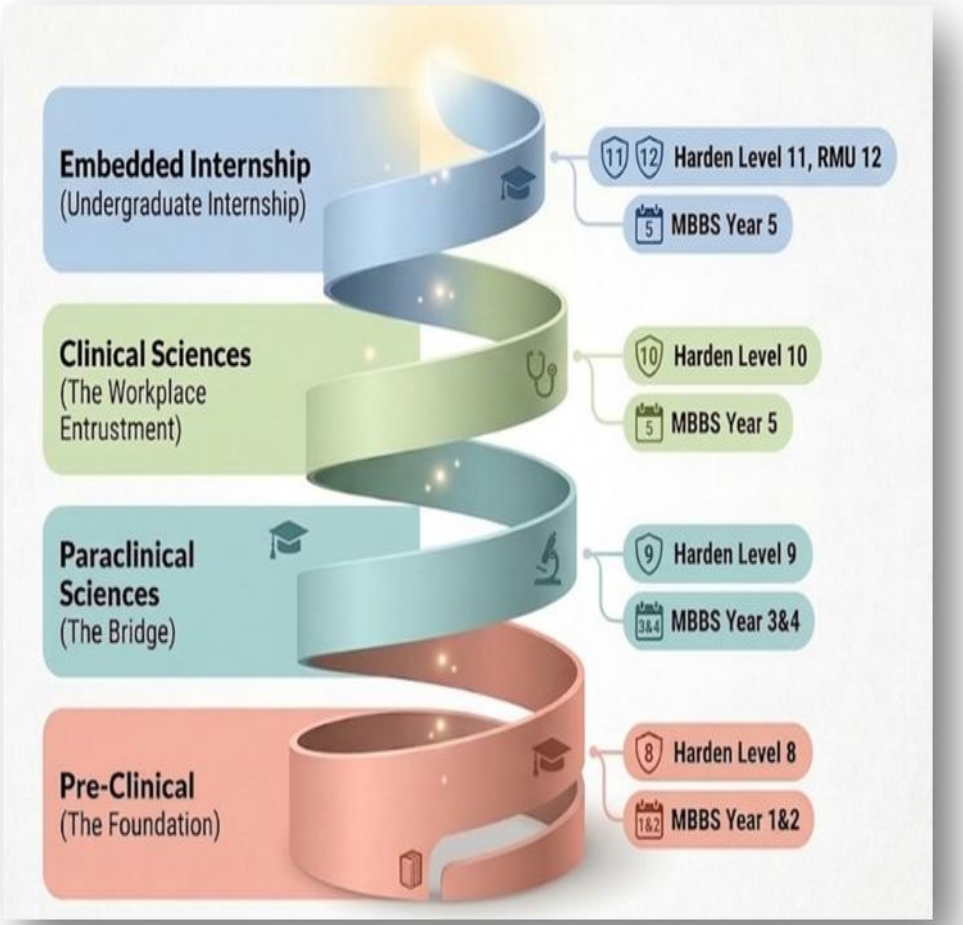
RMU – 12

Integrated Modular MBBS Curriculum 2026

Isolation to Beyond Boundaries



Rawalpindi Medical University

Department of Paediatrics

Integrated Modular Curriculum
Final year MBBS

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Duration of Module 08 Weeks

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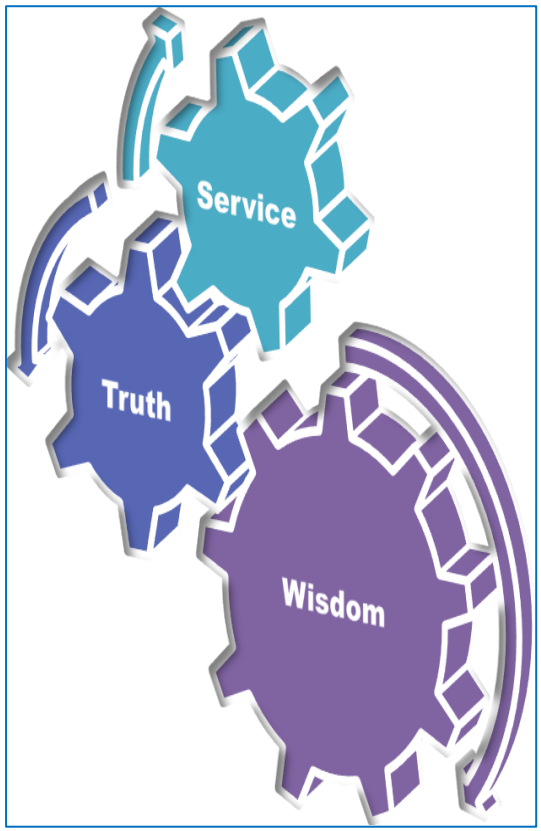
TABLE OF CONTENTS

Section – I Introduction to RMU-12 Integrated Modular MBBS Curriculum 2026 Isolation to Beyond Boundaries

Curriculum Mission and Vision

RMU Motto



Mission Statement

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

Vision and Values

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

Goals of the Undergraduate Integrated Modular Curriculum

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

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

Figure 1- RMU 12 Integrated Modular Curriculum
Isolation to beyond boundaries Competency Framework

Figure 1

References

Harden RM. The integration ladder: a tool for curriculum planning and evaluation. Medical education. 2000 Jul 1;34(7).

Ten Cate O. Nuts and bolts of entrustable professional activities. Journal of graduate medical education. 2013 Mar 1;5(1):157-8.

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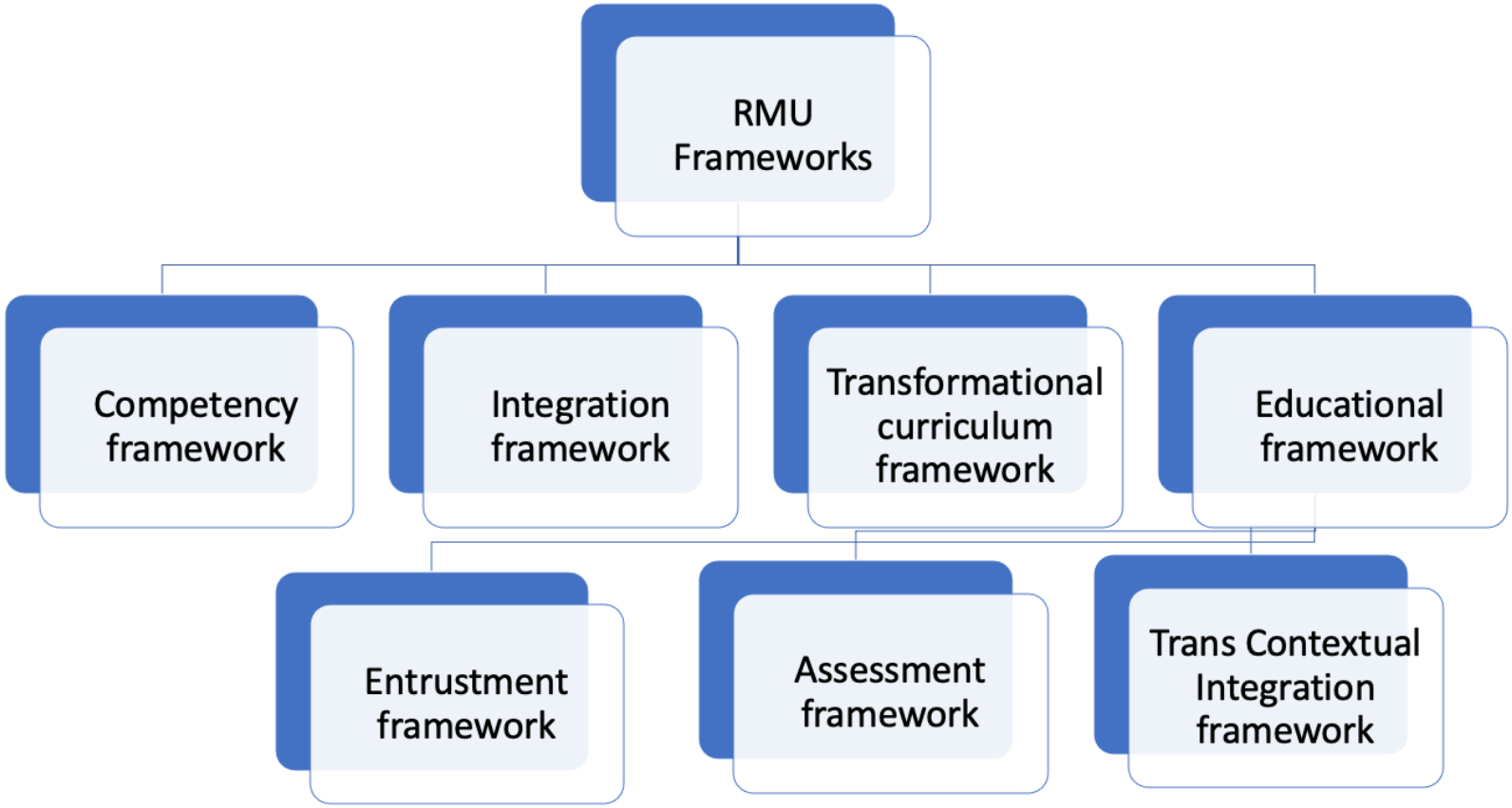

RMU Frameworks
Competency framework
Integration framework
Transformational curriculum framework
Educational framework
Entrustment framework
Assessment framework
Trans Contextual Integration framework

Figure 2 – Structured framework of RMU 12 Integrated Modular Curriculum 2026
Isolation to beyond boundaries

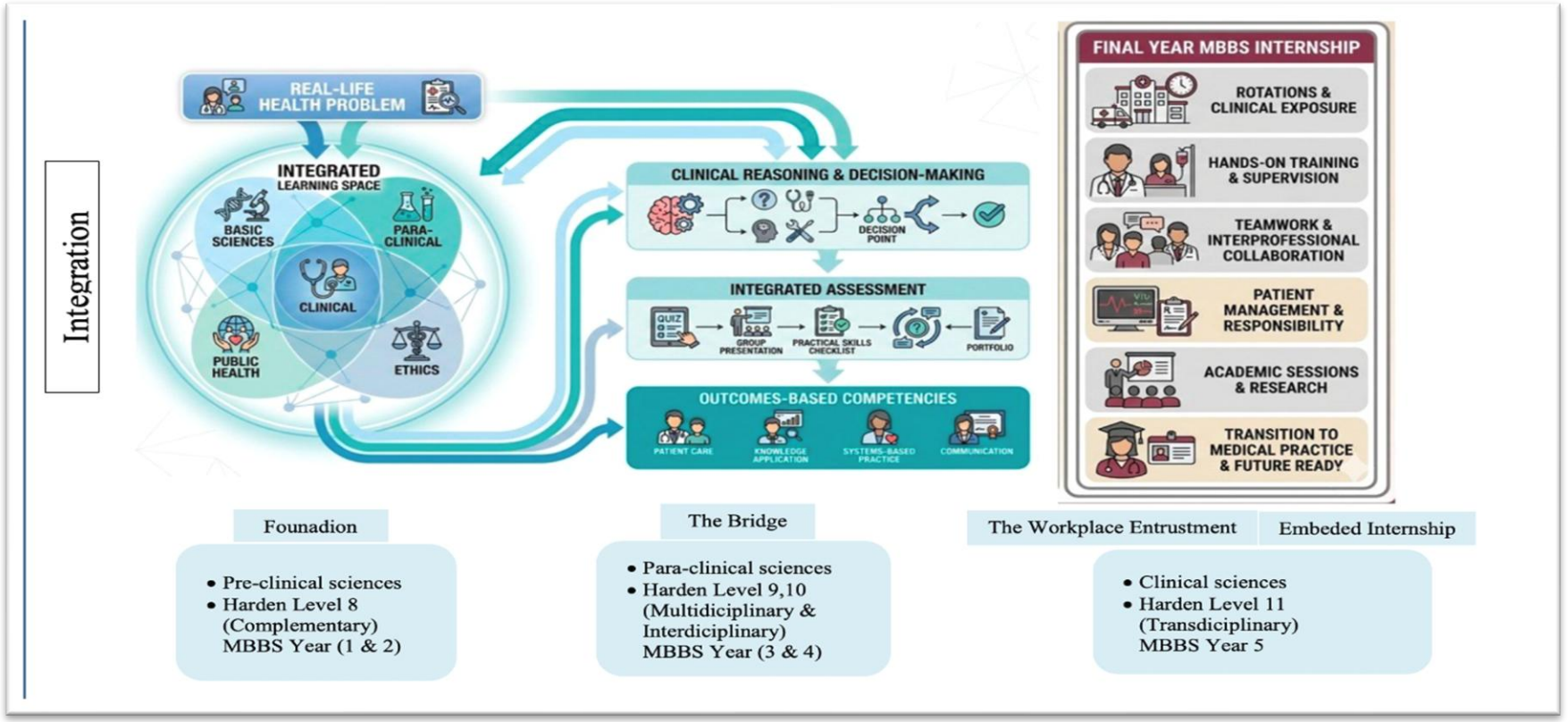


Figure 3 – Transformational Curriculum Framework of RMU 12 Integrated Modular Curriculum 2026 Isolation to Beyond Boundaries

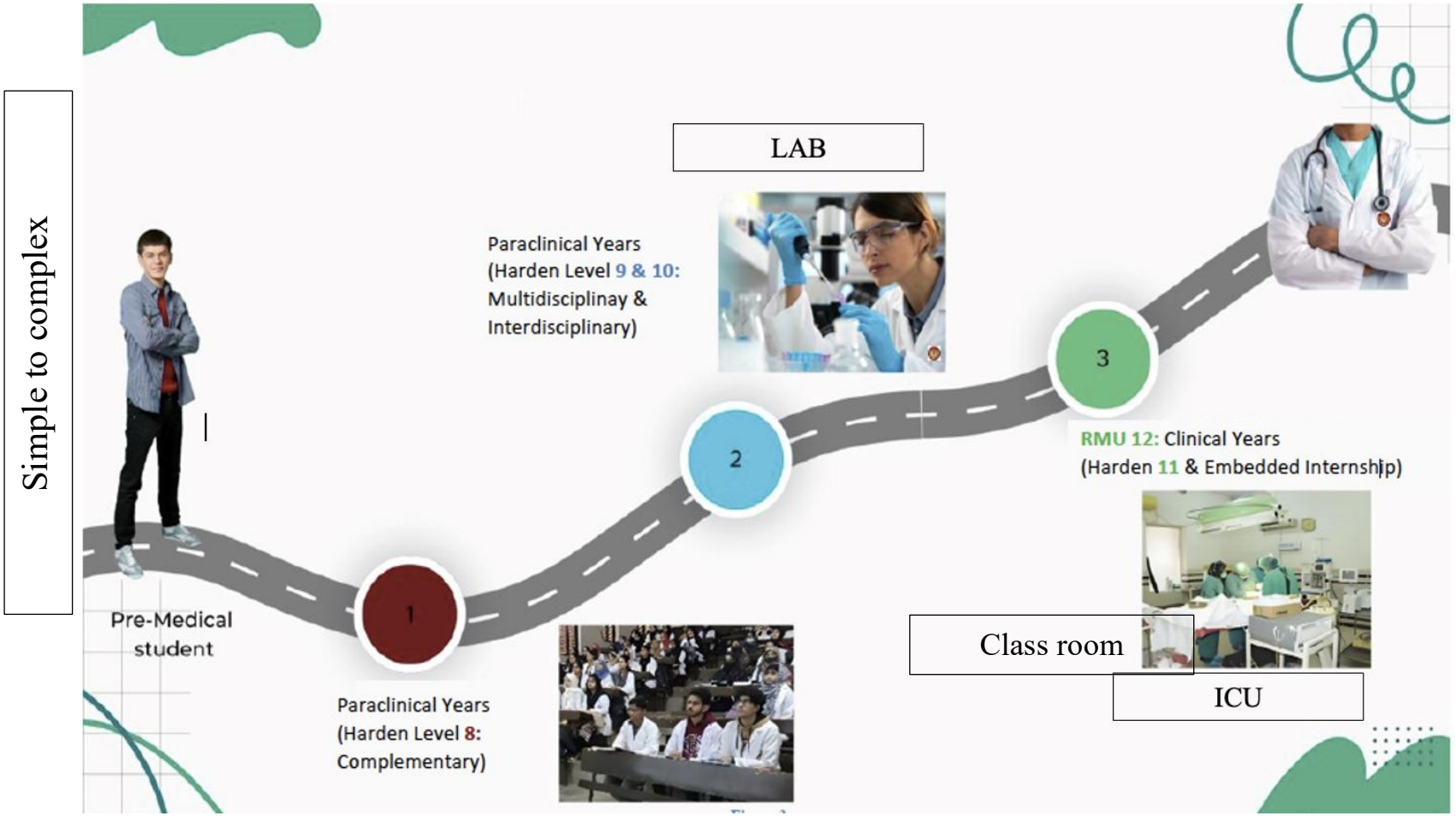


Figure 4 – Educational Framework of RMU 12 Integrated Modular Curriculum 2026
Isolation to Beyond Boundaries

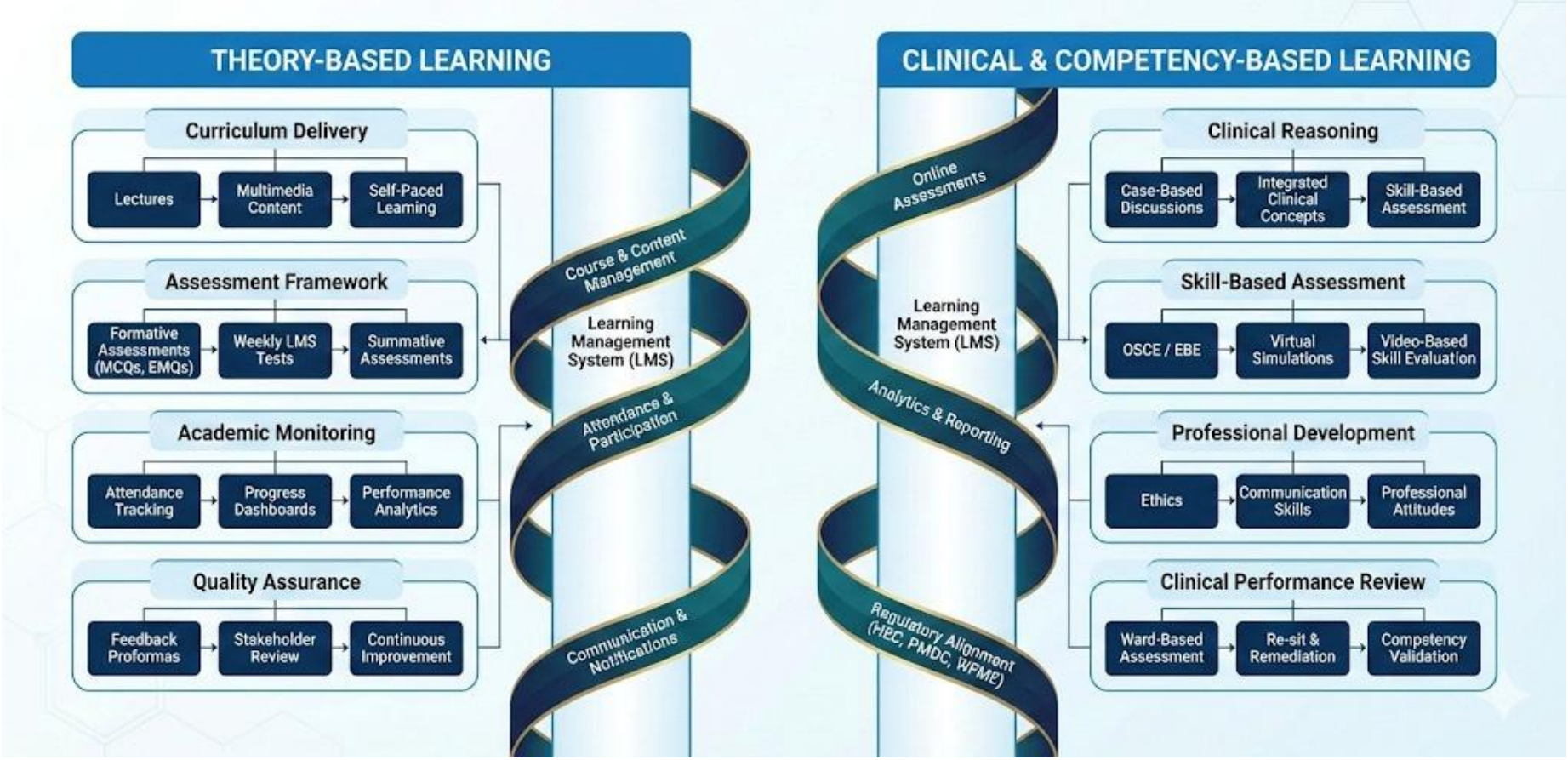


Figure 5 – Entrustment Framework of RMU 12 Integrated Modular Curriculum 2026 Isolation to beyond boundaries

Phase	Curricular Highlights
Pre House-job Internship	**Undergraduate Internship** The Pre House-Job Internship is a structured, supervised transition phase that consolidates clinical skills and professional readiness before the statutory house job. Learning is workplace-based and centred on clearly defined Entrustable Professional Activities aligned with international standards. Assessment relies on programmatic workplace-based tools and entrustment decisions to ensure safe, consistent performance and smoother transition into supervised clinical practice.
Clinical Sciences The Workplace Entrustment	**Transdisciplinary** Clinical education is embedded within real patient care and organised around EPAs and graded responsibility. Students learn as supervised members of clinical teams. Assessment is workplace-based and progression is guided by entrustment decisions supported by portfolios.
Paraclinical Sciences The Bridge	**Multidisciplinary and Interdisciplinary** Pre-clinical sciences are organised around clinical problems and system themes with interdisciplinary learning outcomes and team-based teaching. Instruction uses case-based learning, simulation and integrated laboratories to promote cross-disciplinary reasoning, while advanced units introduce task-based competencies and EPAs using a spiral design. Assessment emphasises integrated performance through OSCEs, workplace-linked tools and portfolios, with progression informed by aggregated evidence rather than single examinations.
Pre-Clinical The Foundation	**Complementary** Basic Medical Sciences are organized into system and theme-based modules with coordinated teaching across disciplines. Subject teaching is aligned through module-level outcomes and planned integrated sessions that reinforce related concepts. Assessments include items to test applied understanding, supported by interdisciplinary planning to ensure coherence.

Figure 6 – Assessment framework of RMU 12 Integrated Modular Curriculum 2026 Isolation to beyond boundaries

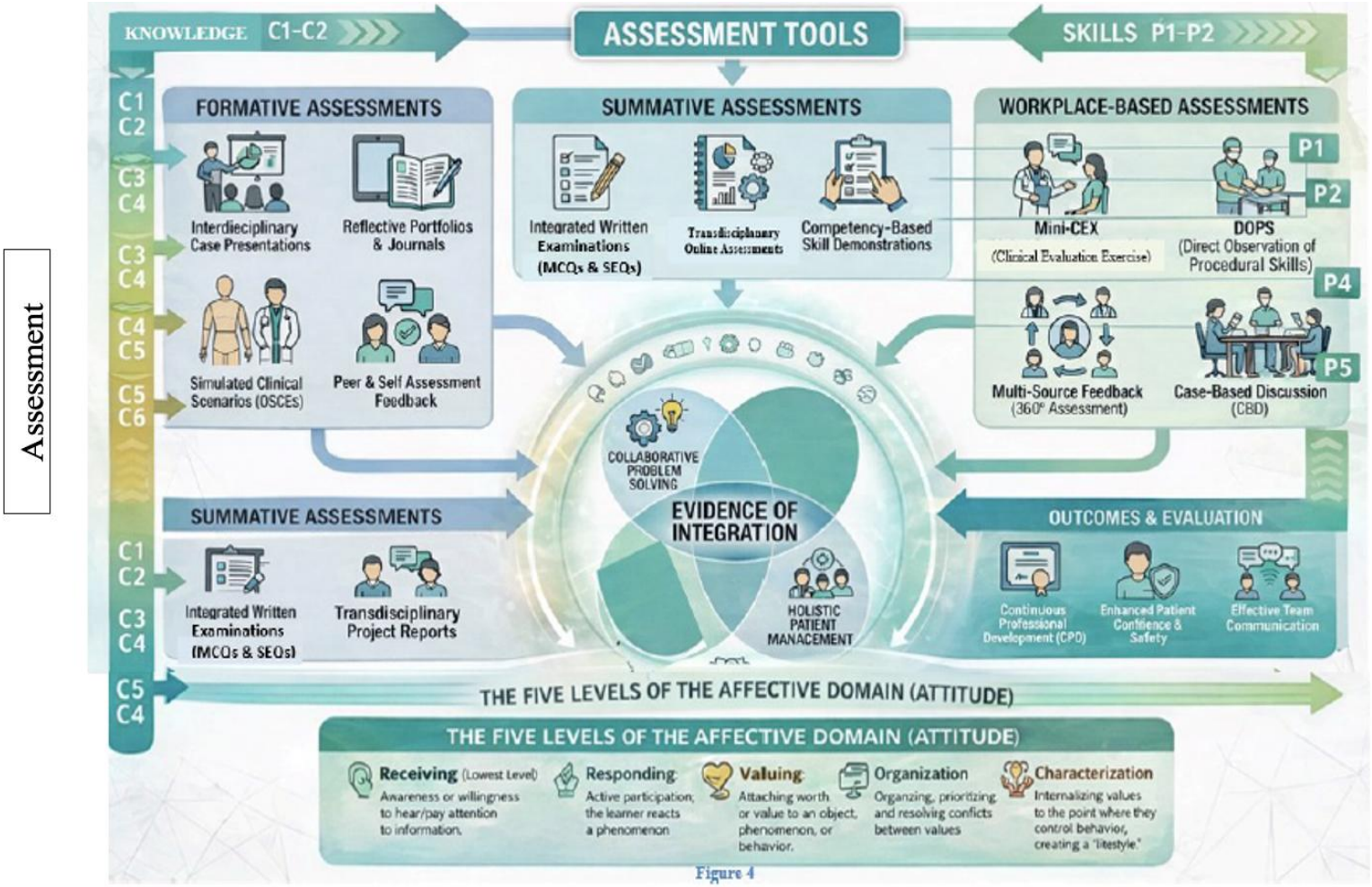
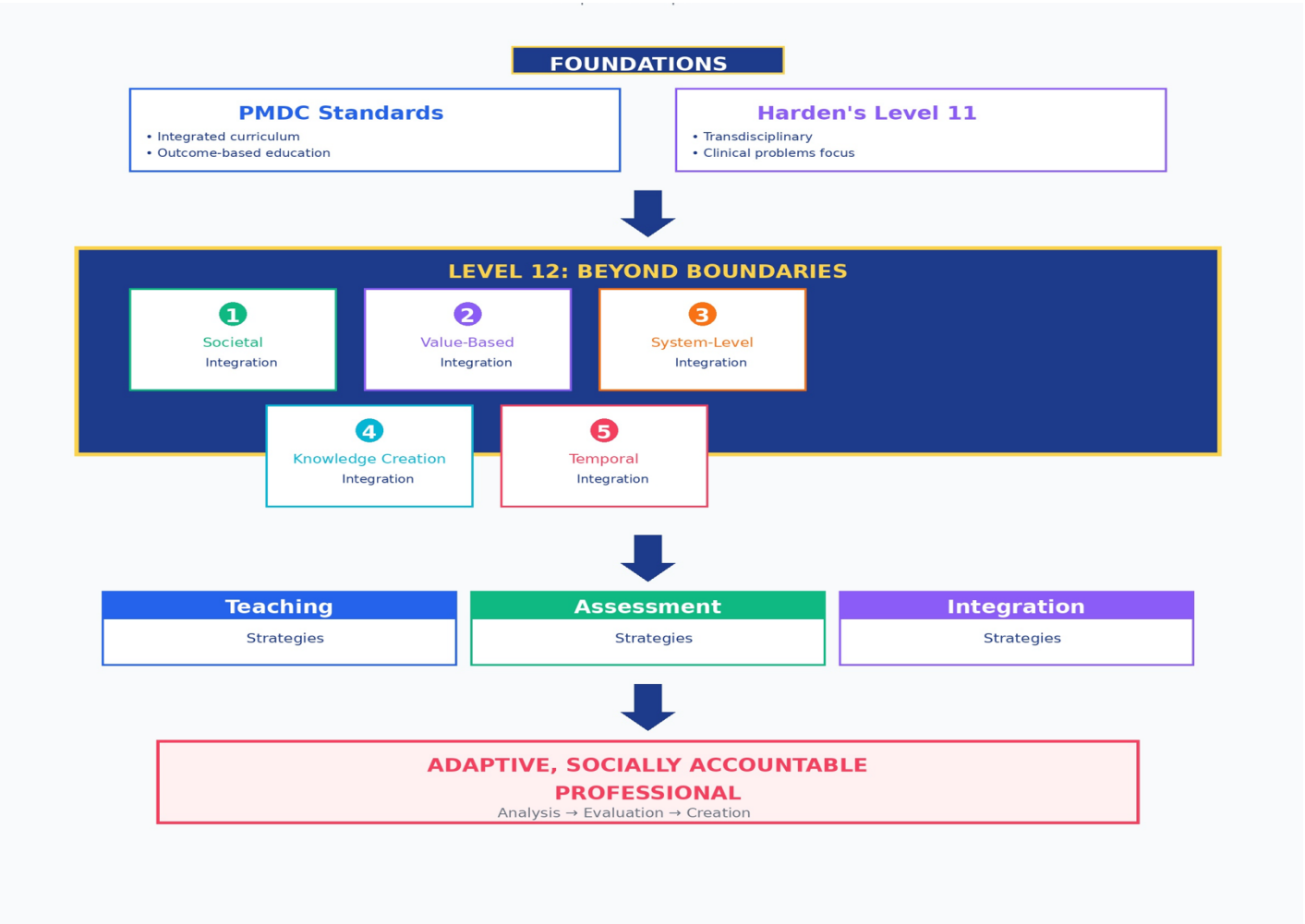


Figure 7 – Competency framework of RMU 12 Integrated Modular Curriculum 2026 Isolation to beyond boundaries



Rawalpindi Medical University has adopted a staged curricular framework that reflects a progressive movement along Harden's integration ladder, culminating in going beyond the ladder to RMU Integration level 12. The curriculum is designed to ensure that knowledge acquired in the early years is not isolated or terminal, but is progressively contextualized, applied and transformed into professional competence. This progression is achieved by aligning curricular structure, teaching approaches and assessment strategies so that students move from conceptual understanding to integrated reasoning and finally to authentic clinical performance with graded responsibility.

Phase 1- The Foundation

In the early phase, basic sciences are organised using a complementary approach. The curriculum is structured into system- and theme-based modules rather than isolated subject courses, allowing Anatomy, Physiology, Biochemistry and related disciplines to retain their academic identity while contributing in a coordinated and mutually reinforcing manner. Learning outcomes are written at the module level and are intentionally framed to reflect conceptual understanding of systems rather than discipline-specific factual recall alone. Teaching is primarily discipline-led, but content delivery is carefully sequenced so that related concepts across subjects are taught in close temporal proximity. This sequencing is reinforced through planned integrated multidisciplinary activities such as problem-based learning, case-based learning and joint sessions that require students to draw connections across disciplines. Teaching methods extend beyond lectures to include small-group discussions with structured clinical problem triggers that encourage early application of knowledge. Assessment in this phase is knowledge-focused, but incorporates integrated items and short clinical vignettes to test applied understanding (C4 level) across disciplines. These integrated assessment elements are deliberately introduced to prepare students for more complex synthesis (C6 level) in later phases, while maintaining the reliability. Regular interdisciplinary planning meetings and module coordination ensure coherence, avoid unnecessary duplication and maintain alignment between teaching and assessment.

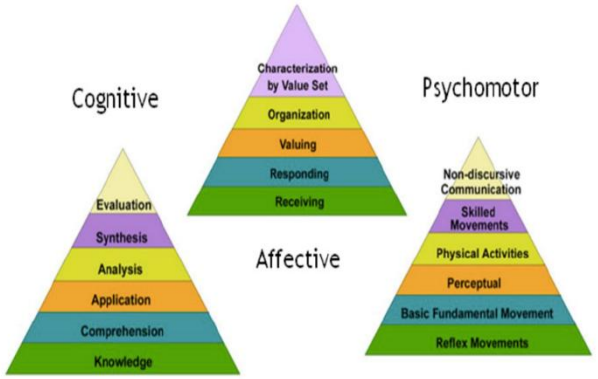


Figure 8 – Blooms Taxonomy

Phase 2- The Bridge

As students enter the pre-clinical phase, the curriculum transitions into a multidisciplinary and subsequently interdisciplinary design. At this stage, curricular organisation shifts more clearly towards clinical systems and patient presentations, and learning outcomes emphasise the integration of knowledge, skills and reasoning across disciplines. Rather than subjects contributing independently, departments collaborate in the design and delivery of modules, and students encounter learning experiences that require simultaneous application of concepts from multiple domains.

Teaching is increasingly delivered through team-based and co-facilitated sessions, with clinicians and basic scientists jointly guiding learning activities. Case-based learning, integrated practical sessions and simulation-based teaching become central modalities, allowing students to engage with clinically meaningful problems while still grounded in scientific principles. The curriculum adopts a spiral structure in which key concepts are revisited at increasing levels of complexity, enabling deeper understanding and clinical relevance. In advanced pre-clinical components, the curriculum becomes explicitly task-oriented, focusing on common clinical presentations and professional activities rather than disciplinary content. At this stage, portfolios are introduced to support longitudinal documentation of learning, and early forms of workplace-linked assessment and

Entrustable activities are incorporated to familiarize students with performance-based expectations. Assessment strategies emphasize synthesis and reasoning, using integrated written examinations, complex case vignettes, OSCEs and structured simulation assessments. Decisions about student progress increasingly rely on aggregated evidence from multiple assessment tools and research projects.

Phase 3- The Workplace Entrustment

In the clinical phase, the curriculum becomes fully transdisciplinary, with learning embedded within authentic patient care and professional practice. Educational activities are organised around real clinical tasks, patient care pathways and Entrustable Professional Activities that reflect the core responsibilities of a graduating doctor. Students are integrated into clinical teams and participate in patient care under supervision, progressively assuming greater responsibility as competence is demonstrated. Teaching is predominantly workplace- based, supported by bedside teaching, coaching, reflective practice and targeted simulation for complex or high-risk activities. The distinction between disciplines becomes secondary to the holistic management of patients, as students are expected to integrate biomedical knowledge, clinical skills, communication, professionalism and teamwork in real settings. Assessment is programmatic and centered on performance in the workplace, using tools such as mini-CEX, DOPS, case-based discussions and multisource feedback.

Figure 9 – Miller's Pyramid of Clinical Competence

Evidence from these assessments is collected longitudinally within portfolios and reviewed by entrustment or competence committees to make informed decisions about progression and readiness for practice. Summative judgment is therefore based on sustained performance over time. Faculty roles evolve from subject teachers to supervisors, assessors and coaches, with explicit responsibility for observation, feedback and entrustment decisions. Diverse clinical exposure in tertiary public sector hospitals and community settings ensure adequate exposure, supervision and assessment opportunities, while quality assurance processes focus on the validity and consistency of entrustment decisions and learning experiences. **Phase 4- The**

Undergraduate Internship

The Undergraduate Internship is a structured, supervised transition phase designed to consolidate clinical competence and ensure readiness for the statutory house job. It provides learners with protected, workplace-based exposure focused on authentic patient care tasks, guided by clearly defined Entrustable Professional Activities aligned with international standards. Teaching emphasizes supervised clinical practice, simulation for high-risk scenarios, and interprofessional teamwork, while assessment uses programmatic workplace-based tools, portfolios and entrustment decisions to judge safe, consistent performance. This level strengthens patient safety, reduces transition shock, and ensures that graduates enter the house job with demonstrable, documented readiness for independent supervised practice.

Across all phases, the curriculum is underpinned by faculty development and continuous quality assurance. The staged movement from complementary through multidisciplinary and interdisciplinary learning to transdisciplinary clinical practice ensures that graduates are not only knowledgeable, but also capable of applying their learning effectively and safely in real clinical environments. This integrated and progressive design reflects contemporary best practices in medical education and aligns the educational experience with the expectations of modern healthcare systems.

RMU 12 Trans Contextual Integration Framework (TCIF)

Introduction

Modern medical education emphasizes integration as a cornerstone for producing competent, reflective, and patient-cantered physicians. Harden's Integration Ladder provides a structured framework to assess the degree of integration within a medical curriculum, ranging from isolated teaching (Level 1) to full transdisciplinary integration (Level 11). Rawalpindi Medical University (RMU), through its MBBS curriculum design, teaching strategies, and assessment framework, demonstrates clear alignment with PMDC's undergraduate medical education standards and fulfills the criteria for Level 11 on Harden's Integration Ladder and even beyond boundaries corresponding to ***RMU 12 Integration***. Furthermore, RMU's curriculum promotes higher-order thinking skills as defined by Bloom's Taxonomy, thereby extending beyond mere integration to the development of competent, reflective, and adaptive physicians.

Rawalpindi Medical University (RMU), through its undergraduate MBBS curriculum and evolving educational strategies, demonstrates characteristics that place it at Level 11 of Harden's Ladder and, in several aspects, even beyond that RMU 12(beyond boundaries/internship). This is evident in RMU's holistic curriculum design, clinical immersion, problem-based learning, community-oriented education, and outcome-driven assessment strategies.

Key Highlights

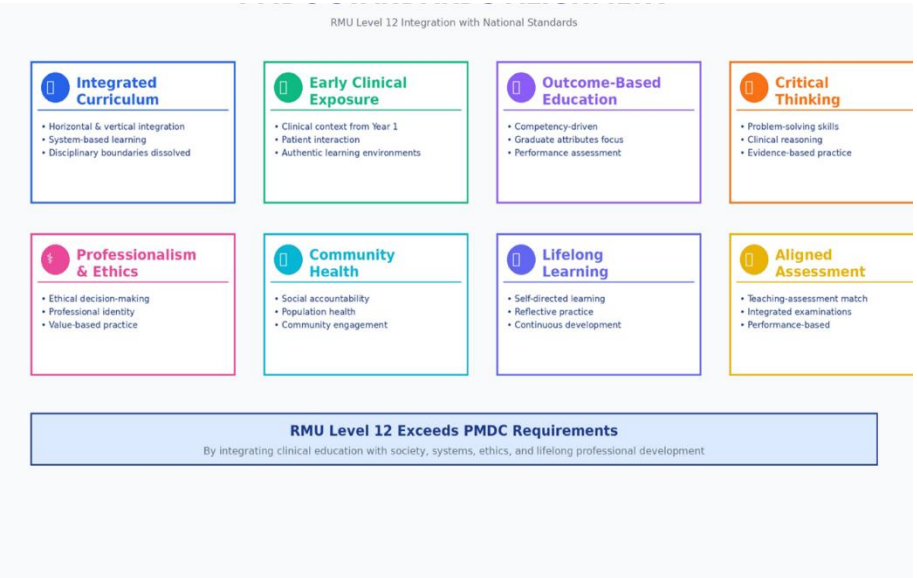
- Transcends Harden's Level 11 through integration with society, systems, ethics, and lifelong learning
- Fully aligned with PMDC undergraduate medical education standards
- Emphasizes higher-order thinking: Analysis, Evaluation, and Creation (Bloom's Taxonomy)
- Produces socially accountable, adaptive physicians prepared for 21st-century healthcare challenges

1. Foundations of Integration

1.1 PMDC Standards for Medical Education

The Pakistan Medical and Dental Council mandates a transformative approach to undergraduate medical education characterized by:

- **Integrated Curriculum:** Horizontal integration (across disciplines) and vertical integration (across years)
- **Early Clinical Relevance:** Clinical context introduced from initial years
- **Outcome-Based Education:** Focus on graduate competencies rather than content coverage
- **Critical Thinking & Problem-Solving:** Development of analytical and evaluative skills
- **Professionalism & Ethics:** Embedded throughout the curriculum, not as isolated modules
- **Alignment of Teaching, Learning, and Assessment:** Constructive alignment with graduate outcomes



Harden's Integration Ladder RMU RMU 12 Isolation to Beyond Boundaries

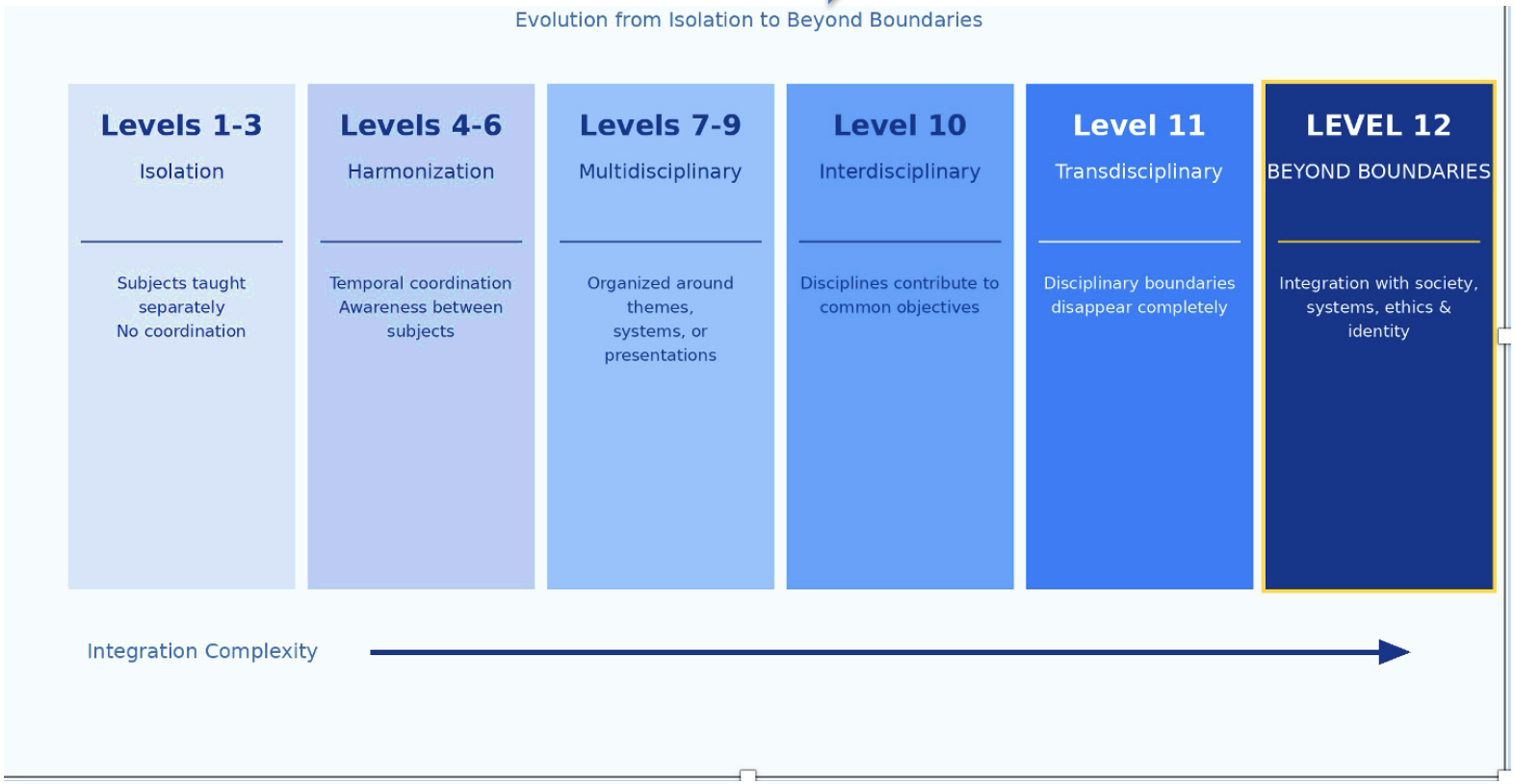


Figure 11 –RMU 12 Isolation to Beyond Boundaries

2. RMU-12 —Beyond Boundaries

2.1 Conceptual Definition

RMU 12: Beyond Boundaries Integration

A curriculum in which learning is organized not merely around disciplines or clinical problems, but around real-world health systems, societal needs, ethical complexity, population health challenges, and professional identity formation—producing graduates who can adapt, lead, and innovate across contexts.

2.2 Why Level 12 Exists

While Harden's Integration Ladder culminates at Level 11 (Transdisciplinary Integration), contemporary medical education—particularly as mandated by PMDC—requires graduates who can function beyond the clinical encounter. RMU operates beyond transdisciplinary clinical integration by:

- Shifting the unit of integration from the patient alone to the patient embedded within society, systems, ethics, and professional identity
- Addressing health systems, governance, and resource allocation as integral learning domains
- Embedding knowledge creation and research literacy, not just knowledge synthesis
- Structuring lifelong learning and adaptive professionalism as explicit outcomes

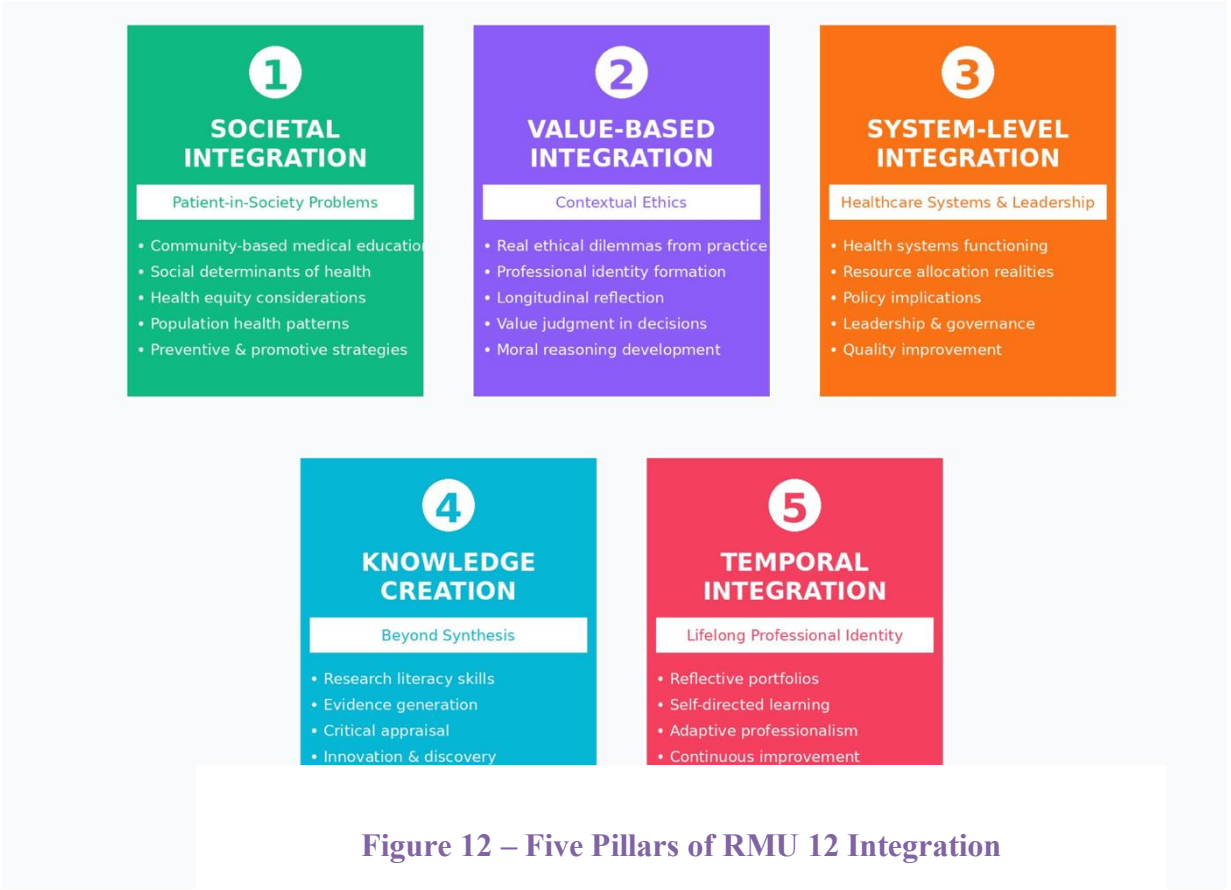


Figure 12 – Five Pillars of RMU 12 Integration

2.3 Five Pillars of Level 12 Integration

A. Societal Integration: Patient-in-Society Problems

Level 11: Patient-centered clinical problems

RMU 12: Patient-in-society problems

RMU Implementation: (Methodology)

- Community-based medical education
- Analysis of social determinants of health
- Preventive and promotive healthcare strategies
- Health equity considerations in clinical decision-making

Students don't merely diagnose disease—they analyze population patterns and design interventions, requiring evaluation and creation (Bloom's highest levels).

B. Value-Based Integration: Contextual Ethics

Level 11: Ethics integrated within cases

RMU 12: Ethics embedded longitudinally in real decisions

RMU Implementation:

- Ethical dilemmas arising from real patient encounters, not hypothetical scenarios
- Continuous professional identity formation throughout the curriculum
- Assessment of reflective practice and ethical reasoning

Students must weigh competing values, manage uncertainty, and justify actions—hallmarks of evaluation-level cognition.

C. System-Level Integration: Healthcare Systems & Leadership

Level 11: Focus on individual patient care

RMU 12: Focus on healthcare systems and governance

RMU Implementation:

- Exposure to health systems functioning and policy implications
- Understanding resource allocation realities
- Leadership and teamwork competencies

Students evaluate trade-offs between individual benefit and population good—something no single discipline or clinical problem can teach.

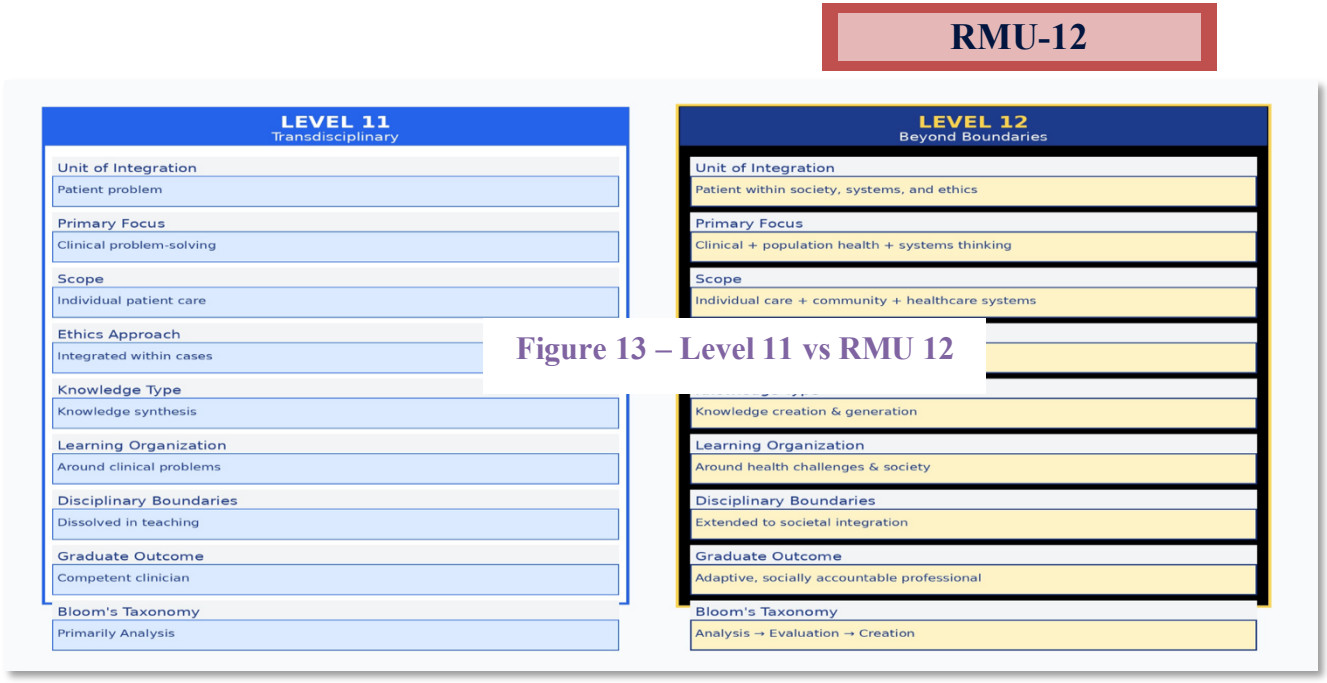


Figure 13 – Level 11 vs RMU 12

D. Beyond Level 11:

Knowledge Creation: Synthesis

Knowledge synthesis

RMU 12:

Knowledge generation

RMU Implementation:

- Research literacy and critical appraisal skills

- Clinical audits and community health projects
- Evidence-based practice and innovation

Students formulate research questions, design solutions, and create outputs—aligning with the creation level of Bloom's Taxonomy.

E. Temporal Integration: Lifelong Professional Identity

Level 11: Competent graduate

RMU 12: Adaptive professional

RMU Implementation:

- Reflective portfolios documenting professional growth
- Self-directed learning plans
- Feedback-driven continuous improvement

Graduates leave with the ability to identify learning needs and adapt to new contexts—temporal integration across undergraduate education and professional life.

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3. Alignment with PMDC Standards

The following table demonstrates explicit mapping between PMDC graduate competencies, RMU curriculum implementation, and justification for Level 12 integration:

PMDC Competency	RMU Implementation	Level 12 Justification
Medical Knowledge	Integrated system-based modules combining anatomy, physiology, pathology, pharmacology, radiology, and clinical medicine	Knowledge constructed through real patient problems; subject boundaries dissolved
Clinical Skills & Patient Care	Early clinical exposure, bedside teaching, skills labs, OSCEs	Skills and knowledge learned simultaneously in authentic clinical contexts
Clinical Reasoning	Case-based learning, problem-based tutorials, integrated examinations	Learning organized around clinical problems requiring synthesis beyond single disciplines
Communication Skills	Longitudinal communication training embedded in OSCEs and ward teaching	Communication competencies embedded within patient encounters, not isolated modules
Professionalism & Ethics	Longitudinal professionalism themes, ethics discussions during clinical rotations	Ethical reasoning contextualized within patient care—extends to value-based integration
Community & Preventive Health	Community-based medical education, public health projects, outreach programs	Integrates clinical medicine with population health and social determinants—societal integration
Lifelong Learning	Reflective practice, research literacy, self-directed learning tasks	Students identify learning needs from clinical encounters—temporal integration

4. Bloom's Taxonomy & Higher-Order Thinking

RMU's curriculum explicitly targets higher-order cognitive domains of Bloom's Taxonomy:

- **Analysis:** Breaking down complex clinical cases, interpreting investigations, differentiating diagnoses
- **Evaluation:** Appraising evidence, justifying management decisions, defending clinical choices
- **Creation:** Designing interventions, formulating research questions, developing solution.

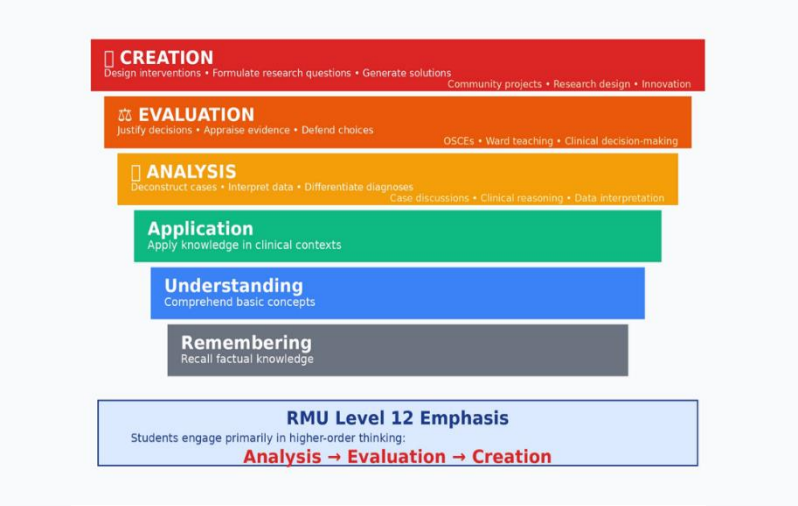


Figure 14 – Bloom's Taxonomy in RMU 12

4.1 Learning Activities Mapped to Bloom's Levels

Learning Activity	Bloom's Level	Justification
Integrated case-based discussions	**Analysis**	Students deconstruct complex cases, interpret investigations, differentiate diagnoses
Ward-based clinical teaching	**Analysis → Evaluation**	Learners appraise patient data and justify management decisions in real time
OSCEs and scenario-based stations	**Evaluation**	Students defend clinical decisions, prioritize care, demonstrate judgment under pressure
Community health projects	**Evaluation → Creation**	Learners assess community needs and design context-specific preventive interventions
Research projects & clinical audits	**Creation**	Students formulate questions, design studies, generate new knowledge

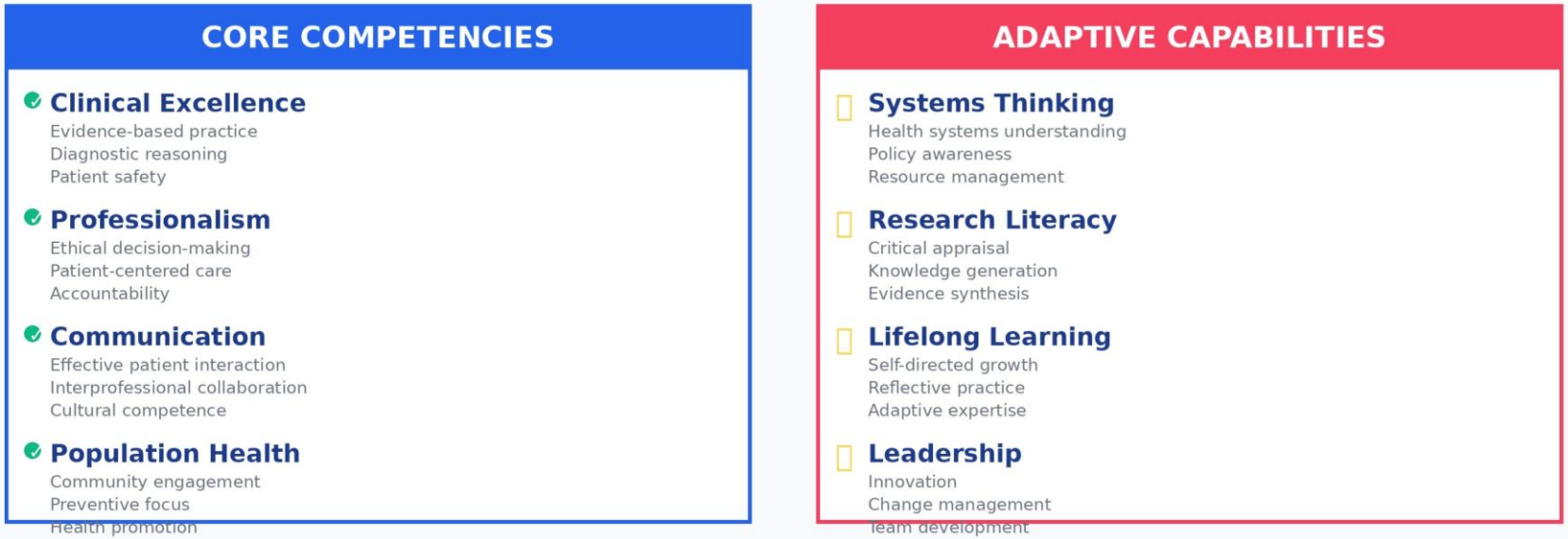


Figure 15 – Graduate Outcomes in RMU 12

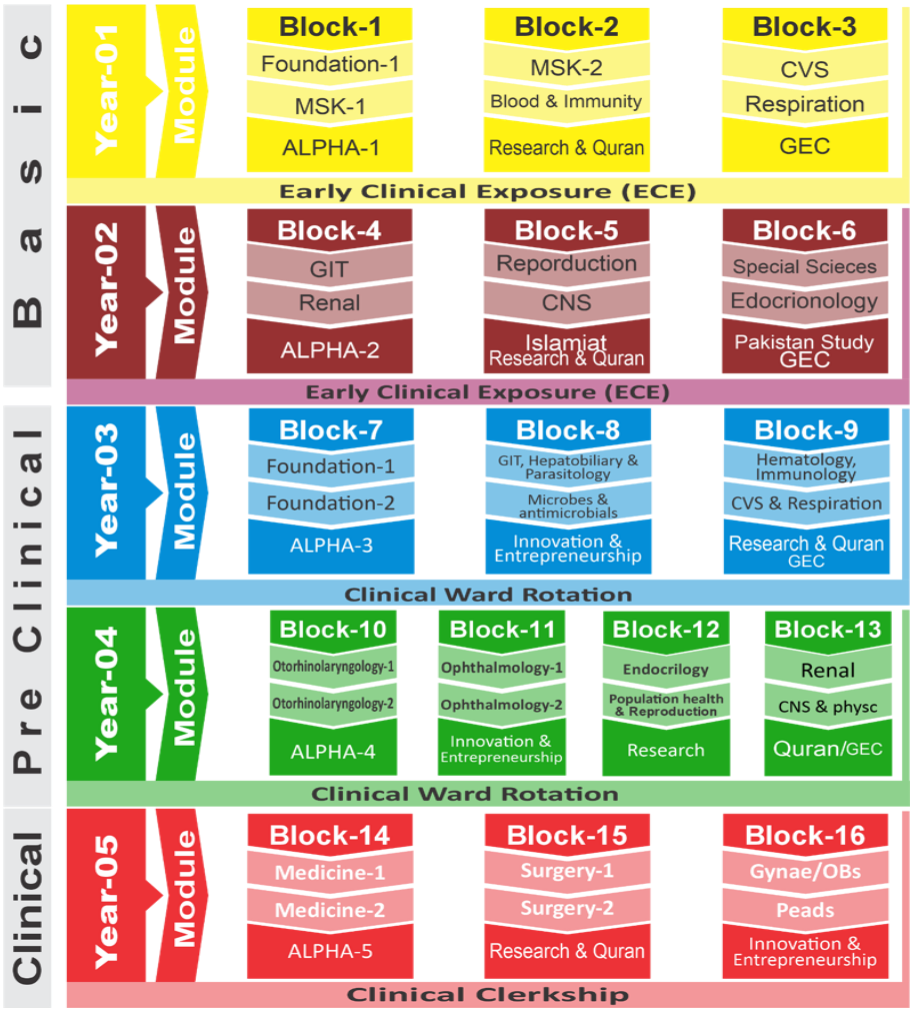


Figure 16 – Modules from basic to Clinical in RMU 12

Conclusion

Rawalpindi Medical University's curriculum exemplifies a transformational approach to medical education that extends beyond traditional disciplinary integration. By achieving **Level 12: Beyond Boundaries Integration**, RMU demonstrates that modern medical education must prepare graduates not only as competent clinicians but as adaptive, reflective, socially accountable professionals capable of navigating complex health systems, ethical dilemmas, and evolving healthcare landscapes.

This framework, fully aligned with PMDC standards and grounded in Bloom's higher-order cognitive domains, positions RMU as an innovator in outcome-based, student-centered medical education that produces physicians prepared for 21st-century healthcare challenges.

The Five Pillars of Level 12—Societal Integration, Value-Based Integration, System-Level Integration, Knowledge Creation, and Temporal Integration—collectively represent a holistic vision for medical education that transcends disciplinary boundaries and prepares graduates for lifelong professional excellence.

Key Takeaways for Educators

- Level 12 integration is achievable through deliberate curriculum design aligned with regulatory standards
- Higher-order thinking (Analysis, Evaluation, Creation) must be explicitly embedded in learning activities
- Integration extends beyond clinical problems to encompass society, systems, ethics, and professional identity
- Assessment strategies must align with transdisciplinary learning objectives
- The ultimate goal is producing adaptive professionals, not merely competent graduates

Figure 17 – RMU 12 Symptom Based Integrated Clinical Clerkship

Symptom Based Integrated Clinical Clerkship
Rawalpindi Medical University

Level 12 Clinical Clerkship

(Theme-Based Integrated Clinical Training)

1. Program Overview

The 4th Year MBBS Clinical Clerkship at Rawalpindi Medical University (RMU) is designed as a structured, competency-driven, Level 12 embedded clinical training model.

At this stage, students transition from supervised academic learners to progressively independent clinical participants. The program emphasizes immersive patient care exposure, deliberate practice, interdisciplinary integration, reflective learning, and longitudinal competency tracking.

Unlike traditional block rotations that isolate disciplines, RMU adopts a **theme-based embedded structure**, where allied specialties are integrated within broader clinical streams. This ensures continuity in clinical reasoning, patient care responsibility, and professional identity formation.

The clerkship prioritizes:

- Authentic clinical participation
- Early subspecialty exposure
- Competency-based progression
- Structured formative feedback
- Reflective practice
- Continuous internal assessment
- Longitudinal skill development

Students are expected to function as active members of clinical teams rather than passive observers.

2. Educational Philosophy

The RMU 12 Embedded Clerkship is grounded in:

- Competency-Based Medical Education (CBME)
- Experiential learning through clinical immersion
- Progressive scaffolding of autonomy
- Continuous formative assessment
- Reflective and self-directed learning
- Interdisciplinary integration
- Patient-centered professionalism

Clinical learning is organized around **patient presentations and themes**, not isolated subject boundaries. Students develop clinical reasoning across systems rather than within silos.

3. Theme-Based Integrated Structure

The clerkship is organized into **integrated clinical themes** embedded within two major streams:

Students experience:

- Acute surgical presentations
- Trauma and emergency care
- Operative indications
- Post-operative monitoring
- Procedural skill development under supervision

Students engage in:

- Outpatient clinics
- Ward rounds
- Multidisciplinary discussions
- Community and psychosocial assessments

- Longitudinal patient follow-up

The theme-based structure ensures exposure to:

- Acute conditions
- Chronic diseases
- Surgical decision-making
- Medical management
- Community care
- Mental health integration

4. Core Learning Outcomes (RMU 12 Competency Expectations)

Upon completion of the 4th Year Clerkship, students will be able to:

1. Conduct focused clinical history and examination across subspecialties
2. Perform selected procedural skills safely under supervision
3. Formulate prioritized differential diagnoses
4. Develop rational investigation plans
5. Participate in multidisciplinary case discussions
6. Communicate effectively with patients and healthcare teams
7. Apply ethical and professional standards consistently
8. Demonstrate reflective clinical learning
9. Show emerging independent clinical judgment

These outcomes align with Level 12 expectations of embedded participation and progressive autonomy.

5. Assessment Model – 40% Continuous Internal Assessment (CIA)

RMU distinguishes itself through a robust Continuous Internal Assessment system.

CIA Structure:

- **30% Theory & Clinical Assessments**
- **10% LMS-based assessments**

CIA evaluates:

- Clinical skills performance
- Case presentations
- Bedside participation
- Procedural competence
- Professionalism
- Logbook completion
- Reflective portfolio entries
- Mini-CEX and DOPS
- Supervisor feedback

Continuous assessment ensures:

- Sustained engagement
- Real-time feedback
- Early identification of learning gaps
- Remediation opportunities
- Skill consolidation over time

Competence is evaluated longitudinally rather than through a single high-stakes examination.

6. Progressive Scaffolding of Autonomy

The Level 12 clerkship follows a structured autonomy model:

Stage 1 — Guided Participation

Students observe and assist in patient care.

Stage 2 — Supervised Performance

Students perform clinical tasks with structured faculty oversight.

Stage 3 — Supported Independence

Students lead patient encounters with supervision available.

Each rotation increases responsibility while maintaining safety and accountability.

This scaffolding:

- Builds confidence
- Reduces cognitive overload
- Encourages reflective learning
- Reinforces mastery through repetition
- Develops clinical judgment

Competence emerges through repeated exposure, structured feedback, and deliberate practice.

7. RMU 12 Embedded Clerkship

The RMU 12 model integrates:

- Vertical curriculum alignment
- Interdisciplinary collaboration
- Competency mapping
- Longitudinal evaluation
- Reflective learning cycles

Students follow patients across services, linking classroom knowledge to real clinical decision-making.

This embedded design:

- Prevents fragmented learning
- Promotes continuity of care understanding
- Encourages systems thinking
- Strengthens teamwork skills
- Supports professional identity formation

Students learn not only clinical content but also how to function within healthcare systems.

8. Development of Self-Directed Lifelong Learners

The clerkship intentionally cultivates:

- Self-assessment skills
- Adaptive expertise
- Curiosity-driven inquiry
- Evidence-based reasoning
- Professional resilience

Students maintain portfolios, set learning goals, and engage in guided reflection.

They learn to:

- Identify personal knowledge gaps
- Seek evidence independently
- Critically appraise information
- Update clinical reasoning continuously

The goal is transformation from exam-focused learners into evolving, self-sustaining professionals.

9. Distinctive Features of the RMU 12

Compared to traditional clerkship systems, RMU stands out by:

- Early subspecialty integration
- Embedded participation within clinical teams
- Strong 40% continuous internal assessment
- Structured scaffolding of independence
- Longitudinal competency tracking
- Emphasis on reflective growth
- Alignment with national and international competency frameworks

The outcome is a graduate who is:

- Clinically competent
- Adaptable
- Ethical
- Reflective
- Team-oriented
- Prepared for increasing responsibility in final year and house job

Preamble

This curriculum is according to the standards set by following organizations.

1. Foundation for Advancement of International Medical Education and Research (FAIMER)
2. Accreditation Council for Graduate Medical Education (ACGME)
3. World Federation for Medical Education (WFME)
4. Undergraduate Education Policy 2023 from Higher Education Commission (HEC)
5. Pakistan Medical and Dental Council (PMDC) guidelines for undergraduate Medical Education Curriculum (MBBS) 2022

It is based on **SPICES** model of educational strategies which is student centered, problem based, integrated, community oriented and systematic. *

Teacher centered	□	Student centered	S
Information oriented	□	Problem based	P
Discipline based	□	Integrated	I
Hospital based	□	Community based	C
Standardized curriculum	□	Elective programs	E
Opportunistic	□	Systematic	S

*Harden, R. M., Sowden, S., & Dunn, W. R. (1984). Educational strategies in curriculum development: The SPICES model. Medical Education, 18, 284-297. http://dx.doi.org/10.1111/j.1365-2923.1984.tb01024.x

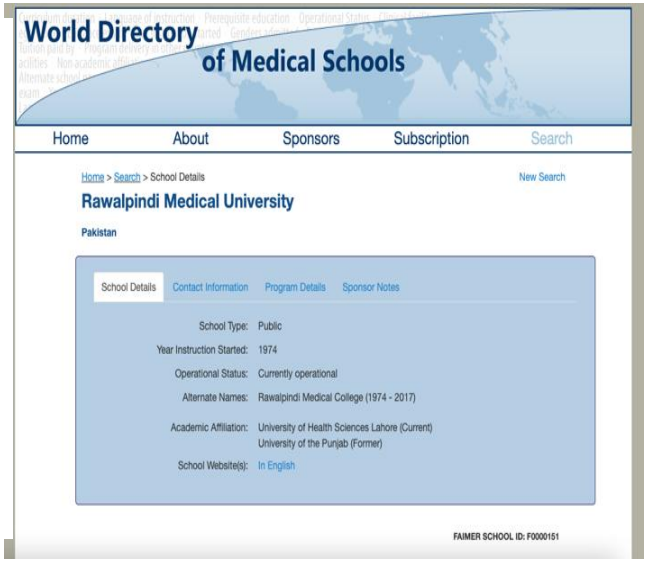
Reference Documents

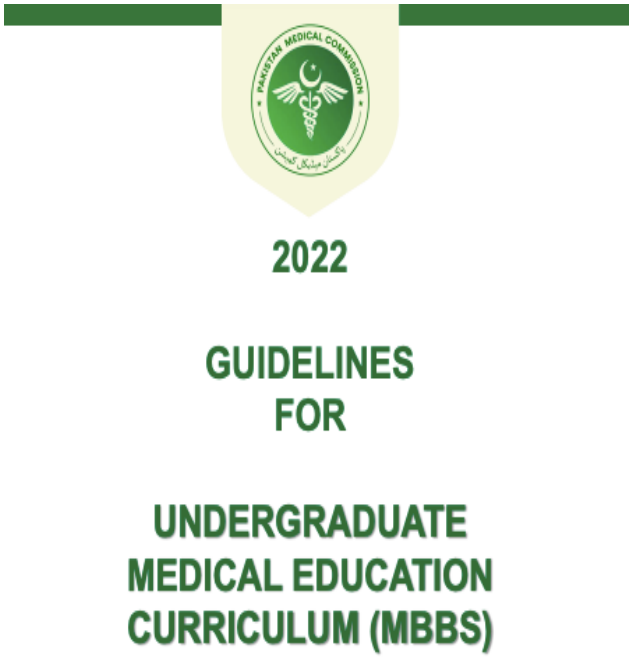
FAIMER™
A Division of Intealth

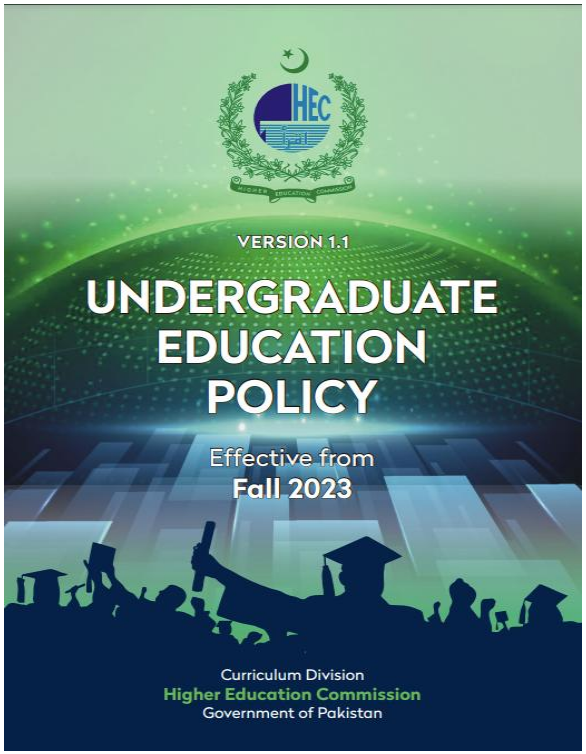
Foundation for Advancement of International Medical Education and Research

https://search.wdoms.org/?_gl=1*b2ddww*_ga*MTQyNTAwNzIxMi4xNzA2ODEwNjcx*_ga_R5BJZG5EYE*MTcwNjgzNjg3Ni4yLjAuMTcwNjgzNjg3Ni4wLjAuMA..

https://wfme.org/wp-content/uploads/2020/12/WFME-BME-Standards-2020.pdf







https://pmc.gov.pk/Documents/Examinations/Guidelines%20for%20Undergraduate%20Medical%20Education%20Curriculum%20(MBBS).pdf

https://www.hec.gov.pk/english/services/students/UEP/Documents/UGE-Policy.pdf

According to Pakistan Medical and Dental Council (PMDC) guidelines for undergraduate Medical Education Curriculum (MBBS) 2022

Figure 19 – Core competencies of a health professional

Seven-star doctor

- Skilful
- Knowledgeable
- Community health promoter
- Critical thinker
- Professional
- Scholar
- Leader and role model

1. Skillful (Clinical, Cognitive and Patient Care Skills)

- Takes a focused historyPerform physical and psychological examination
- Formulates a provisional diagnosis Orders appropriate investigations
- Performs various common procedures Debates, formulates management plans
- Manages time and prioritizes tasks Ensures patient safety.
- Advises and counsels, educates, recognizes and takes in to consideration issues of equality
- Describes and debates the reasons for the success or failures of various approaches

2. Knowledgeable (Scientific Knowledge for Good Medical Practice)

Differentiates, relates, applies and ensures knowledge is gained.

3. Community Health Promoter (Knowledge of Population Health and Healthcare Systems)

- Understands their role and be able to take appropriate action
- Determinants of health impact on the community
- Takes appropriate action for infectious non-communicable disease and injury prevention
- Evaluates national and global trends in morbidity and mortality
- Works as an effective member of health care team
- Adopts a multidisciplinary approach for health promotion

- Applies the basics of health systems Makes decisions for health care.

4. Critical thinker (Problem Solving and Reflective Practice)

- Use of information
- Critical data evaluation
- Dealing effectively with complexity, uncertainty and probability
- Regular reflection on their practice
- Initiating participating in or adopting to change,
- flexibility and problem-solving approach Commitment to quality assurance,
- Raising concerns about public risks and patient safety.

5. Professional (Behaviour and Professionalism)

- Life long, self-directed learner
- Demonstrates continuous learning
- Seeks peer feedback
- Manages information effectively
- Provides evidence of continuing career advancement
- Functions effectively as a mentor and a trainer,
- responds positively to appraisals and feedback
- Altruistic and empathetic
- Ethical, Collaborator, Communicator.

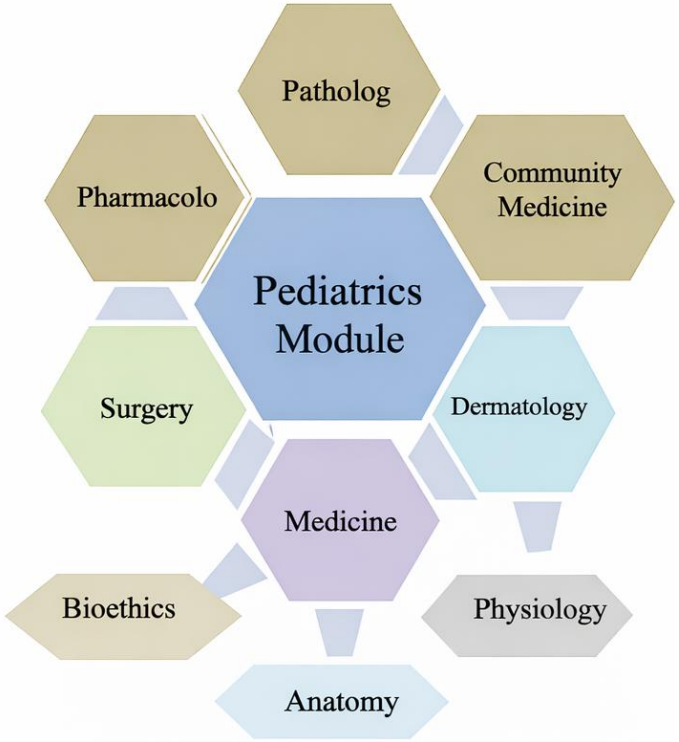
6. Scholar and Researcher

- Identifies a researchable problem and critically reviews the literature
- Phrases succinct research questions and formulates hypotheses
- Identifies the appropriate research design(s) in epidemiology and analytical tests in biostatistics to answer the research question.
- Collects, analyzes and evaluates data, and presents results.
- Demonstrates ethics in conducting research and in ownership of intellectual property.

7. Leader and Role Model

- Demonstrates exemplary conduct and leadership potential in a. advancing healthcare b. enhancing medical education c. initiating, participating in and adapting to change, using scientific evidence and approaches d. Enhancing the trust of the public in the medical profession by being exceptional role model at work and when away e. accepting leadership roles f. Providing leadership in issues concerning society.
- Appreciate concepts & importance of
- Research
- Biomedical ethics
- Family medicine
- Artificial Intelligence

This module will run in 6 weeks duration. The content will be covered through introduction of topics. Instructional strategies are given in the time table and learning objectives are given in the study guides. Study guides will be uploaded on the university website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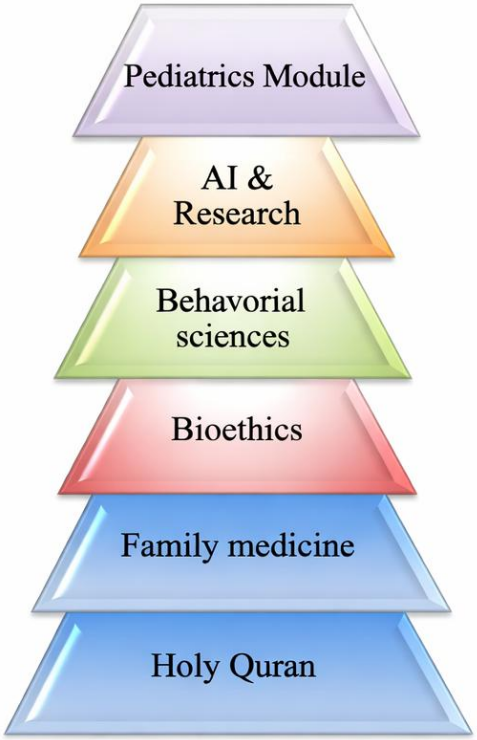
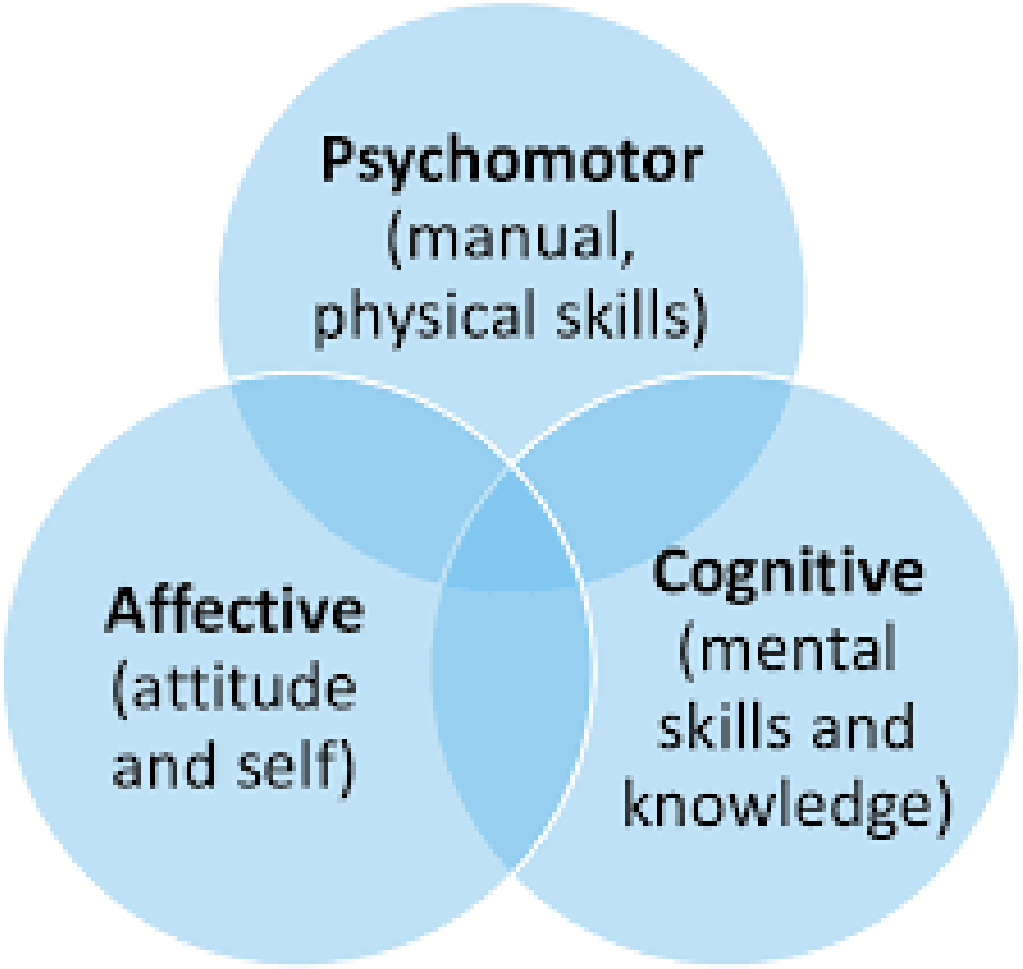
Bioethics
Physiology
Anatomy


Pediatrics Module
AI & Research
Behavorial sciences
Bioethics
Family medicine
Holy Quran

Study Guide: Terms & Abbreviations

Contents

Tables & Figures


Psychomotor
(manual,
physical skills)
Affective
(attitude
and self)
Cognitive
(mental
skills and
knowledge)

Domains of learning according to Blooms Taxonomy

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

Educational Strategies

Large Group Interactive Session (LGIS)

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

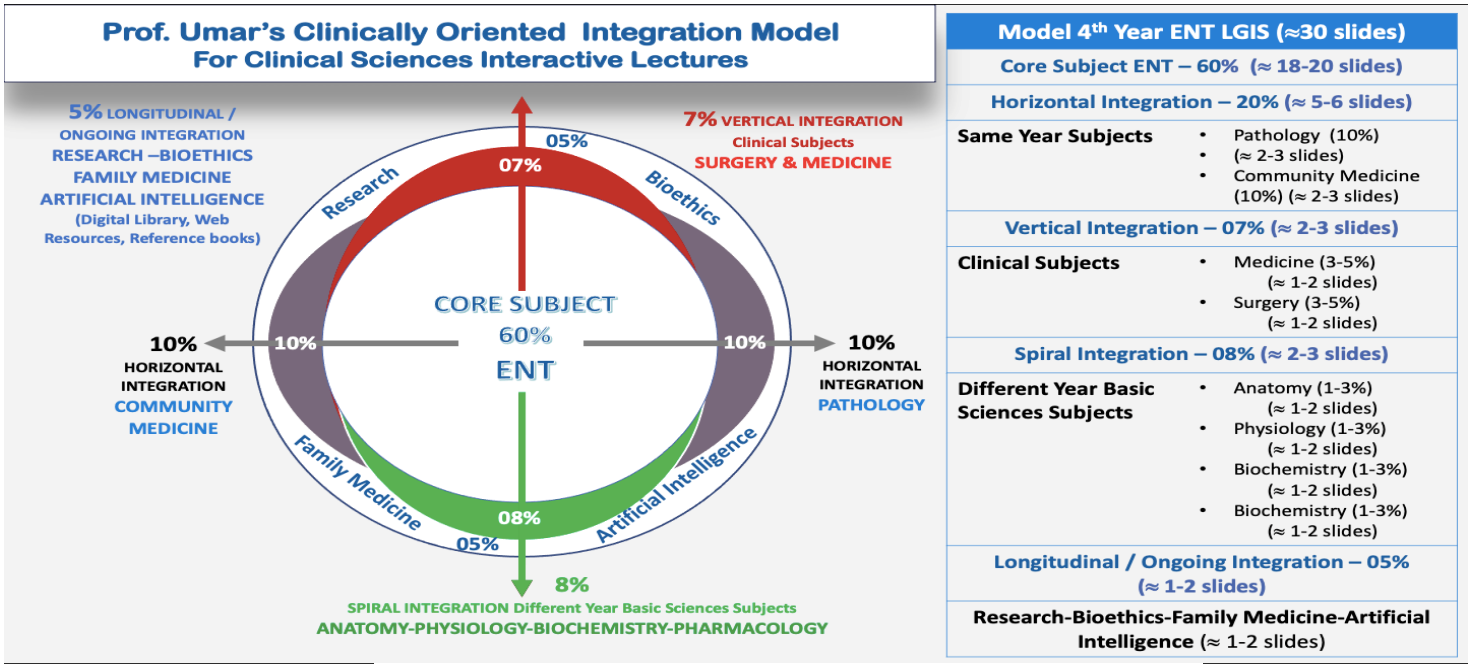


Figure 21 – Prof Umar Model of Integrated Lecture

2.Small Group Discussion (SGD)

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

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

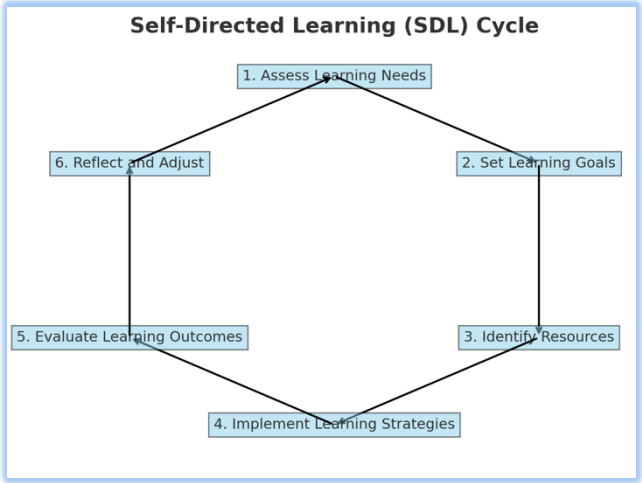
Table 2 – Standardization of teaching content in small group discussion

S.No	Topics	Approximate %
1	Title Of SGD	
2	Learning Objectives from Study Guides	
3	Horizontal Integration	5%+5% = 10%
4	Core Concepts of the Topic	70%
5	Vertical Integration	10%
6	Related Advance Research points	3%
7	Biomedical Ethical points	2%
8	Spiral integration	5%

Table 3. Steps of taking Small Group Discussions

1.Self-Directed Learning (SDL)

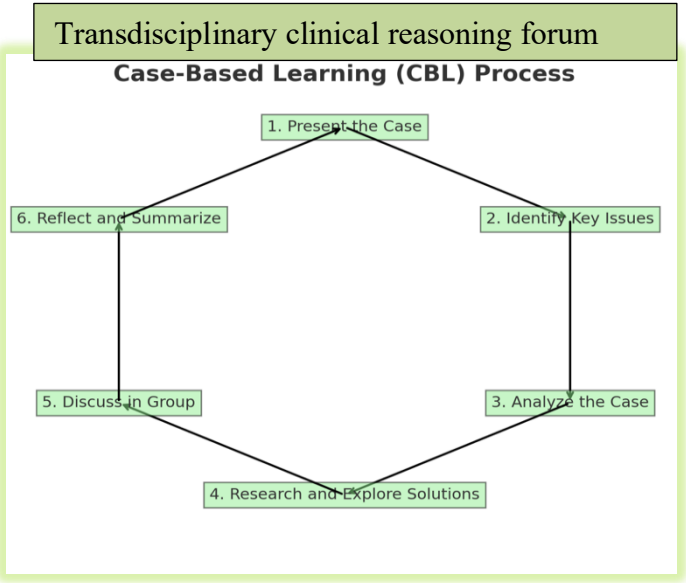
- Self- directed learning is a process where students take primary charge of planning, continuing and evaluating their learning experiences.
- Time home assignment
- Learning objectives will be defined
- Learning resources will be given to students = Text book (page no), web site
- Assessment: i. online on LMS (Mid module/ end of Module)
- OSPE station



Transdisciplinary Clinical Reasoning Forum (TCRF)

- It's a learner centered model which engages students in discussion of specific scenarios that resemble typically are real world examples.
- Case scenario will be given to the students
- Will engage students in discussion of specific scenarios that resemble or typically are real-world examples.
- Learning objectives will be given to the students and will be based on:
-

i. To provide students with a relevant opportunity to see theory in practice
ii. Require students to analyze data in order to reach a conclusion.
iii. Develop analytic, communicative and collaborative skills along with content knowledge.



PART B — PROGRAM STRUCTURE

3. OBSTETRICS & GYNAECOLOGY BLOCK — OVERVIEW

The Obstetrics & Gynaecology Embedded Internship Program (Block XVI, 2026) is a structured 8-week clinical training program at Rawalpindi Medical University. It integrates two parallel components delivered concurrently across all weeks: Small Group Interactive Sessions (SGIS), which provide a structured academic teaching scaffold aligned with the week's specialty topic; and Clinical Placement, which provides hands-on patient exposure in the ward, OPD, and emergency settings. These two components are intentionally designed to reinforce each other — the academic content of morning SGIS sessions is applied and consolidated during afternoon clinical activities.

The program is competency-based, meaning its aim is not simply to expose students to patients but to ensure progressive development of defined clinical competencies. By the end of the 8 weeks, students should be able to take a complete history, perform a systematic physical examination, generate a differential diagnosis, plan and interpret investigations, formulate a management plan, write accurate clinical documentation, and present cases confidently to senior clinicians.

3.1 Integrated Subject Coverage

The obstetrics & Gynaecology block integrates the following curricular domains, reflecting the multi-dimensional nature of modern medical education:

- Core subjects —Obstetrics & Gynaecology
- Vertically integrated subjects — Anatomy, Physiology, Biochemistry, Pathology, Pharmacology, and Community Medicine (foundational science connections are made explicit in SGIS and Clinico-Connect sessions)
- Horizontally integrated subjects — Medicine, Surgery, Paediatrics (cross-specialty correlations in clinical management and decision-making)
- Spirally integrated subjects — Research, Family Medicine, HEC General Cluster, ALPHA cluster (Artificial Intelligence, Leadership, Professionalism, Humanities & Arts)

3.2 Marks Summary

Component	Marks	Percentage
Continuous Internal Assessment (CIA)	**120**	40% of total
Final Annual Assessment	**180**	60% of total
GRAND TOTAL — Medicine Block	**300 Marks**	**Final Professional MBBS**

4.PLACEMENT DETAILS — MODULES I, II

The 8-week placement is organized across two distinct clinical settings. These modules provide broad exposure in two different hospital sites, ensuring students encounter a wide variety of patients and clinical presentations. Each unit will cover Obstetrics for 2 weeks and Gynaecology for 2 weeks.

Module	Placement	Duration	Clinical Focus & Key Learning Areas
I	**1st Obstetrics & Gynaecology Unit**	4 Weeks	Medical Ethics, professionalism, Antenatal care, medical disorders of pregnancy Menstrual disorders, Early pregnancy complications, Genital tract infections, Subfertility, endometriosis
II	**2nd Obstetrics & Gynaecology Unit**	4 Weeks	Antenatal complications and high-risk pregnancy, Labour and obstetric complications & emergenciesMenopause, Urogynaecology, contraception, Gynaecological Oncology
TOTAL	**All Placements**	**8 Weeks**	**Full Obstetrics & Gynaecology Block Coverage**

5. DAILY WORKING SCHEDULE

The following schedule applies consistently across all placement weeks. It has been designed to balance formal didactic learning with supervised clinical work, with each component reinforcing the other. Attendance is marked subject to active and meaningful involvement in all scheduled activities — physical presence alone without engagement does not qualify as attendance.

The schedule is structured so that mornings are academically focused (SGIS, patient review, ward rounds, and supervised teaching) while afternoons are clinically active (supervised patient management and procedural skill practice). Students are expected to manage their time effectively and to remain engaged throughout the full working day.

Time	Activity	Description, Expectations & Educational Purpose
08:00–09:00	**SGIS — Small Group Interactive Session (4 lectures /week Mon, Tues, Thurs, Sat)**	Specialty-aligned didactic/interactive session (PPT-based). Each session covers defined learning objectives including etiopathogenesis, clinical features and classification, diagnostic approach, investigations, management principles, complications, and prevention where applicable. Students are expected to have prepared the day's topic in advance from the recommended reading list.
09:00–10:00	**Patient Review & Documentation**	Each student reviews their assigned patient(s) before the ward round. This includes checking overnight notes, new investigation results, nursing observations, and any change in clinical status. Students write their daily Component B SOAP progress note during or immediately after this period, under supervision of the House Officer or PGT. This is a critical learning activity — students must form their own clinical assessment before the consultant's round.
10:00–12:00	**Consultant Ward Round**	Clinical round with Consultants, PGTs, and House Officers. Students participate as active members of the clinical team. They are expected to present their assigned patients in an organized manner (name, age, diagnosis, overnight progress, examination findings, investigation results, management plan), answer clinical questions posed during the round, and observe and note management decisions. Students should not merely follow — they should anticipate, question, and reflect.

12:00–13:00	**CBD Session**	Consultant-led Case-Based Discussion (CBD) or Problem-Based Learning (PBL) session. A clinical case is presented and students work through diagnosis, investigation strategy, and management in a structured, facilitated discussion. This session develops higher-order reasoning — analysis, synthesis, evaluation — and mirrors the cognitive demands of the final professional examination.
13:00–14:00	**SR / PGT Teaching session**	Feedback/Quizz session by SR /PGT after Self learning(SDL) by students. Topics and resources will be shared with the students beforehand.
14:00–15:00	**Prayer & Lunch Break**	Protected break. Students are expected to return promptly at 15:00 for afternoon clinical activities. Use of this break for unplanned early departure is not permitted.
15:00–18:00 Monday to Thursday	**Supervised Patient Management & Procedures**	Supervised learning with House Officers and PGTs (Monday–Thursday) in labour room,post op ward, emergency and operation theatre. Students perform history taking on newly admitted patients, carry out clinical examinations, assist with and eventually perform supervised procedural skills (injections, IV access, CTG, observe ultrasound, assist in OT, catheterization), and participate in patient management planning discussions. Friday afternoons may be used for self-directed revision and portfolio completion.

Time	Activity	Description, Expectations & Educational Purpose Wednesday Schedule
08:30–09:30	**CPC**	Attends CPC in new campus RMU
08:30–09:30	**Transit time to reach respective hospitals**	----------
10: 00-11:30	**SR/PGT Teaching Session**	Feedback/Quizz session by SR /PGT after Self learning (SDL) by students. Topics and resources will be shared with the students beforehand.
11:30–2:00	**Hands on Workshop**	Hands on drills on manikins by Consultant /SR
14:00–15:00	**Prayer & Lunch Break**	Protected break. Students are expected to return promptly at 15:00 for afternoon clinical activities. Use of this break for unplanned early departure is not permitted.

15:00–18:00 Monday to Thursday	**Supervised Patient Management & Procedures**	Supervised learning with House Officers and PGTs (Monday–Thursday) in labour room,post op ward, emergency and operation theatre. Students perform history taking on newly admitted patients, carry out clinical examinations, assist with and eventually perform supervised procedural skills (injections, IV access, CTG, observe ultrasound, Assist in OT, catheterization), and participate in patient management planning discussions. Friday afternoons may be used for self-directed revision and portfolio completion.

Time	Activity	Description, Expectations & Educational Purpose
		Friday Schedule
08:00–09:00	**Patient Review & Documentation**	Each student reviews their assigned patient(s) before the ward round. This includes checking overnight notes, new investigation results, nursing observations, and any change in clinical status. Students write their daily Component B SOAP progress note during or immediately after this period, under supervision of the House Officer or PGT. This is a critical learning activity — students must form their own clinical assessment before the consultant's round.
09:00–10:00	**Consultant Ward Round**	Clinical round with Consultants, PGTs, and House Officers. Students participate as active members of the clinical team. They are expected to present their assigned patients in an organized manner (name, age, diagnosis, overnight progress, examination findings, investigation results, management plan), answer clinical questions posed during the round, and observe and note management decisions. Students should not merely follow — they should anticipate, question, and reflect.
		Consultant-led Case-Based Discussion (CBD) or Problem-Based Learning (PBL) session. A clinical case is presented and students work through diagnosis, investigation strategy, and

10:00–11:00	**CBD Session**	management in a structured, facilitated discussion. This session develops higher-order reasoning — analysis, synthesis, evaluation — and mirrors the cognitive demands of the final professional examination.
11:00–12:00	**SR / PGT Teaching session**	Feedback/Quizz session by SR /PGT after Self learning (SDL) by students. Topics and resources will be shared with the students beforehand.

6. SGIS TOPIC SCHEDULE

The Small Group Interactive Sessions (SGIS) deliver a structured, specialty-aligned academic teaching program. Sessions run daily 08:00–09:00am using SGIS/PPT as the primary mode.

MODULE-I

Ist Week								
S. No.	**Days**	**Topic**	**Specific learning object (SLO)**	**MDT/ MIT**	**Level of cognition**			**Affective**	**MOA**
					C1	**C2**	**C3**		
1	Monday 8:00-9:00 am	Medical ethics	At the end of this lecture/session, final year students will be able to: • Understand several reasons to consider ethics in professional life • Know the pillars of professionalism • Understand the four principals used in ethics • Know common ethical dilemmas in obstetrics & gynaecology • Understand how to analyze the ethical dilemmas	SGIS			√	A3	see assessment section
2	Tuesday 8:00-9:00-am	Patient safety & infection	• Identify Patient Safety Risks • Understand Infection Transmission • Apply Infection Control Measures	SGIS		√		A3	see assessment section

		control	• Do Analysis of Medical Errors and Prevention • Understand Teamwork and Communication for Safety • Understand Ethical and Professional Responsibilities						
4	Thursday 8:00-9:00-am	Antenatal care	• Enlist the aims of antenatal care. • Define the booking visit. • Elicit the booking history and examination. • Discuss the importance of booking investigations • Elaborate the recommended schedule of antenatal visits. • Categorize the obstetric patient into high risk and low risk group. • Define EDD and its calculation. • Define term, preterm, post term, post-dates, LBW, VLBW, lie, presentation, position, attitude and engagement of fetus. To describe the principle of taking and obstetric history • To define neagles rule to calculate EDD To explain the importance of past obstetrics, gynaecology medical and surgical history	SGIS			√	A3	see assessment section
6	Saturday 8:00-9:00 am	Assessment of fetal well being	• Describe the importance of fetal monitoring during Antenatal period and labour. • Enlist different methods of fetal assessment.	SGIS		√		A3	see assessment section

			• Identify the 04 basic FHR parameters to be interpreted on CTG trace. • Differentiate between normal and pathological CTG patterns. • Discuss conditions in which continuous electronic FHR monitoring is required • Explain the importance of booking scan, anomaly scan and growth scan and BPP Describe the role of umbilical artery Doppler • Define prenatal diagnoses. • Enlists the prenatal diagnostic tests, their risk and benefits. • Discuss the non-invasive methods of prenatal diagnosis						

2nd Week									
1	Monday 8:00-9:00-am	Anemia in pregnancy	● Define anemia in pregnancy ● Discuss the importance of anemia screening in antenatal period ● Discuss iron deficiency anemia, its causes, complications and management ● Elaborate the management of thalassemia, anemia of chronic illness, coagulation disorder management	SGIS			√	A3	see assessment section
2	Tuesday 8:00-9:00 am	Hypertensive disorders of pregnancy	● To understand the classification of hypertension in pregnancy ● To understand the pathophysiology of pre-eclampsia ● To explain the principles of management of pre-eclampsia ● To understand the long-term risks to both mother and baby from pre-eclampsia ● Discuss the etiology and pathophysiology of IUGR ● Outline the management plan ● Elaborate the prognosis of fetus in IUGR ● Discuss the antenatal surveillance of the FGR fetus	SGIS			√	A3	see assessment section
4	Thursday 8:00-9:00-am	Cardiac disease in pregnancy	● Understand the Impact of Pregnancy on the Cardiovascular System ● Understand Classification and Types of Cardiac Disease in Pregnancy ● Understand Clinical Assessment of a Pregnant Patient with Heart Disease ● Understand Maternal and Fetal Complications	SGIS			√	A3	see assessment section

			• Understand Principles of Management During Pregnancy • Understand Antenatal, Intrapartum, and Postpartum Care • Counsel and give Preconception Advice						
6	Saturday 8:00-9:00-am	Thyroid disorders in pregnancy	• Understand Basic Concepts and Physiology • Understand Hypothyroidism in Pregnancy • Understand Hyperthyroidism in Pregnancy • Understand Screening, Diagnosis, and Monitoring • Understand Fetal and Neonatal Considerations • Understand Postpartum and Long-Term Considerations	SGIS			√	A3	see assessment section
3rd Week									
1	Monday 8:00-9:00-am	Abnormal uterine bleeding (PALM-COIN)	• Define Abnormal uterine bleeding • Enlist different causes of AUB according to PALM-COIN classification • Know how to investigate for cause of AUB • Construct management plan for AUB	SGIS			√	A3	see assessment section
2	Tuesday 8:00-9:00-am	Adenomyosis / Endometriosis	• Recall Etiology pathogenesis • Describe clinical features Classification of disease, • Suggest differential diagnosis • Plan management	SGIS			√	A3	see assessment section

4	Thurssday 8:00-9:00-am	Secondary Amenorrhoea	• Define secondary amenorrhea. • Enlist its important causes • Discuss symptoms, signs and important ultrasound findings • Discuss the management options	SGIS			√	A3	see assessment section
6	Saturday 8:00-9:00 am	Gestational Trophoblastic Disease	• Understand Basic Concepts and Classification • Understand Etiology and Risk Factors • Understand Clinical Presentation • Diagnose and Investigate • Plan Management • Plan Follow-Up and Monitoring	SGIS			√	A3	see assessment section
4th week									
1	Monday 8:00-9:00-am	Lower genital tract infections	• Differentiate among the types of discharge due to various organisms	SGIS			√	A3	see assessment section

			●Enumerate the specific and diagnostic tests for each causative organism ●Enlist the complications due to the lower genital tract infections Outline the treatment options for each type of infection						
2	Tuesday 8:00-9:00 am	Upper genital tract infections	● Enlist the causative organisms of upper genital infection ●Know the clinical presentation of patient with upper genital tract infection ●Enumerate the specific and diagnostic tests for each causative organism ●Enlist the complications due to the upper genital tract infections Outline the management plan	SGIS			√	A3	see assessment section
4	Thursday 8:00-9:00-am	Female Subfertility	• Define subfertility and its types (C1) • Describe relevant history and examination (C2) • Interpret signs and symptoms of subfertile patient (C2) • Correlate causes of female subfertility with pathological processes (C2) • Justify the investigations for the diagnosis of female subfertility (C3) • Formulate management	SGIS			√	A3	see assessment section
5	**Exam Day**								

MODULE-II

Ist Week									
S. No.	**Days**	**Topic**	**Specific learning object (SLO)**	**MDT/ MIT**	**Level of cognition**			**Affective**	**MOA**
					C1	**C2**	**C3**		
1	Monday 8:00-9:00 am	Multiple pregnancy	At the end of this lecture/session, final year students will be able to: • Understand classification of multiple pregnancies • Understand risk factors for multiple pregnancies and why prevalence is increasing • Understand the increased complications that occur in multiple pregnancies • Understand the antennal care of women with multiple pregnancies	SGIS			√	A3	see assessment section
2	Tuesday 8:00-9:00-am	Malpresentations	• Identification of malpresentation • Understanding the underlying causes • Assessing risks • Managing the delivery	SGIS		√		A3	see assessment section
3	Thursday 8:00-9:00-am	Preterm labour /PPROM	• Learn the definition and classification of preterm labour and preterm prelabour rupture of membranes (PPROM) • Identify risk factors and underlying etiologies • Elicit key clinical features and perform appropriate	SGIS			√	A3	see assessment section

			assessment • Interpret relevant investigations. • Outline evidence-based management,						
4	Saturday 8:00-9:00 am	Antepartum haemorrhage	• Define and classify antepartum hemorrhage • Identify risk factors and clinical features • Perform initial assessment and resuscitation • Interpret appropriate investigations, • Outline principles of management,	SGIS		√		A3	see assessment section
2nd Week									
1	Monday 8:00-9:00-am	Management of Normal Labour (1st, 2nd & 3rd stage)	• To understand the physiological principles of labour and delivery • To understand the contributors to normal labour and its management • To introduce the social, physiological and governance elements of labour and delivery	SGIS			√	A3	see assessment section
2	Tuesday 8:00-9:00 am	Abnormal Labour	• To understand the contributors to abnormal labour and its management • To introduce the social, physiological and governance elements of labour and delivery	SGIS			√	A3	see assessment section
4	Thursday 8:00-9:00-am	Postpartum Haemorrhage	• To understand the incidence of postpartum haemorrhage • To understand the risk factors for postpartum haemorrhage	SGIS			√	A3	see assessment section

			• To be able to understand the early warning signs in postpartum haemorrhage • To be able to provide a stepwise approach in the management of postpartum haemorrhage						
6	Saturday 8:00-9:00-am	Puerperal pyrexia & other postnatal complications	• To understand the incidence of Puerperal pyrexia & other postnatal complications • To understand the risk factors for Puerperal pyrexia & other postnatal complications • To be able to understand the early warning signs in Puerperal pyrexia & other postnatal complications • To be able to provide a stepwise approach in the management of Puerperal pyrexia & other postnatal complications	SGIS			√	A3	see assessment section
3rd Week									
1	Monday 8:00-9:00-am	Menopause & Post reproductive health	• Know the definition of menopause • Understand physiological and non-physiological menopause • Understand the effect of menopause on women • Understand the modifiable and non-modifiable aspects of menopausal health • Explain the main forms of treatment of the menopause	SGIS			√	A3	see assessment section

			• Know the side-effects and the relative and absolute contraindications of hormonal replacement therapy (HRT) • Describe the benefits of hormonal and non-hormonal HRT						
2	Tuesday 8:00-9:00-am	Pelvic organ prolapse (POP)	• Understand the anatomy of supporting ligaments and fascia of female pelvic organs • Understand the mechanism of continence in women, and how disorders of this led to symptoms • Learn how to assess the patient with incontinence or prolapse by means of history, examination and relevant investigations • Understand the principles of treatment of prolapse and incontinence and be able to describe the effectiveness of each treatment, together with an understanding of potential side-effects and complications	SGIS			√	A3	see assessment section
4	Thursday 8:00-9:00-am	Fibroid uterus	• Understand the presenting symptoms and examination findings associated with benign uterine pathology • Describe the common tests used to evaluate the uterus and endometrial cavity • Explain the available treatment options for uterine fibroids and the rationale for selection	SGIS			√	A3	See assessment section

6	Saturday 8:00-9:00 am	Malignant diseases of uterus	● Describe the classification of uterine malignancy ● Learn how malignant disease of the uterus presents ● Describe which investigations are needed for women with suspected endometrial cancer ● Know the International Federation of Gynecology and Obstetrics (FIGO)staging of endometrial cancer ● Understand how endometrial cancer is managed	SGIS			√	A3	see assessment section
4th week									
1	Monday 8:00-9:00-am	Premalignant and malignant diseases of cervix	● Understand the pathogenesis of cervical malignancy ● Understand primary prevention of cervical cancer through human papillomavirus vaccination and cervical screening ● Understand the diagnosis, International Federation of Gynecology and Obstetrics staging and management of premalignant and malignant disease of cervix	SGIS			√	A3	see assessment section
2	Tuesday 8:00-9:00 am	Malignant diseases of vulva and vagina	● Understand the pathogenesis of cervical malignancy ● Understand primary prevention of cervical cancer through human papillomavirus vaccination and cervical screening ● Understand the diagnosis, International Federation of Gynecology and Obstetrics staging and management of premalignant and malignant disease of vulva and vagina	SGIS			√	A3	see assessment section

4	Thursday 8:00-9:00-am	Pelvic mass	• Classify pelvic masses based on anatomical origin and likely etiology • Elicit relevant history and perform focused clinical examination • Formulate differential diagnoses • Interpret appropriate investigations • Outline principles of management	SGIS			√	A3	see assessment section
6	Exam Day								

7. Clinical Placement — Week-by-Week Topic Plan & Learning Framework

The Clinical Placement component operationalises the daily schedule through supervised patient review, SOAP note writing, consultant-led ward rounds, bedside procedural exposure, case-based discussion. Students are attached to allocated patients under supervision of House Officers and PGTs. Each batch will be divided into four sub batches. These will rotate on four morning placement including Labour room, antenatal ward, Gynae ward and OT/OPD on weekly basis. After morning placement whole batch will attend case-based discussion by consultant followed by self- directed learning (SDL) under supervision of SR/PGT. On each Wednesday there will be hands on clinical workshop.

The placement runs concurrently with SGIS sessions across all 08 weeks, and the week-by-week clinical topic plan is intentionally aligned with the SGIS specialty sequence so that morning academic learning is immediately reinforced during afternoon bedside activities.

The following table represents the learning objectives to be achieved by students at each morning placement.

7.1 LEARNING OBJECTIVES - MORNING PLACEMENT (STATIONS)

Sr #	Morning Station	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
		Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
1	Labour room	At the end of the rotation students should • Submit two detailed histories including one labouring patient and one of any antenatal patients from high-risk antenatal room/HDU with their progress on SOAP pattern till discharge or students stay at labour room.	At the end of the rotation students should be able to ● Administer intramuscular injections to at least 5 patients ● Maintain IV line of at least 2 patients ● Observe and monitor labour of at least one patient ● Observe SVD with or without episiotomy of one patient ● Deliver placenta of one patient under supervision	At the end of the rotation students should be able to • Effectively communicate with the patient				√			√	Bed side teaching	See assessment section
2	Antenatal ward	At the end of the rotation students should be able to	At the end of the rotation students should be able to	At the end of the rotation students should be able to			√		√		√	Bed side teaching	See assessment section

		• Submit two detailed histories With their progress on SOAP pattern till the discharge of patient or student stay in ward.	• Take history, do examination and formulate management plan of following cases (PIH, GDM, PPROM, PROM, Anemia, Breech, PAS/ Previous I scar with risk factors) • Interpretation and complete labeling of ONE CTG per day • Observing Antenatal Ultrasounds of ONE patient per day	• Counsel the patient about diagnosis and further plan										
3	Gynae ward	At the end of the rotation students should be able to	At the end of the rotation students should be able to • Take history, do examination and formulate	At the end of the rotation students should be able to			√		√		√	Bed side teaching	See assessment section	

		• Submit two detailed histories With their progress on SOAP pattern till the discharge of patient or student stay in ward.	management plan of following cases • Benign Ovarian mass, fibroid, menstrual irregularity, subfertility, UV prolapse, any gynaecological Malignancy) • Pre op assessment of one patient/day	• Counsel the patient about diagnosis and further plan									
4	OT	At the end of rotation Students should be able to • Know Indication of C-section /Gynaecological surgery • Know Importance of pre op antibiotics • Submit the detailed of one patient	At the end of rotation Students should be able to • Observe how to scrub and drape the patient • Observe proper aseptic measures • Assist one C-Section and Gynaecological surgery from start till end • Identify instruments			√		√				Bed side teaching	See assessment section

		including preop assessment. Operative details, post op progress till first post op day on SOAP pattern	● Fill WHO safety checklist										
5	OPD		tAt the end of rotation Students should be able to ● Fill at least two antenatal cards with ● Complete biodata ● Mention risk factors ● Detailed past obstetric history ● General physical examination ● Abdominal examination ● Take history, do examination and formulate management plan of at least ONE patient with	tAt the end of rotation Students should be able to ● Counsel for proper diet during pregnancy, regular antenatal care					√		√	Bed side teaching	See assessment section

			gynecological problem/day • Interpretation of investigations										

7.2 LEARNING OBJECTIVES – CASE BASED DISCUSSION (CBD)
MODULE-I
Week 1

Sr #	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomot-or		Attitude		MOT/MIT	MOA
		Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
1	Obstetrics history taking	By the end of the session, students should be able to: • Describe the components of a complete obstetric history • Identify risk factors in pregnancy • Interpret key historical details to estimate gestational age and expected date of delivery (EDD). • Recognize danger signs in pregnancy	• Conduct a systematic and structured obstetric history interview • Accurately calculate gravidity, parity, and EDD • Elicit sensitive information with clarity and respect. • Document obstetric history clearly using standard medical formats (e.g., antenatal record sheets). • Summarize findings and present the case	• Demonstrate empathy and respect patient confidentiality and privacy • Show non-judgmental behavior when discussing topics like abortion, fertility, or contraception. • Display professionalism and effective communication, including active listening and reassurance.				√			√	Bed side teaching	See assessment section
2	Risk	• Classify	• Perform a focused	• Demonstrate			√		√		√	Bed side teaching	See

	assessment in a patient presenting for antenatal visit	antenatal risk factors • Identify common high-risk conditions • Explain the role of booking visit and subsequent antenatal visits in early risk detection. • Describe criteria used to label a pregnancy as low-risk vs high-risk. • Outline appropriate screening investigations (e.g., Hb, blood group & Rh, glucose screening, ultrasound) and their relevance in risk assessment.	antenatal history and examination to identify risk factors. • Use a structured risk assessment tool or checklist to categorize pregnancy risk level. • Interpret basic screening test results (e.g., Hb levels, blood pressure, urine protein, glucose tests). • Identify patients requiring referral to higher-level care or specialist consultation. • Document and communicate the risk status and management plan clearly in antenatal records	sensitivity and empathy when discussing potential risks with pregnant patients. • Maintain a non-alarmist but honest approach while counseling about high-risk conditions. • Respect patient autonomy and involve them in decision-making regarding investigations and referrals. • Show cultural competence when addressing beliefs affecting antenatal care and risk perception.									assessment section

3	Patient presenting with an ultrasound scan showing anomalous fetus	• Classify common fetal anomalies. • Identify key maternal and fetal risk factors associated with congenital anomalies • Outline the principles of further evaluation and risk stratification	• Take a focused history • Interpret basic ultrasound findings and correlate them with possible anomaly types and severity. • Formulate and communicate an initial risk assessment and referral plan (e.g., to fetal medicine specialist, genetic counseling).	• Demonstrate empathy and compassion when discussing abnormal findings with patients and families. • Maintain a non-directive, non-judgmental approach during counseling about prognosis and options. • Respect patient autonomy, cultural values, and confidentiality in decision-making regarding further investigations and			√		√		√	Bed side teaching	See assessment section

				management.								
4	Patient having fundal height smaller than dates	• List common causes of fundal height smaller than gestational age • Explain the pathophysiology and risk factors of fetal growth restriction • Outline the principles of evaluation and risk stratification, including ultrasound biometry, amniotic fluid assessment, and Doppler studies.	• Accurately measure fundal height and compare it with gestational age using standard technique. • Perform a focused history and examination to identify contributing risk factors • Develop and communicate an initial investigation and referral plan	• Show empathy and reassurance while discussing concerns about fetal growth with the patient. • Maintain a non-alarmist, supportive communication style when explaining possible risks and next steps. • Demonstrate professional responsibility by ensuring timely follow-up, monitoring, and appropriate referral.		√		√				Bed side teaching	See assessment section

Week 2

Sr #	Topic	SPECIFIC LEARNING OJECTIVES (SLO)	Cognition	Psychom o-tor	Attitude	MOT/MIT	MOA

		Cognition	• Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
1	Patient presenting with pallor and SOB in pregnancy	• Differentiate physiological vs pathological causes • Classify severity of anemia in pregnancy based on hemoglobin levels and correlate it with maternal and fetal risks. • Describe the structured risk assessment framework	• Conduct a targeted clinical assessment (history and examination) • Interpret key investigations and recognize additional tests required. • □ Formulate a risk-based management plan,	• Demonstrate empathetic and patient-centered communication, • Maintain a calm, non-alarmist approach • Exhibit professional accountability by prioritizing timely recognition and escalation of severe anemia or cardiopulmonary compromise,				√			√	Bed side teaching	See assessment section
2	Patient presenting with raised blood	• Differentiate types of hypertensive disorders in pregnancy	• Accurately measure and interpret blood pressure and assess for associated clinical signs				√		√		√	Bed side teaching	See assessment

	pressure/ headache and blurring of vision	• Identify warning signs of severe pre-eclampsia • Describe the risk assessment and evaluation framework	• Perform a focused history and examination to identify severity and complications • Formulate an initial risk-based management and referral plan									section
3	Cardiac disease in pregnancy	• Classify common cardiac diseases in pregnancy • Explain the physiological cardiovascular changes in pregnancy. • Describe risk stratification (modified WHO classification)	• Perform a targeted cardiovascular history and examination • Interpret basic investigations • Formulate a risk-based management and referral plan	• Demonstrate heightened clinical vigilance and responsibility • Communicate with empathy and clarity, • Show professionalism and teamwork, recognizing the importance of multidisciplinary care			√		√		√	Bed side teaching	See assessment section

4	Thyroid disorders in pregnancy	• Differentiate common thyroid disorders in pregnancy • Explain the maternal and fetal risks associated with untreated thyroid disease • Describe the principles of screening, interpretation of thyroid function tests (TSH, T3, T4), and trimester-specific reference ranges	• Take a focused history and perform examination to identify symptoms/signs of thyroid dysfunction (e.g., weight changes, palpitations, goiter). • Interpret thyroid function tests in pregnancy and recognize abnormal results requiring intervention. • □ Formulate a risk-based management and referral plan, including initiation/adjustment of therapy and need for specialist care,	• Demonstrate empathy and patient-centered communication. • Maintain a reassuring and non-alarmist approach • Show professional responsibility in ensuring regular follow-up, monitoring, and coordination of care		√		√				Bed side teaching	See assessment section

Week 3

Sr #	Morning Station	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psych-omotor		Attitude		MOT/MIT	MOA
		Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
1	Abnormal uterine	• Classify causes of AUB using the PALM-COEIN	• Take a comprehensive menstrual and	• Demonstrate sensitivity and respect when				√			√	Bed side teaching	See assessment

	bleeding (PALM-COIN)	system • Describe the clinical features and risk factors of common causes • Outline the principles of evaluation and investigation	gynecological history and identify red flag symptoms • Perform a focused physical and pelvic examination and select appropriate initial investigations. • Formulate a risk-based management plan, including medical and surgical options and need for referral	discussing menstrual and reproductive health issues. • Maintain a non-judgmental and patient-centered approach, especially in adolescents and perimenopausal women. • Show professionalism and confidentiality while addressing potentially distressing symptoms									section
2	Adenomyosis/ endometriosis	• Differentiate adenomyosis and endometriosis based on pathophysiology, clinical features, and typical sites of involvement. • Describe the	• Take a focused gynecological history targeting menstrual, pain, and fertility patterns. • Perform a pelvic examination • Formulate a risk-based investigation	• Demonstrate empathy and sensitivity when discussing chronic pelvic pain and infertility issues with patients.			√		√		√	Bed side teaching	See assessment section

		common presentations • Outline the diagnostic approach including clinical evaluation, imaging	and management plan	• Maintain a non-judgmental and supportive approach, • Show professionalism and commitment to multidisciplinary care									
3	Secondary amenorrhea	• Define secondary amenorrhea and list the common etiologies • pathophysiology and clinical significance • Outline a structured diagnostic approach, including history, physical examination, laboratory tests	• Take a comprehensive gynecological and menstrual history • Perform a focused physical and pelvic examination • Formulate a risk-based investigation and management plan	• Demonstrate empathy and sensitivity, recognizing the psychological impact of menstrual irregularities on patients. • Maintain a non-judgmental, supportive communication style, • Exhibit professional responsibility, ensuring confidentiality,			√		√		√	Bed side teaching	See assessment section

				patient counseling, and timely follow-up									
4	Gestational trophoblastic disease	• Classify types of gestational trophoblastic disease. • Recognize the clinical features and risk factors of GTD • Outline the principles of diagnosis, staging, and risk assessment	• Take a focused obstetric and gynecological history to identify early warning signs of GTD. • Perform a targeted clinical examination, • Formulate a risk-based investigation and management plan	• Demonstrate empathy and sensitivity • Communicate in a clear, reassuring, and non-alarmist manner, • Exhibit professional responsibility		√		√				Bed side teaching	See assessment section

Week 4

Sr #	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomotor		Attitude		MOT/MIT	MOA
		Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
1	Lower genital infections	• Describe the epidemiology, etiology, and pathophysiology • Differentiate clinical presentations and • Explain current	• Perform focused history taking and genital/physical examination • Collect appropriate specimens for laboratory analysis	• Patient-centred communication skills • Ethical and sensitive handling of confidentiality and consent • Commitment to				√			√	Bed side teaching	See assessment section

		diagnostic criteria and evidence-based management protocols	• Apply clinical reasoning to select and interpret point-of-care tests	professional development and public health advocacy									
2	Upper genital tract infections	• Describe the anatomy, microbiology, and pathophysiology • Recognize the risk factors and clinical spectrum • Explain evidence-based diagnostic criteria and management strategies	• Take a focused and sensitive reproductive health history • Perform relevant physical and pelvic examinations • Collect and handle diagnostic specimens appropriately	• Patient-centred communication skills, • Ethical practice in diagnosis and management • Commitment to preventive health and public health principles.			√		√		√	Bed side teaching	See assessment section
3	Female subfertility	• Define female subfertility and differentiate it from infertility. • Describe the common causes of female subfertility • Explain	• Take a comprehensive reproductive history, • Perform a focused clinical examination, • Investigations, such as basal hormonal profiles (FSH, LH, prolactin, TSH),	• Empathetic and patient-centred communication. • Respect for autonomy and ethical practice • Collaborative and holistic care approach			√		√		√	Bed side teaching	See assessment section

		evidence-based investigation and management pathways	mid-luteal progesterone, pelvic ultrasonography, hysterosalpingography, and correctly integrate these findings into a structured management plan.										

MODULE-II

Weeks 1

Sr #	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomot-or		Attitude		MOT/MIT	MOA
		Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
1	Patient having fundal height larger than dates	By the end of the session, students should be able to: • List causes of fundal height greater than gestational age • Explain the underlying pathophysiology of major causes • Outline the diagnostic approach, including clinical assessment and role of ultrasound in confirming gestational age and identifying causes	• Correctly measure fundal height using a measuring tape and interpret findings relative to gestational age. • Perform abdominal examination in pregnancy • Formulate a basic management plan	• Demonstrate empathy and respect while examining pregnant patients • Communicate findings clearly and sensitively to the patient. • Recognize the importance of multidisciplinary care				√			√	Bed side teaching	See assessment section
2	Patient	• Define and classify breech presentation	• Perform abdominal	• Communicate risks and			√		√		√	Bed side	See

	presenting with breech	• List the causes and risk factors for breech presentation • Describe the management options for breech presentation	examination to suspect breech presentation • Conduct a safe vaginal examination (when indicated) to identify • Outline steps of assisted breech delivery	management options clearly • Demonstrate professionalism and calmness in potentially high-risk labor situations. • Respect patient autonomy and cultural concerns								teaching	assessment section
3	Patient presenting with preterm labour pains	• Define preterm labour • Identify causes and risk factors for preterm labour • Describe principles of management	• Take a focused obstetric history in suspected preterm labour • Perform appropriate clinical examination • Initiate initial management steps	• Demonstrate empathy and reassurance • Communicate clearly about risks and management plans • Work effectively within a multidisciplinary team.			√		√		√	Bed side teaching	See assessment section
4	Patient having	• Define immune hydrops fetalis and	• Elicit a focused obstetric history • Interpret key	• Demonstrate empathy and psychological		√		√				Bed side teaching	See assessment

	immune hydrops fetalis	explain its pathophysiology • Identify causes and risk factors • Describe diagnostic approach and prevention	investigations: • Formulate initial management and referral plan	support • Communicate sensitively and effectively • Promote preventive care and responsibility									section
5	Patient presenting with bleeding in second half of pregnancy	• Define antepartum hemorrhage (APH) and classify its causes • Differentiate clinically between major causes • Outline principles of management	• Take a focused obstetric history • Perform appropriate clinical examination • Initiate immediate management	• Demonstrate urgency and responsibility in managing APH • Communicate clearly and calmly with the patient and family. • Work effectively within a multidisciplinary team									

Weeks 2

Sr #	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomot-or		Attitude		MOT/MIT	MOA
		Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
1	A low-risk patient presenting with labour pains at term	By the end of the session, students should be able to: •Define normal labour and describe its stages •Recognize features of true labour: •management of normal labour:	• Take a focused labour history • Perform clinical examination in labour • Monitor progress of labour	• Provide respectful maternity care • Communicate effectively and provide reassurance • Work collaboratively with the healthcare team				√			√	Bed side teaching	See assessment section
2	Patient presenting with post-date pregnancy	• Define postdated and post-term pregnancy: • Identify risks and complications associated with prolonged pregnancy Describe	• Take a focused obstetric history • Perform clinical examination • Plan initial management	• Communicate effectively with the patient • Provide reassurance and psychological support • Demonstrate shared decision-			√		√		√	Bed side teaching	See assessment section

		principles of evaluation and management		making								
3	Postoperative patient of peripartum hysterectomy	• Define peripartum hysterectomy and list common indications • Identify postoperative complications • Describe principles of postoperative management	• Monitor a postoperative patient effectively • Perform focused postoperative examination • Initiate basic postoperative management	• Demonstrate empathy and sensitivity • Communicate effectively with patient and family • Work as part of a multidisciplinary team:			√		√		√	Bed side teaching	See assessment section
4	Patient presenting with puerperal pyrexia	• Define puerperal pyrexia • Identify common causes • Describe principles of evaluation and management:	• Take a focused postpartum history • Perform clinical examination • Initiate initial management:	• Demonstrate empathy and reassurance. • Maintain patient dignity and privacy • Promote infection prevention practices		√		√				Bed side teaching	See assessment section

Weeks 3

Sr #	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomot-or		Attitude		MOT/MIT	MOA
		Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
1	Patient presenting with hot flushes/GSM	By the end of the session, students should be able to: • Define menopause, hot flushes, and Genitourinary Syndrome of Menopause (GSM) • Explain pathophysiology of menopausal symptoms • Describe management options	• Take a focused menopausal history • Perform appropriate examination • Initiate basic management plan	• Demonstrate sensitivity and respect • Communicate openly and non-judgmentally • Support patient-centered decision-making				√			√	Bed side teaching	See assessment section
2	Patient presenting with something coming out of vagina	• Define and classify pelvic organ prolapse (POP) • Identify risk factors and causes: • Describe clinical	• Take a focused gynecological history: • Perform a proper pelvic examination: • Suggest initial management	• Demonstrate empathy and sensitivity • Communicate respectfully about intimate symptoms			√		√		√	Bed side teaching	See assessment section

		features and management principles	plan	• Encourage patient empowerment and adherence									
3	Patient presenting with abdominal mass/HMB	• List common gynecological causes of abdominal mass with HMB • Explain pathophysiology of HMB in common conditions • Describe diagnostic approach and investigations	• Take a focused gynecological history: • Perform abdominal and pelvic examination: • Interpret basic investigations and suggest next steps	• Demonstrate empathy and sensitivity • Communicate clearly and respectfully patient-centered care • Encourage patient-centered care			√		√		√	Bed side teaching	See assessment section
4	Management of couple who wants birth spacing	• Explain the concept and importance of birth spacing • List and classify contraceptive methods • Describe eligibility, contraindications, and effectiveness of method	• Take a focused reproductive and contraceptive history: • Provide structured contraceptive counseling • Demonstrate correct	• Respect patient autonomy and cultural beliefs • Demonstrate non-judgmental and confidential counseling • Promote informed choice and shared decision-making		√		√				Bed side teaching	See assessment section

			counseling for selected methods										
5	Patient presenting with postmenopausal bleeding	• Define postmenopausal bleeding and state its significance • List common causes of PMB • Describe diagnostic approach and evaluation	• Take a focused gynecological history: • Perform appropriate clinical examination: • Interpret initial investigations and plan further management:	• Demonstrate empathy and sensitivity • Communicate clearly and calmly, • Encourage timely evaluation and follow-up									

Weeks 4

Sr #	Topic	SPECIFIC LEARNING OJECTIVES (SLO)			Cognition			Psychomot-or		Attitude		MOT/MIT	MOA
		Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2		
1	Management of patient with postcoital bleeding/abnorml	By the end of the session, students should be able to: • Describe the etiological spectrum	• Take a focused gynecological history • Perform a speculum examination safely and systematically	• Exhibit empathetic communication • Demonstrate non-				√			√	Bed side teaching	See assessment section

	pap smear	• Explain the interpretation and classification of Pap smear results • Outline the stepwise diagnostic approach	• Demonstrate correct sampling techniques	judgmental attitude • Value the importance of screening and early detection									
2	Patient presenting with vulva/vaginal mass/lesion	List the differential diagnoses • Describe the risk factors and pathophysiology • Outline the diagnostic approach and staging principles	• Obtain a focused and sensitive history • Perform a systematic external genital examination. • □ Demonstrate appropriate technique for examination and sampling	• Demonstrate respectful and empathetic behavior • Maintain a non-judgmental attitude • Appreciate the importance of early detection and referral			√		√		√	Bed side teaching	See assessment section

7.3 LEARNING OBJECTIVES – WORKSHOP/HANDS ON TRAINING

	Workshop	LEARNING OJECTIVES (LOs)			Cognition			Psychomotor	Attitude		MOA	
		Cognition	Skill	Attitude	C1	C2	C3	P1	P2	A1	A2	
1	General physical examination, Preparation of investigation slip, Documentation on discharge slip, Surgical notes, Referral slip Counselling skills		At the end of the workshop students should be able to • Perform GPE on patient under supervision • Prepare investigation slip • Write surgical notes • Make discharge slip • Make referral slip	At the end of the workshop students should be able to • Effectively communicate with the patient during examination • Counsel the patient and family(GATHER approach)					√		√	See assessment section
2	Systemic &Abdominal, Pelvic examination, Pap smear,	At the end of the workshop students should be able to • Know the indications of Pap smear and HVS	• At the end of the workshop students should be able to Perform	At the end of the workshop students should be able to			√		√		√	See assessment section

	HVS		abdominal and systemic examination on patient Perform pelvic/speculum examination on dummy • Take pap smear and HVS on dummy	• Counsel the patient about diagnosis and further plan								
3	Hysterectomy / Myomectomy (through video or model for abdominal hysterectomy) Pre- and post-operative care WHO safety check list	At the end of the workshop students should be able to • Know the different types of hysterectomies and its indications • Know the indication of myomectomy, • Its indications,complications • Formulate the management plan of one Pre OP and one post OP patient	• At the end of the workshop students should be able to • Understand the procedure of abdominal hystrectomy through video or model • See procedure of myomectomy through video • Take history of a Pre Op patient perform examination and	At the end of the workshop students should be able to • Counsel the Pre Op patient about diagnosis and further plan			√		√		√	See assessment section

			identify risk factors. • Fill the Pre Op performa • Perform examination of post Op patient and pick the important findings • Understand WHO safety checklist									
4	Hysteroscopy / Laparoscopy/ Diagnostic D & C/ ERPC, Contraceptio n	At the end of workshop Students should be able to ● Know Indicatios ,complications of these procedures	At the end of workshop Students should be able to ● Identify these instruments ● Perform D&C and ERPC on dummy ● Identify the different contraceptive devices, pills and injections	At the end of workshop Students should be able to counsel the patient for contraception		√		√			√	See assessment section
5	PPH drill, Shoulder dystocia	At the end of workshop Students should be able to Know Indications method of use, complications of contraception	At the end of workshop Students should be able to	t the end of workshop Students should be			√		√		√	See assessment section

			• Identify different contraceptive methods • Insert IUCD and implants • Perform PPH, APH, Shoulder dystocia drill on dummy	able to • Counsel the patient for contraception								
6	Partograph/ labour care guide) Mechanism of labour ECV & Vaginal Breech delivery	• At the end of workshop Students should be able to • Know the difference between labour care guide and partograph	At the end of workshop Students should be able to • Draw findings on partograph/labour care guide • Differentiate between normal and abnormal progress of labour • Perform ECV on dummy • Perform Mechanism of labour on dummy • Perform breech				√		√			See assessment section

			delivery on dummy									
7	Forceps, Vacuum, C section	At the end of workshop Students should be able to Know Indications & complications of C section	At the end of workshop Students should be able to • Identify the instruments • Apply forceps and vacuum on dummy • Understand Procedure of C Section through (video or model)				√		√			See assessment section
8	Eclampsia / Maternal collapse / Ultrasound Obs and Gynae		At the end of workshop Students should be able to • Perform eclampsia, maternal collapse drill on dummy • Observe USG of Gynae/OBS patients						√			See assessment section

7.4Clinical Placement — Four Outcome Domains (Uniform Across All Weeks)

Each day of Clinical Placement is structured around four uniform outcome domains. These are applied consistently across all 12 weeks and all three modules, ensuring that every patient encounter has a defined educational purpose beyond passive observation.

Knowledge / Clinical Reasoning	Skills / Patient-Care Tasks	Professional Behaviour & Communication	Learning Context
Recall aetiology & pathophysiology of the day's topic Discuss clinical features and classify disease severity Suggest differential diagnosis and plan investigations Construct short- and long-term management plans Discuss complications and prognosis with rationale	Take history and perform clinical examination on assigned patient Interpret investigations (CBC, LFTs, RFTs, ABGs, ECG, CXR, CT) Practice prescription and management plan writing under supervision Observe and assist in procedures: IV access, O_2 therapy, pleural/ascitic tap, LP, NGT, Foley, ETT, dialysis catheter Assist HCW in patient management tasks and bedside care	Obtain informed consent for history, examination, and procedures Counsel and educate patient about diagnosis, treatment, and outcome Break bad news using the SPIKES model where applicable Demonstrate safe handover, teamwork, and escalation of care Counsel on prevention, lifestyle modification, and treatment adherence	Clinical placement: patient review, SOAP note writing Ward rounds with Consultants, PGTs, and House Officers Bedside teaching sessions (SR/PGT — 12:00–13:00) CBD / PBL sessions (Consultant-led — 13:00–14:00) Supervised patient management (Mon–Thu, 15:00–18:00) Weekly OPD rotation in relevant specialty

7.5Key Design Principles of the Clinical Placement

Design Feature	Detail
Parallel Delivery	SGIS and Clinical Placement run concurrently. Morning SGIS (08:00–09:00) provides theoretical scaffolding for the afternoon bedside learning (15:00–18:00) on related topics — creating immediate reinforcement of academic content through clinical application.
SGIS Nomenclature	Small Group Interactive Sessions (SGIS) replaces the previous LGIS terminology to emphasise interactive, discussion-based learning in small cohorts rather than large-group didactic delivery.
Wednesday Reserve	Wednesdays in the SGIS schedule are reserved for CPC/ SDL and hands on workshop.
Multidisciplinary Exposure	Clinoconnect session
Progressive Skill Building	Procedural skills progress deliberately across modules: Observe/ assist in Module I → perform under supervision in Module II. This mirrors the EPA (Entrustable Professional Activity) framework of progressive autonomy.
Portfolio Evidence	SOAP notes, prescription writing, and procedural observation logs form the student's clinical portfolio. These are assessed continuously and reviewed at ward tests as evidence of ongoing engagement and competency development.
Uniform Documentation	All 8 weeks of the Clinical Placement use a standardized documentation format anchored by the three-component booklet (Components A, B, C), ensuring consistency of evidence collection across all sites and supervisors.

PART C — INTERNSHIP COMPONENTS
8. COMPONENTS OF THE EMBEDDED INTERNSHIP

The embedded internship is built around five core competency domains. These represent the full range of skills and dispositions that a final-year MBBS student should be developing through supervised clinical participation. Each domain has defined learning objectives, and students are expected to demonstrate progressive compency across all five by the end of the placement.

8.1 Diagnostic Reasoning

Diagnostic reasoning is the central intellectual process of clinical medicine — the systematic collection, processing, and interpretation of patient information to arrive at a working diagnosis and management plan. It is a skill that improves only with repeated, reflective practice in real clinical settings.

- Constructing a coherent clinical narrative from patient history — onset, progression, severity, associated features, exacerbating and relieving factors
- Detecting and correctly interpreting clinical signs on physical examination — distinguishing normal from abnormal findings
- Generating an appropriate and ranked differential diagnosis based on symptom clusters and examination findings
- Planning a targeted, cost-effective investigation strategy rather than ordering investigations indiscriminately
- Interpreting investigation results in their clinical context — laboratory values, imaging findings, ECGs, pulmonary function tests, ABGs, serological results
- Creating accurate and concise case summaries — a skill tested in both ward rounds and formal examinations
- Presenting clinical findings clearly, confidently, and in a structured format to senior clinicians

8.2 Focused Clinical Encounters

Clinical encounters with patients are the primary medium of learning during the internship. Students must approach each encounter as a structured educational opportunity, not merely a social interaction. The quality of the clinical encounter determines the quality of the clinical impression formed.

8.2.1 Approaching the patient with appropriate introduction, consent, and empathy across all clinical settings (ward, OPD, emergency, ICU, HDU)

8.2.2 Taking a focused history — relevant to the presenting complaint but comprehensive enough to identify important comorbidities,

medications, and social factors

8.2.3 Performing a targeted, systematic clinical examination — with special attention to positive and negative findings relevant to the clinical question

8.2.4 Choosing appropriate diagnostic and therapeutic options — understanding the indications, contraindications, and interpretation of common investigations

8.2.5 Recognizing the acutely unwell patient — identifying clinical deterioration using early warning scores and initiating basic resuscitation under supervision

8.3 Data Analysis Including Medical Imaging

Modern medical practice depends on the accurate interpretation of clinical data. Students must develop fluency in reading and synthesizing multiple data streams simultaneously — laboratory, physiological, imaging, and functional.

Laboratory Data

8.3.1 Interpreting CBC — anaemia indices, WBC differential, thrombocytopenia, polycythaemia

8.3.2 Renal function tests — creatinine, BUN, creatinine clearance, eGFR calculation, urinalysis interpretation

8.3.3 Liver function tests — pattern recognition (hepatocellular vs cholestatic), coagulation profile

8.3.4 Metabolic panels — glucose, HbA1c, electrolytes (Na, K, Ca, Mg, phosphate), thyroid function tests

8.3.5 Culture and sensitivity results — interpreting sensitivity patterns, selecting appropriate antibiotics

Electrocardiography

8.3.6 Recognizing normal sinus rhythm and systematic ECG interpretation (rate, rhythm, axis, intervals, morphology)

8.3.7 Identifying ischaemic changes: ST elevation/depression, T wave inversion, Q waves

8.3.8 Acute MI patterns: STEMI localisation by leads, posterior MI, right ventricular infarction

8.3.9 Axis deviation, chamber enlargement (LVH, RVH, LAE, RAE), bundle branch blocks

8.3.10 Tachyarrhythmias: sinus tachycardia, AF, atrial flutter, SVT, VT (monomorphic, polymorphic), VF

8.3.11 Bradyarrhythmias: sinus bradycardia, AV blocks (1st, 2nd — Mobitz I and II, 3rd degree), junctional rhythm

Imaging

8.3.12 Chest X-ray — systematic interpretation: position/rotation, soft tissue, bony thorax, trachea/mediastinum, cardiac silhouette (CTR), hilae, lung fields, costophrenic angles, diaphragm
8.3.13 CT brain — ischaemic vs haemorrhagic stroke, subdural haematoma (crescentic), epidural haematoma (biconvex), SAH, SOL
8.3.14 CT chest — ILD patterns (honeycombing, GGO, traction bronchiectasis), effusion, nodules, mediastinal nodes
8.3.15 CT abdomen — hepatic lesions, splenomegaly, renal pathology, abdominal lymphadenopathy
8.3.16 Ultrasound abdomen — hepatic texture, biliary dilatation, renal size and corticomedullary differentiation, free fluid (ascites)
8.3.17 Basic EEG interpretation concepts — normal vs abnormal patterns, epileptiform discharges
8.3.18 Pulmonary function tests — spirometry interpretation: obstructive vs restrictive vs mixed pattern, severity grading
8.3.19 Arterial blood gas interpretation — pH, PaCO2, PaO2, HCO3, base excess — systematic 5-step approach
8.3.20 Echocardiography — reading a report: LVEF, wall motion abnormalities, valvular gradients, effusion, RVSP

8.4 Patient Management Skills

Patient management is the culmination of diagnostic reasoning and data analysis. Students must be able to translate their understanding into a coherent, practical management plan — and to communicate that plan clearly to patients, families, and the clinical team.

8.4.1 Formulating a structured management plan: acute phase management, investigations, drug therapy (with correct doses, routes, and monitoring), non-pharmacological measures, monitoring and follow-up
8.4.2 Writing prescriptions under supervision — including correct drug name, dose, frequency, route, duration, and relevant monitoring parameters
8.4.3 Recording accurate, legible, and timestamped medical notes in the patient file
8.4.4 Discussing lifestyle modifications with patients — diet, exercise, smoking cessation, alcohol reduction, weight management
8.4.5 Comparing therapeutic options — evidence-based selection, awareness of cost-effectiveness and local availability
8.4.6 Seeking appropriate interdisciplinary consultations — knowing when and how to involve other specialties
8.4.7 Counselling patients and their families on diagnosis, prognosis, treatment options, and follow-up — with sensitivity to health literacy, cultural context, and emotional state
8.4.8 Explaining pathophysiological concepts to patients in language they can understand

8.5 Procedural Skills (EPA Level 2–3 Under Supervision)

The following procedural skills must be performed or directly observed under supervision during the placement. Students are required to log all procedural encounters in Component C of their documentation booklet. EPA Level 1 = observe, EPA Level 2 = able to perform with supervision; EPA Level 3 = able to perform with indirect supervision.

Procedure / Skill	Required Cases	EPA Level	Notes
Basic Life Support (BLS / CPR)	1 observed/performed	2–3	High priority — assessed in Pre-Annual and Final OSCE
IV, IM, SC injections.	5 each type	2–3	Must log each separately by route
IV Cannulation / Venepuncture	5	2	Practice on mannequin before patient
Assist Blood Transfusion	1	2	Cross-matching, compatibility check, monitoring
Eclampsia Treatment	1	2	Maintaining airway, Oxygen, positioning, Loading and maintainence dose of MgSO4, IV Labetalol
Antenatal Ultrasound	5	1	Identify different ultrasound parameters
CTG Recording	5	2-3	Electrode placement, artefact recognition, interpretation
Urinary Catheterisation	1	2	Aseptic technique, indications, complications
Blood Glucose Monitoring	Ongoing	3	Point-of-care testing technique and interpretation
Vaginal delivery	2	1-2	Observe and assist in vaginal delivery
C-section	2	1-2	Observe and assist in C- section

9. Clinico-connect sessions (Transdisciplinary Clinical Reasoning Forums — TCRF)

The Clinico-Connect Session — formally designated the Transdisciplinary Clinical Reasoning Forum (TCRF) — is the most intellectually ambitious component of the embedded internship. It is designed as an advanced, case-based educational encounter that deliberately dissolves the artificial boundaries between traditional academic disciplines, integrating foundational sciences, clinical specialties, ethics, and research literacy into a single, unified learning experience.

The underlying educational principle is that real patients do not present with single-discipline problems. A patient with acute liver failure involves hepatology, nephrology (hepatorenal syndrome), neurology (hepatic encephalopathy), microbiology (SBP), pharmacology (drug dosing in liver failure), ethics (transplant candidacy), and community medicine (prevention of viral hepatitis). The TCRF session creates a structured space in which students learn to think across these boundaries simultaneously.

9.1 Educational Objectives

- Integration of knowledge across disciplines — connecting foundational sciences (physiology, biochemistry, pathology, pharmacology) with clinical presentations and management decisions
- Development of clinical reasoning through transdisciplinary case analysis — moving beyond pattern recognition to genuine mechanistic understanding
- Promotion of collaborative learning and inter-professional teamwork — modeling the multidisciplinary team approach of modern hospital medicine
- Enhancement of the patient-centred approach — keeping the real patient at the centre of all academic discussion

9.2 Scope and Scheduling

9.2.1 Applicable from 3rd Year MBBS through Final Year MBBS — the format and complexity increase progressively

9.2.2 Medicine & Surgery placements: 2 sessions per 4-week block

9.2.3 Specialty sub-placements (Neurology, Cardiology, Radiology): 1 session per sub-placement

9.2.4 Sessions are held on Wednesdays, which are reserved in the weekly timetable for integrative academic activities

9.3 Session Structure — Four Phases

Phase	Description & Faculty Role
Phase 1: Clinical Trigger (Case Introduction)	A real patient, simulated patient, video of a patient encounter, or a detailed clinical scenario based on actual findings is presented to students. The trigger is chosen to span multiple disciplines and to contain sufficient complexity to generate rich discussion. Students are not told the diagnosis — they must work through the presentation systematically.
Phase 2: Transdisciplinary Concept Mapping	Students and faculty identify the relevant foundational concepts underlying the clinical presentation — physiological mechanisms, biochemical pathways, structural-functional relationships, pharmacological principles. Students are guided to link the clinical signs, symptoms, and investigation findings to these underlying concepts. A visual concept map may be created on a whiteboard or slide.
Phase 3: Integrated Discussion & Reasoning	Faculty from relevant disciplines facilitate a collaborative, multi-voice discussion. Each faculty member contributes from their own specialty perspective while remaining connected to the central case. Students are required to explain findings using scientific reasoning — not just to recall facts, but to understand mechanisms. Guided questions are used to probe depth of understanding and to challenge assumptions.
Phase 4: Application & Reflection	Learners reflect on how the scientific concepts discussed directly dictate clinical management decisions. Key take-home messages for the clinical rotation are summarized. Students identify gaps in their knowledge and formulate self-directed learning questions. Opportunities for further reading and exploration are highlighted.

9.4 Session Format & Roles

PowerPoint Presentation Structure

9.4.1 Each session is conducted using a structured, pre-compiled PowerPoint presentation
9.4.2 3 slides from the main placement specialty (Medicine, Neurology, Radiology, or Cardiology)
9.4.3 1 slide dedicated to Ethics and Research integration — connecting the case to an ethical dilemma, research evidence, or patient safety issue
9.4.4 Slides are case-focused, concise, and aligned with the session's learning objectives

Session Lead — Department of Medicine & Allied Specialties

9.4.5 Selects the clinical case; ensures curricular alignment and achievement of learning objectives
9.4.6 Compiles slides from all contributing disciplines into a single presentation
9.4.7 Coordinates with contributing faculty, manages logistics, venue, and AV resources
9.4.8 Maintains attendance records; prepares session report with pictorial evidence for DME submission

Multidisciplinary Faculty Team (SR and above)

9.4.9 Contribute specialty-specific PPT slides; participate in the integrated discussion
9.4.10 Facilitate student engagement through guided questioning and case correlation

Students

9.4.11 Prepare in advance by reading about the case topic from the recommended resources
9.4.12 Actively participate in all phases; demonstrate clinical reasoning and teamwork
9.4.13 Engage in reflection; complete any required post-session LMS quiz

DME Unit

9.4.14 Monitors quality assurance and session standards through a pre-validated checklist
9.4.15 Tracks attendance, LMS quiz completion, and session report submission

9.5 Assessment & Documentation

CLINICO-CONNECT ASSESSMENT SUMMARY
Assessment method: Attendance (mandatory) + LMS-based MCQ quiz after each session
Quiz format: 20 best-of-five MCQs (USMLE-style, Bloom's C4–C6)
Weightage: Contributes to LMS-Based Assessment component of CIA (20 marks total)
Documentation: Attendance records maintained by Session Coordinator → submitted to DME
Session report: Prepared after each TCRF session with pictorial evidence → forwarded to DME

PART D — DOCUMENTATION & LOGGING

10. PATIENT RECORD KEEPING — OVERVIEW

Accurate clinical documentation is one of the most important professional skills a doctor can possess. It protects patients by ensuring continuity of care, protects the clinician by providing a medico-legal record, and promotes learning by forcing the writer to organize and articulate their clinical thinking. In the embedded internship, documentation is both a learning tool and a formal assessment component.

All students are issued a standardized Patient Record Keeping Booklet (RMU-12 Embedded Internship Program). This booklet comprises three distinct components, each serving a specific purpose in the clinical and educational workflow. The three-component design mirrors the structure of real clinical documentation: an initial comprehensive patient assessment (like an admission note), ongoing daily progress notes, and a log of the student's own activities and learning.

Comp.	Purpose	Where Kept	Transferred To	Completed By
A	Full patient history, clinical examination, workup summary, management plan	Patient's clinical file during admission	Student portfolio on patient discharge	Day of patient allotment; updated as new information becomes available
B	Daily SOAP progress notes — one page per patient per day	Patient's clinical file during admission	Student portfolio on patient discharge	Each morning after ward round under HO/PGT supervision
C	Daily activity log, skills assessment record, and daily supervisor sign-off	Student's own daily log file	End-of-posting assessment record	Daily — signed by HO, PGT, and Consultant before leaving the unit

GENERAL DOCUMENTATION RULES — ALL COMPONENTS
1. Complete Component A on the day of patient allotment. Update history and examination as new information emerges — do not leave sections blank.
2. Complete one page of Component B each morning after the ward round, under supervision of the House Officer or PGT. Do not back-date entries.
3. Component C must be signed off daily by the House Officer, PGT, and Consultant — obtain signatures before leaving the clinical unit.
4. On patient discharge or outcome: detach Components A & B from the patient file, complete the Patient Summary section, and file in your personal portfolio.
5. All entries must be written in ink. Corrections must be made by crossing out with a single horizontal line, then initialling and dating — never use correction fluid.
z6. Component B SOAP notes record your own clinical reasoning — do not copy or duplicate consultant or HO notes.
7. Use your own stationery and paper for additional pages where required.

11. Component A — Patient History & Clinical Examination

Component A is the comprehensive patient record and represents the most thorough documentation activity in the internship. It follows the standard format of a formal clinical case write-up, covering all relevant aspects of the patient's history and physical examination. It is kept in the patient's file during the admission period and transferred to the student's portfolio upon discharge or outcome. The quality of Component A write-ups is directly assessed as part of the WPBA. (see detailed pattern in annexure)

12. Component B — Daily Progress Notes (Soap Format)

Component B is completed on a fresh sheet for each patient, for each day of the admission. It is placed in the patient's clinical file alongside the formal ward notes and is transferred to the student's portfolio upon patient discharge. The SOAP format is the internationally recognized standard for clinical progress notes — students must become fluent in it.

The SOAP note records the student's own clinical reasoning — not a copy of what the consultant or House Officer has written. The purpose is to develop the habit of independent clinical thinking: reviewing the patient each morning, forming a clinical impression, and making a management suggestion — even if that suggestion is then refined by the supervising clinician. This process of formulating and then

comparing one's own assessment with the senior clinician's is one of the most powerful learning mechanisms in clinical medicine. (see annexure)

Instruction: Complete after morning round. Mark abnormal investigations and management decisions clearly. If additional space is required, attach supplementary pages with clear identification (patient name, MR number, date, day number).

13. Component C — Daily Schedule Documentation & Sign-Off Sheet

Component C is the student's own daily logbook — kept separately from the patient file. It provides a contemporaneous record of each student's attendance, activity engagement, skills performed or observed, and professional conduct. It is signed off at the end of each clinical day and forms an important part of the end-of-posting assessment record. It is also the primary evidence base for the WPBA scoring that contributes to the Clerkship Assessment marks within the CIA.

Attendance in the embedded internship is not simply about physical presence. It is defined as active, engaged, and meaningful participation in all scheduled activities. A student who is present but disengaged, distracted, or not contributing to clinical activities may not be considered as having fulfilled the attendance requirement for that session. Component C records provide the documentary evidence for this judgment.

13.1 Daily Activity Log

Time	Scheduled Activity	Completion	Supervisor Initials	Supervisor' Remarks
08:00–09:00	Didactic Lecture / Small Group Discussion (SGIS)	☐ Yes ☐ No		
09:00–10:00	Patient Review / Progress Note Writing	☐ Yes ☐ No		
10:00–12:00	Ward Round	☐ Yes ☐ No		
12:00–13:00	Case-Based Discussion (CBD) / PBL	☐ Yes ☐		

		No		
13:00–14:00	SR/ PGT teaching session	☐ Yes ☐ No		
15:00–18:00	Indoor / ER / OT Patient Management & Procedures	☐ Yes ☐ No		

13.2 Knowledge, Skills & Professionalism Assessment Grid

Domain	Observed Status	Supervised By	Supervisor Initials
History Taking	☐ Not Observed / Done ☐ Observed by Supervisor ☐ Independently Performed		
Physical Examination	☐ Not Observed / Done ☐ Observed by Supervisor ☐ Independently Performed		
Case Presentation	☐ Not Observed / Done ☐ Observed by Supervisor ☐ Independently Performed		
Management Discussion	☐ Not Observed / Done ☐ Observed by Supervisor ☐ Independently Performed		
Documentation Quality	☐ Unsatisfactory ☐ Satisfactory ☐ Good ☐ Excellent		
Professional Conduct	☐ Unsatisfactory ☐ Satisfactory ☐ Good ☐ Excellent		

Component C concludes with a Patient Summary table completed at discharge, documenting Patient Name/MR No. | Diagnosis | Outcome/Remark for each patient seen that day. This is signed by the Student, House Officer/PGT, and Consultant.

PART E — ASSESSMENT
14. ASSESSMENT FRAMEWORK — OVERVIEW

Assessment in the Final Year MBBS Obstetrics & Gynaecology Embedded Internship Program is structured, multi-component, and designed to evaluate students comprehensively across all domains of clinical competence — knowledge, clinical skills, reasoning, communication, and professionalism. The total assessment scheme for the Obstetrics & Gynaecology block is 300 marks, structured across three sequential stages. Assessment serves not only a summative purpose (determining whether a student passes) but also a formative purpose (providing feedback that guides ongoing learning).

The importance of assessment cannot be overstated. For students, regular assessment provides feedback and guidance, promotes active learning, increases accountability and professionalism, and prepares for future practice by simulating real-life clinical scenarios. For the healthcare system, rigorous assessment ensures competent graduates, maintains high standards of medical practice, identifies areas for curricular improvement, and ultimately promotes patient safety.

Assessment Stage	Marks	Description
Stage 1: Continuous Internal Assessment (CIA)	**100 (40%)**	Spans the entire 8-week placement. Comprises three sub-components: Clerkship Assessment (WPBA + Ward Tests), LMS-Based Assessment, and End Block Assessment. Formative and summative.
Stage 2: Pre-Annual Assessment (Send-Up)	Prerequisite — to appear in Professional Exam	Gateway examination conducted after CIA and before the Final Annual. Theory papers + OSCE. Must be passed to gain eligibility for the Final Annual Examination. Does not contribute marks to the 300-mark scheme.
Stage 3: Final Annual Assessment	**200 (60%)**	End-of-year comprehensive examination. Two theory papers + full clinical OSCE. Passing criteria apply to each component.

		Supplementary examination available for students who fail.
GRAND TOTAL	**300 Marks**	**Final Professional MBBS in Medicine**

15. Continuous Internal Assessment (Cia) — 100 Marks

The CIA is the backbone of the assessment framework. It captures a student's consistent effort, engagement, and progressive development across the entire placement. Unlike a single end-of-year examination, the CIA reflects performance over time and across multiple domains — making it a far more comprehensive and valid measure of clinical competency.

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

- **Total final Professional Marks in Gynae/OBS: 300**
- **Annual Marks: (60%) =180 Marks**
- **Continuous Internal Assessment (40%) =120 Marks**
  Out of 120 marks ,20 marks will be calculated from fourth year and 100 marks from final year.
  Fourth year CIA = 20 Marks

Fourth year CIA Component	Marks	% of CIA
Theory End block	**15**	**75 %**
LMS	**5**	**25 %**

Final year CIA Component	Marks	% of CIA
Clerkship Assessment (Module WA + Embedded Internship WPBA)	**50**	50%
End Block Assessment (EBA)	**40**	40%
LMS-Based Assessment	**10**	10%
TOTAL CIA	**100**	**100%**

15A. Clerkship Assessment — 100 Marks (WPBA + Ward Test)

Each module/placement is assessed through two sub-components. The Embedded Internship Workplace-Based Assessment (WPBA) contributes 60% of the module mark and reflects the student's ongoing clinical activities in the ward. The Ward Test contributes the remaining 40% and is a formal written or clinical assessment conducted at the end of each module. Marks are allocated proportionally to the duration of each placement.

Sub-Component	GU-I	GU-II	TOTAL
Total Module Marks	**25**	**25**	**50**
Embedded Internship WPBA (60%)	15	15	**30**
Ward Test (40%)	10	10	**20**

WPBA Activities and Mark Allocation (per placement type):

WPBA Activity	4-Week Placement
Detailed case presentation in consultant class	1 presentation (3 marks)
Morning performance	9 marks
Evening performance	3 marks

Important Notes On Wpba Marks
Morning performance is assessed through daily marking sheet in which students are marked on basis of their performance in SGIS, ward rounds/OT/OPD, SDL, and patient help. Students are marked on daily basis. At the end average of marks will be taken. (for monitoring sheet: see annexure)
Evening performance is also assessed through daily marking sheet.
Research Publication Bonus: Students with a Medicine & Allied-related publication in a non-predatory journal during Final Year MBBS may receive up to 7.5 additional marks within CIA. Total CIA marks cannot exceed 200. No compensation for missed clerkship periods.

16. LMS-Based Assessment — 20 Marks

The Learning Management System (LMS) assessment is a structured online academic monitoring tool delivered through the university's digital platform. It represents a significant innovation in RMU-12 compared to previous practice — providing weekly, continuous feedback on student academic engagement and higher-order reasoning throughout the clinical placement.

The vision of the LMS assessment is to enhance competency-based learning, clinical reasoning, and continuous academic engagement among Final Year MBBS students. By linking online MCQ-based quizzes to the clinical topics covered in SGIS, CBD, & SDL sessions that week, the LMS creates a virtuous cycle: attend the session, apply the knowledge in the ward, and then consolidate and test that knowledge online.

16.1 SOPs 2026 — Key Standards

- Each weekly LMS quiz comprises 35 MCQs (an important change from previous years)
- All MCQs are designed in accordance with USMLE-style single-best-answer format
- MCQs assess higher cognitive levels — C4 (Analysis), C5 (Synthesis), C6 (Evaluation) per Bloom's taxonomy, with emphasis on clinical reasoning, interpretation, and patient-care decision-making
- Time allocation: 45 seconds per MCQ
- MCQs prepared by faculty are submitted to DME, then to the Vice Chancellor for approval before uploading
- Clinico-Connect sessions include similar MCQ-based assessments at the same academic standard

16.2 Assessment Structure

Assessment Type	Frequency	MCQs Each	Total MCQs
Weekly LMS Quiz	8 quizzes (1 weekly)	**35**	**280**
Clinico-Connect LMS Quiz	2 quizzes	**20**	**40**
End-of-Block LMS Assessment	1	**60**	**60**
TOTAL	**11 assessments**	**—**	**380 MCQs assessed**

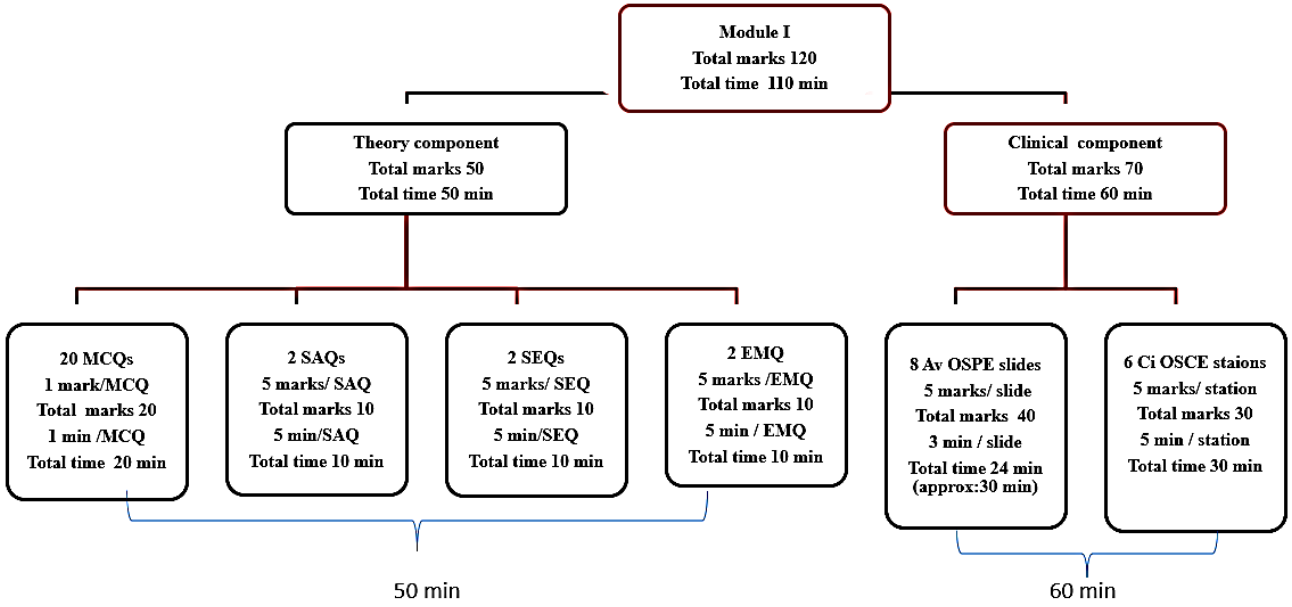
16.3 Feedback and Learning Support

Students receive detailed feedback after each LMS quiz including overall score, question-wise review where applicable, and identification of strong and weak areas. Faculty use results to identify common academic gaps and domains requiring further bedside reinforcement. The DME tracks assessment data to evaluate curricular quality and student learning trends. Students are encouraged to provide feedback on relevance, difficulty, timing, and technical issues.

17 A. Module Assessment (Per Placement)

Each module/placement is formally assessed at its conclusion through an end-of-module examination comprising theory and clinical OSCE & Av OSPE components. The same assessment format applies across all modules. Module assessments contribute to the Clerkship Assessment component of the CIA and are the main driver of the Ward Test marks.

Module-I Assessment



17.2 TABLE OF SPECIFICATION (TOS)-THEORY COMPONENT

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

Topic Distribution

	Topics	MCQs	SAQs	SEQs	EMQs
Obs	Medical ethics, Patient safety and infection control	1	1	1	2 (obs) Each with 5 stems and 6-10 options
	Antenatal care, assessment of fetal well-being, invasive and non -invasive methods for prenatal diagnosis	2			
	Anemia in pregnancy	2			
	Hypertensive disorders of pregnancy	2			
	Diabetes in pregnancy	2			
	Other medical disorders of pregnancy, minor disorders of pregnancy, Thromboembolism in pregnancy	1			
Gynae	Abnormal uterine bleeding (PALM-COIN)	2	1	1	
	Adenomyosis/Endometriosis	1			
	Primary/Secondary amenorrhoea including PCOS, dysmenorrhea	2			
	Early pregnancy complications	2			
	Genital tract infections (Lower, upper)	1			
	Subfertility	2			

Table of specification (TOS) -Clinical component

RMU Final Year MBBS Undergraduate Curriculum 2026: OBS / Gynecology

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

Total stations 8 **Total 24 min**
Total marks 40 (5 marks each) **(3 min each)**

S. No	Gynaecology Topic Distribution	S. No	Obstetrics Topic Distribution
1	Patient with bleeding and abdominal pain in early pregnancy (Miscarriage, Ectopic pregnancy & GTD)	5	Patient with pallor+ SOB (Anemia in pregnancy, cardiac disease, respiratory disease)
2	Patient with menstrual irregularities or abnormal uterine bleeding (HMB,Secondary amenorrhoea, PCO) /Endometriosis, Adenomyosis	6	Patient presenting with high BP / Headache / Blurring of vision (HTN disorders of pregnancy)
3	Genital tract infection	7	Diabetes in pregnancy
4	Subfertility	8	Antenatal care, Assessment of fetal wellbeing, Prenatal diagnosis

Objective structured clinical examination (OSCE)

b) Objective structured clinical examination (OSCE)

Total stations 6 **Total 30 min**
Total marks 30 (5 marks each) **(5 min each)**

S.no	Topic Distribution	Marks
1.	GPE	05
2.	Obstetrics examination (Obstetrics)	05
3.	Abdominal examination (Gynaecology)	05
4.	Skills covered in workshops 1 & 2	05
5.	Skills covered in workshops 3	05
6.	Skill covered in workshops 4	05

Module-II Assessment

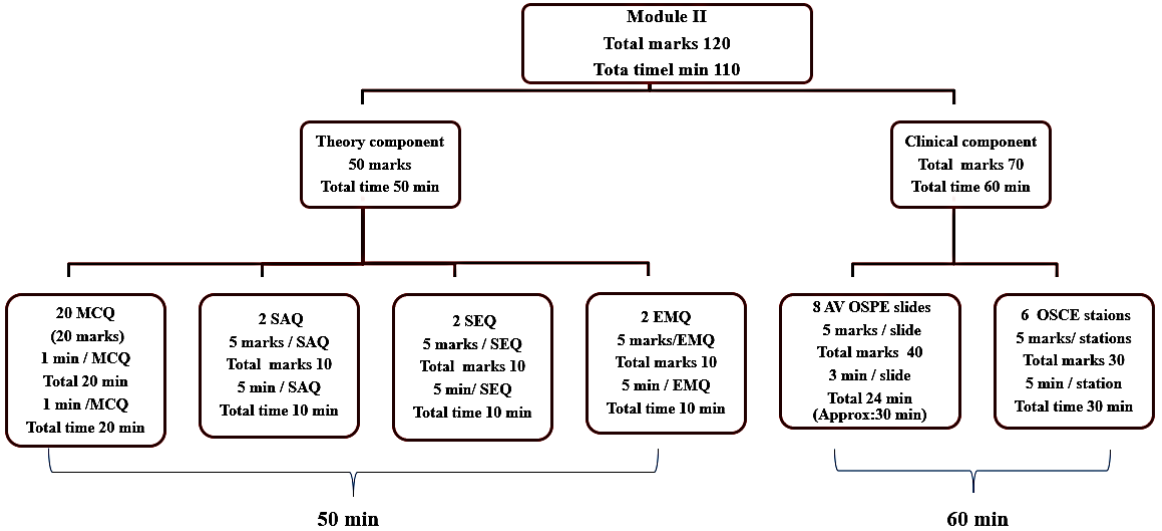


Table of specification (TOS) - Theory component

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

Topic Distribution

	Topic distribution	MCQs	SAQs	SEQs	EMQs
Obs	Multiple pregnancy, Polyhydramnios	1	1	1	2(Gynae) Each with 5 stems and 6-10 options
	Preterm labour, PPROM	1			
	Antepartum Haemorrhage (APH)	1			
	Normal & abnormal labour	2			
	Rh incompatibility, immune & non immune hydrops, Previous C-section, VBAC	1			
	Primary and secondary PPH	2			
	Normal puerperium, Puerperal disorders	1			
	Previous C-section-VBAC, Perinatal infections	1			
Gynae	Menopause and post reproductive health	1	1	1	
	Pelvic organ prolapse	2			
	Fibroid uterus	1			
	Premalignant & Malignant diseases of uterus	1			
	Premalignant and malignant diseases of cervix	1			
	Benign and malignant diseases of ovary	2			
	Benign and malignant diseases of Vulva and Vagina	1			
	Contraception	1			

Table of specification (TOS) -Clinical component

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

Total stations 8 **Total 24 min (3 min each)**

Total marks 40 (5 marks each)

S.No	Gynaecology Topic Distribution	S.No	Obstetrics Topic Distribution
1.	Pelvic organ prolapse	5	Multiple pregnancy, polyhydramnios
2.	Benign and malignant conditions of uterus	6	Patient with pregnancy related bleeding (APH, Primary and secondary PPH)
3.	Benign and malignant conditions of Ovary	7	Puerperal disorders
4	Premalignant and malignant conditions of Cervix	8	Normal & abnormal labour Preterm labour, PPROM, PROM

b) **Objective structured clinical examination (OSCE)**

Total stations 6 **Total 30 min**

Total marks 30 (5 marks each) **(5 min each)**

S.no	Topic Distribution	Marks
1.	GPE/ Abdominal examination (Obstetrics/Gynaecology)	05
2.	Skills covered in workshop 5	05
3.	Skills covered in workshop 6	05
4.	Skills covered in workshop 6	05
5.	Skills covered in workshop 7	05
6.	Skills covered in workshop 8	05

17B. End Block Assessment (EBA)

The End Block Assessment (EBA) is a comprehensive formal examination conducted at the conclusion of the 8-week Obstetrics & Gynaecology block. Carrying 400 marks, it constitutes 40% of the Continuous Internal Assessment (CIA) and is therefore the single most heavily weighted component within the CIA. The EBA is structured to mirror the Final Professional Examination format, giving students a realistic rehearsal under examination conditions while still within the internship period.

The EBA serves three important purposes. First, it validates the learning that has occurred across the two modules by testing both theoretical knowledge and clinical skills in a structured, high-stakes format. Second, it provides faculty with an objective measure of student progress at the end of the block, which supplements the ongoing WPBA data. Third, it familiarizes students with the full-length examination format they will encounter in the Final Annual Assessment, reducing examination anxiety and promoting targeted revision.

Revised TOS End block examination (EBE)

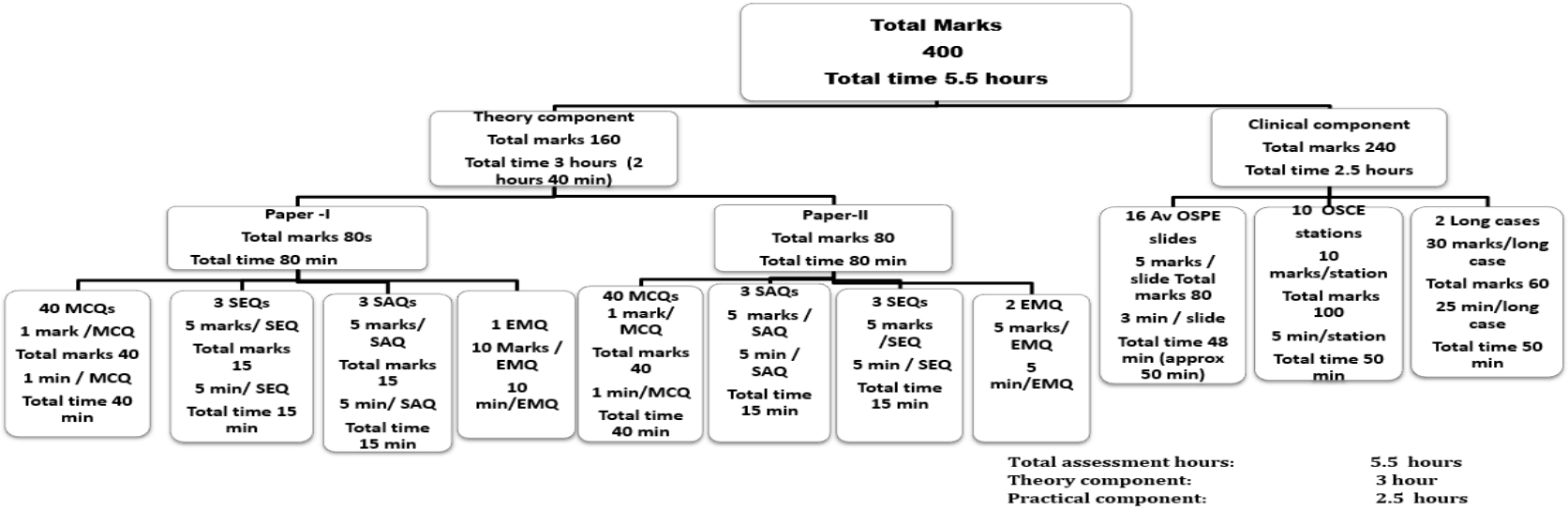


Table of specification (TOS) - Theory component
Integration in theory component

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

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

S. No.	SECTIONS	Topic Distribution	MCQs	SAQs	SEQs	EMQ
1.	**Normal Obstetrics**	Prenatal, Antenatal,	4	1	1	
		Intrapartum, Postnatal Care	4			
2.	**Obstetrics Complication**	Antenatal	4	1	1	
		Intrapartum	4			
		Postnatal	4			
3.	**Medical Complications**	Hematological disorders	4	1	1	2
		Hypertensive disorder	4			
		Cardiac disease in pregnancy				
		Endocrinological disorders in pregnancy	4			
		Liver disease and gastroenterology disorders				
		Early pregnancy disorders, Others	4			
4.	**Obstetrics**	Maternal collapse and resuscitation and	4			

	Emergency	others emergencies				
Total marks			**40**	**15**	**15**	**10**

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

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

Table of specification (TOS) - Clinical component

- **Objective structured clinical examination (OSCE)**

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

- **Audio video assisted objective structured practical examination (Av OSPE)**

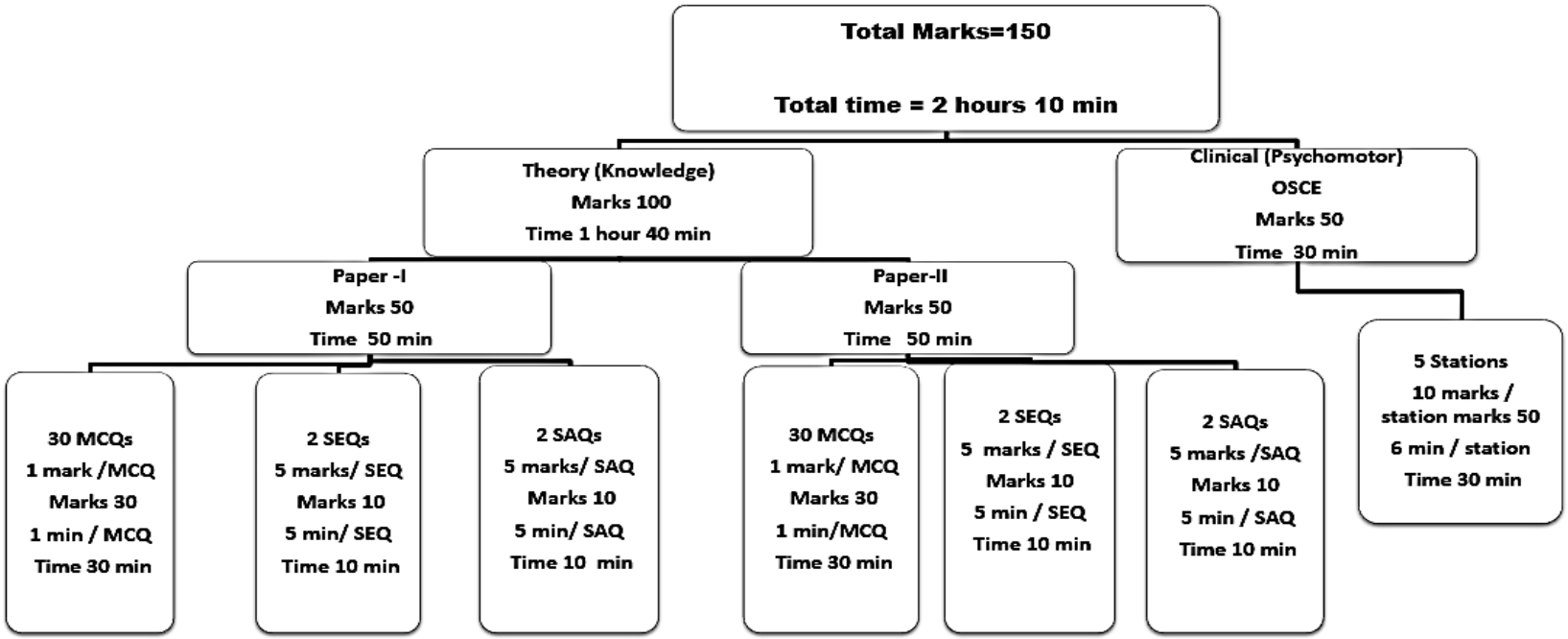
S.no	Gynaecology Topic Distribution	Marks	S.no	Obstetrics Topic Distribution	Marks
1	Disorders of menstruation	05	9	Prenatal, Antenatal care	05
2	Miscarriages / Ectopic pregnancy /GTD	05	10	Intrapartum /postnatal care	05
3	Subfertility	05	11	Obstetrical complications	05
4	Endometriosis and adenomyosis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

18. Pre-Annual Assessment (Send-Up Examination)

The Pre-Annual Assessment, formerly called the Send-Up Examination, is a mandatory prerequisite for eligibility to sit the Final Annual Examination. It is a comprehensive, high-stakes assessment that evaluates the student's readiness to appear in the final professional examination. It does not contribute directly to the 300-mark scheme, but failure to pass it results in ineligibility for the Final Annual Assessment.

The significance of the Pre-Annual lies in its three functions: (1) preparation — it provides valuable examination practice under realistic conditions, allowing students to identify areas requiring further focus; (2) confirmation of readiness — successful performance demonstrates that the student has acquired the core knowledge and clinical competence expected at this stage; and (3) confidence building — students who perform well gain motivation and focus in the run-up to the final examinations.

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



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

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

5 OSCE stations

Station 1

Examination of antenatal patient

a. General physical examination
b. Abdominal examination
c. Systemic examination

Station 2

Obstetrical Procedures/Drills

a. Mechanism of labour
b. Breech delivery
c. Shoulder dystocia
d. Instrumental delivery
e. Management of 3rd stage of labour
f. PPH drill
g. Eclampsia drill
h. Steps of C-section on dummy / model

Station 3

Examination of Gynaecological patient

a. General physical examination
b. Abdominal examination
c. Systemic examination
d. Speculum examination
e. Bimanual examination

Station 4

Gynaecological Procedures

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

Station 5

a. Basic life support

Integration in Theory (Knowledge)

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

Table of specification (TOS) - Theory (knowledge)

Paper I: Obstetrics

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

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

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

Paper II: Gynaecology

S. No.	Topic	MCQs	SAQs	SEQ
1.	Disorders of menstruation	4	1	1
2.	Miscarriages/ Ectopic gestation/ GTD	3		
3.	Subfertility	3		
4.	Endometriosis and adenomyosis	2		
5.	Infections of genital tract	3		
6.	Uterovaginal prolapse	2		
	Urogynecology and fistulae	2		
7.	Benign tumor of genital tract	3	1	1
8.	Malignant diseases of genital tract	3		
9.	Contraception	3		
10.	Menopause and HRT	2		
11.	Total marks	30	10	10

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

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

Note:

MCQ s:
should be scenario based, should not be single liner, Referenced from USMLE, MRCOG, PLAB and text book
SAQs, SEQs:
Should be scenario based
Must have 5 stems

Plan for Execution

1 Block
5 Ci OSCE Stations
5 students / block

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

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

Total units = 4
480 students

19. FINAL ANNUAL ASSESSMENT

Subject	THEORY 50%			CLINICALS 50%			
	Component	No of Items	Marks	Component	No of Items stations	Marks	Total Marks
Obstetrics Paper I	Section I- MCQ EMQ Section II-SAQ/SEQ	25 1 3	25 (1 x 25) 5 15 (5 x 3)	Long case OSCE Av OSPE	1 3 5	15 15 (3x5) 15 (5x3)	90
Gynaecology Paper II	Section I-MCQ EMQ Section II-SAQ/SEQ	25 1 3	25(1 x 25) 5 15(3x 5)	Long case OSCE Av OSPE	1 3 5	15 15 (3x5) 15(5x3)	90
Total marks with CIA =180+120= 300	Continuous Internal Assessment (40%)		60	Continuous Internal Assessment (40%)		60	120
	Total Marks		**150**	**Total Marks**		**150**	**300**

Table of specification
(TOS)- Theory Component

Paper I: Obstetrics

S. No.	SECTIONS	Topic Distribution	MCQs 30	EMQs 1	SAQs 5	SEQs - 5
1	Normal obstetrics	Prenatal	1	1 (5 parts)	1	1
		Antenatal	1			
		Intrapartum	1			
		Postnatal Care	1			
		Neonatology	1			
		Breast feeding	1			
2	Obstetrics complications	Antenatal	2			
		Intrapartum	2			
		Postnatal	2			
3	Medical complications	Early pregnancy disorders	2		1	
		Hematological disorders	2			
		Hypertensive disorder	2			
		Cardiac disease in pregnancy	1			
		Endocrinological disorders in pregnancy	2			
		Liver disease and gastroenterology disorders	1			
		Others	1			
4	Obstetrics emergencies	Maternal collapse and resuscitation and others emergencies	2			
Total marks:45 Total time: 45 min			**25 25 min**	**5 5 min**	**10 10 min**	**5 5 min**

Table of specification (TOS) – Theory Component

Paper II: Gynecology

S. No	Topic Distribution	MCQs 30	EMQs 1	SAQs 5	SEQs - 5
1	Anatomy and embryology of genital tract	1	1 (5 parts)	1	1
2	Disorders of puberty and ovulation	1			
3	Disorders of menstruation	2			
4	Miscarriages	2			
5	Ectopic gestation	1			
6	Subfertility	2			
7	Endometriosis and adenomyosis	2			
8	Infections of genital tract	2			
9	Uterovaginal prolapse	2			1
10	Urogynecology and fistulae	1			
11	Benign tumors of genital tract	2			
12	Malignant diseases of genital tract	2			
13	Contraception	2			
14	Menopause and HRT	1			
15	Common gynecological procedures	1			
16	Pre, intra and post-operative care	1			
	Total marks: 45 **Total time:45 min**	**25** **25 min**	**5** **5 min**	**5** **5 min**	**10** **10 min**

Table of specification (TOS) – Clinical component

Paper I: Obstetrics

Audio Video Assisted Objective Structural Practical Examination (Av OSPE)

S. No	Topics	Marks
01	Prenatal and antenatal complications, management	03
02	Intrapartum and postpartum complication, management (including instrumental delivery, C section etc)	03
03	Medical Complications management	03
04	Obstetric ultrasound, Doppler studies, MRI and Prenatal invasive diagnosis	03
05	CTG, portogram/labor care guide, lab investigations	03
	Total marks **Total time**	**15** **15 min** **(3 min each)**

Table of specification (TOS) – Clinical component

Paper II: Gynecology

Audio Video Assisted Objective Structural Practical examination (Av OSPE)

S. No.	Topics	Marks
1	Differential diagnosis based on given video related to gynaecological diseases	03
2	Management of gynaecological case shown in the video	03
3	Surgical procedures	03
4	Ultrasound and radiological investigations (USG, HSG, CT scan, MRI, Doppler)	03
5	Instruments, Medication and Sutures	03
	Total marks **Total time**	**15** **15 min** **(3 min each)**

Table of specification (TOS) – Clinical component

Objective Structural Clinical Examination (OSCE)

Paper I: Obstetrics

S. No.	Topic Distribution	Station NO.	Marks
01	Examination of antenatal patient a. General physical examination b. Abdominal examination c. Systemic examination d. Speculum examination	Station 1	05
02	Obstetrical Procedures/Drills a. Mechanism of labour b. Breech delivery c. Shoulder dystocia d. Instrumental delivery e. Management of 3rd stage of labour f. PPH drill g. Eclampsia drill	Station 2	05
03	Basic life support	Station 3	05
	Total marks **Total time**		**15** **15 min** **(5 min each)**

Table of specification (TOS) – Clinical component

Paper II: Gynaecology

Objective Structural Clinical Examination (OSCE)

S. No.	Topic Distribution	Station NO.	Marks
01	Examination of Gynaecological patient a. General physical examination b. Abdominal examination c. Systemic examination d. Speculum examination e. Bimanual examination	Station 4	05
02	Gynaecological Procedures a. Dilatation and curettage b. Evacuation of retained products of conception c. Pap smear d. High vaginal swab e. Others (hysterectomy, myomectomy)	Station 5	05
03	Counselling a. Contraceptive counselling b. Pre- Op Counselling c. Post- op Counselling	Station 6	05
	Total marks **Total time**		**15** **15 min** **(5 min each)**

Long Cases

Obstetrics

Time: 30 min **Total Marks:** 15

History & Examination:	05 marks
Investigations:	02 marks
Differential and Provisional diagnosis:	03 marks
Management:	05 marks

Gynaecology

Time: 30 min **Total Marks:** 15

History & Examination:	05 marks
Investigations:	02 marks
Differential and Provisional diagnosis:	03 marks
Management:	05 marks

PASSING CRITERIA — FINAL ANNUAL EXAMINATION
OVERALL: Student must score more than 50% (>150/300) in the total Final Professional Assessment to be declared successful.
THEORY: Minimum 50% marks in the theory paper component separately for paper I and Paper II
CLINICAL: Combined CI-OSCE + LONG CASE & Av OSPE: Minimum 50% marks in this combined clinical component — separately for paper I & II
SUPPLEMENTARY: Students unsuccessful in the Final Assessment appear in the Supplementary Examination.
NOTE: Meeting the overall 50% threshold does NOT automatically confer a pass — all component minima must also be satisfied.

Part F: Learning Resources & Revision History

- Obstetrics by Ten teachers 21th edition:
- Gynaecology by Ten teachers 21th edition:
- Dewhurst's text book of Obstetrics and Gynaecolog 9th edition
- Shaw's textbook of Gynaecology 18th edition
- Shaw's textbook of Operative Gynaecology 7th edition
- RCOG Green-top guidelines
- Lectures available online on LMS, RMU website

21.REVISION

Prof Lubna Ejaz Dr Humaira Bilqis	2021-2022	1st	Learning objectives updated,
Prof Lubna Ejaz Dr Humaira Bilqis Dr Amara Arooj	2022-2023	2nd	Horizontally and vertically integrated Learning objectives updated, Clerkship curriculum updated
Prof Tallat Farkhanda Dr Humaira Bilqis Dr Amara Arooj	2023-2025	3rd	Horizontally and vertically integrated Learning objectives updated, Research curriculum revamped Bioethics, curriculum incorporated along with Professionalism. Assessments updated
Prof Tallat Farkhanda Dr Humaira Bilqis Dr Amara Arooj	2025-2026	4rth	Horizontally and vertically integrated Learning objectives updated, Research curriculum revamped Bioethics, Family Medicine curriculum incorporated along with Professionalism. Assessments updated
Prof Tallat Farkhanda Prof Humera Noreen Dr Humaira Bilqis Dr Amara Arooj Dr Amna Abasi	2026-2027	5th	Embedded internship program

Part G – Annexures: 22. STUDENT AND FACULTY GUIDE DOCUMENT

Rawalpindi Medical University · RMU-12	Final Year MBBS — Embedded Internship Program 2026	*Obstetrics & Gynaecology*
RAWALPINDI MEDICAL UNIVERSITY · RMU-12 · 2026 **EMBEDDED INTERNSHIP PROGRAM** *Final Year MBBS — Obstetrics & Gynaecology · Block XV I· 2026*		

RMU-12 Embedded Internship Final Year MBBS

2026 Schedule

Student & Faculty Guide Document

Time	Activity (Learning + Service Support Under Supervision)
08:00–09:00 (4 lectures /week Mon, Tues, Thurs, Sat)	**SGID by the faculty:** in the respective classrooms within the department
09:00–10:00	● **Task assignment:** Patient bed allocation, task assignment by Senior Registrar, shadowing of the HO/PGT ● **Bedside clerking:** Duties according to the allotted beds and documentation on the given format **SOAP** pattern (history & examination of allotted patients, reviewing investigations, plan management, fetal heart rate monitoring, pre-op preparation of patients, post op monitoring).
10:00–12:00	**Participation in rounds:** Students participation in Senior registrar / Consultant rounds; case presentations alongside HO/PGT; discussion of plan and learning points; fulfilling the targets of each station, EPA on last day of each week (Saturday)
12:00–13:00	**CBD by Consultant:** Whole batch patient-focused clinical discussion; long/short case teaching, clinical reasoning, interpretation of clinical findings and management plan
13:00-14:00	**SR/PGT Teaching Session (SDL):** Resources will be shared with students
14:00-15:00	Lunch & prayer break
15:00–18:00 (Mon-Thursday)	**Supervised patient management (Shadowing of HO/PGT, supervised by SR on call)** in Labour room, wards, Gynae emergency & operation theatres: Admissions workflow, follow-up tasks, facilitation in patient management, documentation practice.

Time	Activity (Learning + Service Support Under Supervision) Wednesday Schedule
08:30–09:30	**CPC**
09:30–10:00	**Transit time to reach respective hospitals**
10:00–11:30	**SR/PGT Teaching Session (SDL):** Resources will be shared with students
11:30–14:00	**Hands on workshops on manikin**
14:00–15:00	Lunch & prayer break
15:00–18:00	**Supervised patient management (Shadowing of HO/PGT, supervised by SR on call)** in Labour room, wards, Gynae emergency & operation theatres: Admissions workflow, follow-up tasks, facilitation in patient management, documentation practice.

Time	Activity (Learning + Service Support Under Supervision) Friday Schedule
08:00–09:00	**Task assignment:** Patient bed allocation, task assignment by Senior Registrar, shadowing of the HO/PGT **Bedside clerking:** Duties according to the allotted beds and documentation on the given format **SOAP** pattern (history & examination of allotted patients, reviewing investigations, plan management, fetal heart rate monitoring, pre-op preparation of patients, post op monitoring).
9:00-10:00	**Participation in rounds** (Consultant/Senior Registrar)
10:00-11:00	**CBD by Consultant:** Whole batch patient-focused clinical discussion; long/short case teaching, clinical reasoning, interpretation of clinical findings and management plan
11:00–12:00	**SR/PGT Teaching Session (SDL):** Resources will be shared with students

MODULE-I

OBSTETRICS AND GYNAECOLOGY

Week 1

OBSTETRICS
Theme 1: Medical Ethics / Professionalism Theme 2: Antenatal Care

DAY	SGIS	Clinical case (CBD)	SR/PGT Teaching Session (SDL)
Day 1 Monday	Medical ethics	Orientation to the department, curriculum and RMU 12 (embedded internship)	Medical ethics
Day 2 Tuesday	Patient safety & infection control	Obstetrics history taking	Patient safety & infection control
Day 3 Wednesday	CPC	Hands-on Workshop- 1	Physiology of pregnancy
Day 4 Thursday	Antenatal care	Risk assessment in a patient presenting for antenatal visit	Minor disorders of pregnancy
Day 5 Friday	-	Patient presenting with an ultrasound scan showing anomalous fetus	Invasive & non-invasive methods for prenatal diagnosis
Day 6 Saturday	Assessment of fetal well being	Patient having fundal height smaller than dates	Cardiotocography: Basic concepts and different categories

WEEK 2			
OBSTETRICS **Theme 3: Medical disorders in Pregnancy**			
DAY	**SGIS**	**Clinical case (CBD)**	**SR/PGT Teaching Session (SDL)**
Day 1 Monday	Anemia in pregnancy	Patient presenting with pallor and SOB in pregnancy	Blood transfusion during pregnancy: Indications and blood transfusion reactions
Day 2 Tuesday	Hypertensive disorders of pregnancy	Patient presenting with raised blood pressure / headache and blurring of vision	Drug therapy in hypertensive patients: 1. Antihypertensive therapy 2. Magnesium sulphate regimens used for eclampsia
Day 3 Wednesday	CPC	Hands-on Workshop-2	Thromboembolism in pregnancy
Day 4 Thursday	Cardiac disease in pregnancy	**CLINICO-CONNECT SESSION:** Diabetes in pregnancy (by teachers from multiple disciplines)	
Day 5 Friday		Patient presenting with jaundice	GI disorders and Renal disorders of pregnancy
Day 6 Saturday	Thyroid disorders in pregnancy	Patient presenting with H/O epileptic fit during pregnancy	1: Respiratory disorders during pregnancy 2: Heamatological disorders

Week 3			
Gynecology Theme 1: Menstrual disorders Theme2: Early Pregnancy complications			
DAY	**SGIS**	**Clinical case (CBD)**	**SR/PGT Teaching Session (SDL)**
Day 1 Monday	Abnormal uterine bleeding (PALM-COIN)	Patient presenting with AUB	Advanced therapeutic options for treatment of AUB
Day 2 Tuesday	Adenomyosis/ Endometriosis	Patient presenting with Heavy menstrual bleeding(HMB)	Role of radiological imaging in diagnosis of HMB
Day 3 Wednesday	CPC	Hands-on Workshop-3	Primary amenorrhoea
Day 4 Thursday	Secondary amenorrhoea	Patient presenting with secondary amenorrhoea	Dysmenorrhea (Primary and secondary)
Day 5 Friday		Patient presenting with bleeding in early pregnancy: Miscarriage	Induced septic abortion
Day 6 Saturday	Gestational trophoblastic disease	Patient presenting with bleeding in early pregnancy: Ectopic pregnancy	Recurrent pregnancy loss

Week 4			
GYNAECOLOGY **Theme 3: Genital tract infections** **Theme 4: Subfertility / Endometriosis**			
DAY	**SGIS**	**Clinical case (CBD)**	**SR/PGT Teaching Session (SDL)**
Day 1 Monday	Lower genital tract infections	Patient with recurrent vaginal discharge	Sexually-transmitted infections (STIs): Taking sexual history
Day 2 Tuesday	Upper genital tract infections	Patient with chronic pelvic pain	Pelvic tuberculosis
Day 3 Wednesday	CPC	Hands-on Workshop-4	1: Premenstrual syndrome 2: Hirsutism
Day 4 Thursday	Female subfertility	**CLINICO-CONNECT SESSION**: Polycystic ovarian syndrome (by teachers from multiple disciplines)	
Day 5 Friday	-	Patient presenting with painful menstruation, painful coitus and inability to concieve	1: Male factor subfertility 2: Assisted reproductive technique (ARTs)
Day 6 Saturday	Exam day	Exam day	Exam day

MODULE-II

OBSTETRICS AND GYNAECOLOGY

Week 1

OBSTETRICS

Theme 4: Antenatal complications and high-risk pregnancy

DAY	SGIS	Clinical case (CBD)	SR/PGT Teaching Session (SDL)
Day 1 Monday	Multiple pregnancy	Patient having fundal height larger than dates	Polyhydramnios
Day 2 Tuesday	Malpresentations	Patient presenting with breech	Previous C-section, VBAC
Day 3 Wednesda y	CPC	Hands-on Workshop-5	Perinatal infections
Day 4 Thursday	Preterm labour /PPROM	Patient presenting with preterm labour pains	FIGO Prem Prep-5 initiative
Day 5 Friday		Patient having immune hydrops fetalis	Non-immune hydrops
Day 6 Saturday	Antepartum haemorrhage	Patient presenting with bleeding in second half of pregnancy	Management of patient with shock including fluid management and massive transfusion protocol (MTP)

Week 2			
OBSTETRICS **Theme 5: Normal Labour** **Theme 6: Obstetric Complications & Emergencies**			
DAY	**SGIS**	**Clinical case (CBD)**	**SR/PGT Teaching Session (SDL)**
Day 1 Monday	Management of Normal Labour (1st, 2nd & 3rd stage)	A low -risk patient presenting with labour pains at term	1: Robsons classification as a tool for audit of C section 2: WHO- recommended non clinical interventions to reduce C-Section
Day 2 Tuesday	Abnormal Labour	Patient presenting with post-date pregnancy	Labour care guide
Day 3 Wednesdays	CPC	Hands-on Workshop-6	1: Pain relief in labour 2: Anesthesia for operative delivery
Day 4 Thursday	Postpartum Haemorrhage	**CLINICO-CONNECT SESSION:** Patient with placenta accreta spectrum (PAS) (by teachers from multiple disciplines)	
Day 5 Friday		Post operative patient of peripartum hysterectomy	Normal puerperium & lactation
Day 6 Saturday	Puerperal pyrexia & other postnatal complications	Patient presenting with puerperal pyrexia	Neonatal resuscitation and care of newborn

Week 3

GYNAECOLOGY

Theme 4: Menopause

Theme 5: Urogynecology

Theme 6: Contraception Theme 7: Gynaecological Oncology

DAY	SGIS	Clinical case (CBD)	SR/PGT Teaching Session (SDL)
Day 1 Monday	Menopause & Post reproductive health	Patient presenting with hot flushes/ GSM	Menopausal hormonal therapy (MHT)
Day 2 Tuesday	Pelvic organ prolapse (POP)	Patient presenting with something coming out of vagina	Surgical management of POP
Day 3 Wednesday	CPC	Hands-on Workshop-7	Benign diseases of ovary
Day 4 Thursday	Fibroid uterus	Patient presenting with abdominal mass / HMB	Premalignant disease of uterus (endometrial hyperplasia, polyps)
Day 5 Friday		Management of couple who wants birth spacing	Contraception
Day 6 Saturday	Malignant diseases of uterus	Patient presenting with postmenopausal bleeding	New FIGO staging of endometrial cancer

Week 4			
GYNAECOLOGY **Theme 7: Gynecologic Oncology**			
DAY	**SGIS**	**Clinical case (CBD)**	**SR/PGT Teaching Session (SDL)**
Day 1 Monday	Premalignant and malignant diseases of cervix	Management of patient with post- coital bleeding / abnormal Pap smear	1. Methods of cervical screening 2. HPV vaccination
Day 2 Tuesday	Malignant diseases of vulva and vagina	Patient presenting with vulval / vaginal mass/ lesion	Benign conditions of vulva and vagina
Day 3 Wednesday	CPC	Hands-on Workshop-8	Common gynecological surgeries and therapeutics
Day 4 Thursday	Pelvic mass	**CLINICO-CONNECT SESSION:** Malignant ovarian tumors (by teachers from multiple disciplines)	
Day 5 Friday	Revision day	Revision Day	
Day 6 Saturday	Exam day	Exam day	

SELF DIRECTED LEARNING (SDL learning resources)
Module I

Week 1

Topic	Learning Resources	Learning Objectives
Medical Ethics	GMC https://www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice PMDC: https://www.scribd.com/document/777704084/PMDC-Code-of-Ethics-2018	• Explain principles of medical ethics: • Autonomy, beneficence, non-maleficence, justice • Take **valid informed consent** in obstetric practice • Maintain confidentiality and privacy • Handle ethical dilemmas (e.g., maternal vs fetal conflict) • Recognize medicolegal implications in obstetrics

Patient safety and infection control	**National guidelines:** **https://www.nih.org.pk/wp-content/uploads/2020/04/Complete_IPC_Guideliens.pdf** **WHO safety check list** **https://www.who.int/teams/integrated-health-services/patient-safety/research/safe-surgery/tool-and-resources**	• Apply WHO "5 moments of hand hygiene" • Demonstrate aseptic techniques in labour room • Prevent hospital-acquired infections • Identify and manage sepsis in obstetrics • Understand surgical safety checklist use
Physiology of pregnancy	**Ten teachers:** **https://uomustansiriyah.edu.iq/media/attachments/127/127_2023_09_21!02_59_48_PM.pdf**	• Describe maternal physiological adaptations: • Cardiovascular (↑CO, ↓SVR) • Respiratory (↑tidal volume) • Hematological (physiological anemia) • Explain hormonal changes (hCG, progesterone, estrogen)

		• Understand uteroplacental circulation • Correlate physiology with clinical findings

Minor disorders of pregnancy	**NICE Guidelines:**
	https://www.nice.org.uk/guidance/ng201/resources/antenatal-care-pdf-66143709695941
		• Identify common minor disorders:
		  ○ Nausea & vomiting
		  ○ Backache
		  ○ Constipation
		  ○ Heartburn
		• Differentiate normal vs pathological conditions (e.g., hyperemesis)
		• Provide safe, stepwise management
		• Counsel patients effectively

Invasive and non mthods for prenatal diagnosis	**Ten teachers:** **https://uomustansiriyah.edu.iq/media/attachments/127/127_2023_09_21!02_59_48_PM.pdf** **TOG ARTICLE** **https://obgyn.onlinelibrary.wiley.com/doi/10.1111/tog.12278**	• Describe screening tests: ○ First trimester screening (NT scan, PAPP-A)

		○ Second trimester (quadruple test) • Explain diagnostic tests: ○ Amniocentesis ○ Chorionic Villus Sampling • Understand indications, risks, and timing • Interpret basic results and counsel patients
CTG (basic concept and categories)	**NICE guideline** **https://www.nice.org.uk/guidance/ng229/resources/fetal-monitoring-in-labour-pdf-66143844065221** **ALSO Manual** **https://www.scribd.com/document/725869318/Also-Provider-Manual-2023**	Understand components of CTG: • Baseline fetal heart rate • Variability • Accelerations • Decelerations □ Classify CTG: • Normal • Suspicious • Pathological □ Identify patterns:

		• Early, variable, late decelerations Take appropriate clinical action based on CTG

Week 2

Topic	Learning Resources	Learning Objectives
Blood transfusion in obstetrics	RCOG GUIDELINES: https://share.google/7KRzd0zsPU0TDXKyM FOGSI GUIDELINES https://share.google/bdCXDZGq3f9pgFD3y	• Understand **indications** for transfusion in obstetric hemorrhage • Apply **massive transfusion protocols (MTP)** • Recognize and manage **transfusion reactions** • Demonstrate knowledge of **component therapy (PRBC, FFP, platelets, cryo)** • Implement **patient blood management strategies**
Drug therapy in preganancy	Nice guidelines: https://share.google/Su2XQY5wN453yjspn WHO guidelines: https://share.google/S3DPNbq4RKcnPwzGg MGSO4 protoccol https://share.google/leBkvNg6jH1b2f7b9	• Explain **pharmacokinetic changes in pregnancy** • Classify drugs based on **safety (risk-benefit assessment)** • Prescribe safely using **evidence-based guidelines (e.g., NICE, WHO)** • Identify **teratogenic drugs and critical exposure periods** • Apply **$MgSO_4$ protocols** in eclampsia and neuroprotection
Thrombo embolism in pregnancy	RCOG https://share.google/UKWshP2bbKjaARIlF	• Identify **risk factors for VTE** in pregnancy/postpartum • Use **risk assessment tools** (RCOG-based) • Initiate **prophylaxis and treatment (LMWH)** • Diagnose using **appropriate imaging modalities**

		• Manage complications and plan **postpartum thromboprophylaxis**
GI and renal disorders of preganancy	**Dewhurst's textbook of obstetrics and gynaecology** https://share.google/8LvisON5j2dwpXz66	• Recognize **physiological vs pathological changes** • Diagnose and manage **common GI disorders (GERD, hepatitis)** • Identify **renal complications (UTI, AKI, preeclampsia-related)** • Interpret **lab findings in pregnancy context**
Respiratory and heamtological disorders during preganncy	**Ten teachers obstetrics** **https://share.google/0xMztTEmP6FLU5HUs** **Dewhurst's textbook of obstetrics and gynaecology** https://share.google/8LvisON5j2dwpXz66	• Understand **respiratory physiology in pregnancy** • Manage **asthma, pneumonia, ARDS in pregnancy** • Diagnose and treat **anemias (iron deficiency, megaloblastic, hemoglobinopathies)** • Interpret **hematological indices in pregnancy**

Week 3

Topic	Learning Resources	Learning Objectives
Advanced therapeutic options for treatment of AUB	**ACOG Practice Bulletin on AUB** https://share.google/MHCxlKGlN34cXrBj5 **FIGO:** https://share.google/uiqKd3obzGEEhDl78	• Classify AUB using **FIGO PALM-COEIN system** • Compare **medical vs surgical management options** • Evaluate role of **hormonal therapies and LNG-IUS** • Apply **individualized treatment strategies**
Role of radiological imaging in diagnosis of HMB	**Radiopaedia: "Imaging in Abnormal Uterine Bleeding"** **https://share.google/m69TI3Rt8IgHSPr5b**	• Select appropriate **imaging modalities (USG, MRI, hysteroscopy)** • Interpret findings in **structural causes of AUB** • Integrate imaging with **clinical diagnosis**
Primary amenorrhoea	**Dewhurst's textbook of obstetrics and gynaecology** https://share.google/laA403yo24rdeAtP6 **StatPearls - NCBI Bookshelf - NIH** https://share.google/xXKypRc2mDa1e2uPO	• Develop **systematic diagnostic approach** • Interpret **hormonal assays and imaging** • Differentiate **outflow vs gonadal vs central causes** • Plan **management and counseling**
Dysmenorrhea (Primary and secondary)	**ACOG Practice Bulletin on Dysmenorrhea** https://share.google/fYFj56om9ogpAgo7J	• Differentiate **primary vs secondary dysmenorrhea** • Identify causes like **endometriosis, fibroids**

		• Prescribe **NSAIDs, OCPs, and advanced therapies**
Induced septic abortion	**https://share.google/5QTAYJTLVxEpd94Cw**	• Recognize **clinical features and severity grading** • Initiate **resuscitation and broad-spectrum antibiotics** • Perform **timely uterine evacuation** • Prevent complications and reduce mortality
Recurrent pregnancy loss	**RCOG Green-top Guideline on Recurrent Pregnancy Los https://share.google/itU2Ge4ytdlDRMhde**	• Define and classify **RPL** • Investigate **genetic, anatomical, endocrine, immunological causes** • Apply **evidence-based management (APS, progesterone)** • Counsel couples regarding **prognosis**

Week 4

Topic	Learning Resources	Learning Objectives
Sexually-transmitted infections (STIs): Taking sexual history	**Taking a sexual history - PMC - NIH** https://share.google/0xjpHfCLbwfH4Kn0S	• Take a **comprehensive, sensitive sexual history** • Identify **risk factors for STIs** • Diagnose and manage **common STIs** • Counsel on **prevention and partner management**
Pelvic tuberculosis	**TOG Journal: "Pelvic tuberculosis: a review** https://share.google/dhKIiiFSpezgE32E6 **WHO Guidelines on Tuberculosis** https://share.google/1U0irC5xvngCJJVVK	• Recognize **clinical suspicion in infertility** • Use **diagnostic tools (GeneXpert, biopsy, imaging)** • Initiate **anti-TB therapy** • Understand impact on **fertility**
1: Premenstrual syndrome 2: Hirsutism	**TOG Journal: "Premenstrual syndrome: diagnosis and management** https://share.google/9Pe2Ym5W2MVtYbbX6 **Endocrine Society Guidelines on Hirsutism** https://share.google/cj7k5Qtk6s9KYIGrH	• Diagnose using **clinical criteria** • Differentiate from **psychiatric disorders** • Manage with **lifestyle, SSRIs, hormonal therapy** • Assess using **Ferriman-Gallwey score** • Identify causes (PCOS, adrenal disorders) • Manage with **anti-androgens, OCPs**
1: Male factor subfertility 2: Assisted reproductive technique (ARTs)	**TOG Journal: "Male factor subfertility: investigation and management"** https://share.google/DEfSqitIQuahQ22p2 **TOG Journal: "Assisted reproductive techniques: a review** https://share.google/pa0P87okyvcEnfVa2	• Evaluate **semen parameters** • Identify reversible causes • Plan medical/surgical treatment • **ART** • Understand **IVF, ICSI, indications** • Recognize complications (OHSS) • Counsel regarding **success rates and ethics**

MODULE-II

Week 1

Topic	Learning Resources	Learning Objectives
Polyhydramnios	**TOG Article: "Polyhydramnios: diagnosis and management** https://share.google/5wnoebVWJoYBXBaE0 **ACOG Practice Bulletin on Polyhydramnios:** https://share.google/A1znba3pk7pwbhI15	☐ Define and classify severity ☐ Identify **maternal and fetal causes** ☐ Monitor and manage complications
Previous C-section, VBAC	**Vaginal birth after cesarean RCOG Guideline** https://share.google/Eg0m8lmLsg7H190Wo	☐ Select appropriate **candidates for VBAC** ☐ Understand **risks (uterine rupture)** ☐ Conduct safe **trial of labor**
Perinatal infections	**Dewhurst's textbook of obstetrics and gynaecology** https://onlinelibrary.wiley.com/doi/epdf/10.1002/9781119211457.ch13	☐ Identify **TORCH infections** ☐ Diagnose using **serology and imaging** ☐ Prevent vertical transmission
FIGO Prem Prep-5 initiative	**FIGO Prem Prep-5 initiative** https://share.google/JSXf4ASSD3RxQjl3e	
Non-immune hydrops	**TOG Journal: "Non-immune hydrops: a review"** https://share.google/tMoz5HwGTyvV46XW3	☐ Understand **pathophysiology** ☐ Diagnose via **ultrasound** ☐ Manage based on etiology
Management of patient with shock including fluid management and massive transfusion protocol (MTP)	**RCOG guideline** https://share.google/VEQL97qG0KkNFZ5tF **PMC Article** https://share.google/PD9FV8ytQZoA6PNhe	Recognize types of **obstetric shock** Apply **ABCDE resuscitation** Implement **massive transfusion protocols**

Week 2

Topic	Learning Resources	Learning Outcomes
1: Robsons classification as a tool for audit of C section 2: WHO-recommended non clinical interventions to reduce C-Section	TOG article https://share.google/LUWk8oX49kCr4NZNW WHO : robsons classification https://share.google/y1TyR7LtMwHJkhD9n WHO- recommended non clinical interventions to reduce C-Section https://share.google/AqmhsPDtmpXtxDD6O	Classify CS into **10 groups** Use for **audit and quality improvement** Apply **WHO non-clinical interventions** Promote **labor companionship, audit, protocols**
Labour care guide	https://share.google/0IkysThWyBGaDEmkz	
1: Pain relief in labour 2: Anesthesia for operative delivery	Pain relief in labour SIP https://share.google/DPXNOZGg7mXL99dzV Anaesthesia for operarive delivery GTG https://share.google/8P8aqiuNymiBmKUyR	Monitor labor using **WHO Labour Care Guide** Identify **deviations early** Compare **non-pharmacological vs pharmacological methods** Understand **regional anesthesia (epidural, spinal)**
Normal puerperium & lactation	Postnatal care NICe guideline https://share.google/1SQEYvBrxN26Rzh5I	Recognize normal postnatal physiology Manage lactation issues and complications
Neonatal resuscitation and care of newborn	Neonatal resuscitation: current evidence and guidelines - PMC https://share.google/IXvaAb9wD92U0p7TX	Perform initial steps (ABC) Apply NRP guidelines Recognize need for advanced resuscitation

Week 3

Topic	Learning Resources	Learning Outcomes
Menopausal hormonal therapy (MHT	**The 2020 Menopausal Hormone Therapy Guidelines - PMC** https://share.google/Y96E8fUXhC91PHvLz	☐ Understand **indications and contraindications** ☐ Prescribe **HRT safely** ☐ Evaluate risks (VTE, breast cancer)
Surgical management of POP	**Gynaecology by Ten Teachers, 20th Edition** https://share.google/BU13K55tJl4C0oaxF	☐ Classify prolapse ☐ Compare **conservative vs surgical options** ☐ Understand **complications**
Benign diseases of ovary	**Gynaecology by Ten Teachers, 20th Edition** https://share.google/BU13K55tJl4C0oaxF	☐ Differentiate **functional vs neoplastic cysts** ☐ Use imaging and tumor markers ☐ Plan management
Premalignant disease of uterus (endometrial hyperplasia, polyps)	**Green top guideline** https://share.google/GMKKpSVACDqDLbJ9A **Gynaecology by Ten Teachers, 20th Edition** https://share.google/BU13K55tJl4C0oaxF	• Diagnose **endometrial hyperplasia** • Stratify risk for malignancy • Plan medical/surgical treatment
Contraception	**NICE guideline** https://share.google/DE55uaLwaAwxQ2Efq	• Compare **methods (barrier, hormonal, IUCD)** • Tailor to patient profile • Counsel on **side effects and eligibility**
New FIGO staging of endometrial cancer	**New FIGO staging of endometrial cancer** https://share.google/D4p8opUEJVxtG0J1M	• Understand **updated staging system** • Apply staging in **management planning**

Week 4

Topic	Learning Resources	Learning Objectives
1. Methods of cervical screening 2. HPV vaccination	**Tog article** https://share.google/njmoKFy6ndrA19yR2 **WHO guidline on HPV vaccination** https://share.google/02yneADV08uxlP7pk	• Compare **Pap smear, HPV DNA testing** • Apply screening guidelines • Understand **vaccination schedules and impact**
Benign conditions of vulva and vagina	**Gynaecology by Ten Teachers, 20th Edition** https://share.google/BU13K55tJl4C0oaxF	• Diagnose common conditions • Differentiate from malignancy • Provide appropriate treatment
Common gynecological surgeries and therapeutics	**Gynaecology by Ten Teachers, 20th Edition** https://share.google/BU13K55tJl4C0oaxF	• Understand **indications and steps** • Recognize complications • Plan **pre- and postoperative care**

23.Patient Record Keeping Document

Rmu-12

Embedded Internship Program

Final Year MBBS — Obstetrics & Gynecology Placement

Patient Record Keeping

Standardized Clinical Documentation Booklet

COMPONENT A | Patient History & Clinical Examination COMPONENT B | Daily Progress Notes (SOAP) COMPONENT C | Daily Schedule & Sign-Off Sheet

Student Name: _____ **Posting Unit / Ward:** _____

Roll No.: _____ **Posting Dates:** _____

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Instructions For Use

Component	Purpose	Placed In	Transferred To
A	Patient history, clinical examination, workup summary, management plan	Patient's file (during admission)	Student portfolio file on discharge
B	Daily SOAP progress notes (one page per day)	Patient's file (during admission)	Student portfolio file on discharge
C	Daily schedule log, skills assessment, supervisor sign-off	Student's own daily log file	End-of-posting assessment record

General Instructions

1. Complete Component A on the day of patient allotment. Update history and examination as new information is gathered.
2. Complete one page of Component B (Daily Progress Note) each morning after the ward round under supervision of HO / PGT.
3. Component C must be signed off daily by the House Officer, PGT, and Consultant before leaving the unit.
4. On patient discharge / outcome: detach Components A & B from the patient file, complete the patient summary, and file in your portfolio.
5. All entries must be in ink. Corrections should be crossed with a single line; initialled and dated.
6. Component B progress notes should be written in SOAP format only. Do not duplicate consultant / HO notes; record your own clinical reasoning.
7 Use your own papers/stationary.

Obstetrical case History

Computer Record No: ---------- Date of Admission: ----------Time of Admission: -------

Admission Type: Emergency/ Out Door/ Referred ----------

Personal Profile	Wife	Husband
Name		
Age		
Education		
Occupation		
Marital Status Married for how long		
Address:		

LMP:_____ EDD:_____

Presenting complaints:

GA:

1. _____
2._____
3. _____
_____

Risk factors:

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

History of present pregnancy:

1st Trimester: (till 13 weeks of pregnancy)

2nd Trimester: (till 13 to 26 weeks of pregnancy)

3rd Trimester: (26 weeks to on wards of pregnancy)

History of presenting illness

_____

_____

_____

_____

_____

Past obstetrical history:

				Complications							
S.no	**Years**	**Gestational age**	**Antenatal**	**Intrapartum**	**Postnatal**	**Mode of delivery**	**Place of delivery**	**Sex of baby**	**Weight of baby**	**Vaccination/ breastfeeding**	**Current status**

Menstrual history:

Age of Menarche: _____ LMP: _____

Present Menstrual Cycle: _____

Past cycle: _____ Amount of blood loss: _____

Dysmenorrhea _____ Dyspareunia _____ P.C.B _____IMB: _____

Gynaecological history:

Contraception: _____ Yes/No: _____

Methods: _____

Cervical Smear: (date if done) _____

Vaginal Discharge: _____amount _____ Color: _____Smell: _____ Pruritus: _____

Past medical history:

Hypertension: _____ Diabetes Mellitus: _____ Asthma: _____

Heart Disease: _____ Jaundice: _____Blood Transfusion:_____

Allergy: _____ Drug Addiction: _____

TB: _____Depression: _____

Any other: _____

Surgical history:

Gynaecological / Obstetrical Operations: _____

Other Operations: _____

Spinal:_____ GA:_____

Any problem during anesthesia: _____

Family history:

Hypertension: _____ Diabetes: _____

Congenital malformations: _____ Twins: _____Thalassemia: _____

Depression:_____ T.B: _____

Breast Cancer _____ GIT Cancer _____

Gynaecological Cancer _____ Any other: _____

Social history:

Socio-Economic status: _____

Water and sanitation facility: _____Electricity_____

Monthly income _____ No. of dependents _____

Systemic review:

C.V.S:

Shortness of breath _____ Palpitation _____ Chest pain _____

Syncope: _____ Edema_____

Respiratory system:

Shortness of breath: _____ Cough_____ Stridor _____

Wheeze_____ Chest pain_____

Urinary system:

Frequency: _____Dysuria: _____ Incontinence: _____

Nocturia_____ Hematuria:_____

Any other**:** _____

GIT:

Heartburn: _____ Appetite: _____

Bowel habits: _____ Dysphagia: _____

CNS:

Sleep _____ Numbness _____ Tingling _____

Fits _____ Mood irritability _____

Examination

General physical examination:

General appearance:_____ Height:_____Weight:_____BMI:_____

Pulse: _____Blood Pressure: ____ Temperature:_____

Resp Rate: _____ Pallor: _____ Jaundice: _____

Cyanosis:_____ Clubbing: _____

Thyroid _____ J.V.P:_____

Lymph nodes _____Orodental Hygiene:_____

Breast _____ Varicose veins _____Edema:_____

Abdominal examination:

Inspection:_____

_____

Palpation : (Leopold's Maneuver) _____

Auscultation:_____

Systemic examination:

CVS: _____

_____

Respiratory system: _____

_____

CNS:

_____

Pelvic examination:

Speculum Examination:

_____

_____

_____

Digital examination:

_____

_____

_____

Differential diagnosis:

1) _____

2) _____

3) _____

4) _____

5) _____

Investigations: (including radiological investigations)

_____

_____

_____

_____

_____

Provisional diagnosis:

(with reasoning on the basis of history, examination, and investigations)

_____

_____

Final diagnosis:

_____

_____

Summary:

(including all important points of history, examination, investigations and management—only 5-6 lines)

_____

_____

_____

Checked by:

Senior Registrar: **Faculty:**

(sign & stamp) **(sign & stamp)**

COMPONENT ByDaily Progress Notes — SOAP Format

One page per day · To be kept in patient file and transferred to portfolio on discharge

Day 1 — Daily Progress Note

Patient Name	**MR No. / Bed No.**	**Day 1 – Date**	**Setting:** ☐ Ward ☐ OPD ☐ ER Consultant:_____

S **Subjective**	*Symptoms overnight/today · Pain · Bleeding · Discharge · Fetal movement (if pregnant)*
O **Objective**	*Vitals · Abdomen findings · Pelvic findings · CTG / FHR (if OB)*
A **Assessment**	*Working diagnosis / current problem list / interval progress*
P **Plan**	*Drugs · O_2/fluids · investigations ordered · procedures · consultations · discharge/escalation/follow-up*

Relevant / Abnormal Investigations Today

Investigation	Result / Finding	Action Taken

Clinical Review Checklist

Clinical Review Item	Findings / Brief Note	Done?	Action / Remarks
Consultations sought	*Dept / date / advice:*	□ Yes ☐ No	
CTG reviewed		□ Yes ☐ No	
USG / Imaging		□ Yes ☐ No	
Drug chart checked	*Medications reconciled / any new order:*	□ Yes ☐ No	

History / Exam Updated	Daily Sheet Completed	Supervisor Sign-off
□ Yes ☐ No	□ Yes ☐ No	□ Yes ☐ No
Student sig / time:	Student sig / time:	Supervisor initials / remarks:

Instruction: Complete after morning round. Record relevant daily changes. Mark abnormal investigations and management decisions clearly. Add further papers if space is deficient

COMPONENT C

Daily Schedule Documentation & Sign-Off Sheet

For daily logging of activities, skills assessment, and supervisor sign-off

Daily Schedule & Sign-Off Sheet — Sheet 1

Daily Activity Log

Attendance will be marked subject to active involvement in all scheduled activities.

Student Name:	**Date:** **Unit / Ward / OPD / ER:**
Roll No.:	**Supervisor on Duty:**

Time Block	Scheduled Activity	Completion	Supervisor Initials	Supervisor's Remarks
08:00–09:00	Didactic Lecture / Small Group Discussion (SGD)	□ Yes ☐ No		
09:00–10:00	Patient Review / Progress Note Writing	□ Yes ☐ No		
10:00–12:00	Ward Round / OPD Clinic	□ Yes ☐ No		
12:00–13:00	Case Based Discussion (CBD)	□ Yes ☐ No		
13:00–14:00	SR / PGT Bedside Teaching Session	□ Yes ☐ No		
15:00–18:00	Indoor / ER Patient Management & Procedures	□ Yes ☐ No		

Knowledge, Skills & Professionalism Assessment

Domain	Status / Observation	Supervised By	Initials
History Taking	□ Not Done ☐ Observed ☐ Performed		
Physical Examination	□ Not Done ☐ Observed ☐ Performed		
Case Presentation	□ Not Done ☐ Observed ☐ Performed		
Management Discussion	□ Not Done ☐ Observed ☐ Performed		
Documentation Quality	□ Unsatisfactory ☐ Satisfactory ☐ Good		
Professional Conduct	□ Unsatisfactory ☐ Satisfactory ☐ Good		

Patient Summary (for portfolio — complete at discharge)

Patient Name / MR No.	Diagnosis	Outcome / Remark
Student Signature Date / Time: _____	**House Officer / PGT** Date / Time: _____	**Consultant** Date / Time: _____

RMU-12

EMBEDDED INTERNSHIP PROGRAM

Final Year MBBS — Obstetrics & Gynecology Placement

Patient Record Keeping

Standardized Clinical Documentation Booklet

COMPONENT A | Patient History & Clinical Examination COMPONENT B | Daily Progress Notes (SOAP) COMPONENT C | Daily Schedule & Sign-Off Sheet

Student Name: _____

Posting Unit / Ward: _____

Roll No.: _____

Posting Dates: _____

Rawalpindi Medical University • Obstetrics & Gynecology • 2026

Instructions For Use

Component	Purpose	Placed In	Transferred To
A	Patient history, clinical examination, workup summary, management plan	Patient's file (during admission)	Student portfolio file on discharge
B	Daily SOAP progress notes (one page per day)	Patient's file (during admission)	Student portfolio file on discharge
C	Daily schedule log, skills assessment, supervisor sign-off	Student's own daily log file	End-of-posting assessment record

General Instructions

- Complete Component A on the day of patient allotment. Update history and examination as new information is gathered.
- Complete one page of Component B (Daily Progress Note) each morning after the ward round under supervision of HO / PGT.
- Component C must be signed off daily by the House Officer, PGT, and Consultant before leaving the unit.
- On patient discharge / outcome: detach Components A & B from the patient file, complete the patient summary, and file in your portfolio.
- All entries must be in ink. Corrections should be crossed with a single line; initialled and dated.
- Component B progress notes should be written in SOAP format only. Do not duplicate consultant / HO notes; record your own clinical reasoning.
- Use your own papers/stationary.

Gynecological case history

Computer Record No: _____Date of Admission:_____Time of Admission:_____

Admission Type: Emergency/ Out Door/ Referred: _____

Personal Profile	Wife	Husband
Name		
Age		
Education		
Occupation		
Marital Status Married how long		
Address:		

Presenting complaints:

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

Risk factors:

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

History of present illness:

_____

_____

_____

_____

Menstrual history:

Age of Menarche: _____ LMP: _____

Present Menstrual Cycle: _____ Past cycle: _____

Amount of blood loss: _____ Dysmenorrhea _____

Dyspareunia _____ Irregular Vaginal Bleeding: _____

P.C.B/IMB: _____

Gynaecological history:

Contraception: _____ Yes/No: _____

Methods: _____

Cervical Smear: (date if done) _____

Vaginal Discharge: _____amount _____ Color: _____Smell: _____ Pruritus: _____

Summary of Past Obstetric History:

(including antenatal, intrapartum and postpartum feto-maternal complications, operative and instrumental deliveries)

				Complications							
S.no	**Years**	**Gestational age**	**Antenatal**	**Intrapartum**	**Postnatal**	**Mode of delivery**	**Place of delivery**	**Sex of baby**	**Weight of baby**	**Vaccination/ breastfeeding**	**Current status**

Past medical history:

Hypertension: _____ Diabetes Mellitus: _____ Asthma: _____

Heart Disease: _____ Jaundice: _____Blood Transfusion:_____

Allergy: _____ Drug Addiction: _____

TB: _____Depression: _____

Any other: _____

Surgical history:

Gynaecological / Obstetrical Operations: _____

Other Operations: _____

Spinal:_____ GA:_____ _____

Any problem during anesthesia: _____

Family history:

Hypertension: _____ Diabetes: _____

Congenital malformations: _____ Twins: _____Thalassemia: _____

Depression:_____ T.B: _____

Breast Cancer _____ GIT Cancer _____

Gynaecological Cancer _____ Any other: _____

Social history:

Socio-Economic status: _____Water and sanitation facility:_____ Electricity_____Per month

income _____No. of dependants _____

Systemic review:

C.V.S:

Shortness of breath _____ Palpitation_____ Chest pain_____

Syncope: _____ Edema_____

Respiratory system:

Shortness of breath: _____ Cough_____ Stridor _____

Wheeze_____ Chest pain_____

Urinary system:

Frequency: _____Dysuria: _____ Incontinence : _____

Nocturia_____ Hematuria:_____

Any other**:** _____

GIT:

Heart burn : _____Appetite: _____

Bowel habit_____ Dysphagia: _____

CNS:

Sleep _____ Numbness _____ Tingling _____

Fits _____ Mood irritability _____

Examination

General Physical Examination:

General Appearance:_____ Height:_____Weight:_____BMI:_____

Pulse: _____Blood Pressure: _____ Temperature:_____

Resp Rate: _____ Pallor: _____ Jaundice: _____

Cyanosis:_____ Clubbing: _____

Thyroid _____ J.V.P:_____

Lymph nodes _____Orodental Hygiene:_____

Breast _____ Varicose veins _____Edema:_____

Abdominal examination

Inspection: _____

_____

_____

Shape _____ Scar _____

Striae _____ Veins _____

Palpation:

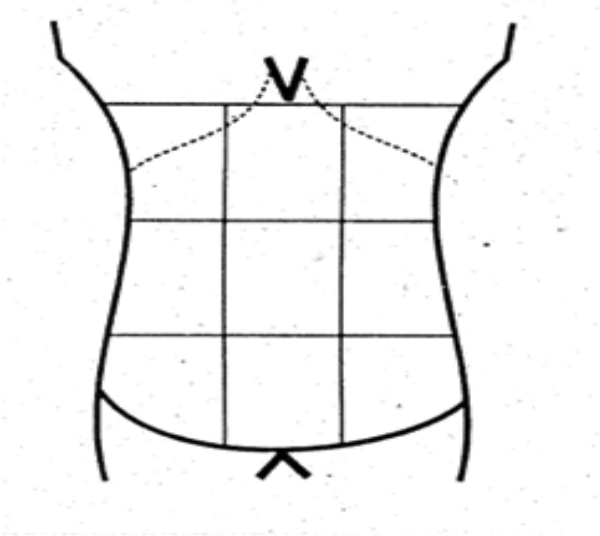
Soft/Tense: _____ Tenderness: _____

Liver: _____ Spleen: _____

Kidneys: _____

Mass: _____

- Location
- Size
- Shape
- Mobility
- Tenderness



-

Percussion:

Fluid Thrill:_____ Shifting Dullness: _____

Auscultation:

Bowel sounds_____

Pelvic examination:
Speculum Examination:

Vulva:_____ Stress incontinence: _____

Vaginal walls: _____ Cervix: _____

Vaginal Discharge: Amount: _____ Color _____ Smell: _____

Uterine Prolapse: _____ Urethrocoele _____

Cystocele: Degree: _____ Rectocoele: _____

Enterocoele_____

Bimanual pelvic examination:

UTERUS: Size:_____ Version: _____

Flexion:_____ Mobility: _____

Tenderness: _____ Pouch of Douglas:_____

Adnexa: Right: _____ Left: _____

Systemic Examination:

CVS: _____

_____

Respiratory system:

_____

_____

CNS:

_____

Other systemic /Local EXAM:

_____

_____

_____

Investigations: (including radiological investigations)

_____

_____

_____

Differential diagnosis:

1. _____

2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Provisional diagnosis: (with reasoning on the basis of history, examination, and investigations)

_____
_____
_____
_____
_____
_____

Final diagnosis:

_____
_____
_____
_____

Summary:

(including all important points of history, examination, investigations and management—only 5-6 lines)

_____

_____

_____

_____

_____

Checked by:

Senior Registrar: **Faculty:**

(sign & stamp) **(sign & stamp)**

_____ _____

COMPONENT B

Daily Progress Notes — SOAP Format

One page per day · To be kept in patient file and transferred to portfolio on discharge

Day 1 — Daily Progress Note

Patient Name	MR No. / Bed No.	Day 1 – Date	Setting: ☐ Ward ☐ OPD ☐ ER Consultant:_____
_____	_____	_____	

S Subjective	*Symptoms overnight/today · Pain · Bleeding · Discharge · Fetal movement (if pregnant)* _____
O Objective	*Vitals · Abdomen findings · Pelvic findings · CTG / FHR (if OB)* _____
A Assessment	*Working diagnosis / current problem list / interval progress* _____
P Plan	*Drugs · O_2/fluids · investigations ordered · procedures · consultations · discharge/escalation/follow-up* _____

Relevant / Abnormal Investigations Today

Investigation	Result / Finding	Action Taken

Clinical Review Checklist

Clinical Review Item	Findings / Brief Note	Done?	Action / Remarks
Consultations sought	*Dept / date / advice:*	□ Yes ☐ No	
ECG reviewed	*Rate __Rhythm _Axis __ Ischemia/Blocks:*	□ Yes ☐ No	
USG / Imaging	*CXR / US / CT / MRI / other:*	□ Yes ☐ No	
Drug chart checked	*Medications reconciled / any new order:*	□ Yes ☐ No	

History / Exam Updated	Daily Sheet Completed	Supervisor Sign-off
□ Yes ☐ No	□ Yes ☐ No	□ Yes ☐ No
Student sig / time:	Student sig / time:	Supervisor initials / remarks:

Instruction: Complete after morning round. Record relevant daily changes. Mark abnormal investigations and management decisions clearly. Add further papers if space is deficient

COMPONENT C

Daily Schedule Documentation & Sign-Off Sheet

For daily logging of activities, skills assessment, and supervisor sign-off

Student Name:	**Date:** **Unit / Ward / OPD / ER:**
Roll No.:	**Supervisor on Duty:**

Daily Activity Log Schedule & Sign-Off Sheet

Attendance will be marked subject to active involvement in all scheduled activities.

Time Block	Scheduled Activity	Completion	Supervisor Initials	Supervisor's Remarks
08:00–09:00	Didactic Lecture / Small Group Discussion (SGD)	□ Yes ☐ No		
09:00–10:00	Patient Review / Progress Note Writing	□ Yes ☐ No		
10:00–12:00	Ward Round / OPD Clinic	□ Yes ☐ No		
12:00–13:00	Case Based Discussion (CBD) / PBL	□ Yes ☐ No		
13:00–14:00	SR / PGT Bedside Teaching Session	□ Yes ☐ No		
15:00–18:00	Indoor / ER Patient Management & Procedures	□ Yes ☐ No		

Knowledge, Skills & Professionalism Assessment

Domain	Status / Observation	Supervised By	Initials
History Taking	□ Not Done ☐ Observed ☐ Performed		
Physical Examination	□ Not Done ☐ Observed ☐ Performed		
Case Presentation	□ Not Done ☐ Observed ☐ Performed		
Management Discussion	□ Not Done ☐ Observed ☐ Performed		
Documentation Quality	□ Unsatisfactory ☐ Satisfactory ☐ Good		
Professional Conduct	□ Unsatisfactory ☐ Satisfactory ☐ Good		

Patient Summary (for portfolio — complete at discharge)

Patient Name / MR No.	Diagnosis	Outcome / Remark
Student Signature _____ Date / Time: _____	**House Officer / PGT** _____ Date / Time: _____	**Consultant** _____ Date / Time: _____

RMU-12

EMBEDDED INTERNSHIP PROGRAM

Final Year MBBS — Obstetrics & Gynecology Placement

PATIENT RECORD KEEPING

Standardized Clinical Documentation Booklet

COMPONENT A | Patient History & Clinical Examination COMPONENT B | Daily Progress Notes (SOAP) COMPONENT C | Daily Schedule & Sign-Off Sheet

Student Name: _____

Posting Unit / Ward: _____

Roll No.: _____

Posting Dates: _____

Rawalpindi Medical University • Obstetrics & Gynecology • 2026

Instructions For Use

Component	Purpose	Placed In	Transferred To
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B	Daily SOAP progress notes (one page per day)	Patient's file (during admission)	Student portfolio file on discharge
C	Daily schedule log, skills assessment, supervisor sign-off	Student's own daily log file	End-of-posting assessment record

General Instructions

- Complete Component A on the day of patient allotment. Update history and examination as new information is gathered.
- Complete one page of Component B (Daily Progress Note) each morning after the ward round under supervision of HO / PGT.
- Component C must be signed off daily by the House Officer, PGT, and Consultant before leaving the unit.
- On patient discharge / outcome: detach Components A & B from the patient file, complete the patient summary, and file in your portfolio.
- All entries must be in ink. Corrections should be crossed with a single line; initialled and dated.
- Component B progress notes should be written in SOAP format only. Do not duplicate consultant / HO notes; record your own clinical reasoning.
- Use your own papers/stationary.

OT case history

Computer Record No: _____Date of Admission:_____Time of Admission:_____

Admission Type: Emergency/ Out Door/ Referred : _____

Personal Profile	**Wife**	**Husband**
Name		
Age		
Education		
Occupation		
Marital Status Married how long		
Address:		

Case Summary

_____

_____

_____

_____

_____

Provisional diagnosis :_____

Indication of surgery : _____

Procedure Name: _____

Pre OP assessment : _____

Anesthesia fitness: yes / No

Consent taken: yes / No

Fasting status confirmed: yes / No

Gut preparation: yes / No

Blood product arrangement: Yes / No

MDT arrangement if required: Yes / No

Surgical Safety Checklist

World Health Organization | Patient Safety
A World Alliance for Safer Health Care

Before induction of anaesthesia

(with at least nurse and anaesthetist)

Has the patient confirmed his/her identity, site, procedure, and consent?
- ☐ Yes

Is the site marked?
- ☐ Yes
- ☐ Not applicable

Is the anaesthesia machine and medication check complete?
- ☐ Yes

Is the pulse oximeter on the patient and functioning?
- ☐ Yes

Does the patient have a:

Known allergy?
- ☐ No
- ☐ Yes

Difficult airway or aspiration risk?
- ☐ No
- ☐ Yes, and equipment/assistance available

Risk of >500ml blood loss (7ml/kg in children)?
- ☐ No
- ☐ Yes, and two IVs/central access and fluids planned

Before skin incision

(with nurse, anaesthetist and surgeon)

- ☐ **Confirm all team members have introduced themselves by name and role.**
- ☐ **Confirm the patient's name, procedure, and where the incision will be made.**

Has antibiotic prophylaxis been given within the last 60 minutes?
- ☐ Yes
- ☐ Not applicable

Anticipated Critical Events

To Surgeon:
- ☐ What are the critical or non-routine steps?
- ☐ How long will the case take?
- ☐ What is the anticipated blood loss?

To Anaesthetist:
- ☐ Are there any patient-specific concerns?

To Nursing Team:
- ☐ Has sterility (including indicator results) been confirmed?
- ☐ Are there equipment issues or any concerns?

Is essential imaging displayed?
- ☐ Yes
- ☐ Not applicable

Before patient leaves operating room

(with nurse, anaesthetist and surgeon)

Nurse Verbally Confirms:
- ☐ The name of the procedure
- ☐ Completion of instrument, sponge and needle counts
- ☐ Specimen labelling (read specimen labels aloud, including patient name)
- ☐ Whether there are any equipment problems to be addressed

To Surgeon, Anaesthetist and Nurse:
- ☐ What are the key concerns for recovery and management of this patient?

Operative details

Name of procedure :_____

Type of anesthesia :_____

Per operative findings :_____

_____

Complications (if any): _____

Post OP orders

_____

_____

_____

_____

Post OP monitoring
COMPONENT B : Daily Progress Notes — SOAP Format

One page per day · To be kept in patient file and transferred to portfolio on discharge

Day 0 — Daily Progress Note

Patient Name	**MR No. / Bed No.**	**Day 1 – Date**	**Setting:** ☐ Ward ☐ OPD ☐ ER Consultant:_____

S **Subjective**	*Symptoms overnight/today · Pain · Bleeding ·* *NPO/ orally taking*
O **Objective**	*Vitals ·* *Abdominal examination* *Systemic examination* *Vaginal Bleeding* *Urine out put* *Drain out put*
A **Assessment**	*Working diagnosis / current problem list / interval progress*
P **Plan**	*Drugs · O_2/fluids · investigations ordered · consultations · discharge/escalation/follow-up*

Relevant / Abnormal Investigations Today

Investigation	Result / Finding	Action Taken

Clinical Review Checklist

Clinical Review Item	Findings / Brief Note	Done?	Action / Remarks
Consultations sought	*Dept / date / advice:*	□ Yes ☐ No	
ECG reviewed	*Rate _Rhythm _Axis _ Ischemia/Blocks:*	□ Yes ☐ No	
USG / Imaging	*CXR / US / CT / MRI / other:*	□ Yes ☐ No	
Drug chart checked	*Medications reconciled / any new order:*	□ Yes ☐ No	

History / Exam Updated	Daily Sheet Completed	Supervisor Sign-off
□ Yes ☐ No	□ Yes ☐ No	□ Yes ☐ No
Student sig / time:	Student sig / time:	Supervisor initials / remarks:

Instruction: Complete after morning round. Record relevant daily changes. Mark abnormal investigations and management decisions clearly. Add further papers if space is deficient

DAY 1 — DAILY PROGRESS NOTE

Patient Name	**MR No. / Bed No.**	**Day 1 – Date**	**Setting:** ☐ Ward ☐ OPD ☐ ER Consultant:_____

S **Subjective**	*Symptoms overnight/today · Pain · Bleeding ·* *NPO/ orally taking*
O **Objective**	*Vitals ·* *Abdominal examination* *Systemic examination* *Vaginal Bleeding* *Urine out put* *Drain out put*
A **Assessment**	*Working diagnosis / current problem list / interval progress*
P **Plan**	*Drugs · O_2/fluids · investigations ordered · consultations · discharge/escalation/follow-up*

Relevant / Abnormal Investigations Today

Investigation	Result / Finding	Action Taken

Clinical Review Checklist

Clinical Review Item	Findings / Brief Note	Done?	Action / Remarks
Consultations sought	*Dept / date / advice:*	□ Yes ☐ No	
ECG reviewed	*Rate __Rhythm _Axis __ Ischemia/Blocks:*	□ Yes ☐ No	
USG / Imaging	*CXR / US / CT / MRI / other:*	□ Yes ☐ No	
Drug chart checked	*Medications reconciled / any new order:*	□ Yes ☐ No	

History / Exam Updated	Daily Sheet Completed	Supervisor Sign-off
□ Yes ☐ No	□ Yes ☐ No	□ Yes ☐ No
Student sig / time:	Student sig / time:	Supervisor initials / remarks:

Instruction: Complete after morning round. Record relevant daily changes. Mark abnormal investigations and management decisions clearly. Add further papers if space is deficient

Checked by:

Senior Registrar:

(sign & stamp)

_____

Faculty:

(sign & stamp)

_____

Student Reflection Form
(RMU And Allied Hospitals)

Student Name: _____Roll #: _____
Rotation (Unit): _____Date: _____
Batch: _____

TIME	SESSION	STUDENT ACTIVITY (Done or Not)
8:00 – 9:00	SGIS or CPC	
9:00 – 10:00	Patient Review and Documentation	
10:00 – 12:00	Consultant Ward Round	
12:00 – 13:00	CBD/PBL	
13:00 – 14:00	SR/PGT Teaching Session	
15:00 – 18:00	Supervised Patient Management	
11:30 to 02:00	Hand on workshop on Wednesday	

Whole day reflection:

Description

Feelings:

Evaluation:

Analysis:

Conclusion:

Action Plan:

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY
RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI

Unit: _____

RMU-12 Embedded internship program Final year MBBS, RMU

Daily Performance Monitoring and Assessment Sheet

Duration: From _____to_____Roll No_____Batch____

Task perform	Total marks 100	Marks obtained					
		Date ..... Monday	Date ..... Tuesday	Date ..... Wednesday	Date ..... Thursday	Date ..... Friday	Date ..... Saturday
Small group interactive sessions(SGIS)/CPC	10						
Labour Room/Ward/OPD/OT Performance including history, examination, interpretation of investigation	20						
Minor procedures at the allocated placement	10						
Medical record keeping (SOAP)	30						
SDL performance	05						
Patient help (Blood arrangement, facilitation of attendants, Bait ul Maal, Zakat,)	05						
Evening performance	20						
Hands on workshops (only on Wednesday)	65						
Signature Incharge							

(This sheet is designed for one week. Students may add sheets as per duration of the rotation and finally attach it in their log book)

Head of Department Signature

Total Marks

Monday to Thursday	100
Friday	70
Saturday	80

Note: Please take care of the following while marking the component.

1. On Monday, Tuesday and Thursday, mark hands on workshops as NA
2. On Wednesday, mark SGIS, ward round, medical recordkeeping, minor procedures at the allocated placement, SDL performance and patient help as NA
3. On Friday, mark SGIS and evening performance as NA
4. On Saturday, mark evening performance as NA