnosis and manage a case of eclampsia

Can monitor a eclamptic patient

Can identify HELLP syndrome and other complications of severe PE

Can plan management of a patient with HELLP syndrome.

Can diagnose post Partum eclampsia and can manage the case

GDM and Pre-gestational diabetes

Learning Issue

Develop skill to obtain complete case based history and perform clinical examination of a patient with GDM

Can plan appropriate investigations and interpret the reports (Blood sugar, HbA1C, MSAFP, anomaly scan, foetal ECHO)

Can monitor blood sugar of a diabetic patient during pregnancy

Develop skill to monitor foetal condition in later part of pregnancy (Kick chart, CTG, BPPP, MBPP)

Develop skill to identify any complications like- Macrosomia, polyhydramnios and other complications
 Can plan management of cases of GDM –mode of delivery, time of delivery, monitoring during delivery
 Can monitor patient during post Partum period
 Develop skill to manage newborn of GDM cases and pre-gestational diabetes

Gynaecology

Paediatric & Adolescent

Learning Issues:

Develop skill to obtain complete case based history from mother and focused clinical examination of children.
 Can detect and plan management of a patient with vulvovaginitis.
 Can detect and manage a case of foreign bodies within the external genitalia.
 Develop skill to diagnose and manage a case of labial adhesion.
 Develop skill to detect genital injuries and plan appropriate management.
 Can detect a case of precocious puberty.
 Can plan appropriate investigation and interpret the reports to diagnose precocious puberty and plan management.
 Can counsel a parents having baby with precocious puberty.

Puberty, Delayed Puberty

Learning Issues:

Develop skill to obtain complete history and focused clinical examination of a patient with delayed puberty.
 Can plan appropriate investigation and interpret to diagnose a case of delayed puberty.
 Can plan management.
 Can counsel parents having patient with delayed puberty.

Dysmenorrhoea, Menorrhagia

Learning Issues:

Can take appropriate case based history from a patient with dysmenorrhoea.
 Develop skill to perform clinical examination according to age and fertility.

Can plan appropriate investigation and interpret the results.
 Can plan appropriate management.
 Can take complete history of a pubertal girl with menorrhagia.
 Can plan management of a case of puberty menorrhagia.
 Develop skill to counsel a girl having puberty menorrhagia.

Polycystic Ovary Syndrome

Learning Issues:

- Developing skill to obtain complete case based history, performing focused and accurate clinical examination of PCO patient.
- Can plan appropriate investigation and interpret the reports to diagnose a case of PCO
- Biochemical – FSH, LH, free testosterone, fasting insulin, GTT USG/TVS
- Can plan management of a patient with PCO according to symptoms.
- Develop skill to counsel a PCO patient.

Premenstrual syndrome

Learning issues

- Develop skill to obtain accurate history and perform clinical examination to diagnosis a case or premenstrual syndrome
- Plan investigations and interpret the reports
- Develop skill to counsel and plan management

Dysfunctional Uterine Bleeding (DUB)

Learning Issues:

- Develop skill to obtain complete history from a patient with DUB.
- Can perform appropriate clinical examination of a DUB patient.
- Can plan investigations according to patient age and interpret the investigation reports (CBC, USG, TVS, hormone profile)
- Plan management according to patient's age and parity.
- Develop skill to counsel a DUB patient.

PID (Pelvic inflammatory disease)**Learning Issues:**

- Develop skill to obtain complete case based history and perform appropriate clinical examination of a patient with PID.
- Can plan appropriate investigations and interpret the results.
- Can manage a case of PID in out patient department.
- Develop skill to plan management of a case of acute PID
- Plan management of a patient of chronic PID.
- Can identify a case of tubo-ovarian abscess and plan management.
- Can detect a case of pelvic abscess and plan management

Pelvic tuberculosis**Learning Issues:**

Develop skill to obtain history

Can perform appropriate clinical examination

Plan investigation and interpret the reports (endometrial biopsy, Ziehl Neelsen stain of specimen for AFB, ADA)

Can plan management of a patient of pelvic TB

Can counsel the patient

Ectopic pregnancy**Learning Issues:**

- Develop skill to obtain complete history from a patient to diagnose a case of ectopic pregnancy both ruptured & unruptured.
- Develop skill to perform focused clinical examinations
- Can plan appropriate investigation and interpret the results (USG, β HCG)
- Can identify a case of ruptured ectopic pregnancy
- Develop skill to resuscitate a case of ruptured ectopic pregnancy
- Develop skill to manage a patient with ruptured ectopic pregnancy

- Can plan medical/surgical (laparoscopic) management a case of unruptured ectopic pregnancy

Develop skill to plan management a case of chronic ectopic pregnancy.

Develop skill to counsel a patient with ruptured ectopic pregnancy and also about prognosis and future fertility.

Ovarian tumour**Learning Issues:**

Can take appropriate history from a patient present with ovarian tumour
Can perform clinical examination of a patient having ovarian tumor
Can differentiate clinically between benign and malignant ovarian tumor

Can plan appropriate investigation and interpret the result to diagnose type of ovarian tumor:

- Ultrasoundography
- Serum tumor markers
- Color Doppler
- CTscan

Can diagnose both benign & malignant ovarian tumor

Can plan management of ovarian tumor according to age and parity

Can counsel a patient having ovarian tumour before and after operation

Molar Pregnancy and other GTD**Learning Issue:**

Develop skill to obtain complete case based history and focused clinical examination from a patient having Hydatidiform mole or other GTD

Develop skill to perform and interpret the different investigations for diagnoses of different types of trophoblastic diseases (USG, β HCG, X-ray chest)

Develop skill to manage a case of hydatidiform mole

Develop skill to select a patient who need chemotherapy

Plan for chemotherapy regimens for non-metastatic or low risk gestational trophoblastic disease.

Develop skill to plan follow up of a patient having Hydatidiform mole.

Counsel a patient about the diagnosis, management, prognosis, and follow-up

Genital Prolapse**Learning issues:**

- Develop skill to obtain complete case based history and perform accurate clinical examination from a patient with genital prolapse.
- Develop skill to detect the degree of uterine prolapse and also cystocele, rectocele & enterocele
- Develop skill to detect other clinical conditions associated with prolapse (stress incontinence, complete perineal tear)
- Plan appropriate investigations those are necessary before a major surgery and interpret the results
- Develop skill to plan management of a patient with genital prolapse
 - Pre-operatively
 - Post operative period
- Develop skill to select patient who need Fothergill 's operation
- Develop skill to perform vaginal hysterectomy and repair of pelvic floor
- Develop skill to counsel the patient during discharge regarding
 - Diet
 - maintenance of person hygiene
 - bowel habit

Endometriosis**Learning issues**

Develop skill to obtain complete history from a patient suffering from endometriosis

Perform focused clinical examination

Plan appropriate investigation and interpret the reports

Can plan management according to patients age, parity and future fertility

Expectant management

Medical management &

Surgical management (laparoscopic, laparotomy)

Develop skill to a perform counseling of a patient with endometriosis specially associated with infertility

Pre-operatively

During discharge

Develop skill to plan post-operative management of women having infertility

Can identify the side effects of hormone therapy (danazol or GnRH)

Abortion**Threatened abortion****Learning Issues:**

Develop skill to obtain complete case based history and focused clinical examination of a patient with threatened abortion.

Can plan appropriate investigations and interpret to diagnose a case of threatened abortion (USG, β -HCG)

Can be able to counsel the patient regarding the condition and its prognosis.

Can plan management

Inevitable abortion**Learning Issues:**

- Develop skill to obtain complete history and focused clinical examination of a patient with inevitable abortion
- Can plan appropriate investigation and interpret to diagnose a case of inevitable abortion
- Develop skill to manage a case of inevitable miscarriage.
- Can counsel the patient with inevitable miscarriage.

Incomplete abortion**Learning Issues:**

Develop skill to obtain appropriate case based history

Can be able to perform a focused clinical examination

Can plan appropriate investigation and interpret to diagnose a case of incomplete miscarriage.

Can counsel regarding the condition along with its complications

Can plan appropriate and individualized patient management

Missed abortion**Learning issues:**

Can be able to define the condition and its underlying pathology
 Develop skill to obtain history and perform clinical examination
 Can be able to plan investigation with special attention to blood coagulation profile and be able to interpret the reports (USG, coagulation profile - BT, CT, platelet, fibrinogen, FDP, PT, APTT, D- dimer)
 Can counsel regarding the condition and its complications.
 Develop skill to manage a case of missed abortion.
 Can counsel regarding future pregnancy.

Septic abortion**Learning Issues:**

Can be able to understand the patho-physiology of the condition
 Develop skill to obtain complete history and focused clinical examination of a patient with septic abortion
 Can plan appropriate investigation with special attention to some investigations specific to that condition (USG, serum electrolyte, coagulation profile, serum creatinine, High Vaginal Swab culture, blood culture)
 Develop skill to interpret the investigations and plan management
 Can be able to anticipate the possible complications and plan management accordingly
 Develop skill to counsel regarding the condition and its complications

Recurrent abortion**Learning Issues:**

- Develop skill to obtain complete case based history and focused clinical examination of a patient having previous history of recurrent abortion.
- Can plan appropriate investigations and interpret the results to diagnose the cause of recurrent abortion (USG, HSG, anti-phospholipid Ab, ACL Ab, Blood sugar, TORCH panel, thyroid function)
- Develop skill to counsel the patient regarding the condition and its prognosis.
- Can plan management of recurrent abortion.

Fibroid**Learning Issues**

- Develop skill to obtain relevant history and perform clinical examination and be able to co-relate the different types of fibroid
- Can plan appropriate investigation and interpret to diagnose a case of fibroid.
- Can plan management both medical and surgical.
- Can develop skill to select patient for myomectomy.
- Can counsel the patient having fibroid.

Adenomyosis**Learning Issues:**

Develop skill to obtain complete case based history and perform focused clinical examination
 Can plan appropriate investigation along with special investigation like USG and color Doppler TVS scans and MRI and interpret to diagnose a case of adenomyosis.
 Develop skill to differentiate adenomyosis from fibroid clinically
 Can plan management
 Can counsel the patients regarding the disease adenomyosis.

STD**Learning Issues:**

- To have knowledge about the organisms responsible for causing different STDs (like Gonorrhea, syphilis, herpes, AIDS etc)
- To have knowledge about the underlying pathophysiology of each condition.
- Develop skill to obtain complete history and focused clinical examination of a patient having STDs.
- Develop skill to plan appropriate investigations and interpret the results to diagnose different STDs
- Develop skill to diagnosis and manage a patient with gonorrhea
- Can detect and manage a case of syphilis

- Can detect a case of lymphogranuloma venereum and plan appropriate management
- Develop skill to diagnosis and manage other STDs like
 - Genital herpes
 - Condyloma accuminata
 - Chancroid
- Can plan appropriate investigation and interpret the reports to diagnose a specific STD
- Can counsel a patient having STD.

Vaginal and vulval infection

Learning issues:

Develop skill to obtain complete case based history and focused clinical examination

Can plan appropriate investigations and interpret the reports to diagnose a specific vaginal/vulval infection.

Develop skill to diagnosis and manage a patient with candidiasis

Develop skill to diagnose and manage a case of trichomonus vaginalis

Develop skill to detect bacterial vaginosis and plan appropriate management

Can counsel the patients having vaginal / vulval infection

Hirsutism, Virilism

Learning issues:

Can be able to define the condition hirsutism /virilism

Can be able to understand the underlying pathophysiology of these specific conditions.

Develop skill to obtain complete case based history and focused clinical examination.

Develop skill to plan appropriate investigations (DHEAS, serum testosterone, SHBG, FSH, LH, ACTH, 17-OHP, MRI, CT scan of abdomen) and interpret the reports

Develop skill to diagnose the cause of hirsutism/virilism

Develop skill to plan appropriate management – medical and or surgical

Develop skill to counsel a patient having hirsutism /virilism

Chronic pelvic pain

Learning issues

Can be able to understand the basic pathophysiology leading to this condition

Develop skill to obtain complete case based history

Develop skill to perform focused clinical examination with special attention to non-gynaecologic conditions leading to chronic pelvic pain.

Can plan appropriate investigation & interpret the reports to diagnose a specific cause leading to pain

Can plan management accordingly

Can be able to counsel the patient having chronic pelvic pain

Menopause and climacteric

Learning issues

Develop skill to obtain complete case based history and focused clinical examination of a post- woman having different menopausal problems (Hot flush, genito-urinary problem)

Develop skill to plan appropriate investigations for a post-menopausal women

Develop skill to arrange appropriate investigations for diagnosis of osteoporosis

Develop skill to counsel a post-menopausal women for prevention of osteoporosis

Take proper steps for prevention of post-menopausal osteoporosis

Develop skill to diagnose different menopausal problems and manage women having menopausal syndrome like – (hot flush, atrophic vaginitis, urinary problem)

Counsel a women having menopausal symptoms

HRT

Learning issues:

Develop skill to take an appropriate history from a women with menopausal symptoms including contraindication of HRT and family history of breast cancer

Develop skill to perform focused clinical examination to assess a woman with post menopausal symptoms

Develop skill to arrange and interpret appropriate investigation for diagnosis of menopause

Serum oestradiol

Serum FSH and LH

Develop skill to plan appropriate investigations before prescribing HRT

Manage a case of menopause

Counsel a women regarding post-menopausal symptoms with psychological support

Develop skill to institute dietary advice and modify HRT where appropriate

Urinary incontinence

Learning issues:

Develop skill to obtain complete history from a patient with urinary incontinence

Can perform complete clinical examination to diagnose a case of urinary incontinence.

Develop skill to diagnose different types of urinary incontinence clinically.

Develop skill to differentiate between GSI and urge incontinence clinically

Develop skill to plan appropriate investigation & interpret the reports to diagnose a specific cause (Urinalysis, Urine culture, Cystourethroscopy, Multichannel cystometry, Uroflowmetry, Radiologic tests, Electromyography)

Develop skill to interpret urodynamic study.

Can prepare a patient for cystoscopy and cystourethroscopy.

Treat urogynecologic disorders by both nonsurgical (e.g., pelvic floor exercise regimens, physical therapy, pessary) and plan surgical methods.

Plan management of a patient with

Stress incontinence.

Urge incontinence

Overflow incontinence and also

Mixed incontinence

VVF

Learning issues:

Develop skill to obtain complete history and perform focused clinical examination to diagnose VVF.

Plan investigations to diagnose and management of a VVF patient.

Develop skill to do EUA to confirm VVF and also to detect type, number, position, and underlying scar tissue of VVF.

Develop skill to plan management of a VVF patient.

Develop skill to do follow up a patient after VVF repair

Can counsel during discharge about

abstinence

future pregnancy and delivery

follow up

Can counsel about prevention of VVF

Family Planning

Learning issues:

Selecting a proper contraceptive method for a client

Elicit a pertinent history from a patient requesting information about contraception.

Perform a focused physical examination to detect findings that might influence the choice of contraception.

Interpret the results of selected laboratory tests that might influence a patient's choice of contraception.

Develop skill to introduce IUCD and remove it.

Can insert hormonal implant (Norplant and implanon)

Can do/perform tubectomy/vasectomy

Counsel a couple for appropriate contraception.

Benign breast diseases

Learning Issue:

Develop skill to counsel a patient regarding CBE, SBE.

Develop skill to teach the patient to do SBE.

Develop skill to can formulate investigation and interpret the report to diagnose breast lump (USG, Mammogram, FNAC).

Residency Program

Develop skill to treat patient having breast pain and fibrocystic breast disease

Develop skill to refer a patient having fibro adenoma or breast – ca

Develop skill to counsel a patient having benign breast lump

Non-neoplastic epithelial disorder of vulva and vagina Learning Issue:

Develop skill to elicit a pertinent history in a patient with a suspected vulvar dystrophy, dermatosis or vulvar pain syndrome.

Perform a focused physical examination in a patient with a suspected vulvar dystrophy, dermatosis or vulvar pain syndrome.

Develop skill to perform and interpret the results of selected diagnostic tests to confirm the diagnosis of a vulvar dystrophy or dermatosis, for example:

Colposcopy

Vulvar biopsy

Develop skill to treat common vulvar dystrophies, dermatoses medically and plan surgical treatment.

Develop skill to plan follow-up for a patient with a vulvar dystrophy or dermatosis.

Develop skill to counsel a patient having non-neoplastic epithelial disorder of vulva and vagina including the risk, if present, for malignant change