

# STUDY GUIDE

OBS / GYNAE AND ALLIED

FINAL YEAR MBBS

RAWALPINDI MEDICAL UNIVERSITY

RAWALPINDI

2023

## **FINAL YEAR CLINICAL MODULE**

Clinical module of OB/GYN & Paediatrics, 2023, Final year MBBS has been designed to create a great learning experience both for students and faculty. A variety of teaching strategies will be used to make it more student centered, interactive and intellectually challenging module. It will provide opportunity to teach and train in Gynaecology and also revisit some important aspects of Obstetrics.

Our module consists of 12 weeks. During this time students will have 8 weeks clinical clerkship in OB/GYN units and 4 weeks in Paediatrics units. Each Student during the Clerkship rotates to two Gynae Units. At each Gynae Unit he/she stays for four week.

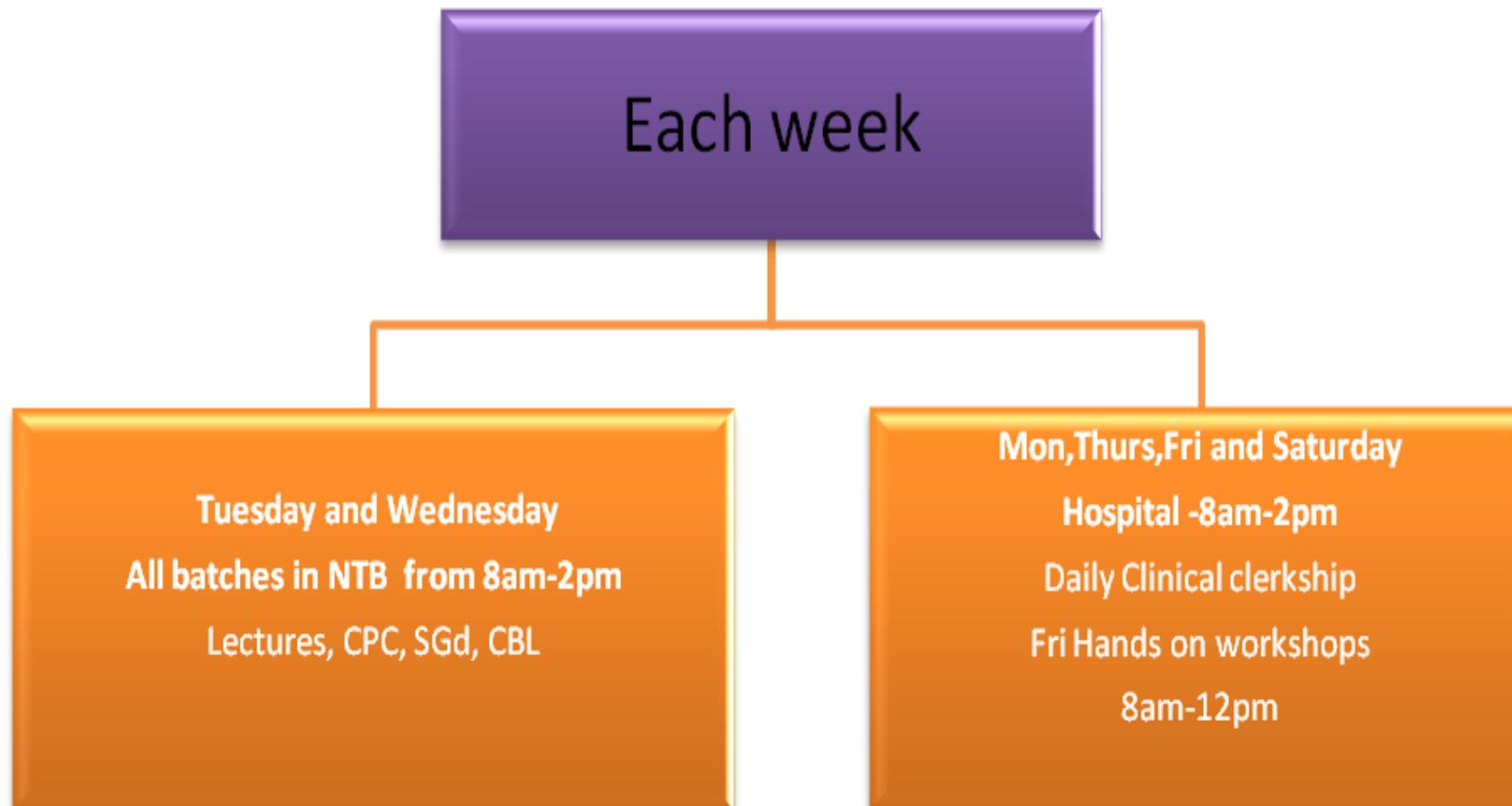
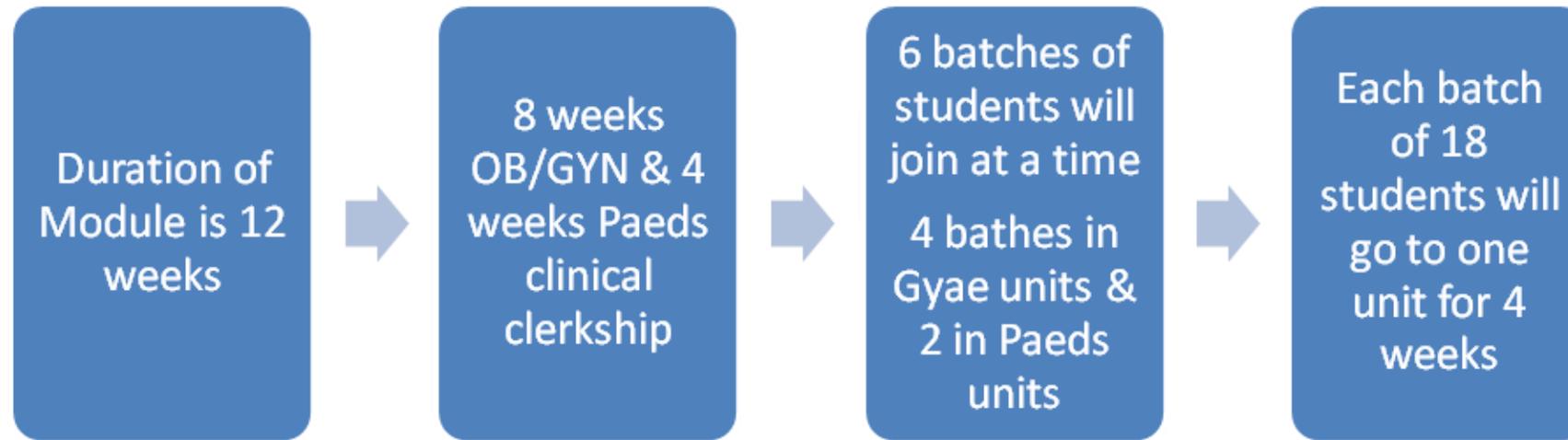
During each week, on **Tuesday & Wednesday**, the students will go to NTB from 8am to 2pm for lectures, CPC, SGDs and CBL. There will be no hospital visit.

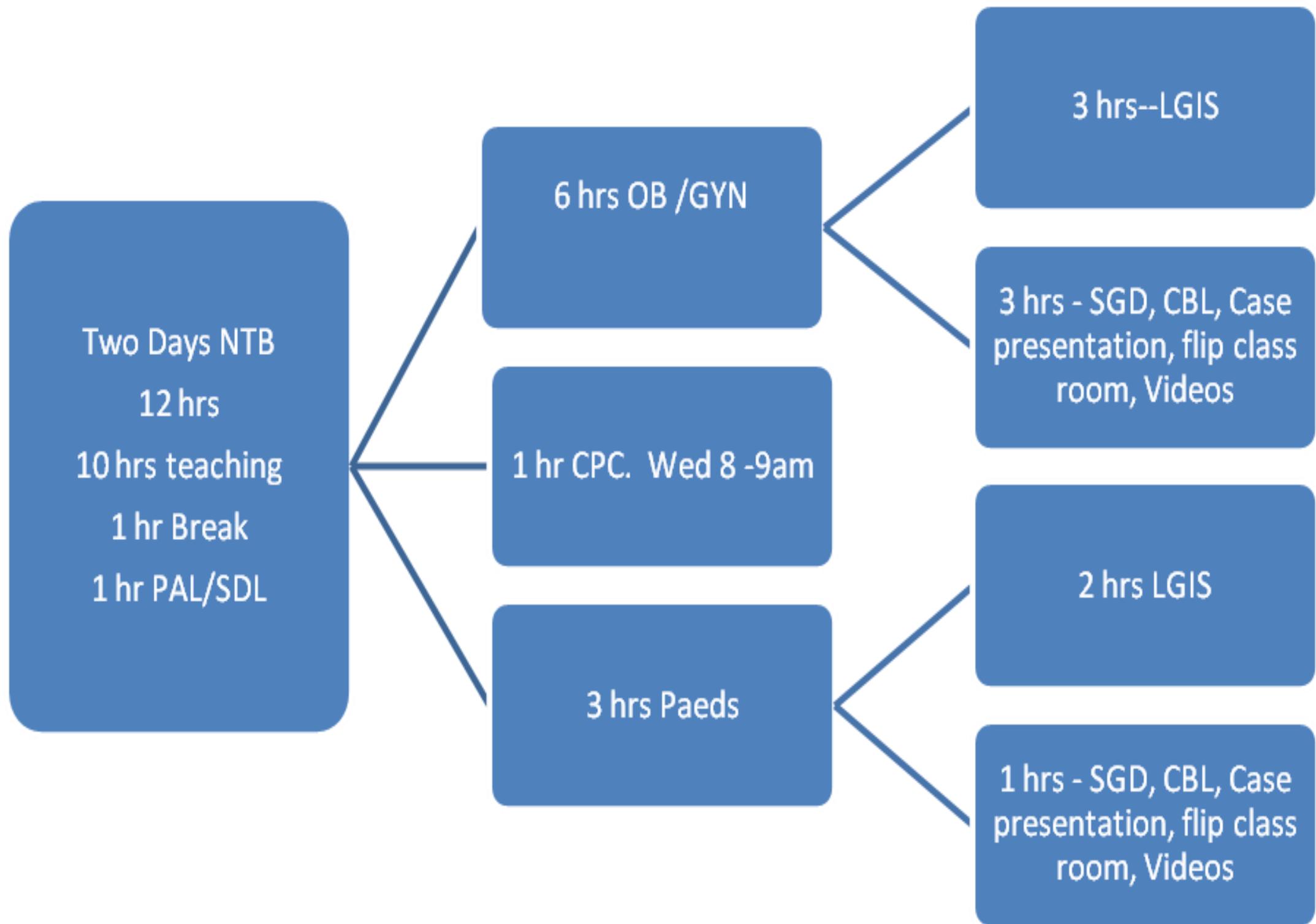
On every **Monday, Thursday, Friday and Saturday** they will go to hospital for whole day clinical clerkship in the respective unit from 8am onwards.

The module will be repeated **three times** during an academic year.

From 2 to 4pm on minimum 4 days/ month student attend Emergency/labour room of respective unit and shadows House Officers and Post Graduate Trainees.

- Following is the further detail of module.



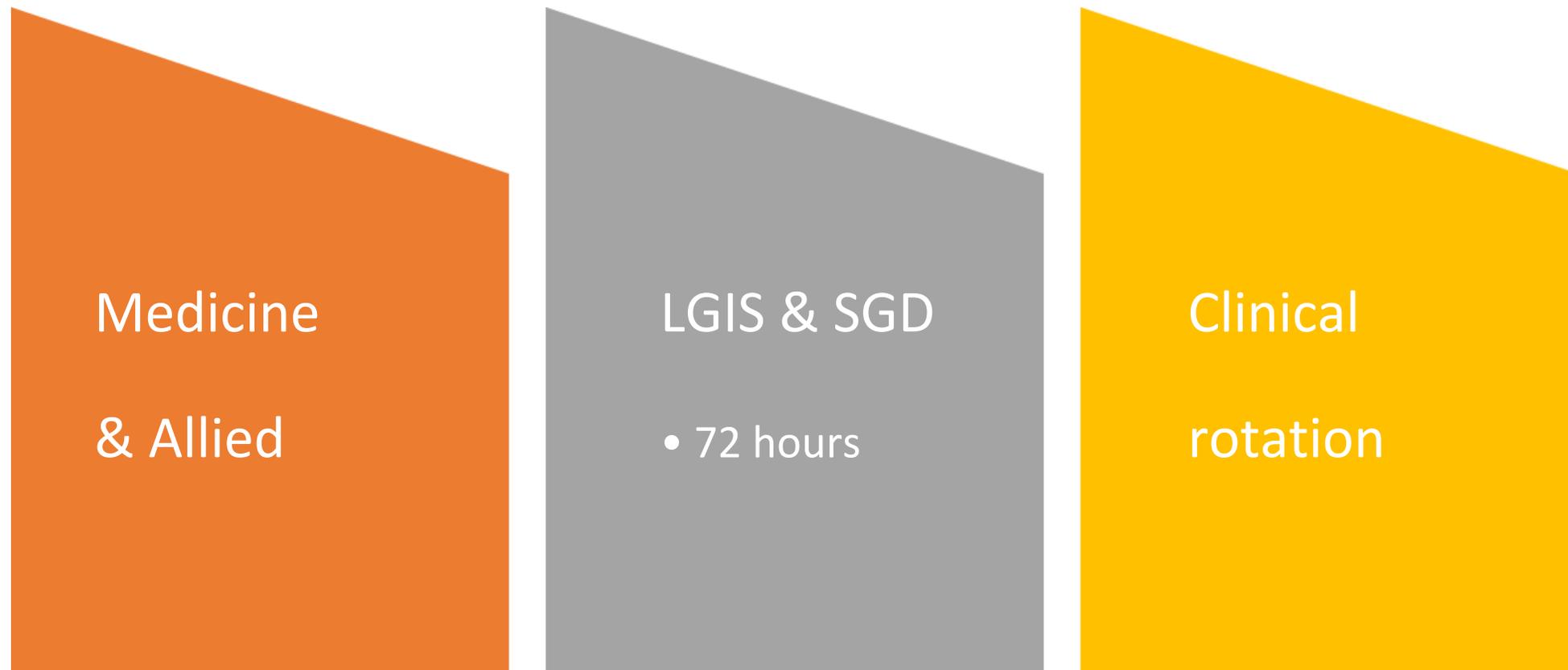


### GYNAE/OBS MODULE - HOURS

	Schedule Duration Monthly	Schedule Duration
<b>Interactive LGIS</b>	<b>Gynae(2 months)</b> 3 lectures ( 1 hour)/week 12 hours/month <b>OBS (1 month)</b> 4 lectures (1 hour)/week 16 hours /month	40 hour/3 months
<b>SGD</b>	<b>Gynae(2 months)</b> 3 SGD ( 1 hour)/week 12 hours/month <b>OBS (1 month)</b> 2 SGD (1 hour)/week 8 hours /month	32 hour/3 months
<b>CPC</b>	8-9am, once a week=4 hours	12 hours/3 months
<b>Clinical Clerkship in Wards</b>	8am-2pm, 3days a	144 hours

	Week = 72 hours 8am-12pm Friday= 16 hours	32 hours
<b>Evening duties</b>	8 hours /month	16 hours/2months
	<b>124 hours</b>	<b>276 hours</b>

### STRUCTURED TRAINING PROGRAM



**LARGE GROUP INTERACTIVE**

**&**

# SMALL GROUP DISCUSSION

## GYNAECOLOGY SESSIONS DETAILS

I <sup>st</sup> Week											
S. No.	Days	Teacher	specialty	Topic	Specific learning object (SLO)	MDT/ MIT	Level of cognition			Affective	MOA
							C1	C2	C3		
1	Tuesday 8:00-9:00 am	Unit :1, HFH	Gynaecology	Anatomy and embryology of pelvic organs	<p><b>At the end of this lecture/session, final year students will be able to:</b></p> <ul style="list-style-type: none"> <li>• Recognise and demonstrate the structures of female genital tract</li> <li>• Name pelvic floor musculature</li> <li>• Identify and describe the blood supply of perineum</li> <li>• Enumerate nerve supply of perineum</li> <li>• Know about the lymphatic drainage of perineum</li> <li>• Compare and draw Mullerian duct anomalies</li> <li>• Describe the pathologies related to the anomalies with their diagnosis and management</li> <li>• Understand the embryonic development of female genital tract.</li> </ul>	LGIS			√	A3	see assessment section
2	Tuesday 9.00-10.00 am	Unit :1, HFH	Gynaecology	Anatomy and embryology of pelvic organs	<ul style="list-style-type: none"> <li>• Understand the sexual differentiation in embryonic life</li> <li>• Recognize and demonstrate the structures of female genital tract</li> <li>• Identify and describe the blood supply of uterus, tubes and ovary</li> <li>• Enumerate nerve supply of uterus, tubes and ovary</li> <li>• Know about the lymphatic drainage of pelvis</li> <li>• Compare and draw Mullerian duct anomalies</li> </ul>	SGD			√	A3	see assessment section

					<ul style="list-style-type: none"> <li>Describe the pathologies related to the anomalies with their diagnosis and management in case scenarios</li> </ul>						
3	Tuesday 10.30-11.30 am	Unit :1, HFH	Gynaecology	Physiology of menstrual cycle	<ul style="list-style-type: none"> <li>Understand that menstruation is a function of Hypothalamic-Pituitary-Ovarian axis (HPO) at puberty</li> <li>Explain the Hypothalamic-Pituitary-Ovarian axis (HPO)</li> <li>Describe the features of the normal menstrual cycle and the accompanying ovarian and endometrial changes</li> <li>Enlist the histological layers of endometrium</li> <li>Discuss the complications associated with abnormality in HPO function</li> </ul>	LGIS		√		A3	see assessment section
4	Wednesday 11.00 am-12.00 pm	Unit :1, HFH	Gynaecology	History taking ( Gynaecology )	<ul style="list-style-type: none"> <li>Enlist salient feature of gynaecological history :</li> <li>Describes the importance of pap smear</li> <li>Describes menarche, menopause and pre-menopausal phase</li> <li>Take focused and brief history of gyne patient</li> <li>Write down protocol of cervical screening</li> </ul>	SGD			√	A3	see assessment section
5	Wednesday 12 -1 pm	Unit :1, HFH	Gynaecology	Medical ethics	<ul style="list-style-type: none"> <li>Understand several reasons to consider ethics in professional life</li> <li>Know the ethical frame works i.e. duty based, right based, goal based</li> <li>Understand the four principals used in ethics</li> <li>Know common ethical dilemmas in obstetrics &amp; gynaecology</li> <li>Understand how to analyze the ethical dilemmas</li> </ul>	LGIS			√	A3	see assessment section
6	Wednesday 1 pm-2 pm	Unit :1, HFH	Gynaecology	Medical ethics	<ul style="list-style-type: none"> <li>Understand several reasons to consider ethics in professional life</li> <li>Know the ethical frame works i.e. duty based, right based, goal based</li> <li>Understand the four principals used in ethics</li> <li>Know common ethical dilemmas in obstetrics &amp; gynaecology</li> <li>Understand how to analyze the ethical dilemmas</li> <li>Practice the ethics relevant to different case scenarios</li> </ul>	SGD			√	A3	see assessment section

## 2<sup>nd</sup> Week, HFH UNIT: II

7	Tuesday 8:00-9:00 am	Unit:2, HFH	Gynaecology	Miscarriages	<ul style="list-style-type: none"> <li>Understand the clinical features of different types of miscarriages</li> <li>Diagnose and discuss general and specific management of missed miscarriage</li> <li>Discuss expectant and medical management of miscarriages (</li> <li>General and specific management of ruptured miscarriages</li> </ul>	LGIS		√		A3	see assessment section
8	Tuesday 9.00-10.00 am	Unit:2, HFH	Gynaecology	Miscarriages	<ul style="list-style-type: none"> <li>differentiate between types of miscarriages based on different scenarios</li> <li>Counseling of patient with miscarriage</li> </ul>	SGD			√	A3	see assessment section
9	Tuesday 10.30-11.30 am	Unit:2, HFH	Gynaecology	Ectopic pregnancy	<ul style="list-style-type: none"> <li>Understanding of definition, epidemiology, etiology, and clinical features of ectopic pregnancy</li> <li>Know the causes of bleeding and pain in early pregnancy</li> <li>Enlist different Investigations Understanding of different management options</li> </ul>	LGIS			√	A3	see assessment section
10	Wednesday 11.00 am-12.00 pm	Unit:2, HFH	Gynaecology	GTD/Ectopic pregnancy	<ul style="list-style-type: none"> <li>Define gestational trophoblastic disease</li> <li>Describe the different types of GTD</li> <li>Enumerate the clinical features of GTD and ectopic pregnancy.</li> <li>Enlist important investigation to be done in GTD and ectopic</li> </ul>	SGD			√	A3	see assessment section

					<p>pregnancy</p> <ul style="list-style-type: none"> <li>• Discuss the management of GTD, its follow up and contraceptive advise and ectopic pregnancy.</li> <li>• Elicits relevant history in case scenario</li> <li>• Corelate examination findings</li> <li>• Advice investigations and their justification</li> <li>• Counsel the patient regarding her condition</li> <li>• Take informed consent highlighting the pros and cons of the procedure</li> </ul>						
11	Wednesday 12 -1 pm	Unit:2, HFH	Gynaecology	Primary Amenorrhea	<ul style="list-style-type: none"> <li>• Define primary amenorrhea</li> <li>• Enlist causes of primary amenorrhea.</li> <li>• Discuss symptoms, signs and important ultrasound finding in patients with primary amenorrhea.</li> <li>• Discuss the possible management option</li> <li>• Understanding important relative points in counseling of such patients .-</li> </ul>	LGIS			√	A3	see assessment section
12	Wednesday 1 pm-2 pm	Unit:2, HFH	Gynaecology	Primary Amenorrhea	<ul style="list-style-type: none"> <li>• Identify cause of primary amenorrhea in given scenarios</li> <li>• Discuss symptoms, signs and important ultrasound findings in these case scenarios with primary amenorrhea</li> <li>• Discuss the possible management option.</li> <li>• Understanding important relative points in counselling of such patients</li> </ul>	SGD			√	A3	see assessment section
<b>3<sup>rd</sup> Week</b>											
13	Tuesday 8:00-9:00 am	BBH	Gynaecology	Secondary Amenorrhea	<ul style="list-style-type: none"> <li>• Define secondary amenorrhea.</li> <li>• Enlist its important causes</li> <li>• Discuss symptoms, signs and important ultrasound findings</li> <li>• Discuss the management options.</li> </ul>	LGIS			√	A3	see assessment section
14	Tuesday 9.00-10.00 am	BBH	Gynaecology	Secondary Amenorrhea	<ul style="list-style-type: none"> <li>• Identify cause of secondary amenorrhea given case scenario</li> <li>• Discuss symptoms, signs and important ultrasound findings in these case scenarios</li> <li>• Discuss the management options.</li> </ul>	SGD			√	A3	see assessment section
15	Tuesday 10.30-11.30 am	BBH	Gynaecology	PCOD	<ul style="list-style-type: none"> <li>• Understand pathophysiology of PCOD and hirsutism</li> <li>• Know about diagnostic criteria and clinical presentation</li> <li>• Able to interpret relevant investigations</li> <li>• Enlist other causes of hirsutism</li> </ul>	LGIS			√	A3	see assessment section
16	Wednesday 11.00 am-12.00 pm	BBH	Gynaecology	PCOD	<ul style="list-style-type: none"> <li>• Outline management plan</li> <li>• Take detailed history from a patient with PCOD</li> <li>• Identify relevant examination findings</li> </ul>	SGD			√	A3	see assessment section

					<ul style="list-style-type: none"> <li>• Write investigations for a patient with PCOD</li> <li>• Outline diet plan for her</li> <li>• Outline management plan</li> <li>• Counsel and educate about disease, diagnosis, treatment and outcome</li> </ul>						
17	Wednesday 12 -1 pm	BBH	Gynaecology	Abnormal uterine bleeding	<ul style="list-style-type: none"> <li>• Define Abnormal uterine bleeding</li> <li>• Enlist different causes of AUB</li> <li>• Know how to investigate for cause of AUB</li> <li>• Construct management plan for AUB</li> </ul>	LGIS			√	A3	see assessment section
18	Wednesday 1 pm-2 pm	BBH	Gynaecology	Abnormal uterine bleeding	<ul style="list-style-type: none"> <li>• Take relevant history in a patient with AUB(case scenario,role model)</li> <li>• Identify important points on examination</li> <li>• Advise relevant investigations</li> <li>• Outline management plan</li> <li>• Counseling of patient about diagnosis,treatment,diet</li> </ul>	SGD			√	A3	see assessment section

## 4th Week,

19	Tuesday	DHQ	Gynaecology	Endometriosis	<ul style="list-style-type: none"> <li>• Recall Etiology pathogenesis</li> <li>• Describe clinical features</li> <li>• Classification of disease,</li> <li>• Suggest differential diagnosis</li> <li>• Plan management</li> </ul>	LGIS			√	A3	see assessment section
20	Tuesday	DHQ	Gynaecology	Endometriosis	<ul style="list-style-type: none"> <li>• Take relevant history in a case scenario</li> <li>• Recognize positive finding on examination</li> <li>• Advise investigations and their justification</li> <li>• Outline management plan</li> </ul>	SGD			√	A3	see assessment section
21	Tuesday	DHQ	Gynaecology	Lower genital tract infections	<ul style="list-style-type: none"> <li>• Differentiate among the types of discharge due to various organisms</li> <li>• Enumerate the specific and diagnostic tests for each causative organisms</li> <li>• Enlist the complications due to the lower genital tract infections</li> <li>• Outline the treatment options for each types of infection</li> </ul>	LGIS			√	A3	see assessment section
22	Wednesday	DHQ	Gynaecology	Lower genital tract infections	<ul style="list-style-type: none"> <li>• Elicit relevant history in given case scenarios</li> <li>• Recognize positive finding</li> <li>• Identify investigations and their justification</li> <li>• Counsel and educate patient about disease, its diagnosis,</li> </ul>	SGD			√	A3	see assessment section

					<ul style="list-style-type: none"> <li>treatment and outcome.</li> <li>counsel patient about partner treatment</li> </ul>						
23	Wednesday	DHQ	Gynaecology	Upper genital tract infections	<ul style="list-style-type: none"> <li>Enlist the causative organisms of upper genital infection</li> <li>Know the clinical presentation of patient with upper genital tract infection</li> <li>Enumerate the specific and diagnostic tests for each causative organism</li> <li>Enlist the complications due to the upper genital tract infections</li> <li>Outline the management plan</li> </ul>	LGIS			√	A3	see assessment section
24	Wednesday	DHQ	Gynaecology	Upper genital tract infections	<ul style="list-style-type: none"> <li>Elicit relevant history in given case scenarios</li> <li>Recognize positive finding</li> <li>Identify investigations and their justification</li> <li>Counsel and educate patient about disease, its diagnosis, treatment and outcome.</li> <li>Counsel patient about partner treatment</li> </ul>	SGD			√	A3	see assessment section

## 5th Week,

25	Tuesday 8:00-9:00 am	Unit :1, HFH	Gynaecology	Contraception	<ul style="list-style-type: none"> <li>Discuss each of the long term, hormonal , barrier methods of contraception in terms of their mechanism of action</li> <li>Effectiveness &amp; failure rate</li> <li>Describe the benefits of contraceptives other than birth control</li> <li>Identify the absolute and relative contraindications and risks of different contraceptive methods</li> <li>Discuss the male and female surgical sterilization methods in terms of types, reversibility and long term follow up results</li> </ul>	LGIS			√	A3	see assessment section
26	Tuesday 9.00-10.00 am	Unit :1, HFH	Gynaecology	Contraception	<ul style="list-style-type: none"> <li>Suggest contraceptive method specific to the given scenarios</li> <li>Outline management plan in case of missing a method(missed pills)</li> <li>Counseling of pts for contraception with different scenarios</li> </ul>	SGD			√	A3	see assessment section
27	Tuesday 10.30-11.30 am	Unit :1, HFH	Gynaecology	Subfertility	<ul style="list-style-type: none"> <li>Define subfertility and its types (C1)</li> <li>Describe relevant history and examination (C2)</li> <li>Interpret signs and symptoms of subfertile patient (C2)</li> <li>Correlate causes of female subfertility with pathological processes (C2)</li> <li>Justify the investigations for the diagnosis of female subfertility (C3)</li> <li>Formulate management</li> </ul>	LGIS			√	A3	see assessment section

28	Wednesday 11.00 am-12.00 pm	Unit :1, HFH	Gynaecology	Subfertility	<ul style="list-style-type: none"> <li>Identify the causes of subfertility in different case scenarios</li> <li>Formulate management plan</li> <li>Identify the problems in given investigations and make probable diagnosis</li> <li>Identify the pelvic finding of laparoscopic pictures</li> <li>Counsel the couple with subfertility</li> <li>Counsel the couple regarding different management options based on history and investigations</li> </ul>	SGD			√	A3	see assessment section
29	Wednesday 12 -1 pm	Unit :1, HFH	Gynaecology	Benign and malignant diseases of ovary	<ul style="list-style-type: none"> <li>To have basic knowledge regarding anatomy and embryology of ovaries</li> <li>Know the classification of benign and malignant ovarian tumors</li> <li>Know the clinical features and complications</li> <li>Enumerate the basic diagnostic tests for ovarian disease</li> <li>Outline the management plan</li> <li>Advise of follow up</li> </ul>	LGIS			√	A3	see assessment section
30	Wednesday 1 pm-2 pm	Unit :1, HFH	Gynaecology	Benign and malignant diseases of ovary	<ul style="list-style-type: none"> <li>Understand different signs and symptoms and presentation according to type of benign/ malignant cyst according to case scenario</li> <li>History, clinical examination and definitive investigations to reach the diagnosis</li> <li>Treatment options according to patient age, presenting complaints, fertility and social circumstances</li> <li>Understanding advances in management of benign/ malignant cyst</li> <li>Management of ovarian cyst accident</li> <li>outline follow up plan</li> <li>Counsel about nature of disease and its treatment</li> </ul>	SGD			√	A3	see assessment section

## 6th Week

31	Tuesday 8:00-9:00 am	Unit:2, HFH	Gynaecology	Benign diseases of uterus	<ul style="list-style-type: none"> <li>Know incidence of fibroid uterus</li> <li>Understand different signs and symptoms and presentation according to type of fibroids</li> <li>History, clinical examination and definitive investigations to reach the diagnosis</li> <li>Treatment options according to patient age, presenting complaints, fertility and social circumstances</li> <li>Understanding advances in management of fibroid uterus worldwide</li> </ul>	LGIS			√	A3	see assessment section
32	Tuesday 9.00-10.00 am	Unit:2, HFH	Gynaecology	Benign diseases of uterus	<ul style="list-style-type: none"> <li>Understand sign and symptoms of fibroid uterus according to their size and location</li> <li>Enumerate investigations for the case of fibroid uterus</li> <li>Suggest management of different presentations of fibroid uterus</li> </ul>	SGD			√	A3	see assessment section
33	Tuesday 10.30-11.30 am	Unit:2, HFH	Gynaecology	Benign and premalignant diseases of cervix	<ul style="list-style-type: none"> <li>Describe common benign conditions of cervix</li> <li>Understand their presentation, investigations and management</li> <li>Define premalignant disease of cervix</li> <li>Enlist investigation for cervical screening of mass population</li> <li>Discuss role of HPV testing in cervical screening</li> <li>Describe national cervical screening program</li> </ul>	LGIS			√	A3	see assessment section

					<ul style="list-style-type: none"> <li>Enumerate types of CIN and management options</li> </ul>						
34	Wednesday 11.00 am-12.00 pm	Unit:2, HFH	Gynaecology	Benign and premalignant diseases of cervix	<ul style="list-style-type: none"> <li>know different reports of pap smear</li> <li>Outline the management plan according to type of CIN/Pap smear report</li> <li>Counseling of a patient with CIN</li> </ul>	SGD			√	A3	see assessment section
35	Wednesday 12 -1 pm	Unit:2, HFH	Gynaecology	Benign and malignant diseases of vulva and vagina	<ul style="list-style-type: none"> <li>Describe the presentation of common benign conditions of vulva and vagina.</li> <li>Describe and differentiate between different premalignant conditions of vulva ( VIN, lichen sclerosis, extra mammary Paget's disease of vulva)</li> <li>Enlist causes of superficial and deep dyspareunia</li> <li>Understand epidemiology and etiology of vulval cancers</li> <li>Stage the disease according to FIGO staging</li> <li>Understand the importance of sentinel lymph node biopsy and groin lymphadenectomy</li> <li>Discuss the management options.</li> </ul>	LGIS			√	A3	see assessment section
36	Wednesday 1 pm-2 pm	Unit:2, HFH	Gynaecology	Benign and malignant diseases of vulva and vagina	<ul style="list-style-type: none"> <li>Elicit relevant history in given case scenarios</li> <li>Recognize positive finding</li> <li>Identify investigations and their justification</li> <li>Outline management plan</li> <li>Counsel and educate patient about disease, its diagnosis, treatment and outcome.</li> </ul>	SGD			√	A3	see assessment section

## 7th Week

37	Tuesday 8:00-9:00 am	BBH	Gynaecology	Malignant diseases of ovary	<ul style="list-style-type: none"> <li>Know the classification ,incidence, aetiology and risk factors of malignant tumours of ovary</li> <li>Understand their clinical presentation</li> <li>Understand their workup plan and FIGO staging</li> <li>Outline management plan</li> <li>Outline follow up plan</li> </ul>	LGIS			√	A3	see assessment section
38	Tuesday 9.00-10.00 am	BBH	Gynaecology	Malignant diseases of ovary	<ul style="list-style-type: none"> <li>Elicit relevant history in given case scenarios</li> <li>Recognize positive finding</li> <li>Identify investigations and their justification</li> <li>Outline management plan, stage the disease</li> <li>Counsel and educate patient about disease, its diagnosis, treatment and outcome.</li> </ul>	SGD			√	A3	see assessment section
39	Tuesday 10.30-11.30 am	BBH	Gynaecology	Malignant diseases of uterus	<ul style="list-style-type: none"> <li>Understand etiology and risk factors of endometrial cancers</li> <li>Describe classification of uterine malignancy</li> <li>Describe the pattern of spread of disease</li> <li>Elicit relevant points on history and examination</li> <li>Enlist and justify investigations needed for diagnosis of endometrial cancer</li> </ul>	LGIS			√	A3	see assessment section

					<ul style="list-style-type: none"> <li>Understand FIGO Staging of Endometrial Cancer</li> <li>Suggest a management plan according to stage of disease</li> </ul>						
40	Wednesday 11.00 am-12.00 pm	BBH	Gynaecology	Malignant diseases of uterus	<ul style="list-style-type: none"> <li>Elicit relevant history in given case scenarios</li> <li>Recognize positive finding</li> <li>Identify investigations and their justification</li> <li>Outline management plan, stage disease</li> <li>Counsel and educate patient about disease, its diagnosis, treatment and outcome.</li> </ul>	SGD			√	A3	see assessment section
41	Wednesday 12 -1 pm	BBH	Gynaecology	Malignant diseases of cervix	<ul style="list-style-type: none"> <li>Understand etiology and risk factors of cervical cancer</li> <li>Describe the pattern of spread of disease</li> <li>Elicit relevant points on history and examination</li> <li>Enlist and justify investigations needed for diagnosis of endometrial cancer</li> <li>Understand FIGO Staging of cervical Cancer</li> <li>Suggest a management plan according to stage of disease</li> </ul>	LGIS			√	A3	see assessment section
42	Wednesday 1 pm-2 pm	BBH	Gynaecology	Malignant diseases of cervix	<ul style="list-style-type: none"> <li>Elicit relevant history in given case scenarios</li> <li>Recognize positive finding</li> <li>Identify investigations and their justification</li> <li>Outline management plan, stage the disease</li> <li>Counsel and educate patient about disease, its diagnosis, treatment and outcome.</li> </ul>	SGD			√	A3	see assessment section

## 8th Week

43	Tuesday 8:00-9:00 am	DHQ	Gynaecology	Postmenopausal bleeding	<ul style="list-style-type: none"> <li>Define postmenopausal bleeding</li> <li>Enlist different causes of postmenopausal bleeding</li> <li>Construct management plan for postmenopausal bleeding</li> </ul>	LGIS			√	A3	see assessment section
44	Tuesday 9.00-10.00 am	DHQ	Gynaecology	Postmenopausal bleeding	<ul style="list-style-type: none"> <li>Identify the cause of postmenopausal bleeding in given case scenario</li> <li>Correlate relevant points in history and examination in given case scenarios</li> <li>Outline work up plan</li> <li>Out line management plan and followup plan</li> </ul>	SGD			√	A3	see assessment section
45	Tuesday 10.30-11.30 am	DHQ	Gynaecology	Menopause and HRT	<ul style="list-style-type: none"> <li>Define and differentiate between premature menopause, perimenopause and menopause</li> <li>Understanding of physiological changes in reproductive cycle of female from birth to menopause</li> <li>Evaluation and making definitive diagnosis of menopause</li> <li>Counselling about lifestyle, behavior modification and psychological aspects in menopausal women</li> <li>Understand different options for HRT in view of</li> </ul>	LGIS			√	A3	see assessment section

					contraindications and risk factors varying from patient to patient						
46	Wednesday 11.00 am-12.00 pm	DHQ	Gynaecology	UV Prolapse	<ul style="list-style-type: none"> <li>● Elicit relevant history from role model/case scenario</li> <li>● Identify the risk factors from history and examination</li> <li>● Outline work up and management plan</li> <li>● Identify different types of prolapse on given pictures</li> <li>● counseling patient with different degree of prolapse</li> </ul>	SGD			√	<b>A3</b>	see assessment section
47	Wednesday 12 -1 pm	DHQ	Gynaecology	UV Prolapse	<ul style="list-style-type: none"> <li>● Understand the anatomy of supporting ligaments and fascia of the female pelvic organs</li> <li>● Appreciate the relationship of anatomical prolapse with urinary, bowel and sexual dysfunction</li> <li>● Identify the risk factors leading to pelvic organ prolapse</li> <li>● Describe how to assess such patient by history, examination and relevant investigations</li> <li>● Understand the principles of treatment of prolapse</li> <li>● Compare the effectiveness of each treatment and potential side effects/complications</li> </ul>	LGIS			√	<b>A3</b>	see assessment section
48	Wednesday 1 pm-2 pm	DHQ	Gynaecology	Urinary incontinence and fistula	<ul style="list-style-type: none"> <li>● Describe anatomy of supporting ligaments of pelvis</li> <li>● Explain the mechanism of continence</li> <li>● Understand role of urodynamic studies in diagnosis of cause of urinary incontinence</li> <li>● Asses patient with incontinence by history and examination</li> <li>● Enlist the relevant investigations required</li> <li>● Differentiate between different</li> </ul>	SGD			√	<b>A3</b>	see assessment section

# LARGE GROUP INTERACTIVE

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# SMALL GROUP DISCUSSION

## OBSTETRICS SESSIONS DETAILS

I <sup>st</sup> Week, HFH UNIT: I											
S. No	Days	Teacher	specialty	Topic	Specific learning object (SLO)	MDT/ MIT	Level of cognition			Affective	MOA
							C1	C2	C3		
1	Tuesday 8:00-9:00 am	Dr. Humaira Bilqis Assistant Professor	Obstetrics	Antenatal care	<p><b>At the end of one hour lecture, students will be able to:</b></p> <ul style="list-style-type: none"> <li>• Enlist the aims of antenatal care.</li> <li>• Define the booking visit.</li> <li>• Elicit the booking history and examination.</li> <li>• Discuss the importance of booking investigations</li> <li>• Elaborate the recommended schedule of antenatal visits.</li> <li>• Categorize the obstetric patient into high risk and low risk group.</li> <li>• Define EDD and its calculation.</li> <li>• Define term, preterm, post term, post-dates, LBW, VLBW, lie, presentation, position, attitude and engagement of fetus.</li> </ul>	LGIS		√		A3	see assessment section
2	Tuesday 9.00-10.00 am	Dr. Humaira Bilqis Assistant Professor	Obstetrics	Obs history and examination	<ul style="list-style-type: none"> <li>• To describe the principle of taking and obstetric history</li> <li>• To define neagles rule to calculate EDD</li> <li>• To explain the importance of past obstetrics, gynaecology medical and surgical history.</li> <li>• To understand components of obstetrical examination</li> </ul>	LGIS		√		A3	see assessment section

3	Tuesday 10.30-11.30 am	Dr.Zainab Senior Registrar Dr. Ayesha Noor (PGT)	Obstetrics	Antenatal care Obs history and examination	<b>At the end of one hour SGD, students will be able to:</b> • Fill antenatal card based on a case scenario • List antenatal investigations with their justification according to case scenario • Make a comprehensive plan of antenatal care • Counsel an antenatal patient(role model) about complications and antenatal care(e.g scenario of diabetes)	SGD			√	A3	see assessment section
4	Wednesday 11.00 am-12.00 pm	Dr. Humaira Noreen Associate Professor	Obstetrics	Assessment of fetal well being (Antenatal and intrapatum)	• Describe the importance of fetal monitoring during Antenatal period and labour. • Enlist different methods of fetal assessment. • Identify the 04 basic FHR parameters to be interpreted on CTG trace. • Differentiate between normal and pathological CTG patterns. • Discuss conditions in which continuous electronic FHR monitoring is required • Explain the importance of booking scan, anomaly scan and growth scan and BPP • Describe the role of umbilical artery Doppler	LGIS			√	A3	see assessment section
5	Wednesday 12 -1 pm	Dr. Amara Arooj Assistant Professor	Obstetrics	Prenatal diagnosis	• Define prenatal diagnoses. • Enlists the prenatal diagnostic tests, their risk and benefits. • Discuss the non-invasive methods of prenatal diagnosis	LGIS					see assessment section
6	Wednesday 1 pm-2 pm	Dr. Sara Ejaz Senior Registrar Dr. Shumaila PGT	Obstetrics	Assessment of fetal well being Prenatal diagnosis	• Interpret different CTG trace findings and management with case scenarios • Identify anomalies shown in scan pictures with case scenario and their management • Calculate BPP with case scenarios	SGD				A3	see assessment section

## 2<sup>nd</sup> Week, HFH UNIT: II

7	Tuesday 8:00-9:00 am		Obstetrics	Hypertensive disorders(except eclampsia) and IUGR	• To understand the classification of hypertension in pregnancy • To understand the pathophysiology of pre-eclampsia • To explain the principles of management of pre-eclampsia • To understand the logn-term risks to both mother and baby from pre-eclampsia • Discuss the aetiology and pathophysiology of IUGR • Outline the management plan • Elaborate the prognosis of fetus in IUGR • Discuss the antenatal surveillance of the FGR fetus	LGIS			√	A3	see assessment section
8	Tuesday 9.00-10.00 am		Obstetrics	Anemia in pregnancy	• Define anemia in pregnancy • Discuss the importance of anemia screening in antental period • Discuss iron deficiency anemia, its causes, complications and management • Elaborate the management of thalasemia, anemia of chronic illness, coagulation disorder management in pregnancy	LGIS			√	A3	see assessment section
9	Tuesday 10.30-11.30 am		Obstetrics	Hypertensive disorders(except eclampsia) and IUGR Anemia in pregnancy	• Make diagnosis,advise investigations and formulate management plan in scenarios of • IUGR • Anemia	SGD			√	A3	see assessment section

					<ul style="list-style-type: none"> <li>● Chronic hypertension</li> <li>● preeclampsia</li> </ul>						
10	Wednesday 11.00 am-12.00 pm		Obstetrics	Diabetes in pregnancy	<ul style="list-style-type: none"> <li>● Define gestational diabetes mellitus</li> <li>● Explain the effects of sugar level on fetal development</li> <li>● Describe maternal and fetal complication (antepartum, intrapartum and postpartum )</li> <li>● Explain the management protocol of gestational diabetes mellitus</li> <li>● Describe the long term effect of gestational diabetes mellitus on maternal health</li> </ul>	LGIS			√	A3	see assessment section
11	Wednesday 12 -1 pm		Obstetrics	Liver disorders in pregnancy	<ul style="list-style-type: none"> <li>● Describes the most common liver disorder presented in pregnancy</li> <li>● Know the risks associated with these disorders</li> <li>● Outline management plan</li> </ul>	LGIS			√	A3	see assessment section
12	Wednesday 1 pm-2 pm		Obstetrics	Liver disorders in pregnancy Diabetes in pregnancy	<ul style="list-style-type: none"> <li>● Make diagnosis, advise investigations and formulate management plan in case scenarios</li> <li>● Counsel a patient about diet(Diet chart),signs of hypoglycaemia</li> <li>● How to use glucometer, and inject insulin (Things required: Glucometer, insulin syringe, regular and NPH insulin, Diet chart)</li> </ul>	SGD				A3	see assessment section

### 3<sup>rd</sup> Week, BBH

13	Tuesday 8:00-9:00 am		Obstetrics	APH	<ul style="list-style-type: none"> <li>● Define Antepartum haemorrhage</li> <li>● Enlist causes of APH</li> <li>● Differentiate clinically between placenta previa and placental abruption</li> <li>● Elaborate the emergency approach towards massive haemorrhage</li> <li>● Discuss management plan for placenta previa and placental abruption</li> </ul>	LGIS			√	A3	see assessment section
14	Tuesday 9.00-10.00 am		Obstetrics	PPH	<ul style="list-style-type: none"> <li>● Define post partum hemorrhage</li> <li>● Discuss primary and secondary PPH</li> <li>● Enlist risk factors of PPH.</li> <li>● Discuss the management of PPH</li> </ul>	LGIS			√	A3	see assessment section
15	Tuesday 10.30-11.30 am		Obstetrics	APH and PPH	<ul style="list-style-type: none"> <li>● Explain the different scenario of antepartum haemorrhage</li> <li>● Draw management protocol of placental abruption at term</li> <li>● Differentiate the type of previa on ultrasound pictures</li> <li>● Identify cause of PPH in a scenario and make management plan</li> <li>● Counseling of a patient who had secondary post partum haemorrhage regarding post op care. expected complications and future prognosis</li> </ul>	SGD			√	A3	see assessment section

16	Wednesday 11.00 am-12.00 pm		Obstetrics	PTL/PPROM	<ul style="list-style-type: none"> <li>• Understand term PTL and PPROM</li> <li>• Understand causes of PTL and PPRO</li> <li>• Identify risk factors of PTL and PRO</li> <li>• Formulate a comprehensive management plan of PT</li> <li>• Formulate a comprehensive management plan of PRO</li> <li>• know about the preventive measures of preterm delivery</li> </ul>	LGIS			√	A3	see assessment section
17	Wednesday 12 -1 pm		Obstetrics	Multiple pregnancy	<ul style="list-style-type: none"> <li>• Define multiple pregnancy and its Incidence</li> <li>• Interpret the ultrasound findings for multiple pregnancy</li> <li>• Discuss the antenatal care and risks associated with multiple pregnancy</li> <li>• Identify various patterns of fetus in a twin pregnancy</li> <li>• Describe the mechanism of delivery of twins.</li> </ul>	LGIS			√	A3	see assessment section
18	Wednesday 1 pm-2 pm		Obstetrics	Management of a patient with previous scan Malpresentations (after self study)	<ul style="list-style-type: none"> <li>• Take detailed history of a patient with previous C-section</li> <li>• Know important points in examination and investigations</li> <li>• Know the risk associated with birth after previous C-section and with repeated C-sections</li> <li>• Outline management plan</li> <li>• Counsel a patient with previous C-section</li> <li>• Understand different malpresentation, risk factors and complications</li> <li>• Diagnose different malpresentation on examination findings and outline their management plan(case scenarios)</li> </ul>	SGD			√	A3	see assessment section

## 4th Week, DHQ

19	Tuesday 8:00-9:00 am		Obstetrics	Normal labour and its management	<ul style="list-style-type: none"> <li>• Understand the physiological principles of labour and delivery</li> <li>• Know the steps of mechanism of normal labour</li> <li>• Know how to diagnose labour</li> <li>• Differentiate between different stages of labour</li> <li>• Outline management plan of all three stages of labour</li> </ul>	LGIS			√	A3	see assessment section
20	Tuesday 9.00-10.00 am		Obstetrics	Abnormal labour and its management	<ul style="list-style-type: none"> <li>• Differentiate between normal and abnormal Labour</li> <li>• Know different patterns of abnormal labour</li> <li>• Understand principles of management of abnormal labour</li> </ul>	LGIS			√	A3	see assessment section
21	Tuesday 10.30-11.30 am		Obstetrics	Normal and abnormal labour	<ul style="list-style-type: none"> <li>• Identify /differentiate between normal and abnormal labour in case scenarios and make management plan</li> <li>• Interpret partogram findings according to case scenarios</li> <li>• Plot the given findings on partogram</li> </ul>	SGD			√	A3	see assessment section
22	Wednesday 11.00 am-12.00 pm		Obstetrics	Obstetric emergencies (Maternal collapse,eclampsia,amniotic fluid embolism,umbilical cord prolapsed,uterine rupture,uterine inversion,thromboembolism)	<ul style="list-style-type: none"> <li>• Understand the incidence,risk factors and early warning signs in common obstetric emergencies</li> <li>• Diagnose the obstetric emergencies</li> <li>• Make the management plan for these emergencies.</li> </ul>	LGIS			√	A3	see assessment section

23	Wednesday 12 -1 pm		Obstetrics	Postnatal complications and breast feeding	<ul style="list-style-type: none"> <li>• Understand common disorders of puerperium and how to manage them</li> <li>• Understand process of breast feeding and its disorders</li> <li>• Recognize and manage common postpartum psychiatric disorders</li> </ul>	LGIS			√	A3	see assessment section
24	Wednesday 1 pm-2 pm		Obstetrics	Obstetric emergencies Postnatal complications and breast feeding	<ul style="list-style-type: none"> <li>• Diagnose and make management plan of obstetric emergencies in given case scenarios</li> <li>• Discuss its risk factors and causes</li> <li>• Diagnose and make management plan of postnatal /breastfeeding complications in given case scenarios</li> <li>• Counseling of patient with these disorders</li> </ul>	SGD			√	A3	see assessment section
					•						

## CLINICAL ROTATION OUTLINE

**On Monday, Thursday, Friday and Saturday they will go to hospital for whole day clinical clerkship in the respective unit from 8am onwards.**

**During clinical work students will be divided into 4 sub batches and join house officer's and post graduate trainees at their morning stations and will closely follow their morning station routine.**

**Each Friday** there will be hands on **clinical workshop**. There are total 8 workshops. First four will be covered in first rotation and next four in second rotation

From 8 am to 9.30 am, all students will attend morning meeting. In the morning meeting the senior person heading the morning meeting will introduce the students to postgraduate trainees and senior registrar of respective stations. Each student will be paired up with a trainee and they will exchange contact number. Monday pairing will be refreshed as the morning station of students changes.













TOS for final Exam OB/GYN, RMUR  
Internal Assessment of 1st Block of Final Year MBBS  
2022 & 2023

**Prof Dr. Lubna Ejaz Kahloon**  
Dean, Obs/Gynae  
Rawalpindi Medical University, Rawalpindi

Final Year MBBS Students complete three months Gynae and Paeds Clerkship. This includes two months rotation in two Gynae Units (One month each), and one month rotation in Paeds. Assessments are conclusive component of clerkship. Students undergo three types of assessments during Final Year MBBS i.e., continuous, formative, and summative. This document is meant to provide frame work of Final year MBBS Gynae Internal assessment.

## ASSESSMENT

<b>TYPES OF ASSESSMENT</b>		
<b>CONTINUOUS</b>	<b>FORMATIVE</b>	<b>SUMMATIVE</b>
<ul style="list-style-type: none"> <li>● Continuous assessment is regular assessment of the learning performance. It is separate from examinations, and is accompanied by regular feedback</li> </ul>	<ul style="list-style-type: none"> <li>● This is designed to inform students about the amount he still has to learn.</li> <li>● It measures the progress made by the learner and enables learning activities to be adjusted according to the progress made.</li> <li>● It must never be used for certifying purposes since its main aim is diagnosis of the amount of learning done and needed further.</li> </ul>	<ul style="list-style-type: none"> <li>● This is designed to protect society from incompetent professionals.</li> <li>● It is traditionally used fo placing students in order of merit and justifying decisions as to whether they should move up to the next level or be awarded a diploma or not.</li> <li>● It is carried out less frequently than formative assessment and is usually at the end of a unit or period of instruction.</li> </ul>

## ASSESSMENTS

<b>CONTINUOUS</b>	<ul style="list-style-type: none"><li>● Provide early indications of the performance of students.</li><li>● Provides students with a constant stream of opportunities to prove their mastery of material and sends the message that everyone can succeed if given enough time and practice. This reduces the anxiety around testing and heightens the emphasis on the learning itself.</li><li>● Advanced students can progress through material at their own pace and remain engaged by pursuing more challenging work as they master the basics</li></ul>
<b>FORMATIVE</b>	<ul style="list-style-type: none"><li>● Helps students to learn and practice</li><li>● Log Book, Ward rotation assessment, Clinical case presentation, Workshops performance assessment</li></ul>
<b>SUMMATIVE</b>	<p><b>Assess students' performance</b></p> <ul style="list-style-type: none"><li>● End block examination (MCQ, SAQ, OSCE )</li><li>● Final Professional Examination</li></ul>

**Final Professional MBBS Examination  
Obstetrics and Gynecology**

**University of Health Sciences (UHS) Scheme**

<b>Theory (135)</b> <b>45% of total marks</b> 50% of Theory + Clinical & Practical				<b>Clinical &amp; Practical (135)</b> <b>45% of total marks</b> 50% of Theory + Clinical & Practical		<b>Internal Assessment (30)</b> <b>10% of total marks</b>	<b>Total</b>
135				135		30	300
Paper I		Paper II		<b>Long Case</b>	<b>OSCE</b>		
70 marks		65 marks					
<b>MCQs</b>	<b>SEQs</b>	<b>MCQs</b>	<b>SEQs</b>	60 (2)	<b>75</b>		
35	7	35	10	44.4%	<b>55%</b>		
<b>Numbers</b>							
35	35	35	30	-			

## Final Professional MBBS Examination, RMUR: 2023

Total Marks = 300(Obstetrics150 marks +Gynae 150 marks)

Theory 80 + Clinical 130 + Internal assessment 90 = 300

### Obstetrics Examination (150 marks)

<b>Theory (40 marks)</b>		<b>Clinical &amp; Practical (65 marks)</b>		<b>Internal Assessment (45marks)</b>	<b>TOTAL</b>
26.5 % of total marks 38 % of Theory + Clinical & Practical		43.5 % of total marks 62 % of Theory + Clinical & Practical		30 % of total marks	
<b>40</b>		<b>65</b>		<b>45</b>	<b>150</b>
<b>Paper I (Obstetrics)</b>		<b>Structured Clinical Evaluation</b>			
40					
<b>MCQs</b>	<b>SAQs</b>	<b>Long Case</b>	<b>OSCE</b>		
<b>20 items</b> (1 mark each)	<b>4 items</b> (5 marks each)	<b>1 long case</b> 10 marks - history, 05 marks - examination 15marks - management	<b>7 stations</b> (5 marks each)		
<b>Marks</b>		<b>Marks</b>			
<b>20</b>	<b>20</b>	<b>30</b>	<b>35</b>		

**Final Professional MBBS Examination 2022 onwards**  
**Gynecology Examination (150 marks)**

<b>Theory (40 marks)</b>		<b>Clinical &amp; Practical (65 marks)</b>		<b>Internal Assessment (45marks)</b>	<b>TOTAL</b>
26.5 % of total marks 38 % of Theory + Clinical & Practical		43.5 % of total marks 62 % of Theory + Clinical & Practical		30 % of total marks	
<b>40</b>		<b>65</b>		<b>45</b>	<b>150</b>
<b>Paper II (Gynecology)</b>		<b>Structured Clinical Evaluation</b>			
40					
<b>MCQs</b>	<b>SAQs</b>	<b>Long Case</b>		<b>OSCE</b>	
<b>20 items</b> (1 mark each)	<b>4 items</b> (5 marks each)	<b>6 short case stations(5 marks each)</b> 05 marks–Focused history 05 marks –Focused examination 05 marks- Relevant investigations 05 marks- medical management/complications 05 marks- Surgical Management/follow up 05marks - management		<b>7 stations</b> (5 marks each)	
<b>Marks</b>		<b>Marks</b>			
<b>20</b>	<b>20</b>	<b>30</b>	<b>35</b>		

**Final Professional MBBS Examination**  
**Rawalpindi Medical University Scheme (RMU 2022)**  
**Obstetrics Examination (150 marks)**

Total 150 – IA 45 = 105 Final Exam

● **Part of exam already done in Fourth Year (Total Marks= 75)**

- Written exam: MCQs (12 marks) +SAQs (10 marks) = 22 marks

- Clinical exam: Viva(10 marks)+ OSCE (20 marks) = 30 marks

**Final Exam: 22+30= 52**

**Final Exam 52 + IA 23, (22.28 is 30 %) = 75 marks**

**ENT. EYE. COM MED. PATHO. PHARMA. OBS. 52 THEORY + CLINICAL+ IA**

● **Remaining marks for exam in final year: 150 - 75 = 75 marks**

Internal Assessment: 45,23 in 4<sup>th</sup> year and 22 in final ear

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Book No.: 2213 **DETAILED MARKS CERTIFICATE** (For Pass Candidate) Serial No.: 321

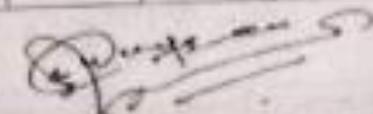
**Fourth Professional MBBS Annual Examination 2021,**  
**held in January – February 2022.**

Roll No.: 075689  
Registration No: 2017-RMC-0191-UHS  
Name of Candidate: Hashim Khan  
Father's Name: Sana Ullah Khan Shad  
Name of College / Institute: Rawalpindi Medical College, Rawalpindi.

Candidate mentioned above is hereby informed that he / she has **passed** the aforesaid examination. The detail of marks obtained by him / her in the various subjects is given below: -

Block #	Subjects	Marks Obtained			Max. Marks	Result
		Theory	Practical	Total		
1	Block-I (Endocrinology, Population Health & Reproduction)	101	114	215	300	Pass
2	Block-II (Renal, CNS, Psychiatry & Musculoskeleton)	102	110	212	300	Pass
3	Block-III (Special Senses ENT)	112	109	221	300	Pass
4	Block-IV (Special Senses EYE)	110	120	230	300	Pass
<b>G. Total</b>				878	1200	Pass

Date: April 07, 2022

  
Deputy Controller of Examinations  
(Signature)

● **Remaining marks for exam in final year:  $150 - 75 = 75$  marks**

**Left over:** Written + CLINICAL (53 marks) + IA 22 = 75

● **Part of examination to be taken in Final Year (Total marks =75)**

- Clinical exam (OSCE): 53marks

- Internal assessment 22 marks

**Internal Assessment: 30 % (45 marks: 15 marks in fourth year + 30 marks in final year)**

# Theory component- Table of Specification

## Paper I

Obstetrics: (Batch 2022 already given theory paper in fourth year, so applicable from 2023 onwards)

S. No.	SECTIONS	Topic Distribution	MCQs - 20	SAQs - 4
1	<b>NORMAL OBSTETRICS</b>	Prenatal	1	1
		Antenatal	2	
		Intrapartum	2	
		Postnatal Care	1	
		Neonatology	1	
		Breast feeding		
2	<b>OBSTETRICS COMPLICATION</b>	Antenatal	2	1
		Intrapartum	2	
		Postnatal	1	
3	<b>MEDICAL COMPLICATIONS</b>	Early pregnancy disorders	1	2
		Hematological disorders	1	
		Hypertensive disorder	2	
		Cardiac disease in pregnancy		
		Endocrinological disorders in pregnancy	2	
		Liver disease and gastroenterology disorders	1	
		Others		
4	<b>OBSTETRICS EMERGENCY</b>	Maternal collapse and resuscitation and others emergencies	2	
<b>Total</b>			<b>20</b>	<b>4</b>

## Paper II

### Gynaecology:

S.No.	Topic Distribution	MCQs - 20	SAQs 4
1	Anatomy and embryology of genital tract	1	1
2	Disorders of puberty and ovulation	1	
3	Disorders of menstruation	3	
4	Miscarriages	1	1
5	Ectopic gestation	1	
6	Subfertility	2	
7	Endometriosis and adenomyosis	1	
8	Infections of genital tract	1	1
9	Uterovaginal prolapse	1	
10	Urogynecology and fistulae	1	
11	Benign tumor of genital tract	2	
12	Malignant diseases of genital tract	2	
13	Contraception	1	1
14	Menopause and HRT	1	
15	Common gynecological procedures	1	
16	Pre-intra and post-operative care		
	<b>Total</b>	<b>20</b>	<b>4</b>

**Both Papers MCQ = 40 marks, SAQ = 40 marks Total marks = 80 marks**

## **Clinical & Practical Component Breakup**

**Gynecology long case = 30 marks**(10 marks - history, 05 marks - examination, 15marks - management)

**Obstetric long case = 30 marks**(10 marks - history, 10 marks - examination, 10 marks - management)**Gynecology OSCE = 35 marks**

**Obstetrics OSCE = 35 marks**

**OSCE Station**

S. No.	Gynecology Topic Distribution	Obstetrics Topic Distribution	Marks
1	Differential diagnosis (Mass abdomen, HMB, dysmenorrhea, something coming out vagina)	Scenario based: prenatal and antenatal complication management	05
2	Instrument, Medication and sutures	Obstetrics procedures on simulator/ dummy (BLS/ALS)	05
3	Contraceptive methods / HRT	Scenario based: Medical Complication Management	05
4	Counseling	Counseling for obstetrics complications	05
5	Ultrasound and radiological investigations ( USG, HSG, CT scan, MRI, Doppler )	Obstetric ultrasound, MRI and Prenatal invasive diagnosis	05
6	Lab investigations (e.g. Anemia, pre-op investigations etc.)	CTG, portogram, labor care guide, + lab investigations	05
7	Procedures on simulators	Scenario based: Intrapartum and postpartum complication management	05

## Clinical and Practical Component Cycle Obs

<b>1</b>	<b>2</b>	<b>3</b>
Long Case History Taking	Long Case Examination	Long Case Discussion/Viva Voce
<b>10</b> Scenario based: Intrapartum and postpartum complication management	<b>Long case</b> 30 marks 45 minutes  <b>OSCE</b> 5 minutes/station 35 minutes' Total Marks 35	<b>4</b> Scenario based: prenatal and antenatal complication management
<b>9</b> CTG, partgram , labour care guide, + lab investigations		<b>5</b> Obstetrics procedures on simulator/ dummy (BLS/ALS)
<b>8</b> Obstetric ultrasound, MRI and Prenatal invasive diagnosis	<b>7</b> Counseling for obstetrics complications	<b>6</b> Scenario based: Medical Complication Management

## Clinical and Practical Component Cycle Gynae

<b>1</b> Long Case History Taking	<b>2</b> Long Case Examination	<b>3</b> Long Case Discussion/Viva Voce
<b>10</b> Procedures on simulators	<b>Long case</b> 30 marks 45 minutes  <b>OSCE</b> 5 minutes/station 35 minutes' Total Marks 35	<b>4</b> Differential diagnosis ( Mass abdomen, HMB, dysmenorrhoea, something coming out vagina )
<b>9</b> Lab investigations ( e.g. Anemia, pre- op investigations etc. )		<b>5</b> Instrument, Medication and sutures
<b>8</b> Ultrasound and radiological investigations ( USG, HSG, CT scan, MRI, Doppler )	<b>7</b> Counseling	<b>6</b> Contraceptive methods / HRT

### Internal Assessment- RMU

## Details and Marks Distribution

Clerkship- Unit/Ward Wise Assessment	1 <sup>st</sup> Rotation in Gynae Unit	2 <sup>nd</sup> Rotation in Gynae Unit	Marks	%
<i>Work Place Based (WPBA)</i>	4 workshops ( 04 marks ) 4 wards rotation and log book ( 04 marks ) 2 evening duties / case presentation ( 02 marks )	4 workshops ( 04 marks ) 4 wards and log book ( 04 marks ) 2 evening duties / case presentation ( 02 marks )	20	44.5 %
<b>EBE 10 marks</b> It will comprise of theory 50 MCQ (33.5% of EBE ) and clinical 14 OSCE stations of Obs/Gynae 70 marks (46.5 % of EBE ) and 2 long cases 30 marks, 15 marks / case (20 %)			20	44.5 %
<b>CPC</b> Attendance $\geq$ 75%                      05 marks Attendance <75%                        zero mark			05	11 %
<b>Total</b>			<b>45</b>	
*Unit/Ward assessment will be rounded				

- A student having publication (Gynae/ Obs related) in non-predator Journal during Final Year MBBS period will get extra 7.5 marks. Addition of these numbers will not be over and above total 150 numbers. Credit of these marks cannot be taken in other subjects.
- There is no compensation for attendance for missed period(s) of clerkship. Remedial learning can only be used to make up for compensation of clerkship objectives not attendance.
- CPC attendance will be counted in one specialty.(Gynae/Obs)

### Internal Assessment 45 Marks Breakup (%)

Component	% of Internal Assessment
<b>EBE- 20/45</b>	<b>44.5%</b>
<b>Clerkship- Unit/Ward assessment- Work Place Based (WPBA) Assessment20/45</b>	<b>44.5%</b>
<b>CPC 5/45</b>	<b>11%</b>
<b>Publication 7.5/45</b>	<b>5%</b>

*Details have been provided in previous page*

<b>WPBA</b>	<b>Total</b>
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8 workshops	4 wards rotation with rotation targets achievements and log book	2 evening duties in labour room rotation / 2 case presentation / duty	
8 marks	8 marks	4 marks	20
40%	40%	20%	100

**CLERKSHIP- UNIT/WARD WORK BASED ASSESSMENT (WPBA) MARKING  
DETAILS**

**END BLOCK EXAMINATION (EBE)**

- End Block Examination (EBE) has been devised for assessment of three months Rotation/Clerkship. It has undergone a number of modifications over last few years. A lot of effort has been done to make it uniform and standardized keeping in mind attachment of Medical Students to more than one hospital.
- It will be held at the end of each Block (after 12 weeks) on last working days.
- It will include theory (MCQs- 50) and clinical (OSCE- 14 stations 70 marks, 2 long case 30 marks - 15 marks / case).

### **Theory component- Table of Specification EBE**

**Section I:**

Obstetrics:

<b>S. No.</b>	<b>SECTIONS</b>	<b>Topic Distribution</b>	<b>MCQs - 25</b>
<b>1</b>	<b>NORMAL OBSTETRICS</b>	Prenatal	1
		Antenatal	2
		Intrapartum	2
		Postnatal Care	1
		Neonatology	1
		Breast feeding	1
<b>2</b>	<b>OBSTETRICS COMPLICATION</b>	Antenatal	2
		Intrapartum	2
		Postnatal	2
<b>3</b>	<b>MEDICAL COMPLICATIONS</b>	Early pregnancy disorders	2
		Hematological disorders	1
		Hypertensive disorder	2
		Cardiac disease in pregnancy	
		Endocrinological disorders in pregnancy	2
		Liver disease and gastroenterology disorders	
Others	2		
<b>4</b>	<b>OBSTETRICS EMERGENCY</b>	Maternal collapse and resuscitation and others emergencies	2
<b>Total</b>			<b>25</b>

**Paper II**

## Gynaecology :

S. No.	Topic Distribution	MCQs - 25
1	Anatomy and embryology of genital tract	1
2	Disorders of puberty and ovulation	2
3	Disorders of menstruation	3
4	Miscarriages and molar	2
5	Ectopic gestation	1
6	Subfertility	2
7	Endometriosis and adenomyosis	1
8	Infections of genital tract	1
9	Uterovaginal prolapse	1
10	Urogynecology and fistulae	1
11	Benign tumor of genital tract	3
12	Malignant diseases of genital tract	3
13	Contraception	2
14	Menopause and HRT	1
15	Common gynecological procedures	1
16	Pre-intra and post-operative care	
	<b>Total</b>	<b>25</b>

## Clinical Component Stations

It will include 14 Stations. It will be of 70 marks

7 from Obstetrics, 7 from Gynecology

8 interactive, 6 static

**OSCE\_ Table of specification**

## Clinical & Practical Component Breakup

Gynaecology long case = 15 marks

Obstetric long case = 15 marks

Gynaecology OSCE = 35 marks

Obstetrics OSCE = 35 marks

### MCQs

S. No.	Gynaecology Topic Distribution	Obstetrics Topic Distribution	Marks
1	Differential diagnosis ( Mass abdomen, HMB, dysmenorrhoea, something coming out vagina )	Scenario based: prenatal and antenatal complication management	05
2	Instrument, Medication and sutures	Obstetrics procedures on simulator/ dummy (BLS/ALS)	05
3	Contraceptive methods / HRT	Scenario based: Medical Complication Management	05
4	Counseling	Counseling for obstetrics complications	05
5	Ultrasound and radiological investigations ( USG, HSG, CT scan, MRI, Doppler )	Obstetric ultrasound, MRI and Prenatal invasive diagnosis	05
6	Lab investigations ( e.g. Anemia, pre-op investigations etc. )	CTG, partgram , labour care guide, + lab investigations	05
7	Procedures on simulators	Scenario based: Intrapartum and postpartum complication management	05

## **MCQ papers will include Single Best Answer (SBA) question with following distribution;**

- Establishing a diagnosis (25–40%)
- Understanding the mechanism of disease (20–35%) Applying principles of management (15–25%)
- Promoting preventive medicine and health maintenance (15–25%)

Substantial amount of extraneous information may be given, or a clinical scenario may be followed by a question that could be answered without actually requiring that you read the case. It is student's job to determine which information is superfluous and which is pertinent to the case at hand.

There are a few stems that are consistently addressed throughout the examination:

- What is the most likely diagnosis? (40%)
- Which of the following is the most appropriate initial step in management? (20%)
- Which of the following is the most appropriate next step in management? (20%)
- Which of the following is the most likely cause of . . . ? (5%)
- Which of the following is the most likely pathogen . . . ? (3%)
- Which of the following would most likely prevent . . . ? (2%)
- Other (10%)

## **SAQs**

Questions in this component will mostly contain a description of a patient history and examination with or without some investigation reports e.g. CBC, Chemistry, X-Rays/ ECG etc, followed by two or three questions.

- These require short, structured answers
- Consider bulleted points or headings and lists
- Do not attempt to put down everything you know about the subject – stick to answering the question being asked and give common answers first before unusual or unlikely answers
- Keep a close eye on the time- it is easy to get carried away and spend far too much time on a single part of a question