




Rawalpindi Medical university
Department of Medical Education (DME)

Final Year MBBS 2025 Study Guide

Obstetrics & Gynaecology



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| | Document #: RMU-MR-SOP-59 | Rev. #: 00 | Issue #: 01 | Issue Date: 25-05-2024 |

Final Year MBBS 2025 Study Guide


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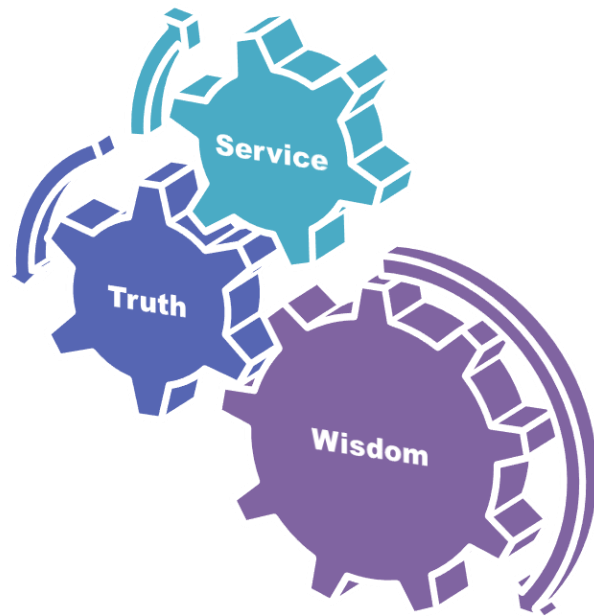
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RMU MISSION, VISION, VALUES & GOALS R

RMU Motto



Mission Statement

To impart evidence-based research-oriented health professional education in order to provide best possible patient care and inculcate the values of mutual respect, ethical practice of healthcare and social accountability.

Vision and Values

Highly recognized and accredited centre of excellence in Medical Education, using evidence-based training techniques for development of highly competent health professionals, who are lifelong experiential learner and are socially accountable.

Goals of the Undergraduate Integrated Modular Curriculum

The Undergraduate Integrated Learning Program is geared to provide you with quality medical education in an environment designed to:

- Provide thorough grounding in the basic theoretical concepts underpinning the practice of medicine.
- Develop and polish the skills required for providing medical services at all levels of the health care delivery system.
- Help you attain and maintain the highest possible levels of ethical and professional conduct in your future life.
- Kindle a spirit of inquiry and acquisition of knowledge to help you attain personal and professional growth & excellence.

Study Guide Obs/Gynae Block

PREFACE

This study guide book is developed for Final Year MBBS students of Rawalpindi Medical University, Rawalpindi who are going through OBS and GYNAE block. It has been compiled with consolidated efforts with intention to help the medical students of RMU to manage their learning.

The study guide gives an overview of course topics, learning objectives, and methodologies in relation to the course content. The assessment methodology tailored to instructional strategy is provided in details. This study guide has been designed keeping in view of related PMDC guidelines. It is to be noted that this document will be periodically reviewed and improved.

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Integration of Disciplines in Obs/Gynae



Block Outcomes

Knowledge

- Equip them with essential knowledge in order to enable them to diagnose common Obstetric and Gynecological problems, suggest and interpret appropriate investigation, rationalize treatment plan and if appropriate, refer patients for specialist opinion/ management.
 - Appreciate concepts & importance of
 - ✓ Research
 - ✓ Biomedical Ethics
 - ✓ Family Medicine
 - ✓ Use technology based medical education including Artificial Intelligence specifically in relation to Gynae/Obs
- Suggest preventive measure for the common public health problem in the community

Skills

- Demonstrate various skills in Gynae/Obs
- Perform relevant procedures

Attitude

- a. Convey relevant information and explanations accurately to patients, families, and other professionals
- b. Participate effectively and appropriately in an inter professional health care team
- c. Understand medical ethics and its application pertaining to Obstetrics and Gynaecology and maintain the confidentiality of the patient.
- d. Adapt research findings appropriately to the individual patient situation or relevant patient population
- e. Acknowledge the importance of artificial intelligence and biotechnology in current medical practice and its application.

Terms & Abbreviations

Contents

- Domains of Learning
- Teaching and Learning Methodologies/Strategies
- Large Group Interactive Session (LGIS)
- Small Group Discussion (SGD)
- Self-Directed Learning (SDL)
- Case Based Learning (CBL)

Tables & Figures

- Table1. Domains of learning according to Blooms Taxonomy
- Figure 1. Prof Umar's Model of Integrated Lecture
- Table2. Standardization of teaching content in Small Group Discussions
- Table 3. Steps of taking Small Group Discussions

Table1.

Domains of learning according to Blooms Taxonomy

| Sr. # | Abbreviation | Domains of learning |
|-------|--------------|-------------------------------------------------------------------------|
| 1. | C | Cognitive Domain: knowledge and mental skills. |
| | • C1 | Remembering |
| | • C2 | Understanding |
| | • C3 | Applying |
| | • C4 | Analyzing |
| | • C5 | Evaluating |
| | • C6 | Creating |
| 2. | P | Psychomotor Domain: motor skills. |
| | • P1 | Imitation |
| | • P2 | Manipulation |
| | • P3 | Precision |
| | • P4 | Articulation |
| | • P5 | Naturalization |
| 3. | A | Affective Domain: feelings, values, dispositions, attitudes, etc |
| | • A1 | Receive |
| | • A2 | Respond |
| | • A3 | Value |
| | • A4 | Organize |
| | • A5 | Internalize |

Teaching and Learning Methodologies / Strategies

The large group interactive session is structured format of Prof Umar Model of Integrated lecture. It will be followed for delivery of all LGIS. Lecturer will introduce a topic or common clinical condition and explains the underlying phenomena through questions, pictures, videos of patients, interviews and exercises, etc. Students are actively involved in the learning process.

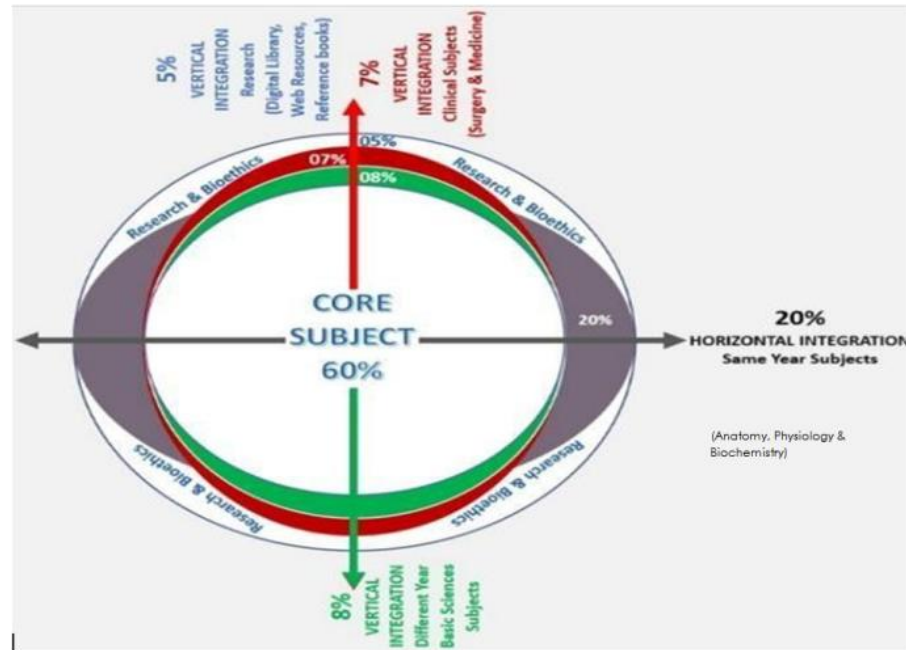


Figure 1. Prof Umar's Model of Integrated Lecture Group Discussion (SGD)

This format helps students to clarify concepts acquire skills and attitudes. Sessions are structured with the help of specific exercises such as patient case, interviews or discussion topics or power point presentations. Students exchange opinions and apply knowledge gained from lectures, SGDs and self-study. The facilitator role is to ask probing questions, summarize and helps to clarify the concepts.

Table 2

Standardization of teaching content in
Small Group Discussions

| S.No | Topics | Approximate % |
|------|---------------------------------------|---------------|
| 1 | Title Of SGD | |
| 2 | Learning Objectives from Study Guides | |
| 3 | Horizontal Integration | 5%+5%=10% |
| 4 | Core Concepts of the topic | 60% |
| 5 | Vertical Integration | 20% |
| 6 | Related Advance Research points | 3% |
| 7 | Related Ethical points | 2% |

Table 3

Steps of taking Small Group Discussions

| Step 1 | Sharing of Learning objectives by using students Study guides | First 5 minutes |
|---------|------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Step 2 | Asking students pre-planned questions from previous teaching session to develop co-relation (these questions will be standardized) | 5minutes |
| Step 3 | Students divided into groups of three and allocation of learning objectives | 5minutes |
| Step 4 | ACTIVITY: Students will discuss the learning objectives among themselves | 15 minutes |
| Step 5 | Each group of students will present its learning objectives | 20 min |
| Step 6 | Discussion of learning content in the main group | 30min |
| Step 7 | Clarification of concept by the facilitator by asking structured questions from learning content | 15 min |
| Step 8 | Questions on core concepts | |
| Step 9 | Questions on horizontal integration | |
| Step 10 | Questions on vertical integration | |
| Step 11 | Questions on related research article | |
| Step 12 | Questions on related ethics content | |
| Step 13 | Students Assessment on online MS teams (5 MCQs) | 5 min |
| Step 14 | Summarization of main points by the facilitator | 5 min |
| Step 15 | Students feedback on the SGD and entry into log book | 5 min |
| Step 16 | Ending remarks | |

- Self- directed learning is a process where students take primary charge of planning, continuing and evaluating their learning experiences.
- Time Home assignment
- Learning objectives will be defined
- Learning resources will be given to students : Text book (page no), web site
- Assessment: Will be online on LMS (Mid module/ end of Module)se Based Learning (CBL)
- It's a learner centered model which engages students in discussion of specific scenarios that resemble typically are real world examples.
- Case scenario will be given to the students
- Will engage students in discussion of specific scenarios that resemble or typically are real-world examples.
- Learning objectives will be given to the students and will be based on
 - i. To provide students with a relevant opportunity to see theory in practice
 - ii. Require students to analyze data in order to reach a conclusion.
 - iii. Develop analytic, communicative and collaborative skills along with content knowledge.

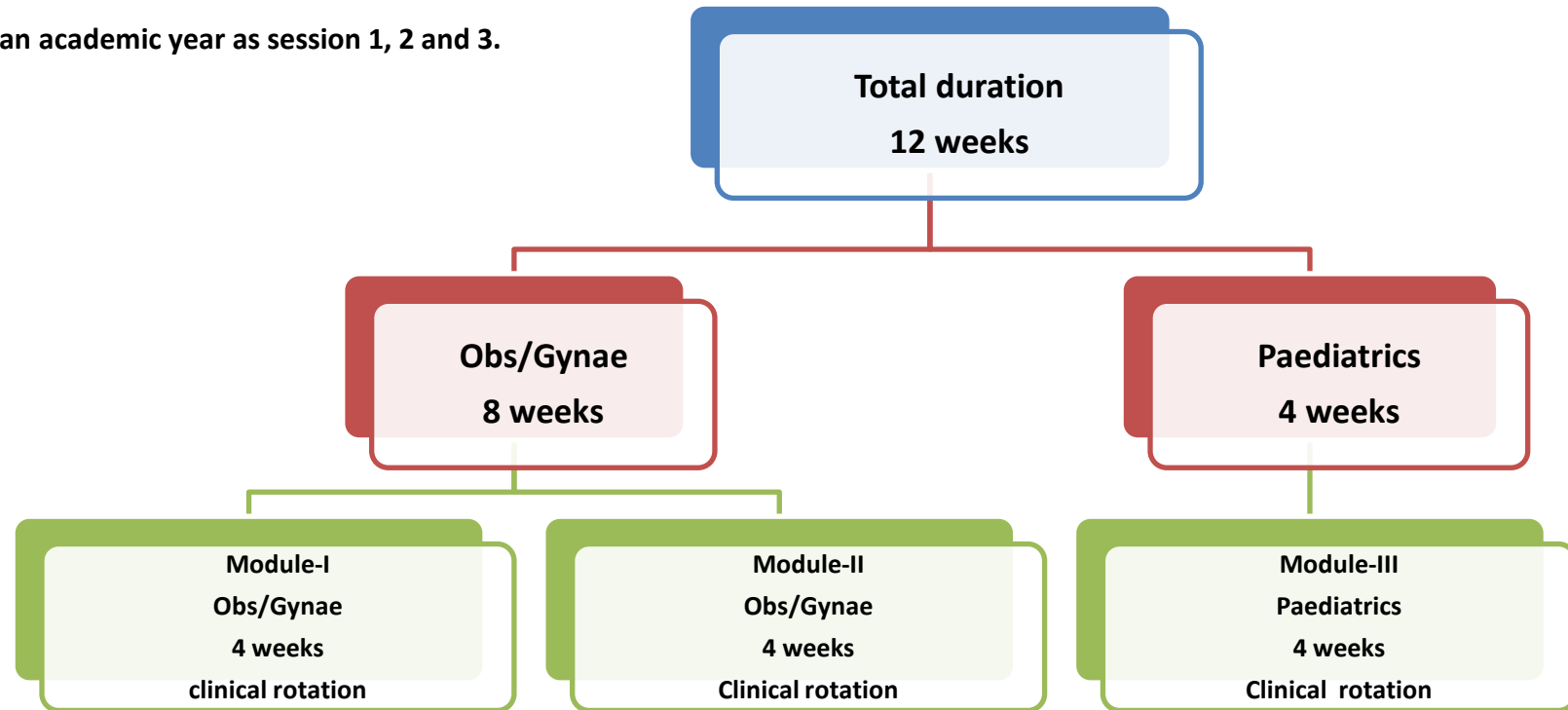
Block Over view Obs/Gynae and Paediatrics

This block spans over 12 weeks. It will encompass both lectures and clinical clerkship sessions. 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 will rotate to two Gynae Units (module I and module II). At each Gynae Unit, he/she stays for four weeks.

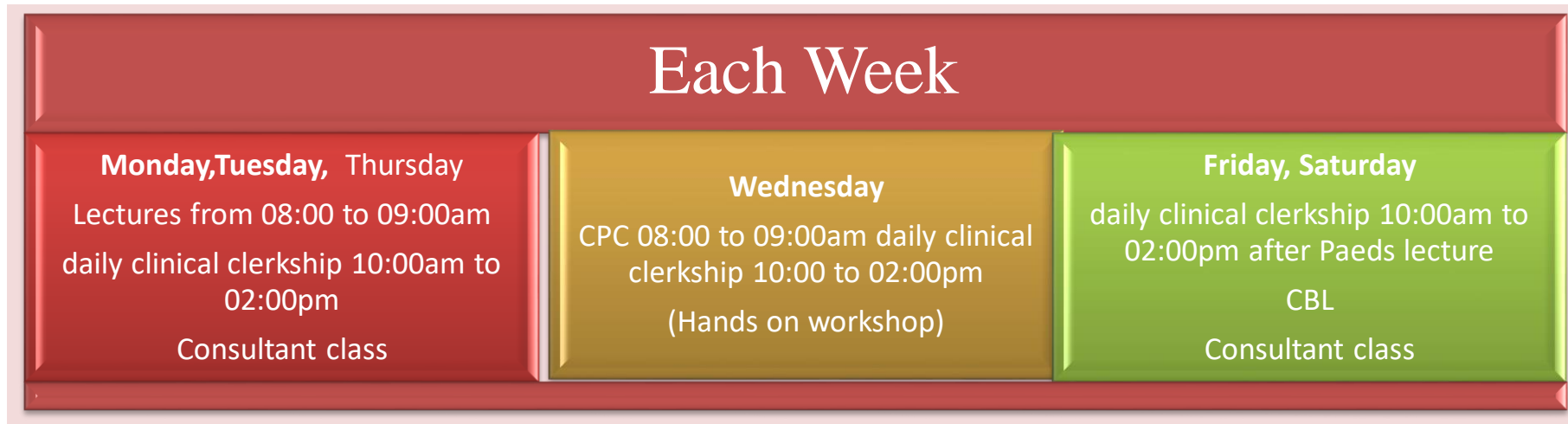
During each week, student will have Gynae/Obs lecture on Monday, Tuesday & Thursday and paedics lecture on Friday and Saturday from 08:00am to 09:00 am and will report to their respective wards from 10 am to 2:00pm (09:00am to 10:00am is their transit time from New teaching block to allied hospitals including half hour break). On Wednesday, they will attend CPC in NTB from 08:00am to 09:00am and then comes to their wards from 10:00am to 2:00pm. In wards they will have daily clinical clerkship, hands on workshops, CBL and consultant class.

Students will be provided with learning objectives of lectures and clerkship in the form of study guide.

The block will be repeated three times during an academic year as session 1, 2 and 3.



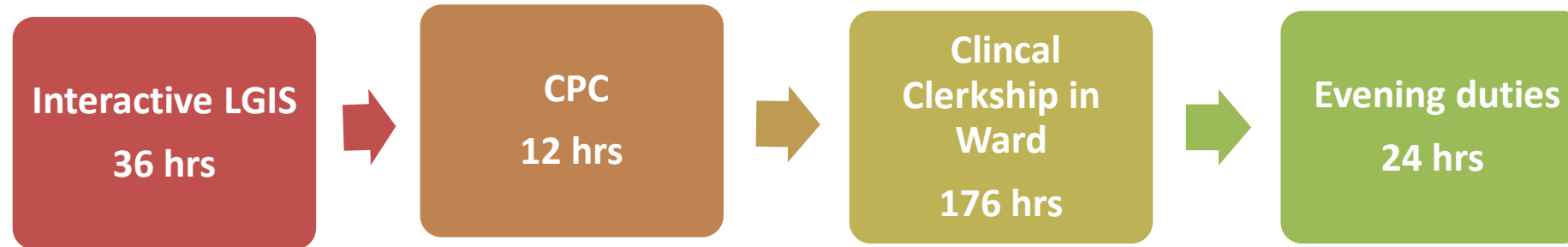
Regarding evening placement, from 2 to 5pm on minimum 4 days/ month students attend Emergency/labour room of respective unit and shadows House Officers and Post Graduate Trainees.



OBS/ GYNAE CLERKSHIP- HOURS

| | Schedule Duration | Schedule Duration |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| | Monthly | |
| Interactive LGIS | Gynae (2 months) 3 lectures (1 hour) / week 12 hours / month OBS (1 month) 3 lectures (1 hour) / week 12 hours /month | 36 hrs/ 3 months |
| CPC | 08:00 -09:00am, once a week=4 hrs / month | 12 hrs/ 3 months |
| Clinical Clerkship in Wards | 10:00am – 02:00pm, Mon, Tues, Wedn, Thurs, Saturday = 80 hrs / month | 160hrs / 2 months |
| | 10:00am - 12:00 pm Friday = 8 hrs / month | 16hrs / 2 months |
| Evening duties | 12 hrs /month | 24 hrs/2 months |
| | 128 hours | 248 hours |

STRUCTURED TRAINING PROGRAM



SECTION-I

LARGE GROUP INTERACTIVE

GYNAECOLOGY SESSIONS DETAILS

IstWeek

| S. No. | Days | Teacher | specialty | Topic | Specific learning object (SLO) | MDT/ MIT | Level of cognition | | | Affective | MOA |
|--------|-------------------------|--------------|-------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|----|----|-----------|------------------------|
| | | | | | | | C1 | C2 | C3 | | |
| 1 | Monday 8:00-9:00 am | Unit :1, HFH | Gynaecology | Anatomy and embryology of pelvic organs | <p>At the end of this lecture/session, final year students will be able to:</p> <ul style="list-style-type: none"> ● Recognize and demonstrate the structures of female genital tract ● Name pelvic floor musculature ● Identify and describe the blood supply of perineum ● Enumerate nerve supply of perineum ● Know about the lymphatic drainage of perineum ● Compare and draw Mullerian duct anomalies ● Describe the pathologies related to the anomalies with their diagnosis and management ● Understand the embryonic development of female genital tract. | LGIS | | | √ | A3 | see assessment section |
| 2 | Tuesday 8:00-9:00-am | Unit :1, HFH | Gynaecology | Physiology of menstrual cycle | <ul style="list-style-type: none"> ● Understand that menstruation is a function of Hypothalamic-Pituitary-Ovarian axis (HPO) at puberty ● Explain the Hypothalamic-Pituitary-Ovarian axis (HPO) ● Describe the features of the normal menstrual cycle and the accompanying ovarian and endometrial changes ● Enlist the histological layers of endometrium ● Discuss the complications associated with abnormality in HPO function | LGIS | | √ | | A3 | see assessment section |

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| 3 | Thursday 8:00-9:00-am | Unit :1, HFH | Gynaecology | Medical ethics | <ul style="list-style-type: none"> • Understand several reasons to consider ethics in professional life • Know the ethical frame works i.e. duty based, right based, goal based • Understand the four principals used in ethics • Know common ethical dilemmas in obstetrics &gynaecology • Understand how to analyze the ethical dilemmas | LGIS | | | √ | A3 | see assessment section |
| 2nd Week | | | | | | | | | | | |
| 4 | Monday 8:00-9:00 am | Unit:2, HFH | Gynaecology | Miscarriages | <ul style="list-style-type: none"> • Understand the clinical features of different types of miscarriages • Diagnose and discuss general and specific management of missed miscarriage • Discuss expectant and medical management of miscarriages (• General and specific management of ruptured miscarriages | LGIS | | | √ | A3 | see assessment section |
| 5 | Tuesday 8:00-9:00-am | Unit:2, HFH | Gynaecology | Ectopic pregnancy/GTD | <ul style="list-style-type: none"> • Understanding of definition, epidemiology, etiology, and clinical features of ectopic pregnancy • Know the causes of bleeding and pain in early pregnancy • Enlist different Investigations Understanding | LGIS | | | √ | A3 | see assessment section |

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| | | | | | of different management options | | | | | | |
| 6 | Thursday 8:00-9:00-am | Unit:2, HFH | Gynaecology | Primary Amenorrhea | <ul style="list-style-type: none"> • Define primary amenorrhea • Enlist causes of primary amenorrhea. • Discuss symptoms, signs and important ultrasound finding in patients with primary amenorrhea. • Discuss the possible management option • Understanding important relative points in counseling of such patients .- | LGIS | | | √ | A3 | see assessment section |
| 3rd Week | | | | | | | | | | | |
| 7 | Monday 8:00-9:00 am | BBH | Gynaecology | Secondary Amenorrhea | <ul style="list-style-type: none"> • Define secondary amenorrhea. • Enlist its important causes • Discuss symptoms, signs and important ultrasound findings • Discuss the management options. | LGIS | | | √ | A3 | see assessment section |
| 8 | Tuesday 8:00-9:00-am | BBH | Gynaecology | PCOD | <ul style="list-style-type: none"> • Understand pathophysiology of PCOD and hirsutism • Know about diagnostic criteria and clinical | LGIS | | | √ | A3 | see assessment section |

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| | | | | | <p>presentation</p> <ul style="list-style-type: none"> • Able to interpret relevant investigations • Enlist other causes of hirsutism | | | | | | |
| 9 | Thursday 8:00-9:00-am | BBH | Gynaecology | Abnormal uterine bleeding | <ul style="list-style-type: none"> • Define Abnormal uterine bleeding • Enlist different causes of AUB • Know how to investigate for cause of AUB • Construct management plan for AUB | LGIS | | | √ | A3 | see assessment section |
| 4th Week | | | | | | | | | | | |
| 10 | Monday 8:00-9:00-am | RTH | Gynaecology | Endometriosis | <ul style="list-style-type: none"> • Recall Etiology pathogenesis • Describe clinical features • Classification of disease, • Suggest differential diagnosis • Plan management | LGIS | | | √ | A3 | see assessment section |
| 11 | Tuesday 8:00-9:00-am | RTH | Gynaecology | Lower genital tract infections | <ul style="list-style-type: none"> • Differentiate among the types of discharge due to various organisms • Enumerate the specific and diagnostic tests for each causative organisms • Enlist the complications due to the lower genital tract infections • Outline the treatment options for each types of infection | LGIS | | | √ | A3 | see assessment section |

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| 12 | Thursrday 8:00-9:00-am | RTH | Gynaecology | Upper genital tract infections | <ul style="list-style-type: none"> ● Enlist the causative organisms of upper genital infection ● Know the clinical presentation of patient with upper genital tract infection ● Enumerate the specific and diagnostic tests for each causative organism ● Enlist the complications due to the upper genital tract infections ● Outline the management plan | LGIS | | | √ | A3 | see assessment section |
| 5th Week | | | | | | | | | | | |
| 13 | Monday 8:00-9:00 am | Unit :1, HFH | Gynaecology | Contraception | <ul style="list-style-type: none"> ● Discuss each of the long term, hormonal , barrier methods of contreption in terms of their mechanism of action ● Effectiveness & failure rate ● Describe the benefits of contraceptives other than birth control ● Identify the absolute and relative contraindications and risks of different contraceptive methods ● Discuss the male and female surgical sterilization methods in terms of types, reversibility and long term follow up results | LGIS | | | √ | A3 | see assessment section |

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| 14 | Tuesday 8:00-9:00-am | Unit :1, HFH | Gynaecology | Subfertility | <ul style="list-style-type: none"> ● Define subfertility and its types (C1) ● Describe relevant history and examination (C2) ● Interpret signs and symptoms of subfertile patient (C2) ● Correlate causes of female subfertility with pathological processes (C2) ● Justify the investigations for the diagnosis of female subfertility (C3) ● Formulate management | LGIS | | | √ | A3 | see assessment section |
| 15 | Thursday 8:00-9:00-am | Unit :1, HFH | Gynaecology | Benign diseases of ovary | <ul style="list-style-type: none"> ● To have basic knowledge regarding anatomy and embryology of ovaries ● Know the classification of benign ovarian tumors ● Know the clinical features and complications ● Enumerate the basic diagnostic tests for ovarian disease ● Outline the management plan <p>Advise of follow up</p> | LGIS | | | √ | A3 | see assessment section |
| 6th Week | | | | | | | | | | | |
| 16 | Monday 8:00-9:00 am | Unit:2, HFH | Gynaecology | Benign diseases of uterus | <ul style="list-style-type: none"> ● Know incidence of fibroid uterus ● Understand different signs and symptoms and presentation according to type of fibroids ● History, clinical examination and definitive investigations to reach the | LGIS | | | √ | A3 | see assessment section |

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| | | | | | <p>diagnosis</p> <ul style="list-style-type: none"> ● Treatment options according to patient age, presenting complaints, fertility and social circumstances ● Understanding advances in management of fibroid uterus worldwide | | | | | | |
| 17 | Tuesday 8:00-9:00-am | Unit:2, HFH | Gynaecology | Benign and premalignant diseases of cervix | <ul style="list-style-type: none"> ● Describe common benign conditions of cervix ● Understand their presentation, investigations and management ● Define premalignant disease of cervix ● Enlist investigation for cervical screening of mass population ● Discuss role of HPV testing in cervical screening ● Describe national cervical screening program ● Enumerate types of CIN and management options | LGIS | | | √ | A3 | see assessment section |
| 18 | Thursday 8-9am | Unit:2, HFH | Gynaecology | Benign and malignant diseases of vulva and vagina | <ul style="list-style-type: none"> ● Describe the presentation of common benign conditions of vulva and vagina. ● Describe and differentiate between different premalignant conditions of vulva (VIN, lichen sclerosis, extra mammary Paget's disease of vulva) ● Enlist causes of superficial and deep dyspareunia ● Understand epidemiology and etiology of vulval cancers ● Stage the disease according to FIGO staging ● Understand the importance of sentinel | LGIS | | | √ | A3 | see assessment section |

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| | | | | | lymph node biopsy and groin lymphadenectomy | | | | | | |
| | | | | | <ul style="list-style-type: none"> Discuss the management options. | | | | | | |
| 7th Week | | | | | | | | | | | |
| 19 | Monday 8:00-9:00 am | BBH | Gynaecology | Malignant diseases of ovary | <ul style="list-style-type: none"> Know the classification ,incidence, aetiology and risk factors of malignant tumours of ovary Understand their clinical presentation Understand their workup plan and FIGO staging Outline management plan Outline follow up plan | LGIS | | | √ | A3 | see assessment section |
| 20 | Tuesday 8:00-9:00-am | BBH | Gynaecology | Malignant diseases of uterus | <ul style="list-style-type: none"> Understand etiology and risk factors of endometrial cancers Describe classification of uterine malignancy Describe the pattern of spread of disease Elicit relevant points on history and examination Enlist and justify investigations needed for diagnosis of endometrial cancer Understand FIGO Staging of Endometrial Cancer Suggest a management plan according to stage of disease | LGIS | | | √ | A3 | see assessment section |
| 21 | Thursday 8:00-9:00-am | BBH | Gynaecology | Malignant diseases of cervix | <ul style="list-style-type: none"> Understand etiology and risk factors of cervical cancer Describe the pattern of spread of disease | LGIS | | | √ | A3 | see assessment section |

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| | | | | | <ul style="list-style-type: none"> Elicit relevant points on history and examination Enlist and justify investigations needed for diagnosis of endometrial cancer Understand FIGO Staging of cervical Cancer Suggest a management plan according to stage of disease | | | | | | |
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8th Week

| | | | | | | | | | | | |
|----|-------------------------|-----|-------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|--|---|----|------------------------|
| 22 | Monday 8:00-9:00 am | RTH | Gynaecology | Postmenopausal bleeding | <ul style="list-style-type: none"> Define postmenopausal bleeding Enlist different causes of postmenopausal bleeding Construct management plan for postmenopausal bleeding | LGIS | | | √ | A3 | see assessment section |
| 23 | Tuesday 8:00-9:00-am | RTH | Gynaecology | Menopause and HRT | <ul style="list-style-type: none"> Define and differentiate between premature menopause, perimenopause and menopause Understanding of physiological changes in reproductive cycle of female from birth to menopause Evaluation and making definitive diagnosis of menopause Counselling about lifestyle, behavior modification and psychological aspects in menopausal women Understand different options for HRT in view of contraindications and risk factors varying from patient to patient | LGIS | | | √ | A3 | see assessment section |

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|----|--------------------------|-----|-------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|--|---|----|------------------------|
| 24 | Thursday 8:00-9:00-am | RTH | Gynaecology | UV Prolapse | <ul style="list-style-type: none"> • Understand the anatomy of supporting ligaments and fascia of the female pelvic organs • Appreciate the relationship of anatomical prolapse with urinary, bowel and sexual dysfunction • Identify the risk factors leading to pelvic organ prolapse • Describe how to assess such patient by history, examination and relevant investigations • Understand the principles of treatment of prolapse • Compare the effectiveness of each treatment and potential side effects/complications | LGIS | | | √ | A3 | see assessment section |
|----|--------------------------|-----|-------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|--|---|----|------------------------|

**LARGE GROUP INTERACTIVE
OBSTETRICS SESSIONS DETAILS**

Ist Week

| S. No | Days | Teacher | specialty | Topic | Specific learning object (SLO) | MDT/ MIT | Level of cognition | | | Affectiv e | MOA |
|-------|-------------------------|--------------|------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|----|----|---------------|------------------------|
| | | | | | | | C1 | C2 | C3 | | |
| 1 | Monday 8:00-9:00 am | Unit :1, HFH | Obstetrics | Antenatal care and Obs history ,examination | <p>At the end of one hour lecture, students will be able to:</p> <ul style="list-style-type: none"> ● Enlist the aims of antenatal care. ● Define the booking visit. ● Elicit the booking history and examination. ● Discuss the importance of booking investigations ● Elaborate the recommended schedule of antenatal visits. ● Categorize the obstetric patient into high risk and low risk group. ● Define EDD and its calculation. ● Define term, preterm, post term, post-dates, LBW, VLBW, lie, presentation, position, attitude and engagement of fetus. To describe the principle of taking and obstetric history ● To define neagles rule to calculate EDD ● To explain the importance of past obstetrics, gynaecology medical and surgical history. ● To understand components of obstetrical examination | LGIS | | √ | | A3 | see assessment section |
| 2 | Tuesday 8:00-9:00-am | Unit :1, HFH | Obstetrics | Anemia in pregnancy | <ul style="list-style-type: none"> ● Define anemia in pregnancy ● Discuss the importance of anemia screening in antental period ● Discuss iron deficiency anemia, its causes, complications and management | LGIS | | √ | √ | A3 | see assessment section |

| | | | | | | | | | | | |
|----------------------------|-------------------|--------------|------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|--|---|----|------------------------|
| | | | | | <ul style="list-style-type: none"> Elaborate the management of thalasemia, anemia of chronic illness, coagulation disorder management | | | | | | |
| 3 | Thursday 8-9pm | Unit :1, HFH | Obstetrics | Diabetes in pregnancy | <ul style="list-style-type: none"> Define gestational diabetes mellitus Explain the effects of sugar level on fetal development Describe maternal and fetal complication (antepartum, intrapartum and postpartum) Explain the management protocol of gestational diabetes mellitus Describe the long term effect of gestational diabetes mellitus on maternal health | LGIS | | | √ | A3 | see assessment section |
| 2nd Week | | | | | | | | | | | |
| 4 | Monday 8-9am | Unit :1, HFH | Obstetrics | Assesment of fetal well being Prenatal diagnosis | <ul style="list-style-type: none"> 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 <p>Describe the role of umbilical artery Doppler</p> <ul style="list-style-type: none"> Define prenatal diagnoses. Enlists the prenatal diagnostic tests, their risk and benefits. Discuss the non-invasive methods of prenatal diagnosis | LGIS | | | | | see assessment section |

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|----------------------------|--------------------------|--------------|------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|--|---|----|------------------------|
| 5 | Tuesday 8:00-9:00 am | Unit :2, HFH | Obstetrics | Hypertensive disorders(except eclampsia) and IUGR | <ul style="list-style-type: none"> • 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 long-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 |
| 6 | Thursday 8.00-9.00 am | Unit :2, HFH | Obstetrics | Liver disorders in pregnancy | <ul style="list-style-type: none"> • Describes the most common liver disorder presented in pregnancy • Know the risks associated with these disorders • Outline management plan | LGIS | | | √ | A3 | see assessment section |
| 3rd Week | | | | | | | | | | | |
| 7 | Monday 8:00-9:00 am | BBH | Obstetrics | APH | <ul style="list-style-type: none"> • Define Antepartum haemorrhage • Enlist causes of APH • Differentiate clinically between placenta previa and placental abruption • Elaborate the emergency approach towards massive haemorrhage • Discuss management plan for placenta | LGIS | | | √ | A3 | see assessment section |

| | | | | | | | | | | | |
|-----------------|-------------------------|-----|------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|--|---|----|------------------------|
| | | | | | previa and placental abruption | | | | | | |
| 8 | Tuesday 8:00-9:00am | BBH | Obstetrics | PTL/PPROM | <ul style="list-style-type: none"> • Understand term PTL and PPROM • Understand causes of PTL and PPRO • Identify risk factors of PTL and PRO • Formulate a comprehensive management plan of PT • Formulate a comprehensive management plan of PRO • know about the preventive measures of preterm delivery | LGIS | | | √ | A3 | see assessment section |
| 9 | Thursday 8:00-9:00am | BBH | Obstetrics | Multiple pregnancy | <ul style="list-style-type: none"> • Define multiple pregnancy and its Incidence • Interpret the ultrasound findings for multiple pregnancy • Discuss the antenatal care and risks associated with multiple pregnancy • Identify various patterns of fetus in a twin pregnancy • Describe the mechanism of delivery of twins. | LGIS | | | √ | A3 | see assessment section |
| 4th Week | | | | | | | | | | | |
| 10 | Monday 8:00-9:00 am | RTH | Obstetrics | | <ul style="list-style-type: none"> • Understand the physiological principles of labour and delivery • Know the steps of mechanism of normal | LGIS | | | √ | A3 | see assessment section |

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|----|----------------------------------|-----|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|--|---|----|------------------------|
| | | | | Normal and abnormal labour and its management | labour <ul style="list-style-type: none"> ● Know how to diagnose labour ● Differentiate between different stages of labour ● Outline management plan of all three stages of labour ● Differentiate between normal and abnormal ● Labour ● Know different patterns of abnormal labour ● Understand principles of management of abnormal labour | | | | | | |
| 11 | Tuesday 11.00 am- 12.00 pm | RTH | Obstetrics | Obstetric emergencies (Maternal collapse,eclampsia,amniotic fluid embolism,umbilical cord prolapsed,uterinerupture,uterinein version,thromboembolism) | <ul style="list-style-type: none"> ● Understand the incidence,risk factors and early warning signs in common obstetric emergencies ● Diagnose the obstetric emergencies ● Make the management plan for these emergencies. | LGIS | | | √ | A3 | see assessment section |
| 12 | Wednesday 12 -1 pm | RTH | Obstetrics | Postnatal complications and breast feeding | <ul style="list-style-type: none"> ● Understand common disorders of puerperium and how to manage them ● Understand process of breast feeding and its disorders ● Recognize and manage common postpartum psychiatric disorders | LGIS | | | √ | A3 | see assessment section |

Section-II

CLINICAL CLERKSHIP

On Monday, Tuesday, Wednesday, Thursday, Saturday the students will go to clinical wards for clinical clerkship in the respective unit from 10:00am onwards till 02:00pm.

On Friday, students will come to ward from 10:00am to till 12:00pm.

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 Wednesday 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.

On each Monday, the senior person (incharge of students) will introduce the students to postgraduate trainees and senior registrar of respective stations. Pairing will be refreshed as the morning stations of students change.

From 10:00 am to 12:00 pm they will be on clinical floor in their allotted wards to participate in morning rounds and carry out orders given during round under direct supervision and assistant of postgraduate trainees and house officers. They will take history, perform examination, make list of required investigations, make D/D and provisional diagnosis. Then they will discuss cases with their PGTs/SRs. The 4 groups in batch (A,B,C,D) will rotate weekly to cover the following work stations. There will be a bed side class by consultant

from 12:00pm to 02:00pm, in which students will present allotted case histories. Students will be allotted cases and case presentation schedule at the start of their rotation.

At the end of each station, Performa with written morning station targets (in log book) will be filled by each student and submitted after signature and stamp of senior registrar of respective station. This will be included in continuous internal assessment of students and will have weightage in final assessment.

LEARNING OBJECTIVES - MORNING PLACEMENT (STATIONS)

| Sr # | Morning Station | SPECIFIC LEARNING OBJECTIVES (SLO) | | | Cognition | | | Pyscomotor | | Attitude | | MOT/MIT | MOA |
|------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----|------------|----|----------|----|-------------------|------------------------|
| | | Cognition | Skill | Attitude | C1 | C2 | C3 | P1 | P2 | A1 | A2 | | |
| 1 | Labour room | | <p>at the end of the rotation students should be able to</p> <ul style="list-style-type: none"> ● Administer intramuscular injections to atleast 5 patients ● Maintain IV line of atleast 2 patients ● Observe and monitor labour of atleast one patient ● Observe SVD with or without episiotomy of one patient ● Deliver placenta of one patient under supervision ● Examine one postnatal patient and submit its progress in written form | | | | | √ | | | √ | Bed side teaching | See assessment section |
| 2 | Antenatal ward | <p>the end of the rotation students should be able to</p> <ul style="list-style-type: none"> ● Formulate the management plan of one patient /day | <p>at the end of the rotation students should be able to</p> <ul style="list-style-type: none"> ● Take history,do examination and formulate management plan of atleast 1 of the cases / day given below ● (PIH,GDM,PPROM, PROM, Anemia, Breech , Previous I scar with risk factors | <p>the end of the rotation students should be able to</p> <ul style="list-style-type: none"> ● Counsel the patient about diagnosis and further plan | | | √ | | √ | | √ | Bed side teaching | See assessment section |

| | | | | | | | | | | | | | | |
|---|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---|---|---|---|--|--|-------------------|------------------------|--|
| | | | <ul style="list-style-type: none"> Submit written case of ONE patients attended by the student per day Interpretation and complete labeling of ONE CTG per day Observing Antenatal Ultrasounds of ONE patients per day | | | | | | | | | | | |
| 3 | Gynae ward | <p>the end of the rotation students should be able to</p> <ul style="list-style-type: none"> Formulate the management plan of one patient/day | <p>At the end of the rotation students should be able to</p> <ul style="list-style-type: none"> Take history , do examination and make management plan of atleast 1 of the cases/day given below (Benign Ovarian mass, fibroid, menstrual irregularity, subfertility, UV prolapse, PID, Malignancy) Submit written case of ONE patients attended by the student/day Pre op assessment of one patient/day | <p>the end of the rotation students should be able to</p> <ul style="list-style-type: none"> Counsel the patient about diagnosis and further plan | | | √ | √ | √ | | | Bed side teaching | See assessment section | |
| 4 | OT | <p>the end of rotation Students should be able to</p> <ul style="list-style-type: none"> Know Indication of C-section /Gynaecological | <p>At the end of rotation Students should be able to</p> <ul style="list-style-type: none"> Observe how to scrub and drape the patient Observe proper aseptic measures Assist one C-Section and Gynaecological surgery from start till end | | | √ | √ | | | | | Bed side teaching | See assessment section | |

| | | | | | | | | | | | | | | |
|---|-----|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|---|--|---|-------------------|------------------------|--|
| | | <p>surgery</p> <ul style="list-style-type: none"> • Know Importance of preop antibiotics | | | | | | | | | | | | |
| 5 | OPD | | <p>the end of rotation Students should be able to</p> <ul style="list-style-type: none"> • Fill atleast two antenatal cards with • Complete biodata • Mention risk factors • Detailed past obstetric history • General physical examination • Abdominal examination • Take history, do examination and formulate management plan of atleastONE patient with gynecological problem/day • Interpretation of investigations | <p>the end of rotation Students should be able to</p> <ul style="list-style-type: none"> • Counsel for proper diet during pregnancy,regular antenatal care | | | | | √ | | √ | Bed side teaching | See assessment section | |

Learning Objectives (Workshops/Hands On Training)

| | Workshop | LEARNING OBJECTIVES (LOs) | | | Cognition | | | Psychomotor | | Attitude | | MOA |
|---|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----|-------------|----|----------|----|------------------------|
| | | Cognition | Skill | Attitude | C1 | C2 | C3 | P1 | P2 | A1 | A2 | |
| 1 | General physical examination, Preparation of investigation slip, Documentation on discharge slip, Surgical notes | At the end of the workshop students should be able to | At the end of the workshop students should be able to <ul style="list-style-type: none"> Perform GPE on patient under supervision Prepare investigation slip Write surgical notes Make discharge slip | At the end of the workshop students should be able to Effectively communicate with the patient during examination | | | | | √ | | √ | See assessment section |
| 2 | Systemic & Abdominal, Pelvic examination, Pap smear, HVS | At the end of the workshop students should be able to <ul style="list-style-type: none"> Know the indications of Pap smear and HVS | At the end of the workshop students should be able to Perform abdominal and systemic examination on patient Perform pelvic/speculum examination on dummy Take pap smear and HVS on dummy | At the end of the workshop students should be able to <ul style="list-style-type: none"> Counsel the patient about diagnosis and further plan | | | √ | | √ | | √ | See assessment section |
| 3 | Pre and post operative care | At the end of the workshop students should be able to <ul style="list-style-type: none"> Formulate the management plan of one Pre OP and one post OP patient | At the end of the workshop students should be able to <ul style="list-style-type: none"> Take history of a pre OP patient perform examination and identify risk factors. Fill the pre Op performa Perform examination of post Op patient and pick the important findings | At the end of the workshop students should be able to <ul style="list-style-type: none"> Counsel the Pre Op patient about diagnosis and further plan | | | √ | | √ | | √ | See assessment section |

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|---|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--|---|---|---|---|--|---|--|------------------------|
| 4 | Hysteroscopy/ Laparoscopy/ Diagnostic D & C/ ERPC, Myomectomy instruments | At the end of workshop Students should be able to • Know Indications ,complications of these procedures | At the end of workshop Students should be able to • Identify these instruments • Perform D&C and ERPC on dummy | At the end of workshop Students should be able to | | √ | | √ | | | | | See assessment section |
| 5 | Contraception, PPH ,APH, Shoulder dystocia, | At the end of workshop Students should be able to Know Indications method of use, complications of contraception | At the end of workshop Students should be able to • Identify different contraceptive methods • Insert IUCD and implants • Perform PPH,APH, Shoulder dystocia drill on dummy | At the end of workshop Students should be able to • Counsel the patient for contraception | | | √ | | √ | | √ | | See assessment section |
| 6 | Normal/ Abnormal labour/ Malpresentation, Mechanism of labour ,Breech, Cord Prolapse | At the end of workshop Students should be able to Know the management plan of patient with Cord prolapse | At the end of workshop Students should be able to Draw findings on partograph Differentiate between normal and abnormal progress of labour Perform Mechanism of labour on dummy Perform breech delivery on dummy | At the end of workshop Students should be able to | | | √ | | √ | | | | See assessment section |
| 7 | Counselling in gynaecology, Forceps, Vacuum | At the end of workshop Students should be able to | At the end of workshop Students should be able to Identify the instruments Apply forceps and vacuum on dummy | At the end of workshop Students should be able to Counsel the patient about any Gynae/ObS problem | | | | | √ | | √ | | See assessment section |
| 8 | Eclampsia / Maternal collapse / Ultrasound Obs and Gynae | At the end of workshop Students should be able to | At the end of workshop Students should be able to Perform eclampsia,maternal collapse drill on dummy Observe USG of Gynae/OBS patients | At the end of workshop Students should be able to | | | | | √ | | | | See assessment section |

EVENING PLACEMENT

- The sub batch doing duty in labour room in morning will do evening duty from 2 to 5 pm on Monday, Tuesday, Wednesday Thursday.
- They will manage the emergencies under supervision of house officers, postgraduate trainees and senior registrars.
- Attendance should be signed by senior registrar on call.

Section-III

ASSESSMENT

Assessment refers to the processes employed to make judgments about the achievements of students over a course of study, *Hardlen W,2005*

Lack of assessment and feedback, based on observation of performance in the workplace, is one of the most serious deficiencies in current medical education practice. *John Norcini and Vanessa Burch 2007*

Assessing learners is a critical and challenging task for tutors. While students might manage to overcome subpar teaching, poor or inaccurate assessment of their abilities can have lasting impacts on their personal and professional development. Assessment is vital not only for students but also for tutors, course organizers, and accrediting bodies (such as affiliated universities or PMCs). Assessment data plays a crucial role in determining if learning outcomes have been met, thereby facilitating students' progression to the next course level.

Integrated assessment requires a comprehensive analysis and understanding of the process. To establish a strong foundation, key questions need to be addressed:

1. Why assess students?

- The purpose of assessment must be well-defined. It should include assessment for learning (as a strategy to enhance learning) and assessment of learning (summative assessment) for progression, remediation, or promotion purposes.

2. Who should assess students?

- The assessment should involve multiple stakeholders, including program advisors/organizers, accrediting bodies, affiliated universities, enrolled colleges, tutors, other healthcare professionals, and the students themselves, as well as standardized patients. The PMC will supervise the assessment process, which medical universities will carry out in their affiliated colleges.

3. What should be assessed?

- All relevant competencies must be assessed. The objectives of the integrated curriculum should align with the content being assessed, considering the teaching context. The chosen assessment materials should reflect valued competencies such as higher-order thinking, clinical skills, behavior/attitudes, and professionalism, among other essential requirements.
- Assessment is the systematic basis for making inferences about the learning and development of students. It is the process of defining, selecting, designing, collecting, analyzing, interpreting, and using information to increase students' learning and development. Assessment Policy

This policy is applicable to all the students of the MBBS program of RMU for all modes of teaching (on campus/online/any other) from the date of approval by the RMU Academic Council.

1. Guiding principles

- RMU has the responsibility to ensure to all the stakeholders that students have achieved the identified outcomes of the medical degree course.
- Assessment requires a variety of methods; no single method can completely ensure that the requisite competence level has been achieved. Hence each assessment instrument must be selected based on its utility index.
- Feedback, ensuring that the feedback loop is closed, should be provided to students following all assessments to ensure that students identify gaps in their learning and faculty can review future curricular and assessment content.
- The quality of the entire assessment including confidentiality of the assessment process must be ensured.
- The assessment process should be clear and transparent so that students know in advance the expectations (from students) and consequences of the assessment.
- Details of the conduct of examinations are available in the Examination policy document.

2. Purposes of assessment

- Feedback to students regarding their readiness and deficiencies.
- To ensure appropriate competence has been achieved.
- Feedback to faculty to evaluate the effectiveness of the teaching program.

3. Forms of assessment

A formative assessment refers to a low-stakes assessment that does not normally contribute towards a student's final grade. A formative assessment may include summarizing the mainpoints in a lecture or a weekly quiz to test comprehension of the reviewed content. (assessment for learning) is carried out throughout modules and clerkships using various strategies (at the discretion of module coordinators and clerkship directors) feedback. Formative assessment performance may be taken as a continuous assessment.

A summative assessment is any method of evaluation performed at the end of a unit that allows a teacher to measure a student's understanding, typically against standardized criteria. Assessment of learning takes place at the end of modules/ blocks and clerkships and comprises of:

Written assessment (50%)

Multiple Choice Questions (MCQs) 40% Will be as USME format Extended Match Questions (EMQ) 10%

Short answer questions (SAQs) 50%

a. Performance (Practical) assessment (50%)

Objective Structured Practical Examination (OSPE) Years I, II and III Objective Structured Clinical Examination (OSCE) Years IV - V Short cases will be included in OSCE

4. Assessment and their timings

- The module/ clerkship teams will be responsible for their assessment plan mentioning assessment strategies, timings, and other essentials (please refer to the individual plans).
- Students will be briefed about the pattern and scoring of the assessments before the examination.
- Professional examination will be taken by RMU.

5. Weekly LMS (learning management system) assessment of LGIS and SDL

- There will be weekly assessment of LGIS and SDL of whole week at end of week through LMS.
- The LMS result will be shared by module coordinator and DME through vice chancellor on weekly basis.

6. Eligibility to appear in End Block Assessment (EBA)

- This will be applicable to all the blocks of undergraduate program
- 80% attendance in each subject will be mandatory
- Student must pass in all LMS, mid module assessments to appear in EBA
- There will be no remedial classes for attendance compensation
- There will be no remedial of assessment after poor performance

7. Eligibility to appear in Pre-Annual Assessment (PAA)

- 90% attendance in each block is required to appear in PAA
- It is mandatory to appear in all EBA to appear in PAA
- Appraisal letter from head of departments will be needed to appear in pre-annual assessment.

8. Attendance policy

- 90% attendance in each block is required to appear in PAA
- There will be extra marks given as per rules.
- Attendance of the students will be shared by coordinator of module and DME through vice chancellor RMU on weekly basis.
- These marks will be counted in annual professional assessment.

9. Eligibility to appear in annual professional assessment

- Minimum 60% score in pre-annual assessment is required to appear in annual professional examination.
- Written and practical /OSPE/OSCE should be passed separately.

10. Passing criteria in annual professional examination

- 50% marks will be needed to pass annual professional examination.

11. Total break up of assessment score

- Annual professional exam weightage 70%
- Continuous internal assessment weightage 30%

Internal Assessment

Continuous Internal Assessment means the assessment based on continuous internal assessment (CIA) tests and assignments given to the students during an academic period.

- Total final Professional Marks in Gynae/OBS: 300
- Continuous Internal Assessment (30%) =90 Marks (final year: 70 marks, fourth year: 20 marks)
- Annual Marks: (70%) =210 Marks

Internal Assessment Final Year- RMU

Details and Marks Distribution

| Clerkship- Unit/Ward Wise Assessment | 1 st Rotation in Gynae Unit-Module I | 2 nd Rotation in Gynae Unit Module-II | Marks | % |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------|
| <i>Work Place Based (WPBA)</i> | 4 workshops (10 marks) 4 wards rotation and log book (10 marks) 4 evening duties (05 marks) Case histories write up (5 marks) Case presentation (5 marks) | 4 workshops (10 marks) 4 wards and log book (10 marks) 4 evening duties (05 marks) Case histories write up (5 marks) Case presentation (5 marks) | 35 (average of two ward rotation) | 50% |
| EBE marks It will comprise of theory (160 marks) and clinical component (240 marks) Module-I: It will comprise of theory (50 marks) and clinical component (70 marks) Module-II: It will comprise of theory (50 marks) and clinical component (70 marks) | | | 15 5 5 | 21% 7% 7% |
| LMS test LMS exam consisting of 20 MCQs every week. CPC quiz At the end of each CPC consisting of 10 MCQs | | | 2.5 2.5 | 7% |
| CPC Attendance ≥ 75% 05 marks Attendance <75% zero mark | | | 5 | 7% |
| Total | | | 70 | |
| *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.

Internal Assessment 70 Marks Breakup (%)

| Component | % of Internal Assessment |
|----------------------------------------------------------------------------|--------------------------|
| End block exam (EBE), Module I & II | 36% (25 marks) |
| Clerkship- Unit/Ward assessment- Work Place Based (WPBA) Assessment | 50% (35 marks) |
| CPC attendance | 7% (5 marks) |
| LMS test, CPC quiz | 7% (5 marks) |
| Publication | 10% (extra 7 marks) |

Details have been provided in previous page

UNIT/WARD WORK PLACED BASED ASSESSMENT (WPBA)

MARKING DETAILS

| WPBA | | | Total |
|-------------|------------------------------------------------------------------|---------------------------------------------------------------|-------|
| 4 workshops | 4 wards rotation with rotation targets achievements and log book | 4 evening duties in labour room rotation / case presentations | |
| 10 marks | 10 marks | 15 marks | 35 |
| 28.5% | 28.5% | 43% | 100 |

Important Note:

Once internal assessment is compiled it CANNOT be altered under ANY circumstance unless a clerical/ human error is detected. He will repeat classes and skills. There will be no change in calculated internal assessment scores for Supplementary University examination.

MODULE/BLOCK ASSESSMENT STRATEGIES

Formative: Formative assessment is a process used by teachers during instruction that provides feedback to adjust ongoing teaching and learning to improve students' achievement of intended instructional outcomes.

LMS (Learning Management System): Weekly LMS based assessment will be carried out in all the modules from the topics already provided in the study guide.

Summative: Summative assessment evaluates student learning at the end of a block/ professional year.

MCQs: Multiple-choice questions (MCQs) are a type of assessment item commonly used in educational settings to evaluate a person's knowledge or understanding of a topic. In a multiple-choice question, the respondent is presented with a question or statement, known as the stem, along with several options, one of which is the correct answer (the key), while the others are incorrect (distractors). The respondent selects the option they believe to be the correct answer.

EMQs: EMQs are designed to assess a candidate's clinical reasoning and decision-making skills by presenting a series of patient scenarios or clinical vignettes along with a list of options.

SAQs: Short answer questions are a type of assessment item used to evaluate a person's understanding of a topic or concept. Unlike multiple-choice questions, which provide a list of options for respondents to choose from, short answer questions require respondents to generate their own answers without the aid of options provided by the question.

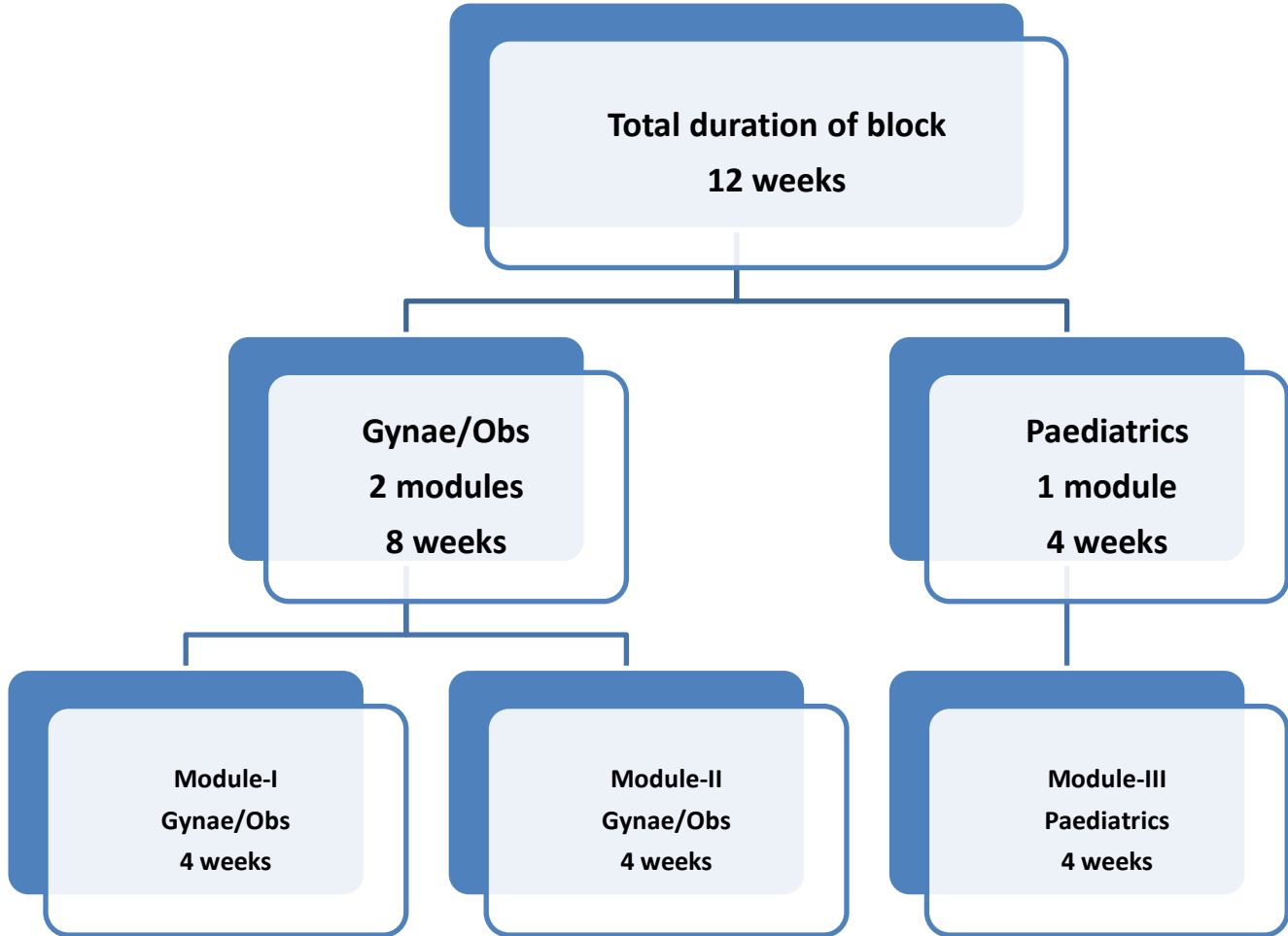
SEQs: Short essay questions serve as an effective tool for assessing students' comprehension, critical thinking, and communication skills. They encourage active engagement with course material, promote deeper understanding, and provide instructors with valuable insights into students' learning processes. As such, SEQs remain a cornerstone of assessment in educational institutions worldwide.

Audio-Visual assisted OSPE: An audio-visual assisted OSPE (Objective Structured Practical Examination) refers to a method of assessment commonly used in medical education and other fields where practical skills are essential. Students are shown certain videos or visuals after which they have to answer the given questions.

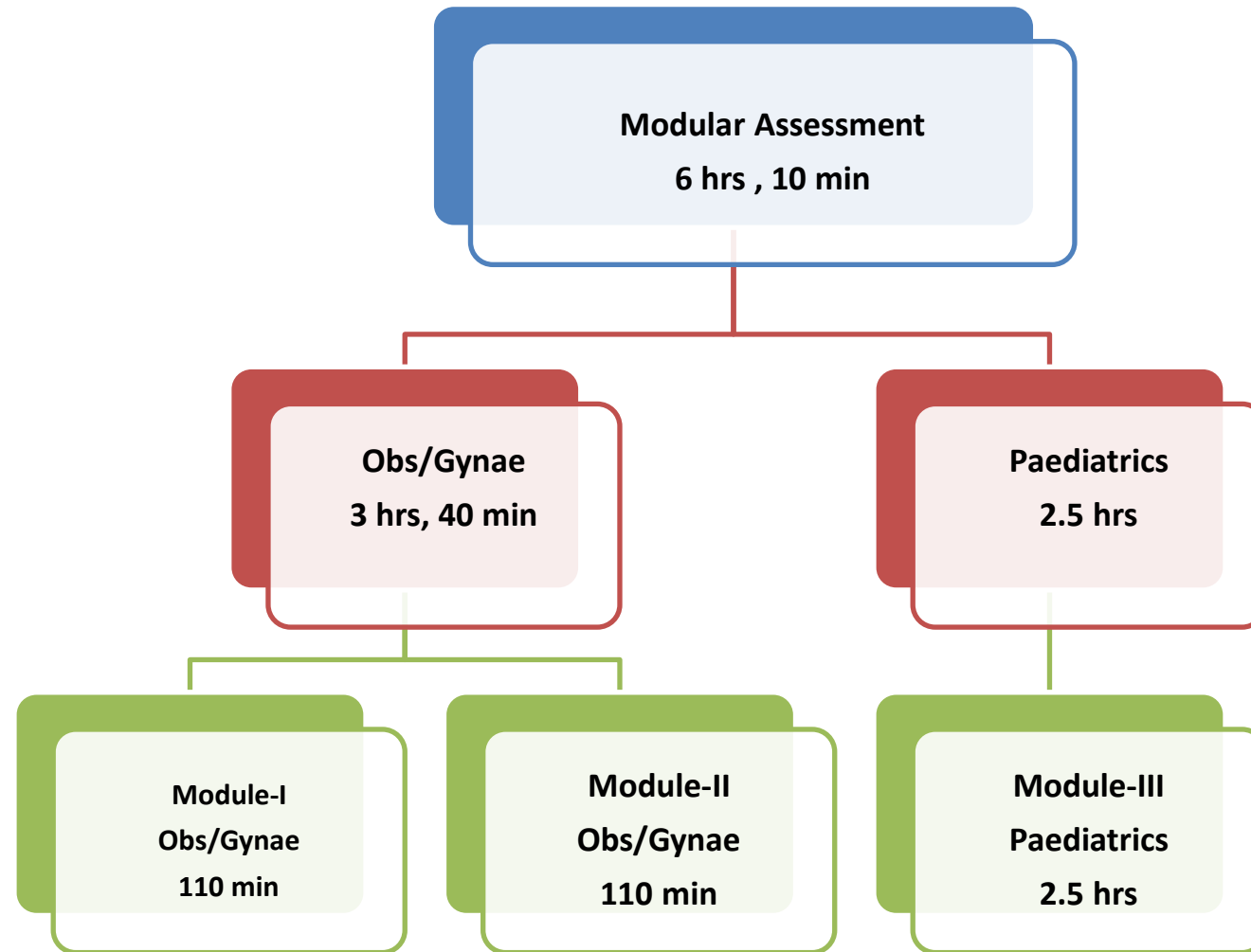
OSCE: Objectively structured clinical examination

Long cases: They test a candidate's ability to handle complex or multiple medical issues in a real-world clinical context.

GYNAE /OBS & PAEDIATRIC BLOCK TEACHING SCHEDULE



OBS /GYNAE & PAEDIATRIC BLOCK MODULAR ASSESSMENT



Module-I Assessment

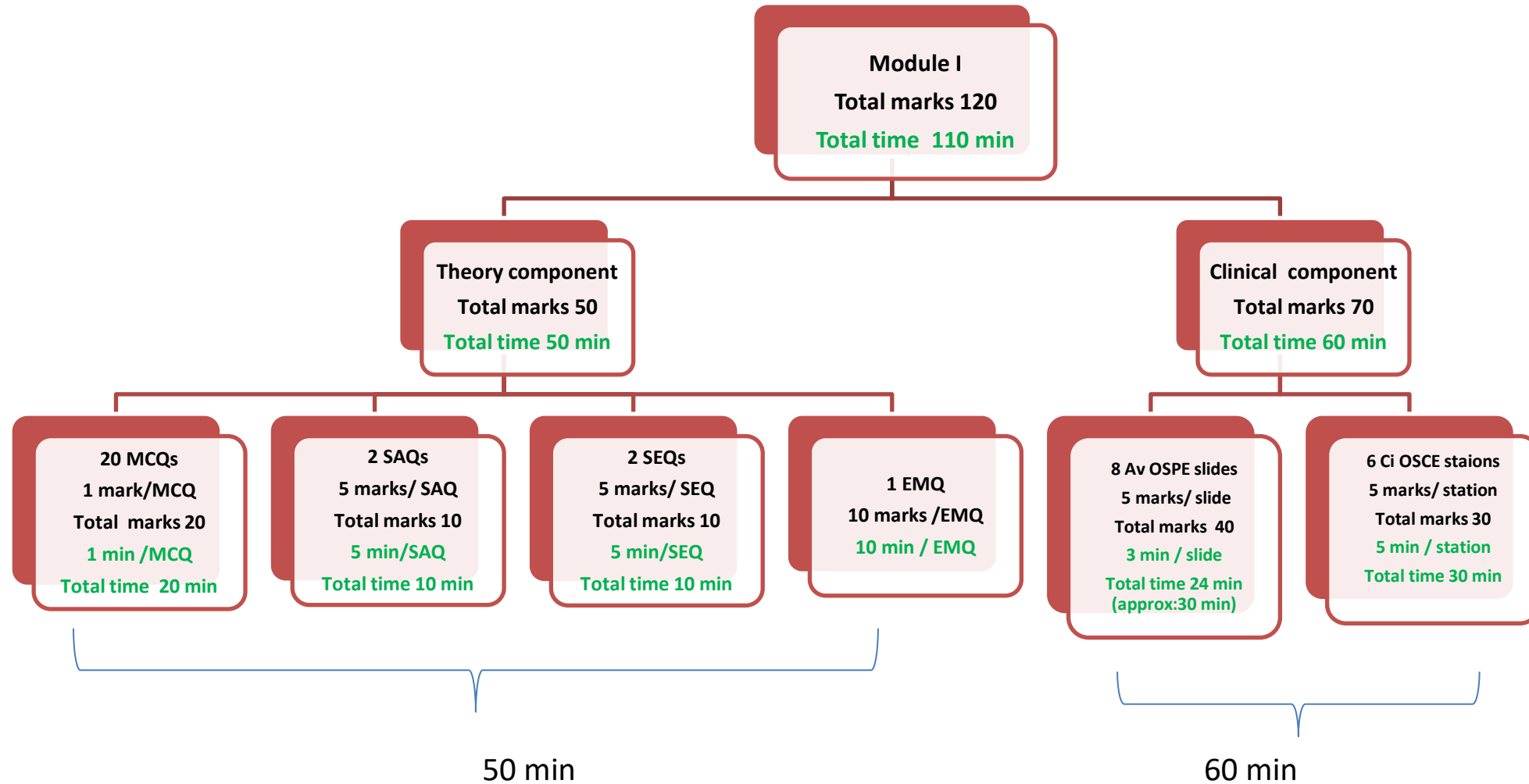


Table of specification (TOS)-Theory component

| Components | MCQs | SAQs | SEQs | EMQ |
|---------------------|-------------|-------------|-------------|------------------------|
| Questions | 20 | 2 | 2 | 1 |
| Marks | 20 (1 each) | 10 (5 each) | 10 (5 each) | 10 |
| Time: 50 min | | | | Total Marks: 50 |

Topic Distribution

| | Topics | MCQs | SAQs | SEQs | EMQs |
|--------------|--------------------------------------------------------------------------------------------------------------------------|------|------|------|---------|
| Obs | HTN disorders of pregnancy, PIH, preeclampsia, eclampsia, HELLP, IUGR | 2 | 1 | 1 | 1 (obs) |
| | Anemia in pregnancy, cardiac and respiratory problems in pregnancy | 2 | | | |
| | Preterm labour (PTL) and PPROM | 2 | | | |
| | Small and large for dates (Mistaken dates, Oligohydramnios, multiple gestations) | 2 | | | |
| | IUDs, Recurrent miscarriages (BOH) | 1 | | | |
| | Excessive vomiting and nausea (Hyperemesis Gravidarum) and other minor disorders of pregnancy e.g backache, constipation | 1 | | | |
| Gynae | Complications in early pregnancy (Miscarriages, GTD, Ectopic) | 2 | 1 | 1 | 1 |
| | Abnormal uterine bleeding (HMB) | 2 | | | |
| | Menstrual irregularities (Sec-amenorrhoea, PCOD) | 1 | | | |
| | Abdominal mass (Fibroid uterus) | 1 | | | |
| | Bening ovarian masses | 1 | | | |
| | Malignant ovarian massess | 1 | | | |
| | Postmenopausal bleeding / uterine malignancy | 1 | | | |
| | Menopause and its related problems & HRT | 1 | | | |

Table of specification (TOS) - Clinical component

f. Audio Visual objective structured practical examination (Av OSPE)

Total stations 8
Total marks 40 (5 marks each)

Total 24 min
(3 min each)

| S.No | Gynaecology Topic Distribution | Marks | S.No | Obstetrics Topic Distribution | Marks |
|------|-----------------------------------------------------------------------------------------------------------|-------|------|-----------------------------------------------------------------------------------------------|-------|
| 1 | Patient with bleeding and abdominal pain in early pregnancy (Miscarriage, Ectopic pregnancy & GTD) | 5 | 5 | Patient with pallor+ SOB (Anemia in pregnancy, cardiac disease, respiratory disease) | 5 |
| 2 | Patient with menstrual irregularities or abnormal uterine bleeding (HMB, PMB, Secondary amenorrhoea, PCO) | 5 | 6 | Patient presenting with high BP / Headache / Blurring of vision (HTN disorders of pregnancy) | 5 |
| 3 | Patient with benign genital tract tumours | 5 | 7 | Obstetric complications (PTL, PPRM) | 5 |
| 4 | Patient with benign genital tract tumours | 5 | 8 | Obstetric complications (mistaken dates, IUGR, Oligohydramnios, multiple pregnancy, IUD, BOH) | 5 |

b) Objective structured clinical examination (Ci OSCE)

Total stations 6
Total marks 30 (5 marks each)

Total 30 min
(5 min each)

| S.no | Topic Distribution | Marks |
|------|--------------------------------------------------------------|-------|
| | GPE | 05 |
| | Obstetrics examination (Obstetrics) | 05 |
| | Abdominal examination (Gynaecology) | 05 |
| | Skills (Obstetrics topics covered in workshops of module 1) | 05 |
| | Skills (Gynaecology topics covered in workshops of module 1) | 05 |
| | Skills (Obstetrics topics covered in workshops of module 1) | 05 |

Module-II Assessment

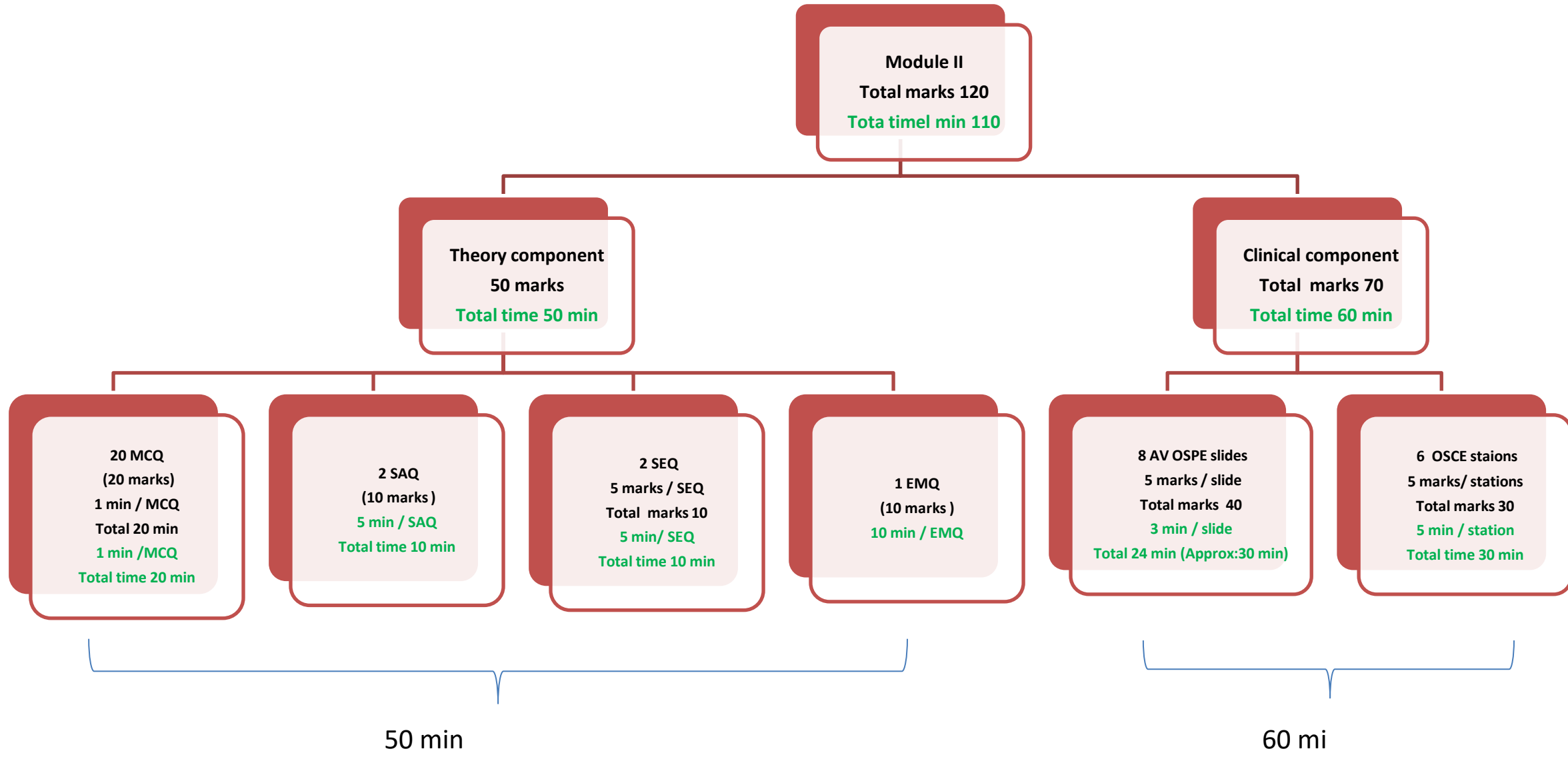


Table of specification (TOS) - Theory component

| Components | MCQs | SAQs | SEQs | EMQs |
|---------------------|------------|-------------|-------------|------------------------|
| Questions | 20 | 2 | 2 | 1 |
| Marks | 20(1 each) | 10 (5 each) | 10 (5 each) | 10 |
| Time: 50 min | | | | Total Marks: 50 |

Topic Distribution

| | Topic distribution | MCQs | SAQs | SEQs | EMQs |
|--------------|--------------------------------------------------------------------------|------|------|------|----------|
| Obs | Prolonged pregnancy and induction of labour | 1 | 1 | 1 | 1 |
| | Deranged sugar levels (GDM), macrosomia | 2 | | | |
| | Antepartum Haemorrhage (APH) | 1 | | | |
| | Large for dates (Mistaken dates, Polyhydramnios, multiple gestation etc) | 1 | | | |
| | Rh incompatibility | 1 | | | |
| | Abnormal labour | 1 | | | |
| | Primary and secondary PPH | 1 | | | |
| | Puerperal disorders | 1 | | | |
| | Liver disorders in pregnancy | 1 | | | |
| Gynae | Chronic pelvic pain (PID+ endometriosis) | 2 | 1 | 1 | 1 |
| | Something coming out of vagina (UV Prolapse) | 2 | | | |
| | Vaginal discharge (Lower genital tract infection) | 2 | | | |
| | Subfertility | 2 | | | |
| | Abnormal PAP smear (CIN) | 1 | | | |
| | Vulval and Vaginal disorders | 1 | | | |
| | | | | | 1(Gynae) |

Table of specification (TOS) -Clinical component

a) Audio Visual assisted objective structured practical examination (Av OSPE)

Total stations 8
Total marks 40 (5 marks each)

Total 24 min
(3 min each)

| S.No | Gynaecology Topic Distribution | Marks | S.No | Obstetrics Topic Distribution | Marks |
|------|---------------------------------------------------------------------------------|-------|------|--------------------------------------------------------------------------|-------|
| 1. | Patient with something coming out of vagina (UV Prolapse) | 5 | 5 | Patient with deranged sugar levels (GDM), mistaken dates | 5 |
| 2. | Patient with pelvic pain and discharge (vaginal infections, PID, endometriosis) | 5 | 6 | Patient with pregnancy related bleeding (APH, Primary and secondary PPH) | 5 |
| 3. | Management of couple presenting with inability to conceive (Subfertility) | 5 | 7 | Pregnancy with jaundice, Puerperal disorders | 5 |
| 4 | pap smear, vulvul and vaginal disorders | 5 | 8 | Prolonged pregnancy ,induction of labour | 5 |

b) Objective structured clinical examination (OSCE)

Total stations 6
Total marks 30 (5 marks each)

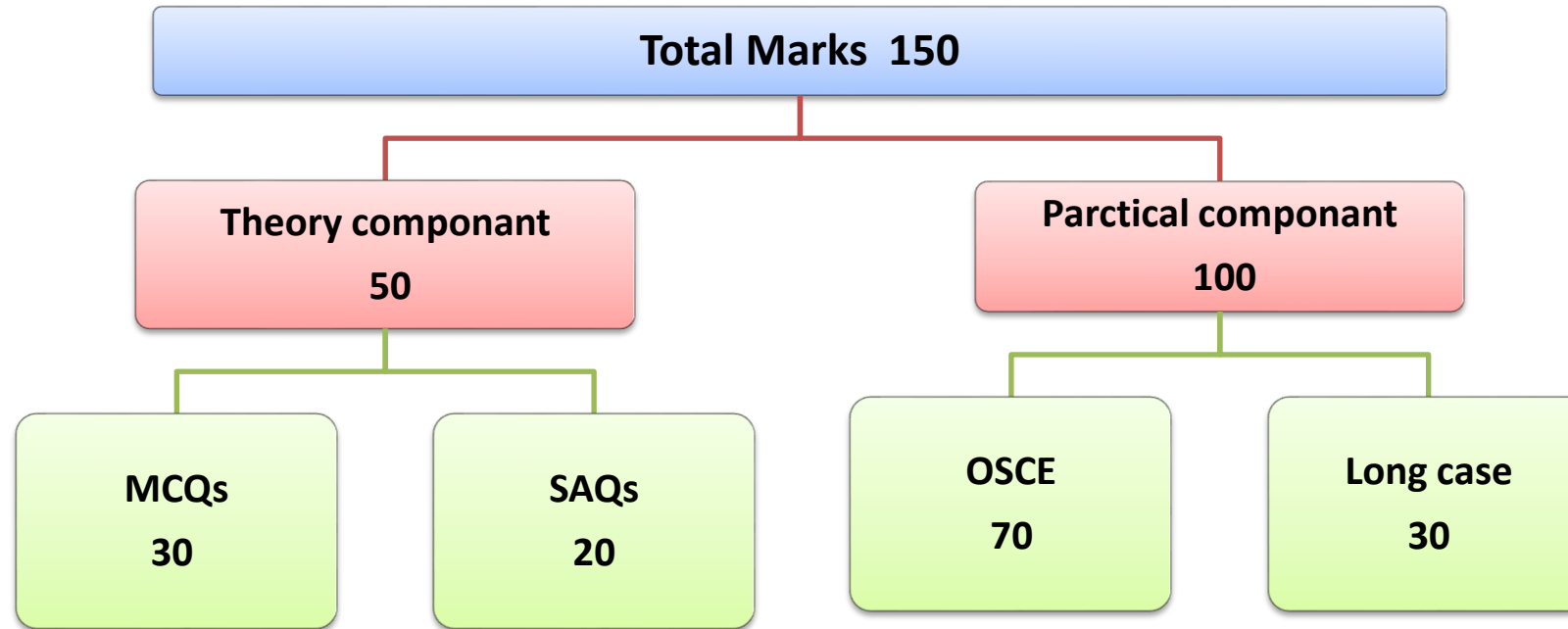
Total 30 min
(5 min each)

| S.no | Topic Distribution | Marks |
|------|---------------------------------------------------------------|-------|
| 1. | GPE | 05 |
| 2. | Obstetrics examination (Obstetrics) | 05 |
| 3. | Abdominal examination (Gynaecology) | 05 |
| 4. | Skills (Obstetrics topics covered in workshops of module II) | 05 |
| 5. | Skills (Gynaecology topics covered in workshops of module II) | 05 |
| 6. | Skills (Obstetrics topics covered in workshops of module II) | 05 |

END BLOCK EXAMINATION (EBE)

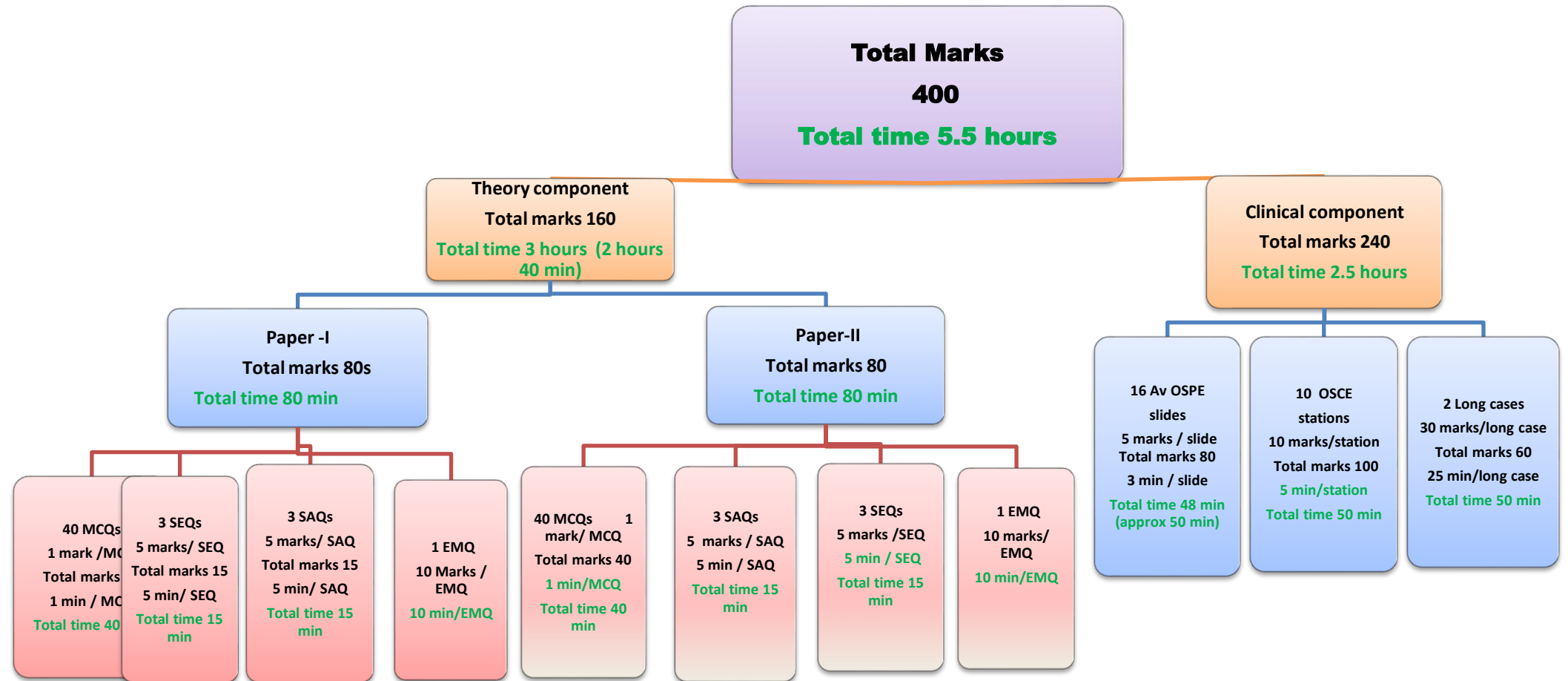
End Block Examination (EBE) has been devised for assessment of three months block. It has undergone a number of modifications over last few years. A lot of effort has been done to make it uniform and standardized keeping in mind attachment of Medical Students to more than one hospital.

TOS End block examination (EBE) Old pattern



Total assessment hours: 3 hours
Theory component: 1 hour
Clinical component: 2 hours

Revised TOS End block examination (EBE)



Total assessment hours: 5.5 hours
Theory component: 3 hour
Practical component: 2.5 hours

Table of specification (TOS) - Theory component

Integration in theory component

| Domain | Components | Percentage |
|------------------------------|---------------------------------------------------------------------------------------|-------------------|
| Core Medical knowledge (CMK) | Core subjects | 70 % |
| Horizontal integration (HI) | Medicine, Surgery, Neonatology (subjects of same year) | 10 % |
| Vertical integration (VI) | Anatomy, Physiology, Biochemistry, Pharmacology, Pathology (subjects of other years) | 10 % |
| Spiral integration (SI) | Research, Bioethics, Family Medicine | 10 % |

Table of specification (TOS)- Theory component (Paper 1: Obstetrics)

| S. No. | SECTIONS | Topic Distribution | MCQs | SAQs | SEQs | EMQ |
|-----------------------------------|--------------------------------|------------------------------------------------------------|-----------|-----------|------|-----------|
| 1. | NORMAL OBSTETRICS | Prenatal, Antenatal, | 4 | 1 | 1 | 1 |
| | | Intrapartum, Postnatal Care | 4 | | | |
| 2. | OBSTETRICS COMPLICATION | Antenatal | 4 | 1 | 1 | |
| | | Intrapartum | 4 | | | |
| | | Postnatal | 4 | | | |
| 3. | MEDICAL COMPLICATIONS | Hematological disorders | 4 | 1 | 1 | |
| | | Hypertensive disorder | 4 | | | |
| | | Cardiac disease in pregnancy | | | | |
| | | Endocrinological disorders in pregnancy | 4 | | | |
| | | Liver disease and gastroenterology disorders | 4 | | | |
| Early pregnancy disorders, Others | 4 | | | | | |
| 4. | OBSTETRICS EMERGENCY | Maternal collapse and resuscitation and others emergencies | 4 | | | |
| Total marks | | | 40 | 15 | 15 | 10 |

Table of specification (TOS) - Theory component (Paper 2: Gynaecology)

| S.No. | Topic Distribution | MCQs | SAQs | SEQ | EMQs |
|-------|--------------------------------------|-----------|-----------|-----------|-----------|
| 1. | Disorders of menstruation | 4 | 1 | 1 | 1 |
| 2. | Miscarriages/ Ectopic gestation/ GTD | 4 | | | |
| 3. | Subfertility | 4 | | | |
| 4. | Endometriosis and adenomyosis | 4 | | | |
| 5. | Infections of genital tract | 4 | 1 | 1 | |
| 6. | Uterovaginal prolapse | 4 | | | |
| | Urogynecology and fistulae | | | | |
| 7. | Benign tumor of genital tract | 4 | 1 | | |
| 8. | Malignant diseases of genital tract | 4 | | | |
| 9. | Contraception | 4 | | 1 | |
| 10. | Menopause and HRT | 4 | | | |
| | Total marks | 40 | 15 | 15 | 10 |

Table of specification (TOS) - Clinical component

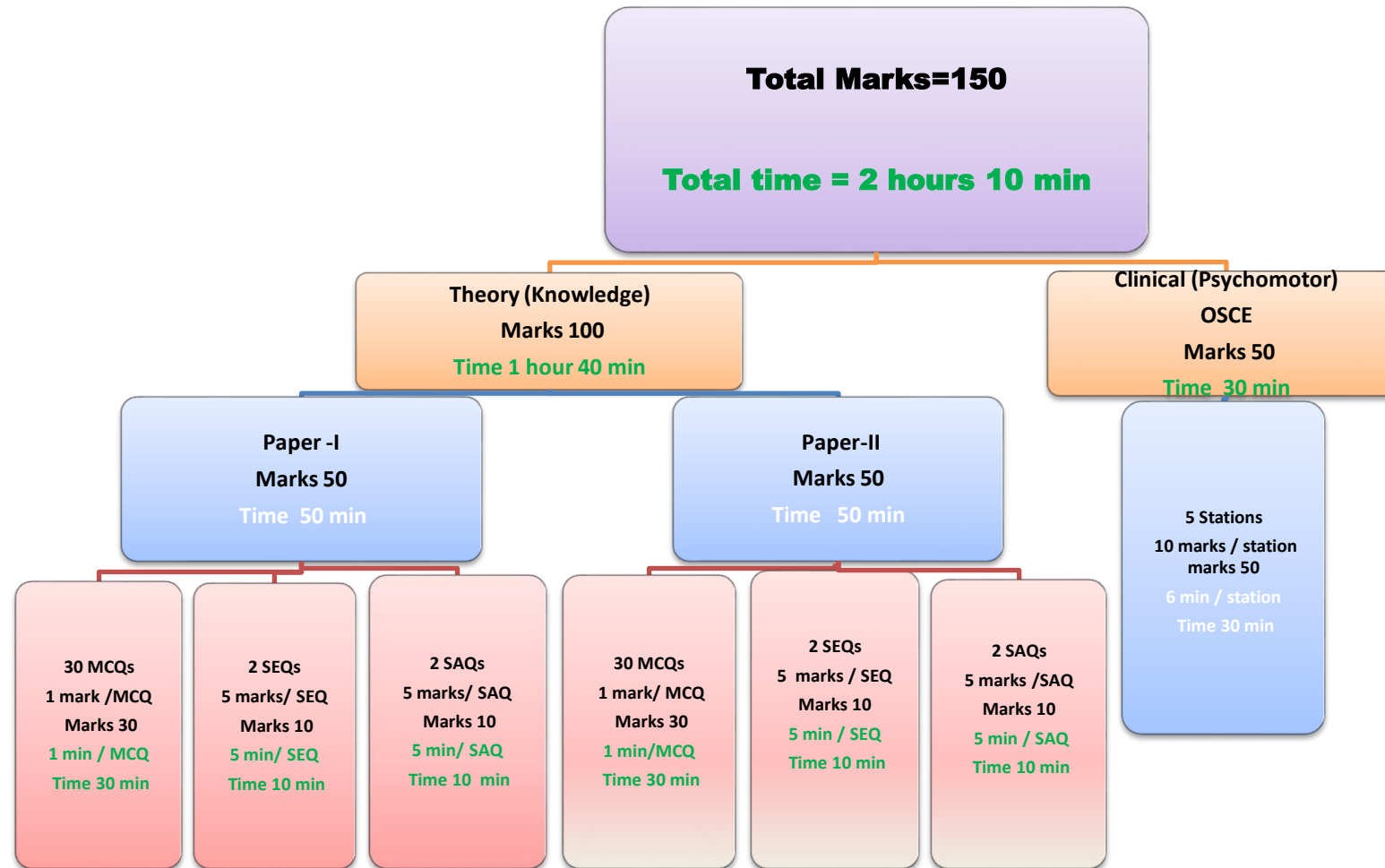
- Objective structured clinical examination (OSCE)

| S.No | Gynaecology Topic Distribution | Marks | Obstetrics Topic Distribution | Marks |
|------|---------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------|-------|
| 1 | History taking /General physical examination (patient, simulated patient) | 10 | Abdominal examination on patient | 10 |
| 2 | Speculum examination/High vaginal swab/Pap Smear (on dummy) | 10 | Documentation (Writing or critical appraisal of discharge slip, delivery/surgical notes, investigation slip, Antenatal card) | 10 |
| 3 | Procedures/instruments Hysteroscopy/Laparoscopy/Diagnostic D&C /ERPC Myomectomy | 10 | Drills on dummy Mechanism of labour /Breech delivery/Shoulder dystocia | 10 |
| 4 | Pre op care including interpretation of investigations (Ultrasound and radiological investigations) Post op care | 10 | Drills on dummy PPH/Eclampsia/Maternal collapse | 10 |
| 5 | Contraception, Counselling of any Gynae problem | 10 | Interpretation, filling or critical appraisal of CTG, partograph, labour care guide, lab investigations, Ultrasound picture | 10 |

- **Audiovideo assisted objective structured practical examination (Av OSPE)**

| S.no | Gynaecology Topic Distribution | Marks | S.no | Obstetrics Topic Distribution | Marks |
|-------------|---------------------------------------|--------------|-------------|--------------------------------------|--------------|
| 1 | Disorders of menstruation | 05 | 9 | Prenatal, Antenatal care | 05 |
| 2 | Miscarriages / Ectopic pregnancy /GTD | 05 | 10 | Intrapartum /postnatal care | 05 |
| 3 | Subfertility | 05 | 11 | Obstetrical complications | 05 |
| 4 | Endometriosis and adenomyosis | 05 | 12 | Obstetrical complications | 05 |
| 5 | Infections of genital tract | 05 | 13 | Medical complications | 05 |
| 6 | UV prolapse/ Urogynae and fistula | 05 | 14 | Medical complications | 05 |
| 7 | Benign tumor of genital tract | 05 | 15 | Obstetrical emergencies | 05 |
| 8 | Malignant tumor of genital tract | 05 | 16 | Obstetrical emergencies | 05 |

Pre-Annual Assessment (PAA) (Send-Up)



Total assessment hours: 2 hours 10min
Theory (Knowledge): 1 hour 40 min
Clinical (Psychomotor): 30 min

Note: Av OSPE is omitted so ratio of clinical and theory is changed.

5 OSCE stations

Station 1

Examination of antenatal patient

- a. General physical examination
- b. Abdominal examination
- c. Systemic examination
- d. Speculum examination

Station 2

Obstetrical Procedures/Drills

- a. Mechanism of labour
- b. Breech delivery
- c. Shoulder dystocia
- d. Instrumental delivery
- e. Management of 3rd stage of labour
- f. PPH drill

Station 3

Examination of Gynaecological patient

- a. General physical examination
- b. Abdominal examination
- c. Systemic examination
- d. Speculum

Station 4

Gynaecological Procedures

- a. Dilatation and curettage
- b. Evacuation of retained products of conception
- c. Pap smear
- d. High vaginal swab

Station 5

- a. Basic life support

Integration in Theory (Knowledge)

| Domain | Components | Percentage |
|--------------------------------|-----------------------------------------------------------------------------------------|------------|
| Core Medical knowledge (CK) | Core subjects | 70 % |
| Horizontal integration (HI) | Medicine, Surgery, Neonatology (subjects of same year) | 10 % |
| Vertical integration (VI) | Anatomy, Physiology, Biochemistry, Pharmacology, Pathology (subjects of other years) | 10 % |
| Spiral integration (SI) | Research, Bioethics, Family Medicine | 10 % |

Table of specification (TOS) - Theory (knowledge)

Paper I: Obstetrics

| S. No. | SECTIONS | Topic | MCQs | SAQs | SEQs |
|--------------------|---------------------------------|------------------------------------------------------------|-----------|-----------|-----------|
| 5. | Normal obstetrics | Prenatal, Antenatal, | 3 | 1 | 1 |
| | | Intrapartum, Postnatal Care | 3 | | |
| 6. | Obstetrics complications | Antenatal | 3 | 1 | 1 |
| | | Intrapartum | 2 | | |
| | | Postnatal | 2 | | |
| 7. | Medical complications | Hematological disorders | 3 | 1 | 1 |
| | | Hypertensive disorder | 3 | | |
| | | Cardiac disease in pregnancy | 2 | | |
| | | Endocrinological disorders in pregnancy | 3 | | |
| | | Liver disease and gastroenterology disorders | 1 | | |
| | | Early pregnancy disorders, Others | 2 | | |
| 8. | Obstetrics Emergency | Maternal collapse and resuscitation and others emergencies | 3 | | |
| Total marks | | | 30 | 10 | 10 |

TOS Distribution for MCQs of Theory Paper I according to Calgary Model

| Paper I | Topic | Impact | Frequency | I×F (Impact× Frequency) | Weightage | No of Items | Rounded NO |
|--------------------------------|------------------------------------------------------------|--------|-----------|----------------------------|-----------|----------------|------------|
| Normal obstetrics | Prenatal, Antenatal, | 3 | 3 | 9 | 0.1071 | 3.214 | 3 |
| | Intrapartum, Postnatal Care | 3 | 3 | 9 | 0.1071 | 3.214 | 3 |
| Obstetrics complication | Antenatal | 3 | 3 | 9 | 0.1071 | 3.214 | 3 |
| | Intrapartum | 3 | 2 | 6 | 0.0714 | 2.142 | 2 |
| | Postnatal | 3 | 2 | 6 | 0.0714 | 2.142 | 2 |
| Medical complications | Hematological disorders | 3 | 3 | 9 | 0.1071 | 3.214 | 3 |
| | Hypertensive disorder | 3 | 3 | 9 | 0.1071 | 3.214 | 3 |
| | Cardiac disease in pregnancy | 3 | 2 | 6 | 0.0714 | 2.142 | 2 |
| | Endocrinological disorders in pregnancy | 3 | 3 | 9 | 0.1071 | 3.214 | 3 |
| | Liver disease and gastroenterology disorders | 2 | 2 | 4 | 0.0476 | 1.428 | 1 |
| | Early pregnancy disorders, Others | 2 | 2 | 4 | 0.0476 | 1.428 | 2 |
| Obstetrics Emergency | Maternal collapse and resuscitation and others emergencies | 3 | 2 | 6 | 0.0714 | 2.142 | 3 |
| | | | | 84 | 1 | 30 | 30 |

Paper II: Gynaecology

| S. No. | Topic | MCQs | SAQs | SEQ |
|--------|--------------------------------------|-----------|-----------|-----------|
| 11. | Disorders of menstruation | 4 | 1 | 1 |
| 12. | Miscarriages/ Ectopic gestation/ GTD | 3 | | |
| 13. | Subfertility | 3 | | |
| 14. | Endometriosis and adenomyosis | 2 | | |
| 15. | Infections of genital tract | 3 | | |
| 16. | Uterovaginal prolapse | 2 | | |
| | Urogynecology and fistulae | 2 | | |
| 17. | Benign tumor of genital tract | 3 | 1 | 1 |
| 18. | Malignant diseases of genital tract | 3 | | |
| 19. | Contraception | 3 | | |
| 20. | Menopause and HRT | 2 | | |
| | Total marks | 30 | 10 | 10 |

TOS Distribution for MCQs of Theory Paper II according to Calgary Model

| Paper II | Impact | Frequency | I×F (Impact× Frequency) | Weightage | No of Items | Rounded NO |
|--------------------------------------|--------|-----------|----------------------------|-----------|-------------|------------|
| Disorders of menstruation | 3 | 3 | 9 | 0.1153 | 3.461 | 4 |
| Miscarriages/ Ectopic gestation/ GTD | 3 | 3 | 9 | 0.1153 | 3.461 | 3 |
| Subfertility | 3 | 2 | 6 | 0.0810 | 2.43 | 3 |
| Endometriosis and adenomyosis | 3 | 2 | 6 | 0.0810 | 2.43 | 2 |
| Infections of genital tract | 3 | 3 | 9 | 0.1153 | 3.461 | 3 |
| Uterovaginal prolapse | 2 | 2 | 4 | 0.0540 | 1.621 | 2 |
| Urogynecology and fistulae | 2 | 2 | 4 | 0.0540 | 1.621 | 2 |
| Benign tumor of genital tract | 3 | 3 | 9 | 0.1153 | 3.461 | 3 |
| Malignant diseases of genital tract | 3 | 3 | 9 | 0.1153 | 3.461 | 3 |
| Contraception | 3 | 3 | 9 | 0.1153 | 3.461 | 3 |
| Menopause and HRT | 2 | 2 | 4 | 0.0540 | 1.621 | 2 |
| | | | 78 | 1 | 30 | 30 |

Note:

MCQ s:

should be scenario based, Should not be single liner, Referenced from USMLE, MRCOG, PLAB and text book

SAQs, SEQs:

Should be scenario based

Must have 5 stems

Referenced from text book

Plan for Execution

1 Block
5 Ci OSCE Stations
5 students / block

4 blocks at a time in 1 unit in 1
circuit
20 students
30 min

6 circuits / unit
Total 120 students / unit
Total time = 3 hrs

Total units = 4
480 students

Final Professional MBBS Examination, RMUR: 2025

| Subject | THEORY 50% | | | CLINICALS 50% | | | |
|----------------------------------------------|--------------------------------------|-------------|-------------|--------------------------------------|----------------------|----------|-------------|
| | Component | No of Items | Marks | Component | No of Items stations | Marks | Total Marks |
| Obstetrics Paper I | Section I- MCQ | 30 | 30 (1 x 30) | Long case | 1 | 20 | 110 |
| | EMQ | 1 | 5 | OSCE | 4 | 20 (4x5) | |
| | Section II-SAQ/SEQ | 4 | 20 (5 x 4) | Av OSPE | 5 | 15(5x3) | |
| | | | | | | | |
| Gynaecology Paper II | Section I-MCQ | 25 | 25(1 x 25) | Long case | 1 | 20 | 100 |
| | EMQ | 1 | 5 | OSCE | 3 | 15 (3x5) | |
| | Section II-SAQ/SEQ | 4 | 20(4x 5) | Av OSPE | 5 | 15(5x3) | |
| Total marks with CIA =210+90= 300 | Continuous Internal Assessment (30%) | | 45 | Continuous Internal Assessment (30%) | | 45 | 90 |
| | Total Marks | | | 150 | Total Marks | | 150 |

Table of specification

(TOS)- Theory Component

Paper I: Obstetrics

| S. No. | SECTIONS | Topic Distribution | MCQs 30 | EMQs 1 | SAQs 5 | SEQs - 5 |
|---------------------------|--------------------------|------------------------------------------------------------|---------------|----------------|---------------|---------------|
| 1 | Normal obstetrics | Prenatal | 2 | 1 (5 parts) | 1 | 1 |
| | | Antenatal | 2 | | | |
| | | Intrapartum | 2 | | | |
| | | Postnatal Care | 2 | | | |
| | | Neonatology | 1 | | | |
| | | Breast feeding | 1 | | | |
| 2 | Obstetrics complications | Antenatal | 2 | | | |
| | | Intrapartum | 2 | | | |
| | | Postnatal | 2 | | | |
| 3 | Medical complications | Early pregnancy disorders | 2 | | | |
| | | Hematological disorders | 2 | | | |
| | | Hypertensive disorder | 2 | | | |
| | | Cardiac disease in pregnancy | 2 | | | |
| | | Endocrinological disorders in pregnancy | 2 | | | |
| | | Liver disease and gastroenterology disorders | 1 | | | |
| | | Others | 1 | | | |
| 4 | Obstetrics emergencies | Maternal collapse and resuscitation and others emergencies | 2 | 1 | 1 | |
| Total marks:55 | | | 30 | 5 | 10 | 10 |
| Total time: 55 min | | | 30 min | 5 min | 10 min | 10 min |

Table of specification (TOS) – Theory Component

Paper II: Gynaecology

| S. No | Topic Distribution | MCQs 30 | EMQs 1 | SAQs 5 | SEQs - 5 | | | |
|-------|----------------------------------------------------|----------------------------|--------------------------|----------------------------|----------------------------|---|---|---|
| 1 | Anatomy and embryology of genital tract | 1 | 1 (5 parts) | | | | | |
| 2 | Disorders of puberty and ovulation | 1 | | | | | | |
| 3 | Disorders of menstruation | 2 | | | | | | |
| 4 | Miscarriages | 2 | | | | | | |
| 5 | Ectopic gestation | 1 | | | | 1 | 1 | |
| 6 | Subfertility | 2 | | | | | | |
| 7 | Endometriosis and adenomyosis | 2 | | | | | | |
| 8 | Infections of genital tract | 2 | | | | | | |
| 9 | Uterovaginal prolapse | 2 | | 1 (5 parts) | | | | |
| 10 | Urogynecology and fistulae | 1 | | | | | | |
| 11 | Benign tumors of genital tract | 2 | | | | | | |
| 12 | Malignant diseases of genital tract | 2 | | | | | 1 | 1 |
| 13 | Contraception | 2 | | | | | | |
| 14 | Menopause and HRT | 1 | | | | | | |
| 15 | Common gynecological procedures | 1 | | | | | | |
| 16 | Pre, intra and post-operative care | 1 | | | | | | |
| | Total marks: 50 Total time:50 min | 25 25 min | 5 5 min | 10 10 min | 10 10 min | | | |

Table of specification (TOS) – Clinical component
Audio Video Assisted Objective Structural Practical Examination (Av OSPE)

Paper I: Obstetrics

| S. No | Topics | Marks |
|-------|----------------------------------------------------------------------------|--------------------------------------|
| 01 | Scenario based: prenatal and antenatal complications, management | 03 |
| 02 | Scenario based: Intrapartum and postpartum complication management | 03 |
| 03 | Scenario based: Medical Complications management | 03 |
| 04 | Obstetric ultrasound, MRI and Prenatal invasive diagnosis | 03 |
| 05 | CTG, portogram, labor care guide, lab investigations | 03 |
| | Total marks | 15 |
| | Total time | 15 min (3 min each) |

Table of specification (TOS) – Clinical component

Audio Video Assisted Objective Structural Practical examination (Av OSPE)

Paper II: Gynaecology

| S. No. | Topics | Marks |
|--------|-----------------------------------------------------------------------------------------------------|--------------------------------------|
| 1 | Differential diagnosis: (Mass abdomen, HMB, Dysmenorrhea, Something coming out of vagina) | 03 |
| 2 | Medication and sutures | 03 |
| 3 | Scenario based: case management | 03 |
| 4 | Ultrasound and radiological investigations (USG, HSG, CT scan, MRI, Doppler) | 03 |
| 5 | Lab investigations (Anemia,Pre-Op investigations etc) | 03 |
| | Total marks | 15 |
| | Total time | 15 min (3 min each) |

Table of specification (TOS) – Clinical component
Objective Structural Clinical Examination (OSCE)

Paper I: Obstetrics

| S. No. | Topic Distribution | Marks |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| 01 | Station 1 Examination of antenatal patient a. General physical examination b. Abdominal examination c. Systemic examination d. Speculum examination | 05 |
| 02 | Station 2 Obstetrical Procedures/Drills a. Mechanism of labour b. Breech delivery c. Shoulder dystocia d. Instrumental delivery | 05 |
| 03 | Station 3 Obstetrical Procedures/Drills e. Management of 3 rd stage of labour f. PPH drill g. Eclampsia drill | 05 |
| 04 | Station 4 a. Basic life support | 05 |
| | Total marks Total time | 20 20 min (5 min each) |

Table of specification (TOS) – Clinical component
Objective Structural Clinical Examination (OSCE)

Paper I: Obstetrics

| S. No. | Topic Distribution | Station NO. | Marks |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------|
| 01 | Examination of antenatal patient a. General physical examination b. Abdominal examination c. Systemic examination d. Speculum examination | Station 1 | 05 |
| 02 | Obstetrical Procedures/Drills a. Mechanism of labour b. Breech delivery c. Shoulder dystocia d. Instrumental delivery | Station 2 | 05 |
| 03 | Obstetrical Procedures/Drills a. Management of 3 rd stage of labour b. PPH drill c. Eclampsia drill | Station 3 | 05 |
| 04 | Basic life support | Station 4 | 05 |
| | Total marks Total time | | 20 20 min (5 min each) |

Table of specification (TOS) – Clinical component

Objective Structural Clinical Examination (OSCE)

Paper II: Gynaecology

| S. No. | Topic Distribution | Station NO. | Marks |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------|
| 01 | Examination of Gynaecological patient a. General physical examination b. Abdominal examination c. Systemic examination d. Speculum examination e. Bimanual examination | Station 5 | 05 |
| 02 | Gynaecological Procedures a. Dilatation and curratage b. Evacuation of retained products of conception c. Pap smear d. High vaginal swab | Station 6 | 05 |
| 03 | Counselling a. Contraceptive counselling b. Pre- Op Counselling c. Post- op Counselling | Station 7 | 05 |
| | Total marks Total time | Station 3 | 15 15 min (5 min each) |

Table of specification (TOS) – Clinical component

Long Cases

Obstetrics

Time: 30 min

Total Marks: 20

History: 05 marks

Examination: 05 marks

Investigations: 02 marks

Differential and Provisional diagnosis: 03 marks

Gynaecology:

Time: 30 min

Total Marks: 20

History: 05 marks

Examination: 05 marks

Investigations: 02 marks

Differential and Provisional diagnosis: 03 marks

Summary of Assessments

| NAME | FREQUENCY | Pattern | TYPE | SETTING |
|---------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------|
| CPC Quiz | After every CPC | 10 MCQs | Formative | On line |
| LMS tests | Every 1 weeks | 20 MCQs | Formative | On line |
| Module I | At end of first module | Theory: 50 marks : MCQs: 20 marks (20 Items) SAQs: 10 marks (2 Items) SEQs: 10 marks (2 items) EMQ: 10marks (1 item) Clinical: 70 marks” : Av OSPE :40 marks (8 slides) Ci OSCE: 30 marks(6 stations) | Formative | Respective units |
| Module II | At end of second module | Theory: 50 marks : MCQs: 20 marks (20 Items) SAQs: 10 marks (2 Items) SEQs: 10 marks (2 items) EMQ: 10marks (1 item) Clinical: 70 marks : Av OSPE :40 marks (8 slides) Ci OSCE: 30 marks(6 stations) | Formative | Respective units |
| End block exam | At end of Block (12 weeks) | Theory: 160marks Obstetrics: MCQs: 40 marks (40 Items) SAQs: 15 marks (3 Items) SEQs: 15 marks (3 items) EMQ: 10marks (1 item) Gynaecology: MCQs:40 marks (40 Items) SAQs: 15 marks (3 Items) SEQs: 15 marks (5 items) EMQ: 10marks (1 item) Clinical: 240 marks Ci OSCE Obstetrics: 50 marks (5 stations) Gynaecology: 50 marks (5 stations) Av OSPE: Obstetrics: 40 marks (8 slides) Gynaecology: 40 marks (8 slides) Long cases: Obstetrics: 30 marks (1 long case) Gynaecology: 30 marks (1 long case) | Summative | On Campus In respective units |
| Preannual Examination (Send Up) | At the end of year | Theory: 100 marks Obstetrics: MCQs: 30 marks (30 Items) , SAQs: 10 marks (2 Items) SEQs: 10 marks (2 Items) Gynaecology: MCQs: 25 marks (25 Items) SAQs: 10 marks (2 Items) SEQs: 10 marks (2 Items) Clinical: 50 marks OSCE: 50 marks (5 Items) | As an eligibility criteria for final professional exam | On Campus In respective units |
| Professional exam | At the end of year | Obstetrics: 110 marks Theory: 55 Clinical: 55 Gynaecology: 100 marks Theory: 50 Clinical: 50 | Summative | Written-On Campus Clinical-in respective units |

TIME TABLE OF 1st SESSION LECTURES

FOR FINAL YEAR MBBS AT NTB RMU (Gynae Lectures)

| Date | Monday | | Date | Tuesday | | Date | Thursday | |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------|--|----------------------------|------------------------------------------------------------------------------|--|----------------------------|------------------------------------------------------------------------------------------------------------|--|
| | Lecture | | | Lecture | | | Lecture | |
| | 08.00am to 09.00am | | | 08.00am to 09.00am | | | 08.00am to 09.00am | |
| 03-3-25 HFH-I | Medical ethics Dean, Professor TallatFarkhanda / Dr.AmaraArooj (Assistant Professor) | | 04-03-25 HFH-I | Physiology of menstrual cycle Dr.Saima Khan (Assistant Professor) | | 06-03-25 HFH-I | Anatomy + Embryology of pelvic organs Dr.Sobia Nawaz (Associate Professor) | |
| 10-03-25 HFH-II | Miscarriages Dr.FarahDeeba , (Assistant Professor) | | 11-03-25 HFH-II | Ectopic/GTD Dr.MalehaSadaf, (Assistant Professor) | | 13-03-25 HFH-II | Primary Amenorrhea Dr.Humaira Noreen (Associate Professor) Head of Department | |
| 17-03-25 BBH | Secondary amenorrhea Dr.Sadia Khan, Associate Professor , HOD, / Dr.Ismat , Assistant Professor | | 18-03-25 BBH | PCOD Dr.Nighat , Assistant Professor | | 20-03-25 BBH | Abnormal uterine bleeding Dr.Sadia Khan, Associate Professor , HOD, / Dr.Hina , Senior Registrar | |
| 24-03-25 RTH | Endometriosis Dr.RubabaAbid , Associate Professor, HOD, | | 25-03-25 RTH | Lower genital tract infection Dr.Shama Bashir, Assistant Professor | | 27-03-25 RTH | Upper genital infection Dr.Aqsalkram, Assistant Professor | |
| 31-3-25 HFH-I | Benign disease of ovary Dr.Saima Khan , Assistant Professor | | 01-4-25 HFH-I | Sub-fertility Dr.Humaira Bilqis, Assistant Professor | | 03-4-25 HFH-I | Contraception Dr.Sobia Nawaz, Associate Professor | |
| 07-04-25 HFH-II | Benign disease of Uterus | | 08-04-25 HFH-II | Benign +Pre-malignant diseases of cervix | | 10-04-25 HFH-II | Benign + Malignant disease of vulva + vagina | |
| 29-04-2024 to 05-05-2024 (Sports Week) | | | | | | | | |
| 14-04-25 BBH | Malignant diseases of ovary | | 15-04-25 BBH | Malignant diseases of uterus | | 17-04-25 BBH | Malignant diseases of cervix | |
| 21-04-25 RTH | Post menopausal bleeding | | 22-04-25 RTH | Menopause + HRT | | 24-04-25 RTH | UV Prolapse | |

TIME TABLE OF 1st SESSION LECTURES

FOR FINAL YEAR MBBS AT NTB RMU (Obs Lectures)

| Date | Monday | Date | Tuesday | Date | Thursday |
|----------------------------------|-------------------------------------------------------|----------------------------------|-----------------------------------------------------|----------------------------------|-------------------------------|
| | Lecture | | Lecture | | Lecture |
| | 08.00am to 09.00am | | 08.00am to 09.00am | | 08.00am to 09.00am |
| 28-04-25 HFH-I | Antenatal Care + Obs History | 29-04-25 HFH-I | Anemia in Pregnancy | 01-05-25 HFH-I | Diabetes in Pregnancy |
| 05-05-25 HFH-II | Assessment of Fetal well being and prenatal diagnosis | 06-05-25 HFH-II | Hypertensive disorders + IUGR (Except eclampsia) | 08-05-24 HFH-II | Liver disorders in pregnancy |
| 12-05-25 BBH | APH | 13-05-25 BBH | Preterm labour and PPRM | 15-05-25 BBH | Multiple pregnancy /End Block |
| End Block | | | | | |

TIME TABLE OF 2nd SESSION LECTURES

FOR FINAL YEAR MBBS AT NTB RMU (Gynae Lectures)

| Date | Monday | Date | Tuesday | Date | Thursday |
|---------------|-----------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------|
| | Lecture | | Lecture | | Lecture |
| | 08.00am to 09.00am | | 08.00am to 09.00am | | 08.00am to 09.00am |
| HFH-I | Medical ethics Dean, Professor TallatFarkhanda / Dr.AmaraArooj (Assistant Professor) | HFH-I | Physiology of menstrual cycle Dr.Saima Khan (Assistant Professor) | HFH-I | Anatomy + Embryology of pelvic organs Dr.Sobia Nawaz (Associate Professor) |
| HFH-II | Miscarriages Dr.FarahDeeba , (Assistant Professor) | HFH-II | Ectopic/GTD Dr.MalehaSadaf, (Assistant Professor) | HFH-II | Primary Amenorrhea Dr.Humaira Noreen (Associate Professor) Head of Department |
| BBH | Secondary amenorrhea Dr.Sadia Khan, Associate Professor , HOD, / Dr.Ismat , Assistant Professor | BBH | PCOD Dr.Nighat , Assistant Professor | BBH | Abnormal uterine bleeding Dr.Sadia Khan, Associate Professor , HOD, / Dr.Hina , Senior Registrar |
| RTH | Endometriosis Dr.RubabaAbid , Associate Professor, HOD, | RTH | Lower genital tract infection Dr.Shama Bashir, Assistant Professor | RTH | Upper genital infection Dr.AqsaIkram, Assistant Professor |
| HFH-I | Benign disease of ovary Dr.Saima Khan , Assistant Professor | HFH-I | Sub-fertility Dr.Humaira Bilqis, Assistant Professor | HFH-I | Contraception Dr.Sobia Nawaz, Associate Professor |
| HFH-II | Benign disease of Uterus Dr.FarahDeeba, Assistant Professor | HFH-II | Benign +Pre-malignant diseases of cervix Dr.KhansaIqbal, Assistant Professor | HFH-II | Benign + Malignant disease of vulva + vagina Dr.Humera Noreen, (Associate Professor) HOD |
| BBH | Malignant diseases of ovary Dr.Sadia Khan, Head of Department | BBH | Malignant diseases of uterus Dr.Nighat, Assistant Professor | BBH | Malignant diseases of cervix Dr.Sadia Khan, Assistant Professor |
| RTH | Post menopausal bleeding Dr.Shama Bashir, Assistant Professor | RTH | Menopause + HRT Dr.AqsaIkram, Assistant Professor | RTH | UV Prolpase Dr.RubabaAbid , Associate Professor, HOD |

TIME TABLE OF 2nd SESSION LECTURES

FOR FINAL YEAR MBBS AT NTB RMU (Obs Lectures)

| Date | Monday | Date | Tuesday | Date | Thursday |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------|
| | Lecture | | Lecture | | Lecture |
| | 08.00am to 09.00am | | 08.00am to 09.00am | | 08.00am to 09.00am |
| HFH-I | Antenatal Care + Obs History Dr.Humaira Bilqis (Assistant Professor) | HFH-I | Anemia in Pregnancy Dr.AmaraArooj (Assistant Professor) | HFH-I | Diabetes in Pregnancy Dr.Sobia Nawaz Malik (Associate Professor) |
| HFH-II | Assessment of Fetal well being and prenatal diagnosis Dr.Humera Noreen , Associate Professor, Head of Department | HFH-II | Hypertensive disorders + IUGR (Except eclampsia) Dr.MalihaSadaf, Assistant Professor, Gynae Unit-II | HFH-II | Liver disorders in pregnancy Dr.KhansaIqbal, Assistant Professor, Gynae Unit-II |
| BBH | APH Dr.Sadia Khan, Associate Professor, Head of Department | BBH | Preterm labour and PPRM Dr.NighatNaheed, Assistant Professor | BBH | Multiple pregnancy /End Block Dr.Sadia Khan, Associate Professor, Head of Department |
| End Block of 2nd Session | | | | | |
| | | | | | |

TIME TABLE OF 3rd SESSION LECTURES

FOR FINAL YEAR MBBS AT NTB RMU (Gynae Lectures)

| Date | Monday | Date | Tuesday | Date | Thursday |
|---------------|-------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------|
| | Lecture | | Lecture | | Lecture |
| | 08.00am to 09.00am | | 08.00am to 09.00am | | 08.00am to 09.00am |
| HFH-I | Medical ethics Dean, Professor TallatFarkhanda / Dr.AmaraArooj (Assistant Professor) | HFH-I | Physiology of menstrual cycle Dr.Saima Khan (Assistant Professor) | HFH-I | Anatomy + Embryology of pelvic organs Dr.Sobia Nawaz (Associate Professor) |
| HFH-II | Miscarriages Dr.FarahDeeba , (Assistant Professor) | HFH-II | Ectopic/GTD Dr.MalehaSadaf, (Assistant Professor) | HFH-II | Primary Amenorrhea Dr.Humaira Noreen (Associate Professor) Head of Department |
| BBH | Secondary amenorrhea Dr.Sadia Khan, Associate Professor , HOD, / Dr.Ismat , Assistant Professor | BBH | PCOD Dr.Nighat , Assistant Professor | BBH | Abnormal uterine bleeding Dr.Sadia Khan, Associate Professor , HOD, / Dr.Hina , Senior Registrar |
| RTH | Endometriosis Dr.RubabaAbid , Associate Professor, HOD, | RTH | Lower genital tract infection Dr.Shama Bashir, Assistant Professor | RTH | Upper genital infection Dr.Aqsalkram, Assistant Professor |
| HFH-I | Benign disease of ovary Dr.Saima Khan , Assistant Professor | HFH-I | Sub-fertility Dr.Humaira Bilqis, Assistant Professor | HFH-I | Contraception Dr.Sobia Nawaz, Associate Professor |
| HFH-II | Benign disease of Uterus Dr.FarahDeeba, Assistant Professor | HFH-II | Benign +Pre-malignant diseases of cervix Dr.KhansaIqbal, Assistant Professor | HFH-II | Benign + Malignant disease of vulva + vagina Dr.Humera Noreen, (Associate Professor) HOD |
| BBH | Malignant diseases of ovary Dr.Sadia Khan, Head of Department | BBH | Malignant diseases of uterus Dr.Nighat, Assistant Professor | BBH | Malignant diseases of cervix Dr.Sadia Khan, Assistant Professor |
| RTH | Post menopausal bleeding Dr.Shama Bashir, Assistant Professor | RTH | Menopause + HRT Dr.Aqsalkram, Assistant Professor | RTH | UV Prolpase Dr.RubabaAbid , Associate Professor, HOD |

TIME TABLE OF 3rd SESSION LECTURES

FOR FINAL YEAR MBBS AT NTB RMU (Obs Lectures)

| Date | Monday | Date | Tuesday | Date | Thursday |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------|
| | Lecture | | Lecture | | Lecture |
| | 08.00am to 09.00am | | 08.00am to 09.00am | | 08.00am to 09.00am |
| HFH-I | Antenatal Care + Obs History Dr.Humaira Bilqis (Assistant Professor) | HFH-I | Anemia in Pregnancy Dr.AmaraArooj (Assistant Professor) | HFH-I | Diabetes in Pregnancy Dr.Sobia Nawaz Malik (Associate Professor) |
| HFH-II | Assessment of Fetal well being and prenatal diagnosis Dr.Humera Noreen , Associate Professor, Head of Department | HFH-II | Hypertensive disorders + IUGR (Except eclampsia) Dr.MalihaSadaf, Assistant Professor, Gynae Unit-II | HFH-II | Liver disorders in pregnancy Dr.KhansaIqbal, Assistant Professor, Gynae Unit-II |
| BBH | APH Dr.Sadia Khan, Associate Professor, Head of Department | BBH | Preterm labour and PPRM Dr.NighatNaheed, Assistant Professor | BBH | Multiple pregnancy /End Block Dr.Sadia Khan, Associate Professor, Head of Department |
| End Block of 3rdSession | | | | | |
| | | | | | |

TIME TABLE OF GYNAE / OBS WORKSHOPS FOR FINAL YEAR MBBS

AT RESPECTIVE UNITS ON EVERY WEDNESDAY

Timings: 10:00 am to 02:00 pm (1st Rotation)

| | |
|---|------------------------------------------------------------------------------------------------------------------|
| 1 | General physical examination, Preparation of investigation slip, Documentation on discharge slip, Surgical notes |
| 2 | Systemic & Abdominal, Pelvic examination, Pap smear, HVS |
| 3 | Pre and post operative care |
| 4 | Hysteroscopy/ Laparoscopy/ Diagnostic D & C/ ERPC, Myomectomy instruments |

TIME TABLE OF GYNAE / OBS WORKSHOPS FOR FINAL YEAR MBBS

AT RESPECTIVE UNITS ON EVERY WEDNESDAY

Timings: 10:00 am to 12:00 pm (2nd Rotation)

| | |
|---|--------------------------------------------------------------------------------------|
| 1 | Contraception, PPH ,APH, Shoulder dystocia, |
| 2 | Normal/ Abnormal labour/ Malpresentation, Mechanism of labour ,Breech, Cord Prolapse |
| 3 | Counselling in gynaecology, Forceps, Vacuum |
| 4 | Eclampsia / Maternal collapse / Ultrasound Obs and Gynae |

Consultant class/CBL Schedule, MBBS FINAL Year Batch (1st Rotation) 2025

| Days | Roll No | Topic Week-I (OBS) | Teacher |
|-------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Day-1 | | Obs History Taking | |
| Day-2 | | Patient presenting with high BP / Headache / Blurring of vision (HTN disorders of pregnancy) | |
| Day-3 | | Workshop-01 | |
| Day-4 | | Patient with pallor+ SOB (Anemia in pregnancy) | |
| Day-5 | | CBL - Patient presenting with high BP / Headache / Blurring of vision (HTN disorders of pregnancy, IUGR) | |
| Day-6 | | CBL - Patient with pallor+ SOB (Anemia in pregnancy, Cardiac disease, respiratory disease) | |
| Week-II (OBS) | | | |
| Day-1 | | Patient with preterm labour (PTL) and PPRM | |
| Day-2 | | Patient presenting with small for dates (Mistaken dates, IUGR, Oligohydramniase, PPRM) | |
| Day-3 | | Workshop-02 | |
| Day-4 | | Patient presenting with large for dates (Multiple gestations) | |
| Day-5 | | CBL - Patient with previous history of IUDs, Miscarriages (BOH) | |
| Day-6 | | CBL -Patient with excessive vomiting and nausea (Hyperemesis Gravidarum) and other minor disorders of pregnancy e.g backache , constipation | |
| Week-III (Gynae) | | | |
| Day-1 | | History Taking (Gynae) + Patient with bleeding and abdominal pain in early pregnancy (Ectopic) | |
| Day-2 | | Patient with abnormal uterine bleeding (HMB) + Fibroid Uterus | |
| Day-3 | | Workshop-03 | |
| Day-4 | | Patient with abdominal mass (Bening and malignant ovarian masses) | |
| Day-5 | | CBL - Patient with bleeding in early pregnancy (Miscarriages+GTD) + CBL - Patient with Menstrual cycle irregularities (Sec-amennorhoea, PCOD) | |
| Day-6 | | CBL -Patient with Postmenopausal bleeding (all cases of PMB) + CBL -Patient with hot flushes (Menopause and its related problems + HRT) | |
| Week-IV (Gynae) | | | |
| Day-1 | | Patient with abdominal mass (Fibroid uterus) | |
| Day-2 | | Patient with abdominal mass (Bening ovarian masses) | |
| Day-3 | | Workshop-04 | |
| Day-4 | | Patient with abdominal mass (Malignant ovarian and uterine masses) | |
| Day-5 | | CBL -Patient with Postmenopausal bleeding (all cases of PMB) Patient with hot flushes (Menopause and its related problems + HRT) | |
| Day-6 | | Module assessment | |

Consultant class/CBL Schedule, MBBS FINAL Year Batch (2nd Rotation) 2025

| Days | Roll No | Topic Week-I (OBS) | Teacher Name |
|-------------------------|---------|--------------------------------------------------------------------------------------------------------------------|--------------|
| Day-1 | | Patient with postdates (Prolonged pregnancy) and induction of labour | |
| Day-2 | | Patient with deranged sugar levels (GDM) | |
| Day-3 | | Workshop-05 | |
| Day-4 | | Patient with bleeding in second half of pregnancy (APH) | |
| Day-5 | | CBL -Patient with large for dates (Mistaken dates, macrosomic baby, Polyhydramnios, multiple gestation etc) | |
| Day-6 | | CBL -Management of patient Rh-ve blood group (Rh incompatibility) | |
| Week-II (OBS) | | | |
| Day-1 | | Abnormal labour | |
| Day-2 | | Patient with bleeding after delivery (Primary and secondary PPH) | |
| Day-3 | | Workshop-06 | |
| Day-4 | | Puerperal disorders | |
| Day-5 | | CBL - Patient with Jaundice (Liver disorders in pregnancy) | |
| Day-6 | | CBL - Patient with fits other than eclampsia (epilepsy and metabolic disturbances) | |
| Week-III (Gynae) | | | |
| Day-1 | | Patient with chronic pelvic pain (PID+endometriosis) | |
| Day-2 | | Patient with something coming out of vagina (UV Prolapse) | |
| Day-3 | | Workshop-07 | |
| Day-4 | | Management of couple presenting with inability to conceive (Subfertility) | |
| Day-5 | | CBL - Management of couple presenting with inability to conceive (Subfertility) | |
| Day-6 | | CBL - Patient with vaginal discharge (Lower genital tract infection) | |
| Week-IV (Gynae) | | | |
| Day-1 | | Patient with abnormal PAP smear (CIN) | |
| Day-2 | | CBL -Vulval and Vaginal disorders | |
| Day-3 | | Workshop-08 | |
| DAY 4-6 | | Revision and Module assessment | |

STATION DUTY ROSTER FOR FINAL YEAR

Batch A:
Batch C:

Batch B:
Batch D:

Timing 10:00am – 02:00pm

| OB/ GYN Clinical Clerkship Stations for weekly rotation (10.00 am to 02.00 pm) | | | | |
|--------------------------------------------------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Group (4 to 5 students) | Week1 | Week2 | Week3 | Week4 |
| A | OT /OPD | Gynae Ward | Labor Room & postnatal ward | Antenatal Ward |
| B | Gynae Ward | Labor Room & postnatal ward | Antenatal Ward | OT /OPD |
| C | Labor Room & postnatal ward | Antenatal Ward | OT /OPD | Gynae Ward |
| D | Antenatal Ward | OT /OPD | Gynae Ward | Labor Room & postnatal ward |

OPD DAYS/ER:

- Monday
- Wednesday
- Friday

OT DAYS:

- Tuesday
- Thursday
- Saturday

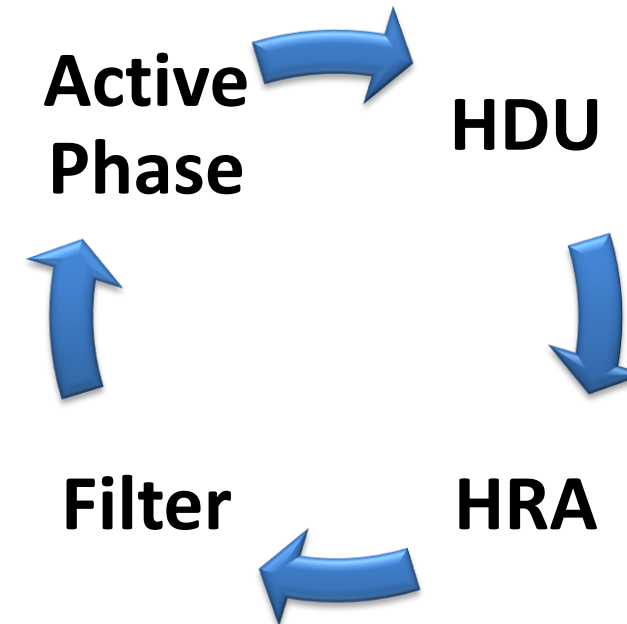
LABOUR ROOM ROTATION CYCLE FOR FINAL YEAR

**EVENING BATCH TIMING 02.00pm – 5:00pm
BATCH**

**Batch A:
Batch C:**

**Batch B:
Batch D:**

| Week-1 | Active Phase | HDU | Filter | HRA |
|-----------|--------------|-----|--------|-----|
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Week-2 | Active Phase | HDU | Filter | HRA |
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Week-3 | Active Phase | HDU | Filter | HRA |
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Week-4 | Active Phase | HDU | Filter | HRA |
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |



Learning Resources

- Obstetrics by Ten teachers 20th edition:
- Gynaecology by Ten teachers 20th edition:
- Dewhurst's text book of Obstetrics and Gynaecolog 9th edition
- Shaw's textbook of Gynaecology 18th edition
- Shaw's textbook of Operative Gynaecology 7th edition
- RCOG Green-top guidelines
- Lectures available online on LMS