**Clinical Log Book**

**Obstetrics/Gynaecology**

**Final year MBBS Rawalpindi Medical University**



Student Name:……………………………………………………………………………………..

Roll No…………………………………………..Batch:………………………………..………… University Registration No…………………………..PMDC No………………………… Address:………………………………………………………………………………………………. Contact:………………………………..Email:…………………………………………………….Obstetrics

**AIMS AND OBJECTIVES**

Aims and Objectives of the Obstetrics / Gynaecology Logbook

**Aims:**

1. To provide a structured record of clinical experiences during undergraduate training.

2. To ensure documentation of the learning process and competencies achieved in alignment with the curriculum requirements.

3. To serve as a tool for self-assessment, reflection, and skill improvement.

4. To facilitate periodic evaluation by supervisors for constructive feedback and guidance.

**Objectives:**

**1. History Taking and Examination:**

Practice proper history taking from patients and writing it down and examining the patient thoroughly with proper consent and exposure.

**2. Skill Development:**

Highlight exposure to different basic procedures including iv cannulation, foley catheterization, I/M injections and to ensure competency in Obs/ Gynae clinical skills e.g. monitoring of labour, Interpretation of CTG.

**3. Patient Management:**

Document history, clinical notes, progress notes, consent taking, and follow up notes.

Develop a comprehensive understanding of patient care in both outpatient and inpatient settings.

**5. Compliance with Training Program:**

Ensure the trainee meets the requirements set by the training program and regulatory bodies for successful certification.

**6. Assessment and Evaluation:**

Provide a transparent and verifiable record for supervisors to assess clinical exposure, surgical competence, and overall progress.

 Facilitate constructive feedback during periodic reviews and examinations.

**7. Research and Academic Growth:**

Encourage the integration of evidence-based medicine into clinical practice.

**SOP’s for filling the logbook**

1. All students should wear white coat in the wards
2. All students should wear their ID badges during the clinical rotation
3. 80 % attendance is mandatory for every student to sit in module and end-block exam
4. Students are required to submit leave application in principal office in case of illness or family emergencies
5. Students will not be permitted to makeup time missed without a valid reason and missed period should be compensated by extra duties as per department protocol
6. Students time schedule for clinical rotation will be set in the time table
7. All students are required to attend the wards in the evening according to their unit schedule
8. The final year clinical rotation will be clinical clerkship and students will stay in the ward according to the unit schedule.
9. Student must write histories of all the patients on their allotted beds. Beds will be allotted daily by senior registrar of that ward
10. Students are expected at all times to maintain a professional and therapeutic relationship with patients
11. During a clinical rotation in student must write at least 10 histories (5 Obstetrics and 5 Gynaecology) with clinical examination, management plan,1 progress report of post-natal patient and 1 progress report of post op patient in each module. These should be daily checked, marked by in charge senior registrar of that ward
12. Students should have completed all assigned targets of their wards, marked and signed by in charge senior registrar of that ward
13. Each student should present at least one case in consultant class in each module. It should be marked by the consultant
14. Student should get the respective area (Consultant class, CBL, morning stations, evening duties etc) of log book signed and marked at the same. No sign will be done afterwards
15. Module assessment/Ward test at the end of each module is mandatory
16. Your internal assessment is based on work place-based assessment, module assessment, End block assessment, attendance, LMS test And CPC attendance with quiz
17. Please keep a photocopy of this card with you so it can be replaced if lost

# Clinical Clerkship Training Program

**Module-I**

**Obs/Gynae**

# Final Year MBBS

**WEEK 1**

# Unit \_\_\_\_\_\_\_\_\_\_

# From \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Topic** | **Teaching strategies** | **Teacher Name** | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

#  Clinical Clerkship Training Program

**Module-I**

**Obs/Gynae**

# Final Year MBBS

**WEEK 2**

# Unit \_\_\_\_\_\_\_\_\_\_

# From \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Topic** | **Teaching strategies** | **Teacher Name** | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

#  Clinical Clerkship Training Program

**Module-I**

**Obs/Gynae**

# Final Year MBBS

**WEEK 3**

# Unit \_\_\_\_\_\_\_\_\_\_

# From \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Topic** | **Teaching strategies** | **Teacher Name** | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Clinical Clerkship Training Program

**Module-I**

**Obs/Gynae**

# Final Year MBBS

**WEEK 4**

# Unit \_\_\_\_\_\_\_\_\_\_

# From \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Topic** | **Teaching strategies** | **Teacher Name** | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Clinical Clerkship Training Program

**Module-II**

**Obs/Gynae**

# Final Year MBBS

**WEEK 1**

# Unit \_\_\_\_\_\_\_\_\_\_

# From \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Topic** | **Teaching strategies** | **Teacher Name** | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Clinical Clerkship Training Program

**Module-II**

**Obs/Gynae**

# Final Year MBBS

**WEEK 2**

# Unit \_\_\_\_\_\_\_\_\_\_

# From \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Topic** | **Teaching strategies** | **Teacher Name** | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Clinical Clerkship Training Program

**Module-II**

**Obs/Gynae**

# Final Year MBBS

**WEEK 3**

# Unit \_\_\_\_\_\_\_\_\_\_

# From \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Topic** | **Teaching strategies** | **Teacher Name** | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Clinical Clerkship Training Program

**Module-II**

**Obs/Gynae**

# Clinical Clerkship Training Program

**Module-II**

**Obs/Gynae**

# Final Year MBBS

**WEEK 4**

**WEEK 4**

# Unit \_\_\_\_\_\_\_\_\_\_

# From \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Topic** | **Teaching strategies** | **Teacher Name** | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Morning Placement (morning stations)**

**Module-I**

**Obs/Gynae**

 **Areas to cover in Operation Theatre**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Days /Date** | **Targets**  | **Objectives**  | **Achieved** | **Signed by SR / JC**  |
| Day 1: | Assist at least one C-Section as second assistant  | Students should know  |  |
| How to scrub and drape the patient  | Yes / No |  |
| Observed proper aseptic measures  | Yes / No |
| Pre-op antibiotics given  | Yes/No |
| Indication of C-section  | Yes / No |
| Assist C-Section from start till end | Yes / No |
| Day 2: | Assist at least one C-Section as second assistant | Students should know  |  |
| How to scrub and drape the patient  | Yes / No |  |
| Observed proper aseptic measures  | Yes / No |
| Pre-op antibiotics given  | Yes / No |
| Indication of C-section  | Yes / No |
| Assist C-Section from start till end | Yes / No |
| Day 3: | Assist at least one gynaecological surgery (major/minor)as second assistant | Students should know  |  |
| How to scrub and drape the patient  | Yes / No |  |
| Observed proper aseptic measures  | Yes / No |
| Pre-op antibiotics given  | Yes / No |
| Indication of surgery  | Yes / No |
| Assist C from start till end | Yes / No |

**Note. (A) Please mark performance of the student on following scale.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Average** | **Satisfactory** | **Very Good** | **Excellent** | **Outstanding** |
| **1** | **2** | **3** | **4** | **5** |

**B) Fill the OT/OPD days according to unit routine.**

**Areas to cover in Out Patient Department (OPD)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Days /Date** | **Targets**  | **Objectives**  | **Achieved** | **Signed by SR / JC**  |
| Day 1: | Fill at least two **antenatal** cards | Mention risk factors | Yes / No |  |
| Detailed gynecological history | Yes / No |
| Do General physical examination | Yes / No |
| Do Abdominal examination  | Yes / No |
| Interpretation of investigations  | Yes / No |
| Formulate management plan  | Yes / No |
| Day 2: |  History, examination and management of at least ONE patient with **gynecological** problem  | Complete biodata | Yes / No |  |
| Mention risk factors | Yes / No |
| Detailed past obstetric history | Yes / No |
| Do General physical examination  | Yes / No |
| Do Abdominal examination  | Yes / No |
| Interpretation of investigations  | Yes / No |
| Formulate management plan  | Yes / No |
| Day 3: | Fill at least two **antenatal** cards | Mention risk factors | Yes / No |  |
| Detailed gynecological history | Yes / No |
| Do General physical examination | Yes / No |
| Do Abdominal examination  | Yes / No |
| Interpretation of investigations  | Yes / No |
| Formulate management plan  | Yes / No |
|  |  |  |  |  |

**Note. (A) Please mark performance of the student on following scale.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Average** | **Satisfactory** | **Very Good** | **Excellent** | **Outstanding** |
| **1** | **2** | **3** | **4** | **5** |

**B) Fill the OT/OPD days according to unit routine.**

 **Areas to cover in Antenatal Ward Team**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Days**  | **Targets**  | **Objectives**  | **Achieved** | **Signed by SR / JC**  |
| Day 1:  | 1-History taking , examination and management plan of atleast 1 of the cases given below(PIH,GDM,PPROM, PROM, Anemia, Breech , Previous I scar with risk factors) | Detailed biodata, history of present pregnancy and past obs history | Yes / No |  |
| General physical and abdominal examination | Yes / No |
| Interpretation of investigations | Yes / No |
| Formulate management plan |
| 2-Submit written case of **ONE** patient attended by the student a | checked and signed by SR incharge of ward | Yes / No |
| 3-Interpretation and complete labeling of **ONE** CTG | Mention baseline FHR, variability, acceleration and deceleration | Yes / No |
| 4-Observing Antenatal Ultrasounds of **ONE** patient  | Appreciate Lie, Presentation ,BPP,BPD,FL,AFI, | Yes / No |
| Day 2:  | 1-History taking , examination and management plan of atleast 1 of the cases given below(PIH,GDM,PPROM, PROM,Anemia,Breech ,Previous I scar with risk factors) | Detailed biodata, history of present pregnancy and past obs history | Yes / No |  |
| General physical & abdominal examination  | Yes / No |
| Interpretation of investigations | Yes / No |
| Formulate management plan | Yes / No |
| 2-Submit written case of **ONE** patients attended by the student and  | Checked and signed by SR incharge of ward | Yes / No |
| 3-Interpretation and complete labeling of **ONE** CTG | Mention baseline FHR, variability, acceleration and deceleration | Yes / No |
| 4-Observing Antenatal Ultrasounds of **ONE** patient  | Appreciate Lie, Presentation ,BPP,BPD,FL,AFI, | Yes / No |
|  |  |  | Yes / No |  |
| Day 3:  | 1-History taking , examination and management plan of atleast 1 of the cases given below(PIH,GDM,PPROM, PROM, Anemia, Breech , Previous I scar with risk factors) | Detailed biodata, history of present pregnancy, past obstetric history | Yes / No |  |
| General physical and abdominal examination  | Yes / No |
| Interpretation of investigations | Yes / No |
| Formulate management plan | Yes / No |
| 2-Submit written case of **ONE** patients attended by the student and  | Checked and signed by SR incharge of ward | Yes / No |
| 3-Interpretation and complete labeling of **ONE** CTG | Mention baseline FHR, variability, acceleration and deceleration | Yes / No |
| 4-Observing Antenatal Ultrasounds of **ONE** patients  | Appreciate Lie, Presentation ,BPP,BPD,FL,AFI | Yes / No |
| Day 4:  | 1-History taking , examination and management plan of atleast 1 of the cases given below(PIH,GDM,PPROM, PROM, Anemia, Breech , Previous I scar with risk factors) | Detailed biodata, history of present pregnancy and past obs history | Yes / No |  |
| General physical and abdominal examination  | Yes / No |
| Interpretation of investigations | Yes / No |
| Formulate management plan | Yes / No |
| 2-Submit written case of **ONE** patients attended by the student and  | checked and signed by SR incharge of ward | Yes / No |
| 3-Interpretation and complete labeling of **ONE** CTG | Mention baseline FHR, variability, acceleration and deceleration | Yes / No |
| 4-Observing Antenatal Ultrasounds of **ONE** patients  | Appreciate Lie, Presentation ,BPP,BPD,FL,AFI, | Yes / No |
| Day 5:  | 1-History taking , examination and management plan of atleast 1 of the cases given below(PIH,GDM,PPROM, PROM, Anemia, Breech , Previous I scar with risk factors) | Detailed biodata, history of present pregnancy, past obstetric history | Yes / No |  |
| General physical and abdominal examination  | Yes / No |
| Interpretation of investigations | Yes / No |
| Formulate management plan | Yes / No |
| 2-Submit written case of **ONE** patients attended by the student and  | Checked and signed by SR incharge of ward | Yes / No |
| 3-Interpretation and complete labeling of **ONE** CTG | Mention baseline FHR, variability, acceleration and deceleration | Yes / No |
| 4-Observing Antenatal Ultrasounds of **ONE** patient  | Appreciate Lie, Presentation ,BPP,BPD,FL,AFI | Yes / No |

**Note. (A) Please mark performance of the student on following scale.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Average** | **Satisfactory** | **Very Good** | **Excellent** | **Outstanding** |
| **1** | **2** | **3** | **4** | **5** |

**Areas to cover in Gynae Ward**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Days**  | **Targets**  | **Objectives**  | **Achieved** | **Signed by SR / JC**  |
| Day 1:  | 1-History taking , examination and management plan of atleast 1 of the cases given below(Benign Ovarian mass, fibroid, menstrual irregularity, subfertility, UV prolapse, PID, Malignancy) | Complete biodataDetailed history of present illness | Yes / No |  |
| Detailed past obstetric, medical , surgical, family, drug , socio economic history | Yes / No |
| General physical and abdominal examination  | Yes / No |
| Interpretation of investigations | Yes / No |
| Formulate management plan | Yes / No |
| 2-Submit written case of **ONE** patient attended by the student  | checked and signed by SR incharge of ward | Yes / No |
| 3. Pre op assessment of patients | Fill preop performa of ONE patient, checked and signed by SR | Yes / No |
| Day 2:  | 1-History taking, examination and management plan of atleast 1 of the cases given below(Benign Ovarian mass, fibroid, menstrual irregularity, subfertility, UV prolapsed, PID Malignancy) | Complete biodata | Yes / No |  |
| Detailed history of present pregnancy | Yes / No |
| Detailed past obstetric history | Yes / No |
| General physical examination  | Yes / No |
| Abdominal examination | Yes / No |
| Interpretation of investigations | Yes / No |
| Formulate management plan | Yes / No |
| 2-Submit written case of **ONE** patient attended by the student  | checked and signed by SR incharge of ward | Yes / No |
|  | 3. Pre op assessment of patients | Fill preop performa of ONE patient, checked and signed by SR | Yes / No |
| Day 3:  | 1-History taking, examination and management plan of atleast 1 of the cases given below(Benign Ovarian mass, fibroid, menstrual irregularity, subfertility, UV prolapse, PID, Malignancy) | Complete biodataDetailed history of present pregnancy and past obstetric history | Yes / No |  |
| General physical and abdominal examination  | Yes / No |
| Interpretation of investigations | Yes / No |
| Formulate management plan | Yes / No |
| 2-Submit written case of **ONE** patients attended by the student  | Checked and signed by SR incharge of ward | Yes / No |
| 3. Pre op assessment of patients | Fill preop performa of ONE patient, checked and signed by SR | Yes / No |
| Day 4:  | 1-History taking , examination and management plan of atleast 1 of the cases given below(Benign Ovarian mass, fibroid, menstrual irregularity, subfertility, UV prolapse, PID, Malignancy) | Complete biodataDetailed history of present illness | Yes / No |  |
| Detailed past obstetric, medical , surgical, family, drug , socio economic history | Yes / No |
| General physical and abdominal examination  | Yes / No |
| Interpretation of investigations | Yes / No |
| Formulate management plan | Yes / No |
| 2-Submit written case of **ONE** patients attended by the student  | checked and signed by SR incharge of ward | Yes / No |
| 3. Pre op assessment of patients | Fill preop performa of ONE patient, checked and signed by SR | Yes / No |
| Day 5:  | 1-History taking , examination and management plan of atleast 1 of the cases given below(Benign Ovarian mass, fibroid, menstrual irregularity, subfertility, UV prolapse, PID, Malignancy) | Complete biodataDetailed history of present pregnancy and past obstetric history | Yes / No |  |
| General physical and abdominal examination  | Yes / No |
| Interpretation of investigations | Yes / No |
| Formulate management plan | Yes / No |
| 2-Submit written case of **ONE** patients attended by the student  | Checked and signed by SR incharge of ward | Yes / No |
| 3. Pre op assessment of patients | Fill preop performa of ONE patient, checked and signed by SR | Yes / No |

**Note. (A) Please mark performance of the student on following scale.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Average**  | **Satisfactory** | **Very Good**  | **Excellent**  | **Outstanding**  |
| **1** | **2** | **3** | **4** | **5** |

**Areas to cover in Labour Room**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Days**  | **Targets**  | **Objectives**  | **Achieved** | **Signed by SR / JC**  |
| Day 1:  | 1- Administer Intramuscular injections to at least 5 patients 2. Maintain IV line of at least 2 patients | Student should know |  |
| How to adminster I/M injection on correct place in muscle | Yes / No |
| Student should know |
| How to pass an IV canula appropriately | Yes / No |
| Attach an IV infusion | Yes / No |
| Day 2:  | Observe and monitor labour of at least one patient  | Students should know  |  |
| How to diagnose labour | Yes / No |
| How to monitor palpable contractions | Yes / No |
| Frequency of fetal heart rate monitoring | Yes / No |
| Monitoring for progress of labour on partograph | Yes / No |
| How to do ARM with asceptic measures | Yes / No |
| Calculate the bishop score | Yes / No |
| Day 3:  | 1. Observe SVD with or without episiotomy of at least one patient | Student should know |  |
| Appropriate position for delivery | Yes / No |
| How to drape the patient for delivery | Yes / No |
| How to assess for need of episiotomy | Yes / No |
| Adequate local anesthesia before episiotomy | Yes / No |
| Correct site of episiotomy | Yes / No |
| Active management of 3rd stage of labour | Yes / No |
| 2. Deliver the placenta of at least one patient under supervision of PGT | How to deliver placenta by Brandt Andrew method | Yes / No |
| 3. Examine atleast one postnatal patient and submit its progress in written form  | General physical examination Perform postnatal examination including abdominal / local examination. Counselling for breast feeding, immunization of baby, cord care, epi care, contraception  | Yes / No |  |
| Day 4:  | Submit progress report of a Post Natal Patient  | History, examination , investigations , and plan of a post natal patients  | Yes / No |  |
| Day 5:  | Submit progress report of a Post-op Patient  | History, examination , investigations , and plan of a post-op patients | Yes / No |  |

**Note:** Labour room targets if not completed during morning, can be achieved during evening duties

**Note. (A) Please mark performance of the student on following scale.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Average**  | **Satisfactory** | **Very Good**  | **Excellent**  | **Outstanding**  |
| **1** | **2** | **3** | **4** | **5** |

**Morning Placement (morning stations) Log Book**

**Module-II**

**Obs/Gynae**

**Areas to cover in Operation Theatre**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Days /Date** | **Targets**  | **Objectives**  | **Achieved** | **Signed by SR / JC**  |
| Day 1: | Assist atleast one C-Section as second assistant  | Students should know  |  |
| How to scrub and drape the patient  | Yes / No |  |
| Observed proper aseptic measures  | Yes / No |
| Pre-op antibiotics given  | Yes/No |
| Indication of C-section  | Yes / No |
| Assist C-Section from start till end | Yes / No |
| Day 2: | Assist atleast one C-Section as second assistant | Students should know  |  |
| How to scrub and drape the patient  | Yes / No |  |
| Observed proper aseptic measures  | Yes / No |
| Pre-op antibiotics given  | Yes / No |
| Indication of C-section  | Yes / No |
| Assist C-Section from start till end | Yes / No |
| Day 3: | Assist atleast one gynaecological surgery (major/minor)as second assistant | Students should know  |  |
| How to scrub and drape the patient  | Yes / No |  |
| Observed proper aseptic measures  | Yes / No |
| Pre-op antibiotics given  | Yes / No |
| Indication of surgery  | Yes / No |
| Assist C from start till end | Yes / No |

**Note. (A) Please mark performance of the student on following scale.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Average** | **Satisfactory** | **Very Good** | **Excellent** | **Outstanding** |
| **1** | **2** | **3** | **4** | **5** |

**B) Fill the OT/OPD days according to unit routine.**

**Areas to cover in Out Patient Department (OPD)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Days /Date** | **Targets**  | **Objectives**  | **Achieved** | **Signed by SR / JC**  |
| Day 1: | Fill at least two **antenatal** cards | Mention risk factors | Yes / No |  |
| Detailed gynecological history | Yes / No |
| Do General physical examination | Yes / No |
| Do Abdominal examination  | Yes / No |
| Interpretation of investigations  | Yes / No |
| Formulate management plan  | Yes / No |
| Day 2: |  History, examination and management of at least ONE patient with **gynecological** problem  | Complete biodata | Yes / No |  |
| Mention risk factors | Yes / No |
| Detailed past obstetric history | Yes / No |
| Do General physical examination  | Yes / No |
| Do Abdominal examination  | Yes / No |
| Interpretation of investigations  | Yes / No |
| Formulate management plan  | Yes / No |
| Day 3: | Fill at least two **antenatal** cards | Mention risk factors | Yes / No |  |
| Detailed gynecological history | Yes / No |
| Do General physical examination | Yes / No |
| Do Abdominal examination  | Yes / No |
| Interpretation of investigations  | Yes / No |
| Formulate management plan  | Yes / No |
|  |  |  |  |  |

**Note. (A) Please mark performance of the student on following scale.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Average** | **Satisfactory** | **Very Good** | **Excellent** | **Outstanding** |
| **1** | **2** | **3** | **4** | **5** |

**B) Fill the OT/OPD days according to unit routine.**

 **Areas to cover in Antenatal Ward Team**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Days**  | **Targets**  | **Objectives**  | **Achieved** | **Signed by SR / JC**  |
| Day 1:  | 1-History taking , examination and management plan of atleast 1 of the cases given below(PIH,GDM,PPROM, PROM, Anemia, Breech , Previous I scar with risk factors) | Detailed biodata, history of present pregnancy and past obs history | Yes / No |  |
| General physical and abdominal examination | Yes / No |
| Interpretation of investigations | Yes / No |
| Formulate management plan |
| 2-Submit written case of **ONE** patient attended by the student a | checked and signed by SR incharge of ward | Yes / No |
| 3-Interpretation and complete labeling of **ONE** CTG | Mention baseline FHR, variability, acceleration and deceleration | Yes / No |
| 4-Observing Antenatal Ultrasounds of **ONE** patient  | Appreciate Lie, Presentation ,BPP,BPD,FL,AFI, | Yes / No |
| Day 2:  | 1-History taking , examination and management plan of atleast 1 of the cases given below(PIH,GDM,PPROM, PROM,Anemia,Breech ,Previous I scar with risk factors) | Detailed biodata, history of present pregnancy and past obs history | Yes / No |  |
| General physical & abdominal examination  | Yes / No |
| Interpretation of investigations | Yes / No |
| Formulate management plan | Yes / No |
| 2-Submit written case of **ONE** patients attended by the student and  | Checked and signed by SR incharge of ward | Yes / No |
| 3-Interpretation and complete labeling of **ONE** CTG | Mention baseline FHR, variability, acceleration and deceleration | Yes / No |
| 4-Observing Antenatal Ultrasounds of **ONE** patient  | Appreciate Lie, Presentation ,BPP,BPD,FL,AFI, | Yes / No |
|  |  |  | Yes / No |  |
| Day 3:  | 1-History taking , examination and management plan of atleast 1 of the cases given below(PIH,GDM,PPROM, PROM, Anemia, Breech , Previous I scar with risk factors) | Detailed biodata, history of present pregnancy, past obstetric history | Yes / No |  |
| General physical and abdominal examination  | Yes / No |
| Interpretation of investigations | Yes / No |
| Formulate management plan | Yes / No |
| 2-Submit written case of **ONE** patients attended by the student and  | Checked and signed by SR incharge of ward | Yes / No |
| 3-Interpretation and complete labeling of **ONE** CTG | Mention baseline FHR, variability, acceleration and deceleration | Yes / No |
| 4-Observing Antenatal Ultrasounds of **ONE** patients  | Appreciate Lie, Presentation ,BPP,BPD,FL,AFI | Yes / No |
| Day 4:  | 1-History taking , examination and management plan of atleast 1 of the cases given below(PIH,GDM,PPROM, PROM, Anemia, Breech , Previous I scar with risk factors) | Detailed biodata, history of present pregnancy and past obs history | Yes / No |  |
| General physical and abdominal examination  | Yes / No |
| Interpretation of investigations | Yes / No |
| Formulate management plan | Yes / No |
| 2-Submit written case of **ONE** patients attended by the student and  | checked and signed by SR incharge of ward | Yes / No |
| 3-Interpretation and complete labeling of **ONE** CTG | Mention baseline FHR, variability, acceleration and deceleration | Yes / No |
| 4-Observing Antenatal Ultrasounds of **ONE** patients  | Appreciate Lie, Presentation ,BPP,BPD,FL,AFI, | Yes / No |
| Day 5:  | 1-History taking , examination and management plan of atleast 1 of the cases given below(PIH,GDM,PPROM, PROM, Anemia, Breech , Previous I scar with risk factors) | Detailed biodata, history of present pregnancy, past obstetric history | Yes / No |  |
| General physical and abdominal examination  | Yes / No |
| Interpretation of investigations | Yes / No |
| Formulate management plan | Yes / No |
| 2-Submit written case of **ONE** patients attended by the student and  | Checked and signed by SR incharge of ward | Yes / No |
| 3-Interpretation and complete labeling of **ONE** CTG | Mention baseline FHR, variability, acceleration and deceleration | Yes / No |
| 4-Observing Antenatal Ultrasounds of **ONE** patient  | Appreciate Lie, Presentation ,BPP,BPD,FL,AFI | Yes / No |

**Note. (A) Please mark performance of the student on following scale.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Average** | **Satisfactory** | **Very Good** | **Excellent** | **Outstanding** |
| **1** | **2** | **3** | **4** | **5** |

**Areas to cover in Gynae Ward**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Days**  | **Targets**  | **Objectives**  | **Achieved** | **Signed by SR / JC**  |
| Day 1:  | 1-History taking , examination and management plan of atleast 1 of the cases given below(Benign Ovarian mass, fibroid, menstrual irregularity, subfertility, UV prolapse, PID, Malignancy) | Complete biodataDetailed history of present illness | Yes / No |  |
| Detailed past obstetric, medical , surgical, family, drug , socio economic history | Yes / No |
| General physical and abdominal examination  | Yes / No |
| Interpretation of investigations | Yes / No |
| Formulate management plan | Yes / No |
| 2-Submit written case of **ONE** patient attended by the student  | checked and signed by SR incharge of ward | Yes / No |
| 3. Pre op assessment of patients | Fill preop performa of ONE patient, checked and signed by SR | Yes / No |
| Day 2:  | 1-History taking, examination and management plan of atleast 1 of the cases given below(Benign Ovarian mass, fibroid, menstrual irregularity, subfertility, UV prolapsed, PID Malignancy) | Complete biodata | Yes / No |  |
| Detailed history of present pregnancy | Yes / No |
| Detailed past obstetric history | Yes / No |
| General physical examination  | Yes / No |
| Abdominal examination | Yes / No |
| Interpretation of investigations | Yes / No |
| Formulate management plan | Yes / No |
| 2-Submit written case of **ONE** patient attended by the student  | checked and signed by SR incharge of ward | Yes / No |
|  | 3. Pre op assessment of patients | Fill preop performa of ONE patient, checked and signed by SR | Yes / No |
| Day 3:  | 1-History taking, examination and management plan of atleast 1 of the cases given below(Benign Ovarian mass, fibroid, menstrual irregularity, subfertility, UV prolapse, PID, Malignancy) | Complete biodataDetailed history of present pregnancy and past obstetric history | Yes / No |  |
| General physical and abdominal examination  | Yes / No |
| Interpretation of investigations | Yes / No |
| Formulate management plan | Yes / No |
| 2-Submit written case of **ONE** patients attended by the student  | Checked and signed by SR incharge of ward | Yes / No |
| 3. Pre op assessment of patients | Fill preop performa of ONE patient, checked and signed by SR | Yes / No |
| Day 4:  | 1-History taking , examination and management plan of atleast 1 of the cases given below(Benign Ovarian mass, fibroid, menstrual irregularity, subfertility, UV prolapse, PID, Malignancy) | Complete biodataDetailed history of present illness | Yes / No |  |
| Detailed past obstetric, medical , surgical, family, drug , socio economic history | Yes / No |
| General physical and abdominal examination  | Yes / No |
| Interpretation of investigations | Yes / No |
| Formulate management plan | Yes / No |
| 2-Submit written case of **ONE** patients attended by the student  | checked and signed by SR incharge of ward | Yes / No |
| 3. Pre op assessment of patients | Fill preop performa of ONE patient, checked and signed by SR | Yes / No |
| Day 5:  | 1-History taking , examination and management plan of atleast 1 of the cases given below(Benign Ovarian mass, fibroid, menstrual irregularity, subfertility, UV prolapse, PID, Malignancy) | Complete biodataDetailed history of present pregnancy and past obstetric history | Yes / No |  |
| General physical and abdominal examination  | Yes / No |
| Interpretation of investigations | Yes / No |
| Formulate management plan | Yes / No |
| 2-Submit written case of **ONE** patients attended by the student  | Checked and signed by SR incharge of ward | Yes / No |
| 3. Pre op assessment of patients | Fill preop performa of ONE patient, checked and signed by SR | Yes / No |

**Note. (A) Please mark performance of the student on following scale.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Average**  | **Satisfactory** | **Very Good**  | **Excellent**  | **Outstanding**  |
| **1** | **2** | **3** | **4** | **5** |

**Areas to cover in Labour Room**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Days**  | **Targets**  | **Objectives**  | **Achieved** | **Signed by SR / JC**  |
| Day 1:  | 1- Administer Intramuscular injections to at least 5 patients 2. Maintain IV line of at least 2 patients | Student should know |  |
| How to adminster I/M injection on correct place in muscle | Yes / No |
| Student should know |
| How to pass an IV canula appropriately | Yes / No |
| Attach an IV infusion | Yes / No |
| Day 2:  | Observe and monitor labour of at least one patient  | Students should know  |  |
| How to diagnose labour | Yes / No |
| How to monitor palpable contractions | Yes / No |
| Frequency of fetal heart rate monitoring | Yes / No |
| Monitoring for progress of labour on partograph | Yes / No |
| How to do ARM with asceptic measures | Yes / No |
| Calculate the bishop score | Yes / No |
| Day 3:  | 1. Observe SVD with or without episiotomy of at least one patient | Student should know |  |
| Appropriate position for delivery | Yes / No |
| How to drape the patient for delivery | Yes / No |
| How to assess for need of episiotomy | Yes / No |
| Adequate local anesthesia before episiotomy | Yes / No |
| Correct site of episiotomy | Yes / No |
| Active management of 3rd stage of labour | Yes / No |
| 2. Deliver the placenta of at least one patient under supervision of PGT | How to deliver placenta by Brandt Andrew method | Yes / No |
| 3. Examine atleast one postnatal patient and submit its progress in written form  | General physical examination Perform postnatal examination including abdominal / local examination. Counselling for breast feeding, immunization of baby, cord care, epi care, contraception  | Yes / No |  |
| Day 4:  | Submit progress report of a Post Natal Patient  | History, examination , investigations , and plan of a post natal patients  | Yes / No |  |
| Day 5:  | Submit progress report of a Post-op Patient  | History, examination , investigations , and plan of a post-op patients | Yes / No |  |

**Note:** Labour room targets if not completed during morning, can be achieved during evening duties

**Note. (A) Please mark performance of the student on following scale.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Average**  | **Satisfactory** | **Very Good**  | **Excellent**  | **Outstanding**  |
| **1** | **2** | **3** | **4** | **5** |

**Case Presentation**

**Module-I & II**

**Obs/Gynae**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.**  | **Date**  | **Clinical Case presented by student**  | **Marks**  | **Sign & stamp by senior registrar / consultant**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Workshops**

**Module-I**

**Obs/Gynae**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No** | **Date**  | **Topic**  | **Learning objectives**  | **Self-assessment by student**  | **Assessment of adequacy of hands-on performance by senior registrar**  |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

**Note:**

 **(A) Please mark performance of the student on following scale by senior registrar / consultant.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Average** | **Satisfactory** | **Very Good** | **Excellent** | **Outstanding** |
| **1** | **2** | **3** | **4** | **5** |

 **(B) Self-assessment by Student:**

|  |  |  |
| --- | --- | --- |
| **Not achieved**  | **Partially achieve**  | **Fully achieved**  |
| **0** | **1** | **2** |

**Workshops**

**Module-II**

**Obs/Gynae**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No** | **Date**  | **Topic**  | **Learning objectives**  | **Self-assessment by student**  | **Assessment of adequacy of hands-on performance by senior registrar**  |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

**Note:**

 **(A) Please mark performance of the student on following scale by senior registrar / consultant.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Average** | **Satisfactory** | **Very Good** | **Excellent** | **Outstanding** |
| **1** | **2** | **3** | **4** | **5** |

 **(B) Self assessment by Student:**

|  |  |  |
| --- | --- | --- |
| **Not achieved**  | **Partially achieve**  | **Fully achieved**  |
| **0** | **1** | **2** |

**Assessment**

**Formative**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No** | **Name of exam** | **Total marks**  | **Obtain marks**  |
|  | Module-I |  |  |
|  | Module-II |  |  |
|  | End block  |  |  |
|  | Pre annual (Send-up) |  |  |

**Attendance Record**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No** |  | **Morning placement**  | **Evening placement**  |
|  |  | **Attended / total days**  | **%** | **Attended / total days**  | **%** |
|  | Module-I |  |  |  |  |
|  | Module-II |  |  |  |  |
|  | CPC |  |  | **-** | **-** |

 **Total marks Mark obtain**

**Continuous Internal Assessment (CIA)**

**Signature:**

**Student incharge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**