C U R R I C U L U M

Rawalpindi Medical University Rawalpindi

University Residency Program 2025

MS Obstetrics & Gynaecology

Program of MS Obstetrics & Gynecology
Rawalpindi Medical University
Rawalpindi

"If anyone saved a life it would be as if he saved the life of the whole of humanity."
QURAN 5:3

"Wherever the art of Obstetrics & Gynecology is loved, there is also a love of Humanity."

Hippocrates

Revised & Updated on: 06.03.2025

PREFACE

The horizons of Medical Education are widening & there has been a steady rise of global interest in Post Graduate Medical Education, an increased awareness of the necessity for experience in education skills for all healthcare professionals and the need for some formal recognition of postgraduate training in Obstetrics & Gynecology.

We are seeing a rise in the uptake of places on postgraduate courses in medical education, more frequent issues of medical education journals and the further development of e-journals and other new online resources. There is therefore a need to provide active support in Post Graduate Medical Education for a larger, national group of colleagues in all specialties and at all stages of their personal professional development. If we were to formulate a statement of intent to explain the purpose of this curriculum we might simply say that our aim is to help clinical colleagues to teach and to help students to learn in a better and advanced way. This book is a state of the art book with representation of all activities of the MS Obstetrics & Gynecology program at RMU. Curriculum is incorporated in the book for convenience of supervisors and residents. MS curriculum is based on six Core Competencies of ACGME (Accreditation Council for Graduate Medical Education) including Patient Care, Medical Knowledge, System Based Practice, Practice Based Learning, Professionalism, Interpersonal and Communication Skills . The mission of Rawalpindi Medical University is to improve the health of the communities and we serve through education, biomedical research and health care. As an integral part of this mission, importance of research culture and establishment of a comprehensive research structure and research curriculum for the residents has been formulated and provided in this book.

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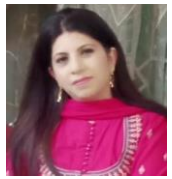
(MBBS, MCPS, FCPS, FACG, FRCP (Lon), FRCP (Glasg), AGAF)
Vice Chancellor
Rawalpindi Medical University Rawalpindi

Contributions in Developing and Revising Curriculum and Log Books of MS Obstetrics & Gynecology, RMU

Sr. No	Name & Designation		Contributions in formulation of log book of obstetrics & gynecology & allied
1.		**Prof. Ejaz Kahloon Lubna** Ex- Dean Obstetrics /Gynae, RMUR HOD of Obstetrics /Gynae Unit-I Holy Family Hospital	For her vision, guidance, proof reading and unflinching support for the redesigning and editing curriculum, main log-book, rotation log-book, long case log-book and portfolio. Implemented the concept of specific objectives of each log book and added a long-case log-book. Supervised and collaborated the whole process of synthesis of Curriculum of MS Obstetrics & Gynecology
2.		**Prof. Tallat Farkhanda** Dean Obstetrics /Gynae, RMUR HOD of Obstetrics /Gynae Unit-I Holy Family Hospital	For her vision, guidance, proof reading and unflinching support for the redesigning and editing curriculum, main log-book, rotation log-book, long case log-book and portfolio. Implemented the concept of specific objectives of each log book and added a long-case log-book. Supervised and collaborated the whole process of synthesis of Curriculum of MS Obstetrics & Gynecology
3.		**Prof Dr Humera Noreen** HOD Obs/Gynae Unit II, HFH RWP, RMUR.	Provided Support in editing and revision of curriculum, added additional method of assessment NON-TECHNICAL SKILLS FOR SURGEONS (NOTSS). She led the DGO course and prepared it's curriculum and managed its implementation in letter and spirit. **New method of Calgary for TOS was designed and implemented.**
4.		**Dr Rubaba Abid Naqvi** Associate Professor HOD Obs/Gynae RTH, RWP, RMUR.	Editing and support, Provided grading system for assessment

5.		**Dr Sadia Khan** Associate Professor, HOD Obs/Gynae BBH, RWP, RMUR.	Editing and support Revised Obstetrics & Gynecology and allied rotation log book, prepared study guide and revised curriculum.
6.		**Dr Humaira Bilqis** Associate Professor HFH Unit-1, RWP, RMUR.	Editing and support
7.		**Dr Sobia Nawaz Malik** Associate Professor, HFH Unit-1, RWP, RMUR.	Editing and support Redesigned and thoroughly revised, TOS, main log book and portfolio prepared study guide and revised curriculum.
8.		**Dr Maliha Sadaf** Assistant Professor HFH Unit-2, RWP, RMUR.	Editing and support Redesigned and thoroughly revised main log book and portfolio
9.		**Dr Saima Khan** Assistant professor HFH Unit-1, RWP, RMUR.	Editing and support Thoroughly edited main log book, Redesigned and revised Surgery and allied rotation log book

10.		**Dr Khansa Iqbal** Assistant professor HFH Unit 2, RWP, RMUR.	Editing and support
11.		**Dr Zainab Maqsod** **Senior Registrar** HFH unit 1, RWP, RMUR.	Editing and support Redesigned and thoroughly revised table of specification and developed by Calgary method. Edited and compiled whole curriculum document in July 2024
12.		**Dr Ismat Tanveer** Assistant professor BBH, RWP, RMUR.	Support

Professor Tallat Farkhanda
Dean, Head of Department Obs/Gynae Unit-I
Holy Family Hospital Rawalpindi

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SECTION – I: PREAMBLE

1.1. Vision and Mission Statement of university

Vision of university

"To impart evidence based researched oriented medical education. To provide best possible patient care. To include the values of mutual respect and ethical practice of medicine."

Mission statement

"Highly recognized and accredited center of excellence in medical education, using evidence based training techniques for development of highly competent health professionals who are lifelong experiential learners and are socially accountable."

AIM OF Obstetrics & Gynecology Residency Program

The mission of Obstetrics & Gynecology Residency Program of Rawalpindi Medical University is:

To passionately educate our trainees, instilling in them the knowledge and skills of gynae/obs as imparted by our esteemed predecessors. We aim to equip our trainees with comprehensive expertise, ensuring proficiency in both diagnostic and therapeutic procedures. We actively support and contribute to the research mission, advancing knowledge at both clinical and research levels and promote health in communities locally, nationally, and internationally.

1.2. Statutes

1.2.1. Scope of the specialty

The course is structured in 4 parts for 4 years of training. After fulfilling each year's requirements including, duration of residency, allocated formative assessment components, workshops mandatory by university as well as department of Obstetrics and Gynecology, allocated. Research work and assigned rotations, the candidate will be eligible for sitting in examination. First year and third year exams will be conducted by the department, while second year (MTA) and fourth year (FTA) will be conducted by the examination department of RMU. Further details in section 2 including, course contents, specific objectives of course, teaching methods, assessment methods and strategies.

1.2.2 Length of educational program

The course is structured in 4 parts for 4 years of training. After fulfilling each year's requirements including, duration of residency, allocated formative assessment components, workshops mandatory by university as well as department of Obstetrics and Gynecology. Total credit hours of the 4 year training program are 132. Course is structured into 2 phases

Phase I:

Supervised training in basic examination methods and techniques and should rapidly be introduced to the elements of surgery and the management of general outpatients and accident and emergency gynaecology and obstetrics patients. In their second year, they will be expected to take a larger role in both theatre and outpatients, where they will benefit from special clinics. The training units should therefore provide a broad-based training in basic obstetrics & gynaecology and exposure to the common subspecialties (subfertility, menopause HRT, and high risk obstetrics). The candidate shall undertake didactic and interactive training in Basic obstetrics & gynaecology, Behavioral Sciences, Biostatistics & Research Methodology and family medicine. At the end of 1st year and MCQs and OSCE based in house examination will be conducted. At the end of 2nd year **mid-term examination** shall be held, comprising of 2 MCQ based question papers of gynaecology and obstetrics along with Clinical OSCE.

Phase II:

Structured for 3rd and 4th calendar years in MS gynaecology and obstetrics. The trainee should see sufficient patients in a clinic to develop competency and fluency in managing patients in an outpatient setting but the number seen must not be excessive to the extent that training is impaired. The actual number of patients seen should be appropriate to the competency of the trainee and the complexity of the clinical condition of the patient. Surgical experience should develop as indicated by the learning outcomes in the curriculum. It is essential for the trainee to perform sufficient numbers of surgical cases (basic obstetric procedures) to experience a full range of clinical situations (e.g., high risk obstetrics and emergencies) so that the trainee learns techniques to manage a range of cases and becomes competent in managing complications. At the end of 3rd year and MCQs and OSCE based in house examination will be conducted. At the end of 4th year **final-term examination** shall be held, comprising of 2 MCQ based question papers of gynaecology and obstetrics along with Clinical OSCE.

1.2.3: Sponsoring Institution

Rawalpindi Medical University (RMU).

1.2.4: Recognized Training Centers and supervisors

All the residents will be distributed to the four units of obs/gynae by Rawalpindi medical university

1. Holy Family Hospital, Rawalpindi gynae/obs unit 1
2. Holy Family Hospital, Rawalpindi gynae/obs unit 2
3. Benazir Bhutto Hospital, Rawalpindi
4. Rawalpindi Teaching Hospital Rawalpindi

Teaching faculty with five or more than five years teaching experience in a PMDC recognized teaching hospital will be eligible to act as supervisors for MS program.

Program Personnel and Resources

1.2.5: Program Director

The program director is the dean of gynaecology and obstetrics department of Rawalpindi Medical University.

1.2.6: Faculty

The faculty involved in the teaching process of the gynae/obs residents comprises of:

1. Professor of Gynae/Obs
2. Associate Professor of Gynae/Obs
3. Assistant Professor of Gynae/Obs
4. Senior Registrars of Gynae/Obs

All the faculty members of the department are appointed as per the rules and regulations of PMDC and govt of Punjab.

1.2.7: Other Program Personnel

The qualified members of family planning & population control program and immunization program.

Aid in the training of the residents in the relevant fields

1. Midwife
2. Vaccinator

1.3: Admission criteria

Resident admission proforma is given in appendix "M"

1.3.1. Registration and enrolment

Admissions will be done by central induction process by the office of the Secretary of Specialized healthcare and Medical Education, Govt of Punjab, Pakistan. Applications for admission to MS Training Programs will be invited through the advertisement in print and electronic media mentioning the closing date of applications and date of Entry Examination.

Eligibility: The applicant on the last date of submission of applications for admission must possess the:

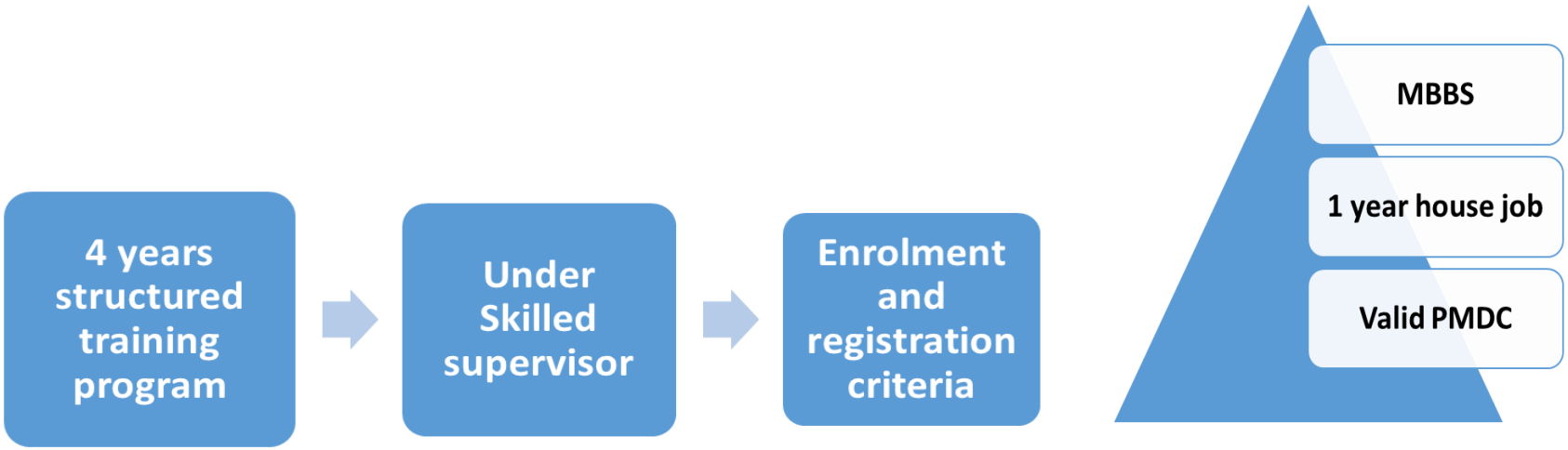
i. Basic Medical Qualification of MBBS or equivalent medical qualification recognized by Pakistan Medical & Dental Council.
ii. Certificate of one year's House Job experience in institutions recognized by Pakistan Medical & Dental Council Is essential at the time of interview. The applicant is required to submit the Hope Certificate from the concerned Medical Superintendent that the House Job shall be completed before the Interview.
iii. Valid certificate of permanent or provisional registration with Pakistan Medical & Dental Council

1.3.2 Number of Residents

The minimum number of residents in an accredited four-year program is eight per approved supervisor (as per PMDC rules).

1.4: Registration and Enrolment form

Enrolment form is given in appendix "M"



1.5. Aim and Objectives of the Course

AIM

The aim of four years MS program in Obstetrics & Gynecology is to train residents to acquire the competency of a specialist in the field of Obstetrics & Gynecology so that they can become good teachers, researchers and clinicians in their specialty after completion of their training.

General objectives

1. To provide a broad experience in Obstetrics & Gynecology, including its interrelationship with other disciplines.
2. To enhance medical knowledge, clinical skills, and competence in bedside diagnostic and therapeutic procedures.
3. To cultivate the correct professional attitude and enhance communication skill towards patients, their families and other healthcare professionals.
4. To enhance critical thinking, self-learning, and interest in research and development of patient service.
5. To cultivate the practice of evidence-based Obstetrics & Gynecology and critical appraisal skills.

6. To inculcate a commitment to continuous medical education and professional development and community needs of health care delivery

As per policy of Pakistan Medical & Dental Council the number of PG Trainees/ Students per supervisor shall be maximum O5 per annum for all PG programmes including minor programmes (if any).

Specific Objectives of the whole Course.

A. Medical Knowledge

The development of a basic understanding of core Obstetrics & Gynecology concepts. Etiology, clinical manifestation, disease course and prognosis, investigation and management of common medical diseases and interaction of multiple medical diseases in the same patient.

Scientific basis and recent advances in pathophysiology, diagnosis and management of medical diseases. Critical analysis of the efficacy, cost-effectiveness and cost-utility of treatment modalities. Patient safety and risk management.

Updated knowledge on evidenced-based Obstetrics & Gynecology and its implications for diagnosis and treatment of medical patients.

Familiarity with different care approaches and types of health care facilities towards the patients care with medical illnesses, including convalescence, rehabilitation, palliation, long term care, and medical ethics. Diagnostic skills to effectively manage complex cases with unusual presentations.

Practice evidence—based learning with reference to research and scientific knowledge pertaining to their discipline through comprehensive training in Research Methodology.

The identification of key information resources and the utilization of the medical literature to expand one's knowledge base and to search for answer to medical problems. They will keep abreast of the current literature and be able to integrate it to clinical practice.

B. Skills

At the end of 4 year training program, resident will be able to:

Take a detailed history, gathers relevant data from patients, physical examination and follow-up notes and assimilates the

information to develop diagnostic and management plan.

Ability to select appropriate investigation and diagnostic procedures for confirmation of diagnosis and patient management.

The formulation of a differential diagnosis with updated scientific.

Residents must be able to perform competently all medical and invasive procedures essential for the practice of general Obstetrics & Gynecology. This includes technical proficiency in taking informed consent, performing by using appropriate indications, contraindications, interpretations of findings and evaluating the results and handing the complications of the related procedures mentioned in the syllabus.

Residents should be instructed in additional procedural skills that will be determined by the training environment, residents practice expectations, the availability of skilled teaching faculty, and privilege delineation.

Ability to present clinical problems and literature review in grand rounds and seminars.

Good communication skills and interpersonal relationship with patients, families, medical colleagues, nursing and allied health professionals.

Ability to implement strategies for preventive care and early detection of diseases in collaboration with primary and community care doctors.

C. Attitudes

The well-being and restoration of health of patients must be of paramount consideration.

An aspiration to be the team-leader in patient care involving nursing and allied medical professionals should be developed.

The privacy and confidentiality of patients and the sanctity of life must be respected.

The development of a functional understanding of informed consent, advanced directives, and the physician-patient relationship.

Ability to appreciate the importance of the effect of disease on the psychological and socio-economic aspects of individual patients and to understand patients' psycho-social needs and rights, as well as the medical ethics involved in patient management.

Willingness to refer patients to the appropriate specialty in a timely manner.

Aspiration to be the team leader in total patient care involving nursing and allied medical professionals.

The promotion of health via adult immunizations, periodic health screening, and risk factor assessment and modification.

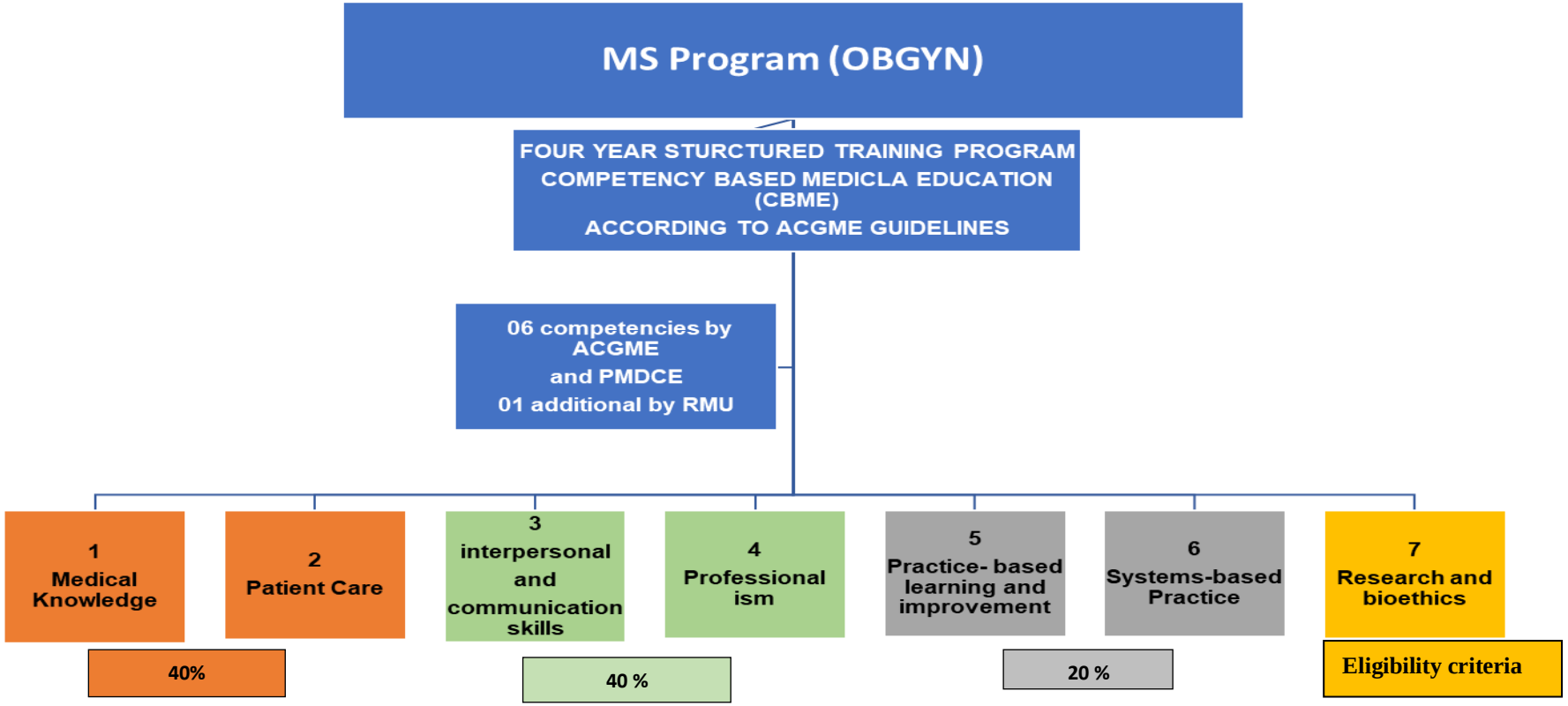
Recognition that teaching and research are important activities for the advancement of the profession.

1.6 FRAMEWORK OF 4 YEAR MS TRAINING PROGRAM GYNAE/OBS

(TOTAL CREDIT HOURS=132)

Year	Internal rotation	External Rotation	Workshop	Assessment	Research
1st year	**Gynae/Obs (10 months)**	**Internal medicine (2 months)**	**02 RMU workshops** **04 OB/GYN Deptt workshops**	**mative internal assessment,** (appendix G) **First Year in training assessment.** Details in assessment section	**Research project designed, synopsis prepared and approved by IRB**
2nd year	**Gynae/Obs (10 months)**	**SICU (1 month)** **NICU (1 Month)**	**02 RMU workshops** **04 OB/GYN Deptt workshops**	**Continuous internal / Formative assessment**, (appendix G) **Mid-term assessment** Details in assessment section	**Data collection and research work**
3rd year	**Gynae/Obs (10 months)**	**General surgery (2 months)**	**04 OB/GYN Deptt workshops**	**Continuous internal /Formative assessment**, (appendix G) **3rd year in training assessment** Details in assessment section	**Thesis work**
4th year	**Gynae/Obs (10 months)**	**Urology (2 month)**	**04 OB/GYN Deptt workshops**	**Continuous internal /Formative assessment**, (appendix G) **Final term assessment** Details in assessment section	**Thesis writing (Thesis must be submitted 6 months before final exam)**

1.7. CORE COMPETENCIES



CORE COMPETENCIES

Medical knowledge (20%)	• Obtain a complete history and recognize common abnormal physical findings. • Construct a master problem list, a working diagnosis, and a group of differential diagnoses. • Be familiar with different diagnostic tools such as the electronic thermometer, sphygmomanometer, ophthalmoscope, EKG machine, pulse oximetry, and defibrillator. • Become familiar with the concept of pre-test and post-test probabilities of disease. • Be able to perform various clinical procedures such as venipuncture, thoracentesis, paracentesis, lumbar puncture, arthrocentesis, skin punch- biopsy, endotracheal intubation, and central line placement. Residents should know indications of potential complications of each of these procedures. • Understand how to improve patient/physician relationships in a professional way. Residents should be compassionate, but humble and honest, not only with their patients, but also with their co-workers. • Residents are encouraged to develop leadership in teaching and supervising interns and medical students. • Actively participate in all phases
Patient care (20%)	• Completeness and accuracy of medical interviews and physical examinations. • Thoroughness of the review of theavailable medical data on each patient. • Performance of appropriate maneuvers and procedures on patients. • Accuracy and thoroughness of patient assessments Appropriatene of diagnostic and therapeutic decisions. • Soundness of medical judgment. • Consideration of patient preferences in decisions.
Professionalism (20%)	• The resident should continue to develop his/her ethical behavior, an must show the humanistic qualities of respective compassion, integrity and honesty. • The resident must be willing to acknowledge errors and determine how to avoid future similar mistakes. • The resident must be responsible
Interpersonal and Communication Skills	• The resident should learn when to call a sub- specialist for evaluation and management of a patient. • The resident should be able to clearly present a case to the attending staff in an organized and thorough manner. • The resident must be able to establish rapport with a patient and listen to the patient's complaints to promote the patient's welfare.

(20%)	
Practice Based Learning Improvement **(10%)**	• The resident should use feedback and self- evaluation in order to improve performance. • The resident should read pertinent required material and articles provided to enhance learning. • The resident should use the medical literature search tools in the
Evaluation of Medical Knowledge **(10%)**	• The resident's ability to answer directed questions and to participate in attending rounds. • The resident's presentation of patient history and physical exam, where attention is given to differential diagnosis and pathophysiology. • When time permits, residents may be assigned short topics to present at attending grounds. These will be Examined for completeness, accuracy, organization and the residents
Research	In lines with our research vision, we have actively developed and established model research infrastructure, involving • Establishment of Institutional Research Forum (IRF) and Ethical Review Board (ERB) • Establishment of Board of Advance Studies Research (BASR) • Establishment of Postgraduate Research Forum (PGRF) • Student Journal • Faculty Journal • Research Directory • Development of Community Research Model

SECTION – II: CORE CURRICULUM

2.1. SUMMARY OF FOUR YEARS COURSE

The candidate shall undergo clinical training to achieve educational objectives of MS. Obstetrics & Gynecology (knowledge and skills) along with rotations in the relevant fields. The clinical training shall be competency based. There shall be generic and specialty specific competencies and shall be assessed by continuous Internal / Formative Assessment. Research Component and thesis writing shall be completed over the four years duration of the course. Candidates will spend total time equivalent to one calendar year for research during the training.

For further details of rotation, please consult the Rotation log book.

Links of log book is given below:

https://rmur.edu.pk/?s=log+books

https://rmur.edu.pk/wp-content/uploads/2023/09/PORTFOLIO-MS-OB-GYN-2023.pdf

2.6. Year wise Specific Learning Objectives

- For details of clinical competencies and year wise level of various competencies, Please consult Section 1 of Main Log book,
- E Portal

  E- Portal has been provided by RMU for replacement of paper Logbook as part of paperless working. Each Trainee has been given access through RMU site in this regard. Academic activities of the Trainees are approved by Supervisors through E-Portal.

First year Specific learning objective for Obstetrics

S. No	Content (Obs)	Learning Objectives	Mode of information transfer (MIT)	Assessment	Learning resources
1.	**NORMAL OBSTETRICS**	Resident will be able to · Describe basic anatomy, physiology of pregnancy and fetal embryology Demonstrate anatomical land marks clinical examination and surgery · Demonstrate the capabilities of taking care of antenatal intrapartum and postnatal patients · Interact with postnatal patients for breastfeeding and neonatal care ·Formulate the breast feeding plan for neonate	Daily Ward round Bedside teaching in Antenatal ward/ OPD	MCQs, OSCE, case based discussion	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics
	Basics obstetric anatomy of Pelvis & perineum and fetal skull, embryology of fetal development physiological changes in pregnancy				
	Antenatal (concepts and objectives , history taking and obstetrical examination, recommended visits, dietary advice, antenatal screening, minor symptoms of pregnancy		Daily Ward/labour room round Bedside teaching in Antenatal ward/OPD	MCQs, OSCE,case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics
	Intrapartum (diagnosis of labour, physiology of labour, fetal and pelvic dimension, mechanism of labour, management of labour, fetal monitoring, ability to differentiate between normal and abnormal findings)		Daily Ward/labour room round Bedside teaching in Antenatal ward and labour room	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics
	· Postnatal Care (normal puerperium, breast feeding) Neonatology (apgor score neonatal resuscitation, neonatal care, behavior of newborn, immunization)· Breast feeding (breast feeding protocol, maternal and neonatal benefits of breastfeeding)		Bedside teaching in post natal ward and labour room	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics

2.	**OBSTETRICS COMPLICATION** · Antenatal (APH, PROM, PPROM, preterm labour, domestic violence, nutritional deficiencies Diabetes in pregnancy (type-I, II and GDM) Hypertensive disorder (PIH, preeclampsia, eclampsia)	Evaluate the patient in antenatal Intrapartum and postpartum period according to risk category · Manage the patients with antenatal , Intrapartum and postpartum obstetrics complication	Daily antenatal Ward/labour/ gynae Emergency Bedside teaching in Antenatal ward/labour/ gynae Emergency	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics
3	**MEDICAL COMPLICATIONS** ·Hematological disorders Drug abuse, medication in pregnancy	Demonstrate understanding of physiological concepts in interpretation of clinical situation (scenario) and investigation	Daily antenatal Ward/labour/ gynae Emergency Bedside teaching in Antenatal ward/labour/ gynae Emergency	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics
4	**OBSTETRICS PROCEDURES** · SVD, SVD with epi (along with scrubbing gloving gowning)	· Perform obstetrics procedures as directed	Gynae Emergency Labour room Operation theater	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics

First year Specific learning objective for Gynaecology

S No	Content (Gynae)	Learning Objectives	MIT	Assessment	Learning resources
1.	**BASIC GYNAECOLOGICAL CONCEPTS** · Embryology of genital tract (normal and abnormal development) · Anatomy of pelvic and pelvic floor · Physiology of normal menstrual cycle · History taking, examination, investigations	Resident will be able to · Describe anatomy of pelvic floor, physiology and embryology of reproductive tract · Interact with different gynaecological patient	Gynaecology OPD and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology
2	**PUBERTY AND MENSTRUAL DISORDERS** · Puberty and its disorders Menarche, primary amenorrhea	· Differentiate all types of developmental problems and menstrual irregularities · Demonstrate the capabilities of dealing with patients of puberty and its disorders · Formulate management plan of patients with developmental disorder and menstrual problems	Gynaecology OPD and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology
3	**EARLY PREGNANCY COMPLICATIONS** Miscarriages Ectopic	· Evaluate patient with early pregnancy complications · Demonstrate the understanding of problem in early pregnancy in terms of dealing with patients as per guidelines	Gynaecology OPD, emergency and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology

4	**SUBFERTILITY CONTRACEPTION**	·· Interpret basic pathology of subfertility Arrange different contraception options with their suitable criteria	Gynaecology OPD, emergency and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology
5	**GYNAECOLOGICAL TUMORS** ·Pelvic masses	· Establish the diagnosis of gynaecological tumors based on history examination and investigations · Defend the management plan of different pelvic tumor	Gynaecology OPD, emergency and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology
6	**GYNAECOLOGICAL PROCEDURES** ·ERPC, MVA, perspeculum examination (Papsmear, HVS) , wound care	· Demonstrate Gynaecological procedures as directed	Gynaecology OPD, emergency and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology

Second year Specific learning objective for Obstetrics

S. No	Content (Obs)	Learning Objectives	Mode of information transfer (MIT)	Assessment	Learning resources
1	NORMAL OBSTETRICS · Basics obstetric anatomy of Pelvis & perineum and fetal skull, embryology of fetal development.physiological changes in pregnancy	Resident will be able to · Describe basic anatomy, physiology of pregnancy and fetal embryology Demonstrate anatomical land marks clinical examination and surgery · · Demonstrate the capabilities of taking care of antenatal intrapartum and postnatal patients · Interact with postnatal patients for breastfeeding and neonatal care ·Formulate the breast feeding plan for neonate	Daily Ward round Bedside teaching in Antenatal ward/ OPD	MCQs, OSCE, case based discussion	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics
	Antenatal (concepts and objectives , history taking and obstetrical examination, recommended visits, dietary advice, antenatal screening, minor symptoms of pregnancy		Daily Ward/labour room round Bedside teaching in Antenatal ward/OPD	MCQs, OSCE,case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics
	· Intrapartum (diagnosis of labour, physiology of labour, fetal and pelvic dimension, mechanism of labour, management of labour, fetal monitoring, ability to differentiate between normal and abnormal findings)		Daily Ward/labour room round Bedside teaching in Antenatal ward and labour room	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics
	· Postnatal Care (normal puerperium, breast feeding) Neonatology (apgor score neonatal resuscitation, neonatal care, behavior of newborn, immunization)· Breast feeding (breast feeding protocol, maternal and neonatal benefits of breastfeeding)		Bedside teaching in post natal ward and labour room	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics

2.	**OBSTETRICS COMPLICATION** · Antenatal (APH, PROM, PPROM, preterm labour, domestic violence, nutritional deficiencies Diabetes in pregnancy (type-I, II and GDM) Hypertensive disorder (PIH, preeclampsia, eclampsia)	Evaluate the patient in antenatal Intrapartum and postpartum period according to risk category · Manage the patients with antenatal , Intrapartum and postpartum obstetrics complication	Daily antenatal Ward/labour/ gynae Emergency Bedside teaching in Antenatal ward/labour/ gynae Emergency	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics
3	MEDICAL COMPLICATIONS ·Hematological disorders Thyroid disorders Liver disorders (jaundice in pregnancy, cholostasis in pregnancy, AFLP) Drug abuse, medication in pregnancy	Demonstrate understanding of physiological concepts in interpretation of clinical situation (scenario) and investigation	Daily antenatal Ward/labour/ gynae Emergency Bedside teaching in Antenatal ward/labour/ gynae Emergency	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics
4	OBSTETRICS PROCEDURES	· Perform obstetrics procedures as directed			
	· SVD, SVD with epi (along with scrubbing gloving gowning) PPIUD, LSCS, CVS, amniocentesis, craniocentesis		Obstetric Emergency Labour room Operation theater	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics

Second year Specific learning objective for Gynaecology

S No	Content (Gynae)	Learning Objectives	MIT	Assessment	Learning resources
1.	BASIC GYNAECOLOGICAL CONCEPTS · Embryology of genital tract (normal and abnormal development) · Anatomy of pelvic and pelvic floor · Physiology of normal menstrual cycle · History taking, examination, investigations	Resident will be able to · Describe anatomy of pelvic floor, physiology and embryology of reproductive tract · Interact with different gynaecological patient	Gynaecology OPD and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology
2	PUBERTY AND MENSTRUAL DISORDERS · Puberty and its disorders Menarche, primary amenorrhea	· Differentiate all types of developmental problems and menstrual irregularities · Demonstrate the capabilities of dealing with patients of puberty and its disorders · Formulate management plan of patients with developmental disorder and menstrual problems	Gynaecology OPD and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology
3	EARLY PREGNANCY COMPLICATIONS Miscarriages Ectopic	· Evaluate patient with early pregnancy complications · Demonstrate the understanding of problem in early pregnancy in terms of dealing with patients as per guidelines	Gynaecology OPD, emergency and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology
4	GENITAL TRACT INFECTIONS (content of previous year included) PID, STDs, chronic pelvic pain,)	Evaluate and manage patients with STDs and PID	Gynaecology OPD, emergency and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology

5	SUBFERTILITY Contraception	Interpret basic pathology of subfertility Arrange different contraception options with their suitable criteria	Gynaecology OPD, emergency and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology
6	PELVIC FLOOR DYSFUNCTION (content of previous year included) Uterovaginal prolapse Female genital mutilation	Evaluate and manage patients with Uterovaginal prolapse and Female genital mutilation	Gynaecology OPD, emergency and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology
7	GYNAECOLOGICAL TUMORS ·Pelvic masses Benign conditions of ovary, uterus, cervix, vulva and vagina	· Establish the diagnosis of gynaecological tumors based on history examination and investigations · Defend the management plan of different pelvic tumor	Gynaecology OPD, emergency and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology
8	GYNAECOLOGICAL PROCEDURES ·ERPC, MVA, perspeculum examination (Papsmear, HVS) , wound care, · PPIUCD, implanon, wound care and debridement, diagnostic dilatation and curettage, Pipelle / Mirena insertion, Pap smear	· Demonstrate Gynaecological procedures as directed and check list	Gynaecology OPD, emergency and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology

Third year Specific learning objective for Obstetrics

S. No	Content (Obs)	Learning Objectives	Mode of information transfer (MIT)	Assessment	Learning resources
1	1NORMAL OBSTETRICS · Basics obstetric anatomy of Pelvis & perineum and fetal skull, embryology of fetal development.physiological changes in pregnancy	Resident will be able to · Describe basic anatomy, physiology of pregnancy and fetal embryology Demonstrate anatomical land marks clinical examination and surgery · · Demonstrate the capabilities of taking care of antenatal intrapartum and postnatal patients · Interact with postnatal patients for breastfeeding and neonatal care ·Formulate the breast feeding plan for neonate	Daily Ward round Bedside teaching in Antenatal ward/ OPD	MCQs, OSCE, case based discussion	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics
	Antenatal (concepts and objectives , history taking and obstetrical examination, recommended visits, dietary advice, antenatal screening, minor symptoms of pregnancy		Daily Ward/labour room round Bedside teaching in Antenatal ward/OPD	MCQs, OSCE,case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics
	· Intrapartum (diagnosis of labour, physiology of labour, fetal and pelvic dimension, mechanism of labour, management of labour, fetal monitoring, ability to differentiate between normal and abnormal findings)		Daily Ward/labour room round Bedside teaching in Antenatal ward and labour room	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics
	· Postnatal Care (normal puerperium, breast feeding), DVT Neonatology (apgor score neonatal resuscitation, neonatal care, behavior of newborn, immunization)· Breast feeding (breast feeding protocol, maternal and neonatal benefits of breastfeeding)		Bedside teaching in post natal ward and labour room	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics

2.	OBSTETRICS COMPLICATION · Antenatal (APH, PROM, PPROM, preterm labour, domestic violence, nutritional deficiencies Diabetes in pregnancy (type-I, II and GDM) Hypertensive disorder (PIH, preeclampsia, eclampsia)	Evaluate the patient in antenatal Intrapartum and postpartum period according to risk category · Manage the patients with antenatal , Intrapartum and postpartum obstetrics complication	Daily antenatal Ward/labour/ gynae Emergency Bedside teaching in Antenatal ward/labour/ gynae Emergency	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics
3	MEDICAL COMPLICATIONS ·Hematological disorders Thyroid disorders Liver disorders (jaundice in pregnancy, cholostasis in pregnancy, AFLP) Drug abuse, medication in pregnancy	Demonstrate understanding of physiological concepts in interpretation of clinical situation (scenario) and investigation	Daily antenatal Ward/labour/ gynae Emergency Bedside teaching in Antenatal ward/labour/ gynae Emergency	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics
4	OBSTETRICS PROCEDURES · SVD, SVD with epi (along with scrubbing gloving gowning) PPIUD, LSCS, CVS, amniocentesis, craniocentesis, ECV, breach delivery, shoulder dystochia, PPH exploration (vaginal and cervical tearrepair, ballontymponade, uterine artery ligation, B-lynch)	· Perform obstetrics procedures as directed and checklist	Obstetric Emergency Labour room Operation theater	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics

Third year Specific learning objective for Gynaecology

S No	Content (Gynae)	Learning Objectives	MIT	Assessment	Learning resources
1.	BASIC GYNAECOLOGICAL CONCEPTS · Embryology of genital tract (normal and abnormal development) · Anatomy of pelvic and pelvic floor · Physiology of normal menstrual cycle · History taking, examination, investigations	Resident will be able to · Describe anatomy of pelvic floor, physiology and embryology of reproductive tract · Interact with different gynaecological patient	Gynaecology OPD and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology
2	PUBERTY AND MENSTRUAL DISORDERS · Puberty and its disorders Menarche, primary amenorrhea, HRT, Secondary amenorrhea, PCOD, endometrial and cervical causes of menstrual problems, medical conditions causing menstrual problems	· Differentiate all types of developmental problems and menstrual irregularities · Demonstrate the capabilities of dealing with patients of puberty and its disorders · Formulate management plan of patients with developmental disorder and menstrual problems	Gynaecology OPD and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology
3	EARLY PREGNANCY COMPLICATIONS Miscarriages Ectopic pregnancy, GTD, PID, STDs	· Evaluate patient with early pregnancy complications · Demonstrate the understanding of problem in early pregnancy in terms of dealing with patients as per guidelines	Gynaecology OPD, emergency and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology

4	GENITAL TRACT INFECTIONS (content of previous year included) PID, STDs, chronic pelvic pain,)	Evaluate and manage patients with STDs and PID	Gynaecology OPD, emergency and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology
5	SUBFERTILITY Contraception	Interpret basic pathology of subfertility Arrange different contraception options with their suitable criteria	Gynaecology OPD, emergency and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology
6	PELVIC FLOOR DYSFUNCTION (content of previous year included) Uterovaginal prolapse Female genital mutilation	Evaluate and manage patients with Uterovaginal prolapse and Female genital mutilation	Gynaecology OPD, emergency and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology
7	GYNAECOLOGICAL TUMORS ·Pelvic masses Benign conditions of ovary, uterus, cervix, vulva and vagina Malignant conditions of ovary, uterus, cervix, vulva and vagina	· Establish the diagnosis of gynaecological tumors based on history examination and investigations Defend the management plan of different pelvic tumor	Gynaecology OPD, emergency and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology
8	GYNAECOLOGICAL PROCEDURES · Perform Diagnostic dilatation and curettage, Colposcopy, Pipelle / Mirenainsertion,EUA/ Polypectomy, , Suction evacuation, Assist TAH/Laparotomy, Diagnostic laparoscopy, Vaginalhysterectomy, Hysteroscopic guided biopsy, Perineal repair, Marsupialization, hymenctomy, Myomectomy as assistant	· Demonstrate Gynaecological procedures as directed and check list	Gynaecology OPD, emergency and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology

Fourth year Specific learning objective for Obstetrics

S. No	Content (Obs)	Learning Objectives	Mode of information transfer (MIT)	Assessment	Learning resources
1	NORMAL OBSTETRICS · Basics obstetric anatomy of Pelvis & perineum and fetal skull, embryology of fetal development.physiological changes in pregnancy	Resident will be able to · Describe basic anatomy, physiology of pregnancy and fetal embryology Demonstrate anatomical land marks clinical examination and surgery · · Demonstrate the capabilities of taking care of antenatal intrapartum and postnatal patients · Interact with postnatal patients for breastfeeding and neonatal care ·Formulate the breast feeding plan for neonate	Daily Ward round Bedside teaching in Antenatal ward/ OPD	MCQs, OSCE, case based discussion	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics
	Antenatal (concepts and objectives , history taking and obstetrical examination, recommended visits, dietary advice, antenatal screening, minor symptoms of pregnancy. (content of first, second and third year included, pregnancy with placenta previa, Rh incompatibilty) Intrapartum (Fetal distress, instrumental delivery, still birth · Postnatal Care (Thromboprophylaxis, psychological disorder, DVT,problem, problems)		Daily Ward/labour room round Bedside teaching in Antenatal ward/OPD	MCQs, OSCE,case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics
	· Intrapartum (diagnosis of labour, physiology of labour, fetal and pelvic dimension, mechanism of labour, management of labour, fetal monitoring, ability to differentiate between normal and abnormal findings)		Daily Ward/labour room round Bedside teaching in Antenatal ward and labour room	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics

	· Postnatal Care (normal puerperium, breast feeding), DVT Neonatology (apgor score neonatal resuscitation, neonatal care, behavior of newborn, immunization)· Breast feeding (breast feeding protocol, maternal and neonatal benefits of breastfeeding)		Bedside teaching in post natal ward and labour room	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics
2.	**OBSTETRICS COMPLICATION** · Antenatal (APH, PROM, PPROM, preterm labour, domestic violence, nutritional deficiencies Diabetes in pregnancy (type-I, II and GDM) Hypertensive disorder (PIH, preeclampsia, eclampsia)	Evaluate the patient in antenatal Intrapartum and postpartum period according to risk category · Manage the patients with antenatal , Intrapartum and postpartum obstetrics complication	Daily antenatal Ward/labour/ gynae Emergency Bedside teaching in Antenatal ward/labour/ gynae Emergency	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics
3	**MEDICAL COMPLICATIONS** ·Hematological disorders APLS Cardiac disorders Thyroid disorders Liver disorders Renal and neurological disorders (jaundice in pregnancy, cholostasis in pregnancy, AFLP) Drug abuse, medication in pregnancy	Demonstrate understanding of physiological concepts in interpretation of clinical situation (scenario) and investigation	Daily antenatal Ward/labour/ gynae Emergency Bedside teaching in Antenatal ward/labour/ gynae Emergency	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics
4	**OBSTETRICS PROCEDURES** · SVD, SVD with epi (along with scrubbing gloving gowning) PPIUD, LSCS, CVS, amniocentesis, craniocentesis, ECV, breach delivery, shoulder dystochia, PPH exploration (vaginal and cervical tearrepair, ballontymponade, uterine artery ligation, B-lynch)	· Perform obstetrics procedures as directed and checklist	Obstetric Emergency Labour room Operation theater	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers obs 21st edition EBM 3rd edition High risk obstetrics

Fourth year Specific learning objective for Gynaecology

S No	Content (Gynae)	Learning Objectives	MIT	Assessment	Learning resources
	Content from previous sections will be included				
1	PUBERTY AND MENSTRUAL DISORDERS · Puberty and its disorders Menarche, primary amenorrhea, HRT, Secondary amenorrhea, PCOD, endometrial and cervical causes of menstrual problems, medical conditions causing menstrual problems	· Differentiate all types of developmental problems and menstrual irregularities · Demonstrate the capabilities of dealing with patients of puberty and its disorders · Formulate management plan of patients with developmental disorder and menstrual problems	Gynaecology OPD and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology
2	SUBFERTILITY Contraception	Interpret basic pathology of subfertility Arrange different contraception options with their suitable criteria	Gynaecology OPD, emergency and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology
3	PELVIC FLOOR DYSFUNCTION (content of previous year included) Uterovaginal prolapse Female genital mutilation	Evaluate and manage patients with Uterovaginal prolapse and Female genital mutilation	Gynaecology OPD, emergency and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology

4	**GYNAECOLOGICAL TUMORS** ·Pelvic masses Benign conditions of ovary, uterus, cervix, vulva and vagina Malignant conditions of ovary, uterus, cervix, vulva and vagina	· Establish the diagnosis of gynaecological tumors based on history examination and investigations Defend the management plan of different pelvic tumor	Gynaecology OPD, emergency and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology
5	**GYNAECOLOGICAL PROCEDURES** IUI, ring pessary insertion, diagnostic dilatation and curettage, Mirena insertion, EUA/ Polypectomy, TAH / Laparotomy, Diagnostic laparoscopy Perineal repair, Marsuplization Vaginal hysterectomy, Hysteroscopic guided biopsy, hymenctomy Myomectomy, as assistant	· Demonstrate Gynaecological procedures as directed and check list	Gynaecology OPD, emergency and ward	MCQs, OSCE, case based discussion, Direct observation of case based discussion, mini CEX, OSATS	Ten teachers gynae 21st edition EBM 3rd edition High risk gynaecology

Frame work of Teaching and learning strategies

Learning through maintaining log books:

These are used to list the core clinical problems to be seen during the attachment and to document the student activity and learning achieved with each patient contact. **In addition to E portal, Main log book, long case log book, Rotation log book and Research log book are maintained by each resident.**

Learning through maintaining a portfolio:

Personal Reflection is one of the most important adult educational tools available. Many theorists have argued that without reflection, knowledge translation and thus genuine "deep" learning cannot occur. One of the Individual reflection tools maintaining portfolios, Personal Reflection allows students to take inventory of their current knowledge skills and attitudes, to integrate concepts from various experiences, to transform current ideas and experiences into new knowledge and actions and to complete the experiential learning cycle.

Inpatient Services:

All residents will have rotations in intensive care, coronary care, emergency Obstetrics & Gynecology, general Obstetrics & Gynecology, ambulatory experiences etc. The required knowledge and skills pertaining to the ambulatory based training in following areas shall be demonstrated; Inpatient Series: All residents will have two monthly rotations in

1. General antenatal wards
2. Postnatal wards
3. Daycare clinic
4. High risk antenatal
5. Pre-op Gynae ward
6. Post-op Gynae
7. High dependency unit
8. Filter clinic
9. Gynae Emergency
10. Emergency OT
11. Elective OT
12. Post op Obs ward

Outpatient Experiences:

Residents should demonstrate expertise in diagnosis and management of patients in OPD

Emergency services: Our residents take an early and active role in patient care and obtain decision-making roles quickly. Within the Emergency Department, residents direct the initial stabilization of all critical patients, manage airway interventions, and oversee all critical care.

Electives/ Specialty Rotations:

Community Practice:

Residents experience the practice of Obstetrics & Gynecology in a non-academic, non-teaching hospital setting. The rotation may be used to try out a practice that the resident later joins, to learn the needs of referring physicians or to decide on a future career path.

Workshops by RMU: Residents achieve hands-on training while participating in mandatory workshops of Research Methodology, Advanced Life Support, Communication Skills, Computer & Internet and Clinical Audit. Specific objectives are given in detail in the relevant section of Mandatory Workshops.

Workshops: by OB/GYN Department:

Each year, 4 hands-on work shops are to be attended by each resident. For details please consult the Main log book.

Core Faculty Lectures (CFL):

The core faculty lecture's focus on monthly themes of the various Obstetrics & Gynecology topics. Lectures are still an efficient way of delivering information. Good lectures can introduce new material or synthesize concepts

students have through text-, web-, or field-based activities. **Buzz groups** can be incorporated into the lectures in order to promote more active learning.

Long and short case presentations:–

Giving an oral presentation on ward rounds is an important skill for medical student to learn. It is medical reporting which is terse

and rapidly moving. After collecting the data, you must then be able both to document it in a written format and transmit it clearly to other health care providers. In order to do this successfully, you need to understand the patient's medical illnesses, the psychosocial contributions to their History of Presenting Illness and their physical diagnosis findings. You then need to compress them into a concise, organized recitation of the most essential facts. The listener needs to be given all of the relevant information without the extraneous details and should be able to construct his/her own differential diagnosis as the story unfolds. Consider yourself an advocate who is attempting to persuade an informed, interested judge the merits of your argument, without distorting any of the facts. An oral case presentation is NOT a simple recitation of your write-up. It is a concise, edited presentation of the most essential information. Basic structure for oral case presentations includes Identifying information/chief complaint (ID/CC) , History of present illness (HPI) including relevant ROS (Review of systems) questions only ,Other active medical problems , Medications/allergies/substance use (note: e. The complete ROS should not be presented in oral presentations , Brief social history (current situation and major issues only) . Physical examination (pertinent findings only) , One line summary & Assessment and plan

Seminar Presentation:

Seminar is held in a noon conference format. Upper level residents present an in-depth review of a medical topic as well as their own research. Residents are formally critiqued by both the associate program director and their resident colleagues.

Journal Club Meeting (JC):

A resident will be assigned to present, in depth, a research article or topic of his/her choice of actual or potential broad interest and/or application. Two hours per month should be allocated to discussion of any current articles or topics introduced by any participant. Faculty or outside researchers will be invited to present outlines or results of current research activities. The article should be critically evaluated and its applicable results should be highlighted, which can be incorporated in clinical practice. Record of all such articles should be maintained in the relevant department

Small Group Discussions/ Problem based learning/ Case based learning:

Traditionally small groups consist of 8- 12 participants. Small groups can take on a variety of different tasks, including problem

solving, role play, discussion, brainstorming, debate, workshops and presentations. Generally students prefer small group learning to other instructional methods. From the study of a problem students develop principles and rules and generalize their applicability to a variety of situations PBL is said to develop problem solving skills and an integrated body of knowledge. It is a student-centered approach to learning, in which students determine what and how they learn. Case studies help learners identify problems and solutions, compare options and decide how to handle a real situation.

Case-based Discussion (CbD)

The CbD assesses the performance of a trainee in their management of a patient to provide an indication of competence in areas such as clinical reasoning, decision-making and application of medical knowledge in relation to patient care. It also serves as a method to document conversations about, and presentations of, cases by trainees. The CbD should focus on a written record (such as written case notes, out-patient letter, and discharge summary). A typical encounter might be when presenting newly referred patients in the out- patient department.

Grand Rounds (GR):

The Department of Obstetrics & Gynecology hosts Grand Rounds on weekly basis. Speakers from local, regional and national Obstetrics & Gynecology training programs are invited to present topics from the broad spectrum of Obstetrics & Gynecology. All residents on inpatient floor teams, as well as those on ambulatory block rotations and electives are expected to attend.

Professionalism Curriculum (PC):

This is an organized series of recurring large and small groupdiscussions focusing upon current issues and dilemmas in medical professionalism and ethics presented primarily by an associate program director. Lectures are usually presented in a noon conference format.

Evening Teaching Rounds:

During these sign-out rounds, the inpatient Chief Resident makes a brief educational presentation on a topic related to a patient currently on service, often related to the discussion from morning report. Serious cases are mainly focused during evening rounds.

Clinico-pathological Conferences:

The clinicopathological conference, popularly known as CPC primarily relies on case method of teaching Obstetrics & Gynecology. It is a teaching tool that illustrates the logical, measured consideration of a differential diagnosis used to evaluate patients. The process involves case presentation, diagnostic data, discussion of differential diagnosis, logically narrowing the list to few selected probable diagnoses and eventually reaching a final diagnosis and its brief discussion. The idea was first practiced in Boston, back in 1900 by a Harvard internist, Dr. Richard C. Cabot who practiced this as an informal discussion session in his private office. Dr. Cabot incepted this from a resident, who in turn had received the idea from a roommate, primarily a law student.

Clinical Audit based learning:

"Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria…Where indicated, changes are implemented…and further monitoring is used to confirm improvement in healthcare delivery." Principles for Best Practice in Clinical Audit (2002, NICE/CHI)

Peer Assisted Learning:

Any situation where people learn from, or with, others of a similar level of training, background or other shared characteristic.Provides opportunities to reinforce and revise their learning. Encourages responsibility and increased self-confidence.Develops teaching and verbalization skills.Enhances communication skills, and empathy. Develops appraisal skills (of self and others) including the ability to give and receive appropriate feedback. Enhance organizational and team-working skills.

Morbidity and Mortality Conference (MM):

The M&M Conference is held occasionally atnoon throughout the year. A case, with an adverse outcome, though not necessarily resulting in death, is discussed and thoroughly reviewed. Faculty members from various disciplines are invited to attend, especially if they were involved in the care of the patient. The discussion focuses on how care could have been improved.

Skill teaching in OPD, emergency, ward settings & Operation theater :

For details please consult competencies in section A & tools of formative assessment in Section B, of the Main log book.

bedside teaching rounds in ward:

“To study the phenomenon of disease without books is to sail an uncharted sea whilst to study books without patients is not to go to sea at all” Sir William Osler (1849-1919).Bedside teaching is regularly included in the ward rounds. Learning activities include the physical exam, a discussion of particular medical diseases, psychosocial and ethical themes, and management issues

Directly Supervised Procedures - (DSP):

Residents learn procedures under the direct supervision of consultants or fellows during different rotations in labor room, operation theater,and OPD/IPD (ECV, PMEB with Pipelle) .

Self-directed learning:

self-directed learning residents have primary responsibility for planning, implementing, and evaluating their effort. It is an adult learning technique that assumes that the learner knows best what their educational needs are. The facilitator’s role in self-directed learning is to support learners in identifying their needs and goals for the program, to contribute to clarifying the learners' directions and objectives and to provide timely feedback. Self-directed learning can be highly motivating, especially if the learner is focusing on problems of the immediate present, a potential positive outcome is anticipated and obtained and they are not threatened by taking responsibility for their own learning.

Follow up clinics:

There are four main categories of follow up clinics in Gynae and obstetrics.

A. Follow up of patients with gynecological malignancies: Patients with gynecological malignancies are commonly presented outdoors. Their detailed evaluation, management and decision making of these patients is a time taking process. These patients are kept in follow up preoperatively and postoperatively. The main purpose of pre operative follow up is to complete work up, investigations and to look for new signs and symptoms of disease. These patients are discussed among faculty members and treatment options are offered to the patient. Postoperatively these patients are in regular follow up with histopathology report and further referred for next step of management

B. **Contraceptive counseling and follow up advice:** We discuss with patients regarding contraception options and they are helped to choose a suitable method. These patients are called for regular follow up in daycare clinic

C. **Follow up of high risk antenatal ward:** Some of our patients who are in high risk antenatal categories and need periodic checkup are called on a regular basis if they live in the vicinity of the hospital. They are registered and their follow up visits are mentioned on it. The advice regarding their further management and treatment is taken from attending consultants.

D. Follow up of sub-fertility patients: Patients with subfertility need regular check up and follow up in a sub-fertility clinic. Residents under

supervision of consultants will be rotated in these clinics to have understanding of such patients.

Core curriculum meeting:

It is conducted as part of the Dean's meeting and . All the core topics of Obstetrics &Gynecology thoroughly discussed during these sessions. The duration of each session is at least two hours once every 3months. It is attended by all consultants and by the chief resident (elected by the residents of the relevant discipline) from all 4 units. All residents are given an opportunity to brainstorm all topics included in the course and to generate new ideas regarding the improvement of the course structure.

Annual Grand Meeting:

Once a year all residents enrolled for MS Obstetrics & Gynecology should be invited to the annual meeting at RMU. One full day will be allocated to this event. All the chief residents from affiliated institutes will present their annual reports. Issues andconcerns related to their relevant courses will be discussed. Feedback should be collected and suggestions should be sought in order to involve residents in decision making. The research work done by residents and their literary work may be displayed. In the evening an informal gathering and dinner can be arranged. This will help in creating a sense of belonging and ownership among students and the faculty.

Task-based-learning:

A list of tasks is given to the students: participate in consultation with the attending staff, interview and examine patients, review a number of new radiographs with the radiologist.

Teaching in the ambulatory care setting:

A wide range of clinical conditions may be seen. There are large numbers of new and return patients. Students have the opportunity to

experience a multi-professional approach to patient care. Unlike ward teaching, increased numbers of students can be accommodated without exhausting the limited No. of suitable patients.

Community Based Medical Education:

CBME refers to medical education that is based outside a tertiary or large secondary level hospital. Learning in the fields of epidemiology, preventive health, public health principles, community development, and the social impact of illness and understanding how patients interact with the health care system. Also used for learning basic clinical skills, especially communication skills.

Audio visual laboratory:

Audio visual material for teaching skills to the residents is used specifically in teaching hand on skills through workshops.

E-learning/web-based medical education/computer-assisted instruction:

Computer technologies, including the Internet, can support a wide range of learning activities from dissemination of lectures and materials, access to live or recorded presentations, real-time discussions, self-instruction modules and virtual patient simulations. distance-independence, flexible scheduling, the creation of reusable learning materials that are easily shared and updated, the ability to individualize instruction through adaptive instruction technologies and automated record keeping for assessment purposes.

Research based learning:

All residents in the categorical program are required to complete an academic outcomes-based research project during their training. This project can consist of original bench top laboratory research, clinical research or a combination of both. The research work shall be compiled in the form of a thesis which is to be submitted for evaluation by each resident before end of the training. The designated Faculty will organize and mentor the residents through the process, as well as journal clubs to teach critical appraisal of the literature.

2.9. Recommended Learning Resources

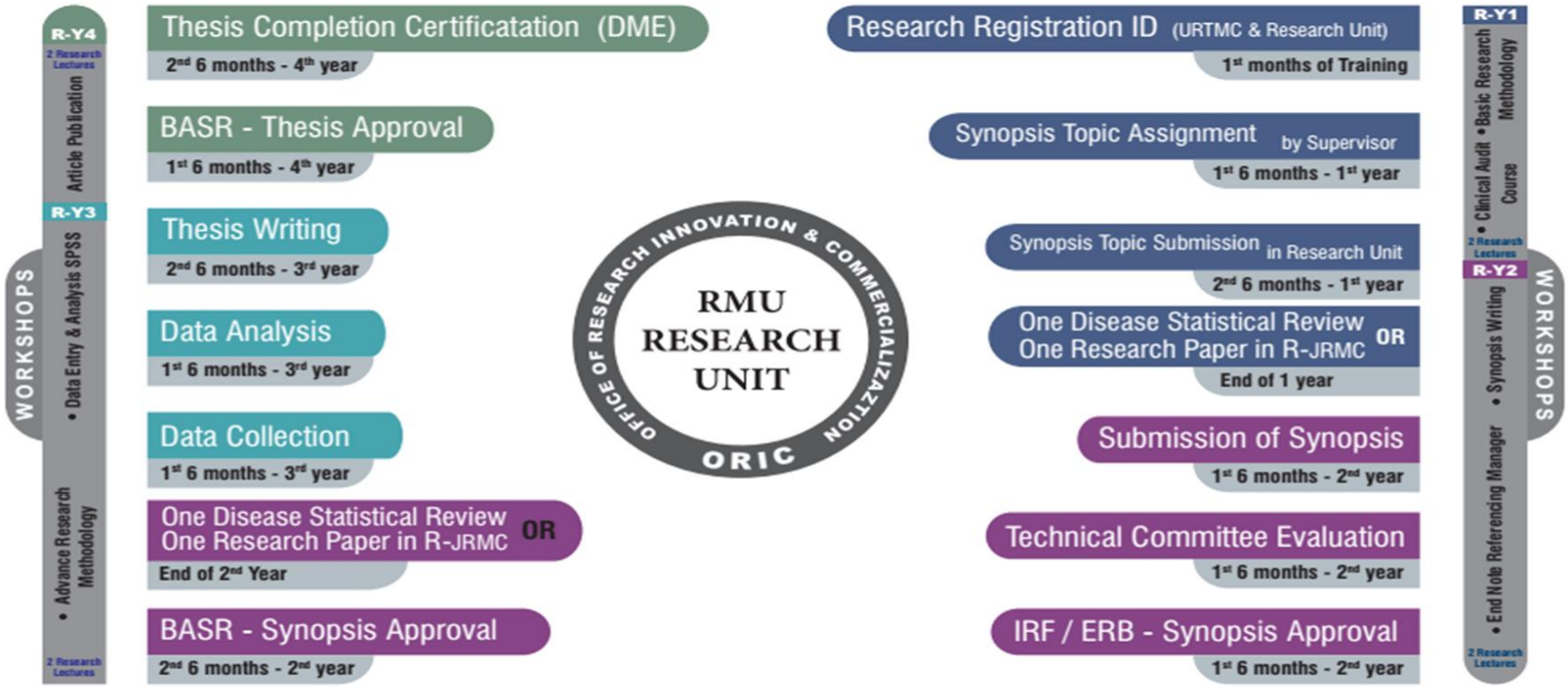
1. Obstetrics by Ten Teachers 20th edition
2. Gynaecology by Ten Teachers 20th edition
3. Current Diagnosis and Treatment Obstetrics & Gynaecology 12th edition
4. William's Obstetrics 26th edition

5. Shaw's Textbook of Gynaecology 18th edition
6. Shaw's Textbook of Operative Gynaecology 7th edition
7. TeLinde's Operative Gynecology 12 edition

Section - III: RESEARCH AND THESIS WRITING

Adopted from the curriculum of MD medicine. For further details , please consult the Research elective log book and section 3 in the curriculum of MD medicine.

	1st Year	2nd Year	3rd Year	4th Year
1st month	Research ID			
1st 6 months	Synopsis topic assignment	Synopsis submission, evaluation and ERB approval	Data collection & analysis	Thesis approval
2nd 6 months	Synopsis topic submission	Synopsis BASR approval	Thesis writing	Certificate of thesis approval to be given
End of year	One disease statistical review/One Research paper in RJRMC			



Research Planner of 4 Years University Residency Program


RMU Research Model
Research Unit
Research Curriculum
IRF, ERB
Research Basic Clinical Community
Rawalian Student Research Society
University Resident Research Form
Paper, Synopsis, Thesis
Research Publication JRMC SJRMC
Research Directory

Research Model

Cultivating the culture of Research has always been envisioned as one of the main pillars of Rawalpindi Medical University, as a means to develop healthcare professionals capable of contributing to the development of their country and the world. For the purpose thereof, right from the inception of Rawalpindi Medical University, efforts were concentrated to establish a comprehensive framework for research in Rawalpindi Medical University, as a matter of prime importance. With team efforts of specialists in the field of research, framework was made during the first year of the RMU, for the development and promotion of Research activities in RMU, called the Research Model of RMU, giving clear scheme and plan for establishment of required components for not only promoting, facilitating and monitoring the research activities but also to promote entrepreneurship through research for future development of RMU itself.

Research at RMU

In lines with our research vision, we are actively involved in developing and establishment of model research infrastructure, involving

1. Establishment of Institutional Research Forum (IRF) and Ethical Review Board (ERB)
2. Establishment of Board of Advance Studies Research (BASR)
3. Establishment of Postgraduate Research Forum (PGRF)
4. Student Journal
5. Faculty Journal
6. Research Directory
7. Development of Community Research Model

Figure 1. MODEL OF RESEARCH AT RAWALPINDI MEDICAL UNIVERSITY

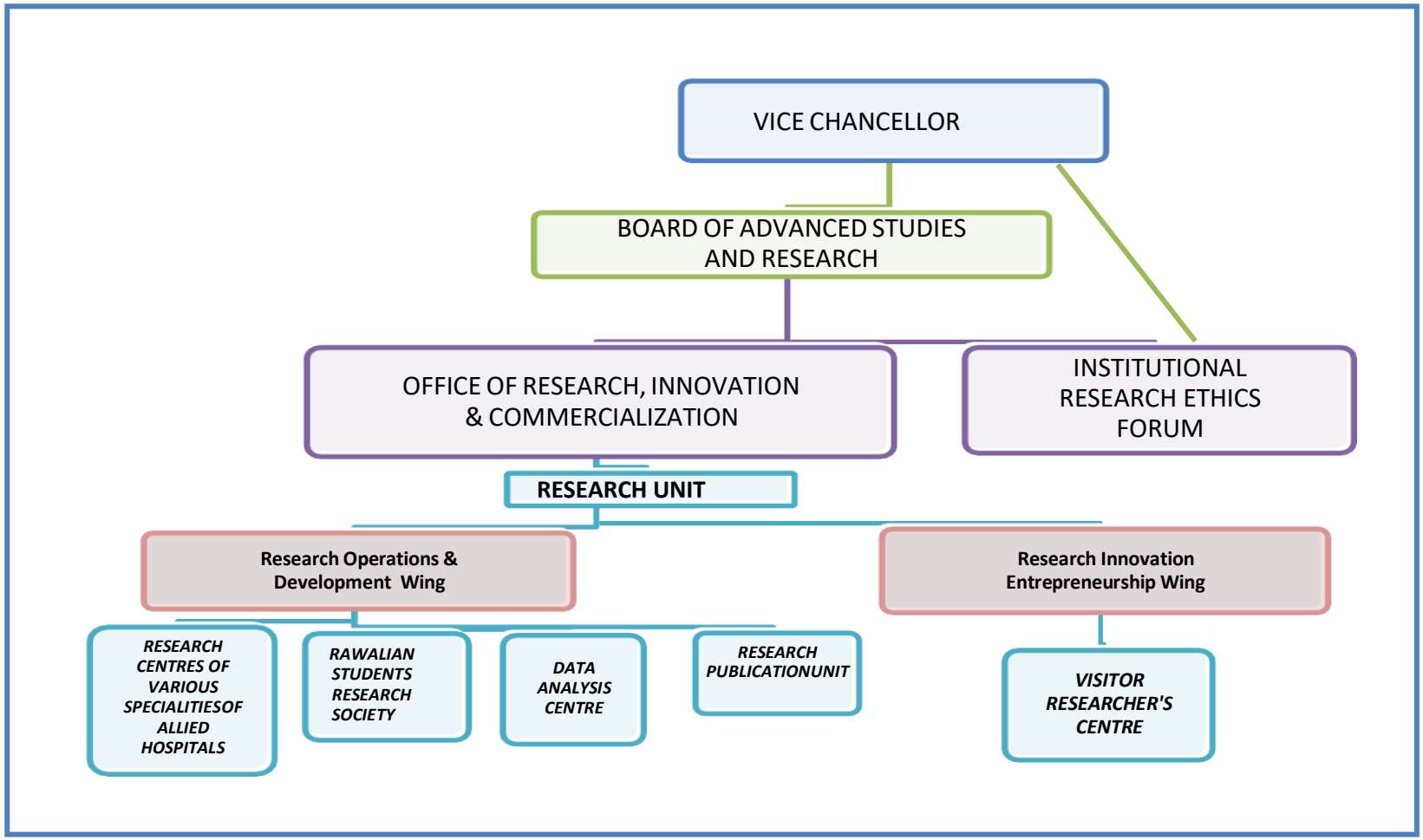


Figure 3. A FLOW CHART OF RESEARCH ACTIVITIES OF R-Y1 POST GRADUATE/MD TRAINEE OF RMU AND THEIR ASSESSMENT

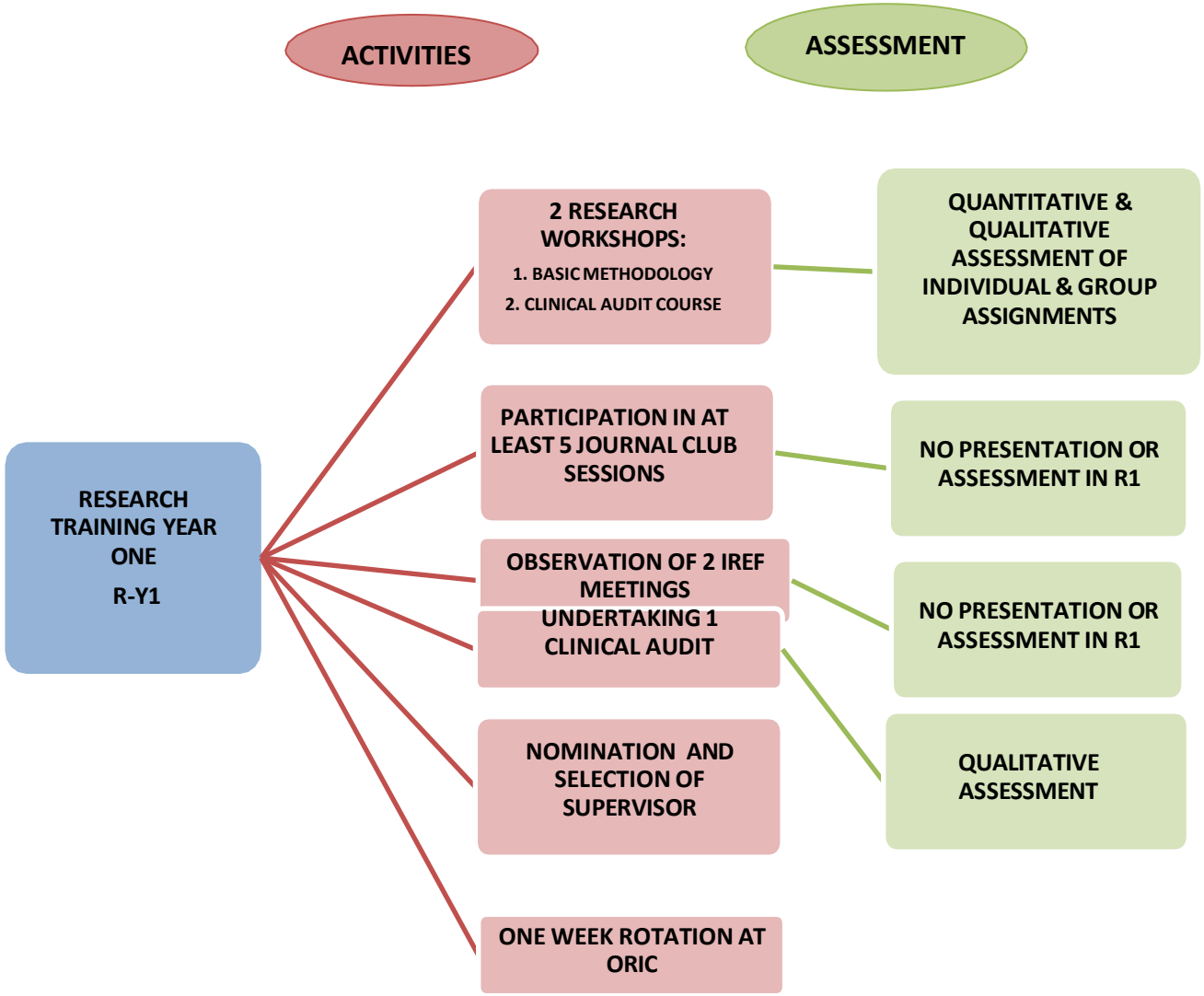


Figure 3. A FLOW CHART OF RESEARCH ACTIVITIES OF R-Y2 POST GRADUATE/MD/MS TRAINEE OF RMU AND THEIR ASSESSMENTS

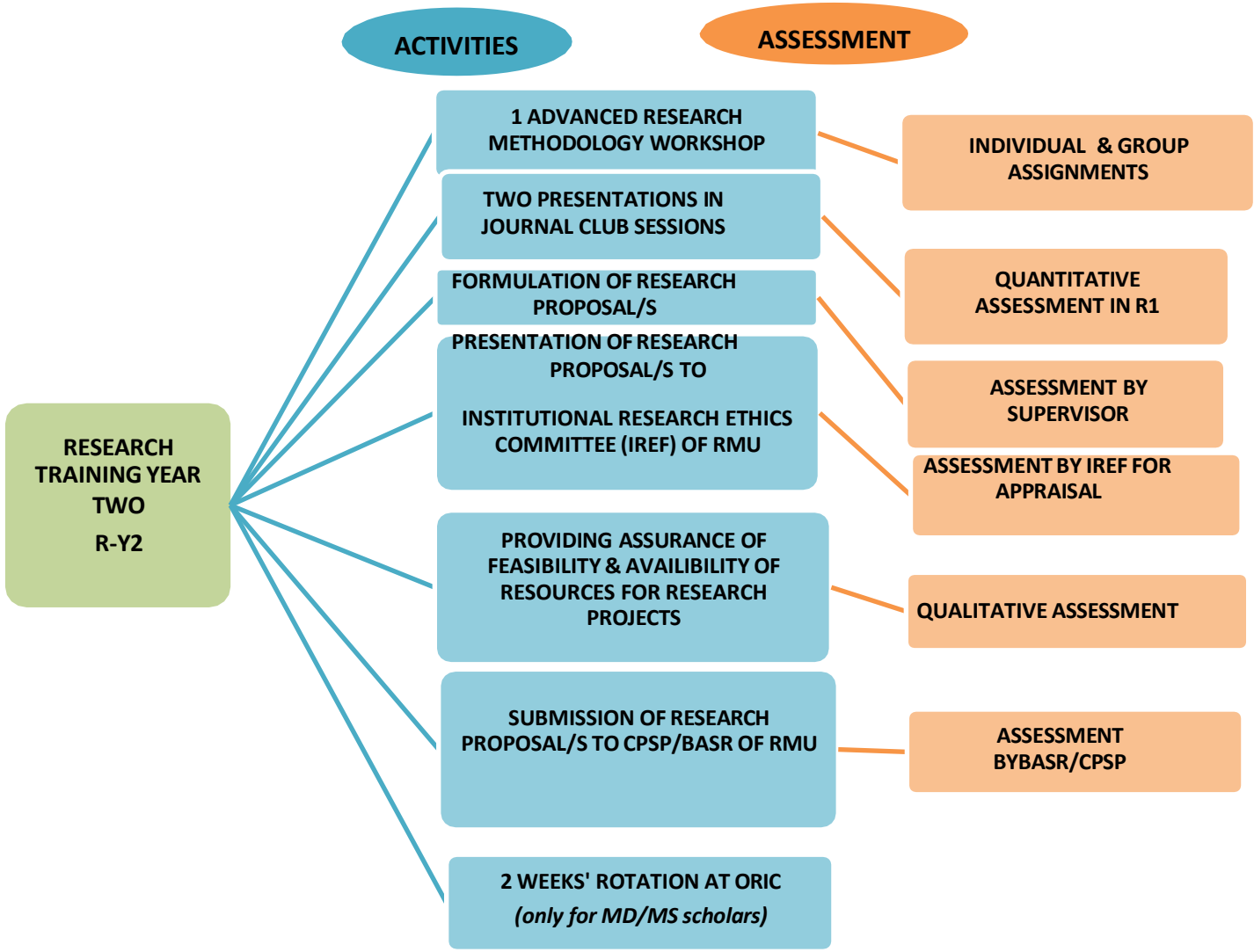


Figure 4 (A) . A FLOW CHART OF RESEARCH ACTIVITIES AND ASSESSMENTS

OF R-Y3 POST GRADUATE/MD/MS TRAINEES OF RMU WHO WILL OPT FOR DISSERTATION WRITING

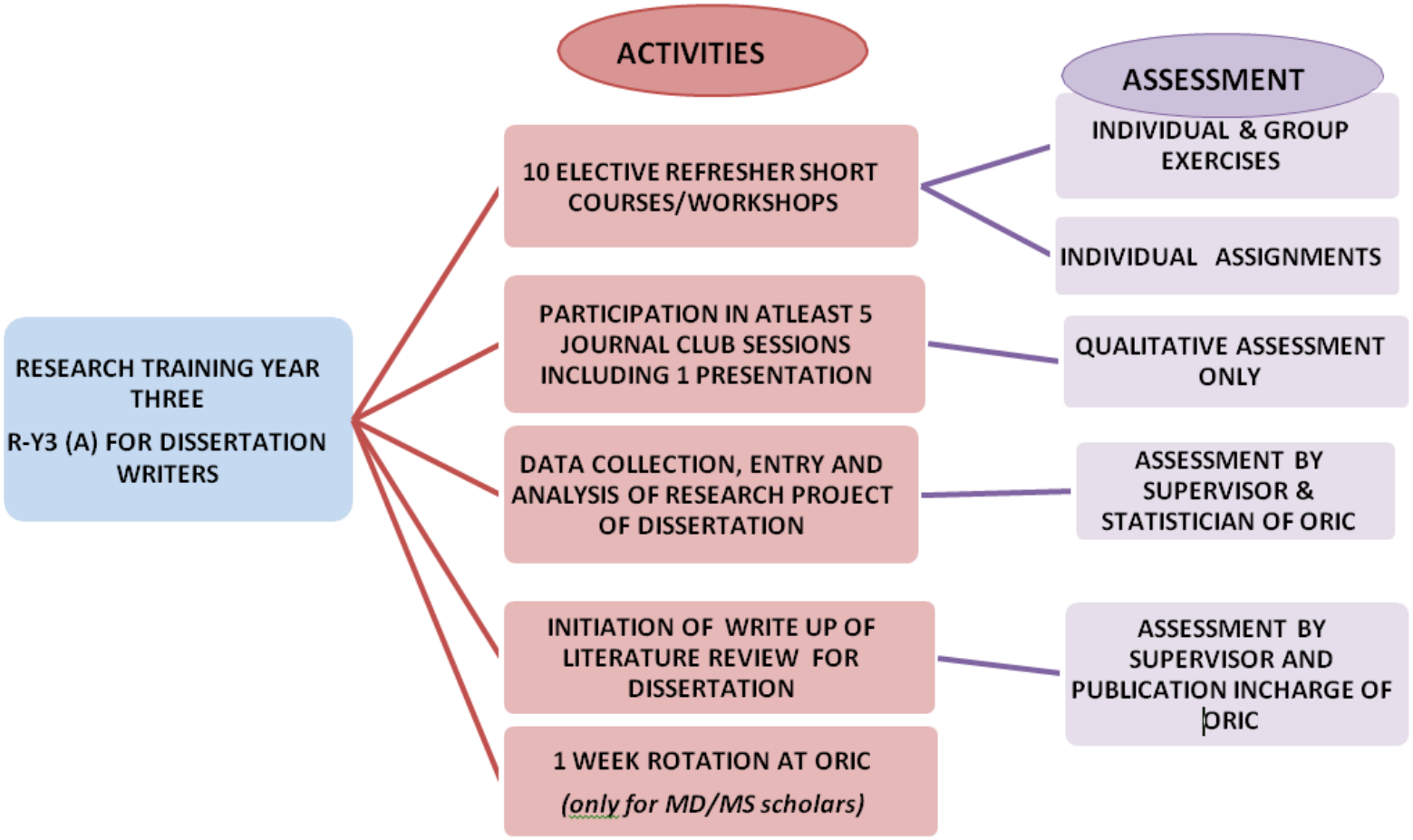


Figure 4 (B) . A FLOW CHART OF RESEARCH ACTIVITIES AND RELEVANT ASSESSMENTS OF R-Y3 POST GRADUATE TRAINEES OF RMU OPTING FOR PUBLICATION OF TWO RESEARCH PAPERS AS REQUISITE TO CPSP FELLOWSHIP DEGREE

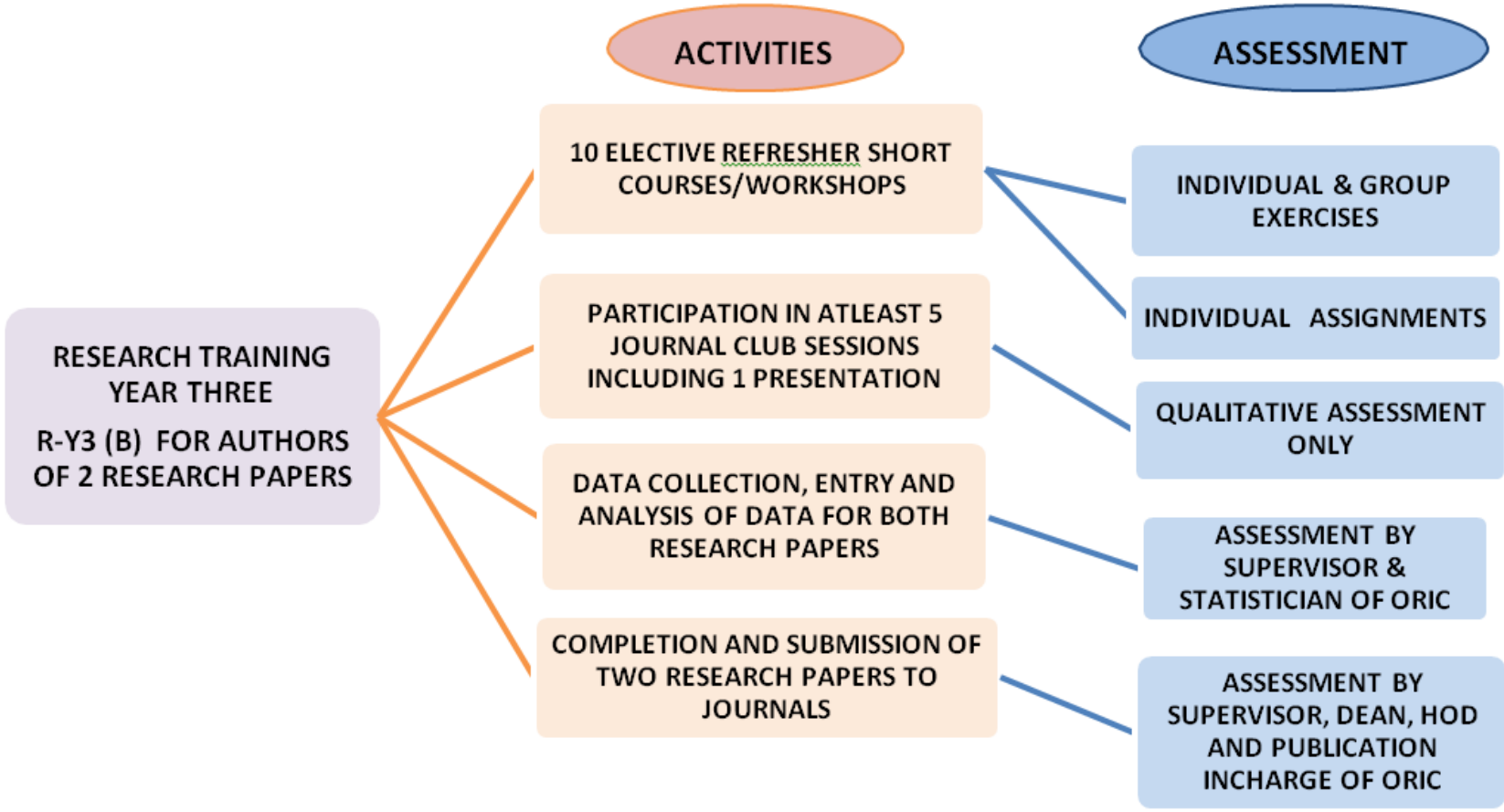


Figure 5 (A) . A FLOW CHART OF RESEARCH ACTIVITIES AND ASSESSMENTS OF R-Y4 POST GRADUATE/MD TRAINEE OF RMU WHO WILL OPT FOR DISSERTATION WRITING

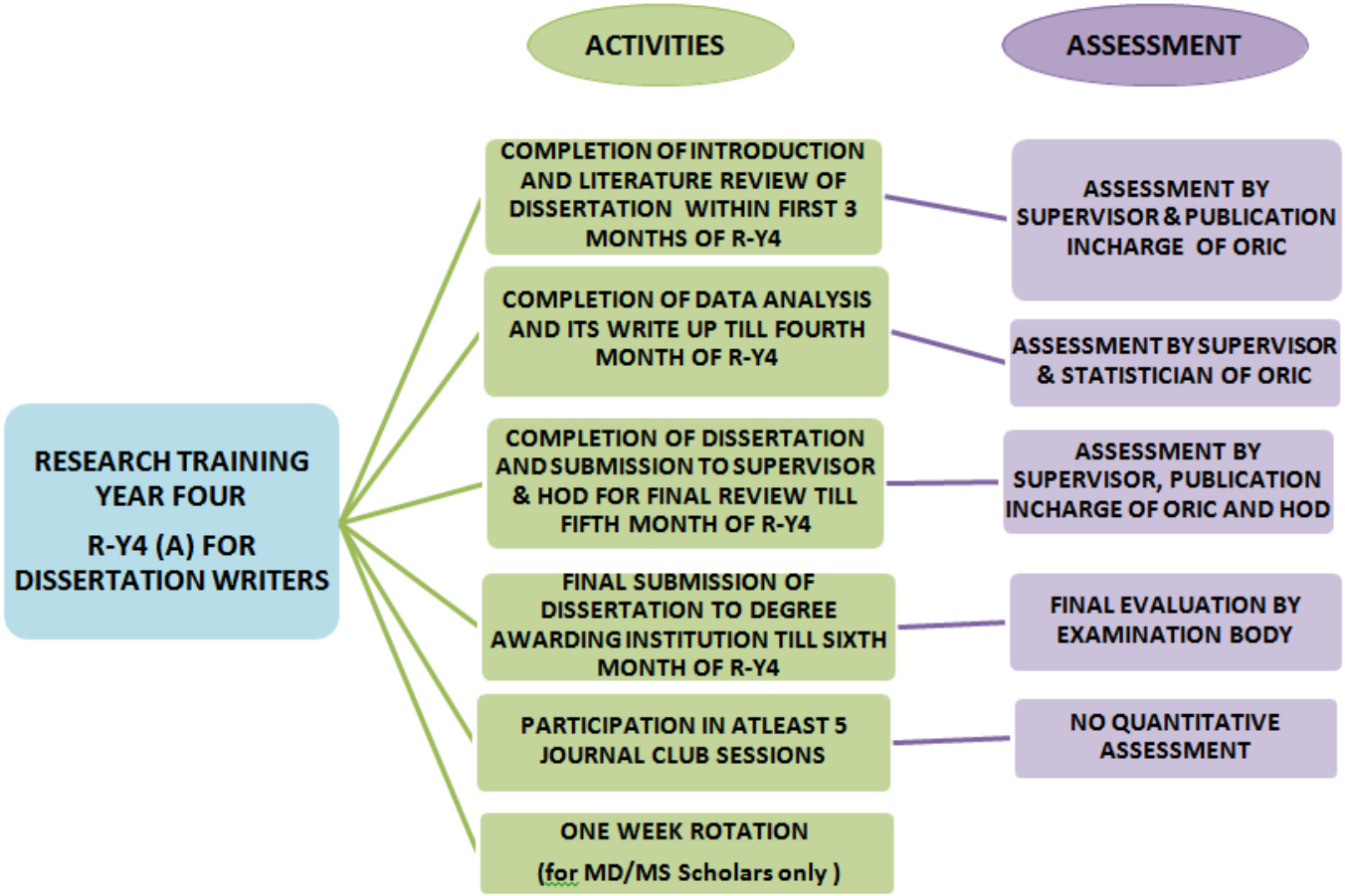
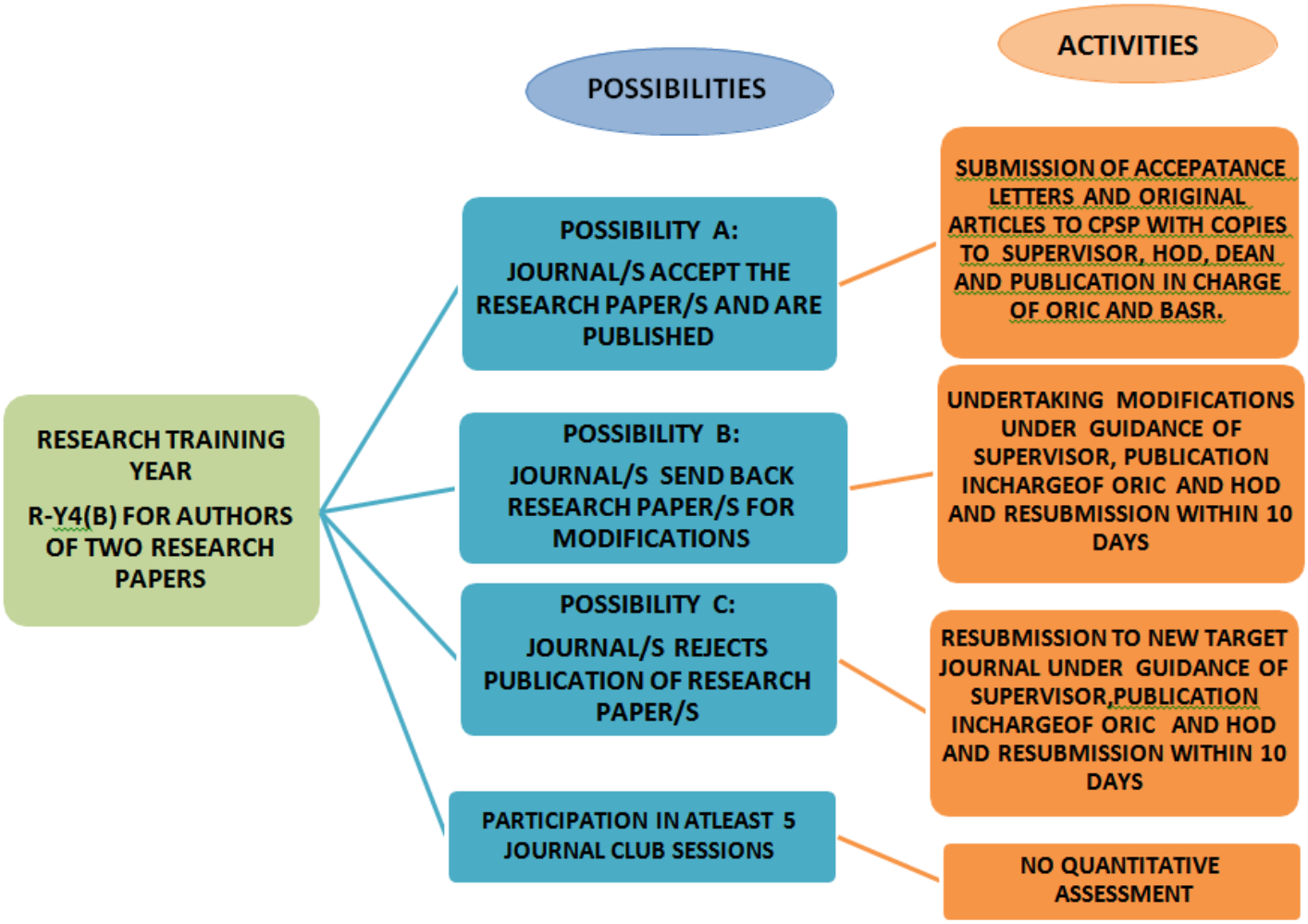


Figure 6 (B) . A FLOW CHART OF RESEARCH ACTIVITIES AND ASSESSMENTS OF R-Y4 POST GRADUATE OF RMU WHO WILL OPT FOR 2 RESEARCH PAPERS AS REQUISITE TO CPSP FELLOWSHIP DEGREE



Section - IV: SPECIALTY ROTATIONAL PLACEMENTS ELECTIVES

Elective Rotations

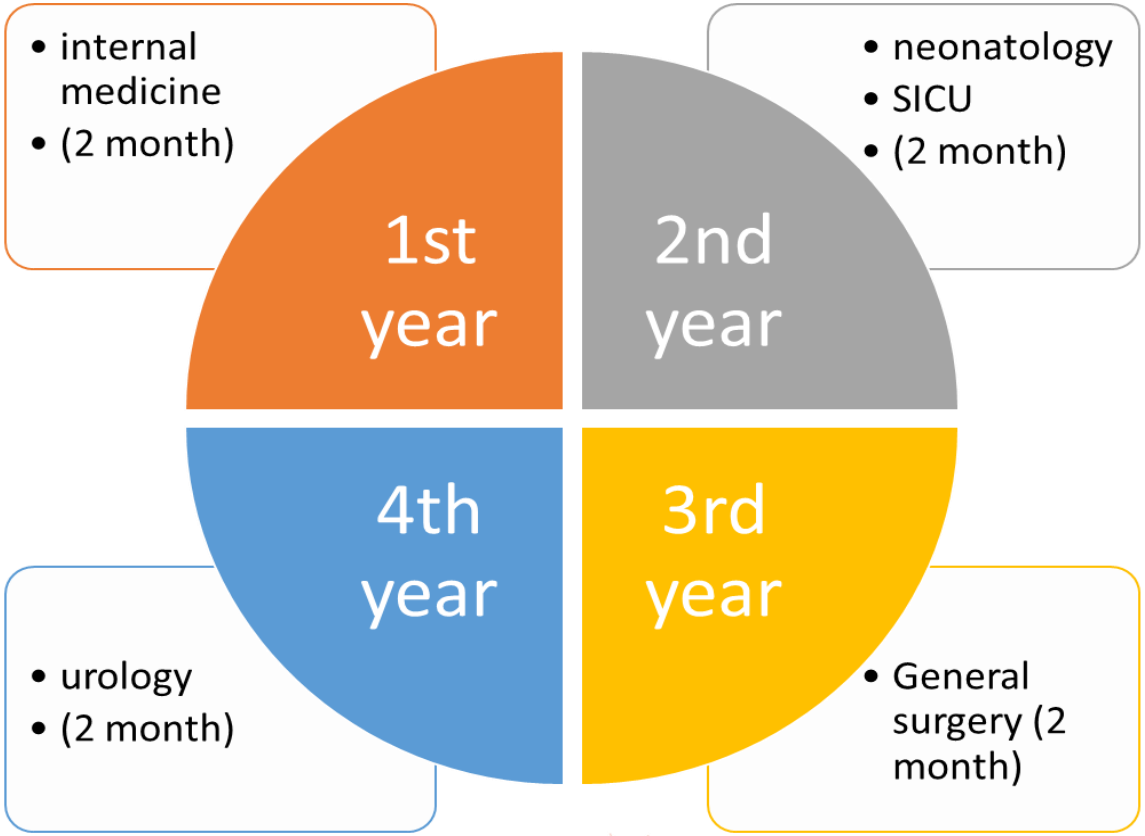
A significant amount of time during residency is devoted to electives, which allows our residents the flexibility to gain a concentrated experience in an area of interest. Residents can choose electives, after her six months of Gynae and Obs training. Resident can opt following departments for electives:

Total Rotation period is 8 months during 4 years of training, two months per each year. Total 3 months in Medicine & Allied, and 5 months in Surgery & Allied.

Year wise allocation of departments for rotation

Year	Rotation	Duration	Assessment
First year	Internal Medicine	2 months	Rotational Log book Daily morning round and bedside learning Long case presentation Topic presentation Monthly ward test
Second year	Neonatology	1 month	Rotational Log book Daily morning round and bedside learning Long case presentation Topic presentation Monthly ward test
	Surgical ICU	1 month	
Fourth year	Urology	2 months	Rotational Log book Daily morning round and bedside learning Long case presentation Topic presentation Monthly ward test
Third year	General Surgery -	2 months	Rotational Log book Daily morning round and bedside learning Long case presentation Topic presentation Monthly ward test

Medicine and Allied



Surgery and Allied

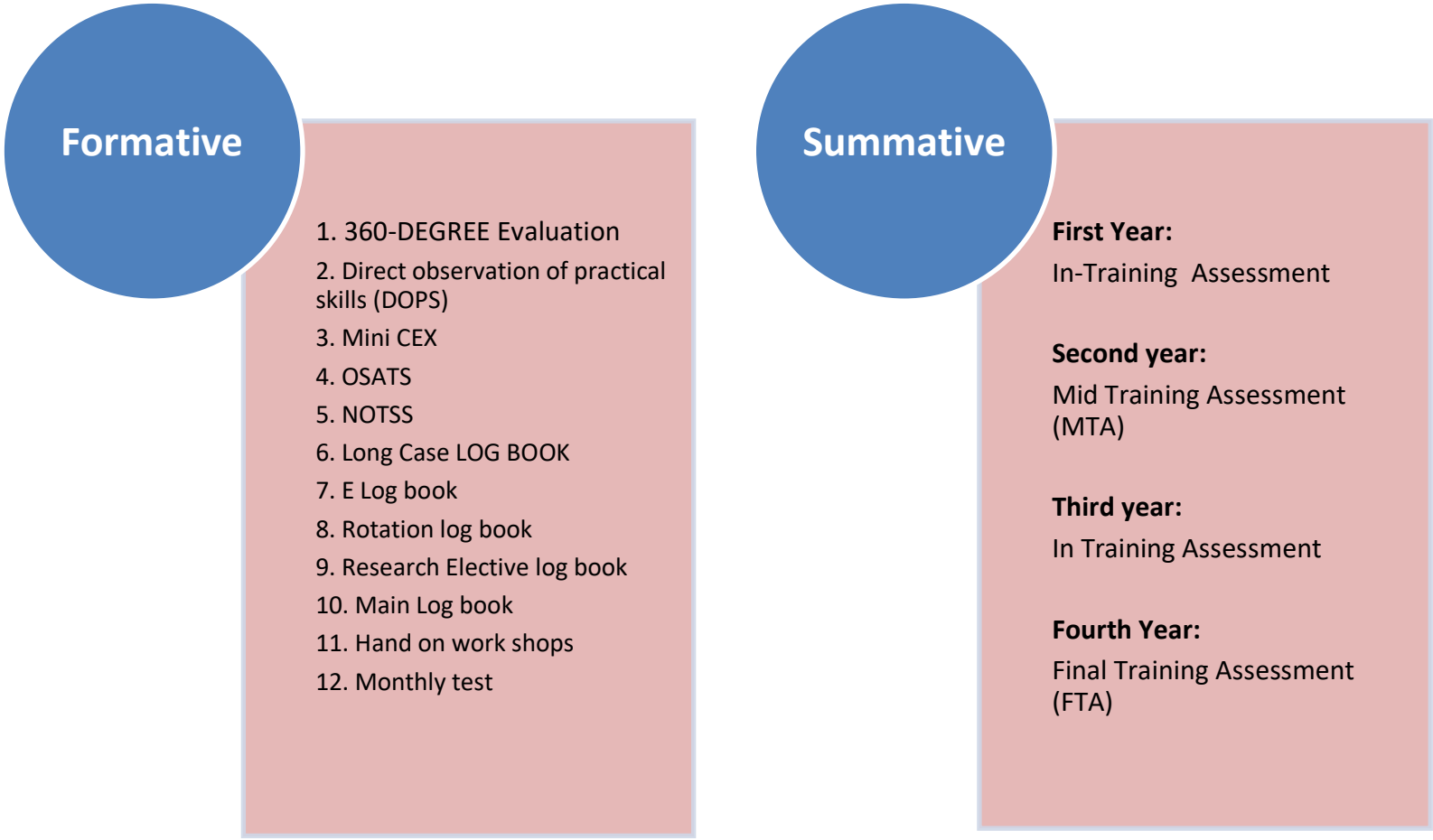
Section - V: STUDENTS / TRAINEE LIFE CYCLE DEVELOPMENT MILESTONES

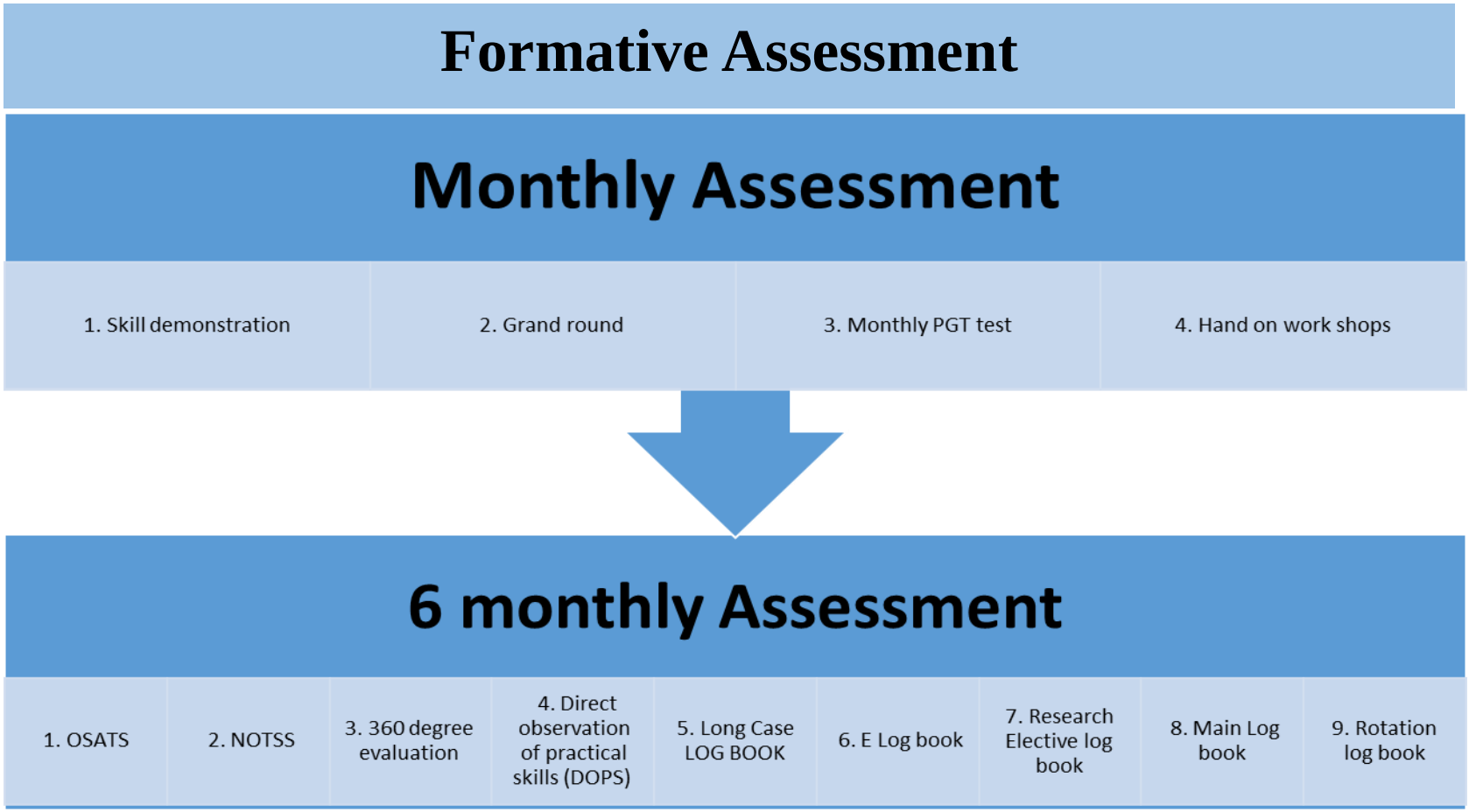
STUDENTS / TRAINEE LIFE CYCLE DEVELOPMENT MILESTONES

Year	Internal rotation	External Rotation	Workshop	Assessment	Research
1st year	**Gynae/Obs (10 months)**	**Internal medicine (2 months)**	**02 RMU workshops** **04 OB/GYN Deptt workshops**	**mative internal assessment,** (appendix G) **First Year intraining assessment.** Details in assessment section	**Research project designed, synopsis prepared and approved by IRB**
2nd year	**Gynae/Obs (10 months)**	**SICU (1 month)** **NICU (1 Month)**	**02 RMU workshops** **04 OB/GYN Deptt workshops**	**Continuous internal /Fornmativeassessment**, (appendix G) **Mid-term assessment** Details in assessment section	**Data collection and research work**
3rd year	**Gynae/Obs (10 months)**	**General surgery (2 months)**	**04 OB/GYN Deptt workshops**	**Continuous internal /Fornmative assessment**, (appendix G) **3rd year intraining assessment** Details in assessment section	**Thesis work**
4th year	**Gynae/Obs (10 months)**	**Urology (2 month)**	**04 OB/GYN Deptt workshops**	**Continuous internal /Fornmative assessment**, (appendix G) **Final term assessment** Details in assessment section	**Thesis writing (Thesis must be submitted 6 months before final exam)**

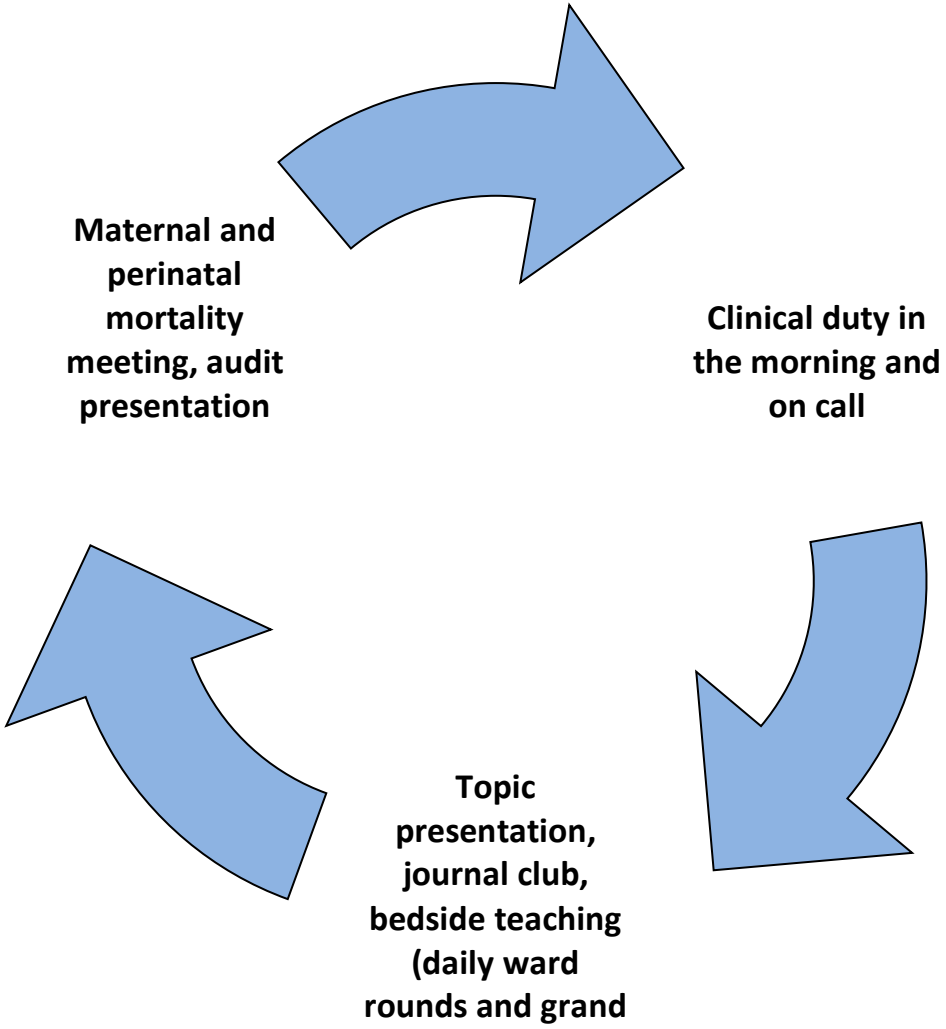
Section - VI: Assessment and evaluation

Framework of assessment and evaluation

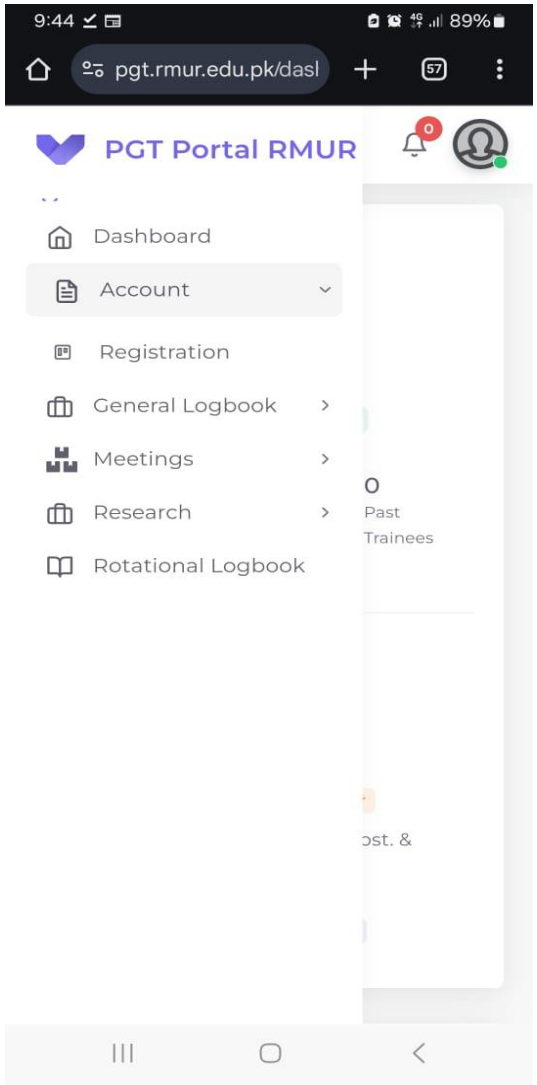



Formative Assessment
Monthly Assessment
1. Skill demonstration
2. Grand round
3. Monthly PGT test
4. Hand on work shops
6 monthly Assessment
1. OSATS
2. NOTSS
3. 360 degree evaluation
4. Direct observation of practical skills (DOPS)
5. Long Case LOG BOOK
6. E Log book
7. Research Elective log book
8. Main Log book
9. Rotation log book

Continuous internal assessment



Elog book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PGT Portal RMUR
Dashboard
Account
Registration
General Logbook
Meetings
Research
Rotational Logbook
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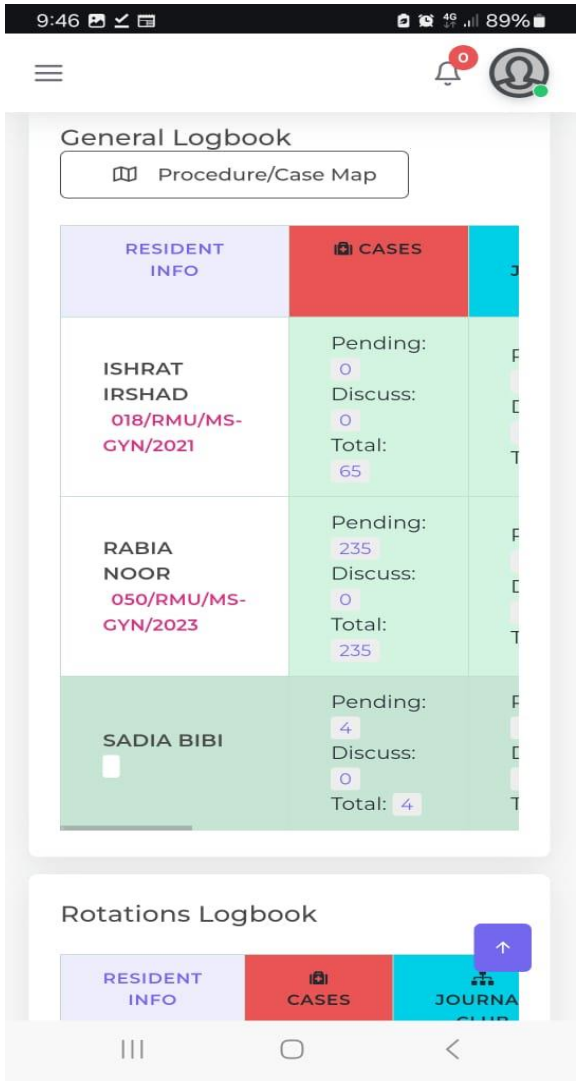
Past
Trainees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General Logbook
Procedure/Case Map
RESIDENT INFO
CASES
ISHRAT IRSHAD
018/RMU/MS-GYN/2021
Pending: 0
Discuss: 0
Total: 65
RABIA NOOR
050/RMU/MS-GYN/2023
Pending: 235
Discuss: 0
Total: 235
SADIA BIBI
Pending: 4
Discuss: 0
Total: 4
Rotations Logbook
RESIDENT INFO
CASES


9:46
89%
pgt.rmur.edu.pk/dasl
360 Degree
Past 0
Present 0
Trainees Feedback
Recieved 0
In Progress 0
Supervisor Reports
Annual 0
EOP 0
DOPS
Draft 0
Submitted 0
Case Based Clinical
Draft 0
Submitted 0
Patient Medical Record
Draft 0
Submitted 0
General Logbook

Summative Assessment			
Year	**Exam**	**Eligibility criteria**	**Assessment**
First Year	**In Training Assessment ITA**	• **01 year training with respective rotation** • **Synopsis topic submission** • **One disease statistic analysis / one RJRMC** • **Completion of workshops (RMU & Dept)** • **Completion of formative assessment**	**Total Marks 200** • **Written** (08 SAQs) 80 marks • **Clinical** (OSCE 12 interactive stations) 120 marks
Second Year	**Mid Term Assessment MTA**	• **02 years training with respective rotation** • **Synopsis approval** • **Completion of workshops (RMU & Dept)** • **Completion of formative assessment**	**Total Marks 300** •**Written** (MCQs) 150 marks Paper I, paper II, 75 marks each •**Clinical** (OSCE) 150 marks 15 interactive stations 10 marks each
Third Year	**In Training Assessment (ITA)**	• **03 years training with respective rotation** • **Data collection, Analysis and thesis writing** • **Completion of workshops (RMU & Dept)** • **Completion of formative assessment**	**Total Marks 200** •**Written** (08 SAQs) 80 marks •**Clinical** (OSCE 12 interactive stations) 120 marks
Fourth Year	**Final Term Assessment FTA**	• **04 years training with respective rotation** • **All previous assessment should be passed** • **Cumulative score of 75% in CIA of all year** • **Research thesis defence** • **Completion of workshops (RMU & Dept)** • **No dues certificate**	**Total Marks 800** • **Written (MCQs) 200 marks** Paper I, paper II, 100 marks each (written should be passed to appear in clinical) • **Clinical (OSCE + Long case) 450 marks** OSCE 150 marks (15 interactive stations) Long case 300 marks (01 Obs, 01 Gynae 150 each) • **Thesis 150 Marks** Presentation 50 Discussion 100

BLOOM'S TAXONOMY (criteria of assessment)

Various Levels of Cognition, Psychomotor & Attitude Domains

Levels of domain	Stand for	Detail
Cognitive domain –C (Knowledge)		
C1	Remembering	● Ability to remember facts without necessarily understanding ● Retrieving, recognizing, and recalling relevant knowledge from long-term memory
C2	Understanding	● Ability to understand and interpret learned information ● Constructing meaning from oral, written, and graphic messages through interpreting, exemplifying, classifying, summarizing, inferring, comparing, and explaining.
C3	Applying	● Ability to use learned material in new situation ● Carrying out or using a procedure for executing, or implementing.
C4	Analyzing	● Ability to breakdown information into its components ● Breaking material into constituent parts, determining how the parts relate to one another and to an overall structure or purpose through differentiating, organizing, and attributing.
C5	Evaluating	● Ability to put parts together ● Making judgments based on criteria and standards through checking and critiquing.
C6	Creating	● Ability to combine elements into a pattern not clearly there before ● Putting elements together to form a coherent or functional whole; reorganizing elements into a new pattern or structure through generating, planning, or producing.
Psychomotor Domain –P (Skills)		

P1	Imitation	• Observing and patterning behavior after someone else. Performance may be of low quality. • Observe other person behavior and copy it	**Example and Key Words (verbs)** **Examples:** Copying a work of art. Performing a skill while observing a demonstrator. **Key Words:** copy, follow, mimic, repeat, replicate, reproduce, trace
P2	Manipulation	• Being able to perform certain actions by memory or following instructions • Ability to perform skills by following the instructions	**Example and Key Words (verbs)** **Examples:** Being able to perform a skill on one's own after taking lessons or reading about it. Follows instructions to build a model. Key Words: act, build, execute, perform
P3	Precision	• Refining, becoming more exact. Performing a skill within a high degree of precision • Ability to perform skill with minimal errors and more precision	**Example and Key Words (verbs)** **Examples:** Working and reworking something, so it will be "just right." Perform a skill or task without assistance. Demonstrate a task to a beginner. **Key Words:** calibrate, demonstrate, master, perfectionism
P4	Articulation	• Coordinating and adapting a series of actions to achieve harmony and internal consistency. • Ability to solve and modify skills to fit new requirements	**Example and Key Words (verbs)** **Examples:** Combining a series of skills to produce a video that involves music, drama, color, sound, etc. Combining a series of skills or activities to meet a novel requirement.
			Key Words: adapt, constructs, combine, creates, customize, modifies, formulate

P5	Naturalization		• Mastering a high level performance until it becomes second-nature or natural, without needing to think much about it. • Ability to perform the skills with perfection. (flawless & perfect)	**Example and Key Words (verbs)** Maneuvers a car into a tight parallel parking spot. Operates a computer quickly and accurately. Displays competence while playing the piano. Michael Jordan playing basketball or Nancy Lopez hitting a golf ball. **Key Words:** create, design, develop, invent, manage, naturally
Attitude Domain –A (Professionalism)				
A1	Receiving		• Awareness, willingness to hear, selected attention.! • Involves being aware of and willing to freely attend to stimulus	**Example and Key Words (verbs)** **Examples:** Listen to others with respect. Listen for and remember the name of newly introduced people. Keywords: asks, chooses, describes, follows, gives, holds, identifies, locates, names, points to, selects, sits, erects, replies, uses.
A2	Responding		• Active participation on the part of the learners. Attends and reacts to a particular phenomenon. Learning outcomes may emphasize compliance in responding, willingness to respond, or satisfaction in responding (motivation).	**Example and Key Words (verbs)** **Examples:** Participates in class discussions. Gives a presentation. Questions new ideals, concepts, models, etc. in order to fully understand them. Know the safety rules and practices them.

				Keywords: answers, assists, aids, complies, conforms, discusses, greets, helps, labels, performs, practices, presents, reads, recites, reports, selects, tells, writes.	
A3	Valuing		● The worth or value a person attaches to a particular object, phenomenon, or behavior. This ranges from simple acceptance to the more complex state of commitment. Valuing is based on the internalization of a set of specified values, while clues to these values are expressed in the learner's overt behavior and are often identifiable. ● Refers to voluntarily giving worth to a object phenomenon or stimulus .	**Example and Key Words (verbs)** **Examples:** Demonstrates belief in the democratic process. Is sensitive towards individual and cultural differences (value diversity). Shows the ability to solve problems. Proposes a plan to social improvement and follows through with commitment. Informs management on matters that one feels strongly about. **Keywords**: completes, demonstrates, differentiates, explains, follows, forms, initiates, invites, joins, justifies, proposes, reads, reports, selects, shares, studies, works.	
A4	Organization		● Organizes values into priorities by contrasting different values, resolving conflicts between them, and creating an unique value system. The emphasis is on comparing, relating, and synthesizing values ● Involves building and internally consistent value system	**Example and Key Words (verbs)** **Examples**: Recognizes the need for balance between freedom and responsible behavior. Accepts responsibility for one's behavior. Explains the role of systematic planning in solving problems. Accepts professional ethical standards. Creates a life plan in harmony with abilities, interests, and beliefs. Prioritizes time	

				effectively to meet the needs of the organization, family, and self. **Keywords:** adheres, alters, arranges, combines, compares, completes, defends, explains, formulates, generalizes, identifies, integrates, modifies, orders, organizes, prepares, relates, synthesizes.	
A5	Characterization			**Example and Key Words (verbs)**	
			● Has a value system that controls their behavior. The behavior is pervasive, consistent, predictable, and most importantly, characteristic of the learner. Instructional objectives are concerned with the student's general patterns of adjustment (personal, social, emotional).! ● Involves building and internally consistent value system	**Examples:** Shows self-reliance when working independently. Cooperates in group activities (displays teamwork). Uses an objective approach in problem solving. Displays a professional commitment to ethical practice on a daily basis. Revises judgments and changes behavior in light of new evidence. Values people for what they are, not how they look. **Keywords:** acts, discriminates, displays, influences, listens, modifies, performs, practices, proposes, qualifies, questions, revises, serves, solves, verifies.	

References:

Bloom, B.S. (Ed.).Engelhart, M.D., Furst, E.J., Hill, W.H., Krathwohl, D.R. (1956). Taxonomy of Educational Objectives, Handbook I : The Cognitive Domain. New York: David McKay Co Inc.

Harvey, P. D. (2019). Domains of cognition and their assessment. Dialogues in clinical neuroscience, 21(3), 227.

Tools of formative assessment

Assessment drives learning, all tools of formative assessment are a source of learning for the resident. Following methods are used for formative assessment

1. 360-DEGREE EVALUATION INSTRUMENT-MULTI-SOURCE FEEDBACK (MSF): Biannual assessment
2. Mini CEX (mini clinical evaluation exercise)
3. OSATS (objective structured assessment of technical skills)
4. DOPS (directly observed procedural skills)
5. NOTSS (non-technical skills of surgeons)
6. Long Case LOG BOOK
7. E Log book
8. Rotation log book
9. Research Elective log book
10. Main Log book
11. Hand on work shop
12. Skill demonstration /Monthly MCQ test

For further details please consult Main log book

Tools of Summative Assessment

- Written Examination : MCQ, SAQs
- Clinical Examination: OSCE, Long cases, Short cases
- Thesis evaluation

First Year, In-Training Assessment

Eligibility criteria for sitting in Exam

- One year training with specified rotations
- Submission of synopsis topic
- One disease statistical review/One Research paper in RJRMC
- Completion of workshops mandatory by RMU & by Deptt**(Details in Main log book)**
- Completion of all tasks of formative assessment (Mini-CEX, DOPS, NOTSS, OSATS, long case & short case presentations, etc) **(Details in Main log book)**

Marks Distribution

Total marks 200
Written paper: 40% (80 Marks) Clinical Assessment: 60% (120 Marks)
Written paper: (80 marks) Time duration:1hour 30 minutes (max 2 hours) Paper will comprise of 8 Short Answer Questions (SAQs) (10 marks each question)

Clinical Assessment: (120 marks)

Time duration: 2 hours

1. **OSCE:** Minimum 6 Stations are mandatory (10 marks for each item)

OSCE station time 10 minutes/ station, for assessment of 10 marks,

For 6 stations = time 60 mins)

2. **Short cases/long cases:** (Maximum 60 marks, Time 60 mins for 60 marks)
Discretion of each department to opt for short/ long cases or increase number of OSCE.

Note: Passing marks 60%
Written and clinical components have to be passed separately

First Year Obstetrics (TOS)MS OB/GYN RMUR for 2023 Written Examination Paper will comprise of 04 Short Answer Questions (SAQs) **,** (10 marks each question)		
Section No & No. of SAQs	**Obstetrics Paper I** **Topics/ Units**	**No of SAQ**
Section: 1 **SAQ :01**	**1. NORMAL OBSTETRICS** **Prenatal** ● Obstetric anatomy ● Perineum ● Embryology of fetal development ● Physiological changes in pregnancy ● Miscellaneous	

	Antenatal ● Objectives & schedule of antenatal care ● History taking and obstetrical examination ● Recommended visits ● Dietary advice ● Antenatal screening ● Minor symptoms of pregnancy ● CTG, BPP, DOPPLER, MRI, ● Miscellaneous	01
	Intrapartum • Diagnosis of labor • Physiology of labor • Fetal and pelvic dimension • Mechanism of labor • Management of labor • Fetal monitoring (CTG, BPP) • Ability to differentiate between normal and abnormal findings) • Miscellaneous	
	Postnatal Care • Normal puerperium, breastfeeding • Miscellaneous	
	Neonatology ● APGAR score neonatal resuscitation ● Neonatal care, behavior of newborn ● Immunization ● Miscellaneous	
	Breast feeding Breast feeding protocol ● Maternal and neonatal benefits of breastfeeding ● Miscellaneous	

<table>
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SAQ :01</td><td>2. OBSTETRICS COMPLICATION
Antenatal
Subsection: A
● Prolong pregnancy
● Induction of labor
● PTL, PPROM, PROM
● Miscellaneous</td><td rowspan="10">01</td></tr>
<tr><td>Subsection: B
● Fetal abnormality
● IUD
● IUGR
● Oligohydramnios / Polyhydramnios
● Prenatal diagnosis
● Miscellaneous</td></tr>
<tr><td>Subsection: C
● APH
● Twin and higher order gestation
● Previous Cesarean scar
● Perinatal infections
● Miscellaneous</td></tr>
<tr><td>Intrapartum
● Abnormal laboure.g. Obstructed labor
● Malposition &Malpresentations
● Uterine rupture
● Fetal distress
● Third stage complications (medically managed)
● Miscellaneous</td></tr>
<tr><td>Postnatal
● Puerperal pyrexia</td></tr>
<tr><td>● Psychiatric disorders</td></tr>
<tr><td>● DVT / Thromboprophylaxis</td></tr>
<tr><td>● Early neonatal problem</td></tr>
</table>

	● Breast feeding problem and Miscellaneous	
Section: 3 **SAQ :01**	**3. MEDICAL COMPLICATIONS** ● **Early pregnancy disorders** (hyperemesis, UTI, heart burn and constipation, fever and cramps, backache & lower abdominal pain) ● **Hematological disorders,** (anemia, thalassemia, thrombocytopenia, etc)	01
	● **Hypertensive disorder** (PIH, preeclampsia, eclampsia) ● **Cardiac disease in pregnancy** ● **Neurological disorders during pregnancy (**Epilepsy, Stroke, Cavernous sinuous thrombosis, SOL, meningitis)	
	● **Endocrinological disorders in pregnancy** ● Diabetes(Type-I, II andGDM) ● Thyroid disorders (hypo and hyperthyroidism) ● Others / Miscellaneous	
	● **Liver disease and gastroenterology disorders** (jaundice in pregnancy, cholestasis in pregnancy, AFLP) ● **Respiratory diseases,** Asthma, COPD, TB, Pulmonary edema	
	● **Connective tissue disorders** (APLS, SLEetc) ● **Renal disorder,** ● **Infections:** STI, HIV, TB, COVID	
	● **Drug abuse,** medication in pregnancy ● **Skin disorders** in pregnancy ● **Other / Miscellaneous medical disorders**	
Section: 4 **SAQ :01**	**4. OBSTETRICS PROCEDURES AND EMERGENCIES OBS PROCEDURES** **Antenatal Procedures:** ● Abdominal examination of normal & Abnormal pregnancy ● Prenatal diagnostic Procedures like CVS, Cordocentesis, ultrasound, Doppler scan, Amniocentesis ● Antenatal ECV ● Miscellaneous	

	Intrapartum& Post-natal procedures: ● SVD, SVD with episiotomy and tears ● Instrumental delivery ● LSCS ● Peripartum hysterectomy ● Head stuck in breech delivery /LSCS ● Delivery of second retained twin /IPV ● Craniocentesis ● Miscellaneous	
	OBSTETRICS EMERGENCY ● **Maternal collapse and resuscitation: (Amniotic fluid embolism, hypovolemic shock due to APH/PPH, septic shock, cardiogenic shock etc)** ● Shoulder dystocia, cord prolapse, ● Rupture of uterus / Repair of uterus ● PPH (Uterine exploration, Balloon tamponade, Uterine artery ligation, B-lynch, stepwise devascularization, hysterectomy, ● Acute Uterine inversion ● Blood transfusion reactions ● **Miscellaneous**	
Grand Total		04

First Year Gynae (TOS) MS OB/GYN RMUR for 2023 Written Examination Paper will comprise of 04 Short Answer Questions (SAQs) , (10 marks each question)		
Section No & No. of SAQs	**Gynecology Paper 2** **Topics/ Units**	**No of**
Section : 1 & Section: 2 **SAQ 01**	**1. BASIC GYNAECOLOGICAL CONCEPTS** • Embryology of genital tract	01
	• Anatomy of pelvic and pelvic floor	
	• Physiology of normal menstrual cycle	
	• Sexual dysfunction, rape & sexual assault, and Female genital mutilation	
	• History taking, examination, investigations including USG, TVS CT, MRI, tumor markers	
	• Professionalism, Counseling, reflection, feedback, ethics and statistic • Miscellaneous	
	2. PUBERTY AND MENSTRUAL DISORDERS • Puberty and adolescence including primary amenorrhea and other disorders	
	• Secondary amenorrhea / oligohypo menorrhea and hirsutism (PCOD, hyper prolactinoma, premature ovarian failure, hypothyroidism, Aschermann's Sheehan's)	
	• Menstrual disorders (HMB & Dysmenorrhea)	

	• Menopause, HRT) • Miscellaneous	
Section: 3 **&** **Section: 4** **SAQ = 01**	**3. EARLY PREGNANCY COMPLICATION** • Miscarriages	01
	• Ectopic	
	• GTD • Miscellaneous	
	4. Genital Tract Infections • Upper And Lower Genital Tract Infection Including Pid& Chronic Pelvic Pain, & Non Stis Like Candidiasis , Bartholin Abscess	
	• STDS (HIV, Syphilis, Genital Herpes, Genital Warts, Gonorrhea, Trichomoniasis, Chlamydia, Etc) • Miscellaneous	
Section: 5 & **Section: 6** **SAQ = 01**	**5. SUBFERTILITY AND CONTRACEPTION** • Primary and secondary subfertility, Including assisted reproductive techniques and male infertility	01
	• Endometriosis &Adenomyosis	
	• Contraception • Bioethics (councelling)	
	6. PELVIC FLOOR DYSFUNCTION • Pelvic organ prolapse	
	• Miscellaneous	

Section: 7 & **Section: 8** **SAQs = 01**	7. **GYNAECOLOGICAL TUMORS (Benign)** • Tub ovarian	
	• Uterine	
	• Cervical	
	• Vulvovaginal	
	8. **GYNAECOLOGICAL PROCEDURES** • Pelvic examination & Pap Smear & HVS & vaginal discharge examination, Pipelle's biopsy • Colposcopy • ERPC, D&C, EUA, Polypectomy D&C • MVA • Suction evacuation • Marsupialization • Hymenectomy	
	• Hysterosalpingography / sonohysterography • IUI • IUCD insertion and removal including PPIUCD &Mirena • Subdermal implants like Implanon insertion and removal	
	• Ring pessary insertion • Sacrocolpopexy /hysteropexy • Other procedures for prolapse • Procedures for uterine inversion • Wound care and debridement • Miscellaneous	01
Grand Total		**04**

First Year OSCE TOS

1. Total number of stations – 12 **(All stations are Interactive)**
2. Time allocation for each station – 10 minutes
3. Marks allocation for each station – 10 marks

Topic Wise Distribution of Obstetrics &Gynecology OSCE Stations

All stations are Interactive, Obs 06 stations, Gynae 06 stations

Station No, Topics & Station Description	**Skill to be assessed**			
Station No: 01 **Topic:** Counseling for prenatal, antenatal or postnatal complications **Station Description:** Patient Counseling **For example:** TOP or conservative management in missed abortion & Intrauterine death of fetus, or a malformed fetus, methods of induction & time of induction TOLAC , IOL (in PPROM due to infection,in Prolong pregnancy due to fetal risk, in medical complications during pregnancy, Peripartum Hysterectomy in PPH, Iron injections/ blood transfusion in anemia, Risks in Twin and higher order gestation, Fetomaternal outcome in Prenatal infections	**In a given patient with clinical background:** The candidate's ability to counsel the patient and the family about diagnosis, its implications, management options. and complications. The Candidate's ability to answer the questions of the patient and family skillfully, and evidence based. Candidate's ability to handle their concerns, and misconceptions sympathetically and patiently.			A

tation No: 02 **Topic:** Antenatal examination and procedures. **Station Description:** GPE, Systemic examination & performing PA examination on pregnant patients, document and describe all findings. **For Example:** Pick up abnormalities like high BP, High BMI, Brisk patellar reflex, tachypnea, tachycardia, Edema, enlarged Thyroid, unsatisfactory oro dental hygiene, varicose veins, Larger or smaller for dates fetus, polyhydramnios, oligohydramnios, malpresentation, Scar tenderness, absent FHR, and document **Procedures:** Perform ECV, Amniocentesis, Amnicator test, HVS, extra amniotic induction with Foley's catheter Cervical cerclage application on simulator / model, Checking BSL .	**In a given patient with clinical background:** The candidates ability to perform antenatal fetomaternal examination, and procedures **Pick up** abnormalities like high BP, High BMI, Brisk patellar reflex, tachypnea, tachycardia, Edema, enlarged Thyroid, unsatisfactory oro dental hygiene, varicose veins, Larger or smaller for dates fetus, polyhydramnios, oligohydramnios, malpresentation, Scar tenderness, absent FHR, Abnormal lab reports and document			A

n No: 03 **Topic:** Intrapartumfetomaternal Monitoring **Station Description:** Checking of vitals & performing PA examination on pregnant patients. Document & describe all findings on Partogram **AND/OR** Perform PV examination on a simulator (or on Pelvis & fetal skull model) with preset examination findings regarding Cx length, dilatation, consistency, direction, Vx station and position **Document all findings on Partogram& describe the findings.** **For Example:** Calculate BIshop's score on the given simulator/model findings Diagnose malpresentation Diagnose Breech presentation Diagnose Occipitoposterior position Partogram showing failure of progress by comparing current findings with findings documented 4 hours ago.	**In a given patient with clinical background:** The candidate's ability to perform focused GPE, PA examination and P/S & P/V examination The candidate's ability to perform HVSproperly label it and send with lab form The candidate's ability to check for ruptured membranes, cord prolapse The candidate's ability to detect malpresentaions&malpositions of fetus The candidate's ability to properly document findings on partogram and describe			A

Station No: 04 **Topic:** CTG & USG **Station Description:** Perform CTG on an enatal /intrapartum patient in latent phase, get the tracing nd interpret it **Example:** Perform CTG and interpret it and compare and contrast additional given CTG records provided to the candidate. **Station Description:** Perform USG on an antenatal patient, take measurements of fetal biometry, localize placenta and measure AFI. Write the report and describe the findings. get the tracing and interpret it **Example:** Perform USG and compare it with the given duration of pregnancy in clinical background. Pick up Placenta Previa, fetal death, fetal movements for BPP..	**In a given patient with clinical background:** The candidate's ability to perform CTG, correct position of patient, maintaining privacy and comfort of patient, applying both FHR and uterine pressure transducer correctly, and take out a tracing and labeling it with name, date, time and interpret it and describe the findings. The candidate's ability to compare and contrast the new CTG with other templates of CTG provided by in exam. The candidate's ability to perform USG, with maintaining privacy and comfort of the patient, taking measurements of fetal biometry, localizing placenta and measuring AFI. Writing the report and describing the findings The candidate's ability to pick up the disparity of biometry with dates, abnormality of AFI, Malpresentations and abnormal location of placenta, fetal death, fetal gross abnormalities like anencephaly..			A

Station No: 05 **Topic:** Vaginal Delivery **Station Description:** SVD, SVD with Epi, Instrumental delivery, Assisted breech delivery, Retained placentaon simulator. **Example:** Demonstration of steps of mechanism of delivery, Perform Episiotomy and stitch in proper layers, delivery of a retained placenta Forceps delivery, Vacuum delivery	**In a given Scenario:** The candidate's ability to perform SVD, SVD To assess the ability of the candidate to perform steps of instrumental delivery, assisted breech delivery, and removal of retained placenta. and answer the questions of examiner.	•		A
Station No: 06 **Topic:** Maternal Resuscitation andNeonatal resuscitation /skill on simulator/ dummy **Station Description:** ALSO procedures like BLS, **Example:** Maternal Resuscitation ,	**In a given Scenario:** The candidate's ability to perform emergency procedures like Basic Life Support To assess the ability of the candidate to perform steps of Neonatal resuscitation and answer the questions of the examiner.			A
Station No: 0 **Topic:** Exam **Station Desc** due to ovaria	**In a given scenario:** The candidate's ability to conduct focused GPE & Abdominal Examination to detect a mass ,it's associated characteristics like mobility, location, consistency, ascites, enlarged lymph nodeand answer the questions of examiner.	C3	P3	A

Station No: 08 **Topic: Pelvic Examination** **Station Description:** P/S, P/V, Pap smear, Pelvic examination of patient with cervical mass or uterovaginal prolapse on simulator.	**In a given clinical scenario:** The candidate's ability to perform an appropriate pelvic examination and pick up abnormal findings like cervical polyp, enlarged uterus, adnexal mass and and answer the questions of the examiner.			A
Station No: 09 **Topic: Minor Gynecological Procedures, Procedure on simulator** **Station Description:** Pipelle's biopsy, MVA, Vaginal Ring Pessary insertion, Administration of InjZoladex, D&C, ERCPC, HSG steps on simulator .	**In a given scenario:** The candidate's ability to perform the steps of the asked procedure. and answer the questions of the examiner.			A
Station No: 10 **Topic: Contraception** (Injections, Multiload, CuT, Mirena, Implanon),	**In a given scenario:** The candidate's ability to select and administer LARC on dummy/model/simulator			A
Station No: 11 **Topic:** ABD USG and pelvis in gynecological patient, TVS Enlarged uterus due to adenomyosis or fibroids, ovarian cyst, PCOD	**In a given scenario:** The candidate's ability to perform USG, correlate it's findings with the history and examination findings			A

Station No: 12 **Topic:** Sutures & Suturing techniques and Instruments, steps of selected operation, e.g.ERPC, Ectopic Salpinoophorectomy, Marsupialization of Barthlin's cyst hysterectomy on model ● MIS (Laparoscope, Hiysteroscope) and specific open surgery instruments,	**In a given scenario:** The ability of the candidate to perform steps of given operation on model, demonstrate suturing techniques and selection of proper instruments and sutures for the given task.			A

9.6. Mid Term Assessment, MTA

Eligibility criteria for sitting in Exam.

- Two year training with specified rotations
- Approval of synopsis
- Completion of workshops mandatory by RMU & by Deptt**(Details in Main log book)**
- Completion of all tasks of formative assessment (Mini-CEX, DOPS, NOTSS, OSATS, long case & short case presentations, etc) **(Details in Main log book)**

Marks Allocation: Total marks: 300 (Written/MCQs: 150, Clinical/OSCE: 150,)

- **Written/MCQs: 150marks**
  - Paper 1**:** 75 MCQ (75 marks)
  - Paper 2: 75 MCQ (75 marks)

- **Clinical/OSCE: 150marks**

  - OSCE: 15 Stations (150 marks), All interactive stations, Time Allocated: 5 mins/station

Table of Specifications by Calgary model (Updated on 06-06-2023)

Table of Specification
Mid Term Assessment of MS OB/GYN RMUR for 2024 Written Examination
Table of Specifications (Obstetrics)
(Updated on 15-07-2024)

Theme/unit	Sub theme	alignment with LO	Impact	Frequency	IXF	Weight	No of Items	Diagnosis	Investigations	Treatment	Basic Knowledge
Normal Obstetrics	Obstetric anatomy	aligned	3	3	9	0.092	1				1
	Embryology of fetal anatomy	aligned	1	2	2	0.020	0				
	Physiological changes in pregnancy	aligned	3	3	9	0.092	1				1
Antenatal care	Antenataal care / NG 201	aligned	1	3	3	0.031	1	1			
	History taking and obs exam	aligned	1	3	3	0.031	0				
	Dietary advice	aligned	1	3	3	0.031	0				
	Antenatal screening	aligned	1	3	3	0.031	0				
	Minor symtoms of pregnancy	aligned	1	3	3	0.031	1	1			
	Obstetric images	aligned	1	3	3	0.031	1		1		
Intrapatum	Diagnosis of labour	aligned	2	3	6	0.061	1	1			
	Physiology / machanism of labour	aligned	1	3	3	0.031	1				1
	Fetal and pelvic dimension	aligned	1	3	3	0.031	1				1
	Management of labour	aligned	2	3	6	0.061	1			1	
	Fetal monitoring (ctg, bpp, lcg/ ng 229)	osce	1	3	3	0.031	0				
	Labour care guide / partogram	Not aligned	2	2	4	0.041	1	1			
Postnatal Care	Normal puerperium/ ng 194	aligned	1	3	3	0.031	1	1			
	Postnatal mental health &parinatal epidemiology / cg 192	aligned	1	1	1	0.010	0				
	Apgar score	aligned	2	3	6	0.061	1	1			
	Neonatal care, behavior of new born	aligned	1	2	2	0.020	0				
	Immunization	aligned	1	3	3	0.031	1			1	

Breast Feeding	**Maternal and neonatal benefits of breastfeeding**	**aligned**	**1**	**3**	**3**	**0.031**	**1**				
	Total : 15 MCQs										
ANTENATAL COMPLICATIONS	**Obesity in pregnancy/GTG 72**	**aligned**	**2**	**2**	**2**	**0.025974**	**1**				**1**
	Prolonged pregnancy/NICE guideline 207	**aligned**	**1**	**2**	**2**	**0.025974**	**1**			**1**	
	Induction and augmentation of labor/NICE guideline 207	**aligned**	**1**	**3**	**3**	**0.038961**	**1**			**1**	
	PTL/PROM/PPROM/GTG 73, 74, 75	**aligned**	**2**	**2**	**4**	**0.051948**	**1**			**1**	
	IUD/Stillbirth/GTG 55	**aligned**	**2**	**1**	**2**	**0.025974**	**1**			**1**	
	Fetal growth restriction/GTG 31	**aligned**	**2**	**2**	**4**	**0.051948**	**1**	**1**			
	Oligohydramnios	**aligned**	**2**	**1**	**2**	**0.025974**	**1**		**1**		
	Polyhydramnios/Perinatal infections/GTG 13, 30, 36, 54, BHIVA	**aligned**	**2**	**1**	**2**	**0.025974**	**1**	**1**			
	Prenatal diagnosis/Fetal abnormalities/Fetal medical conditions/GTG 8, 65	**aligned**	**2**	**1**	**2**	**0.025974**	**1**		**1**		
	Antepartum hemorrhage/Placenta previa/GTG 27 a and b	**aligned**	**3**	**2**	**6**	**0.077922**	**1**			**1**	
	Multiple pregnancy/GTG 51/NICE guideline 137	**aligned**	**2**	**2**	**4**	**0.051948**	**1**			**1**	
	Previous caesarean/GTG 45/NICE guideline 192	**aligned**	**2**	**3**	**6**	**0.077922**	**1**			**1**	
	Abnormal labor (CPD, Obstructed labor, etc)	**aligned**	**2**	**3**	**6**	**0.077922**	**1**	**1**			
	Analgesia/anaesthesia	**aligned**	**1**	**2**	**2**	**0.025974**	**1**			**1**	
	Malpresentation/position/GTG 20 b	**aligned**	**2**	**2**	**4**	**0.051948**	**1**	**1**			
	Uterine rupture	**aligned**	**3**	**1**	**3**	**0.038961**	**1**	**1**			
	Fetal distress/NICE guideline 235, 229	**aligned**	**2**	**3**	**6**	**0.077922**	**1**		**1**		
	3rd stage medically managed complication/GTG 52	**aligned**	**2**	**3**	**6**	**0.077922**	**1**			**1**	
	Puerperium (Puerperal pyrexia, DVT, Psychiatric	**aligned**	**3**	**1**	**3**	**0.038961**	**1**			**1**	

	disorders)/GTG 37, 64 a and b										
	Early neonatal problem	**aligned**	**3**	**1**	**3**	**0.038961**	**1**			**1**	
	Breastfeeding problems	**aligned**	**1**	**2**	**2**	**0.025974**	**1**				**1**
	Total : 20 MCQs										
MEDICAL COMPLICATIONS	**Early pregnancy disorders (hyperemesis, UTI, Heart burn and constipation ,fever and cramps,backach and lower abdominal pain) GTG 17, GTG 69, NG126**	**aligned**	**1**	**3**	**3**	**0.055**	**1**			**1**	
	anemia	**aligned**	**3**	**3**	**9**	**0.16**	**4**	**2**	**1**	**2**	
	Haematological disorders: thalesemia and thrombocytopenia GTG 66 GTG 71	**aligned**	**3**	**2**	**6**	**0.11**	**2**		**1**	**1**	
	Hypertensive disorder (PIH, preeclampsia, eclampsia) NG 133	**aligned**	**3**	**3**	**9**	**0.16**	**4**	**3**	**3**	**3**	
	Cardiac disease in pregnancy	**aligned**	**2**	**2**	**4**	**0.07**	**1**			**1**	
	Diabeties (Type-I, II and GDM) NG3	**aligned**	**2**	**3**	**6**	**0.11**	**2**				
	Thyroid disorder (hypo and hyperthyroidism) & parathyroid	**aligned**	**1**	**2**	**3**	**0.05**	**1**			**1**	
	Liver disease and gastroentrology (jaundice in pregnancy, cholestasis in pregnancy, AFLP) GTG 43	**aligned**	**3**	**2**	**6**	**0.16**	**4**	**1**	**1**	**2**	
	Neurological (Epilepsy, Stroke, Cavernous sinuous thrombosis, SOL, meningitis) GTG 68	**aligned**	**2**	**1**	**2**	**0.03**	**1**			**1**	
	Connective tissue disorder (APLS, SLE etc)	**aligned**	**1**	**1**	**1**	**0.018**	**1**			**1**	
	Renal disorder	**aligned**	**1**	**1**	**1**	**0.018**	**1**			**1**	
	Infection (STI, HIV, TB, COVID) BASHH	**aligned**	**1**	**2**	**2**	**0.03**	**1**	**1**			
	drug abuse, medication in pregnancy	**aligned**	**1**	**1**	**1**	**0.018**	**1**			**1**	
	Skin disorder	**aligned**	**1**	**1**	**1**	**0.018**	**1**			**1**	

	Total : 25 MCQs										
Obstetrics Procedures	**Abdominal examination of normal & Abnormal pregnancy**	**Osce**									
	Prenatal diagnostic Procedures like CVS, Cordocentesis, ultrasound, Doppler scan, Amniocentesis (GTD 8)		**1**	**3**	**3**	**0.045**	**0.68 (1)**	**0**	**1**	**0**	**0**
	Antenatal ECV (GTD 20 a)		**1**	**1**	**1**	**0.015**	**0.225**	**0**	**0**	**0**	**0.3**
	Intrapartum& Post-natal procedures:										
	SVD with episiotomy and tears (GTD 29)		**2**	**2**	**4**	**0.06**	**0.9 (1)**	**1**	**0**	**0**	**0**
	Instrumental delivery (GTD 26)		**2**	**2**	**4**	**0.06**	**0.9 (1)**	**1**	**0**	**0**	**0**
	LSCS + NG 192		**2**	**3**	**6**	**0.09**	**1.36**	**0**	**0**	**1**	**0**
	Peripartum hysterectomy		**3**	**1**	**3**	**0.045**	**0.68 (1)**	**1**	**0**	**0**	**0**
	Head stuck in breech delivery / LSCS	**Osce**									
	Delivery of second retained twin / IPV		**2**	**1**	**2**	**0.03**	**0.45**	**0**	**0**	**1**	**0**
	Craniocentesis		**1**	**1**	**1**	**0.015**	**0.225 (0)**	**0**	**0**	**0**	**0**
OBSTETRICS EMERGENCY (MATERNAL COLLAPSE)	**AFE + PE (GTD 37b)**		**3**	**1**	**3**	**0.14**	**2.19 (2)**	**1**	**0**	**1**	**0**
	Collapse due to APH		**3**	**2**	**6**	**0.03**	**1.36 (1)**	**1**	**0**	**0**	**0**
	Collapse due to PPH		**3**	**2**	**6**	**0.03**	**1.36 (1)**	**0**	**0**	**1**	**0**
	Septic Shock (GTD 64b)		**3**	**1**	**3**	**0.045**	**0.68(1)**	**1**	**0**	**0**	**0**
	Cardiogenic shock		**3**	**1**	**3**	**0.45**	**0.68 (1)**	**1**	**0**	**1**	**0**
	Other reasons of collpase		**3**	**1**	**3**	**0.45**	**0.68 (0)**	**0**	**0**	**0**	**0**
	Cord Prolapse		**3**	**1**	**3**	**0.045**	**0.68 (1)**	**1**	**0**	**0**	**0**
	Uterine Rupture /Repair		**3**	**1**	**3**	**0.045**	**0.68 (1)**	**0**	**0**	**0**	**1**
	PPH		**3**	**2**	**6**	**0.03**	**1.36 (1)**	**0**	**0**	**1**	**0**
	Acute uterineinversion		**3**	**1**	**3**	**0.045**	**0.68 (1)**	**1**	**0**	**0**	**0**
	Blood transfusion reaction (GTD -47)		**3**	**1**	**3**	**0.045**	**0.68 (1)**	**0**	**0**	**1**	**0**
	Total : 15 MCQs										

TOS MTA (Gynaecology)

Theme/unit	Sub theme	alignement with LO	Impact	Frequency	IXF	Weight	No of Items	Diagnosis	Investigations	Treatment	Basic Knowledge
BASIC GYNAECOLOGICAL CONCEPTS	Embryology of genital tract	aligned	3	3	9	0.10714	2				2
	Anatomy of pelvic and pelvic floor	aligned	3	3	9	0.10714	2				2
	Physiology of normal menstrual cycle	aligned	1	3	3	0.10714	1	1			
	Sexual dysfunction, rape & sexual assault, and Female genital mutilation	osce	3	1	3	0.10714	1	1			
	History taking, examination, investigations including USG, TVS CT, MRI, tumor markers	osce	1	3	3	0.10714	1		1		
	Professionalism, Counseling, reflection, feedback, ethics and statistic	osce	1	3	3	0.10714	2	1			1
	Total : 10 MCQs										
Puberty and menstrual disorder	Puberty and adolescence disorders	aligned	1	1	1	0.083333	1		1	1	
	Primary amenorrhea	aligned	1	1	1	0.083333	2	2			
	PCOS/Secondary amenorrhea/GTG 33	aligned	1	3	3	0.25	4		2	3	
	Premenstrual syndrome/Chronic pelvic pain/GTG 41, 48	aligned	1	1	1	0.083333	1			1	
	HMB and dysmenorrhea/NICE guideline 88/PALMCOEIN	aligned	2	2	4	0.333333	5	1	2	4	
	Menopause and	aligned	1	2	2	0.166667	3		1	2	

	postmenopausal health/HRT/NICE guideline 23										
	Total : 15 MCQs										
EARLY PREGNANCY PROBLEMS	Miscarriage/GTG 17/NICE guideline 126	aligned	2	2	4	0.444444	3	1	1	1	1
	Ectopic pregnancy/GTG 21/NICE guideline 126	aligned	3	1	3	0.333333	2	1		2	
	GTD/GTG 38	aligned	2	1	2	0.222222	2			2	
	Total : 05 MCQs										
GENITAL TRACT INFECTION	PID,upper and lower genital tract infection	aligned	2	3	6	0.21	4	1	1	2	
	Chronic pelvic pain	aligned	2	1	2	0.06	1			1	
	Non STI Candediasis	aligned	1	3	3	0.1	2		1	1	
	Bartholinabcess	aligned	2	1	2	0.06	1			1	
	STDs	aligned	1	1	1	0.03	1	1			
	Total : 08MCQs										
SUBFERTILITY	Primary subfertility	aligned	1	2	2	0.06	1	1			
	Secondary subfertlity	aligned	1	2	2	0.06	1			1	
	Male subfertility	aligned	1	1	1	0.03	1		1		
	Assisted reproductive technique	not aligned	1	1	1	0.03	1			1	
	Endometriosis	not aligned	2	2	2	0.06	1			1	
	Adenomyosis	not aligned	1	2	2	0.06	1			1	
	Contraception	aligned	1	3	3	0.1	2			2	
	Total : 08 MCQs										
PELVIC FLOOR DYSFUNCTION	Pelvic organ prolapse / NG 210	aligned	2	2	4	0.14286	2	1		1	
	Urinary incontinence / NG 123	aligned	2	2	4	0.14286	2	1	1		
	Total : 04 MCQs										
GYNAECOLOGICAL TUMORS (Benign)	Tubo ovarian (GTD 62)	aligned	1	3	3	0.33	6	2	2	1	1
	Uterine	aligned	1	3	3	0.33	6	2	2	1	1
	Cervical	aligned	1	2	2	0.22	4	2	1	1	0
	Vulvovaginal	aligned	1	1	1	0.11	2	1	1	0	0
	Total : 16 MCQs										

MTA OSCE TOS

Total number of stations – 15 **(All stations are Interactive)**

Time allocation for each station – 7 minutes

Marks allocation for each station – 10 marks

All stations are Interactive

Topic Wise Distribution of Obstetrics &Gynecology OSCE Stations

Station No, Topics & Station Description	**Skill to be assessed**			

Station No: 1 **Topic:** Counseling for prenatal, antenatal or postnatal complications **Station Description:** Patient Counseling **For example:** TOP or conservative management in missed abortion & Intrauterine death of fetus, or a malformed fetus, methods of induction & time of induction TOLAC , IOL (in PPROM due to infection,in Prolong pregnancy due to fetal risk, in medical complications during pregnancy, Peripartum Hysterectomy in PPH, Iron injections/ blood transfusion in anemia, Risks in Twin and higher order gestation, Fetomaternal outcome in Prenatal infections	**In a given patient with clinical background:** The candidate's ability to counsel the patient and the family about diagnosis, its implications, management options. and complications. The Candidate's ability to answer the questions of the patient and family skillfully, and evidence based. Candidate's ability to handle their concerns, and misconceptions sympathetically and patiently.			A

Station No: 2 **Topic:** Antenatal examination and procedures. **Station Description:** GPE, Systemic examination & performing PA examination on pregnant patients, document and describe all findings. **For Example:** Pick up abnormalities like high BP, High BMI, Brisk patellar reflex, tachypnea, tachycardia, Edema, enlarged Thyroid, unsatisfactory oro dental hygiene, varicose veins, Larger or smaller for dates fetus, polyhydramnios, oligohydramnios, malpresentation, Scar tenderness, absent FHR, and document **Procedures:** Perform ECV, Amniocentesis, Amnicator test, HVS, extra amniotic induction with Foley's catheter Cervical cerclage application on simulator / model, Checking BSL .	**In a given patient with clinical background:** The candidates ability to perform antenatal fetomaternal examination, and procedures **Pick up** abnormalities like high BP, High BMI, Brisk patellar reflex, tachypnea, tachycardia, Edema, enlarged Thyroid, unsatisfactory oro dental hygiene, varicose veins, Larger or smaller for dates fetus, polyhydramnios, oligohydramnios, malpresentation, Scar tenderness, absent FHR, Abnormal lab reports and document			A

Station No: 3 **Topic:** Intrapartumfetomaternal Monitoring **Station Description:** Checking of vitals & performing PA examination on pregnant patients. Document & describe all findings on Partogram **AND/OR** Perform PV examination on a simulator (or on Pelvis & fetal skull model) with preset examination findings regarding Cx length, dilatation, consistency, direction, Vx station and position **Document all findings on Partogram& describe the findings.** **For Example:** Calculate BIshop's score on the given simulator/model findings Diagnose malpresentation Diagnose Breech presentation Diagnose Occipitoposterior position Partogram showing failure of progress by comparing current findings with findings documented 4 hours ago.	**In a given patient with clinical background:** The candidate's ability to perform focused GPE, PA examination and P/S & P/V examination The candidate's ability to perform HVSproperly label it and send with lab form The candidate's ability to check for ruptured membranes, cord prolapse The candidate's ability to detect malpresentaions&malpositions of fetus The candidate's ability to properly document findings on partogram and describe			A

Station No: 4 **Topic:** CTG **Station Description:** Perform CTG on an antenatal /intrapartum patient in latent phase, get the tracing and interpret it **Example:** Perform CTG and interpret it and compare and contrast additional given CTG records provided to the candidate.	**In a given patient with clinical background:** The candidate's ability to perform CTG, with correct position of patient, maintaining privacy and comfort of patient, applying both FHR and uterine pressure transducer correctly, and take out a tracing and labeling it with name, date, time and interpret it and describe the findings. The candidate's ability to compare and contrast the new CTG with other templates of CTG provided by in exam.			A
Station No: 5 **Topic:** USG **Station Description:** Perform USG on an antenatal patient, take measurements of fetal biometry, localize placenta and measure AFI. Write the report and describe the findings. get the tracing and interpret it **Example:** Perform USG and compare it with the given duration of pregnancy in clinical background. Pick up Placenta Previa, fetal death, fetal movements for BPP..	**n a given patient with clinical background:** The candidate's ability to perform USG, with maintaining privacy and comfort of the patient, taking measurements of fetal biometry, localizing placenta and measuring AFI. Writing the report and describing the findings The candidate's ability to pick up the disparity of biometry with dates, abnormality of AFI, Malpresentations and abnormal location of placenta, fetal death, fetal gross abnormalities like anencephaly..			A

Station No: 6 **Topic:** Vaginal Delivery **Station Description:** SVD, SVD with Epi, Instrumental delivery, Assisted breech delivery, Retained placentaon simulator. **Example:** Demonstration of steps of mechanism of delivery, Perform Episiotomy and stitch in proper layers, delivery of a retained placenta Forceps delivery, Vacuum delivery	and instrumental deliveries. of instrumental delivery, assisted breech delivery, and	C3		A
Station No: 7 **Topic:** Emergency Obstetrics procedures **Station Description:** ALSO procedures like BLS, Shoulder dystocia, Balloon tamponade for PPH, B Lynch suture **Example:** MaternalResuscitation , Shoulder dystocia, Balloon tamponade for PPH, B Lynch suture.	**In a given Scenario:** The candidate's ability to perform emergency procedures like Basic Life Support, shoulder dystocia, Balloon tamponade for PPH. B Lynch suture and answer the questions of examiner.			A
Station No: 8 **Topic:** Neonatal resuscitation /skill on simulator/ dummy **Station Description:**	**In a given Scenario:** To assess the ability of the candidate to perform steps of Neonatal resuscitation and answer the questions of the examiner.			A

Station No: 9 **Topic:** GPEandPA examination of patients with abdominal mass. **Station Description:** Examination of patient with abdominal mass due to ovarian tumors or uterine tumors	ominal Examination to detect a mass ,it's associated c			A
Station No: 10 **Topic: Pelvic Examination** **Station Description:** P/S, P/V, Pap smear, Pelvic examination of patient with cervical mass or uterovaginal prolapse on simulator.	**In a given clinical scenario:** The candidate's ability to perform an appropriate pelvic examination and pick up abnormal findings like cervical polyp, enlarged uterus, adnexal mass and and answer the questions of the examiner.			A

Station No: 11 **Topic: Minor Gynecological Procedures, Procedure on simulator** **Station Description:** Pipelle's biopsy, MVA, Vaginal Ring Pessary insertion, Administration of InjZoladex, D&C, ERCPC, HSG steps on simulator .	**In a given scenario:** The candidate's ability to perform the steps of the asked procedure. and answer the questions of the examiner.			A
Station No: 12 **Topic: Counseling** **Station Description:** Counseling forTrancesarean IUCD insertion. Myomectomy, hysterectomy, laprocsopy	**In a given patient with clinical background:** The candidate's ability to counsel the patient and the family about diagnosis, its implications, management options. and complications. Candidate's ability to answer the questions of the patient and family skillfully, and evidence based. Candidate's ability to handle their concerns, and misconceptions sympathetically and patiently.			A
Station No: 13 **Topic: Contraception** (Injections, Multiload, CuT, Mirena, Implanon),	**In a given scenario:** The candidate's ability to select and administer LARC on dummy/model/simulator			A

Station No: 14 **Topic:** ABD USG and pelvis in gynecological patient, TVS Enlarged uterus due to adenomyosis or fibroids, ovarian cyst, PCOD	**In a given scenario:** The candidate's ability to perform USG, correlate it's findings with the history and examination findings			A
Station No: 15 **Topic:** Sutures & Suturing techniques and Instruments, steps of selected operation, e.g. hysterectomy on model ● MIS (Laparoscope, Hiysteroscope) and specific open surgery instruments,	**In a given scenario:** The ability of the candidate to perform steps of given operation on model, demonstrate suturing techniques and selection of proper instruments and sutures for the given task.			A

9.7. Third Year In-Training Assessment

Eligibility criteria for sitting in Exam.

- Three years training with specified rotations
- After synopsis approval, did data collection & analysis and started thesis writing,
- Completion of workshops mandatory by RMU & by Deptt**(Details in Main log book)**
  - Completion of all tasks of formative assessment (Mini-CEX, DOPS, NOTSS, OSATS, long case & short case presentations, etc) **(Details in Main log book)**

Marks Distribution

Total marks 200
Written paper: 40% (80 Marks) Clinical Assessment: 60% (120 Marks)
Written paper: (80 marks) Time duration:1 hour 30 minutes (max 2 hours) Paper will comprise of 8 Short Answer Questions, Obs 04, Gynae 04 (10 marks each question, 10 to 15 min/question)

Clinical Assessment: Marks =120 , Time duration: 3 hours

OSCE= 60 Marks, Long Case Obs 30 Marks, Long Case Gynae 30 Marks.

1. **OSCE: Total:06 Stations,** 10 Marks/station, 10 minutes / station

   For 06 stations = time 60 mins

2. **Long Csea Obs: 30 marks** (History **05** marks, Examination **05** marks, Investigations **05** marks, Differential Diagnosis & provisional diagnosis **05** marks, Management **05** marks, Complication, follow up & recent advances **05** marks) , Time: 01 hour

3. **Long Case Gynae: 30 marks,** (History **05** marks, Examination **05** marks, Investigations **05** marks, Differential Diagnosis & provisional diagnosis **05** marks, Management **05** marks, Complication, follow up & recent advances **05** marks) , Time: 01 hour

2. Short cases/long cases: (Maximum 60 marks, Time 60 mins for 60 marks)
Discretion of each department to opt for short/ long cases or increase number of OSCE.

Note: Passing marks 60%

Third Year Obstetrics (TOS) MS, OB/GYN, RMUR for 2023 ,Written Examination Paper will comprise of 04 Short Answer Questions (SAQs) **,** (10 marks each question)		
Section No & No. of SAQs	**Obstetrics Paper I** **Topics/ Units**	**No of SAQ**
Section: 1 **SAQ :01**	**5. NORMAL OBSTETRICS** **Prenatal** ● Obstetric anatomy ● Perineum ● Embryology of fetal development ● Physiological changes in pregnancy ● Miscellaneous **Antenatal** ● Objectives & schedule of antenatal care ● History taking and obstetrical examination ● Recommended visits ● Dietary advice ● Antenatal screening ● Minor symptoms of pregnancy ● CTG, BPP, DOPPLER, MRI, ● Miscellaneous	01

	Intrapartum • Diagnosis of labor • Physiology of labor • Fetal and pelvic dimension • Mechanism of labor • Management of labor • Fetal monitoring (CTG, BPP) • Ability to differentiate between normal and abnormal findings) • Miscellaneous	
	Postnatal Care • Normal puerperium, breastfeeding • Miscellaneous	
	Neonatology ● APGAR score neonatal resuscitation ● Neonatal care, behavior of newborn ● Immunization ● Miscellaneous	
	Breast feeding Breast feeding protocol ● Maternal and neonatal benefits of breastfeeding ● Miscellaneous	
Section 2 **SAQ :01**	**6. OBSTETRICS COMPLICATION** **Antenatal** **Subsection: A** ● Prolong pregnancy ● Induction of labor ● PTL, PPROM, PROM ● Miscellaneous	01
	Subsection: B ● Fetal abnormality ● IUD ● IUGR ● Oligohydramnios / Polyhydramnios ● Prenatal diagnosis ● Miscellaneous	

	Subsection: C ● APH ● Twin and higher order gestation ● Previous Cesarean scar ● Perinatal infections ● Miscellaneous	
	Intrapartum ● Abnormal laboure.g. Obstructed labor ● Malposition &Malpresentations ● Uterine rupture ● Fetal distress ● Third stage complications (medically managed) ● Miscellaneous	
	Postnatal ● Puerperal pyrexia	
	● Psychiatric disorders	
	● DVT / Thromboprophylaxis	
	● Early neonatal problem	
	● Breast feeding problem and Miscellaneous	
Section: 3 **SAQ :01**	**7. MEDICAL COMPLICATIONS** ● **Early pregnancy disorders** (hyperemesis, UTI, heart burn and constipation, fever and cramps, backache & lower abdominal pain) ● **Hematological disorders,** (anemia, thalassemia, thrombocytopenia, etc)	01
	● **Hypertensive disorder** (PIH, preeclampsia, eclampsia) ● **Cardiac disease in pregnancy** ● **Neurological disorders during pregnancy (**Epilepsy, Stroke, Cavernous sinuous thrombosis, SOL, meningitis)	
	● **Endocrinological disorders in pregnancy** ● Diabetes(Type-I, II andGDM) ● Thyroid disorders (hypo and hyperthyroidism) ● Others / Miscellaneous	

	● **Liver disease and gastroenterology disorders** (jaundice in pregnancy, cholestasis in pregnancy, AFLP) ● **Respiratory diseases,** Asthma, COPD, TB, Pulmonary edema	
	● **Connective tissue disorders** (APLS, SLEetc) ● **Renal disorder,** ● **Infections:** STI, HIV, TB, COVID	
	● **Drug abuse,** medication in pregnancy ● **Skin disorders** in pregnancy ● **Other / Miscellaneous medical disorders**	
Section: 4 **SAQ :01**	**8. OBSTETRICS PROCEDURES AND EMERGENCIES OBS PROCEDURES** **Antenatal Procedures:** ● Abdominal examination of normal & Abnormal pregnancy ● Prenatal diagnostic Procedures like CVS, Cordocentesis, ultrasound, Doppler scan, Amniocentesis ● Antenatal ECV ● Miscellaneous	
	Intrapartum& Post-natal procedures: ● SVD, SVD with episiotomy and tears ● Instrumental delivery ● LSCS ● Peripartum hysterectomy ● Head stuck in breech delivery /LSCS ● Delivery of second retained twin /IPV ● Craniocentesis ● Miscellaneous	

	OBSTETRICS EMERGENCY ● **Maternal collapse and resuscitation: (Amniotic fluid embolism, hypovolemic shock due to APH/PPH, septic shock, cardiogenic shock etc)** ● Shoulder dystocia, cord prolapse, ● Rupture of uterus / Repair of uterus ● PPH (Uterine exploration, Balloon tamponade, Uterine artery ligation, B-lynch, stepwise devascularization, hysterectomy, ● Acute Uterine inversion ● Blood transfusion reactions ● **Miscellaneous**	
Grand Total		04

Third Year Gynae (TOS) MS OB/GYN RMUR, for 2023 Written Examination Paper will comprise of 04 Short Answer Questions (SAQs) **,** (10 marks each question)		
Section No **&** **No. of SAQs**	**Gynecology Paper 2** **Topics/ Units**	**No of SAQs**
Section : 1 **&** **Section: 2** **SAQ 01**	**9. BASIC GYNAECOLOGICAL CONCEPTS** • Embryology of genital tract	01
	• Anatomy of pelvic and pelvic floor	
	• Physiology of normal menstrual cycle	
	• Sexual dysfunction, rape & sexual assault, and Female genital mutilation	
	• History taking, examination, investigations including USG, TVS CT, MRI, tumor markers	
	• Professionalism, Counseling, reflection, feedback, ethics and statistic • Miscellaneous	
	10. PUBERTY AND MENSTRUAL DISORDERS • Puberty and adolescence including primary amenorrhea and other disorders	
	• Secondary amenorrhea / oligohypo menorrhea and hirsutism (PCOD, hyper prolactinoma, premature ovarian failure, hypothyroidism, Aschermann's Sheehan's)	
	• Menstrual disorders (HMB & Dysmenorrhea)	
	• Menopause, HRT) • Miscellaneous	

Section: 3 **&** **Section: 4** **SAQ = 01**	**11. EARLY PREGNANCY COMPLICATION** • Miscarriages	01
	• Ectopic	
	• GTD • Miscellaneous	
	12. Genital Tract Infections • Upper And Lower Genital Tract Infection Including Pid& Chronic Pelvic Pain, & Non Stis Like Candidiasis , Bartholin Abscess	
	• STDS (HIV, Syphilis, Genital Herpes, Genital Warts, Gonorrhea, Trichomoniasis, Chlamydia, Etc) • Miscellaneous	
Section: 5 **&** **Section: 6** **SAQ = 01**	**13. SUBFERTILITY AND CONTRACEPTION** • Primary and secondary subfertility, Including assisted reproductive techniques and male infertility	01
	• Endometriosis &Adenomyosis	
	• Contraception • Miscellaneous	
	14. PELVIC FLOOR DYSFUNCTION • Pelvic organ prolapse	
	• Miscellaneous	

Section: 7 & **Section: 8** **SAQs = 01**	15. **GYNAECOLOGICAL TUMORS (Benign)** • Tub ovarian	
	• Uterine	
	• Cervical	
	• Vulvovaginal	
	16. **GYNAECOLOGICAL PROCEDURES** • Pelvic examination & Pap Smear & HVS & vaginal discharge examination, Pipelle's biopsy • Colposcopy • ERPC, D&C, EUA, Polypectomy D&C • MVA • Suction evacuation • Marsupialization • Hymenectomy	
	• Hysterosalpingography / sonohysterography • IUI • IUCD insertion and removal including PPIUCD &Mirena • Subdermal implants like Implanon insertion and removal	
	• Ring pessary insertion • Sacrocolpopexy /hysteropexy • Other procedures for prolapse • Procedures for uterine inversion • Wound care and debridement • Miscellaneous	01
Grand Total		**04**

Third Year OSCE TOS

Total number of stations – 08 **(All stations are Interactive)**

Time allocation for each station – 10 minutes

Marks allocation for each station – 10 marks

All stations are Interactive, Obs 06 stations, Gynae 06 stations

Topic Wise Distribution of Obstetrics &Gynecology OSCE Stations

Station No, Topics & Station Description	Skill to be assessed			
Station No: 01 **Topics:** ● CTG ● USG of antenatal/ postpartum patient **Station Description:** Perform CTG on an antenatal /intrapartum patient in latent phase, get the tracing and interpret it Perform USG on an antenatal patient, take measurements of fetal biometry, localize placenta and measure AFI. Write the report and describe the findings. get the tracing and interpret it **Example:** Perform USG and compare it with the given duration of pregnancy in clinical background. Pick up Placenta Previa, fetal death, fetal movements for BPP.. **Example:** Perform CTG and interpret it and compare and contrast additional given CTG records provided to the candidate.	**In a given patient with clinical background:** The candidate's ability to perform CTG, with correct position of patient, maintaining privacy and comfort of patient, applying both FHR and uterine pressure transducer correctly, and take out a tracing and labeling it with name, date, time and interpret it and describe the findings. The candidate's ability to compare and contrast the new CTG with other templates of CTG provided by in exam. The candidate's ability to perform USG, with maintaining privacy and comfort of the patient, taking measurements of fetal biometry, localizing placenta and measuring AFI. Writing the report and describing the findings The candidate's ability to pick up the disparity of biometry with dates, abnormality of AFI, Malpresentations and abnormal location of placenta, fetal death, fetal gross abnormalities like anencephaly..			A3 A3

				A3
Station No: 02 **Topic:** Vaginal Delivery & Antenatal procedures **Station Description:** SVD, SVD with Epi, Instrumental delivery, Assisted breech delivery, Retained placentaon simulator. Perform ECV, Amniocentesis, Amnicator test, HVS, extra amniotic induction with Foley's catheter Cervical cerclage application on simulator / model, Checking BSL . **Example:** Demonstration of steps of mechanism of delivery, Perform Episiotomy and stitch in proper layers, delivery of a retained placenta Forceps delivery, Vacuum delivery	**In a given Scenario:** The candidate's ability to perform SVD, SVD with Epi and instrumental deliveries. To assess the ability of the candidate to perform steps of instrumental delivery, assisted breech delivery, and removal of retained placenta, antenatal procedures. and answer the questions of the examiner.	•		A3
Station No: 03 **Topic:** Maternal & Neonatal resuscitation /skill on simulator/ dummy **Station** **Station Description:** ALSO procedures like BLS, Shoulder dystocia, Balloon tamponade for PPH, B Lynch suture **Example:** MaternalResuscitation , Shoulder dystocia, Balloon tamponade for PPH, B Lynch suture.	**In a given Scenario:** The candidate's ability to perform emergency procedures like Basic Life Support, shoulder dystocia, Balloon tamponade for PPH. B Lynch suture and answer the questions of examiner. To assess the ability of the candidate to perform steps of Neonatal resuscitation and answer the questions of the examiner.			A3

Station No: 04 **Topic: Minor Gynecological Procedures, Procedure on simulator** **Station Description:** Pipelle's biopsy, MVA, Vaginal Ring Pessary insertion, Administration of InjZoladex, D&C, ERCPC, HSG steps on simulator .	**In a given scenario:** The candidate's ability to perform the steps of the asked procedure. and answer the questions of the examiner.			A3
Station No: 05 **Topic: Contraception / Counseling** **Station Description:** (Injections, Multiload, CuT, Mirena, Implanon), Counseling forTrancesarean IUCD insertion. Myomectomy, hysterectomy, laprocsopy	**In a given patient with clinical background:** The candidate's ability to select and administer LARC on dummy/model/simulator The candidate's ability to counsel the patient and the family about diagnosis, its implications, management options. and complications. Candidate's ability to answer the questions of the patient and family skillfully, and evidence based. Candidate's ability to handle their concerns, and misconceptions sympathetically and patiently.			A3

Station No: 06 **Topic:** ● Abdominal USG and pelvis USG in gynecological patient, ● Trans Vaginal Ultrasound ● Colposcopy Enlarged uterus due to adenomyosis or fibroids, ovarian cyst, PCOD, Cervical lesions.	**In a given scenario:** The candidate's ability to perform USG, correlate it's findings with the history and examination findings			A3

Long Cases: Obs & Gynae

Long Case Obs: 30 marks (History **05** marks, Examination **05** marks, Investigations **05** marks, Differential Diagnosis & provisional diagnosis **05** marks, Management **05** marks, Complication, follow up & recent advances **05** marks) , Time: 01 hour

Long Case Gynae: 30 marks, (History **05** marks, Examination **05** marks, Investigations **05** marks, Differential Diagnosis & provisional diagnosis **05** marks, Management **05** marks, Complication, follow up & recent advances **05** marks) , Time: 01 hour

9.8. Final Term Assessment (FTA)

Eligibility criteria for sitting in Exam.

1. Four years training must be completed.
2. All previous assessments (year one in house assessment, MTA & year three in house assessment) should be passed.
3. All clinical rotations must be completed.
4. All mandatory workshops must be attended.
5. Cumulative score of 75% in Continuous Internal assessments of all training years must be secured.
6. Research Thesis should be accepted.
7. No dues certificate should be submitted.

Marks Allocation: Total marks: 800(Written: 200, Clinical: 450, Thesis: 100)

- **Written: 200 marks**
  - Paper 1 Obstetrics**:** 100 MCQ (100 marks), Time allocated: 2 hours & 30 minutes.
  - Paper 2: Gynecology: 100 MCQ (100 marks), Time allocated: 2 hours & 30 minutes.
  - ***Both papers will be conducted on two separate days.***
  - ***Written exam should be passed to appear in clinical exam.***

- **Clinical: 450 marks**

  - OSCE: 15 Stations (150 marks), All interactive stations, Time Allocated: 5 mins/station
  - Long Case Obstetrics: (150 marks), Time Allocated: 60 mins
  - Long Case Gynae: (150 marks), Time Allocated: 60 mins

- **Thesis: 150 marks**
  - Presentation: 50 Marks, Time Allocated: 15 mins
  - Discussion: 100 Marks, Time Allocated: 30 mins

Clinical/OSCE Components Marking Details

Components	Time allowed	Max. Marks	Min. Pass marks
CLINICAL **Obstetrics Long case**	60 minutes 30 minutes for history taking and clinical examination 30 minutes for discussion	**150**	**60**
CLINICAL **Gynecology Long case**	60 minutes 30 minutes for history taking and clinical examination 30 minutes for discussion	**150**	**60**
OSCE (15 interactive Stations)	5 minutes per station	**150**	**90**
AGGREGATE		**450**	**270 (60%)**

Pass percentage:

- Accumulative pass percentage is 60%. Candidate must pass in each component separately:

Component I: Written Paper (Paper 1 and Paper 2)
Component II: OSCE
Component III: Gynae Long case
Component IV: Obstetrics Long case
Component V: Thesis

Table of Specifications by Calgary model
FTA Obstetrics
Dated: 15-07-2024

Theme/unit	Sub theme	alignement with LO	Impact	Frequency	IXF	Weight	No of Items	Diagnosis	Investigations	Treatment	Basic Knowledge
Normal Obstetrics	Obstetric anatomy	aligned	3	3	9	0.110	3				3
	Embryology of fetal anatomy	aligned	3	3	9	0.110	3				3
	Physiological changes in pregnancy	aligned	1	3	3	0.037	1	1			
Antenatal care	Antenataal care / ng 201	aligned	1	3	3	0.037	1			1	
	History taking and obs exam	aligned	1	3	3	0.037	1	1			
	Dietary advice	aligned	1	3	3	0.037	1	1			
	Antenatal screening	aligned	1	3	3	0.037	1			1	
	Minor symtoms of pregnancy	aligned	1	3	3	0.037	1			1	
	Obstetric images	aligned	2	3	6	0.073	2		1	1	
Intrapatum	Diagnosis of labour	aligned	1	3	3	0.037	1	1			
	Physiology / machanism of labour	aligned	1	3	3	0.037	1				1
	Fetal and pelvic dimension	aligned	1	3	3	0.037	1				1
	Management of labour	aligned	1	3	3	0.037	1				1
	Fetal monitoring (ctg, bpp, lcg/ ng 229)	osce	2	3	6	0.073	2			2	
	Labour care guide / partogram	aligned	2	2	4	0.049	1	1			
Postnatal Care	Normal puerperium/ ng 194	aligned	1	3	3	0.031	1	1			
	Postnatal mental health &parinatal epidemiology / cg 192	aligned	1	1	1	0.010	0				
Neonatology	Apgar score	aligned	2	3	6	0.061	1	1			
	Neonatal care, behavior of new born	aligned	1	2	2	0.020	0				
	Immunization	aligned	1	3	3	0.031	1			1	
Breast Feeding	Maternal and neonatal benefits of breastfeeding	aligned	1	3	3	0.031	1				
	Total : 30 MCQs										
	Obesity in pregnancy/GTG 72	aligned	2	2	4	0.051948	1				1
	Prolonged pregnancy/NICE	aligned	1	2	2	0.025974	1			1	

ANTENATAL COMPLICATIONS	**guideline 207**										
	Induction and augmentation of labor/NICE guideline 207	**aligned**	**1**	**3**	**3**	**0.038961**	**1**			**1**	
	PTL/PROM/PPROM/GTG 73, 74, 75	**aligned**	**2**	**2**	**4**	**0.051948**	**2**			**1**	
	Fetal abnormalty	**aligned**	**1**	**1**	**1**	**0.012987**	**1**			**1**	
	IUD/Stillbirth/GTG 55	**aligned**	**2**	**1**	**2**	**0.025974**	**1**			**1**	
	Fetal growth restriction/GTG 31	**aligned**	**2**	**2**	**4**	**0.051948**	**2**	**1**		**1**	
	Oligohydramnios	**aligned**	**2**	**1**	**2**	**0.025974**	**1**		**1**		
	Polyhydramnios	**aligned**	**2**	**1**	**2**	**0.025974**	**1**	**1**			
	Fetal medical conditions/GTG 65	**aligned**	**2**	**1**	**2**	**0.025974**	**1**		**1**		
	Prenatal diagnosis/GTG 8	**aligned**	**1**	**1**	**1**	**0.012987**	**1**		**1**		
	Antepartum hemorrhage/Placenta previa/GTG 27 a and b	**aligned**	**3**	**2**	**6**	**0.077922**	**2**			**2**	
	Multiple pregnancy/GTG 51/NICE guideline 137	**aligned**	**2**	**2**	**4**	**0.051948**	**1**			**1**	
	Previous caesarean/GTG 45/NICE guideline 192	**aligned**	**2**	**3**	**6**	**0.077922**	**2**			**2**	
	Perinatal infections/GTG 13, 30, 36, 54, BHIVA	**aligned**	**1**	**1**	**1**	**0.012987**	**1**	**1**			
	Abnormal labor (CPD, Obstructed labor, etc)	**aligned**	**2**	**3**	**6**	**0.077922**	**2**	**1**		**1**	
	Analgesia/Anaesthesia	**aligned**	**1**	**2**	**2**	**0.025974**	**1**			**1**	
	Malpresentation/position/GTG 20 b	**aligned**	**2**	**2**	**4**	**0.051948**	**1**	**1**			
	Uterine rupture	**aligned**	**3**	**1**	**3**	**0.038961**	**1**	**1**			
	Fetal distress/NICE guideline 235, 229	**aligned**	**2**	**3**	**6**	**0.077922**	**2**		**1**	**1**	
	3rd stage medically managed complication/GTG 52	**aligned**	**2**	**3**	**6**	**0.077922**	**1**			**1**	
	Puerperium (Puerperal pyrexia, DVT, Psychiatric disorders)/GTG 37, 64 a and b	**aligned**	**3**	**1**	**3**	**0.038961**	**1**			**1**	
	Early neonatal problem	**aligned**	**3**	**1**	**3**	**0.038961**	**1**			**1**	
	Breastfeeding problems	**aligned**	**1**	**2**	**2**	**0.025974**	**1**				**1**
	Total : 30 MCQs										
	early pregnancy disorders (hyperemesis, UTI, Heart burn and constipation ,fever and	**aligned**	**1**	**3**	**3**	**0.055**	**1**			**1**	

Medical Complications	**cramps,backach and lower abdominal pain)**										
	anemia	**aligned**	**3**	**3**	**9**	**0.16**	**4**	**1**	**1**	**2**	
	haematological disorders: thalesemia and thrombocytopenia	**aligned**	**2**	**3**	**6**	**0.11**	**2**		**1**	**1**	
	Hypertensive disorder (PIH, preeclampsia, eclampsia)	**aligned**	**3**	**3**	**9**	**0.16**	**4**	**1**	**1**	**2**	
	Cardiac disease in pregnancy neurological	**aligned**	**2**	**2**	**4**	**0.07**	**1**			**1**	
	Neurological (Epilepsy, Stroke, Cavernous sinuous thrombosis, SOL, meningitis)	**aligned**	**2**	**1**	**2**	**0.055**	**2**		**1**	**1**	
	Diabeties (Type-I, II and GDM)	**aligned**	**2**	**3**	**6**	**0.11**	**2**		**1**	**1**	
	other endocrine disorder Thyroid disorder (hypo and hyperthyroidism) & parathyroid	**aligned**	**1**	**2**	**2**	**0.055**	**1**			**1**	
	Liver disease and gastroentrology (jaundice in pregnancy, cholestasis in pregnancy, AFLP)	**aligned**	**3**	**2**	**6**	**0.11**	**2**	**1**		**1**	
	Respiratory disease	**aligned**	**1**	**1**	**1**	**0.018**	**1**			**1**	
	Connective tissue disorder (APLS, SLE etc)	**aligned**	**1**	**1**	**1**	**0.018**	**1**			**1**	
	Renal disorder	**aligned**	**1**	**1**	**1**	**0.018**	**1**			**1**	
	Infection (STI, HIV, TB, COVID)	**aligned**	**1**	**2**	**2**	**0.05**	**1**	**1**			
	drug abuse medication in pregnancy	**aligned**	**1**	**1**	**1**	**0.018**	**1**			**1**	
	skin disease	**aligned**	**1**	**1**	**1**	**0.018**	**1**			**1**	
	Total : 30 MCQs										
OBSTETRICS PROCEDURES	**Prenatal diagnostic Procedures like CVS, Cordocentesis, ultrasound, Doppler scan, Amniocentesis (GTD 8)**	**aligned**	**1**	**3**	**3**	**0.05**	**1**	**0**	**0**	**1**	**0**
	Antenatal ECV (GTD 20 a)	**aligned**	**1**	**1**	**1**	**0.01**	**0**	**0**	**0**	**0**	**0**
	Intrapartum& Post-natal procedures:	**aligned**									
	SVD with episiotomy and tears (GTD 29)	**aligned**	**2**	**2**	**4**	**0.07**	**1**	**0**	**0**	**1**	**0**

	Instrumental delivery (GTD 26)	**aligned**	**2**	**2**	**4**	**0.07**	**1**	**0**	**0**	**1**	**0**
	LSCS + NG 192	**aligned**	**2**	**3**	**6**	**0.1**	**2**	**0**	**0**	**2**	**0**
	Peripartum hysterectomy	**aligned**	**3**	**2**	**6**	**0.1**	**2**	**0**	**0**	**2**	**0**
	Head stuck in breech delivery / LSCS	**Osce**									
	Delivery of second retained twin / IPV	**aligned**	**2**	**1**	**2**	**0.03**	**0**	**0**	**0**	**0**	**0**
	Craniocentesis	**aligned**	**1**	**1**	**1**	**0.01**	**0**	**0**	**0**	**0**	**0**
OBSTETRICS EMERGENCY (MATERNAL COLLAPSE)	**AFE + PE (GTD 37b)**	**aligned**	**3**	**3**	**9**	**0.16**	**2**	**1**	**0**	**1**	**0**
	Collapse due to APH	**aligned**	**3**	**1**	**3**	**0.05**	**1**	**0**	**0**	**1**	**0**
	Collapse due to PPH	**aligned**	**3**	**1**	**3**	**0.05**	**1**	**0**	**0**	**1**	**0**
	Septic Shock (GTD 64b)	**aligned**	**3**	**2**	**6**	**0.1**	**2**	**1**	**0**	**1**	**0**
	Cardiogenic shock	**aligned**	**3**	**1**	**3**	**0.05**	**1**	**0**	**0**	**1**	**0**
	Other reasons of collpase	**aligned**	**3**	**1**	**3**	**0.45**	**0**	**0**	**0**	**0**	**0**
	Cord Prolapse	**aligned**	**3**	**1**	**3**	**0.045**	**1**	**0**	**0**	**1**	**0**
	Uterine Rupture /Repair	**aligned**	**3**	**1**	**3**	**0.045**	**1**	**0**	**0**	**1**	**0**
	PPH	**aligned**	**3**	**2**	**6**	**0.03**	**1**	**0**	**1**	**0**	**0**
	Acute uterineinversion	**aligned**	**3**	**1**	**3**	**0.045**	**1**	**0**	**0**	**1**	**0**
	Blood transfusion reaction (GTD -47)	**aligned**	**3**	**1**	**3**	**0.045**	**1**	**0**	**0**	**1**	**0**
	Total : 35 MCQs										

TOS FTA (Gynaecology)

Theme/unit	Sub theme	alignement with LO	Impact	Frequency	IXF	Weight	No of Items	Diagnosis	Investigations	Treatment	Basic Knowledge
BASIC GYNAECOLOGICAL CONCEPTS	Embryology of genital tract	aligned	3	3	9	0.32142857	4				4
	Anatomy of pelvic and pelvic floor	aligned	3	3	9	0.32142857	4				4
	Physiology of normal menstrual cycle	aligned	1	3	3	0.10714286	3	1	2		
	Sexual dysfunction, rape & sexual assault, and Female genital mutilation	aligned	3	1	3	0.10714286	3	1	1	1	
	History taking, examination, investigations including USG, TVS CT, MRI, tumor markers	osce	1	3	3	0.10714286	3	1	1	1	
	Professionalism, Counseling, reflection, feedback, ethics and statistic	osce	1	3	3	0.10714286	3	1		2	
	Total : 20 MCQs										
Puberty and menstrual disorder	Puberty and adolescence disorders	aligned	1	1	1	0.083333	2		1	1	
	Primary amenorrhea	aligned	1	1	1	0.083333	2	2			
	PCOS/Secondary amenorrhea/GTG 33	aligned	1	3	3	0.25	5		2	3	
	Premenstrual syndrome/Chronic pelvic pain/GTG 41, 48	aligned	1	1	1	0.083333	1			1	
	HMB and dysmenorrhea/NICE guideline 88/PALMCOEIN	aligned	2	2	4	0.333333	7	1	2	4	
	Menopause and postmenopausal health/HRT/NICE guideline 23	aligned	1	2	2	0.166667	3		1	2	
	Total : 20 MCQs										
EARLY PREGNANCY PROBLEMS	Miscarriage/GTG 17/NICE guideline 126	aligned									
	Ectopic pregnancy/GTG 21/NICE guideline 126	aligned	2	2	4	0.444444	4	1	1	1	1
	GTD/GTG 38	aligned	3	1	3	0.333333	3	1		2	
	Total : 10 MCQs										

GENITAL TRACT INFECTION	**PID,upper and lower genital tract infection**	**aligned**	**2**	**3**	**6**	**0.21**	**4**	**1**	**1**	**2**	
	Chronic pelvic pain	**aligned**	**2**	**1**	**2**	**0.06**	**1**			**1**	
	Non STI Candediasis	**aligned**	**1**	**3**	**3**	**0.1**	**2**		**1**	**1**	
	Bartholinabcess	**aligned**	**2**	**1**	**2**	**0.06**	**1**			**1**	
	STDs	**aligned**	**1**	**1**	**1**	**0.03**	**1**	**1**			
Total : 10 MCQs											
SUBFERTILITY	**Primary subfertility**	**aligned**	**1**	**2**	**2**	**0.06**	**1**	**1**			
	Secondary subfertlity	**aligned**	**1**	**2**	**2**	**0.06**	**1**			**1**	
	Male subfertility	**aligned**	**1**	**1**	**1**	**0.03**	**1**		**1**		
	Assisted reproductive technique	**aligned**	**1**	**1**	**1**	**0.03**	**1**			**1**	
	Endometriosis	**aligned**	**2**	**2**	**4**	**0.137**	**3**	**1**	**1**	**1**	
	Adenomyosis	**aligned**	**1**	**2**	**2**	**0.06**	**1**			**1**	
	Contraception	**aligned**	**1**	**3**	**3**	**0.1**	**3**	**1**	**1**	**1**	
Total : 10 MCQs											
PELVIC FLOOR DYSFUNCTION	**Pelvic organ prolapse / NG 210**	**aligned**	**2**	**2**	**4**	**0.14285714**	**4**	**2**		**2**	
	Urinary incontinence / NG 123	**aligned**	**2**	**2**	**4**	**0.14285714**	**4**	**2**		**2**	
Total : 08 MCQs											
GYNAECOLOGICAL TUMORS (Benign)	**Tubo ovarian (GTD 62)**	**aligned**	**3**	**2**	**6**	**0.28**	**3**	**1**	**1**	**1**	
	Uterine	**aligned**	**3**	**2**	**6**	**0.28**	**3**	**1**	**1**	**1**	
	Cervical	**aligned**	**3**	**2**	**6**	**0.28**	**3**	**1**	**1**	**1**	
	Vulvovaginal	**aligned**	**3**	**1**	**3**	**0.14**	**1**	**1**	**0**	**0**	
Total : 12 MCQs											
GYNAECOLOGICAL PROCEDURES	**Colposcopy**	**aligned**	**1**	**1**	**1**	**0.023**	**0**	**0**	**0**	**0**	**0**
	ERPC, D&C, EUA, Polypectomy D&C	**aligned**	**2**	**2**	**4**	**0.095**	**1**	**0**	**0**	**1**	**0**
	MVA	**Osce**									
	Suction evacuation	**aligned**	**2**	**1**	**2**	**0.047**	**1**	**0**	**0**	**1**	**0**
	Marsupialization	**aligned**	**1**	**1**	**1**	**0.023**	**0**	**0**	**0**	**1**	**0**
	Hymenectomy	**aligned**	**1**	**1**	**1**	**0.023**	**0**	**0**	**0**	**0**	**0**
	Hysterosalpingography / sonohysterography	**aligned**	**1**	**1**	**1**	**0.023**	**0**	**0**	**0**	**0**	**0**
	IUI	**aligned**	**1**	**1**	**1**	**0.023**	**0**	**0**	**0**	**0**	**0**
	IUCD insertion and removal including PPIUCD &Mirena	**Osce**									
	Subdermal implants like Implanon insertion and removal	**Osce**									
	Ring pessary insertion	**Osce**									

	Sacrocolpopexy /hysteropexy	**aligned**	**1**	**1**	**1**	**0.023**	**0**	**0**	**0**	**0**	**0**
	Other procedures for prolapse	**aligned**	**1**	**2**	**2**	**0.047**	**0**	**0**	**0**	**0**	**0**
	Procedures for uterine inversion	**aligned**	**3**	**1**	**3**	**0.023**	**0**	**0**	**0**	**0**	**0**
	Wound care and debridement	**aligned**	**1**	**3**	**3**	**0.07**	**1**	**0**	**0**	**1**	**0**
	TAH/Laparotomy, Myomectomy	**aligned**	**1**	**3**	**3**	**0.07**	**1**	**0**	**0**	**0**	**1**
	LAVH, TLH&rectovaginal fistula repair, Urinary fistula repair (GTD 4a)	**aligned**	**1**	**1**	**1**	**0.023**	**0**	**0**	**0**	**0**	**0**
	Vaginal hysterectomy, vaginal repair, Perineal tear	**aligned**	**1**	**2**	**2**	**0.047**	**1**	**0**	**0**	**1**	**0**
	Hysteroscopic guided biopsy (GTD 59)	**aligned**	**1**	**2**	**2**	**0.047**	**1**	**0**	**0**	**1**	**0**
	Diagnostic laparoscopy	**aligned**	**1**	**2**	**2**	**0.047**	**1**	**0**	**0**	**1**	
	Pre Op and Post Op care	**aligned**	**2**	**3**	**6**	**0.142**	**1**	**0**	**0**	**1**	**0**
	Consent	**aligned**	**2**	**3**	**6**	**0.142**	**2**	**0**	**0**	**2**	**0**
	Pelvic examination & Pap smear & HVS & vaginal discharge examination , Pipelle's biopsy	**Osce**									
											Total : 10 MCQs

Five percent (5%) questions may come from any topic

FTA OSCE TOS

Total number of stations – 15 **(All stations are Interactive)**
Time allocation for each station – 5 minutes

Marks allocation for each station – 10 marks

Topic Wise Distribution of Obstetrics &Gynecology OSCE Stations

All stations are Interactive

Station No, Topics & Station Description	**Skill to be assessed**			
Station No: 1 **Topic:** Counseling for prenatal, antenatal or postnatal complications **Station Description:** Scenario based Counseling **For example:** TOP or conservative management in missed abortion & Intrauterine death of fetus, or a malformed fetus, methods of induction & time of induction TOLAC , IOL (in PPROM due to infection,in Prolong pregnancy due to fetal risk, in medical complications during pregnancy, Peripartum Hysterectomy in PPH, Iron injections/ blood transfusion in anemia, Risks in Twin and higher order gestation, Fetomaternal outcome in Prenatal infections	**In a given patient with clinical background:** The candidate's ability to counsel the patient and the family about diagnosis, its implications, management options. and complications. Candidate's ability to answer the questions of the patient and family skillfully, and evidence based. Candidate's ability to handle their concerns, and misconceptions sympathetically and patiently.		P3	A

Station No: 2 **Topic:** Antenatal examination and procedures. **Station Description:** GPE, Systemic examination & performing PA examination on pregnant patients, document and describe all findings. **For Example:** Pick up abnormalities like high BP, High BMI, Brisk patellar reflex, tachypnea, tachycardia, Edema, enlarged Thyroid, unsatisfactory oro dental hygiene, varicose veins, Larger or smaller for dates fetus, polyhydramnios, oligohydramnios, malpresentation, Scar tenderness, absent FHR, and document **Procedures:** Perform ECV, Amniocentesis, Amnicator test, HVS, extra amniotic induction with Foley's catheter Cervical cerclage application on simulator / model, Checking BSL .	**In a given patient with clinical background:** The candidates ability to perform antenatal fetomaternal examination, and procedures **Pick up** abnormalities like high BP, High BMI, Brisk patellar reflex, tachypnea, tachycardia, Edema, enlarged Thyroid, unsatisfactory oro dental hygiene, varicose veins, Larger or smaller for dates fetus, polyhydramnios, oligohydramnios, malpresentation, Scar tenderness, absent FHR, Abnormal lab reports and document		P3	A

Station No: 3 **Topic:** Intrapartumfetomaternal Monitoring **Station Description:** Checking of vitals & performing PA examination on pregnant patients. Document & describe all findings on Partogram **AND/OR** Perform PV examination on a simulator (or on Pelvis & fetal skull model) with preset examination findings regarding Cx length, dilatation, consistency, direction, Vx station and position **Document all findings on Partogram& describe the findings.** **For Example:** Calculate BIshop's score on the given simulator/model findings Diagnose malpresentation Diagnose Breech presentation Diagnose Occipitoposterior position Partogram showing failure of progress by comparing current findings with findings documented 4 hours ago.	**In a given patient with clinical background:** The candidate's ability to perform focused GPE, PA examination and P/S & P/V examination The candidate's ability to perform HVSproperly label it and send with lab form The candidate's ability to check for ruptured membranes, cord prolapse The candidate's ability to detect malpresentaions&malpositions of fetus The candidate's ability to properly document findings on partogram and describe		P3	A

Station No: 4 **Topic:** CTG **Station Description:** Perform CTG on an antenatal /intrapartum patient in latent phase, get the tracing and interpret it **Example:** Perform CTG and interpret it and compare and contrast additional given CTG records provided to the candidate.	**In a given patient with clinical background:** The candidate's ability to perform CTG, with correct position of patient, maintaining privacy and comfort of patient, applying both FHR and uterine pressure transducer correctly, and take out a tracing and labeling it with name, date, time and interpret it and describe the findings. The candidate's ability to compare and contrast the new CTG with other templates of CTG provided by in exam.		P3	A

Station No: 5 **Topic:** USG **Station Description:** Perform USG on an antenatal patient, take measurements of fetal biometry, localize placenta and measure AFI. Write the report and describe the findings. get the tracing and interpret it **Example:** Perform USG and compare it with the given duration of pregnancy in clinical background. Pick up Placenta Previa, fetal death, fetal movements for BPP..	**n a given patient with clinical background:** The candidate's ability to perform USG, with maintaining privacy and comfort of the patient, taking measurements of fetal biometry, localizing placenta and measuring AFI. Writing the report and describing the findings The candidate's ability to pick up the disparity of biometry with dates, abnormality of AFI, Malpresentations and abnormal location of placenta, fetal death, fetal gross abnormalities like anencephaly..		P3	A
Station No: 6 **Topic:** Vaginal Delivery **Station Description:** SVD, SVD with Epi, Instrumental delivery, Assisted breech delivery, Retained placentaon simulator. **Example:** Demonstration of steps of mechanism of delivery, Perform Episiotomy and stitch in proper layers, delivery of a retained placenta Forceps delivery, Vacuum delivery	l instrumental deliveries. ıstrumental delivery, assisted breech delivery,	•	P3	A

Station No: 7 **Topic:** Emergency Obstetrics procedures **Station Description:** ALSO procedures like BLS, Shoulder dystocia, Balloon tamponade for PPH, B Lynch suture **Example:** Maternal Resuscitation , Shoulder dystocia, Balloon tamponade for PPH, B Lynch suture.	**In a given Scenario:** The candidate's ability to perform emergency procedures like Basic Life Support, shoulder dystocia, Balloon tamponade for PPH. B Lynch suture and answer the questions of examiner.		P3	A
Station No: 8 **Topic:** Neonatal resuscitation /skill on simulator/ dummy **Station Description:**	**In a given Scenario:** To assess the ability of the candidate to perform steps of Neonatal resuscitation and answer the questions of the examiner.		P3	A

Station No: 9 **Topic:** GPEandPA examination of patients with abdominal mass. **Station Description:** Examination of patient with abdominal mass due to ovarian tumors or uterine tumors	nal Examination to detect a mass ,it's associat		P3	A

Station No: 10 **Topic: Pelvic Examination** **Station Description:** P/S, P/V, Pap smear, Pelvic examination of patient with cervical mass or uterovaginal prolapse on simulator.	**In a given clinical scenario:** The candidate's ability to perform an appropriate pelvic examination and pick up abnormal findings like cervical polyp, enlarged uterus, adnexal mass and and answer the questions of the examiner.		P3	A
Station No: 11 **Topic: Minor Gynecological Procedures, Procedure on simulator** **Station Description:** Pipelle's biopsy, MVA, Vaginal Ring Pessary insertion, Administration of InjZoladex, D&C, ERCPC, HSG steps on simulator .	**In a given scenario:** The candidate's ability to perform the steps of the asked procedure. and answer the questions of the examiner.		P3	A

Station No: 12 **Topic: Counseling** **Station Description:** Counseling for Trancesarean IUCD insertion. Infertility, gynecological malignancy, myomectomy, primary amenorrhea, premature ovarian failure	**In a given patient with clinical background:** The candidate's ability to counsel the patient and the family about diagnosis, its implications, management options. and complications. Candidate's ability to answer the questions of the patient and family skillfully, and evidence based. Candidate's ability to handle their concerns, and misconceptions sympathetically and patiently.		P3	A
Station No: 13 **Topic: Contraception** (Injections, Multiload, CuT, Mirena, Implanon),	**In a given scenario:** The candidate's ability to select and administer LARC on dummy/model/simulator		P3	A
Station No: 14 **Topic:** ABD USG and pelvis in gynecological patient Enlarged uterus due to adenomyosis or fibroids, ovarian cyst, PCOD	**In a given scenario:** The candidate's ability to perform USG, correlate it's findings with the history and examination findings		P3	A

Station No: 15 **Topic:** Sutures & Suturing techniques and Instruments, steps of selected operation, e.g. hysterectomy on model • MIS (Laparoscope, Hiysteroscope) and specific open surgery instruments,	**In a given scenario:** The ability of the candidate to perform steps of given operation on model, demonstrate suturing techniques and selection of proper instruments and sutures for the given task.		P3	A

02 LONG CASES

(150 marks/Case ..... 60 minutes/Case)

Each candidate will be allotted two long cases. One long case of obstetrics and one long case of gynecology. For each case the candidate will be allowed 30 minutes for history taking and clinical examination. Candidates should take an appropriate history from the patient and perform thorough physical examination to identify the problems of the patient. Candidate will ask the examiner about the result of relevant investigations and will make a plan of management for later discussion. During this period the candidate will be observed by the examiners.

Case presentation and discussion on the long case will be conducted jointly by the two examiners for next 30 minutes. During the first 07 minutes the candidate will present the case while the first examiner will discuss investigations and differential diagnosis for the rest of 08 minutes. This will be followed by turn of second examiner to discuss management for the next 15 minutes.

In this section the candidates will be assessed on the following areas:

Interviewing and Clinical examinations skills

- Introduces oneself, listens patiently, and is polite with the patient.
- Is able to extract relevant information.
- Takes informed consent.
- Uses correct clinical methods systematically (including appropriate exposure and re-draping).

Case Presentation/Discussion

- Presents skillfully.
- Gives correct findings.
- Gives logical interpretation of findings and discusses differential diagnosis.
- Enumerates and justifies relevant investigation(s).
- Outlines and justifies treatment plan (including rehabilitation and follow up).
- Discusses prevention and prognosis.
- Has knowledge of recent advances relevant to the case.

Section - VII: EPA

Professional Activities

This EPA document is developed from the Royal College of The Physician and Surgeon of Canada.

Clinical competency	PGY-1		PGY-2		PGY-3		PGY-4	
	EPA	No	EPA	No	EPA	No	EPA	No
Assessment on admission/ Identification of high risk factors	1-2-3	120	2-3-4	120	3-4	120	4-5	120
Medica/surgical l induction of labour/Termination of pregnancy	1-2-3	120	2-3-4	120	3-4	120	4-5	120
Performing and repairing episiotomy	1-2-3	120	2-3-4	120	3-4	120	4-5	120
repair of vaginal and perineal tear	1-2-3	80	2-3-4	120	3-4	120	4-5	20
repair of 3rd degree tear	1-2	-	2-3	120	3-4	4	4-5	4
Immediate management of postpartum haemorrhage	1-2	120	2-3	120	3-4	120	4-5	12
Uterine packing	1-2	50	2-3	8	3-4	8	4-5	20
Outlet forceps delivery	1	30	2	12	3-4	8	4-5	20
Vacuum extraction	1	30	2	12	3-4	8	4-5	20
Caesarean section	1-2	120	2-3	50	3-4	40	4-5	120
Repair of ruptured uterus (intermediate complications)	1	2	2	4	3	4	4-5	4
Obstetric hysterectomy (Cases distributed in 12 months)	1	12	1	4	2	5	2	1

Breech,twin delivery, etc	**1**	**30**	**2**	**6**	**3-4**	**4**	**4-5**	**12**
Evacuation of Retained products of conception	**1-2**	**80**	**2-3**	**20**	**3-4**	**8**	**4-5**	**40**
Dilatation and curettage	**1-2**	**20**	**2**	**14**	**3-4**	**8**	**4-5**	**20**
Pipelle biopsy	**1-2**	**40**	**2**	**14**	**3-4**	**10**	**4-5**	**8**
Cervical Biopsy	**1**	**6**	**2**	**4**	**3**	**4**	**4-5**	**4**
Polypectomy	**1**	**11**	**2**	**4**	**3**	**4**	**4-5**	**4**
Marsupialization of Bartholin's Cyst	**1-2**	**12**		**4**		**4**		**4**
Minilaparotomy (for tubal ligation)	**1-2**	**12**		**0**		**0**		
Drainage of abscess	**1-2**	**12**		**0**		**0**		
Postpartum tubal ligation	**1-2**	**40**		**0**		**0**		
Diagnostic laparoscopy	**1**	**6**	**1**	**4**	**2**	**8**	**2**	**4**
Diagnostic hysteroscopy	**1**	**6**	**1**	**4**	**2-3**	**4**	**2-3**	**4**
Ovarian Cystectomy	**1**	**30**	**1**	**4**	**2-3**	**4**	**2-3**	**4**
Laparotomy for ectopic pregnancy	**1**	**10**	**1**	**4**	**2-3**	**4**	**4-5**	**4**
Myomectomy	**1**	**2**	**1**	**8**	**1-2**	**8**	**2**	**4**
Abdominal hysterectomy	**1**	**2**	**1**	**4**	**1-2**	**4**	**2**	**4**
Vaginal hysterectomy	**1**	**2**	**1**	**4**	**1-2**	**4**	**2**	**4**
Anterior colporrhaphy	**1**	**2**	**1**	**4**	**1**	**4**	**2**	**4**
Posterior colpoperineorrhaphy	**1**	**2**	**1**	**4**	**1**	**4**	**2**	**4**
Staging Laparotomy	**1**	**6**	**1**	**4**	**1**	**4**	**2**	**4**

S. no	Topic
1.	Performing Initial Assessments for Uncomplicated Obstetric Patients
2.	Providing Routine Prenatal Care to a Low-Risk, Healthy pregnant women
3.	Assessments of Antenatal Fetal Well-Being
4.	Assessing and Providing Management for Patients with minor Obstetric Problems
5.	Managing Labour and Childbirth
6.	Counseling and Management for Patients Requiring Family Planning
7.	Performing uncomplicated cesarean sections with a skilled assistant
8.	Providing Early Postpartum Care
9.	Initial Assessment of Uncomplicated Gynecologic Patients.
10.	Providing consultation and initial management for patients with urgent and emergent gynecologic presentations
11.	Performing obstetric and gynecologic ultrasound
12.	Providing care for patients with complex gynecologic conditions and/or medical comorbidities
13.	Assessing and initiating management for patients with reproductive challenges
14.	Providing care for patients with pelvic floor dysfunction

1. Entrustable Professional Activity (EPA):

Performing Initial Assessments for Uncomplicated Obstetric Patients

Description:

This EPA involves conducting the initial assessment of uncomplicated obstetric patients, including the collection of a thorough history, performing a focused physical examination, and developing a basic differential diagnosis. The learner is expected to document the findings accurately, present the case clearly to a supervisor, and initiate appropriate investigations as necessary. This EPA also emphasizes effective communication with the patient and their family, ensuring the patient's comfort and dignity during the assessment.

Assessment Plan:

Direct Observation:

- Observations should be conducted by a qualified OBGYN faculty member, subspecialty trainee, Core or TTP trainee, or a family physician.
- The assessment should take place in a clinical setting, either inpatient or outpatient.

Use of Assessment Form:

- Form 1 should be used to collect information on the patient's status (antepartum or intrapartum) and the clinical setting (inpatient or outpatient).

Three observations of achievement should be collected:

- **At least one observation of an antepartum patient.**
- **At least one observation of an intrapartum patient.**

- **At least two observations by faculty members.**
- **Observations should be made by at least three different observers.**

Milestones to be assessed:

1. **ME 2.2:** Elicit a history and perform a physical exam that informs the diagnosis.
   - Elicit a complete obstetric history, including current pregnancy details, past obstetric history, and relevant medical history.
   - Perform a focused physical examination pertinent to the obstetric status.
2. **ME 2.2:** Develop a differential diagnosis relevant to the patient's presentation.
   - Synthesize the information gathered from history and physical examination to formulate a differential diagnosis that considers common uncomplicated obstetric conditions.
3. **ME 2.2:** Select appropriate investigations based on the differential diagnosis.
   - Choose relevant investigations, such as ultrasound, blood tests, or urine analysis, that align with the clinical presentation and differential diagnosis.
4. **ME 2.4:** Develop an initial management plan for common obstetric presentations.
   - Create a management plan that addresses the immediate needs of the patient, considering both mother and fetus, and is consistent with best practice guidelines.
5. **ME 3.3:** Recognize and discuss the importance of triaging and timing of a procedure or therapy.
   - Identify situations that require urgent intervention or further monitoring and effectively communicate the need for timely action.
6. **COM 1.1:** Communicate using a patient-centred approach that facilitates patient trust and autonomy, characterized by empathy, respect, and compassion.
   - Engage with the patient and their family, ensuring that they feel supported, informed, and involved in decision-making.
7. **COM 1.2:** Mitigate physical barriers to communication to optimize patient comfort, dignity, privacy, engagement, and safety.
   - Ensure that the patient is comfortable and that the environment is conducive to a private and respectful interaction.

8. **COM 1.4:** Identify, verify, and validate non-verbal cues on the part of patients and their families.
   - Be attentive to the patient's non-verbal signals, such as facial expressions and body language, and respond appropriately to their concerns.
9. **COM 2.2:** Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient's cues and responses.
   - Balance obtaining necessary clinical information with maintaining a patient-centred approach, allowing the patient to express their concerns.
10. **COM 5.1:** Organize information in appropriate sections within an electronic or written medical record.
    - Document the patient's history, examination findings, differential diagnosis, and plan in a clear, organized, and concise manner.
11. **ME 2.2:** Synthesize and organize clinical information for clear and succinct presentation to a supervisor.
    - Prepare and deliver a structured case presentation that highlights the key clinical issues and supports the proposed plan of care.
12. **COL 1.3:** Discuss with the patient and family any plan for involving other health care professionals, including other physicians, in the patient's care.
    - Communicate the need for referrals or consultations with other healthcare providers as part of the comprehensive care plan.

Implementation Notes:

- **Settings:** The EPA can be performed in various clinical settings, including both in-patient and out-patient environments.
- **Documentation:** Ensure thorough and accurate documentation of all clinical encounters, focusing on clear communication with both patients and the healthcare team.
- **Feedback:** Actively seek and respond to feedback from supervisors to refine clinical and communication skills.

Contextual Information:

This EPA is intended for trainees in obstetrics and gynecology or family medicine who are expected to perform independent assessments of uncomplicated obstetric patients. The focus is on the initial encounter, with an emphasis on developing foundational clinical skills, effective communication, and appropriate clinical reasoning.

The trainee should demonstrate proficiency in patient-centered care, accurate clinical documentation, and effective collaboration with the healthcare team. These observations are crucial for ensuring the trainee's competence in managing uncomplicated obstetric patients safely and effectively.

2. Entrustable Professional Activity (EPA):

Providing Routine Prenatal Care to a Low-Risk, Healthy Population

Key Features:

- This EPA involves assessing and counseling women experiencing low-risk pregnancies, managing routine prenatal care throughout the pregnancy, and addressing common prenatal issues.
- The assessment includes history-taking, physical examination, selecting appropriate investigations, interpreting results, and developing a management plan that includes patient education and shared decision-making.
- This EPA must be observed in a clinical setting, such as obstetric clinics or antenatal wards.

Assessment Plan:

- **Direct Observation or Case Discussion:** To be performed by OBGYN faculty, family physician, midwife, nurse, genetic counselor, or Core/Transition to Practice (TTP) trainee.

- **Documentation Review:** Review of a consult letter or antenatal form may also be used to assess the EPA.
- **Form Used:** Form 1, which collects information on the following:
    - **Visit Type:**

- Initial visit
- Follow-up visit

- **Patient Stage:**

- Pre-conception
- First trimester
- Second trimester
- Third trimester
- Term
- Postdate

- **Discussion Topic:** Free text entry to capture specific topics discussed during the visit.

Observations of Achievement:

- **Number of Observations Required:** 5
- **Visit Types and Patient Stages:**
    - At least 1 initial visit assessment
    - At least 1 second trimester patient
    - At least 1 third trimester patient
    - At least 1 discussion regarding common prenatal issues (e.g., postdate, vaginal birth after cesarean section [VBAC], breech presentation)
- **Observers:**

- At least 3 observations must be conducted by faculty.
- Observations must involve at least 3 different observers.

Relevant Milestones:

1. **ME 2.2:** Perform a patient assessment including history and physical exam.
   - Conduct a comprehensive assessment to gather essential information on the patient's health status and pregnancy progression.
2. **ME 2.2:** Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements.
   - Manage the clinical encounter efficiently while ensuring all relevant aspects of prenatal care are addressed.
3. **ME 2.2:** Select appropriate investigations and interpret the results.
   - Choose and interpret investigations relevant to the patient's stage of pregnancy and risk factors.
4. **ME 2.3:** Address the patient's ideas, fears, and concerns about pregnancy and her prenatal care.
   - Engage in a dialogue with the patient to understand and alleviate any concerns, ensuring they feel supported and informed.
5. **ME 2.4:** Ensure that the patient and family are informed about the risks and benefits of each screening and treatment option in the context of best evidence and guidelines.
   - Provide evidence-based counseling on screening and treatment options, helping the patient make informed decisions.
6. **ME 4.1:** Establish plans for ongoing care for the patient, taking into consideration her clinical state, circumstances, preferences, and actions, as well as available resources, best practices, and research evidence.
   - Develop a comprehensive and individualized care plan that aligns with the patient's needs and preferences.
7. **COM 3.1:** Communicate the plan of care clearly and accurately to patients and their families.
   - Ensure the patient and her family understand the care plan, including the rationale and expected outcomes.
8. **COM 5.1:** Document clinical encounters to adequately convey findings, clinical reasoning, and the rationale for decisions.
   - Record all relevant details of the clinical encounter, ensuring that documentation is clear, thorough, and supports continuity of care.
9. **COL 1.2:** Consult as needed with other health care professionals, including other physicians.

- Collaborate with other healthcare providers to ensure comprehensive care, especially when specialized input is required.

10. **L 2.2:** Apply evidence and guidelines with respect to resource utilization in common clinical scenarios.
- Use resources judiciously, adhering to best practices and guidelines to optimize patient care.
11. **HA 1.1:** Facilitate timely patient access to services and resources.
- Ensure the patient has timely access to necessary services, such as screenings, ultrasounds, or consultations.
12. **HA 1.2:** Work with patients to increase opportunities to adopt healthy behaviors.
- Provide counseling on lifestyle modifications and health-promoting behaviors that contribute to a healthy pregnancy.

Implementation Notes:

- **Settings:** The EPA can be performed in various clinical settings, including obstetric clinics and antenatal wards.
- **Documentation:** Ensure comprehensive documentation of all clinical encounters, with a focus on capturing patient concerns, clinical reasoning, and care plans.
- **Feedback:** Engage actively with observers to receive constructive feedback that will help refine your clinical, communication, and documentation skills.

This detailed EPA framework is designed to guide the provision of routine prenatal care to low-risk, healthy populations, ensuring that learners develop the necessary competencies in patient assessment, prenatal counseling, clinical decision-making, and interprofessional collaboration.

3. Entrustable Professional Activity (EPA):

Performing Assessments of Antenatal Fetal Well-Being

Key Features:

- This EPA includes counseling on maternal awareness of fetal well-being, such as fetal movement counts, and recognizing indications for fetal well-being assessments.
- It involves the interpretation of non-stress tests, third-trimester ultrasound reports, fetal heart rate patterns (both in labor and not in labor), and the performance and interpretation of biophysical profiles, modified biophysical profiles, amniotic fluid assessments, placental location, and fetal presentation.
- The EPA also includes point-of-care ultrasound (POCUS) assessments for fetal presentation, placental localization, and biophysical profile.
- Timely communication of findings to the patient and the care team is a critical component.

Assessment Plan:

- **Direct Observation:** Patient assessments and counseling sessions will be directly observed by OBGYN faculty, Core/Transition to Practice (TTP) trainees, ultrasound sonographers, or maternal-fetal medicine subspecialty trainees or faculty.
- **Documentation Review:** Review of non-stress test results as part of the assessment.
- **Form Used:** Form 1, which collects information on the following:
  - **Investigations (select all that apply):**
    - Non-stress test (NST)
    - Point of Care Ultrasound (POCUS)
    - Biophysical profile (BPP)

- Fetal heart rate tracing
- Other (with an option to specify via free text)
  - **Setting:**
  - Clinic
  - Obstetrics day unit
  - Triage
  - Labour& delivery
  - **Counseling on Fetal Movement Count:** Yes/No
  - **Atypical/Abnormal Findings:** Yes/No

Observations of Achievement:

- **Number of Observations Required:** 10
- **Specific Assessments:**
  - At least 1 non-stress test (NST)
  - At least 1 biophysical profile (BPP)
  - At least 1 Point of Care Ultrasound (POCUS)
  - At least 1 counseling session on fetal movement counts
  - At least 2 intrapartum atypical/abnormal fetal heart rate tracings

Relevant Milestones:

1. **COM 1.2:** Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety.
   - Ensure that the environment is conducive to patient comfort and privacy during the assessment.

2. **ME 1.4:** Apply clinical and biomedical sciences to assess fetal well-being.
   - Use knowledge of fetal physiology and prenatal care to evaluate fetal health.
3. **ME 1.5:** Perform focused clinical assessments that assess all relevant issues.
   - Conduct comprehensive assessments that address all aspects of fetal well-being, including growth, development, and stress indicators.
4. **ME 1.5:** Recognize urgent or difficult problems that may need the involvement of more experienced colleagues and seek their assistance.
   - Identify complex or urgent situations requiring escalation to more experienced providers.
5. **ME 1.7:** Develop a plan that considers the current complexity, uncertainty, and ambiguity in a clinical situation.
   - Formulate a management plan that accounts for the complexities and uncertainties inherent in fetal assessments.
6. **ME 2.1:** Consider clinical urgency, feasibility, availability of resources, and comorbidities in determining priorities for the patient encounter.
   - Prioritize assessments based on the clinical context, available resources, and patient-specific factors.
7. **ME 2.2:** Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements as necessary.
   - Manage the clinical encounter efficiently while ensuring that all essential aspects of the assessment are covered.
8. **ME 3.1:** Determine the most appropriate method(s) for the purpose of assessment of fetal well-being.
   - Choose the most suitable diagnostic tools and techniques for evaluating fetal health.
9. **ME 3.4:** Perform a fetal assessment which may include fetal heart rate monitoring, biophysical profile, uterine artery Doppler, estimated fetal weight (EFW), and fetal scalp sampling.
   - Carry out various fetal assessments with accuracy, ensuring a comprehensive evaluation of fetal status.
10. **ME 3.4:** Perform POCUS in a skillful, fluid, and safe manner without assistance.
    - Execute point-of-care ultrasound (POCUS) assessments independently and competently.
11. **COM 3.1:** Share information and explanations that are clear, accurate, timely, and adapted to the patient's and her family's level of understanding and need.
    - Communicate findings and plans to the patient and her family in a way that is understandable and respectful of their needs.
12. **COM 5.1:** Document clinical encounters to adequately convey findings, clinical reasoning, and the rationale for decisions.

- Ensure that all aspects of the fetal assessment and clinical decision-making process are thoroughly documented.

Implementation Notes:

- **Settings:** The EPA can be performed in various settings, including clinics, obstetrics day units, triage areas, and labor & delivery units.
- **Documentation:** Accurate and comprehensive documentation is essential for conveying the findings, clinical reasoning, and decisions made during the assessment.
- **Feedback:** Actively seek feedback from observers to refine skills in fetal assessment, clinical reasoning, and patient communication.

This detailed EPA framework is designed to guide the performance of assessments of antenatal fetal well-being, ensuring that learners develop the necessary competencies in fetal assessment, interpretation of diagnostic tools, patient counseling, and interprofessional communication.

4. Entrustable Professional Activity (EPA):

Assessing and Providing Management for Patients with Common Obstetric Problems

Key Features:

- This EPA involves the triage, assessment, and initial management of common obstetric presentations, including labor, preterm rupture of membranes, gestational hypertension, pain, trauma (e.g., motor vehicle collision), urinary tract infections (UTIs), antepartum hemorrhage, and reduced fetal movement.

- The EPA includes decision-making regarding the induction of labor, recognizing urgent situations, and implementing appropriate initial management strategies.
- It requires the ability to handle a range of common obstetric issues while ensuring patient safety and comfort.

Assessment Plan:

- **Indirect Observation:** The assessments are indirectly observed by OBGYN faculty, maternal-fetal medicine subspecialty trainees, or Transition to Practice (TTP) trainees.
- **Form Used:** Form 1, which collects information on the following:
  - **Presentation (select all that apply):**
    - Diagnosis of labor
    - Suspected fetal compromise
    - Preterm labor
    - Preterm rupture of membranes
    - Antepartum bleeding
    - Hypertensive disorders of pregnancy
    - Trauma
    - Pain
    - GI/GU complaints
    - Respiratory complaints
    - Other (with an option to specify via free text)
  - **Induction of Labor:** Yes/No

Observations of Achievement:

- **Number of Observations Required:** 10
- **Specific Presentations:**
  - At least 5 different presentations must be observed.
  - At least 1 diagnosis of labor.
  - At least 1 presentation of preterm labor.
  - At least 1 presentation of preterm rupture of membranes.
  - At least 1 presentation of antepartum bleeding.
  - At least 1 hypertensive disorder of pregnancy.
- **Observers:**
  - At least 5 observations must be conducted by faculty.
  - Observations must involve at least 3 different observers.

Relevant Milestones:

1. **ME 1.1:** Demonstrate commitment and accountability for patients in their care.
   - Take responsibility for patient outcomes, ensuring that care is thorough and patient-centered.
2. **ME 1.7:** Identify clinical situations in which complexity, uncertainty, and ambiguity may play a role in decision-making.
   - Recognize and appropriately manage complex or ambiguous clinical scenarios.
3. **ME 1.5:** Recognize urgent or difficult problems that may need the involvement of more experienced colleagues and seek their assistance.
   - Identify when a situation requires escalation and act to involve more experienced healthcare providers when necessary.
4. **ME 1.6:** On the basis of patient-centered priorities, prioritize multiple competing tasks that need to be addressed.
   - Manage multiple clinical tasks effectively, prioritizing based on the patient's condition and needs.
5. **ME 2.2:** Perform a patient assessment including history and physical exam.

- Conduct thorough patient assessments to gather the necessary information for diagnosis and management.

6. **ME 2.2:** Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements.
   - Manage clinical encounters efficiently, ensuring that all relevant aspects are covered within the available time.
7. **ME 2.2:** Synthesize patient information to determine a diagnosis.
   - Analyze and integrate clinical information to accurately diagnose the patient's condition.
8. **ME 2.4:** Develop and implement initial management plans for common problems in obstetric practice.
   - Formulate and execute initial management plans for common obstetric presentations, ensuring patient safety and effective care.
9. **ME 5.2:** Apply the principles of situational awareness to clinical practice.
   - Maintain awareness of the clinical environment, patient status, and potential complications during care.
10. **COM 1.2:** Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety.
    - Ensure that the physical setting of care promotes patient comfort and safety.
11. **COM 3.1:** Use strategies to verify and validate the patient's understanding.
    - Employ effective communication techniques to confirm that the patient and their family understand the care plan and its implications.
12. **COM 5.1:** Document clinical encounters to adequately convey findings, clinical reasoning, and the rationale for decisions.
    - Ensure comprehensive documentation that accurately reflects the clinical encounter and decision-making process.
13. **COL 1.1:** Receive and appropriately respond to input from other healthcare professionals.
    - Collaborate effectively with the healthcare team, integrating input from colleagues to enhance patient care.
14. **HA 2.2:** Identify patients or populations that are not being served optimally in their clinical practice.
    - Recognize gaps in care and work to improve the delivery of services to underserved patient populations.

Implementation Notes:

- **Settings:** The EPA is applicable in various obstetric care settings, including triage, labor and delivery, clinics, and emergency departments.

- **Documentation:** Accurate and detailed documentation is crucial for capturing the clinical reasoning, decisions made, and the patient's response to initial management.
- **Feedback:** Seek feedback from multiple observers to gain insights into your performance and areas for improvement in handling obstetric presentations.

This detailed EPA framework is designed to guide the assessment and initial management of patients with common obstetric presentations, ensuring that learners develop the necessary competencies in triage, patient assessment, decision-making, and interprofessional collaboration in obstetric care.

5. Entrustable Professional Activity (EPA):

Managing Labour and Childbirth

Key Features:

- This EPA involves the comprehensive management of labor and childbirth, specifically focusing on a singleton cephalic term pregnancy.
- It includes assessing and managing both maternal and fetal well-being during labor, evaluating the progress of labor, and performing necessary interventions such as augmentation or induction.
- The EPA encompasses the management of spontaneous vaginal birth, including performing episiotomy, delivering the infant, managing the perineum, and handling the third stage of labor (delivery of the placenta).
- Recognizing and managing intrapartum and immediate postpartum complications are also critical components of this EPA.

Assessment Plan:

- **Direct Observation:** The assessments are to be directly observed by OBGYN faculty, family physicians, subspecialty trainees, or Transition to Practice (TTP) trainees.
- **Form Used:** Form 1, which collects detailed information on the following:
  - **Patient Parity:**
    - Multiparous
    - Nulliparous
  - **Regional Anesthesia:**
    - Yes
    - No
  - **Augmentation of Labor:**
    - Yes
    - No
  - **Perineal Trauma Repairs:**
    - 1st degree
    - 2nd degree
    - Not applicable
  - **Induction of Labor (including cervical ripening):**
    - Yes
    - No

Observations of Achievement:

- **Number of Observations Required:** 5
- **Specific Criteria:**

- Observations must include a variety of patient factors such as parity, the use of regional anesthesia, augmentation of labor, and 2nd degree perineal tears.

Relevant Milestones:

1. **ME 1.4:** Apply clinical and biomedical sciences to manage presentations in obstetric care.
   - Utilize a strong foundation of clinical and biomedical knowledge to guide the management of labor and childbirth, ensuring that both mother and fetus are well-monitored and safe.
2. **ME 3.4:** Manage the first stage of normal childbirth in a timely, skillful, and safe manner.
   - This includes monitoring fetal and maternal well-being, assessing the progress of labor, and determining fetal position, cervical dilatation, and station.
3. **ME 3.4:** Manage the second stage of normal childbirth in a timely, skillful, and safe manner.
   - Skillfully manage the delivery of the infant, ensuring that the second stage of labor progresses smoothly and without unnecessary delays.
4. **ME 3.4:** Manage the delivery of an infant.
   - Perform the delivery in a controlled, safe, and effective manner, ensuring the best possible outcome for both mother and infant.
5. **ME 3.4:** Assess and manage perineal trauma.
   - Evaluate and repair perineal trauma (e.g., 1st or 2nd degree tears) accurately and with sensitivity to patient comfort and long-term outcomes.
6. **ME 3.4:** Manage the delivery of the placenta.
   - Safely manage the third stage of labor, ensuring complete delivery of the placenta and monitoring for any complications such as postpartum hemorrhage.
7. **ME 3.4:** Perform cervical ripening and augmentation of labor, as required.
   - Appropriately utilize cervical ripening techniques and labor augmentation when necessary to facilitate a safe and timely delivery.
8. **ME 5.2:** Apply the principles of situational awareness to clinical practice.

- Maintain situational awareness throughout the labor and delivery process, anticipating potential complications and being prepared to act swiftly.

9. **ME 1.5:** Recognize urgent or difficult problems that may need the involvement of more experienced colleagues and seek their assistance.

- Identify when a situation requires escalation and involve more experienced colleagues promptly to ensure optimal patient care.

10. **COM 1.1:** Communicate using a patient-centered approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion.

- Engage with the patient and her family in a manner that fosters trust, supports patient autonomy, and demonstrates empathy and respect.

11. **COM 3.1:** Share information and explanations that are clear, accurate, timely, and adapted to the patient's and her family's level of understanding and need.

- Provide clear and timely explanations of the care plan, ensuring that the patient and her family understand what to expect during labor and delivery.

12. **COM 5.1:** Document clinical encounters to adequately convey findings, clinical reasoning, and the rationale for decisions.

- Ensure comprehensive and accurate documentation of all clinical encounters, capturing key decisions and the reasoning behind them.

13. **COL 1.1:** Receive and appropriately respond to input from other healthcare professionals.

- Collaborate effectively with the healthcare team, incorporating input from other professionals to enhance patient care.

14. **COL 3.1:** Identify patients requiring handover to other physicians or healthcare professionals.

- Recognize when a patient requires handover and ensure a smooth and effective transition of care to another provider.

15. **P 4.1:** Demonstrate an ability to regulate attention, emotions, thoughts, and behaviors while maintaining the capacity to perform professional tasks.

- Maintain professionalism and composure under pressure, managing the physical and emotional demands of labor and delivery.

Implementation Notes:

- **Settings:** The EPA is applicable in various obstetric care settings, including triage, labor and deliveryand emergency departments.

- **Documentation:** Accurate and detailed documentation is crucial for capturing the clinical reasoning, decisions made, and the patient's response to initial management.
- **Feedback:** Seek feedback from multiple observers to gain insights into your performance and areas for improvement in handling obstetric presentations.

This detailed EPA framework is designed to guide the assessment and initial management of patients with common obstetric presentations, ensuring that learners develop the necessary competencies in triage, patient assessment, decision-making, and interprofessional collaboration in obstetric care.

6. Entrustable Professional Activity:

Counseling and Management for Patients Requiring Family Planning

Key Features:

1. **Assessment and Comprehensive Management:**
   - This EPA involves evaluating and managing patients who require counseling and medical intervention for family planning. This includes discussions on various contraceptive options, both reversible (e.g., pills, IUDs) and permanent (e.g., tubal ligation), as well as the management of pregnancy termination (both medical and surgical).
   - **Counseling on Contraceptive Options:**
   - The healthcare provider is responsible for guiding patients through the decision-making process for selecting appropriate contraceptive methods based on their health, preferences, and circumstances. This includes discussing the efficacy, risks, benefits, and potential side effects of different contraceptive methods.

- **Professional Obligations and Patient Advocacy:**
- Providers must be aware of their professional obligations to offer unbiased, evidence-based care. They should also advocate for patients by helping them navigate and remove barriers to accessing contraception, ensuring equitable care.
- **Informed Consent:**
- This EPA emphasizes the importance of obtaining informed consent before proceeding with procedures like IUD insertion, tubal ligation/salpingectomy, or pregnancy termination. The provider must explain the procedure, its risks, benefits, and alternatives, ensuring the patient understands and consents willingly.
- **Technical Skills:**
- The technical aspect of this EPA includes the insertion and removal of intrauterine devices (IUDs). The provider must perform these procedures skillfully, ensuring patient safety and comfort.

2. **Exclusion Criteria:**

- This EPA does not cover the contraceptive management of patients with significant co-morbidities, focusing instead on generally healthy individuals seeking family planning.

3. **Settings:**

This EPA can be observed in various clinical environments, including inpatient, outpatient, and emergency room settings. The provider must be adaptable to different contexts and patient needs.

Observation Components:

The observation of this EPA is divided into two parts:

Part A: Assessment and management, covering the counseling and overall management of patients.

Part B: The technical skill of IUD insertion.

Assessment Plan:

Part A: Assessment and Management

Direct Observation:

The trainee's performance is observed by OBGYN faculty, other specialized health professionals, or TTP (Transition to Practice) trainees.

The assessment is documented using Form 1, which collects data on the following patient issues:

Reversible Contraception: Methods like pills, patches, or IUDs.

Permanent Contraception: Procedures like tubal ligation or salpingectomy.

Emergency Contraception: Post-coital interventions to prevent pregnancy.

Medical Pregnancy Termination: Pharmacological methods to end a pregnancy.

Surgical Pregnancy Termination: Surgical procedures to terminate a pregnancy.

- The form also notes whether the patient has any co-morbidities.

- **Number of Observations:**
- A total of 5 observations of achievement must be collected.

- These observations must include at least 3 different patient issues, with at least 3 observations conducted by attending physicians and at least 2 different observers involved.

Part B: IUD Insertion

- **Direct Observation:**
- The trainee's performance of IUD insertion is observed and assessed using Form 1.
- A total of 2 observations of achievement are required for IUD insertion.

Relevant Milestones:

Part A: Assessment and Management

1. **ME 1.4:**
- Apply clinical and biomedical sciences to manage presentations in gynecologic care, ensuring evidence-based decisions.
2. **ME 2.2:**
- Perform thorough patient assessments, including history and physical exams, to inform counseling about contraceptive options and pregnancy termination.
3. **ME 2.2:**
- Synthesize clinical information to counsel patients effectively on their options for contraception and pregnancy termination.
4. **COM 4.1:**
- Consider the patient’s perspectives, preferences, and cultural context when developing care plans.
5. **ME 2.3:**
- Work collaboratively with patients to ensure they understand their options and are actively involved in the decision-making process.
6. **ME 3.1:**

- Describe and discuss the indications, contraindications, risks, and alternatives for different contraceptive methods and pregnancy termination options.

7. **ME 3.1:**
- Determine the most appropriate procedures or therapies for each patient based on individual needs and clinical findings.

8. **ME 3.2:**
- Obtain and document informed consent, ensuring the patient fully understands the risks, benefits, and alternatives before proceeding.

9. **COM 1.3:**
- Recognize and address any values, biases, or perspectives that may affect the quality of care, adapting the approach as needed.

10. **COM 4.1:**
- Communicate with cultural awareness and sensitivity, ensuring respectful and effective interactions with patients from diverse backgrounds.

11. **COM 5.1:**
- Document clinical encounters comprehensively to accurately convey findings, clinical reasoning, and decisions.

12. **L 2.1:**
- Consider the cost implications when discussing care options with patients, helping them make informed choices.

13. **HA 1.2:**
- Work with patients to promote healthy behaviors and prevent unintended pregnancies through appropriate family planning.

14. **P 1.3:**
- Navigate ethical issues in the clinical setting, ensuring patient autonomy and confidentiality are respected.

Part B: IUD Insertion

1. **ME 3.4:**

- Perform IUD insertion and removal with skill, ensuring the procedure is conducted safely and efficiently, with minimal discomfort to the patient.

2. **Settings:** The EPA is applicable in various obstetric care settings, including operation theater, labor and deliveryand emergency departments.
3. **Documentation:** Accurate and detailed documentation is crucial for capturing the clinical reasoning, decisions made, and the patient's response to initial management.
4. **Feedback:** Seek feedback from multiple observers to gain insights into your performance and areas for improvement in handling obstetric presentations.

This detailed elaboration outlines the key aspects, assessment plan, and relevant milestones for counseling and managing patients requiring family planning, including IUD insertion.

7. Entrustable Professional Activity:

Performing Uncomplicated Cesarean Sections with a Skilled Assistant

Key Features:

1. **Performance of Uncomplicated Cesarean Section:**
   - This EPA involves the trainee performing an uncomplicated cesarean section under the direct supervision and guidance of a skilled assistant, such as an OBGYN faculty member or senior trainee. The trainee should demonstrate a high level of competence, requiring minimal redirection or assistance during the procedure.
2. **Preoperative Responsibilities:**

- The trainee is responsible for obtaining informed consent from the patient prior to the surgery. This includes explaining the procedure, discussing the risks, benefits, and alternatives, and ensuring the patient fully understands and agrees to the surgery.
- The trainee must also prepare the patient for surgery, including proper positioning, prepping, and ensuring all necessary surgical instruments and equipment are ready.

3. **Intraoperative Skills:**

- The trainee will perform the cesarean section, which involves making the incision, safely dissecting tissue layers, delivering the infant, and ensuring hemostasis by controlling any bleeding. The trainee must handle tissues gently and maintain awareness of adjacent structures to avoid injury.
- The procedure should be performed fluidly, with the trainee demonstrating good intraoperative judgment and progressing smoothly through the surgical steps.

4. **Postoperative Care Planning:**

- After completing the procedure, the trainee must plan and implement postoperative care, including writing orders for prophylaxis (such as antimicrobial or venous thromboembolism prophylaxis) and ensuring the patient is monitored appropriately in the recovery period.
- Documentation of the surgery, including a detailed operative report, is required to adequately convey the procedure and its outcome.

5. **Divided Assessment Components:**

- The assessment for this EPA is divided into two parts:
  - **Part A:** Direct observation of the trainee's surgical skills during the cesarean section.
  - **Part B:** Submission of a logbook documenting the trainee's experience with cesarean sections.

Assessment Plan:

Part A: Procedural Skills

- **Direct Observation:**
  - The trainee's performance is directly observed by OBGYN faculty, subspecialty trainees, or TTP trainees.
  - Observations are documented using Form 2, which tracks the trainee's ability to perform the cesarean section with minimal guidance.
  - A total of 5 observations of achievement are required, with at least 3 different OBGYN faculty members providing feedback.

Part B: Logbook

- **Logbook Submission:**
  - The trainee must maintain a logbook that documents all cesarean sections performed.
  - The logbook should include details such as the type of procedure performed and the trainee's role in the procedure (e.g., primary surgeon, assistant).
  - The logbook is submitted to the Competence Committee for review to demonstrate the trainee's breadth of experience with cesarean sections.

Relevant Milestones:

Part A: Procedural Skills

1. **ME 1.4:**
   - Apply knowledge of surgical anatomy, understanding the steps of the cesarean section, anticipating potential intraoperative risks, and knowing how to avoid or manage them effectively.
2. **ME 3.1:**
   - Describe the indications for performing a cesarean section and the possible complications that may arise during or after the procedure.
3. **ME 3.2:**

- Obtain and document informed consent by clearly explaining the procedure, associated risks, benefits, alternatives, and the rationale behind choosing cesarean delivery.

4. **ME 3.4:**
- Prepare effectively for the procedure by conducting a pre-procedure time-out or using a safe surgical checklist, as appropriate, to ensure patient safety.

5. **ME 3.4:**
- Position and prep the patient correctly for surgery, ensuring optimal conditions for a successful procedure.

6. **ME 3.4:**
- Open the incision using sharp or energy-based instruments, following safe surgical principles to minimize trauma.

7. **ME 3.4:**
- Perform safe dissection of relevant structures and tissue layers, handling tissues gently to reduce the risk of complications.

8. **ME 3.4:**
- Deliver the infant using the appropriate technique, ensuring the newborn's safety during the process.

9. **ME 3.4:**
- Maintain hemostasis during the procedure, controlling bleeding effectively while protecting adjacent structures from injury.

10. **ME 3.4:**
- Demonstrate good intraoperative judgment, moving fluidly through the procedure with a focus on safety and efficiency.

11. **COL 1.2:**
- Communicate effectively and professionally with the operating room team, ensuring smooth collaboration and coordination during the surgery.

12. **ME 3.4:**
- Establish and implement a comprehensive plan for post-procedure care, including post-operative orders that address patient needs and potential complications.

13. **COM 3.1:**

- Convey information related to the patient's health status, care, and needs to the patient and their family in a timely, honest, and transparent manner.

14. **COM 5.1:**

- Document the surgical encounter thoroughly to ensure that the procedure and its outcome are clearly conveyed in the medical record.

15. **P 4.1:**

- Demonstrate the ability to regulate attention, emotions, thoughts, and behaviors during the procedure, maintaining the capacity to perform professional tasks under pressure.

Implementation Notes:

- **Settings:** The EPA can be performed in various clinical settings, including both in-patient environments like operation theater.
- **Documentation:** Ensure thorough and accurate documentation of all clinical encounters, focusing on clear communication with both patients and the healthcare team.

Thorough and Accurate Record-Keeping:

i. **Preoperative Documentation:**

a. Detailed notes should be made regarding the patient's medical history, the rationale for choosing cesarean delivery, and the informed consent process. The risks, benefits, and alternatives discussed with the patient should be clearly documented.

ii. **Intraoperative Documentation:**

The operative report should include a step-by-step account of the procedure, noting any complications and the methods used to address them. It should also detail the condition of the infant at delivery and any immediate neonatal care provided.

iii. **Postoperative Documentation:**

Postoperative orders should be documented, including the plan for prophylaxis (e.g., antibiotics, VTE prevention) and any specific instructions for monitoring and follow-up care. Any postoperative complications or patient concerns should be carefully recorded.

iv. **Communication with the Healthcare Team:**

Clear and concise communication with the healthcare team is crucial. This includes documenting and conveying key information about the patient's status, the procedure performed, and any specific postoperative needs to other team members during handovers or consultations

- **Feedback:** Actively seek and respond to feedback from supervisors to refine clinical and communication skills.

This detailed elaboration outlines the key aspects, assessment plan, and relevant milestones for performing uncomplicated cesarean sections with a skilled assistant.

8. Entrustable Professional Activity:

Providing Early Postpartum Care

Description

This Entrustable Professional Activity (EPA) focuses on the comprehensive management of women during the early postpartum period while they are still hospitalized following either normal childbirth or cesarean delivery. The EPA involves monitoring and supporting the mother's psychosocial and physical well-being, identifying and managing common postpartum complications, and recognizing when more complex

issues require the involvement of senior colleagues or specialists.

Part A: Normal Postpartum Course

Key Features:

- **Maternal Psychosocial and Physical Well-being:**
  - Assess the mother's emotional and psychological state, identifying any early signs of postpartum depression or anxiety.
  - Monitor physical recovery, including uterine involution, vaginal bleeding, and overall physical comfort.
- **Prevention of Postpartum Complications:**
  - Implement strategies to prevent venous thromboembolism (VTE), such as early mobilization or the use of prophylactic anticoagulation as indicated.
- **Support for Breastfeeding:**
  - Provide assistance and education to promote successful breastfeeding initiation, addressing any difficulties with latch or milk supply.
- **Discharge Planning and Education:**
  - Prepare the patient for discharge by discussing normal postpartum symptoms, self-care measures, and when to seek medical attention for potential complications.
  - Offer contraceptive advice, considering the patient's preferences and health status, and plan follow-up care for the first six weeks postpartum.

Assessment Plan:

- **Direct Observation or Case Review:**
  - Conducted by OBGYN faculty, subspecialty trainees, core or TTP trainees, family physicians, or midwives.
  - **Form 1:** Collects data on setting (inpatient or outpatient) and observation type (direct or indirect).

- **Observations:**

- Collect 5 observations, with at least 3 direct observations by faculty.
- Ensure involvement of at least 3 different observers.

Relevant Milestones:

1. **Medical Expert (ME) 1.4:** Apply clinical and biomedical sciences to manage presentations in obstetric care.
2. **ME 1.5:** Recognize and seek assistance for urgent or complex problems.
3. **ME 1.5:** Perform focused clinical assessments covering all relevant issues.
4. **ME 1.6:** Maintain patient safety while balancing multiple responsibilities.
5. **ME 2.4:** Develop and implement comprehensive management plans in collaboration with the patient, family, and healthcare team.
6. **Communicator (COM) 1.3:** Adjust care to accommodate the values and biases of patients and healthcare professionals.
7. **COM 4.3:** Counsel patients about potential postpartum complications, including depression.
8. **COM 3.1:** Discuss and verify understanding of birth control methods to be used postpartum.
9. **COM 3.1:** Use strategies to confirm patient understanding.
10. **COM 4.3:** Address questions regarding next steps in care.
11. **COM 5.1:** Document clinical encounters effectively to convey findings and decision rationale.
12. **Collaborator (COL) 1.1:** Respond appropriately to input from other healthcare professionals.
13. **COL 3.2:** Communicate effectively with the patient's primary healthcare provider.

Part B: Management of Common Postpartum Complications

Key Features:

- **Postpartum Pain:**
  - Evaluate and manage postpartum pain, ensuring the patient's comfort and ability to care for herself and her newborn.
- **Postpartum Fever:**
  - Investigate the cause of postpartum fever, such as endometritis or wound infections, and implement appropriate treatments.
- **Postpartum Bleeding:**
  - Assess and manage abnormal postpartum bleeding, including determining when escalation of care is necessary.

Assessment Plan:

- **Direct Observation or Case Review:**
  - Conducted by OBGYN faculty, subspecialty trainees, core and TTP trainees, family physicians, or midwives.
  - **Form 1:** Collects data on setting (in-hospital or other) and type of complication (e.g., postpartum bleeding, pain, fever).
  - **Observations:**
    - Collect 5 observations, covering at least 3 different complications.
    - Ensure at least 3 direct observations by faculty and involvement of at least 3 different observers.

Relevant Milestones:

1. **ME 1.5:** Perform focused assessments for all relevant issues.
2. **ME 1.5:** Recognize and seek assistance for urgent or complex problems.
3. **ME 2.2:** Develop a differential diagnosis relevant to the patient's presentation.
4. **ME 2.2:** Select appropriate investigations and interpret results accurately.
5. **ME 3.3:** Advocate for timely procedures or therapies, considering urgency and potential deterioration.
6. **ME 2.4:** Develop and implement management plans for common postpartum complications.

7. **ME 5.1:** Recognize and respond to patient safety incidents.
8. **COM 5.1:** Document clinical encounters thoroughly to convey findings and decision rationale.
9. **COL 1.1:** Collaborate effectively with other healthcare professionals.

Implementation Notes:

Settings:

- **Inpatient Care:** This EPA is primarily executed in the hospital setting, where the mother is monitored closely during the early postpartum period. Trainees will manage both routine postpartum recovery and any emerging complications within this controlled environment.
- **Outpatient Care:** Some aspects of postpartum care, particularly follow-up visits, may be conducted in an outpatient setting. This allows for ongoing assessment of recovery, management of late-onset complications, and reinforcement of postpartum care education.

Documentation:

- **Comprehensive and Clear:**
  - Ensure that all clinical encounters are meticulously documented, particularly assessments, management plans, and any complications encountered. Accurate documentation of discharge instructions and follow-up care is essential for continuity of care.
  - **Communication with Healthcare Team:**
    - Maintain clear and concise communication with the broader healthcare team, ensuring that all relevant information is shared with the patient's primary care provider and other involved professionals.

Feedback:

- **Actively Seek and Utilize:**
  - Trainees should actively seek feedback from supervising faculty and other healthcare team members after each clinical encounter. This feedback should focus on both clinical and communication skills, helping to refine the trainee's approach to postpartum care.
  - **Continuous Improvement:**
    - Incorporate feedback into daily practice, striving for continuous improvement in managing both normal postpartum recovery and complications. Reflect on feedback regularly to identify areas for growth and set specific goals for skill enhancement.

These elaborations and implementation notes provide comprehensive guidance on effectively executing the EPA for providing early postpartum care. Emphasizing versatile settings, meticulous documentation, and active pursuit of feedback will support the trainee's development in delivering safe and effective postpartum care.

9. Entrustable Professional Activity (EPA):

Initial Assessment of Uncomplicated Gynecologic Patients

Key Features:

- This EPA involves the initial assessment, documentation, and case presentation of uncomplicated gynecologic patients, focusing on common presentations like abnormal uterine bleeding, vulvovaginitis, and pelvic pain, among others.
- The assessment includes gathering history, conducting a focused physical exam, and developing a differential diagnosis. It also involves selecting appropriate initial investigations.
- The EPA does **not** include the interpretation of findings from a bimanual or speculum exam.

- This EPA must be conducted and observed in a clinical setting.

Assessment Plan:

- **Direct Observation:** To be performed by an OBGYN faculty member, subspecialty trainee, or a Core or Transition to Practice trainee.
- **Form Used:** Form 1, which collects information on the following:
  - **Common Gynecologic Presentations:**
    - Abnormal uterine bleeding
    - Vulvovaginitis
    - Pelvic pain
    - Other (with an option to indicate the specific presentation via free text)
  - **Settings:** In-patient or Out-patient

Observations of Achievement:

- **Number of Observations Required:** 3
- **Presentations:** At least 3 different presentations must be observed.
- **Observers:**
  - At least 2 observations must be conducted by faculty.
  - Observations must involve at least 2 different observers.

Relevant Milestones:

1. **ME 2.2:** Elicit a history and perform a physical exam that informs the diagnosis.
   - Gather a thorough patient history relevant to the gynecologic complaint.

- Conduct a focused physical examination that contributes to developing a diagnostic impression.

2. **ME 2.2:** Develop a differential diagnosis relevant to the patient's presentation.
   - Analyze the information obtained from the patient's history and physical exam to create a differential diagnosis.
3. **ME 2.2:** Select appropriate investigations based on the differential diagnosis.
   - Determine and order initial investigations that align with the differential diagnosis.
4. **ME 2.4:** Develop an initial management plan for common gynecologic presentations.
   - Formulate a basic management plan considering the patient's symptoms and diagnostic findings.
5. **ME 3.3:** Recognize and discuss the importance of the triaging and timing of a procedure or therapy.
   - Understand and communicate the urgency and timing of necessary interventions.
6. **COM 1.1:** Communicate using a patient-centered approach that facilitates patient trust and autonomy, characterized by empathy, respect, and compassion.
   - Engage with the patient in a manner that builds trust and ensures their comfort and dignity.
7. **COM 1.2:** Mitigate physical barriers to communication to optimize patient comfort, dignity, privacy, engagement, and safety.
   - Ensure the clinical environment is conducive to open communication.
8. **COM 1.4:** Identify, verify, and validate non-verbal cues from the patient and their families.
   - Be attentive to and appropriately respond to non-verbal signals.
9. **COM 2.2:** Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient's cues and responses.
   - Lead a structured and responsive patient interview that addresses all pertinent concerns.
10. **COM 5.1:** Organize information in appropriate sections within an electronic or written medical record.
    - Document patient information systematically and accurately.
11. **ME 2.2:** Synthesize and organize clinical information for clear and succinct presentation to a supervisor.
    - Prepare and deliver a concise case presentation to a supervising physician.

12. **COL 1.3:** Discuss with the patient and family any plan for involving other health care professionals, including other physicians, in the patient's care.

- Communicate the role of additional healthcare providers in the patient's management plan.

13. **COL 2.1:** Respond to requests and feedback in a respectful and timely manner.

- Demonstrate a professional attitude when receiving feedback and addressing requests.

14. **COL 2.1:** Show respect for the diversity of perspectives and expertise among health care professionals.

- Acknowledge and value the input of all team members involved in patient care.

Implementation Notes:

- **Settings:** The EPA can be performed in various clinical settings, including both in-patient and out-patient environments.
- **Documentation:** Ensure thorough and accurate documentation of all clinical encounters, focusing on clear communication with both patients and the healthcare team.
- **Feedback:** Actively seek and respond to feedback from supervisors to refine clinical and communication skills.

This detailed EPA framework is designed to guide the initial assessment of uncomplicated gynecologic patients, ensuring that learners develop the necessary competencies in patient assessment, diagnosis, communication, and interprofessional collaboration

10. ENTRUSTABLE PROFESSIONAL ACTIVITIES

Providing consultation and initial management for patients with urgent and emergent gynecologic presentations

Key Features:

This EPA includes assessment, counseling, and timely initial management for patients with urgent and emergent gynecologic conditions including:

- Acute abdominal/pelvic pain (including ovarian cyst/torsion, pelvic inflammatory disease, or tubo-ovarian abscess)
- Vulvar abscesses/Bartholin's cyst/abscess (including catheter placement or marsupialization)
- Wound infections
- Septic abortion
- First trimester pregnancy complications (including pregnancy of unknown location, ectopic pregnancy, first trimester loss, or hyperemesis gravidarum)

This includes obtaining consent for an operative procedure such as laparoscopy, D and C, wound debridement or marsupialization in the OR

Assessment Plan:

Direct and/or indirect observation by the OBGYN faculty or subspecialty trainee

Use Form 1. Form collects information on:

- Setting: emergency department; outpatient clinic; inpatient ward
- Presentation: first trimester complications; pregnancy of unknown location (PUL); ectopic pregnancy; first trimester loss; hyperemesis; acute abdominal/pelvic pain; ovarian cyst/torsion; vulvar abscesses/Bartholin's
- Management (select all that apply): not applicable; catheter placement; marsupialization; initial management for an unstable patient; wound infection
- Counseling and consent discussion: yes; no

Collect 5 observations of achievement

- At least 3 different patient presentations
- At least 3 OBGYN faculty members
- At least 2 different observers

Relevant Milestones:

1 ME 1.4Apply clinical and biomedical sciences to manage presentations in gynecologic care

This involves integrating a deep understanding of female reproductive anatomy, physiology, pathology, and pharmacology with clinical skills to deliver high-quality patient care.

2 ME 1.5Recognize urgent or difficult problems that may need the involvement of more experienced colleagues and seek their assistance

Quickly identify urgent or complex gynecologic issues that exceed your current expertise, such as severe hemorrhage or suspected malignancy, and promptly seek guidance. Candidate should be able to recognize when to refer patients to specialists for advanced care or when multidisciplinary management is required.

3 ME 1.6Maintain a duty of care and patient safety while balancing multiple responsibilities

Ensure patient safety by prioritizing and managing responsibilities effectively, making sound clinical decisions even in high-pressure situations, and maintaining a consistent focus on delivering quality care across all tasks.

4 ME 1.7Identify clinical situations in which complexity, uncertainty, and ambiguity play a role in decision-making

Recognize clinical scenarios in gynecological emergencies, such as undifferentiated pelvic pain or abnormal uterine bleeding, where the complexity, uncertainty, and ambiguity of symptoms require careful judgment and a flexible approach to decision-making, balancing immediate intervention with the need for further evaluation.

5 ME 2.2Perform a patient assessment including history and physical exam

Carry out a thorough patient assessment by obtaining a detailed history and performing a focused physical exam, essential for identifying key signs and symptoms in urgent and emergent gynecological cases, guiding immediate management decisions.

6 ME 2.2 Select appropriate investigations and interpret the results

Choose the appropriate diagnostic tests for urgent gynecological cases, such as imaging or lab work, and accurately interpret the results to inform timely and effective management decisions.

7 ME 2.2Synthesize patient information to determine diagnosis

Integrate the patient's history, physical exam findings, and diagnostic test results to formulate an accurate diagnosis, essential for guiding appropriate and effective management

8 ME 2.4Develop and implement initial management plans for urgent and emergent gynecologic presentations

Formulate and execute immediate management strategies, ensuring timely intervention and stabilization while coordinating with the healthcare team

9 ME 3.1 Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy

Clearly outline the reasons for, and potential risks and benefits of, specific procedures or therapies, including alternative options, to guide informed decision-making and ensure patient safety.

10 COM 1.6Assess a patient's decision-making capacity

Evaluate the patient's ability to understand and make informed decisions about their treatment options, ensuring that they can comprehend the information, appreciate the consequences, and communicate their choices effectively.

11 ME 3.2Obtain and document informed consent, explaining the risks, benefits, alternatives and the rationale for the proposed treatment options

Secure informed consent by clearly communicating the details of the proposed treatments, ensuring that the patient fully understands and agrees before proceeding.

12 ME 4.1Ensure follow-up on results of investigation

Ensure timely review and integration of findings into the ongoing management plan, facilitating prompt adjustments to treatment as necessary.

13 COM 2.3Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent

Collect and integrate additional information from sources such as the patient's family, to enhance understanding of the patient's condition and inform a comprehensive management plan.

14 COM 3.1Use strategies to verify and validate the patient's understanding

Employ techniques such as teach-back or ask-open-ended questions to confirm that the patient comprehends their diagnosis, treatment options, and care plan, ensuring informed decision-making and adherence to the plan.

15 COM 5.1Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions

Record clinical encounters comprehensively, detailing findings, clinical reasoning, and decision-making rationales to ensure clear communication and continuity of care among the healthcare team.

16 COL 1.3Engage in respectful shared decision-making with physicians and other colleagues in the health care professions

Collaborate with physicians and other healthcare professionals through respectful shared decision-making, valuing input from all team members to enhance patient care and optimize treatment outcomes.

17 HA 2.2Identify patients or populations that are not being served optimally in their clinical practice

Recognize and address gaps in care by identifying patients or populations who are not receiving optimal service, and implement strategies to improve access, quality, and outcomes for these groups.

Contextual Information:

This EPA is intended for trainees in obstetrics and gynecology who are expected to perform independent assessments of gynaecology patients. The focus is on the initial encounter, with an emphasis on developing foundational clinical skills, effective communication, and appropriate clinical reasoning.

The trainee should demonstrate proficiency in patient-centered care, accurate clinical documentation, and effective collaboration with the healthcare team. These observations are crucial for ensuring the trainee's competence in managing uncomplicated gynaecology patients safely and effectively.

ENTRUSTABLE PROFESSIONAL ACTIVITIES

Performing obstetric and gynecologic ultrasound

Key Features:

This EPA focuses on selection, performance, and interpretation of point-of-care obstetric and gynecologic ultrasound (US) to guide assessment and ongoing management.

This EPA includes transabdominal and transvaginal US

Obstetric US:

1. biophysical profile (BPP), standard or modified (cord Doppler)
2. fetal position and number
3. placental location
4. fetal viability
5. basic fetal biometry (biparietal diameter (BPD), head circumference (HC), abdominal circumference (AC), femur length (FL))
6. cervical length

Gynecologic US:

1. confirm intrauterine pregnancy
2. crown rump length (CRL)
3. free fluid in pelvis/abdomen

Assessment Plan:

Direct observation and/or review of images by staff (OBGYN, Radiology)

Use form 1. Form collects information on

- Setting: ER; inpatient; gynecology clinic; diagnostic imaging; ultrasound unit; simulation

- Obstetrics cases (select all that apply): not applicable; standard BPP; modified BPP (Doppler); fetal position and number; placental location; fetal viability; basic fetal biometry (BPD, HC, AC, FL); cervical length
- Gynecology cases (select all that apply): not applicable; confirm intrauterine pregnancy; crown rump length (CRL); free fluid in pelvis/abdomen; US guided curettage
- Free fluid: not applicable; normal; abnormal
- Observation: direct; image review

Collect 5 observations of achievement

- At least 1 normal amount of free fluid
- At least 1 obstetrics case
- At least 1 gynecology case
- At least 1 direct observation of each type of case (obstetric & gynecologic)
- No more than 2 simulations including 1 obstetric, and 1 gynecologic case

Relevant Milestones:

1 ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology

Utilize comprehensive knowledge of obstetric and gynecologic anatomy, physiology, and pathology to interpret a wide range of patient presentations, ensuring accurate diagnosis through targeted ultrasound assessments.

2 ME 1.5 Perform ultrasound assessments that address the breadth of issues in each case

Conduct thorough ultrasound evaluations tailored to the specific clinical context, such as assessing fetal development, identifying pelvic masses, or evaluating abnormal bleeding, to provide a detailed diagnostic picture.

3 ME 3.4 Adjust instrument settings appropriately to optimize image quality

Calibrate and adjust ultrasound machine settings, such as gain, depth, and frequency, to enhance image resolution and clarity, ensuring accurate

visualization

4 ME 3.4 Obtain standard views

Capture standard ultrasound views, including transverse and longitudinal sections, to systematically evaluate key anatomical structures and provide a comprehensive assessment of the obstetric or gynecologic condition.

5 ME 2.2 Recognize clinically significant findings in an US examination

Identify and interpret critical ultrasound findings, such as abnormal fetal growth or the presence of ovarian cysts, which have implications for diagnosis and management

6 ME 1.7 Seek assistance in situations that are complex, novel, or involve uncertainty

Request guidance from more experienced colleagues when faced with complex or unfamiliar ultrasound findings or cases where there is significant clinical uncertainty

7 ME 2.2 Develop a specific differential diagnosis relevant to the patient's presentation

Formulate a targeted differential diagnosis based on ultrasound findings and the patient's clinical presentation, considering various potential conditions to guide further evaluation and treatment decisions.

8 ME 3.3 Triage a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources

Prioritize ultrasound-guided procedures or therapies by assessing the urgency of the clinical situation, the risk of deterioration, and the resources available

9 COM 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety

Arrange the ultrasound setting to maximize patient comfort and privacy, maintain dignity, and ensure safety, while engaging the patient in their care and providing a supportive environment throughout the examination.

10 COM 3.1 Convey information about diagnosis and prognosis clearly and compassionately

Deliver information regarding diagnosis and prognosis in a clear and empathetic manner, ensuring that patients understand their condition and potential outcomes while providing emotional support and addressing their concerns.

11 ME 4.1 Determine the need and timing of referral to another physician or health care professional

Assess when a referral to a specialist or other healthcare provider is necessary based on the complexity of the case

12 COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions

Engage in clear and efficient communication with physicians and other healthcare team members, sharing relevant information and collaborating on patient care to ensure cohesive and comprehensive treatment.

Contextual Information:

This EPA is intended for trainees in obstetrics and gynecology or family medicine who are expected to perform independent assessments of uncomplicated OBGYN patients. The focus is on the initial encounter, with an emphasis on developing foundational clinical skills, effective communication, and appropriate clinical reasoning.

The trainee should demonstrate proficiency in patient-centered care, accurate clinical documentation, and effective collaboration with the healthcare team. These observations are crucial for ensuring the trainee's competence in managing patients safely and effectively.

11. ENTRUSTABLE PROFESSIONAL ACTIVITIES

Providing care for patients with complex gynecologic conditions and/or medical comorbidities

Key Features:

- This EPA includes providing medical care and surgical counseling to patients presenting with gynecologic problems from initial presentation through and including appropriate follow-up. At this stage, the trainee is entrusted with complex clinical presentations with uncertainty in diagnosis and/or management. The trainee is also entrusted to recognize when patients require subspecialty care.
- This EPA includes patients with high complexity, defined as: those with multiple conditions that co-exist and/or interact; an atypical or refractory presentation of a common condition; contraception in patients with comorbidities; or management challenges including those due to social determinants of health and/or cultural complexities.
- This EPA may be observed in the inpatient, outpatient, and emergency room settings

Assessment Plan:

Direct and indirect observation by OBGYN faculty, or subspecialty trainee

Use Form 1. Form collects information on:

- Focus of encounter: [free text]
- Medical comorbidities: [free text]
- Complex gynecologic condition: menstrual disorder; complex menopausal complaint; pre-invasive gynecologic condition; complex gynecologic infection; pelvic mass; vulvar dystrophy; other
- Procedure: endometrial biopsy; cervical biopsy; vulvar biopsy; loop electrosurgical excision procedure (LEEP); not applicable

Collect 10 observations of achievement

- At least 3 different medical comorbidities
- At least 3 different complex gynecologic conditions
- At least 5 observed by faculty
- At least 3 different observers

Relevant Milestones:

1 ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology

Leverage extensive knowledge of gynecological conditions and associated medical comorbidities to address a wide range of patient presentations, integrating clinical and biomedical insights for effective diagnosis and management.

2 ME 1.5 Perform clinical assessments that address all relevant issues

Conduct comprehensive clinical evaluations that encompass all pertinent aspects of the patient's gynecological condition and comorbidities, ensuring a thorough understanding of their health status

3 ME 1.7 Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolve

Modify treatment plans dynamically in response to changes in the patient's condition, complexity, and clinical uncertainties, maintaining flexibility and responsiveness to provide optimal care as new information and challenges arise.

4 ME 2.1 Consider clinical urgency, feasibility, availability of resources, and comorbidities in determining priorities to be addressed during the current encounter or during future visits or with other health care practitioners

Take into account the immediate clinical needs, practical considerations, available resources, and the patient's other health conditions to determine what issues should be prioritized during the current encounter or addressed in follow-up visits

5 ME 2.4 Develop and implement patient-centered management plans that consider all of the patient's health problems and context

Create and execute management plans tailored to the individual patient's comprehensive health needs, while taking into account their personal circumstances and preferences to ensure holistic care.

6 ME 3.1 Determine the most appropriate procedures or therapies for the purpose of assessment and/or management

Select and recommend the most suitable procedures or therapies based on their relevance, considering the patient's specific condition, clinical evidence, and potential outcomes

7 ME 3.1 Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy

Clearly outline the reasons for recommending a specific procedure or therapy, detail any contraindications, explain potential risks, and present alternative options. This ensures that patients are well-informed and can make decisions aligned with their values and health needs.

8 ME 3.4 Perform common procedures in a skillful, fluid, and safe manner with minimal assistance

Execute routine gynecological procedures efficiently and safely, demonstrating proficiency and confidence. Aim to complete these tasks with minimal help, reflecting both technical skill and the ability to manage complex cases independently.

9 COM 4.1 Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe

Engage in open, respectful conversations with patients and their families, ensuring that communication is sensitive to cultural differences and free from judgment.

Ensure that care is delivered in a manner that is inclusive and considerate of diverse backgrounds.

10 COM 5.1 Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions

Record detailed notes of each clinical encounter, including diagnostic findings, the reasoning behind clinical decisions, and the rationale for chosen management strategies, thus ensuring continuity of care.

11 COL 1.2 Consult as needed with other health care professionals, including other physicians

Seek advice and collaborate with other healthcare providers, including specialists and physicians, when additional expertise is required.

12 L 2.1 Use clinical judgment to minimize wasteful practices

Apply sound clinical judgment to avoid unnecessary tests, treatments, or procedures, thereby optimizing resource use and focusing on interventions that are truly beneficial for the patient's condition.

13 L 2.2 Apply evidence and guidelines with respect to resource utilization in common clinical scenarios

Utilize current evidence and clinical guidelines to make informed decisions about resource use, ensuring that interventions are both effective and efficient. This approach helps balance high-quality care with cost-effectiveness in everyday clinical situations.

14 HA 1.3 Incorporate disease prevention, health promotion, and health surveillance activities into interactions with individual patients

Integrate strategies for disease prevention, health promotion, and ongoing health surveillance, including recommending preventive measures, encouraging healthy lifestyle changes, and monitoring for early signs of disease to improve long-term health outcomes.

15 S 3.3 Evaluate the applicability (external validity or generalizability) of evidence from resources

Assess how well research findings and clinical guidelines apply to individual patients by evaluating their external validity or generalizability. This ensures that recommendations are relevant and applicable to the specific characteristics and circumstances of each patient.

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12. ENTRUSTABLE PROFESSIONAL ACTIVITIES

Assessing and initiating management for patients with reproductive challenges

Key Features:

- This EPA includes providing medical care and surgical counseling to patients presenting with reproductive challenges.
- This EPA may be observed in the inpatient, outpatient, and emergency room settings
- This EPA includes management of patients with consideration of social, legal and ethical use of artificial reproductive technologies (ART).
- At this stage, the trainee is entrusted with complex clinical presentations with uncertainty in diagnosis and/or management. The trainee is also entrusted to recognize when patients require subspecialty and/or multidisciplinary care.

Assessment Plan:

Direct or indirect observation by OBGYN faculty or gynecologic reproductive endocrinology and infertility (GREI) subspecialty trainee

Use Form 1. Form collects information on:

- Patient presentation: infertility; fertility preservation; recurrent pregnancy loss; complications following artificial reproductive technologies (ART)
- Etiology: endometriosis; anovulation/amenorrhea; congenital uterine anomaly; social; tubal factor; male factor infertility; complications from treatment; ovarian hyperstimulation syndrome (OHSS); other

Collect 5 observations of achievement

- At least 1 recurrent pregnancy loss
- At least 2 cases of infertility of different etiologies
- At least 2 different observers
- At least 2 observed by faculty

Relevant Milestones:

1 ME 1.4 Apply a broad base and depth of knowledge in reproductive endocrinology to manage patients with reproductive challenges

Utilize comprehensive knowledge of reproductive endocrinology to evaluate and manage patients with reproductive issues, applying expertise in hormone regulation, fertility treatments, and associated conditions to guide effective treatment strategies.

2 ME 2.2 Synthesize patient information to determine diagnosis

Integrate detailed patient history, clinical findings, and diagnostic results to formulate an accurate diagnosis, ensuring a thorough understanding of the reproductive challenge and its underlying causes.

3 ME 2.3 Address the impact of the medical condition on the patient's ability to pursue life goals and purposes

Evaluate how the reproductive condition affects the patient's personal and professional aspirations, providing support and guidance to help them navigate these challenges while considering their long-term goals and quality of life.

4 ME 2.4 Develop a plan to address reproductive challenges, in collaboration with a patient with or without inclusion of her partner

Create a tailored management plan that addresses the reproductive issues identified, involving the patient and, if applicable, their partner in the decision-making process to ensure that the plan aligns with their preferences and circumstances.

5 ME 3.2 Use shared decision-making in the consent process, taking risk and uncertainty into consideration

Engage the patient in a shared decision-making process for consenting to treatments or procedures, discussing potential risks, uncertainties, and options thoroughly to ensure that the patient makes an informed choice.

6 ME 4.1 Establish plans for ongoing care for the patient, taking into consideration her clinical state, circumstances, preferences, and actions, as well as available resources, best practices, and research evidence

Develop a personalized ongoing care plan that integrates the patient's current clinical status, social circumstances, and preferences with the best available resources, practices, and evidence. This ensures that the care is both effective and aligned with the patient's needs and goals over time.

7 COM 1.3 Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly

Be aware of how the values, biases, or perspectives of everyone involved in care can influence clinical decisions and patient interactions. Adjust the approach to care as needed to maintain objectivity, respect, and quality in the patient's treatment.

8 COM 3.1 Convey information about diagnosis and prognosis clearly and compassionately

Share diagnostic and prognostic information with patients in a manner that is both clear and empathetic, ensuring they fully understand their condition while also feeling supported emotionally throughout the process.

9 COM 5.1 Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions

Record detailed and precise notes of clinical encounters, capturing key findings, the thought process behind clinical decisions, and the rationale for chosen treatments. This documentation ensures clear communication among healthcare providers and continuity of care for the patient.

10 L 2.1 Consider costs when choosing care options

Evaluate the financial implications of different treatment options, ensuring that the chosen care plan is both effective and affordable for the patient.

11 HA 2.1 Analyze public policy that affects patients with reproductive challenges

Examine relevant public policies that impact access to care, treatment options, and support services for patients with reproductive challenges. Understanding these policies helps in advocating for patients and integrating policy considerations into their care plans.

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13. ENTRUSTABLE PROFESSIONAL ACTIVITIES

Providing care for patients with pelvic floor dysfunction

Key Features:

- This EPA focuses on providing conservative medical care and surgical counseling to patients presenting with pelvic floor dysfunction from initial presentation through and including appropriate follow-up.
- At this stage, the trainee is entrusted with complex clinical presentations with uncertainty in diagnosis and/or management. The trainee is also entrusted to recognize when patients require subspecialty or multidisciplinary care.

Assessment Plan:

Direct observation by OBGYN faculty and uro-gynecology trainee

Use Form 1. Form collects information on:

- Setting: inpatient; outpatient; operating room
- Patient presentation: pelvic organ prolapse (POP); urinary incontinence (UI) - stress; urinary incontinence (UI) - urge; lower urinary tract symptoms (LUTS); anal incontinence and defecatory dysfunction; fistulas
- Management: pessary fitting; cystoscopy; urodynamic interpretation; primary surgical correction of stress incontinence; other
- If "other" indicate management: [free text]

Collect 5 observations of achievement

- A variety of at least 3 patient presentations
- At least 1 POP
- At least 1 urinary incontinence presentation with primary surgical correction of stress incontinence
- At least 1 pessary fitting
- At least 1 urodynamic interpretation

Relevant Milestones:

1 ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in urogynecology

Utilize an extensive understanding of urogynecology; including anatomy, physiology, and pathology, to manage a wide range of pelvic floor dysfunctions.

2 ME 1.5 Perform clinical assessments that address all relevant issues

Conduct thorough and focused clinical assessments that evaluate all aspects of pelvic floor dysfunction, including physical, functional, and psychological factors.

3 ME 2.3 Address the impact of the medical condition on the patient's ability to pursue life goals and purposes

Evaluate how pelvic floor dysfunction affects the patient's daily activities, relationships, and overall life ambitions. Provide tailored support and interventions to help the patient manage these impacts

4 ME 2.4 Develop and implement patient-centered management plans that consider all of the patient's health problems and context

Create individualized treatment plans that address the specific pelvic floor issues while taking into account the patient's overall health, lifestyle, and personal preferences. This comprehensive approach ensures that care is holistic and aligns with the patient's unique situation.

5 ME 3.2 Ensure that patients are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines

Clearly communicate the potential risks and benefits of different treatment options, grounding the discussion in the latest evidence and clinical guidelines.

6 ME 3.4 Perform pessary fitting in a skillful, fluid, and safe manner with minimal assistance

Conduct pessary fittings with expertise and confidence, ensuring the procedure is smooth, safe, and comfortable for the patient. Demonstrate the ability to perform this task independently.

7 COM 5.1 Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions

Accurately and comprehensively document each clinical encounter, detailing the findings, thought process behind clinical decisions, and the reasons for chosen treatment strategies. This supports continuity of care and clear communication among healthcare providers.

8 HA 1.2 Select patient education resources related to Gynecology

Choose appropriate and evidence-based educational materials that are tailored to the patient's needs and understanding, helping them gain a clearer insight into their gynecological condition and the available treatment options. This empowers patients to be active participants in their

care.

9 HA 1.2 Apply the principles of behavior change during conversations with patients about adopting healthy behaviors

Incorporate behavior change techniques into discussions with patients, motivating them to adopt healthier behaviors that support their pelvic floor health. This might include setting achievable goals, addressing barriers, and providing ongoing support to encourage long-term change.

Note: Further work on development of EPA is under process.

This EPA document is developed from the Royal College of The Physician and Surgeon of Canada**.**

List of abbreviations

ME	Medical expert
COM	Communication
COL	Collaboration
HA	Health advocate
P	Professional
L	Leader

EPA proforma is given in appendix "N"

MILESTONES TO BE ACHIEVE BY TRAINEES

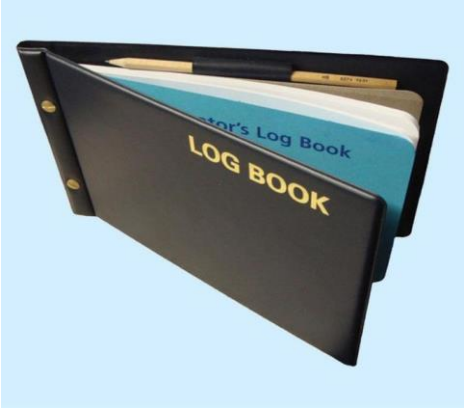
8.1 LEVELS OF COMPETENCE: PRACTICE-BASED LEARNING AND IMPROVEMENT

All residents will be assessed for levels of competence following the royal college of gynae obs.

Levels	**Descriptor**
Level 1	Entrusted to observe
Level 2	Entrusted to act under direct supervision: (within sight of the supervisor).
Level 3	Entrusted to act under indirect supervision: (supervisor immediately available on site if needed to provide direct supervision)
Level 4 Level 5	Entrusted to act independently with support (supervisor not required to be immediately available on site, but there is provision for advice or to attend if required) Entrusted to act independently

Section - VIII: Logbook

UNIVERSITY RESIDENCY MS PROGRAM 2025
LOG BOOK FOR OBSTETRICS AND GYNAECOLOGY
RAWALPINDI MEDICAL UNIVERSITY



PREFACE

The horizons of *Medical Education* are widening & there has been a steady rise of global interest in *Post Graduate Medical Education*, an increased awareness of the necessity for experience in education skills for all healthcare professionals and the need for some formal recognition of postgraduate training in Gynaecology and Obstetrics.

We are seeing a rise in the uptake of places on postgraduate courses in medical education, more frequent issues of medical education journals and the further development of e-journals and other new online resources. There is therefore a need to provide active support in *Post Graduate Medical Education* for a larger, national group of colleagues in all specialties and at all stages of their personal professional development. If we were to formulate a statement of intent to explain the purpose of this log book, we might simply say that our aim is to help clinical colleagues to teach and to help students to learn in a better and advanced way. This book is a state of the art log book with representation of all activities of the **MD/MS Research Elective** program at RMU.A summary of the curriculum is incorporated in the logbook for convenience of supervisors and residents. It also allows the clinicians to gain an understanding of what goes into basic science discoveries and drug development. Translational **research** has an **important role** to play in **medical research**, and when used alongside basic science will lead to increased knowledge, discovery and treatment in **medicine**. A perfect monitoring system of a training program including monitoring of teaching and learning strategies, assessment and Research Activities cannot be denied so we at RMU have incorporated evaluation by ***Quality Assurance Cell*** and its comments in the logbook in addition to evaluation by ***University Training Monitoring Cell (URTMC)***. Reflection of the supervisor in each and every section of the logbook has been made sure to ensure transparency in the training program. The mission of Rawalpindi Medical University is to improve the health of the communities and we serve through education, biomedical research and health care. As an integral part of this mission, importance of research culture and establishment of a comprehensive research structure and research curriculum for the residents has been formulated and a separate journal for research publications of residents is available.

Prof. Muhammad Umar (Sitara-e-Imtiaz)
(MBBS, MCPS, FCPS, FACG, FRCP (Lon),
FRCP (Glasg), AGAF)
Vice Chancellor
Rawalpindi Medical University & Allied Hospitals
Rawalpindi

MOTTO OF RAWALPINDI MEDICAL UNIVERSITY

Truth, Wisdom & Service

MISSION STATEMENT

The mission of MS OB/GYN Residency Program of Rawalpindi Obs / Gynae University is:

To provide competency based medical education with a structured training program to prepare specialists in the discipline of obstetrics & gynecology who would be able to provide quality patient care comparable to international standards, actively pursue research, serve as professional role models & clinical leaders, continue self-directed learning, promote social justice by advocating for equitable health care.

Vision Statement:

1. To promote the slogan of "healthy mother and healthy baby"
2. To provide best care for treating all patients of Obstetrics and Gynaecology with uncompromising dedication and skill.
3. To set and pursue the highest goals for ourselves as we learn the science, craft, and art of patient care in Obstetrics and Gynaecology.
4. To passionately teach our junior colleagues and students as we have been taught by those who preceded us.
5. To treat our colleagues and hospital staff with kindness, respect, generosity of spirit, and patience.
6. To foster the excellence and well-being of our residency program by generously offering our time, talent, and energy on its behalf.
7. To support and contribute to the research mission of our center, nation, and the world by pursuing new knowledge, whether at the bench or bedside.
8. To promote the translation of the latest scientific knowledge to the bedside to improve our understanding of disease pathogenesis and ensure that all patients receive the most scientifically appropriate and up to date care.
9. To promote responsible stewardship of Hospital resources by wisely selecting diagnostic tests and treatments, recognizing that our individual decisions impact not just our own patients, but patients everywhere.
10. To promote social justice by advocating for equitable health care, without regard to race, gender orientation, social status, or ability to pay.
11. To extend our talents outside the walls of our hospitals and clinics for community awareness as well as to promote the health and well-being of mother and baby, locally, nationally, and internationally.
12. To serve as proud ambassadors for the mission of the Rawalpindi Medical University MS Obstetrics and Gynaecology Residency Program for the remainder of our professional lives.
13. To understand significance of safe motherhood and to strive for the best to achieve sustainable developmental goals.

INTRODUCTION

It is a structured book in which certain types of educational activities and patient related information is recorded, usually by hand. Logbooks are used all over the world from undergraduate to postgraduate training, in human, veterinary and dental medicine, nursing schools and pharmacy, either in paper or electronic format .

Logbooks provide a clear setting of learning objectives and give trainees and clinical teachers a quick overview of the requirements of training and an idea of the learning progress. Logbooks are especially useful if different sites are involved in the training to set a (minimum) standard of training. Logbooks assist supervisors and trainees to see at one glance which learning objectives have not yet been accomplished and to set a learning plan. The analysis of logbooks can reveal weak points of training and can evaluate whether trainees have fulfilled the minimum requirements of training.

Logbooks facilitate communication between the trainee and clinical teacher. Logbooks help to structure and standardize learning in clinical settings. In contrast to portfolios, which focus on students' documentation and self-reflection of their learning activities, logbooks set clear learning objectives and help to structure the learning process in clinical settings and to ease communication between trainee and clinical teacher. To implement logbooks in clinical training successfully, logbooks have to be an integrated part of the curriculum and the daily routine on the ward. Continuous measures of quality management are necessary.

Reference

Brauns KS,Narciss E, Schneyinck C, Böhme K, Brüstle P, Holzmann UM, etal. Twelve tips for successfully implementing logbooks in clinical training. Med Teach. 2016 Jun 2; 38(6): 564–569.

INDEX OF LOG Book

Sr No	Table of contents	Page No
1.	Enrolment Details	
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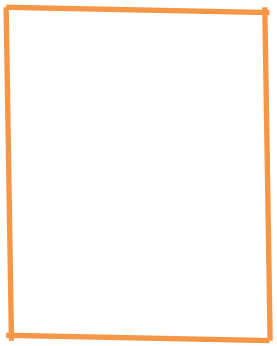
7.	Formative assessment	
8.	Leave record	
9.	Summative assessment	
10.	Counselling session	
11.	Long cases	

1. ENROLMENT DETAILS



Program of Admission _____

Session _____

Registration / Training Number _____

Name of Candidate _____

Father's Name _____

Date of Birth _____/ _____/ _____ **CNIC No.** _____

Present Address _____

_____

Permanent Address _____

_____

E-mail Address _____

Cell Phone _____

Date of Start of Training _____ **Date of completion of training** _____

Name of Supervisor _____

Designation of Supervisor _____

Qualification of Supervisor _____

Title of department / Unit _____

Name of Training Institute / Hospital _____

2. DIDACTIC LECTURES (6 required each year)

Sr No	Year of training	Topic of lecture	Teacher	Sign by supervisor

3. Criteria for assessment of CLINICAL COMPETENCIES/SKILLS/PROCEDURES FOR 1st, 2nd, 3rd AND 4th YEAR MS TRAINEES' OBSTETRICS AND GYNAECOLOGY

Levels of competency[1]

A trainee during the beginning of the training program i.e., in 1st year, would be expected to be at Level 1 or 2; whereas might be approaching Level 3 in 2nd year and level 4 & 5 in 3rd year and 4th year of training.

Levels of supervision[22]

Level	Descriptor
Level 1	Entrusted to observe
Level 2	Entrusted to act under direct supervision: (within sight of the supervisor).
Level 3	Entrusted to act under indirect supervision: (supervisor immediately available on site if needed to provide direct supervision)
Level 4	Entrusted to act independently with support (supervisor not required to be immediately available on site, but there is provision for advice or to attend if required)
Level 5	Entrusted to act independently

1. https://www.rcog.org.uk/ trainees-guide-to-the-og-curriculum-2019-2020.

4. Obstetrics: OPD, wards and labor room /Emergency Patients

COMPETENCIES			FIRST YEAR				
	3Months 6Months		Achieved			ACHIEVED	Signature of supervisor/mentor
	Level	Cases		Level	Cases		
OBSTETRICS ANTENATAL (OPD & WARD)							
Eliciting pertinent history	1	30		2	30		
Performing physical examination	1	30		2	30		
Requesting appropriate investigations	1	30		2	30		
Interpreting the results of investigations	1	10		1	30		
Deciding and implementing appropriate treatment	1	10		1	30		
Initial management of obstetric complications	1	10		1	30		
Maintaining follow up	1	10		2	30		
Using ultrasound (basic)	1	10		1	30		
Fetal monitoring (including CTG)	1	10		2	30		
Amniocentesis	-	-		-	-		
Management of medical disorders in pregnancy	1	10		1	30		
Nutrition and physical activity advice	1	10		2	30		

COMPETENCIES		FIRST YEAR						
		9Months		12 Months		Total Cases 1st Year	ACHIEVED	SIGNATURE OF SUPERVISOR/mentor
	Level	Cases	Achieved	Level	Cases			
OBSTETRICS ANTENATAL (OPD & WARD)								
Eliciting pertinent history	3	30		4	30	120		
Performing physical examination	3	30		4	30	120		
Requesting appropriate investigations	3	30		4	30	120		
Interpreting the results of investigations	2	30		3	30	100		
Deciding and implementing appropriate treatment	2	30		2	30	100		
Initial management of obstetric complications	2	30		3	30	100		
Maintaining follow up	3	30		4	30	100		
Using ultrasound (basic)	2	30		3	30	100		
Fetal monitoring (including CTG)	3	30		4	30	100		
Amniocentesis	-	-	-	-	-	-		-
Management of medical disorders in pregnancy	1	30		2	30	100		
Nutrition and physical activity advice	3	30		4	30	100		

COMPETENCIES	FIRST YEAR						
	3Months			6 Months		ACHIEVED	SIGNATURE OF SUPERVISOR/MENTOR
	Level	Cases	Achieved	Level	Cases		
Labor Room / Emergency							
Assessment on admission/ Identification of high risk factors	1	30		2	30		
Medical induction of labor/Termination of Pregnancy	1	30		2	30		
Surgical induction of labor	1	30		2	30		
Management of normal labor	1	30		2	30		
Performing and repairing episiotomy	1	30		1	30		
Repair of vaginal and perineal tears (excluding third degree tears)	1	10		1	10		
Repair of third degree	-	-		-	-	-	-
Immediate management of postpartum Hemorrhage	1	30		1	30		
Uterine packing	1	10		1	10		
Outlet forceps delivery	1	5		1	5		
Vacuum extraction	1	5		1	5		
Caesarean section	1	30		1	30		
Repair of ruptured uterus	1	1		1	1		
Obstetric hysterectomy	1	1		1	1		
Breech, twin delivery, destructive operation,craniotomy etc	1	5		1	5		

		FIRST YEAR

COMPETENCIES	9 Months			12 Months		Total Cases 1st Year	ACHIEVED	SIGNATURE OF SUPERVISOR
	Level	Cases	ACHIEVED	Level	Cases			
Labor Room / Emergency								
Assessment on admission/ Identification of high-risk factors	3	30		4	30	120		
Medical induction of labour/Termination of Pregnancy	3	30		4	30	120		
Surgical induction of labour	3	30		4	30	120		
Management of normal labour	3	30		4	30	120		
Performing and repairing episiotomy	2	30		3	30	120		
Repair of vaginal and perineal tears (excluding third degree tears)	1	30		2	30	80		
Repair of third degree	-	-		-	-	-		
Immediate management of postpartum Hemorrhage	1	30		2	30	120		
Uterine packing	1	10		1	20	50		
Outlet forceps delivery	1	10		2	10	30		
Vacuum extraction	1	10		2	10	30		
Caesarean section	1	30		2	30	120		
Repair of ruptured uterus	1	1		1	1	2		
Obstetric hysterectomy	1	5		1	5	12		
Breech, twin delivery, destructive operation,craniotomy etc	1	10		2	10	30		

COMPETENCIES		FIRST YEAR							
				3 Months	6 Months		ACHIEVED	SIGNATURE OF SUPERVISOR	
		Level	Cases	ACHIEVED	Level	Cases			
	OBSTETRICS POSTNATAL								
Resuscitation of neonate		1	15		1	15			
Contraception counseling/advice		1	30		1	30			
Insertion of IUCD		1	02		1	02			
Insertion of implant		1	02		1	02			
Lactation management		1	20		1	20			
Nutritional management (Anaemia, obesity)		1	50		1	50			

COMPETENCIES		FIRST YEAR							
				9 Months	12 Months		Total Cases 1st Year	ACHIEVED	SIGNATURE OF SUPERVISOR
		Level	Cases	ACHIEVED	Level	Cases			
	OBSTETRICS POSTNATAL								
Resuscitation of neonate		2	15		3	15	60		
Contraception counseling/advice		3	30		4	30	120		
Insertion of IUCD		1	02		2	02	08		
Insertion of implant		1	02		1	02	08		
Lactation management		3	20		4	20	80		
Nutritional management (Anaemia, obesity)		3	50		4	50	200		

5. Gynae : OPD, wards and operated Patients

COMPETENCIES	FIRST YEAR						
			3Months	6Months		ACHIEVED	SIGNATURE OF SUPERVISOR
	Level	Cases	ACHIEVED	Level	Cases		
GYNAECOLOGY (OPD & WARD)							
Eliciting pertinent history	1	10		2	10		
Performing physical examination	1	10		2	10		
Requesting appropriate investigations	1	10		2	10		
Interpreting the results of investigations	1	10		1	10		
Deciding and implementing appropriate treatment	1	10		1	10		
Approach to a patient with menstrual irregularities	1	10		1	10		
Approach to a patient with mass abdomen	1	10		1	10		
Approach to a patient with pain abdomen	1	10		1	10		
Management of early pregnancy loss	1	10		1	10		
Managing immediate complications	1	10		1	10		
Maintaining follow up	1	10		1	10		
Taking Pap smear	1	10		2	10		
Taking high vaginal swabs	1	10		1	10		
Arranging assessment by an anesthetist	1	10		1	10		

COMPETENCIES			FIRST YEAR					
		9Months		12 Months		Total Cases 1st Year	ACHIEVED	SIGNATURE OF SUPERVISOR
	Level	Cases	ACHIEVED	Level	Cases			
GYNAECOLOGY (OPD & WARD)								
Eliciting pertinent history	3	10		4	10	40		
Performing physical examination	3	10		4	10	40		
Requesting appropriate investigations	3	10		4	10	40		
Interpreting the results of investigations	2	10		3	10	40		
Deciding and implementing appropriate treatment	1	10		2	10	40		
Approach to a patient with menstrual irregularities	1	10		2	10	40		
Approach to a patient with mass abdomen	1	10		2	10	40		
Approach to a patient with pain abdomen	1	10		2	0	40		
Management of early pregnancy loss	1	10		2	10	40		
Managing immediate complications	1	10		2	10	40		
Maintaining follow up	2	10		3	10	40		
Taking Pap smear	3	10		4	10	40		
Taking high vaginal swabs	2	10		3	10	40		
Arranging assessment by an anesthetist	2	10		3	10	40		

COMPETENCIES	FIRST YEAR						
	3Months			6Months		ACHIEVED	SIGNATURE OF SUPERVISOR
	Level	Cases	ACHIEVED	Level	Cases		
GYNAECOLOGY OPERATIVE SKILLS (B1 GENERAL SKILLS)							
Scrubbing, gowning and gloving	1	20		2	20		
Scrubbing and draping of patients in various Positions	1	20		2	20		
Opening and closing abdomen	1	20		2	20		
GYNAECOLOGY OPERATIVE SKILLS (B2 OPERATIONS)							
Evacuation of Retained products of conception	1	20		1	20		
Dilatation and curettage	1	5		1	5		
STOP	1	5		1	5		
Pipelle biopsy	1	10		1	10		

Cervical Biopsy	-	-		-	-			
Polypectomy	1	5		1	5			
Marsupialization of Bartholin,s Cyst	1	3		1	3			
Minilaparotomy (for tubal ligation)	1	3		1	3			
Drainage of abscess	1	3		1	3			
Post-partum tubal ligation	1	10		1	10			
Diagnostic laparoscopy	-	-		-	-			
Diagnostic hysteroscopy	-	-		-	-			
Ovarian Cystectomy	-	-		-	-			
Laparotomy for ectopic pregnancy	1	5		1	5			

PETENCIES		FIRST YEAR							
			9 Months		12 Months		Total Cases 1st Year	ACHIEVE	SIGNATURE OF SUPERVISOR
		Level	Cases	ACHIEVED	Level	Cases			
	GYNAECOLOGY OPERATIVE SKILLS (B1 GENERAL SKILLS)								
Scrubbing, gowning and gloving		3	20		4	20	80		
Scrubbing and draping of patients in various Positions		3	20		4	20	80		
Opening and closing abdomen		3	20		4	20	80		
GYNAECOLOGY OPERATIVE SKILLS (B2 OPERATIONS)									
Evacuation of Retained products of conception		1	20		1	20	80		
Dilatation and curettage		1	5		1	5	20		
STOP		1	5		1	5	20		
Pipelle biopsy		1	10		2	10	40		
Cervical Biopsy		1	3		1	3	6		
Polypectomy		1	3		1	3	11		
Marsupialization of Bartholin,s Cyst		1	3		1	3	12		
Minilaparotomy (for tubal ligation)		1	3		1	3	12		
Drainage of abscess		1	3		1	3	12		

Post-partum tubal ligation	1	10		1	10	40		
Diagnostic laparoscopy	1	3		1	3	6		
Diagnostic hysteroscopy	1	3		1	3	6		
Ovarian Cystectomy	1	10		1	10	30		
Laparotomy for ectopic pregnancy	1	5		1	5	10		
Myomectomy	1	1		1	1	2		
Abdominal hysterectomy	1	1		1	1	2		
Vaginal hysterectomy	1	1		1	1	2		
Anterior colporrhaphy	1	1		1	1	2		
Posterior colpoperineorrhaphy	1	1		1	1	2		
Staging Laparotomy	1	3		1	3	6		

COMPETENCIES			SECOND YEAR				
	15 Months			18 Months		ACHIEVED	SIGNATURE OF SUPERVISOR
	Level	Cases	ACHIEVED	Level	Cases		
OBSTETRICS ANTENATAL (OPD & WARD)							
Eliciting pertinent history	4	30		4	30		
Performing physical examination	4	30		4	30		
Requesting appropriate investigations	4	30		4	30		
Interpreting the results of investigations	3	30		3	30		
Deciding and implementing appropriate treatment	2	30		2	30		
Initial management of obstetric complications	3	30		3	30		
Maintaining follow up	4	30		4	30		
Using ultrasound (basic)	3	30		3	30		
Fetal monitoring (including CTG)	4	30		4	30		
Amniocentesis Demonstration on videos							
Management of medical disorders in pregnancy	4	30		4	30		
Nutrition and physical activity advice	3	30		3	30		
Approach to a patient with abdominal pain in Pregnancy	3	30		4	30		
Management of medical disorders in pregnancy(diabetes, HTN, cardiac disease, epilepsy, renal diseases, thyroid disorders, liver disease, disorders of respiratory system)	2	30		2	30		
Management of PPROM and preterm labour	2	30		2	30		
Management of prolonged pregnancy	2	30		2	30		
Management of IUGR and abnormalities of amniotic fluid.	2	30		2	30		
Management of multiple pregnancy	2	30		2	30		
Management of Malpresentations.	2	30		2	30		
Management of Antepartum hemorrhage.	2	30		2	30		
Nutrition and physical activity advice	4	30		4	30		
Counseling of IUD	2	5		2	5		
Counseling of congenitally abnormal fetus.	2	5		2	5		

COMPETENCIES	SECOND YEAR							
	21 Months			24 Months				
	Level	Cases	ACHIEVED	Level	Cases	Total Cases 2nd Year	ACHIVED	SIGNATURE OF SUPERVISOR
OBSTETRICS ANTENATAL (OPD & WARD)								
Eliciting pertinent history	4	30		4	30	120		
Performing physical examination	4	30		4	30	120		
Requesting appropriate investigations	4	30		4	30	120		
Interpreting the results of investigations	3	30		3	30	120		
Deciding and implementing appropriate treatment	3	30		2	30	120		
Initial management of obstetric complications	3	30		3	30	120		
Maintaining follow up	4	30		4	30	120		
Using ultrasound (basic)	3	30		3	30	120		
Fetal monitoring (including CTG)	4	30		4	30	120		
Management of medical disorders in pregnancy	4	30		4	30	120		
Nutrition and physical activity advice	4	30		4	30	120		
Approach to a patient with abdominal pain in Pregnancy	4	30		4	30	120		
Management of medical disorders in pregnancy(diabetes, HTN, cardiac disease, epilepsy, renal diseases, thyroid disorders, liver disease, disorders of respiratory system)	3	30		4	30	120		
Management of PPROM and preterm labour	3	30		4	30	120		
Management of prolonged pregnancy	3	30		4	30	120		
Management of IUGR and abnormalities of amniotic fluid.	3	30		4	30	120		
Management of multiple pregnancy	3	30		4	30	120		
Management of Malpresentations.	3	30		4	30	120		
Management of Antepartum hemorrhage.	3	30		4	30	120		
Counseling of IUD	3	10		4	10	30		
Counseling of congenitally abnormal fetus.	3	10		4	10	30		

OMPETENCIES	SECOND YEAR													
	15 Months			18 Months			21 months			24 months				Total Case 2nd Year
	Level	Cases	Achieved	level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	SUPERVISOR SIGNATURE	
BSTETRICS INTRAPARTUM														
sessment on admission/ entification of high risk factors	4	30		4	30		4	30		4	30			120
duction of labour/ Medical rmination of egnancy	4	30		3	30		4	30		4	30			120
rgical induction of labour	4	30		2	30		4	30		4	30			120
anagement of normal labour	4	30		1	30		4	30		4	30			120
rforming and repairing episiotomy	3	30		2	30		3	30		3	30			120
epair of vaginal and perineal tears xcluding third degree tears)	2	30		2	30		3	30		4	30			120
epair of third degree	1	2		3	2		1	2		1	4			10
mediate management of stpartum haemorrhage	2	30		3	30		3	30		4	30			120
terine packing	2	10		3	10		3	10		4	20			50
utlet forceps delivery	2	10		2	10		3	10		4	10			40
cuum extraction	3	10		1	10		3	10		3	10			40
esarean section	2	10		3	10		3	10		4	20			50
epair of ruptured uterus (Cases stributed in 12 months)	1	2		1	2		1	2		1	2			8
bstetric hysterectomy (Cases stributed in 12 months)	1	1		1	1		1	1		1	2			5
eech, twin delivery, etc	2	5		2	5		3	5		4	5			20

COMPETENCIES	Second Year													Total Cases 2nd Year
	15 Months 18 Months					21 Months 24 Months								
	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Supervisor signature	
OBSTETRICS POSTNATAL														
Resuscitation of neonate	3	30		3	30		4	30		4	30			120
Contraception counseling/advice	4	40		4	40		4	40		4	40			160
Insertion of IUCD	2	5		2	5		2	10		2	10			30
Insertion of implant(if available)	2	5		2	5		2	5		2	5			20
Lactation management	4	20		4	20		4	20		4	20			80
Nutritional management (Anaemia, Obesity)	4	30		4	30		4	30		4	30			120

COMPETENCIES	Second Year												
	15 Months 18 Months					21 Months 24 Months							
	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Total Cases 2nd Year	Supervisor signature
GYNAECOLOGY (OPD & WARD)														
Eliciting pertinent history	4	30		4	30		4	30		4	30		120	
Performing physical examination	4	30		4	30		4	30		4	30		120	
Requesting appropriate investigations	4	30		4	30		4	30		4	30		120	
Interpreting the results of investigations	3	30		3	30		3	30		3	30		120	

Deciding and implementing appropriate treatment	2	30		2	30		2	30		3	30		120	
Approach to a patient with menstrual irregularities	2	5		2	5		2	5		2	5		20	
Approach to a patient with mass abdomen	2	5		2	5		2	5		3	5		20	
Approach to a patient with pain abdomen	2	10		2	10		3	10		4	10		40	
Management of early pregnancy loss	3	10		3	10		3	10		4	10		40	
Managing immediate complications	3	10		3	10		3	10		4	10		40	
Maintaining follow up	4	10		4	10		4	10		4	10		40	
Taking Pap smear	3	10		3	10		4	10		4	10		40	
Taking high vaginal swabs	4	10		4	10		4	10		4	10		40	
Colposcopy(if available)	1	5		1	5		1	5		1	5		20	
Management of infective causes of vaginal discharge	3	30		3	30		3	30		4	30		120	

OMPETENCIES		Second Year												
	15Months 18Months						21Months 24 Months							
	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Total Cases 2nd Year	Supervisor signature
GYNAECOLOGY OPERATIVE SKILLS (B1 GENERAL SKILLS)														
Scrubbing, gowning and gloving	4	20		4	20		4	20		4	20		80	
Scrubbing and draping of patients in various positions	4	20		4	20		4	20		4	20		80	
Opening and closing abdomen	4	20		4	20		4	20		4	20		80	
GYNAECOLOGY OPERATIVE SKILLS (B2 OPERATIONS)														
Evacuation of Retained products of conception	2	5		2	5		3	5		4	5		20	
Dilatation and curettage	2	5		2	5		3	5		4	5		20	
Pipelle biopsy	2	5		2	5		3	5		4	4		20	
Cervical Biopsy	1	2		1	2		2	2		2	2		8	
Polypectomy	1	2		1	2		1	2		3	2		8	
Marsupialization of Bartholin,s	1	1		1	1		2	1		3	1		4	

Cyst														
Diagnostic laparoscopy	1	1		1	1		1	1		1	1		4	
Operative laparoscopy	1	1		1	1		1	1		1	1		4	
Diagnostic hysteroscopy	1	1		1	1		1	1		1	1		4	
Ovarian Cystectomy	1	1		1	1		1	1		1	1		4	
Laparotomy for ectopic pregnancy	1	2		1	2		1	2		1	2		4	
Myomectomy	1	1		1	1		1	1		1	1		4	
Abdominal hysterectomy	1	1		1	1		1	1		1	1		4	
Vaginal hysterectomy	1	1		1	1		1	1		1	1		4	
Anterior colporrhaphy	1	1		1	1		1	1		1	1		4	
Posterior colpoperineorrhaphy	1	1		1	1		1	1		1	1		4	
Staging Laparotomy	1	1		1	1		1	1		1	1		4	

COMPETENCIES	Third Year								
	27 Months 30 Months				33 Months36 Months				Total Cases 3rd Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
OBSTETRICS ANTENATAL (OPD & WARD)									
Eliciting pertinent history	4	30	4	30	4	30	4	30	120
Performing physical examination	4	30	4	30	4	30	4	30	120
Requesting appropriate investigations	4	30	4	30	4	30	4	30	120
Interpreting the results of investigations	4	30	4	30	4	30	4	30	120
Deciding and implementing appropriate treatment	4	30	4	30	4	30	4	30	120
Initial management of obstetric complications	4	30	4	30	4	30	4	30	120

Maintaining follow up	4	30	4	30	4	30	4	30	120
Using ultrasound (basic)	3	30	3	30	3	30	4	30	120
Fetal monitoring (including CTG)	4	30	4	30	4	30	4	30	120
Management of medical disorders in pregnancy	3	30	3	30	4	30	4	30	120
Nutrition and physical activity advice	3	30	3	30	4	30	4	30	120
Approach to a patient with abdominal pain in Pregnancy	3	30	3	30	4	30	4	30	120
Management of medical disorders in pregnancy(diabetes, HTN, cardiac disease, epilepsy, renal diseases, thyroid disorders, liver disease, disorders of respiratory system)	3	30	3	30	4	30	4	30	120
Management of PPROM and preterm labour	3	30	3	30	4	30	4	30	120
Management of prolonged pregnancy	3	30	3	30	4	30	4	30	120
Management of IUGR and abnormalities of amniotic fluid.	3	30	3	30	4	30	4	30	120
Management of multiple pregnancy	3	30	3	30	4	30	4	30	120
Management of Malpresentations.	3	30	3	30	4	30	4	30	120
Management of Antepartum hemorrhage.	3	30	3	30	4	30	4	30	120
Counseling of IUD	3	5	3	5	4	10	4	10	30
Counseling of congenitally abnormal fetus.	3	5	3	5	4	10	4	10	30
Management of RH incompatibility	1	2	2	2	2	2	3	4	10

COMPETENCIES	27 Months			30 months			33Months			36 Months				Total Cases 2nd Year
	Level	Cases	Achi	Level	Cases	Achie	Level	Cases	Achi	Level	Cases	Achieved	ervisor	
	Third Year													
OBSTETRICS POSTNATAL														
Resuscitation of neonate	3	30		3	30		4	30		4	30			120
Contraception counseling/advice	4	40		4	40		4	40		4	40			160
Insertion of IUCD	3	5		3	5		4	5		4	5			20
Insertion of implant(if available)	2	2		2	2		3	2		4	2			8
Lactation management	4	20		4	20		4	20		4	20			80
Nutritional management (Anaemia, Obesity)	4	30		4	30		4	30		4	30			120

COMPETENCIES	Third Year													
	27 Months			30 Months				33 Months 36 Months						Supervisor signature
	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Total Cases 3rd Year	
OBSTETRICS INTRAPARTUM														
Assessment on admission/ Identification of high risk factors	4	30		4	30		4	30		4	30		120	
Medical induction of labour/Termination of Pregnancy	4	30		4	30		4	30		4	30		120	
Surgical induction of labour	4	30		4	30		4	30		4	30		120	
Management of normal labour	4	30		4	30		4	30		4	30		120	
Performing and repairing episiotomy	4	30		4	30		4	30		4	30		120	
Repair of vaginal and perineal tears (excluding third degree tears)	4	30		4	30		4	30		4	30		120	
Repair of third degree	2	30		2	30		2	30		2	30		120	
Immediate management of postpartum Haemorrhage	3	30		3	30		3	30		3	30		120	
Uterine packing	3	10		3	10		3	10		3	20		50	
Outlet forceps delivery	3	5		3	5		3	10		3	10		30	
Vacuum extraction	3	5		3	5		3	10		3	10		30	
Caesarean section	4	30		4	30		4	30		4	30		120	
Repair of ruptured uterus (Cases distributed in 12 months)	3	2		3	2		3	2		3	2		8	
Obstetric hysterectomy (Cases distributed in 12 months)	3	1		3	1		3	1		3	2		5	
Breech,twin delivery, etc	3	5		3	5		3	5		3	5		20	

COMPETENCIES	Third Year													
	27 Months			30 Months			33 Months			36 Months				Supervisor signature
	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Total Cases 3rd Year	
GYNAECOLOGY (OPD & WARD)														
Eliciting pertinent history	4	30		4	30		4	30		4	30		120	
Performing physical examination	4	30		4	30		4	30		4	30		120	
Requesting appropriate investigations	4	30		4	30		4	30		4	30		120	
Interpreting the results of investigations	4	30		4	30		4	30		4	30		120	
Deciding and implementing appropriate treatment	4	30		4	30		4	30		4	30		120	
Approach to a patient with menstrual irregularities	4	30		4	30		4	30		4	30		120	
Approach to a patient with mass abdomen	4	30		4	30		4	30		4	30		120	
Approach to a patient with pain abdomen	4	30		4	30		4	30		4	30		120	
Management of early pregnancy loss	4	10		4	10		4	10		4	20		50	
Managing immediate complications	4	5		4	5		4	10		4	10		30	
Maintaining follow up	4	30		4	30		4	30		4	30		120	
Taking Pap smear	4	10		4	10		4	10		4	10		40	
Taking high vaginal swabs	4	30		4	30		4	30		4	30		120	
Management of infective causes of vaginal discharge	4	10		4	10		4	10		4	20		50	
Management and follow up of molar pregnancy	1	1		1	1		2	1		2	1		4	
Management of PID	3	5		3	5		4	5		4	5		20	
Management of sub fertility/PCOS	2	5		2	5		2	10		3	10		30	
Management of endometriosis	1	2		2	2		2	2		3	2		8	
Management of adnexal mass	1	2		2	2		2	2		3	2		8	
Management of Uterovaginal prolapsed	1	2		2	2		2	2		3	2		8	
Management of malignant tumors of genital tract	1	1		2	1		2	1		2	1		4	

COMPETENCIES	Third Year													
	27 Months			30 Months			33Months			36 Months				Supervisor signature
	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Total Cases 3rd Year	
GYNAECOLOGY OPERATIVE SKILLS (B1 GENERAL SKILLS)														
Scrubbing, gowning and gloving	4	20		4	20		4	20		4	20		80	
Scrubbing and draping of patients in various positions	4	20		4	20		4	20		4	20		80	
Opening and closing abdomen	5	30		5	20		5	20		5	20		80	
GYNAECOLOGY OPERATIVE SKILLS (B2 OPERATIONS)														
Evacuation of Retained products of conception	5	10		5	10		5	10		5	10		40	
Dilatation and curettage	5	5		5	5		5	10		5	10		30	
Pipelle biopsy	5	2		5	2		5	2		5	4		10	
Cervical Biopsy	4	3		4	3		4	3		4	3		12	
Polypectomy	5	2		5	2		5	2		5	2		8	
Marsupialization of Bartholin,s Cyst	5	2		5	2		5	2		5	2		8	
Diagnostic laparoscopy	3	2		3	2		3	2		5	2		8	
Operative laparoscopy	1	1		1	1		1	1		1	1		4	
Diagnostic hysteroscopy	2	1		2	1		2	1		2	1		4	
Ovarian Cystectomy	3	2		3	2		3	2		3	2		8	
Laparotomy for ectopic pregnancy	3	2		3	2		3	2		3	2		8	
Myomectomy	2	1		2	1		2	1		2	1		4	
Abdominal hysterectomy	3	1		3	1		3	1		3	1		4	
Vaginal hysterectomy	3	1		3	1		3	1		3	1		4	
Anterior colporrhaphy	3	1		3	1		3	1		3	1		4	
Posterior colpoperineorrhaphy	3	1		3	1		3	1		3	1		4	
Staging Laparotomy	2	1		2	1		2	1		2	1		4	

OMPETENCIES	Fourth Year													Supervisor signature
	39 Months			42 Months			45 Months			48Months			Total Cases 4th Year	
	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved		
OBSTETRICS ANTENATAL (OPD & WARD)														
Eliciting pertinent history	5	30		5	30		5	30		5	30		120	
Performing physical examination	5	30		5	30		5	30		5	30		120	
Requesting appropriate investigations	5	30		5	30		5	30		5	30		120	
Interpreting the results of investigations	5	30		5	30		5	30		5	30		120	
Deciding and implementing appropriate treatment	5	30		5	30		5	30		5	30		120	
Initial management of obstetric complications	5	30		5	30		5	30		5	30		120	
Maintaining follow up	5	30		5	30		5	30		5	30		120	
Using ultrasound (basic)	5	30		5	30		5	30		5	30		120	
Fetal monitoring (including CTG)	5	30		5	30		5	30		5	30		120	
Management of medical disorders in pregnancy	5	30		5	30		5	30		5	30		120	
Nutrition and physical activity advice	5	30		5	30		5	30		5	30		120	
Approach to a patient with abdominal pain in pregnancy	5	30		5	30		5	30		5	30		120	
Management of medical disorders in pregnancy(diabetes, HTN, cardiac disease, epilepsy, renal diseases, thyroid disorders, liver disease, disorders of respiratory system)	5	30		5	30		5	30		5	30		120	
Management of PPROM and preterm labour	5	30		5	30		5	30		5	30		120	
Management of prolonged pregnancy	5	30		5	30		5	30		5	30		120	
Management of IUGR and abnormalities of amniotic fluid.	5	30		5	30		5	30		5	30		120	
Management of multiple pregnancy	5	30		5	30		5	30		5	30		120	
Management of Malpresentations.	5	30		5	30		5	30		5	30		120	
Management of Antepartum hemorrhage.	5	30		5	30		5	30		5	30		120	
Nutrition and physical activity advice	5	2		5	2		5	2		5	4		10	
Counseling of IUD	5	5		5	5		5	10		5	10		30	
Counseling of fetal congenital abnormalities	5	5		5	5		5	10		5	10		30	
Management of RH incompatibility	4	2		4	2		4	2		4	4		10	
Management of VTE	4	2		4	2		4	2		4	4		10	

COMPETENCIES	Fourth Year													Supervisor Signature
	39 Months			42 Months			45 Months			48Months				
	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Total Cases 4th Year	
OBSTETRICS INTERAPARTUM														
Assessment on admission/ Identification of high risk factors	5	30		5	30		5	30		5	30		120	
Medical induction of labour/Termination of pregnancy	5	30		5	30		5	30		5	30		120	
Surgical induction of labour	5	30		5	30		5	30		5	30		120	
Management of normal labour	5	30		5	30		5	30		5	30		120	
Performing and repairing episiotomy	5	30		5	30		5	30		5	30		120	
Repair of vaginal and perineal tears (excluding third degree tears)	5	5		5	5		5	5		5	5		20	
Repair of third degree tear	3	1		3	1		3	1		3	1		4	
Immediate management of postpartum haemorrhage	5	10		5	10		5	10		5	10		40	
Uterine packing	5	5		5	5		5	5		5	5		20	
Outlet forceps delivery	5	5		5	5		5	5		5	5		20	
Vacuum extraction	5	5		5	5		5	5		5	5		20	
Caesarean section	5	30		5	30		5	30		5	30		120	
Repair of ruptured uterus (Cases distributed in 12 months)	4	1		4	1		4	1		4	1		4	
Obstetric hysterectomy (Cases distributed in 12 months)	4	1		4	1		4	1		4	2		5	
Breech,twin delivery, etc	5	5		5	5		5	5		5	5		20	

COMPETENCIES	Fourth Year													Supervisor Signature
	39 Months			42 Months			45 Months			48Months				
	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Total Cases 4th Year	
GYNAECOLOGY (OPD & WARD)														
Eliciting pertinent history	5	30		5	30		5	30		5	30		120	
Performing physical examination	5	30		5	30		5	30		5	30		120	
Requesting appropriate investigations	5	30		5	30		5	30		5	30		120	
Interpreting the results of investigations	5	30		5	30		5	30		5	30		120	
Deciding and implementing appropriate treatment	5	30		5	30		5	30		5	30		120	
Approach to a patient with menstrual irregularities	5	30		5	30		5	30		5	30		120	
Approach to a patient with mass abdomen	5	30		5	30		5	30		5	30		120	
Approach to a patient with pain abdomen	5	30		5	30		5	30		5	30		120	
Management of early pregnancy loss	5	10		5	10		5	10		5	20		50	
Managing immediate complications	5	5		5	5		5	10		5	10		30	
Maintaining follow up	5	30		5	30		5	30		5	30		120	
Taking Pap smear	5	10		5	10		5	10		5	10		40	
Taking high vaginal swabs	5	20		5	20		5	20		5	20		80	
Management of infective causes of vaginal discharge	5	10		5	10		5	10		5	20		50	
Approach to patient with disorder of sexual development	5	10		5	10		5	10		5	20		50	
Management and follow up of molar pregnancy	5	2		5	2		5	2		5	2		8	
Management of PID	5	10		5	10		5	10		5	10		40	
Management of sub fertility/PCOS	5	5		5	5		5	10		5	10		30	
Management of endometriosis	5	1		5	1		5	1		5	1		4	
Management of adnexal mass	3	1		3	1		3	1		3	1		4	

Management of Uterovaginal prolapsed	5	2		5	2		5	2		5	2		8	
Management of malignant tumors of genital tract	4	1		4	1		4	1		4	1		4	
Urogynecology	4	1		4	1		4	1		4	1		4	

OMPETENCIES	Fourth Year												Total Cases 4rth Year	Supervisor signatur
	39 Months			42 Months			45 Months			48 Months				
	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved	Level	Cases	Achieved		
GYNAECOLOGY OPERATIVE SKILLS (B1 GENERAL SKILLS)														
Scrubbing, gowning and gloving	5	50		5	50		5	50		5	50		200	
Scrubbing and draping of patients in various positions	5	50		5	50		5	50		5	50		200	
Opening and closing abdomen	5	30		5	30		5	30		5	30		120	
GYNAECOLOGY OPERATIVE SKILLS (B2 OPERATIONS)														
Evacuation of Retained products of conception	5	10		5	10		5	10		5	10		40	
Dilatation and curettage	5	5		5	5		5	5		5	5		20	
Pipelle biopsy	5	2		5	2		5	2		5	2		8	
Cervical Biopsy	5	1		5	1		5	1		5	1		4	
Polypectomy	5	2		5	2		5	2		5	2		8	
Marsupialization of Bartholin,s Cyst	5	2		5	2		5	2		5	2		8	
Diagnostic laparoscopy	3	1		3	1		3	1		3	1		4	
Operative laparoscopy	2	1		2	1		2	1		2	1		4	
Diagnostic hysteroscopy	3	1		3	1		3	1		3	1		4	
Ovarian Cystectomy	3	1		3	5		3	1		3	1		4	
Laparotomy for ectopic pregnancy	5	1		5	1		5	1		5	1		4	
Myomectomy	2	1		2	1		2	1		2	1		4	
Abdominal hysterectomy	3	1		3	1		3	1		3	1		4	
Vaginal hysterectomy	3	1		3	1		3	1		3	1		4	
Anterior colporrhaphy	3	1		3	1		3	1		3	1		4	
Posterior colpoperineorrhaphy	3	1		3	1		3	1		3	1		4	
Staging Laparotomy	2	1		2	1		2	1		2	1		4	

6. DIRECTLY OBSERVED PROCEDURAL SKILLS

What is a DOPS assessment?

Direct observation of practical skills (DOPS) is used for assessing competence in the practical procedures that trainees undertake. The assessments should be made by different assessors and cover a wide range of procedures (please refer to the curriculum for topics). The observation takes place whilst the trainee undertakes the activity. The procedure being observed should last no more than 10–15 minutes before the assessment takes place. The assessor will then spend 5-10 minutes providing immediate feedback and completing the assessment form with the trainee present.

What is DOPS medical education?

DOPS is a tool of Workplace-Based Assessments (WPBA) for assessing competency of the students in which the trainer directly observes the trainee performing procedure on real patient in real clinical setting which may be outpatient, inpatient, emergency, operation rooms or intensive care units

DOPS Year 1

Sr No	DOPS to be assessed	Evaluation	Number of attempts	Remarks	Sign of supervisor
1.	IV line placement IV infusion prep, Labetalol & MgSo4				
1.	Urinary catheterization				
2.	Gloving, gowning scrubbing				
3.	SVD				
4.	Repair of episiotomy*				
5.	Abdominal wall closure				
6.	Infected wound wash & dressing				

DOPS Year 2

Sr No	DOPS to be assessed	Evaluation	Number of attempts	Remarks	Sign of supervisor
	OBSTETRICS				
1..	Twin delivery				
2.	Breech delivery				
3.	Abdomen opening				
4.	Uterine opening and delivery of baby				
5.	Uterine wall closure in LSCS				
	GYNECOLOGY				
1.	Pipelle biopsy				
2.	Insertional of PPIUCD multiload / Cu T				
3.	Evacuation and curettage				
4.	Wound debridement				

DOPS Year 3

Sr No	DOPS to be assessed	Evaluation	Number of attempts	Remarks	Sign of supervisor
	OBTETERICS				
1.	Vacuum delivery				
2.	Forceps delivery				
3.	Bilateral tubal ligation				
4.	Application of B-lynch suture/ Balloon tamponade of uterine cavity				
5.	Repair of cervical tear				
1.(Gynae	Marsupialization of bartholin cyst/ Cervical cerclage				
2.	Amniocentesis / CVS				
3.	Mirena insertion				
4.	Polypectomy, D & C				

DOPS Year 4

Sr No	DOPS to be assessed	Evaluation	Number of attempts	Remarks	Sign of supervisor
1.(Obs)	Cesarean section				
2.	ECV (external cephalic version)				
3					
1.(Gynae)	Surgical knots				
2.	Opening and closure of abdominal through mid line incision				
3.	Salpingectomy for ectopic pregnancy				
4.	Intermediate surgical procedures;e.g Abdominal Salpingoopherectomy				
5.	Ovarian Cystectomy				

7. Mini-CEX

DEFINITION:

The Mini-CEX is a 10- to 20-minute direct observation assessment or “snapshot” of a trainee-patient interaction.

Mini-CEX FORM

Assessor’s Name and signature _____ Date : _ _ / _ _ /_ _ _ _

Student’s Name and signature _____ Registration No: _____

Patient problem/diagnosis:

Case Complexity: • Low • Moderate • High

Please rate the following areas (please circle one for each component of the exercise. All scores of 1 must be justified in comments box. U/C if you have not observed the behaviour and feel unable to comment

	Below Expectations	Around expectations	Above Expectations	U/C
History Taking: Elicits history and allows patient to elaborate Asks relevant clinical questions Current treatment, allergies Past medical history and family history Social history inc. risk factors	1	2	3	U/C
Physical Examination: Obtains verbal consent for physical examination Performs examination appropriately and competently Uses relevant instruments in a competent manner	1	2	3	U/C
Communication Skills: Uses clear understandable language Shows appropriate non verbal skills during the interview Shows appropriate rapport/empathy	1	2	3	U/C
Clinical Judgement: Uses relevant details to confirm or refute working diagnoses Sets up acute management plan and explains problem prioritisation Makes rational use of investigations to help identify pathophysiology Utilises drug therapy safely and rationally	1	2	3	U/C

Professionalism: Checks patient's name and gives name Responds appropriately to patient perspectives	1	2	3	U/C
Organisation/Efficiency: Exhibits well organized approach Sensible management of interview time and interaction	1	2	3	U/C
Overall Clinical Care: Makes appropriate long term management plan including team working where appropriate	1	2	3	U/C

Students Comments on Students Performance on this occasion

Assessors Comments on students performance on this occasion

Tick if excellent

Agreed Actions

5. Mini-clinical Evaluation Exercise (Mini-CEX)
FIRST YEAR

Sr No	Mini-CEX to be assessed	Evaluation	Number of attempts	Remarks	Sign of supervisor
1.(Obs)	Obstetrics History Taking				
2.	General Physical Examination				
3	Obstetrics Abdominal Examination				
4	how to take HVS(high vaginal swab)				
5	How to arrange blood through blood form				
6	how to make a proper discharge slip of obstetric/ postnatal patient				
7.	Breast feeding counselling				

MINI-CEX 2nd year

Sr No	Mini-CEX to be assessed	Evaluation	Number of attempts	Remarks	Sign of supervisor
1.	History of gynecological patient				
2.	General physical examination of gynecologiacl patient				
3.	Systemic and gynecological examination				
4.	Abdominal examination of a mass abdomen				
5.	Speculum examination				
6.	Bimanual Examination				

Mini- CEX 3rd year

Sr No	Mini-CEX to be assessed	Evaluation	Number of attempts	Remarks	Sign of supervisor
1.	Abdominal examination of obstetric patient with polyhydramnios/ twin pregnancy				
2.	Breaking the bad news in obstetrics e.g IUD, anomalous baby				
3.	Obstetric ultrasound				
4.	Pipelle Sampling				
5.	Pap smear				
6.	Examination of UV prolapse				
7.	Counselling for contraception methods				
8.	Counselling for post operative complications e.g misplaced IUCD, burst abdomen etc				

Mini- CEX 4th year

Sr No	Mini-CEX to be assessed	Evaluation	Number of attempts	Remarks	Sign of supervisor
1.	History taking of a subfertile patient				
2.	History taking of a case of primary amenorrhoea				
3.	GYnecological ultrasound (TAS+TVS)				
4.	How to examine a case of urinary fistula				
5.	Counselling of the				
	case of gynecological malignancy				

6. FORMATIVE ASSESSMENT RECORD

YEAR	Workshops	Attendance %	MSF (multisource feedback) score	Sign of supervisor
1st year				
2nd year				
3rd year				
4th year				

7. LEAVE RECORD

Sr No	Year of training	Casual leaves (total days)	Maternity leave (total days)	Sign by Mentor/SR	Sign by supervisor

8. Summative assessment

	MCQ score	SAQ score	OSCE score	Comments	Sign of supervisor
1st year					
2nd year					
3rd year					
4th year					

9. COUNSELLING SESSION

Please provide date and remarks by supervisor regarding any counselling session needed for improvement of trainee

10. Long cases

Trainees will write down 15 Obstetrical and 15 Gynecological cases attended by them (including history, examination, differential diagnoses, provisional diagnosis, investigations, final diagnosis, Management summary and reasoning for selection of a particular management, Possible alternate managements, complications encountered during clinical course & other possible complications, follow up of the patient) on the following template It will include discussion with and approval of the supervisor along with checking of the original file.

Obstetric Log Book: 5 minor cases (e.g., hyperemesis gravidarum, SVD, UTI with pregnancy, ERPC)

10 major cases (Including 3 cases of medical complications, 3 cases of obstetric complications, 2 cases of instrumental delivery, two near miss cases)

Gynae Log book: 5 minor cases: (e.g., ectopic pregnancy, molar pregnancy, Bartholin's abscess, minor procedures e.g., D&C)

10 major cases: (Including one case of subfertility, menstrual irregularity, UV prolapse / urinary incontinence, malignant gynecological tumors, benign gynecological tumors, major gynecological procedure like abdominal hysterectomy, vaginal hysterectomy, Myomectomy, laparotomy, diagnostic and operative laparoscopy)

DEPARTMENT OF OBSTET & GYNECOLOGY, RMU

Case writing template

Computer Record NO: ---------- Date of 1st Admission: ----------

Time of Admission: ----------

Admission Type: Emergency/ Out Door/ Referred

	Wife	Husband
Name		
Age		
Education		
Occupation		
Blood Group		

Present Marital Status: _____

Contact: _____ **Off:** _____ **Res:** _____

Address: _____

HEP. B: _____ **HEP. C:** _____

History:

Date: _____ Time: _____

_____LMP: _____EDD: _____

Presenting Complaints:

1. _____
2. _____
3. _____
4. _____
5. _____

History of Present Illness/Pregnancy:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Past Obstetric History

Summary:

MENSTRUAL HISTORY:

Age of Menarche: _____ **Dysmenorrhea** _____

Menstrual Cycle: _____ **Irregular Vaginal Bleeding:** _____

Past: _____ **P.C.B:** _____

Present: _____ **P.M.B:** _____

Amount of blood loss: _____ **Menopause:** _____

L.M.P: _____ _____

GYNAECOLOGICAL HISTORY:

Contraception: Yes/No: **Cervical Smear:** _____

Methods: _____ **Vaginal Discharge: Color** _____

_____ **Small:** _____ **Pruritus:** _____

PAST MEDICAL/SURGICAL HISTORY:SYSTEMIC REVIEW:

Hypertension: **Urinary:** _____ **GIT:** _____

Diabetes Mellitus: **C.V.S:** _____ **C.N.S:** _____

Asthma: **Resp. System:** _____

Heart Disease: **Social History:**

Jaundice: **Addiction:** _____

Blood Transfusion: **Socio-Economic status:** _____

Allergy: **Family History:**

Drug Allergy: **Hypertension:** _____

Prolonged Use if Any Drug: **Diabetes:** _____

Gynaecological Operations: **T.B:** _____

Obstetrical Operations: **Gynaecological Tumors:** _____

Other Operations: **Breast Tumors:** _____

Past Problems during Anesthesia: **GIT Tumors:** _____

Spinal: **GA:**

Examination:

General Physical Examination: _____

GeneralAppearance:_____

Pulse: _____ **Blood Pressure:** _____

Temperature: _____ **Resp. Rate:** _____

Height: _____ **Weight:** _____

Clubbing: _____ **Orodental Hygiene:** _____

Pallor: _____ **Jaundice:** _____

Cyanosis: _____ **J.V.P:** _____

Thyroid _____ **Breast** _____

Lymph nodes _____ **Edema** _____

Varicose veins _____

CVS;

RESP:

Abdominal examination:

Inspection:

Palpation:

Percussion:

Auscultation:

PELVIC EXAMINATION: P/S:

Bi-mannual:

DIFFERENTIAL DIAGNOSIS:

INVESTIGATIONS SUMMARY &INTERPRETATION:

PROVISIONAL DIAGNOSIS: & reason for selecting it as a provisional diagnosis

FINAL DIAGNOSIS: How confirmed!

MANAGEMENT SUMMARY: & Reason for selection of this management

Alternate management options:

Complications encountered and other possible complications with

Follow up:

SUPERVISOR'S COMMENTS:

SUPERVISOR'S SIGN & STAMP:

Section - IX: Portfolio (portfolio year 1 & 2)

UNIVERSITY RESIDENCY PROGRAM 2025

RAWALPINDI MEDICAL UNIVERSITY

MS OBSTETRICS AND GYNAECOLOGY

INTRODUCTION OF PORTFOLIO

What is a portfolio?

A collection of a learner's various documents and assessments throughout residency that reflect their professional development over time. May include referral letters and procedure logs (Rider et al., 2007). Portfolios also frequently include self-assessments, learning plans, and reflective essays (Epstein, 2007).

What should be included in a portfolio?

Resident may include the following components in her portfolio:

- Curriculum Vitae (CV)
- Personal Publications
- Research abstracts presented at professional conferences
- Presentations at teaching units/departmental meetings and teaching sessions
- Patient (case) presentations
- Log of clinical procedures
- Copies of written feedback received (direct observations, field notes, daily evaluations)
- Quality improvement project plan and report of results
- Summaries of ethical dilemmas (and how they were handled)
- Chart notes of particular interest
- Photographs and logs of medical procedures performed
- Consult/referral letters of particular interest
- Monthly faculty evaluations
- 360-degree evaluations
- Copies of written instructions for patients and families
- Case presentations, lectures, logs of medical students mentored
- Learning plans
- Writing assignments, or case-based exercises assigned by program director
- List of hospital/university committees served on
- Documentation of managerial skills (e.g., schedules or minutes completed by resident)
- Copies of billing sheets with explanations
- Copies of written exams taken with answer sheets
- In-training Evaluation Report (ITER) results
- Format can be as simple as material collected in a three-ringed binder or as sophisticated as information stored in a

handheld Pocket PC (PPC).

- Patient confidentiality should be assured when any clinical material is included in the portfolio.
- Should be resident-driven and include a space for residents to reflect on their learning experiences.

Why portfolio is required?

Can be used as a:

- Formative learning tool: To help develop self-assessment and reflection skills.
- Summative evaluation tool: To determine if a competency has been achieved.(levels of competency attatched)
- Useful for evaluating competencies that are difficult to evaluate in more traditional ways such as:
    - Practice-based improvement
    - Use of scientific evidence in patient care
    - Professional behaviors (Rider et al., 2007)
- Purpose is to highlight for the resident the need for ongoing learning and reflection to achieve and maintain competencies.
- Enormous flexibility in using the portfolio as a learning tool: Portfolio may focus on one area (e.g., assessments pertaining to professionalism in a learner with attitudinal issues) without losing its effectiveness for the broader scope of competencies.
- Number and frequency of entries may vary. Expectations, including minimum standards, should be defined with the resident from the outset.
- Portfolios can be powerful tools for guided self-assessment and reflection (Holmboe & Carracio, 2008).

Evidence:

- Evidence suggests that an assessment of skills is most valid when the tool used places the learner in an environment and/or situation that closely mimics that in which the learner will later practice the mastered skill (Wiggins et al., 1998). In that way, portfolios have the advantage of reflecting not just what residents can do in a controlled examination situation but what they actually do at work with real patients (Jackson et al., 2007).
- As an evaluation tool, the reliability and validity of a portfolio are dependent on the psychometric characteristics of the assessment and judging methods used in the portfolio process (Holmboe & Carracio, 2008).
- Research is still needed to determine whether portfolios can be a catalyst for self-directed, lifelong learning (O'Sullivan et al., 2002).

Practicality/Feasibility:

Portfolios can be time consuming for the resident to assemble and for the preceptor to assess.

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Levels of competency

A trainee near to the beginning of training (1st year) would be expected to be at Level 1 or 2; whereas might be approaching Level 3 (2nd year) and level 4, 5 (3rd year and 4th year).

Levels of supervision[22]

Level	Descriptor
Level 1	Entrusted to observe
Level 2	Entrusted to act under direct supervision: (within sight of the supervisor).
Level 3	Entrusted to act under indirect supervision: (supervisor immediately available on site if needed to provide direct supervision)
Level 4	Entrusted to act independently with support (supervisor not required to be immediately available on site, but there is provision for advice or to attend if required)
Level 5	Entrusted to act independently

ENROLMENT DETAILS

Program of Admission _____

Session _____

Registration / Training Number _____

Name of Candidate _____

Father's Name _____

Date of Birth _____ / _____ / _____ CNIC No. _____

Present Address _____

_____

Permanent Address _____

_____

E-mail Address _____

Cell Phone _____

Date of Start of Training _____

Date of Completion of Training _____

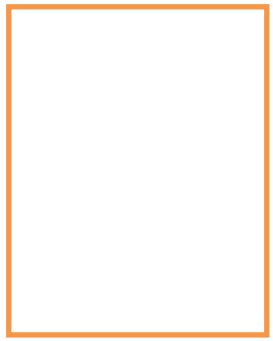
Name of Supervisor _____

Designation of Supervisor _____

Qualification of Supervisor _____

Title of department / Unit _____

Name of Training Institute / Hospital _____



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MOTTO OF RAWALPINDI MEDICAL UNIVERSITY

Truth, Wisdom & Service

MISSION STATEMENT

The mission of Residency Program of Obstetrics and Gynaecology of Rawalpindi Medical University is:

1. To promote the slogan of healthy mother and healthy baby.
2. To provide best care for treating all patients of Obstetrics and Gynaecology who come before us with uncompromising dedication and skill.
3. To set and pursue the highest goals for ourselves as we learn the science, craft, and art of patient care in Obstetrics and Gynaecology.
4. To passionately teach our junior colleagues and students as we have been taught by those who preceded us.
5. To treat our colleagues and hospital staff with kindness, respect, generosity of spirit, and patience.
6. To foster the excellence and well-being of our residency program by generously offering our time, talent, and energy on its behalf.
7. To support and contribute to the research mission of our center, nation, and the world by pursuing new knowledge, whether at the bench or bedside.

8. To promote the translation of the latest scientific knowledge to the bedside to improve our understanding of disease pathogenesis and ensure that all patients receive the most scientifically appropriate and up to date care.
9. To promote responsible stewardship of Hospital resources by wisely selecting diagnostic tests and treatments, recognizing that our individual decisions impact not just our own patients, but patients everywhere.
10. To promote social justice by advocating for equitable health care, without regard to race, gender orientation, social status, or ability to pay.
11. To extend our talents outside the walls of our hospitals and clinics for community awareness as well as to promote the health and well-being of mother and baby, locally, nationally, and internationally.
12. To serve as proud ambassadors for the mission of the Rawalpindi Medical University MS Obstetrics and Gynaecology Residency Program for the remainder of our professional lives.
13. To understand significance of safe motherhood and to strive for the best to achieve sustainable developmental goals.

Instructions / Guidelines to Complete the Portfolio

Portfolio Items	Guidance / Instructions
1. Curriculum Vitae (CV)	Brief curriculum vitae encompassing all academic achievements & work experiences should be written or pasted in this section.
2. Case Presentation	At least 25 case presentations (06 per year) that are unique and interesting should be written in this section along with your own opinion and reflection. You must mention what you learnt and then, having reflected on it, write down why it was significant. Comments of supervisor should be added along with your own learning experience.
3. Topic Presentation	Detailed documentation of at least 25 topic presentations (06 per year) along with your own reflection and comments of supervisor.
4. Journal Club	Critical appraisal of at least 20 research articles presented by you in Journal Club meetings should be written in this section. The articles you selected should be summarized in YOUR OWN WORDS. You should give a brief account of the main points of your source IN YOUR OWN WORDS. This means you should not "cut and paste" from the articles and write summary of the research papers according to your own understanding.
5. Emergency Cases	Detailed documentation of at least 25 (06 per year) interesting and complicated cases observed / managed by you in emergency should be done along with your own reflection and experience. The emphasis should be on what you have learnt from those cases after discussion with your mentor / supervisor.
6. Indoor	Details of at least 30 memorable and interesting cases seen and managed in obstetrics and gynaecology ward along with your own reflective commentary should be written in this section. (15 Obstetrical Cases, 15 Gynae Cases)
7. OPD Clinics	Interesting outpatient experiences (at least 25, 06 per year) should be documented in this section. You should mention what you found interesting in those cases, what you learnt and how you might change your management in future after discussion with your supervisor.
8. Directly Observed Procedures / Surgical Procedures	Interesting and new experiences during learning of procedures (at least 40) should be written in detail. Again, your own opinion and reflection on what you learnt, how you learnt and in which matter, it was an interesting experience is most important. Follow the procedure with a discussion with your mentor / supervisor and develop a plan for future enhancements / improvements to your practice.
9. Morbidity/Mortality Meetings	Details of morbidity/mortality meetings (at least 24, 06 per year) should be documented in this section along with your own opinion and views and comments of the supervisor. You should

	mention any new experience/observation that you learnt from those meetings. This should be followed by discussion with your mentor/supervisor.
10. Hands On Training	Description of learning outcomes achieved by workshops attended should be written in this section. You should document the reason of need to have a specific workshop and your learning through each of the workshops separately. These are the training course/workshops other than mandatory workshops.
11. Research Publications/Research Project/Dissertation/Paper Presentation in a Conference	All research experiences should be mentioned in this section along with comments of the supervisor.
12. Assessment Records/Evaluation Proformas	Evidence of all available assessment records and six monthly 360 degree evaluation records should be mentioned in this section to have a reflection about resident's medical knowledge, patient care, communication skills, system based learning, practice based learning and professionalism.
13. Awards/Testimonials/Appreciation Letters/Any Other Specific Achievement	Evidence of awards, testimonials, appreciation letters and any other specific achievement should be given in this section with comments of the supervisor. Evidence (if any) should be attached in the form of printout/scanned document.
14. Future Aims/Goals and Plan for CPD	Mention in detail your future aims, objectives and goals. Finally, design a plan for your future CPD (Continuing Professional Development).

SECTION-1

CURRICULUM VITAE (CV)

SECTION-2

CASE PRESENTATION

SECTION-3

TOPIC PRESENTATION

SECTION-4

JOURNAL CLUB

SECTION-5

EMERGENCY CASES

SECTION-6

INDOOR EXPERIENCES

SECTION-7

OPD CLINICS

SECTION-8

DIRECTLY OBSERVED PROCEDURES / SURGICAL PROCEDURES

SECTION-9

MORBIDITY/MORTALITY MEETINGS

SECTION-10

HANDS ON TRAINING / WORKSHOPS

SECTION-11

RESEARCH PUBLICATIONS/MAJOR RESEARCH PROJECT/DISSERTATION/PAPER PRESENTATION IN A CONFERENCE

SECTION-12

ASSESSMENT RECORDS/EVALUATION PROFORMAS

SECTION-13

AWARDS/TESTIMONIALS/ APPRECIATION LETTERS / ANY OTHER SPECIFIC ACHIEVEMENT

SECTION 14 **R WISE REFLECTION OF LEARNING (CLINICAL AND SURGICAL)**

DESCRIPTION:

DEFICIENCY/PROBLEMS OF CLINICAL LEARNING:

DEFICIENCY/PROBLEMS OF SURGICAL LEARNING:

SUGGESTIONS PROPOSED BY SUPERVISOR FOR IMPROVEMENT:

ACTION PLAN:

SECTION-14

FUTURE AIMS / OBJECTIVES & PLAN FOR FUTURE CPD

Section - X: Annexure

(Proformas /Farms) is adopted from the curriculum of MD Internal Medicine Program RMU SECTION

Appendices (proformas/Forms) Please consult the curriculum of MD Internal Medicine Program RMU, for more details.

APPENDIX "A"

Preview Form

RESIDENT EVALUATION BY NURSE / STAFF

Please take a few minutes to complete this evaluation form. All Information is confidential and will be used constructively. You need not answer all the questions.

Name of Resident*

Location of care or interaction: (OPD/Ward/Emergency Department)

You position (Nurse, Head Nurse)

S≠	**PROFESSIONALISM**						
		Poor	**Fair**	**Good**	**V. Good**	**Excellent**	**Insufficient**
1.	Resident is Honest and Trustworthy	O	O	O	O	O	O
2.	Resident treats patients and families with courtesy, compassion and respect	O	O	O	O	O	O
3.	Resident treats me and other member of the team with courtesy and respect	O	O	O	O	O	O
4.	Resident shows regard for my opinions	O	O	O	O	O	O
5.	Resident maintains a professional manner and appearance	O	O	O	O	O	O
INTERPERSONAL AND COMMUNICATIONS SKILLS							
6.	Resident communicates well with patients families, and members of the healthcare team	O	O	O	O	O	O
7.	Resident provides legible and timely documentation	O	O	O	O	O	O
8.	Resident respect differences in religion, culture age, gender sexual orientation and disablilty	O	O	O	O	O	O
SYSTEMS BASED PRACTICE							
9.	Resident works effectively with nurses and other professionals to improve patient care	O	O	O	O	O	O
PATIENT CARE							
10.	Resident respects patient preferences	O	O	O	O	O	O
11.	Resident is reasonable Assessible to patients	O	O	O	O	O	O
12.	Resident take care of patient comfort and dignity during procedures	O	O	O	O	O	O
PRACTICE BASED LEARNING AND IMPROVEMENT							
13	Resident facilitates the learning of students and other professionals	O	O	O	O	O	O
COMMENTS							
14	Please describe any praises or concerns of information about specific incidents	O	O	O	O	O	O
THANK YOU for your time and thoughtful input. You play a vital role in the education and training of the internal medicine resident.							

TOTAL SCORE _____/56

APPENDIX "B"

Patient Medical Record / Chart Evaluation Proforma

Name of Resident
Location of Care or Interaction
(OPD/Ward/Emergency/Endoscopy Department)

S≠		Poor	Fai	Good	V.	Excellen	Insufficient
1.	Basic Data on Front Page Recorded	O	O	O	O	O	O
2.	Presenting Complaints written in Chronological Order	O	O	O	O	O	O
3.	Presenting Complaints Evaluation Done	O	O	O	O	O	O
4.	Systemic review Documented	O	O	O	O	O	O
5.	All Components of History Documented	O	O	O	O	O	O
6.	Complete General Physical Examination done	O	O	O	O	O	O
7.	Examination of all systems documents	O	O	O	O	O	O
8.	Differential Diagnosis framed	O	O	O	O	O	O
9.	Relevant and required investigations documented	O	O	O	O	O	O
10.	Management plan framed	O	O	O	O	O	O
11.	Notes are properly written and eligible	O	O	O	O	O	O
12.	Progress notes written in organized manner	O	O	O	O	O	O
13.	Daily progress is written	O	O	O	O	O	O
14.	Chart is organized no loose paper	O	O	O	O	O	O
15.	Investigations properly pasted	O	O	O	O	O	O
16.	Abnormal findings in investigations encircled	O	O	O	O	O	O
17.	Procedures done on patient documented properly	O	O	O	O	O	O
18.	Medicine written in capital letter	O	O	O	O	O	O
19.	I/v fluids orders are proper with rate of infusion mentioned	O	O	O	O	O	O
20.	All columns of chart complete	O	O	O	O	O	O

Poor:0, Fair:1, Good:2, V.Good:3, Excellent:4,

TOTAL SCORE _____/80

APPENDIX "C"

Patient Evaluation of Physician

Physician's Name:_____
Date of Evaluation:_____

Please circle the appropriate number for each item using this scale. Please provide any relevant comments on the back of this form.

1	Strongly Disagree
2	Disagree
3	Neutral
4	Agree
5	Strongly Agree

The Physician:	Scale				
Introduces him/herself and greets me in a way that makes me feel comfortable ڈاکٹر نے اپنا تعارف کروایا اور خوش اخلاقی سے معائینہ کیا۔	1	2	3	4	5
Is truthful, upfront, and does not keep things from me that I believe I should know مجھے بیماری کے بارے میں تفصیل سے آگاہ کیا۔					
Talks to me in a way that I can understand, while also being respectful میرے ساتھ آسان زبان میں بات کی۔					
Understands how my health affects me, based on his/her understanding of the details of my life میرے انفرادی حالات کے مطابق میری بیماری کا علاج کیا۔					
Takes time to explain my treatment options, including benefits and risks مجھے میری بیماری کے علاج کے مختلف طریقوں اور ان کے فوائد اور نقصانات سے آگاہ کیا					

TOTAL SCORE _____/30

APPENDIX "D"
MENTOR / SUPERVISOR EVALUATION OF TRAINEE

Resident's Name: _____
Evaluator's Name(s): _____
Hospital Name: _____
Date of Evaluation: _____

1	Unsatisfactory
2	Below Average
3	Average
4	Good
5	Superior

Traditional Track (10% Clinic) Primary Care Track (20% Clinic)

Please circle the appropriate number for each item using the scale above.

Patient Care	Scale				
1. Demonstrates sound clinical judgment	1	2	3	4	5
2. Presents patient information case concisely without significant omissions or digressions	1	2	3	4	5
3. Able to integrate the history and physical findings with the clinical data any identify all of the patient's major problems using a logical thought process	1	2	3	4	5
4. Develops a logical sequence in planning for diagnostic tests and procedures and formulates an appropriate treatment plan to deal with the patient's major problems	1	2	3	4	5
5. Able to perform commonly used office procedures	1	2	3	4	5
6. Follows age appropriate preventative medicine guidelines in patient care	1	2	3	4	5
Medical Knowledge	**Scale**				
1. Uses current terminology	1	2	3	4	5
2. Understands the meaning of the patient's abnormal findings	1	2	3	4	5
3. Utilizes the appropriate techniques of physical examination	1	2	3	4	5
4. Develops a pertinent and appropriate differential diagnosis for each patient	1	2	3	4	5
5. Demonstrates a solid base of knowledge of ambulatory medicine	1	2	3	4	5
6. Can Discuss and apply the applicable basic and clinically supportive sciences	1	2	3	4	5
Professionalism	**Scale**				
1. Demonstrates consideration for the patient's comfort and modesty	1	2	3	4	5
2. Arrives to clinic on time and follows clinic policies and procedures	1	2	3	4	5
3. Works effectively with clinic staff and other health professionals	1	2	3	4	5
4. Ale to gain the patient's cooperation and respect	1	2	3	4	5

5. Demonstrates compassing and empathy for the patient		1	2	3	4	5
6. Demonstrates sensitivity to patient's culture, age, gender, and disabilities		1	2	3	4	5
	Interpersonal and Communication Skills	Scale				
1.	Demonstrates appropriate patient/physician relationship	1	2	3	4	5
2.	Uses appropriate and understandable layman's terminology in discussions with patients	1	2	3	4	5
3.	Patient care documentation is complete, legible, and submitted in timely manner	1	2	3	4	5
4.	Recognizes need for behavioral health services and understands resources available	1	2	3	4	5
	Systems-based Practice	Scale				
1.	Spends appropriate time with patient for the complexity of the problem	1	2	3	4	5
2.	Able to discuss the costs, risks and benefits of clinical data and therapy	1	2	3	4	5
3.	Recognizes the personal, financial, and health system resources required to carry out the prescribed	1	2	3	4	5
4.	Demonstrates effective coordination of care with other health professionals	1	2	3	4	5
5.	Recognizes the patient's barriers to compliance with treatment plan such as age, gender, ethnicity, socioeconomic status, intelligence, dementia, etc	1	2	3	4	5
6.	Demonstrates knowledge of risk management issues associated with patient's case	1	2	3	4	5
7.	Works effectively with other residents in clinic as a member of a group practice	1	2	3	4	5
	Osteopathic Concepts	Scale				
1.	Demonstrates ability to utilize and document structural examination findings	1	2	3	4	5
2.	Integrates findings of osteopathic examination in the diagnosis and treatment plan	1	2	3	4	5
3.	Successfully uses osteopathic manipulation for treatment where appropriate	1	2	3	4	5
4.	Practices patient Centered Care with a "whole person" approach to medicine	1	2	3	4	5
	Practice-Based Learning and Improvement	Scale				
1.	Locates, appraises, and assimilates evidence from scientific studies	1	2	3	4	5
2.	Apply knowledge of study designs and statistical methods to the appraisal of clinical studies to assess diagnostic and therapeutic effectiveness of treatment plan	1	2	3	4	5
3.	Uses information technology to Assess information to support diagnosis and treatment	1	2	3	4	5
	Comments					
	TOTAL SCORE _____/180					

_____ _____ _____ _____

Resident's Signature Date Evaluator's Signature Date

APPENDIX "E"

Workshops (during first three years)

1. Each candidate of MD/MS/MDS program would attend the 07 mandatory workshops and any other workshop as required by the university.
2. The seven mandatory workshops will include the following
    a. Research Methodology and Biostatistics
    b. Synopsis Writing
    c. Introduction to computer / Information Technology and Software Programs
    d. Communication Skills
    e. Workshop on basic surgical skills
    f. Clinical audit workshop
    g. Critical appraisal of articles
3. An appropriate fee for each workshop will be charged
4. Each workshop will be of 02-05 days duration
5. Each workshop will be arranged by DME.

APPENDIX "F"

CONTINUOUS INTERNAL ASSESSMENTS

Workplace Based Assessments

Workplace based assessments will consist of Generic as well as Specialty Specific Competency Assessments and Multisource Feedback Evaluation.

1. GENERIC COMPETENCY TRAINING & ASSESSMENTS

The candidates of all MD/MS/MDS programs will be trained and assessed in the following five generic competencies.

i) Patient Care.

a. Patient care competency will include skills of history taking, examination, diagnosis, plan of investigation, clinical judgment, plan of treatment, consent, counseling, plan of follow up, communication with patient / relatives and staff.

b. The candidate shall learn patient care through ward teaching, departmental conferences, morbidity and mortality meeting and training in procedures and operations.

c. The candidate will be assessed by the supervisor during presentation of cases on clinical ward rounds, scenario based discussions on patient management, multisource feedback evaluation. Direct Observation of Procedures (DOPS) and operating room assessments.

d. These methods of assessments will have equal weightage.

ii) Medical Knowledge and Research

a. The candidate will learn basic factual knowledge of illnesses relevant to the specialty through discussions on topics selected from the syllabus, small group tutorials and bed side rounds and self study

b. The medical knowledge/skill will be assessed by the teacher during clinical ward rounds, SGD, mid level to end of course assessment.

c. The candidate will be trained in designing research project, data collections, data analysis and presentation of results by the research department.

d. The acquisition of research skill will be assessed as per regulations governing thesis evaluation and its acceptiance.

iii) Practice and System Based Learning

a. This competency will be learnt from journal clubs, review of literature, policies and guidelines, audit projects, medical error investigations, and awareness of healthcare facilities.

b. The assessment methods will include case studies, presentation in morbidity and mortality review meetings and presentation of audit projects if any.

c. These methods of assessment shall have equal weight-age

iv) Communication Skills

a. These will be learnt from role models, supervisor and workshops.
b. They will be assessed by direct observation of the candidate whilst interacting with the patients, relatives, colleagues and with multisource feedback evaluation.

v) Professionalism as per Hippocratic Oath

a. This competency is learnt from supervisor acting as a role model, ethical case conferences and lectures on ethical issues such as confidentiality, informed consent, end of life decisions, conflict of interest, harassment and use of human subjects in research.

b. The assessment of residents will be through multisource feedback evaluation according to proformas of evaluation and its' scoring method.

2. Specialty Specific Competencies

i) The candidates will be trained in operative and procedural skills
ii) The level of procedural competency will be according to a competency table
iii) The following key will be used for assessing operative and procedural competencies:

a. Level 1 Observer status

The candidate physically present and observing the supervisor and senior colleagues

b. Level 2 Assistant status

The candidate assisting procedures and operations

c. Level 3 Performed under supervision

The candidate operating or performing a procedure under direct supervision

d. Level 4 Performed independently

The candidate operating or performing a procedure without any supervision

i) Procedure Based Assessments (PBA)

a. Procedural competency will assess the skill of consent taking , preoperative preparation and planning, intraoperative general and specific tasks and postoperative management

b. Procedure Based assessments will be carried out during teaching and training of each procedure.

c. The assessors may be supervisors, consultant colleagues and senior residents.
d. Standardized forms will be filled in by the assessor after direct observation
e. The resident's evaluation will be graded as satisfactory /deficient / requiring further training and not assessed at all.

f. A satisfactory score will be required to be eligible for taking final examination.

3. Multisource Feedback Evaluation

i) The supervisor would ensure a multisource feedback to collect assessments in medical knowledge, clinical skills, communication skills, professionalism, integrity, and responsibility by feedback from nurses , patients.

ii) Satisfactory annual reports will be required to become eligible for the final examination

4. Log Book (Portfolio)

5. Supervisor's Annual Review Report.

This report will consist of the following components:-

i) Verification and validation of Log Book of operations & procedures according to the expected number of operations and procedures performed (as per levels of competence) .

ii) A 75% attendance in academic activities will include: Lectures, Workshops other than mandatory Workshops, Journal Clubs, Morbidity & Review Meetings and other presentations.

iii) Assessment report of presentation and lectures
iv) Compliance Report to meet timeline for completion of research project.
v) Compliance Report on personal development plan.
vi) Multisource feedback report, on relationship with colleagues, patients,
vii) Supervisor will produce an annual report based on assessments as per profoma in appendix-G and submit it to the Examination department.

viii) 75% score will be required to pass the continuous internal assessment on annual review.

APPENDIX "G"
Yearly Supervisor's Assessment
PROFORMA FOR CONTINUOUS INTERNAL ASSESSMENTS

1	**Generic Competencies**		
	(please score from 1-100% 75% shall be the pass marks)	**Component Score**	**Score achieved**
	i) Patient care	20	
	ii) Medical Knowledge and Research	20	
	iii) Practice and system based learning		
	● Journal clubs	04	
	● Audit projects	04	
	● Medical Error investigation and root cause analysis	04	
	● Morbidity / Mortality / Review meetings	04	
	● Awareness of Health Care Facilities	04	
	iv) Communication skills		
	● Informed consent	10	
	● End of life decisions	10	
	v) Professionalism		
	● Punctuality and time keeping	04	
	● Patient doctor relationship	04	
	● Relationship with colleagues	04	
	● Honesty and integrity	04	
2.	**Specialty specific competencies**		
	Please score from 1-100%.75% shall be the pass marks		Score achieved
	Operative Skills / Procedural skills		
3.	**Multisource Feedback Evaluation** (Please score from 1-100.75% shall be the pass marks)		
4.	**Candidates training Portfolio** (Please score 1-100.75% shall be the pass marks)		
	Please score from 1-100.75% shall be the pass marks	**Component Score**	**Score achieved**
	i) Log book	25	
	ii) Record of participation and presentation in academic activities iii) Record of publications iv) Record of results of assessments and examinations	20	
		10	
		45	

APPENDIX "H and I"

Resident/Fellow Evaluation of Faculty Teaching

Evaluator: _____

Evaluation of: _____

Date:_____

Evaluation information entered here will be anonymous and made available only in aggregated form.

S#		Strongly Disagree	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Strongly Agree		
PATIENT CARE									
1.	Teaches current scientific evidence for daily patient management*								
2.	Explains rationale behind clinical judgements/decisions*								
3.	Teaches clear diagnostic algorithms*								
4.	Teaches clear treatment algorithms*								
PATIENT CARE - OPERATIVE AND PROCEDURAL SKILLS									
5.	Teaches operative/procedural skills during cases*								
6.	Allows learners to perform operative/procedural skills when appropriate*								
MEDICAL KNOWLEDGE									
7.	Teaches relevant pathophysiology needed to evaluate patient medical conditions*								
8.	Teaches how/when to use-order-perform procedures/tests*								
9.	Teaching content adds significantly to my medical knowledge								
10.	Teaches the use of literature / evidence based medicine to support clinical decisions/teaching points*								

PRACTICE-BASED LEARNING & IMPROVEMENT/TEACHING							
11.	Asks questions about differential diagnosis*						
12.	Teaches trainees when to consider referrals/consults with other specialists*						
13.	Actively teaches trainees in clinical settings/labs*						
INTERPERSONAL & COMMUNICATION SKILLS							
14.	Motivates learners to expand medical knowledge*						
15.	Stimulates critical thinking*						
16.	Encourages questions*						
17.	Teaches at the appropriate level for the trainee*						
18.	Provides feedback specific enough to be helpful*						
PROFESSIONALISM							
19.	Demonstrates respect for trainees of all levels*						
20.	Does not belittle/ publicly humiliate learners*						
21.	Teaches professional behavior with respect to patient care.*						
22.	Exhibits professional behavior with respect to patient care*						
23.	Role models professional behavior*						
SYSTEMS-BASED PRACTICE							
24.	Teaches cost/benefit decision making*						

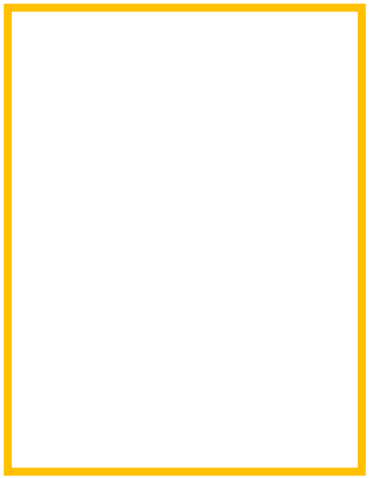
25.	Teaches how to call on resources in the system to provide optimal health care*						
26.	Role models the necessity of working in inter-professional teams to enhance patient safety/outcomes.*						

Strongly Disagree: 0, Disagree Moderately: 1, Disagree Slightly: 2,
Agree Slightly: 3, Agree Moderately: 4, Strongly Agree: 5

Total Score_____ / 130

APPENDIX "M"

ENROLMENT DETAILS



Program of Admission _____

Session _____

Registration / Training Number _____

Name of Candidate _____

Father's Name _____

Date of Birth _____ / _____ / _____ CNIC No. _____

Present Address _____

_____

Permanent Address _____

_____

E-mail Address _____

Cell Phone _____

Date of Start of Training _____

Date of Completion of Training _____

Name of Supervisor _____

Designation of Supervisor _____

Qualification of Supervisor _____

Title of department / Unit _____

APPENDIX "N"

EPA Form 1

Learner: _____

EPA Title: _____

Key Features: _____

Date of observation: _____

Type of Assessment: ☐ **Location of patient visit:** ☐

Case mix: ☐ **Complexity:** ☐

Additional Context Informatio: _____

Based on this observation overall: _____

1. Observe only
2. Performed with direct supervision
3. Performed with indirect supervision (nearby available)
4. Perform with minimal supervision (if needed)
1. Supervise more juniors

Milestones associated with this EPA:

	Not observed	In progress	Achieved
Milestone 1	o	o	o
Milestone 2	o	o	o
Milestone 3	o	o	o
Milestone 4	o	o	o
Milestone 5	o	o	o

Feedback to Resident and Competence Committee:

Professionalism and Patient Safety:

Do you have any concerns regarding this Learner's professionalism? No ○ Yes ○

Do you have any concerns regarding Patient Safety? No ○ Yes ○

If yes, description of concern:

It uses an entrustment scale to rate the resident's ability to do the task independently
Note: This document is a representation of a CBD observation form available in the Royal College's ePortfolio system.
These EPA are developed from royal college of physician and surgeon of Canada after taking their permission.

Evidence & Reflection by Facilitator

Feedback and improvement