1. Introduction
Medical education is a continuous process. The present day aim of postgraduate education is to produce clinically competent specialists who can hold the responsibility of taking specialized care of a community.

Post-graduate education should, therefore, be competence based and student centered. The purpose of the whole process of postgraduate education is to stimulate self-learning among the trainees. It is the trainees who will decide about what to learn, where to learn, how to learn. Here the teachers will act as facilitators in all aspect of student learning.

For every course there should be a curriculum, which will be a guide for the teachers and the students. It describes about the contents, about the methods which will be used to teach these contents. It will also contain the objectives that the students will achieve after the course and it will also contain about how to evaluate the students to assess their competencies.

Recently BSMMU has introduced its competency-based Residency Program. Phase A training of this program, lasts for two years, aims at a broad-based training in different related disciplines and Phase B training is directed to Obstetrics & Gynecology and its different subspecialties.

2. Rationale and Objectives:
2.1 Educational Purpose and Goals:
- To prepare the resident who would be able to meet and respond to the changing healthcare needs and expectation of our society.
- To develop specialist in the field of obstetrics and gynaecology who possesses knowledge, skills and attitudes that will ensure that they are competent to practice obstetrics and gynaecology, safely and effectively.
- To ensure that they have appropriate foundation for lifelong learning and further training in obstetrics and gynaecology.
- To help them develop to be critical thinkers and problem solvers when managing obstetrical and gynaecological problems in the community they serve.
2.2. General Objective:
To develop a medical expert to have specialized knowledge, skill and expertise in the field of Obstetrics and Gynecology with professionalism having accountability and respect for others and be responsive to health needs of the society.

2.3. Specific Objectives:
The educational and training process aims to produce specialists in the field of obstetric and gynaecology who:

a) shall acquire knowledge, competency and expertise in obstetrical and gynaecological practical skill and surgical techniques during training periods and should be able to manage all types of emergencies and routine problems.
b) shall acquire a humanitarian approach and good communication skill with patients, attendants, colleagues and other auxiliary staffs.
c) shall acquire professionalism, responsibility, accountability, honor and respect for others.
d) can address all aspects of the obstetrics and gynaecology.
e) provide optimum health care to the Obs & Gynae patients including surgical care.
f) teach and train undergraduate medical students and junior doctors inObs & Gynae in medical college and other institutions.
g) carry out and guide research to improve the practice of the art and science of Obs & Gynae.
h) develop his/her knowledge, skill and attitude of his/her areas of interest and become specialists in allied specialties.
i) have thorough knowledge about theoretical aspects of Obs & Gynae including recent advances also have adequate knowledge about basic science as applicable to Obs & Gynae.
j) be able to assess the patients seeking Obs & Gynae treatment by obtaining patient's history, eliciting physical findings, formulating provisional diagnosis, deciding whether patient needs hospitalization or not.
k) manage the patients - by suggesting appropriate investigations, when required perform specific procedures independently and competently; deal with the complications effectively and promptly, be aware of one's professional limitations and be able to refer to appropriate centers/specialist when required develop one's knowledge, skills and attitudes in his/her areas of interest and become specialists in allied specialties.
l) be able to carry out research and publish the findings, he/she shall be able to critically evaluate recent medical literature and update his/her knowledge. Also exhibit awareness of surgical audit.
m) to know the ethics and medico-legal aspects related to the practice of Obs & Gynae.

3. Admission Requirements
Medical graduate with successful completion of internship and upon full registration with the BMDC will be selected by competitive admission test.

A. Pre-requisite for admission in Phase-A
B. The applicants should not be above 45 years of age on enrolment.
   a) MBBS or equivalent degree as recognized by BMDC
   b) One year of internship/in-service training
   c) Completion of one year after internship/in-service training
   d) MBDC registration.
C. Candidates for residency have to sit for a written MCQ-based admission test on Basic Medical Sciences and Faculty-based topics.

4. Duration of course is 5 years
   Phase A: Duration will be for 2 years
   Phase B: Duration will be for 3 years

5. Content of Learning: The Educational and Clinical Syllabus
This section lists the contents of the syllabus including applied specialities and basic medical sciences, clinical rotations and
generic skills. Each stage/phase of learning in the curriculum should have defined competencies to be attained by the residents within the domains of knowledge, skills and attitude.

5.1 Syllabus for Phase - A:
5.1.1 Applied Basic Sciences:
Applied anatomy, physiology, pathology and pharmacology in relation to the practice of Obs & Gynaecology.
1. Research methodology
2. Bio statistics
3. Genetics
4. Immunology

5.1.2 Allied Specialties:
1) Anaesthesia
2) Female Urology
3) Neonatology
4) Endocrine Medicine
5) Radiology and imaging
6) General surgery
7) Radiation & Medical Oncology
8) Dermatology
9) Cardiology
10) Family Planning

5.1.3 General Obs & Gynaecology

5.2 Syllabus for Phase B:
1) General Obs & Gynaec
2) Infertility
3) Gynaecological oncology
4) Feto-maternal medicine
5) Thesis writing

5.3 Admission Requirements for Phase B
1. Residents who successfully completed phase A training and passed Phase A Final Examination are eligible for enrolment in Phase B Programme

6. Competencies:
A modern day specialist is expected to play the following roles:
- Medical specialist,
- Communicator,
- Collaborator,
- Manager,
- Scholar &
- Professional.
- Health Advocate
Competencies will be assessed on the basis of all these roles following pre-designed checklist

A medical specialist should be able to:
- Demonstrate diagnostic and therapeutic skills for ethical and effective patient care.
- Access and apply relevant information to clinical practice.
- Demonstrate effective consultation services with respect to patient care, education and legal opinions.

Communicator
- Establish therapeutic relationships with patients/families.
- Obtain and synthesize relevant history from patients/families/communities.
- Listen effectively.
- Discuss appropriate information with patients/families and the health care team.

Collaborator
- Consult effectively with other doctors and health care professionals.
- Contribute effectively to other interdisciplinary team activities.

Manager
- Utilize resources effectively to balance patient care, learning needs and outside activities.
- Allocate health care resources wisely.
- Work effectively and efficiently in a health care organization.
- Utilize information technology to optimize patient care, lifelong learning and other activities.
Health Advocate
- Identify the important determinants of health affecting patients.
- Contribute effectively to improve health of patients and communities.
- Recognize and respond to those issues where advocacy is appropriate.

Scholar
- Develop, implement and monitor a personal continuing education strategy.
- Critically appraise sources of medical information.
- Facilitate learning of house staff/students and other health professionals.
- Contribute to development of new knowledge.

Professional
- Deliver highest quality of care with integrity, honesty and compassion.
- Exhibit appropriate personal and interpersonal professional behaviors.
- Practice obstetrics & gynaecology ethically consistent with obligations of a specialist.

7. The Learning Process:
7.1. Principle of Learning
- Problem based, need based, structured, supervised, student based & outcome based.
- Supervised direct patient care activities
- Supervised clinical training in obs & gynae
- Clinical training in the allied specialties on rotations
- Learning non-clinical and clinical aspects of the curriculum

7.2 Teaching - Learning methods:
Clerkship, Ward round, IPD, OPD, Pre-theatre and theatre training. Training through different diagnostic and therapeutic

multidisciplinary clinic Self directed learning. Development of skill through skill lab using models, simulators, instruments, video presentation Lecture. Tutorial / Small group teaching. Interactive session / Clinical meeting. Presentation of journal article Seminar/conference

7.3 Record of Training
The evidences require to confirm progress through training includes:
1. Details of the training rotations, the training plan agreed with weekly timetables and duty rosters, and numbers of practical procedures and outcomes
2. Confirmations of attendance at events in the educational programme, at departmental and inter-departmental meetings and other educational events
3. Confirmation (certificates) of attendance at subject-based/skills – training/instructional courses
4. Recorded attendance at conference and meetings
5. A properly completed logbook with entries capable of testifying to the training objectives which have been attained and the standard of performance achieved
6. CME activity
7. Supervisor’s reports on Observed performance (in the work place): of duties, practical procedures of presentations made and teaching activity: of advising and working with others, of standards of case notes, correspondence and communication with others.

7.4 Research
Competency to perform research activities is an important part of the MS Residency Programme as these are an essential set of skills for effective clinical practice. Undertaking research helps to develop critical thinking and the ability to review medical literature. Every Resident shall carry out work on an assigned research project under the guidance of a recognized supervisor, the project shall be written and submitted in the form of a Thesis / Research Report.
8. Assessment Strategy
Progress may be assessed by some, or all of the following methods.
A. General: These assessments are not specific to any particular clinical problem or procedure. Reports from supervisors: Work based assessment. Reflective observations from other team members (also known as the 360, multi source feedback) Patient satisfaction questionnaires
B. Specific: These methods of assessment will be applied to particular clinical problems or procedures and will be done around performance (workplace based assessments). Observed assessment of clinical skills (also known as the Mini-CEX) Directly observed assessment of practical skills (DOPS) Knowledge Based Assessment.

8.1. Formative assessment:
Will be conducted by training units/this examination will be at the end of each blocks under guidance of respective supervisor. This will be done in a variety of ways, including: Presentations at ward rounds and grand rounds Article presentation from journals Observation of performance of practical procedures Review of patient's medical records MOCK examination: written, MCQ, clinical examination (at the end of each block) Structured clinical assessment (SCA)

8.2. Summative Assessment:
Phase A Final and Phase B Final Examination will be included in summative examination
The following formats will be used for summative assessment:
1. Written tests: MCQs, EMQs, SAQ and Essays
2. Structured clinical assessment (SCA)
3. Clinical examination: short cases, Long cases
4. Viva
5. Logbook evaluation
6. Portfolios
7. The result of formative examination at the end of the blocks of Phase A will also be included in summative examination

8.1.1 End of the Block Assessment
The residents, who have successfully completed the education activities of a block, will be eligible to take the end block examination. This assessment will be a formative type of assessment.
At the end of each block each candidate will be assessed on all the seven competencies. Their performance at the end of each block will be graded as follows:
1. Unsatisfactory: 1-5
2. Satisfactory: 6-7
3. Good: 8-9
4. Excellent: 10

8.1.2 Content and process
A. Written examination:
Marks: 100;
Time: 100 min
Type of question: Short essay question (SEQ)
Content:
- Basic medical science
- Medical humanities (during director's hours)
- Allied subject related
Number of questions: 10

B. Clinical/Practical examination:
(To be organized by the course coordinator)
1. Case based focused history taking – 1 station
2. Case based specific system clinical examination – 1 station
3. Demonstration of clinical skill/procedure – 1 station
4. Data interpretation covering disease covered during the block – 1 station
5. Communication skill & patient education – 1 station
6. Case scenario based management of common emergencies related to the block – 1 station
7. Scenario based situation to assess the managerial cum leadership quality training – 1 station
8.1.3 Reporting system
A. EOBR – (Work based assessment)
- All the following competences to be covered
  A. Clinical competence,
  B. Communication
  C. Professional
  D. Scholarship
  E. Collaboration
  F. Managerial
  G. Health advocacy

B. Logbook:
Residents will maintain logbook in which entire academic and professional activities during their training period will be recorded daily and signed by the supervisor. Completed logbook is prerequisite for appearing in Phase Final Examination.

C. Portfolio

D. POMR focused assessment:
- Randomly one POMR will be drawn from each resident's collection & will hand over to the next resident to comment on individual section or a selected section of the POMR. Supervisor will make observation later.
- There will be two area for marking, one for the resident who filled the POMR and other from the assessment standard of the assessing resident.
  Marks may be divided into 80% and 20% respectively.

E. Written examination mark:
F. Clinical/Practical examination Mark:

8.2. Phase a assessment:
This assessment will be held as the end of Phase A. This assessment will be summative type of assessment. Residents, who have successfully completed all the end of the block examinations of Phase A, will be eligible to take end of Phase A assessment. The Department of Examinations of the University will take all necessary steps for the conduction of this assessment.

The Phase A Examination consists of 3 (three) components.
- Written Examination (Consisting of 2 papers).
- Clinical Examination (One long case & four short cases).
- SCA (12 stations SCA).

Written Examination:
Two Papers, 20 SAQs for each paper divided in two groups (Group A & B).
- **Paper I**
  Basic Principles of surgery
  Number allocated for each question- 5-8
  Marks - 100, Pass mark - 60%; Time: 3 hours

- **Paper II**
  Allied & Basic subject
  Basic subject-30%
  Allied-70%
  Number allocated for each question- 5-8
  Marks - 100, Pass mark - 60%; Time: 3 hours

Clinical Examination:
One long case (Obs/Gynae) & four short cases (2 cases from surgery and 2 from allied subject or obs/gynae)
Marks – 100; Pass mark – 60%.
Clinical Examiners:
- Four examiners; among them there will be 2 external. 2 examiners from obs and gynae and 2 examiners from surgery dept (Associate professor may be included if there is inadequate number of Professor)
- One examiner will be appointed as Convenor by the Dean.
- Examination: Cases to be collected and examination to be conducted by the Convenor of the respective examination.

i) Long case:
One long case (Obs/Gynae)
- Directly observed
- Two examiners for each examinee.
- History taking and examination by the examinee – 30 minutes.
ii) Short cases
2 cases from surgery and 2 from allied subject or obs/gynaec
Directly observed
Two examiners for each examinee.
History taking and examination by the examinee (4 cases) - 30
minutes
Structured Clinical Assessment (SCA):
Examination:
12 stations (2 interactive)
5 min each
Marks 100; Pass mark: 60.
Basic principle of surgery - 50%
Allied subjects and obs/gynaec - 50%
Type - Procedures-4 station
Counseling-2 station
Interactive-2 station
Static-2 station

8.3. Phase B assessment:
Assessment will be done in two broad compartments.

a) Compartment: A
The Examination consists of 3 (three) components.
Written Examination (Consisting of 2 papers).
Clinical Examination (Two long cases- one Obs & one Gynae
case).
SCA and Oral (12 stations SCA. Oral one board consisting of 2
examiners).
b) Every Resident must pass all the 3 components of
Compartment A separately. Candidates will be declared failed if
he/she fails in one or more component of the examination.
He/she then has to appear all the 3 components in the next
Phase Final Examination.

c) Compartment: B; Thesis and Thesis defense.
Written Examination; Two papers:
Question type and marks:

Paper – I (Obstetrics):
15 questions in 2 groups (10 short questions in Group-A and 5
scenario based problem solving questions in Group-B, mark
distribution: Group A - 50% and Group B - 50%)
This will assess the knowledge of different level and its
application.
Marks – 100; Pass mark – 60%; Time: 3 hours.

Paper – II (Gynecology):
15 questions in 2 groups (10 short questions in Group-A and 5
scenario based problem solving questions in Group-B, mark
distribution: Group A - 50% and Group B - 50%)
The questions should focus to assess the capability of handling
clinical problem independently and comprehensively as a
specialist.
Structure of the suggested format could be:
A scenario followed by question(s).
Question may include diagnosis, differential diagnosis,
investigation plan, treatment, follow up and patient education.
Marks – 100; Pass mark – 60%; Time: 3 hours.

Clinical Examination: Two long cases
There will be two long cases- one Obs case & one Gynae case

Clinical Examiners:
- Four Professors; 2 external. (Associate professor may be
  included where there is inadequate number of Professor.)
- One examiner will be appointed as Convenor by the Dean.
Examination: Cases to be collected and examination to be
conducted by the Convenor of the respective examination.

Long case:
Directly observed
Two examiners for each examinee.
History taking and examination by the examinee – 30 min.
Discussion on the case 20 min (Presentation 6min, Cross-
section 6x2min and Decision 2min).
Examiners will not ask any question nor stop the examinee in
any way during history taking and physical examinations.
Discussion should be done as per structured format and
proper weightage on different segments of clinical skills.
Marks – 100; Pass mark – 60%.
Structured Clinical Assessment (SCA):

Examination:
- 10 stations: 5 min each
- Marks 100; Pass mark 60.
- Obstetrics - 50%
- Gynaecology - 50%
- Type:
  - Procedures - 4 station
  - Counseling - 2 station
  - Interactive - 2 station
  - Static - 2 station

Conduction of Examination:
Examiners 4, (including the Convenor); Observers, Organizers as per requirements.
Stations to be arranged and examination to be conducted by the Convenor.

Oral Examination:
One board consisting of 2 examiners (one internal and one external)
20 minutes (9 + 9 + 2).
Marks 100; Pass mark: 60.

Thesis Evaluation:
To be evaluated by 3 (three) evaluators:- 2 subject specialist and one academician involved in research and teaching research methodology.
Among the subject specialists one should be external.
Evaluators shall be in the rank of Professor/Assoc. Professor.
Supervisor will attend the defense as an observer and may interact only when requested by the evaluators.
Thesis must be submitted to the controller of Exam not later than 27 months of enrolment in Phase-B.
Thesis must be sent to the evaluators 2 (Two) week prior to assessment date.
For thesis writing evaluator will mark on its structure, content, flow, scientific value, cohesion, etc.

For defense - Candidate is expected to defend, justify and relate the work and its findings.
Assessment must be completed in next 3 months.
Outcome of the assessment shall be in 4 categories - “Accepted”, “Accepted with minor correction”, “Accepted with major correction” and “Not Accepted”.

Description of terms in Thesis Evaluation:

Accepted: Assessors will sign the document and resident will bound it and submit to the Examination Department by 7 days.

Accepted with minor correction: Minor correction shall include small inclusion/exclusion of section; identified missing references, correction of references and typographical and language problem. To be corrected and submitted within 2 weeks.

Accepted with major correction: Task is completed as per protocol with acceptable method but some re-analysis of result and corresponding discussion are to be modified.

To be corrected, confirmed by Supervisor and submit within 3 (Three) weeks.

Not Accepted: When work is not done as per protocol or method was faulty or require further inclusion or confirmation of study.
To complete the suggested deficiencies and reappear in defense examination during its next Phase Final Examination.

Candidate has to submit his/her thesis and sit for examination and pay usual examination fees for the examination.

8.3. Residents must submit and appear Thesis defense at notified date and time. However not-acceptance of the Thesis does not bar the resident in appearing the written, clinical and oral exam.

9. Qualifying for MD/MS Degree:
On passing both the compartments, the candidate will be conferred the degree of MD/MS in the respective discipline. If any candidate fails in one compartment he/she will appear in that compartment only in the subsequent Phase-B exam.
10. Supervision and training monitoring:
Respective supervisors will supervise residents. They will be supervised in relation to their arrival & departure from the ward, their presence in morning session, presentation in morning session, case & journal presentation, performing different procedures, patient management, etc.

Training should incorporate the principle of gradually increasing responsibility and provide each trainee with a sufficient scope and variety of experience like management of in patients, out patients, emergency and different procedures. All elements of work in training rotations must be supervised with the level of supervision varying depending on the experience of the trainee and the clinical exposure. Outpatient and referral supervision must routinely include the opportunity to personally discuss all cases. As training progresses the trainee should have the opportunity for increasing autonomy, consistent with safe and effective care for the patient. Trainees will at all times have a named Supervisor, responsible for overseeing their education.

Supervisors are responsible for supervision of learning throughout the program to ensure patient and / or laboratory safety, service delivery as well as the progress of the resident with learning and performance. They set the lesson plans based on the curriculum, undertake appraisal, review progress against the curriculum, give feedback on both formative and summative assessments as well as sign the logbook and portfolio. The residents are made aware of their limitations and are encouraged to seek advice and receive help at all times.

The Course Coordinator of each department coordinates all training and academic activities of the programme in collaboration with the Course Manager. The Course Director of each faculty directs guides and manages curricular activities under his / her jurisdiction and is the person to be reported to for all events and performances of the residents and supervisors.

11. Curriculum Review:
The Departmental curriculum committee will revise curriculum from time to time. Necessary correction and modification will be done as and when necessary.
Course content

Phase A

Principles of surgery:
The metabolic response to injury
Shock and block transfusion
Wounds, tissue repair and scars
Surgical infection
Diagnostic imaging
Gastrointestinal endoscopy
Preoperative preparation
Anesthesia and pain relief
Care in the operating room
Perioperative management of the high risk surgical patient
Nutrition and fluid therapy
Postoperative care
Management of intestinal injuries and their complications
Management of intestinal adhesions
Colostomy and ileostomy
Ca-Pelvic colon and rectal cancer

Neonatology
Neonatal examination
Essential newborn care
Neonatal resuscitation
Neonatal feeding
Management of common neonatal problems
Jaundice
Infections

Urology
Endocrine Medicine Dermatology
Radiation & Medical Oncology Cardiology
Radiology & Imaging Anaesthesia
Genetics
Chromosomes, RNA, DNA
Mutation
Mendelian laws
Single genetics disorders – Haemophilia

Cytogenetic disorders - Thalassaemia
a) Down syndrome
b) Klinefelter's syndrome
c) Turner's syndrome
d) Triple x-syndrome

Multifactorial inheritance
Intersex -
a) Hermaphrodite
b) Congenital adrenal hyperplasia
c) Testicular feminization syndrome
Genetic counseling
Southern blotting
Polymerase chain reaction
Karyotyping
Recombinant DNA technology.

Bio statistics

<table>
<thead>
<tr>
<th>Variables</th>
<th>Data</th>
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<tbody>
<tr>
<td>Measures of central tendency</td>
<td>Measures of dispersion</td>
</tr>
<tr>
<td>Sampling &amp; Sampling technique</td>
<td>Probability &amp; distributions</td>
</tr>
<tr>
<td>Significance and statistical inference</td>
<td>Research methodology</td>
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<tr>
<td>Epidemiological studies</td>
<td>Demography &amp; vital statistics</td>
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</tbody>
</table>

Immunology

<table>
<thead>
<tr>
<th>Cells, cytokines, complement system, MHC</th>
<th>Transplantation</th>
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<tbody>
<tr>
<td>Immunoglobulins, Monoclonal antibodies</td>
<td>Hypersensitivity</td>
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<td>Autoimmune disease</td>
<td>Immunodeficiency</td>
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<td>Endotoxic shock</td>
<td>Tumour immunity</td>
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<td>Clinical immunology – Rh incompatibility</td>
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## Course content for MS Residency (Obs & Gynae) - Phase B

### Obstetrics
- Ante-natal care
- Normal labour and its management
- Special circumstances affecting labour
- Intrapartum fetal assessment
- Postnatal care
- Prolonged Pregnancy
- Obstructed labour

**Ante Partum hemorrhage (APH)**
- Placenta praevia
- Abruptio placenta
- Indeterminate causes of 3rd trimester bleeding
- Malpresentation & malposition
- Puerperium
- Abnormal puerperium
- Vaginal birth after caesarean delivery (VBAC)
- Pre-eclampsia and eclampsia
- Gestational diabetes and pre-gestational diabetes
- Premature newborns
- Intrauterine growth restriction
- Multiple pregnancies
- Premature rupture of membranes
- Foetal death
- Vital statistics
- Procedures in obstetrics

### Gynaecology
- Paediatric and adolescent gynecology
- Puberty, Delayed puberty
- Dysmenorrhoea, Menorrhagia
- Polycystic ovary syndrome
- Hirsutism & virilism
- DUB
- Vaginal and vulval Infections
- Non-neoplastic epithelial disorder of genital tract
- Pelvic inflammatory diseases
- Sexually transmitted diseases
- Pelvic Tuberculosis
- HIV infection
- Chronic pelvic pain
- Abortion
- Ectopic pregnancy
- Urinary incontinence
- Genital prolapse
- Endometriosis
- Premenstrual syndrome
- Primary and secondary amenorrhea
- Other menstrual problem
- Menopause climacteric and HRT
- Contraception
- Intersexuality
- Benign disorders of the breast
- Palliative care

### Feto-maternal Medicine
- Pre-conceptional care
- Antenatal diagnosis of foetal abnormality of genetic disease
- Chronic Villus Sampling
- Amniocentesis
- Foetal Surveillance

### Pregnancy with Medical Disorders
- Chronic Hypertension
### Residency Program

<table>
<thead>
<tr>
<th>Cardiac disease</th>
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<tr>
<td>Renal disease</td>
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<td>Liver disease</td>
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<td>Respiratory disease</td>
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<td>Gastrointestinal disease</td>
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<td>Connective Tissue Disease</td>
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<td>Haematological Disease</td>
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<td>Thromboembolic Disease</td>
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<td>Psychiatric disorders</td>
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<td>Diabetes mellitus and other Endocrine diseases</td>
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<td>Rh isoimmunization</td>
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<td>Critical Care in Obstetrics</td>
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<td>Amniotic fluid embolism</td>
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<td>Pulmonary thrombo-embolism</td>
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### Gynaecological Oncology

| Pre-Invasive Vulval and Vaginal malignancies |  |
| Invasive vulval carcinoma |  |
| Invasive vaginal carcinoma |  |
| Pre-Invasive cervical cancer |  |
| Invasive cervical cancer |  |
| Ovarian malignancy |  |
| Gestational trophoblastic diseases |  |
| Chemosurgery for gynaecological cancer |  |
| Radiation therapy for gynaecological cancer |  |

### Infertility

| Primary subfertility |  |
| Secondary subfertility |  |
| Male subfertility |  |
| ART |  |

### Phase A

**Basic Science**

**Learning issues:**

*Gaining knowledge on different aspects of basic medical science and its application in appropriate practical conditions*

---

### Gynaecology:

1. Anatomy of female pelvic organ and its Gynaecological importance:
2. External genitalia
3. Internal genitalia
4. Blood vessels, lymphatic, Nerve supply of genital organ
   - Development of genital organ and Gonads and malformation
     - Internal and external genital organ and its clinical importance
   - Endocrinology of puberty, climacteric and menopause.
5. Neuro endocrinology of Reproductive organs
6. Ovarian steroidogenesis
7. Thyroid
8. Hypothalamo-pituitary-Ovarian axis
9. Menstrual cycle: Ovarian cycle, Endometrial cycle
10. Ovulation: Ovular cycle, Anovular cycle
11. Examination of Gynaecological patient
12. Pharmacotherapeutics in relation to Gynaecology
   - Hormone
   - Chemotherapy
   - Immunotherapy
   - Contraceptive
   - Oral Pill
   - Injectable
   - Inj. Depoprovera
   - Implant – Norplant, Implanon
   - Emergency contraceptive
   - Inj. Oxytocin
   - Inj. Methargin
   - PG

### Obstetrics:

1. Anatomy of female reproductive organ and its obstetric importance
2. Gametogenesis – Oogenesis, Spermatogenesis
3. Fertilization, Implantation, Placenta formation
5. Physiological changes during pregnancy
   Genital organ
   Breast – Cutaneous changes and lactation
   Systemic changes
   Metabolic change
   Hematological changes
   Cardio vascular changes
   Respiratory changes
   Urinary system change

6. Endocrinology in relation to reproduction
   Placental Endocrinology
   Gland Endocrinology


8. Pharmacotherapeutics in obstetric

**Principles of surgery:**

**Learning issues:**
- The metabolic response to injury
- Shock and block transfusion
- Wounds, tissue repair and scars
- Surgical infection
- Diagnostic imaging
- Gastrointestinal endoscopy
- Pre operative preparation
- Anaesthesia and pain relief
- Care in the operating room
- Perioperative management of the high risk surgical patient
- Nutrition and fluid therapy
- Basic surgical skills and anastomoses
- Principles of laparoscopic and robotic surgery
- Postoperative care
- Management of intestinal injuries and their complications
- Management of intestinal adhesion
- Colostomy and ileostomy

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**Obstetrics & Gynaecology**

**Learning issues:**
Develop skill to obtain complete case based history taking from patient, caretaker or outside records of Obs & Gynae cases. Progressively develop skill to perform focused & accurate clinical examination.
Develop skill to relate history with physical findings in order to establish diagnosis
- Develop skill to prepare patient for surgery
- Develop skill to identify different post operative complications
- Performing different steps in relation to infection prevention
- Develop skill to perform P/V examination of labour patient and interpret the findings and identify different stages of labour
- Develop skill to maintain partograph and identify any deviation from normal
- Performing episiotomy and its repair
- Performing active management of 1st stage of labour.
- Performing hand wash
- Performing Wearing of Gown and gloves
- Performing Insertion of canula
- Performing Urethral catheterization
- Performing patient positioning, painting and dropping of the patient
- Trolley preparation
- Interpret – routine haematological reports (CBC, Blood sugar), X-ray, USG, Partogram, and CTG.

**Anaesthesia**

**Learning issues:**
- Preparation of patient for anaesthesia
- Induction and maintenance of anaesthesia
- On theater and post operative care of patient
- Post-operative analgesia
- Patient's positioning
- Obstetric Analgesia and anesthesis
- Treatment of gynaecological malignancies in relation to palliative care
- Care of unconscious patients
Residency Program

Radiology and Imaging
Learning issues
Performing and interpretation of USG and other imaging techniques in obstetrics & gynaecology. Interpret a report of X-ray, CT scan, MRI of various gynaecological problems

Neonatology
Learning issue
Evaluation of newborn
Care of newborn
Identification and management of asphyxiated newborn.
Neonatal feeding
Identification and management of neonatal jaundice
Identification and management of common neonatal infection
Identification of different birth injuries and its management
Identification and management of common neonatal infections
Identification and management of different neonatal special problems
Seizures
Hypoglycaemia
Hypocalcaemia
Apnoea

Urology
Learning Issue:
Identification and management of female urinary incontinence
Performing and interpretation urodynamics and cystoscope
Performing cystoscopy and interpretation
Identification and management of urinary bladder injury
Identification and management of ureteric injury

Endocrine medicine
Learning Issue:
Identification and management plan of PCO
Identification and management plan of Hirsuitism
Management plan for hormone replacement therapy (HRT)

Identification and management plan for Gestational diabetes and pre-gestational diabetes and diabetes mellitus
Identification and management plan for diabetes mellitus in gynaecological condition
Identification and management of hypothyroidism and hyperthyroidism in pregnancy
Identification and management plan for thyroid disorders in gynaecological condition
Identification and management of Congenital adrenal hyperplasia
Identification and management of hyperprolactinaemia

Endoscopic surgery
Learning issue
Developing skill by training in dry lab
Developing skill in doing diagnostic laparoscopy
Identification and management plan of acute abdomen

Radiation and medical oncology
Medical Oncology
Learning Issue:
Able to select the cases for chemotherapy
Preparation of a patient for chemotherapy
Identification and management of complications of chemotherapy
Post chemotherapy follow up.

Radiation Oncology
Learning Issue:
Preparation of a patient for a radiotherapy
Identification and management of different complications of radiotherapy
Post radiotherapy follow up
Gynaecological malignancies in relation to palliative care
Able to select the cases for palliative care.
Able to counsel the patients and attendants regarding palliative care.
Provide psychosocial support and long-term follow-up for women with endometrial cancer.
Dermatology
Learning issue:
Identification and management of common dermatologic conditions (Scabies and ring worm).
Identification and management of sexually transmitted diseases like gonorrhea and syphilis and other common STDs.

Obstetrics & Gynaecology
Learning issues:
Resident must progressively develop skill to obtain complete case based history taking from patient, caretaker or outside records.
To progressively develop the activity to perform focused & accurate clinical examination.
To relate physical findings with history in order to establish diagnosis.
Resident must progressively develop how to provide routine antenatal care, care during labour.
Management of wound infection
Management of spinal headache
Identification and management of different type shock
Identification and management of different type PPH.
Monitoring labour through Partogram (maternal and foetal condition & progress of labour)
Minor surgical procedures – D & C
Observe and assist – LUCS, Hysterectomy.
Interpret the routine investigations done during antenatal care.
Formulate and interpret the base line investigations for minor and major gynaecologic operation.

Obstetrics & Gynaecology
Learning Issue:
Resident must progressively develop to obtain complete case based history taking from patient, caretaker or outside records.
Progressively develop the activity to perform focused & accurate clinical examination.
Relate history with physical findings in order to establish diagnosis & to formulate a management plan.
- Manage case of normal puerperium
- Manage patients having abnormal puerperium (puerperal sepsis, UTI, wound infection, breast – complications, Respiratory Tract Infection)
- Plan and manage case of IUFD (Intra – uterine foetal death)
- Evaluate and manage menstrual problem (puberty menorrhagia, DUB).
- Evaluation and management of ectopic pregnancy
- Evaluation and management of endotoxic shock
- Evaluation and management of cases of acute PID.
- Opening and closing of abdomen.
Collection, storage and transportation of pathological specimen.
Perform – USG, TVS and report writing.
Minor surgical procedures – Marsupialization, Manual removal of placenta
Pap test, VIA, Colposcopy, Self Breast Examination (SBE), Clinical Breast Examination (CBE)

Phase B
Infertility
Learning Issue:
- Develop skill to obtain complete case based history and focused clinical examination of a patient having primary or secondary infertility
- Formulate appropriate investigation for diagnosis of infertility cases
- Can interpret the investigation reports (Base-line, special – hormone profile HSG, Sonohysterosalpingogram, TVS, Folliculometry).
- Can interpret special investigations and find out the different causes of sub-fertility.
- Can institute a protocol for ovulation induction, COH (controlled ovarian hyperstimulation) and can do monitoring of cases
- Develop skill for performing diagnostic laparoscopy
- Develop skill to select cases who need IUI
- Develop skill to prepare the couple for IUI
- Develop skill to perform IUI
- Can detect and treat other endocrine diseases related to sub-fertility (thyroid disorders, hyperprolactinaemia, PCODs)
- Develop skill to counsel infertility cases.

Gynaecological Oncology
Vulval and Vaginal Malignancies
Learning Issue:
Develop skill to obtain complete case based history and focused clinical examination of a patient having vaginal or vulval ulcer, growth or any other changes (leucoplasia, wart, scaly changes)
Develop skill to perform and interpret the diagnostic procedures like biopsy

Invasive vulval carcinoma
Learning Issue:
Develop skill to diagnose invasive vulval cancer through history and focused clinical examination and diagnostic procedure like biopsy
Develop skill to counsel a patient about the diagnosis, treatment options, post-operative complications and follow-up

Breast cancer
Learning Issue:
Develop skill to counsel a patient regarding CBE, SBE
Develop skill to teach the patient to do SBE
Develop skill to do CBE
Develop skill to formulate investigation and interpret the report to diagnose breast cancer (USG, Mammogram, FNAC).
Can manage patient having breast pain and fibrocystic breast disease
Develop skill to refer a patient having fibro adenoma or breast -ca

Pre-invasive cervical cancer
Learning Issue:
Develop skill to counsel women before and after doing different cervical cancer screening test (Pap, VIA, Colposcopy, HPV Testing)
Develop skill to counsel women regarding HPV vaccine
Develop skill to perform and interpret VIA, Pap test, Colposcopy.
Develop skill to do colposcopy directed biopsy.
Develop skill to do LEEP

Cervical cancer pre-invasive
Learning Issue:
Develop skill to diagnose invasive cervical cancer through detail history and focused clinical examination and diagnostic procedure like cervical biopsy
Develop skill to do staging of cervical cancer
Develop skill to counsel a patient about the diagnosis, treatment options, post-operative complications and follow-up
Counsel patient about the need of radiotherapy chemotherapy

Obstetrics & Gynecology # 32
Benign & malignant disease disorder of the ovaries Learning Issue:
Develop skill to obtain complete case based history and focused clinical examination of a patient having from a patient present with ovarian tumour.
Develop skill to differentiate clinically between benign and malignant ovarian tumor.
Can plan appropriate investigation and interpret the tests to diagnose ovarian cancer:
- Ultrasonography
- Serum tumor markers
- Cytology from paracentesis
- CTscan
- Color Doppler
Develop skill to diagnose both benign & malignant ovarian tumor.
Develop skill to do staging of malignant ovarian tumor.
Develop skill to plan management of malignant ovarian tumor.
Develop skill to counsel a patient having malignant ovarian tumor.
Develop skill to refer the patient for further assessment and treatment if needed.
Can provide psychosocial support and long-term follow-up for women with ovarian cancer.
Develop skill to counsel the patient about chemotherapy.

Gestational Trophoblastic Disease Learning Issue:
- Develop skill to obtain complete case based history and focused clinical examination to establish diagnosis of choriocarcinoma clinically.
- Develop skill to perform and interpret the different investigations for diagnoses of different types of trophoblastic diseases.
- Develop skill to manage a case of hydatidiform mole.
- Develop skill to manage a case of choriocarcinoma in collaboration with medical oncologist.

Chemotherapy for Gynaecological cancer Learning Issue:
- Able to select the cases of GTN for chemotherapy.
- Can prepare a patient for chemotherapy.
- Plan for chemotherapy regimens for non-metastatic or low risk gestational trophoblastic disease.
- Mention the follow up plan of a patient receiving chemotherapy for GTD.
- Counsel a patient about the diagnosis, management, prognosis, side-effects and complications following chemotherapy and follow-up.

Radiation therapy Learning Issue:
- Develop skill to select and prepare a patient the patient for radiotherapy.
- Develop skill to identify the complication of radiotherapy & manage it.
- Able to counsel the patient and attendants regarding radiotherapy.
Can refer when & where appropriate for radiotherapy.

Feto maternal medicine Pre-conceptional care Learning Issues:
- Develop skill to obtain complete case based history and focused clinical examination of a patient and can assess historical and ongoing risks that may affect future pregnancy.
- Develop skill to counsel a patient regarding the impact of pregnancy on maternal medical conditions and impact of maternal medical conditions on pregnancy.
- Residency Program

Develop skill to counsel a patient regarding appropriate lifestyle modifications conducive to favorable pregnancy outcome.

Develop skill to counsel a patient regarding appropriate preconception testing.

Counsel a patient regarding pregnancy-associated risks and conditions, such as:
  a. Advanced age
  b. Hypertension
  c. Diabetes
  d. Genetic disorder
  e. Prior aneuploid or anomalous fetus/newborn

Develop skill to detect, prevent or treat any condition which would be harmful for both the mother & her baby.

Antenatal diagnosis of foetal abnormality of genetic disease Learning Issues:

Develop skill to obtain complete case based history (age, family history, previous baby with abnormalities, known case of balance translocation or H/O recurrent miscarriage) and focused clinical examination.

Develop skill to formulate appropriate investigation and can interpret the investigation reports:
  Biochemical (MSAFP, UE, triple test)
  Cytogenetic (CVS, amniocentesis, cordocentesis)
  DNA analysis
  Foetal blood sampling
  Foetal tissue biopsy
  USG to see nuchal translucency

Develop skill to counsel about management option including termination of pregnancy.

Can refer where appropriate, for further counseling & support.

Develop skill to plan care of current pregnancy & delivery.

Develop skill to manage the patient having foetal abnormalities/genetic disorders.

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Chorionic Villus Sampling
Learning Issues:

- Develop skill to take an appropriate history and identify patients with or at risk of genetic disorders.
- Develop skill to counsel about: prenatal diagnostic options, risks, timing, results and accuracy, management options after testing, including termination of pregnancy.
- Develop skill to refer, where appropriate, for further specialist and/or genetic counseling.

Amniocentesis
Learning Issues:

Develop skill to take an appropriate history and identify patients with or at risk of genetic disorders.

Develop skill to counsel about:
  Prenatal diagnostic options
  Risks
  Timing
  Results and accuracy

- Management options after testing, including termination of pregnancy
- Can refer, where appropriate, for further specialist and/or genetic counseling.

Foetal Surveillance
Learning Issues:

Develop skill to obtain complete case based history and focused clinical examination of an obstetric patient to screen for fetal growth disorders.

Develop skill to customized growth chart.

Develop skill to formulate appropriate investigation and can interpret the investigation reports:
  Ultrasound biometry
  Umbilical artery Doppler
  Middle cerebral artery Doppler
  Biophysical profile (including amniotic fluid volume, CTG).
Residency Program

- Develop skill to manage a case of SGA/FGR including:
- Arrange appropriate investigations to identify cause
- Institute appropriate monitoring
- Plan time and mode of delivery, including termination of pregnancy, where appropriate.
- Develop skill to manage a case of LGA/macroisomia including
- Arrange appropriate investigations to identify cause
- Plan time/mode of delivery.
- Develop skill to manage complications and outcome of growth-restricted neonates.

Pregnancy with renal diseases

Learning Issues:
- Develop skill to obtain complete case based history and focused clinical examination of a woman with CRD including outcome of previous pregnancies, drug therapy
- Develop skill to formulate appropriate investigation and can interpret the investigation reports
- Develop skill to counsel regarding fetal and maternal risks
- Develop skill to institute and modify drug treatment
- Develop skill to plan delivery and postnatal care
- Can refer where appropriate, for further assessment and treatment
- Develop skill to manage a case of renal transplant
- Can refer for further assessment and treatment

Pregnancy with cardiac diseases

Learning Issues:
- Develop skill to take an appropriate history from an obstetric patient with cardiac disease (family history, previous operations/procedures, complications of cardiac disease, drug therapy)
- Develop skill to assess cardiac function
- Develop skill to perform complete physical examination to assess cardiac disease
- Develop skill to arrange and interpret appropriate investigations for a patient with pre-existing cardiac disease (ECG, echocardiography)

Can refer a patient correctly to cardiologists, haematologists, anaesthetists for further assessment and treatment
Develop skill to plan delivery and postnatal care in liaison with cardiologists, intensivists and anaesthetists
Develop skill to counsel patient and their attendant about fetal and maternal risks
Develop skill to counsel regarding:
- Contraception
- Effect of pregnancy on maternal cardiac disease
- Effect of maternal cardiac disease on pregnancy
- Develop skill to manage cases of acute pulmonary oedema during pregnancy
- Develop skill to manage cases of different vulvar heart disease with pregnancy
- (Mitrval stenosis, Aortic stenosis, Pulmonary stenosis, Mitral valve prolapse, Aortic regurgitation, Prosthetic heart valve)

Pregnancy with Liver diseases

Learning Issues:
- Develop skill to obtain complete case based history and focused clinical examination of a woman with liver disease including viral hepatitis, CLD, obstetric cholestasis and Fulminating hepatic failure HELLP syndrome.
- Develop skill to formulate appropriate investigation and can interpret the investigation reports (liver function test, viral markers, coagulation profile)
- Develop skill to counsel patient and their attendant regarding fetal and maternal risks
- Can refer to hepatologists for further assessment and treatment
- Develop skill to plan delivery and postnatal care in liaison with hepatologists
- Develop skill to counsel regarding contraception
- Develop skill to manage cases of viral hepatitis, obstetric cholestasis, AFLF, CLD and patients with other liver diseases.
- Develop skill to institute and modify drug treatment
Pregnancy with Connective Tissue Disorders

Learning Issues:
Develop skill to obtain complete case based history and focused clinical examination of a woman with CTD including previous obstetric history, drug therapy
Develop skill to formulate appropriate investigation and can interpret the investigation reports (APA, Anti Cardiolipin Ab, anti-dsDNA Ab, ANA, Anti-Ro, Anti-LA)
Develop skill to manage a case of SLE and APS in pregnancy:
Develop skill to counsel regarding fetal and maternal risks, including risks of therapy
Develop skill to monitor stage of disease including fetal monitoring
Develop skill to institute and modify drug therapy
Develop skill to plan delivery and postnatal care
Can refer, where appropriate, for further assessment and treatment
Develop skill to manage a case of other CTD in pregnancy:
Develop skill to counsel regarding fetal and maternal risks, including risks of therapy
Develop skill to Arrange and interpret appropriate investigations, including fetal monitoring
Develop skill to plan delivery and postnatal care
Can refer, where appropriate, for further assessment and treatment

Pregnancy with Haematological Diseases

Learning Issues:
Develop skill to obtain complete case based history and focused clinical examination of a woman with haematological disease both pre-existing haematological disease and women with pregnancy-induced haematological disease
Develop skill to formulate appropriate investigation and can interpret the investigation reports to establish the diagnosis of different type of anaemia, thrombocytopenic purpura
Develop skill to manage a case of anaemia during pregnancy:
Counsel regarding fetal and maternal risks
Arrange and interpret appropriate investigations

Institute and modify drug therapy, including where appropriate, parenteral iron, blood transfusion
Plan delivery and postnatal care
Refer, where appropriate, for further assessment and treatment
Develop skill to manage a case of thalassaemia & sickle cell anaemia including:
Counsel regarding fetal and maternal risks and prenatal diagnosis
Arrange and interpret appropriate investigations (including fetal monitoring in thalassemia/sickle cell disease)
Institute and modify therapy (including vaso-occlusive crisis in sickle cell disease, blood transfusion)
Plan delivery and postnatal care
Refer, where appropriate, for further assessment and treatment
Develop skill to manage a case of idiopathic thrombocytopenic purpura in pregnancy including:
Counsel regarding fetal and maternal risks
Arrange and interpret appropriate investigations
Institute and modify therapy
Plan delivery and postnatal care
Refer, where appropriate, for further assessment and treatment
Develop skill to manage a case of congenital coagulation disorder in pregnancy:
Counsel regarding fetal and maternal risks and prenatal diagnosis
Arrange and interpret appropriate investigations
Institute and modify therapy
Plan delivery and postnatal care
Refer, where appropriate, for further assessment and treatment
Manage a case of DIC in pregnancy including:
Identify and treat underlying cause
Arrange and interpret appropriate investigations
Institute and modify resuscitative and replacement therapy

Rh isoimmunization

Learning Issues:
Develop skill to obtain complete case based history and focused clinical examination of a woman with Rh-isoimmunization in pregnancy

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Obstetrics & Gynecology # 41
Can perform clinical examination of a mother with Rh isoimmunization in pregnancy.
Develop skill to plan appropriate investigation and can interpret the investigation reports to formulate management plan in pregnancy with Rh isoimmunization.
Develop skill to diagnose & assess the severity of Rh isoimmunization in pregnancy.
Develop skill to manage patient of Rh isoimmunization with critical value.
Develop skill to plan delivery and postnatal care.

Obstetrics

Ante-natal care
Learning Issue:
Develop skill to obtain complete case based history from patient and must progressively develop how to provide routine antenatal care.
Progressively develop the activity to perform focused and accurate clinical examination and giving advice the patient for routine investigation in antenatal period.
Relate history and physical findings in order to establish diagnosis and to formulate a management plan.
Identify the danger signs during ANC and communicate it to the patient successfully.
Develop skill to identify high-risk pregnancies, communicate and manage it.

Normal labour and its active management
Learning Issue:
Develop skill to obtain complete case based history and perform focused and accurate clinical examination of a labour patient.
Develop skill to assess the progress of labour and monitor maternal and foetal condition using partogram.
Develop skill to manage normal labour.
Can detect any abnormality of labour and manage it properly.
Develop skill to conduct vaginal delivery.
Develop skill to conduct assisted vaginal delivery.

Intrapartum foetal assessment
Learning Issues:
Develop skill to monitor foetal condition during labour and to detect foetal distress during labour.
Develop skill to monitor foetal condition by intermittent auscultation or continuous or intermittent foetal electronic monitoring.

Prolonged Pregnancy
Learning Issue:
Developing skill to obtain complete case based history taking from patient having prolonged pregnancy.
Performing the activity of focused and accurate clinical examination.
Evaluation the physical findings with history as well as the investigation report in order to establish diagnosis and to formulate a management plan.
Developing skill to manage prolonged pregnancy.
Develop skill to counsel regarding fetal and maternal risk in prolonged pregnancy.

Ante Partum hemorrhage (APH)
Learning Issue:
Developing skill to obtain complete case based history taking from Ante Partum hemorrhage (APH).
Performing the activity of focused and accurate clinical examination.
Evaluation the physical findings with history as well as the investigation report in order to establish the cause of APH and to formulate a management plan.
Developing skill to manage patients having Ante Partum hemorrhage (APH).

Placenta Praevia
Learning Issues:
Developing skill to obtain complete case based history from placenta praevia.
Performing the activity of focused and accurate clinical examination
Evaluate the physical findings and investigation report with history to establish the cause of APH and
Developing skill to differentiate placenta praevia from abruptio placenta clinically
Developing skill to formulate a management plan of patients having placenta praevia

Abruptio placenta
Learning Issues:
Developing skill to obtain complete case based history, performing focused and accurate clinical examination
Evaluate the physical findings and investigation report with history to establish the diagnosis of abruptio placenta
Developing skill to identify the complications of abruptio placenta and manage it
Developing skill to formulate a management plan of patients having abruptio placenta

Malpresentation & malposition
Learning Issues:
Developing skill to obtain complete case based history and focused clinical examination from breech presentation at term & during labour
Developing skill to perform complete examination to detect different types of malposition & malpresentation
Developing skill to perform clinical pelvimetry
Developing skill to select the cases to allow vaginal breech delivery & elective C/S
Developing skill to plan appropriate investigation if necessary
Developing skill to conduct vaginal breech delivery
Developing skill to select the cases with face presentation to allow vaginal delivery or C/S
Developing skill to diagnose brow presentation in labour & manage it
Developing skill to diagnose transverse lie during pregnancy

Developing skill to select the cases for C/S
Developing skill to perform external cephalic version
Developing skill to manage case of CPD in labour
Developing skill to counsel patient and party in case of malpresentation & CPD

Multiple pregnancies
Learning Issues
- Develop skill to obtain complete case based history and focused clinical examination of a woman with multiple pregnancies.
- Relate history and physical findings in order to establish diagnosis.
- Develop skill to plan appropriate investigations and interpret the investigation reports to formulate management plan in multiple pregnancy.
- Develop skill to identify risk factors associated with multiple pregnancy.
- Develop skill to plan delivery and post natal care.
- Can detect any abnormality during antenatal, intranatal & postnatal period and treat it accordingly.

PROM
Learning Issues
Develop skill to obtain complete case based history from patient. Progressively develop the activity to perform focused and accurate clinical examination.
Relate history and physical findings in order to establish diagnosis.
Pooling
Nitrazine test
Ferring
Can perform clinical examination of patient with PROM to detect Chorioamnionitis - pulse, temp, BP, uterine tenderness, foul smelling P/V discharge.
Develop skill to plan appropriate investigation and can interpret the investigation reports to diagnose Chorioamnionitis - CBC, CRP, HVS - C/S, Urine R/E, USG
Develop skill to plan management of a patient with PROM.
Develop skill to plan management of a patient with chorioamnionitis.
Preterm Labour
Learning issues
Develop skill to obtain complete case based history from patient.
Progressively develop the activities to perform focused and accurate clinical examination.
Relate history and physical findings in order to establish diagnosis
UT contraction
Dilatation and effacement of cervix
Vaginal bleeding
Develop skill to plan appropriate investigation reports to formulate management plan.
Develop skill to evaluate maternal and fetal condition.
Develop skill to counsel patient about fetal condition.
Develop skill to plan management of a patient with preterm labour
Bed rest
Corticosteroids
Tocolysis
Antibiotics
Plan for delivery

IUGR
Learning issues
Develop skill to obtain complete case based history from patient
Performing the activity of focused and accurate clinical examination
Develop skill to plan appropriate investigation and interpret the investigation reports (USG, Doppler study, NST, BPP, MBPP)
Can relate physical findings and investigation report to establish diagnosis.
Developing skill to formulate a management plan of patient having IUGR.

Foetal death
Learning issues
Develop skill to obtain complete case based history taking from patient.
Performing the activity of focused and accurate clinical examination.
Can plan appropriate investigation reports to establish diagnosis
USG
Straight x-ray abdomen
Spalding sign
Haematological examination
Develop skill to counsel a patient with IUD
Can plan management
Expected management
Termination
Can plan appropriate investigations to diagnose complications like DIC, FDP, PT, APTT, D-dimer
Develop skill to manage complications associated with IUD- PPH, DIC

Vaginal birth after caesarean delivery (VBAC)
Learning issues
Developing skill to obtain complete case based history from patient having previous history of caesarean delivery and can examine accurately
Can evaluate the selection criteria for VBAC
Can plan appropriate investigation and interpret the investigation reports
USG- Presentation, Position of placenta, Amount of liquor
Can select the patient for vaginal birth on the basis of history, physical examination, investigation reports
Can plan vaginal delivery and monitoring of the fetal and maternal condition
Can detect symptoms and sign associated with impending rupture or early stage of rupture uterus

Puerperium
Learning issues
Developing skill to obtain complete case based history from a patient during Puerperium.
Performing the activity of focused and accurate clinical examination.
Residency Program

Can plan appropriate investigation and interpret the investigation reports
Develop skill to evaluate maternal and fetal condition
Can plan appropriate management of a patient during puerperium
Develop skill to counsel the patient about diet
Rest
Breast feeding
Family planning
Next pregnancy
Immunization
Can demonstrate position and attachment for breast feeding

Abnormal Puerperium

Learning Issue
Developing skill to obtain complete case based history from a patient with abnormal puerperium
Progressively develop the activity to perform focused and accurate clinical examination
Can plan appropriate investigations (CBC, Urine R/E and C/S, HVS – C/S, blood culture, USG) and interpret investigation reports to established diagnosis
Puerperal sepsis
Endometritis
UTI
Caesarean section wound infection
Episiotomy infection
Develop skill to diagnose and manage breast complications like breast engorgement, mastitis and breast abscess
Can detect thrombophlebitis
Can plan investigation for thrombophlebitis
Develop skill to plan management according to diagnosis

Pre-eclampsia and eclampsia

Learning Issue
Develop skill to obtain complete case based history from pre-eclampsia patient.
Performing the activity of focused and accurate clinical examination
Relate history and physical findings in order to establish diagnosis
Can plan appropriate investigations and interpret investigation reports:
- Bed side urinary protein
- Urinary total protein (UTP)
- Serum Uric acid
- Liver function test - bilirubin, ALT, AST, serum albumin, serum globulin, albumin globulin ratio
- Serum creatinine
- Coagulation profile
- USG - BPP, MBPP, AFI, EFW
- CTG
Develop skill to detect the cases of severe PE
Can monitor a patient with severe PE (maternal and foetal monitoring) in cases of conservative management
Can give MgSO4 in severe PE cases and monitor the patients
Can plan appropriate management of PE patient before, during and after delivery.
Can identify impending signs of eclampsia
Can diagnosis and manage a case of eclampsia
Can monitor a eclamptic patient
Can identify HELLP syndrome and other complications of severe PE
Can plan management of a patient with HELLP syndrome.
Can diagnose post Partum eclampsia and can manage the case

GDM and Pre-gestational diabetes

Learning Issue
Develop skill to obtain complete case based history and perform clinical examination of a patient with GDM
Can plan appropriate investigations and interpret the reports (Blood sugar, HbA1C, MSAFP, anomaly scan, foetal ECHO)
Can monitor blood sugar of a diabetic patient during pregnancy
Develop skill to monitor foetal condition in later part of pregnancy (Kick chart, CTG, BPP, MBPP)
Residency Program

Develop skill to identify any complications like Macroamia, polyhydramnios and other complications.
Can plan management of cases of GDM - mode of delivery, time of delivery, monitoring during delivery.
Can monitor patient during post Partum period.
Develop skill to manage neonatal cases and pre-gestational diabetes.

Gynaecology
Paediatric & Adolescent
Learning Issues:
Develop skill to obtain complete case based history from mother and focused clinical examination of children.
Can detect and plan management of patient with vulvovaginitis.
Can detect and manage a case of foreign bodies within the external genitalia.
Develop skill to diagnose and manage a case of labial adhesion.
Develop skill to detect genital injuries and plan appropriate management.
Can detect a case of precocious puberty.
Can plan appropriate investigation and interpret the reports to diagnose precocious puberty and plan management.
Can counsel parents having baby with precocious puberty.

Puberty, Delayed Puberty
Learning Issues:
Develop skill to obtain complete history and focused clinical examination of a patient with delayed puberty.
Can plan appropriate investigation and interpret to diagnose a case of delayed puberty.
Can plan management.
Can counsel parents having patient with delayed puberty.

Dysmenorrhoea, Menorrhagia
Learning Issues:
Can take appropriate case based history from a patient with dysmenorrhoea.
Develop skill to perform clinical examination according to age and fertility.

Can plan appropriate investigation and interpret the results.
Can plan appropriate management.
Can take complete history of a pubertal girl with menorrhagia.
Can plan management of a case of puberty menorrhagia.
Develop skill to counsel a girl having puberty menorrhagia.

Polycystic Ovary Syndrome
Learning Issues:
- Developing skill to obtain complete case based history, performing focused and accurate clinical examination of PCO patient.
- Can plan appropriate investigation and interpret the reports to diagnose a case of PCO.
- Biochemical – FSH, LH, free testosterone, fasting insulin, GTT USG/TVS.
- Can plan management of a patient with PCO according to symptoms.
- Develop skill to counsel a PCO patient.

Premenstrual Syndrome
Learning Issues:
- Develop skill to obtain accurate history and perform clinical examination to diagnosis a case or premenstrual syndrome.
- Plan investigations and interpret the reports.
- Develop skill to counsel and plan management.

Dysfunctional Uterine Bleeding (DUB)
Learning Issues:
- Develop skill to obtain complete history from a patient with DUB.
- Can perform appropriate clinical examination of a DUB patient.
- Can plan investigations according to patient age and interpret the investigation reports (CBC, USG, TVS, hormone profile).
- Plan management according to patient's age and parity.
- Develop skill to counsel a DUB patient.
Residency Program

**PID (Pelvic inflammatory disease)**

**Learning Issues:**
- Develop skill to obtain complete case based history and perform appropriate clinical examination of a patient with PID.
- Can plan appropriate investigations and interpret the results.
- Can manage a case of PID in out patient department.
- Develop skill to plan management of a case of acute PID.
- Plan management of a patient of chronic PID.
- Can identify a case of tubo-ovarian absence and plan management.
- Can detect a case of pelvic abscess and plan management.

**Pelvic tuberculosis**

**Learning Issues:**
Develop skill to obtain history
Can perform appropriate clinical examination
Plan investigation and interpret the reports (endometrial biopsy, Ziehl Neelsen stain of specimen for AFB, ADA)
Can plan management of a patient of pelvic TB
Can counsel the patient

**Ectopic pregnancy**

**Learning Issues:**
- Develop skill to obtain complete history form a patient to diagnose a case of ectopic pregnancy both ruptured & unruptured.
- Develop skill to perform focused clinical examinations
- Can plan appropriate investigation and interpret the results (USG, βHCG)
- Can identify a case of ruptured ectopic pregnancy
- Develop skill to resuscitate a case of ruptured ectopic pregnancy
- Develop skill to a manage a patient with ruptured ectopic pregnancy

- Can plan medical/surgical (laparoscopic) management a case of unruptured ectopic pregnancy.
- Develop skill to plan management a case of chronic ectopic pregnancy.
- Develop skill to counsel a patient with ruptured ectopic pregnancy and also about prognosis and future fertility.

**Ovarian tumour**

**Learning Issues:**
Can take appropriate history from a patient present with ovarian tumour
Can perform clinical examination of a patient having ovarian tumor
Can differentiate clinically between benign and malignant ovarian tumor
Can plan appropriate investigation and interpret the result to diagnose type of ovarian tumor:
  a. Ultrasonography
  b. Serum tumor markers
  c. Color Doppler
  d. CTscan
Can diagnose both benign & malignant ovarian tumor
Can plan management of ovarian tumor according to age and parity
Can counsel a patient having ovarian tumour before and after operation

**Molar Pregnancy and other GTD**

**Learning Issue:**
Develop skill to obtain complete case based history and focused clinical examination from a patient having Hydatidiform mole or other GTD
Develop skill to perform and interpret the different investigations for diagnoses of different types of trophoblastic diseases (USG, βHCG, X-ray chest)
Develop skill to manage a case of hydatidiform mole
Develop skill to select a patient who need chemotherapy
Plan for chemotherapy regimens for non-metastatic or low risk gestational trophoblastic disease.
Develop skill to plan follow up of a patient having Hydatidiform mole.
Counsel a patient about the diagnosis, management, prognosis, and follow-up
Genital Prolapse

Learning issues:
- Develop skill to obtain complete case based history and perform accurate clinical examination from a patient with genital prolapse.
- Develop skill to detect the degree of uterine prolapse and also cystocele, rectocele & enterocele
- Develop skill to detect other clinical conditions associated with prolapse (stress incontinence, complete perineal tear)
- Plan appropriate investigations those are necessary before a major surgery and interpret the results
- Develop skill to plan management of a patient with genital prolapse
  - Pre-operatively
  - Post operative period
- Develop skill to select patient who need Fothergill 's operation
- Develop skill to perform vaginal hysterectomy and repair of pelvic floor
- Develop skill to counsel the patient during discharge regarding
  - Diet
  - maintenance of person hygiene
  - bowel habit

Endometriosis

Learning issues

Develop skill to obtain complete history from a patient suffering from endometriosis
Perform focused clinical examination
Plan appropriate investigation and interpret the reports
Can plan management according to patients age, parity and future fertility
  - Expectant management
  - Medical management &
  - Surgical management (laparoscopic, laparotomy)
Residency Program

Missed abortion
Learning issues:
Can be able to define the condition and its underlying pathology
Develop skill to obtain history and perform clinical examination
Can be able to plan investigation with special attention to blood coagulation profile and be able to interpret the reports (USG, coagulation profile - BT, CT, platelet, fibrinogen, FDP, PT, APTT, D-dimer)
Can counsel regarding the condition and its complications.
Develop skill to manage a case of missed abortion.
Can counsel regarding future pregnancy.

Septic abortion
Learning Issues:
Can be able to understand the patho-physiology of the condition
Develop skill to obtain complete history and focused clinical examination of a patient with septic abortion
Can plan appropriate investigation with special attention to some investigations specific to that condition (USG, serum electrolyte, coagulation profile, serum creatinine, High Vaginal Swab culture, blood culture)
Develop skill to interpret the investigations and plan management
Can be able to anticipate the possible complications and plan management accordingly
Develop skill to counsel regarding the condition and its complications

Recurrent abortion
Learning Issues:
- Develop skill to obtain complete case based history and focused clinical examination of a patient having previous history of recurrent abortion.
- Can plan appropriate investigations and interpret the results to diagnose the cause of recurrent abortion (USG, HSG, anti-phospholipid Ab, ACL Ab, Blood sugar, TORCH panel, thyroid function)
- Develop skill to counsel the patient regarding the condition and its prognosis.
- Can plan management of recurrent abortion.

Fibroid
Learning Issues:
- Develop skill to obtain relevant history and perform clinical examination and be able to co-relate the different types of fibroid
- Can plan appropriate investigation and interpret to diagnose a case of fibroid.
- Can plan management both medical and surgical.
- Can develop skill to select patient for myomectomy.
- Can counsel the patient having fibroid.

Adenomyosis
Learning Issues:
Develop skill to obtain complete case based history and perform focused clinical examination
Can plan appropriate investigation along with special investigation like USG and color Doppler TVS scans and MRI and interpret to diagnose a case of adenomyosis.
Develop skill to differentiate adenomyosis from fibroid clinically
Can plan management
Can counsel the patients regarding the disease adenomyosis.

STD
Learning Issues:
- To have knowledge about the organisms responsible for causing different STDs (like Gonorrhea, syphilis, herpes, AIDS etc)
- To have knowledge about the underlying pathophysiology of each condition.
- Develop skill to obtain complete history and focused clinical examination of a patient having STDs.
- Develop skill to plan appropriate investigations and interpret the results to diagnose different STDs
- Develop skill to diagnosis and manage a patient with gonorrhea.
- Can detect and manage a case of syphilis.
- Can detect a case of lymphogranuloma venereum and plan appropriate management
- Develop skill to diagnosis and manage other STDs like
  - Genital herpes
  - Condyloma acuminata
  - Chancroid
- Can plan appropriate investigation and interpret the reports to diagnose a specific STD
- Can counsel a patient having STD.

**Vaginal and vulval infection**

**Learning issues:**
- Develop skill to obtain complete case based history and focused clinical examination.
- Can plan appropriate investigations and interpret the reports to diagnose a specific vaginal/vulval infection.
- Develop skill to diagnosis and manage a patient with candidiasis.
- Develop skill to diagnose and manage a case of trichomonas vaginialis.
- Develop skill to detect bacterial vaginosis and plan appropriate management.
- Can counsel the patients having vaginal / vulval infection.

**Hirsutism, Virilism**

**Learning issues:**
- Can be able to define the condition hirsutism /virilism.
- Can be able to understand the underlying pathophysiology of these specific conditions.
- Develop skill to obtain complete case based history and focused clinical examination.
- Develop skill to plan appropriate investigations (DHEAS, serum testosterone, SHBG, FSH, LH, ACTH, 17-OHP, MRI, CT scan of abdomen) and interpret the reports.
- Develop skill to diagnose the cause of hirsutism/virilism.
- Develop skill to plan appropriate management – medical and or surgical.
- Develop skill to counsel a patient having hirsutism /virilism.

**Chronic pelvic pain**

**Learning issues:**
- Can be able to understand the basic pathophysiology leading to this condition.
- Develop skill to obtain complete case based history.
- Develop skill to perform focused clinical examination with special attention to non-gynaecologic conditions leading to chronic pelvic pain.
- Can plan appropriate investigation & interpret the reports to diagnose a specific cause leading to pain.
- Can plan management accordingly.
- Can be able to counsel the patient having chronic pelvic pain.

**Menopause and climacteric**

**Learning issues:**
- Develop skill to obtain complete case based history and focused clinical examination of a post- woman having different menopausal problems (Hot flush, genito-urinary problem).
- Develop skill to plan appropriate investigations for a post-menopausal women.
- Develop skill to arrange appropriate investigations for diagnosis of osteoporosis.
- Develop skill to counsel a post-menopausal women for prevention of osteoporosis.
- Take proper steps for prevention of post-menopausal osteoporosis.
- Develop skill to diagnose different menopausal problems and manage women having menopausal syndrome like – hot flush, atrophic vaginitis, urinary problem.
- Counsel a women having menopausal symptoms.

**HRT**

**Learning issues:**
- Develop skill to take an appropriate history from a women with menopausal symptoms including contraindication of HRT and family history of breast cancer.
- Develop skill to perform focused clinical examination to assess a woman with post menopausal symptoms.
Develop skill to arrange and interpret appropriate investigation for diagnosis of menopause
Serum oestradiol
Serum FSH and LH
Develop skill to plan appropriate investigations before prescribing HRT.
Manage a case of menopause
Counsel a women regarding post-menopausal symptoms with psychological support.
Develop skill to institute dietary advice and modify HRT where appropriate.

**Urinary incontinence**

**Learning issues:**
Develop skill to obtain complete history from a patient with urinary incontinence.
Can perform complete clinical examination to diagnose a case of urinary incontinence.
Develop skill to diagnose different types of urinary incontinence clinically.
Develop skill to differentiate between GSI and urge incontinence clinically.
Develop skill to plan appropriate investigation & interpret the reports to diagnose a specific cause (Urinalysis, Urine culture, Cystourethroscopy, Multichannel cystometry, Uroflowmetry, Radiologic tests, Electromyography)
Develop skill to interpret urodynamic study.
Can prepare a patient for cystoscopy and cystourethroscopy.
Treat uro-gynecologic disorders by both nonsurgical (e.g., pelvic floor exercise regimens, physical therapy, pessary) and plan surgical methods.
Plan management of a patient with Stress incontinence.
Urge incontinence
Overflow incontinence and also Mixed incontinence.

**VVF**

**Learning issues:**
Develop skill to obtain complete history and perform focused clinical examination to diagnose VVF.
Plan investigations to diagnose and management of a VVF patient.
Develop skill to do EUA to confirm VVF and also to detect type, number, position, and underlying scar tissue of VVF.
Develop skill to plan management of a VVF patient.
Develop skill to do follow up a patient after VVF repair.
Can counsel during discharge about abstinence.
Future pregnancy and delivery follow up.
Can counsel about prevention of VVF.

**Family Planning**

**Learning issues:**
Selecting a proper contraceptive method for a client.
Elicit a pertinent history from a patient requesting information about contraception.
Perform a focused physical examination to detect findings that might influence the choice of contraception.
Interpret the results of selected laboratory tests that might influence a patient's choice of contraception.
Develop skill to introduce IUCD and remove it.
Can insert hormonal implant (Norplant and implanton).
Can do/perform tubectomy/vasectomy.
Counsel a couple for appropriate contraception.

**Benign breast diseases**

**Learning Issue:**
Develop skill to counsel a patient regarding CBE, SBE.
Develop skill to teach the patient to do SBE.
Develop skill to can formulate investigation and interpret the report to diagnose breast lump (USG, Mammogram, FNAC).
Residency Program

Develop skill to treat patient having breast pain and fibrocystic breast disease
Develop skill to refer a patient having fibro adenoma or breast cancer
Develop skill to counsel a patient having benign breast lump

Non-neoplastic epithelial disorder of vulva and vagina Learning Issue:

Develop skill to elicit a pertinent history in a patient with a suspected vulvar dystrophy, dermatosis or vulvar pain syndrome.
Perform a focused physical examination in a patient with a suspected vulvar dystrophy, dermatosis or vulvar pain syndrome.
Develop skill to perform and interpret the results of selected diagnostic tests to confirm the diagnosis of a vulvar dystrophy or dermatosis, for example:
- Colposcopy
- Vulvar biopsy
Develop skill to treat common vulvar dystrophies, dermatoses medically and plan surgical treatment.
Develop skill to plan follow-up for a patient with a vulvar dystrophy or dermatosis.
Develop skill to counsel a patient having non-neoplastic epithelial disorder of vulva and vagina including the risk, if present, for malignant change.