THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY

No. 69, ANNA SALAI, GUINDY, CHENNAI – 600 032.

M.D. / M.S.

POST GRADUATE DEGREE COURSES

SYLLABUS AND CURRICULUM

2021 - 2022

M.S. OBSTETRICS & GYNECOLOGY

THE TAMIL NADU Dr. M.G.R MEDICAL UNIVERSITY, CHENNAI

MS OBSTETRICS & GYNECOLOGY

1. GOALS

The goal of MD course in Obstetrics & Gynaecology is to produce a competent Obstetrician & Gynecologist who:

1. Recognizes the health needs of adolescents, females in reproductive age group & post-menopausal females
2. Is competent to manage the pathological states related to reproductive system with relevant knowledge of Anatomy, Physiology, Biochemistry, Pharmacology, Pathology, Microbiology and Virology.
3. Is aware of contemporary advances & developments in the field of maternal health & other related issues.
4. Is Oriented to the principles of research methodology and epidemiology
5. Has Acquired the basic skills in teaching of the Medical and Paramedical Professionals.

2. OBJECTIVES

A postgraduate resident should be able to achieve objectives in the following domains:

A. KNOWLEDGE

1. Learn the basics of the subjects of Obstetrics and Gynaecology, covering all conditions likely to be met in obstetric practice in our country.
2. Provide effective prenatal care depending on the clinical condition of the mother, including nutrition, immunization and risk assessment.
3. Learn in greater detail about common problems like hypertension complicating pregnancy, intrauterine growth restriction, cephalopelvic disproportion, obstructed labour and puerperal sepsis.
4. Appreciate the indications and methods of induction of labour.
5. Acquire thorough knowledge of gynaecologic conditions of public health importance such as cancer cervix and other gynaecological diseases likely to affect pregnancy.
6. Gain knowledge of other branches of medicine which are relevant to Obstetrics and Gynaecology with special stress on diabetes mellitus, hypertension, cardiac disease, anaemia, lower urinary tract disorders and medical and surgical causes of acute abdomen.
7. Aware of medico-legal aspects of practice of Obstetrics and Gynaecology.

8. Able to diagnose and manage normal pregnancy, labour and puerperium and recognize any departure from normal in the above.
9. Able to competently manage cases of abortion, spontaneous and induced, including ectopic gestation and gestational trophoblastic diseases.
10. Diagnose and manage preterm labour and assess the fetal well being, maturity and birth weight and to use that information in deciding the obstetric management.
11. Develop decision making skills by utilizing the clinical and laboratory data.
12. Able to diagnose and manage acute abdomen, haemorrhage in Obstetrics & Gynaecology and other emergencies i.e. eclampsia.
13. Able to medically treat common gynaecologic diseases specially using
    i) Antibiotics
    ii) Hormone therapy including contraception
    iii) Ovulation inducing agents
    iv) Antineoplastic drugs
14. Understand the need for common obstetric operative interventions i.e. episiotomy, forceps, ventouse, caesarean section, dilatation and evacuation etc.,
15. Understand the importance of population control, contraception and different methods of contraception.
16. Understand the physiology of menstruation and manage common menstrual abnormalities.
17. Identify common adolescent and paediatric gynaecological problems and their management.
18. Learn common causes of infertility and their management and assisted reproductive techniques.
19. Acquire knowledge about common gynaecological problems like leucorrhoea, sexually transmitted infections, displacements, fibroid, endometriosis etc.,
20. Learn about screening and diagnosis of gynaecological malignancies including that of the breast.
21. Acquaint oneself with common gynaecological operative procedures.
22. Learn the proper method of handling data and presenting statistics in a scientific and orderly fashion in seminars, symposia and papers.
23. Utilise journals and reference works effectively.

B. ATTITUDE

1. Appreciate the fact that women and children are especially a vulnerable group respectful maternity care as regards health problems.
2. Appreciate particularly the problem of patients of advanced and terminal disease and to develop a sympathetic attitude to them and their relatives.
3. Understand the psychological aspects of gynaecologic diseases in general and infertility and unwanted pregnancy in particular.
4. Develop the ability to view the patient's condition in a wider social perspective and to adjust therapy to suit her social and financial reality.
5. Understand the importance of good medical care in preventing most of the morbidity and mortality in Obstetrics and Gynaecology.
6. Develop skills to communicate with patients and their relatives and to elicit a thorough history and explain regarding investigations & management.
7. Understand that Obstetrics and Gynaeclogy form a hotbed for ethical issues and follow necessary precautions needed for an ethical practice.

C. SKILLS

1. Able to select cases for the following Obstetric procedures and able to perform them independently and confidently:
    i. Lower segment caesarean section including cases of obstructed labour and malpresentations.
    ii. Outlet and low forceps delivery
    iii. Vacuum extraction
    iv. Assisted Breech Delivery
    v. External cephalic/internal podalic version
    vi. Manual removal of placenta and exploration of uterine cavity.
    vii. Management of atonic and traumatic postpartum haemorrhage.
    viii. Post-partum IUCD insertion.

2. Able to perform safe and effective medical termination of pregnancy up to 20 weeks of gestation using methods of
    i. Suction Evacuation / MVA
    ii. Dilation and Evacuation
    iii. Extra amniotic instillations & other newer methods like medical abortion

3. Able to perform the following gynaecological surgical procedures:

   i. D & C / FC, Menstrual Regulation

   ii. Polypectomy

   iii. Minilap tubectomy

   iv. Vaginal Hysterectomy with pelvic floor repair

   v. Abdominal Hysterectomy for 'Straight-forward' cases

   vi. Salpingectomy for ectopic pregnancy, Salpingo-ovariotomy

   vii. Amputation of Cervix/Manchester repair / Conisation

   viii. Ovarian cystectomy

   ix. Myomectomy

4. Able to competently assist in the following:

   i. Gynaecological Oncology surgery

   ii. Gynaecological-urology surgery

   iii. Tubal microsurgery

   iv. Caesarean Hysterectomy

   v. Hysterectomy in difficult cases

   vi. Minilap tubectomy, laparoscopic sterilization

   vii. Diagnostic laparoscopy/Hysteroscopy

   viii. Colpocentesis/ colpotomy, laparotomy for septic abortion

   ix. Cervical encerclage

5. Able to manage the post-operative and intra-operative complications.

6. Able to assist / perform the following investigations:

i) Obstetric Ultrasonography for

- pregnancy dating
- Early pregnancy bleeding
- Antepartum haemorrhage
- Biophysical profile
- fetal anomalies
- To read and interpret Obstetric Doppler of feto-placental circulation

ii) Gynaecological USG for adnexal mass& follicular monitoring

iii) Hysterosalpingography / sonohysterosalpingography

iv) Colposcopy

v) Cystoscopy

7. Able to resuscitate an asphyxiated newborn by emergency measures and recognize signs requiring referral of a baby for specialized care.

3. COMPONENTS OF THE POSTGRADUATECURRICULUM

- ***Theoretical Knowledge*** –(Ref A – KNOWLEDGE' under 'OBJECTIVES')

- ***Practical and Clinical Skills*** – Refer 'C – SKILLS' under 'OBJECTIVES'

- ***Writing Thesis/Research Articles***

All students will have to carry out a research program and bring out a dissertation (thesis).

Students are encouraged to attend CMEs, publish research papers and present posters, or platform presentations at State, National and International conferences.

- ***Attitudes including Communication Skills***

1. Appreciating Diversity
2. Conflict Management
3. Listening – Attention to detail
4. Are you really listening ? – Picking up non-verbal cues
5. Lost in translation – Communication within the team
6. Case Scenario
    - **a.** Angry patient
    - **b.** Dealing with error made by college
    - **c.** Breaking bad news
    - **d.** Facilitating HIV status – disclosure to the patient and spouse
7. Respect to pregnancy and empathy towards malignant patients

- ***Training in Research Methodology, Medical Ethics/Bioethics and Medico-legal aspects .***

Students should compulsorily attend the research Methodology workshop conducted by the University within the first six months of the M.S course.

Students are encouraged to attend workshops/CMEs on Bioethics conducted by the University and other reputed Institutions.

Medical ethics, moral and legal issues are part and parcel of the curriculum and syllabus

ETHICAL DILEMMAS IN OBSTETRICS AND GYNAECOLOGY

A. At the beginning of life .

- Abortion - how do you make a legal / ethical decision taking into consideration all the laws and regulations, rights of the unborn child and the health of the mother.
- Infertility – Ethical issues of Assisted Reproductive Technologies – Donor programmes
    - Gamete cryopreservation
    - Embryo cryopreservation
    - Fertility preservation
    - Future of excess embryos

B. Contraception
- Autonomy of the individual
- Right to refuse
- Ethical issues of sterilisation being offered as a form of contraception

C. Counselling of parents with disease affected fetus.

A very difficult task in the event of diagnosis of conditions like Thalassemia, Haemophilia, Dows syndrome.

D. Ethical concerns of emerging medical technologies like Primplantation Genetic Diagnosis for recurrent pregnancy loss and stem cell therapy.

E. Decision making process for surgery

Tubal recanalization – a multipara requesting the surgery in the hope of having a male baby.

Surgery for Gynaeoncological condition, knowing very well it does not improve quality of life.

4. THEORY SYLLABUS

OBSTETRICS& NEONATOLOGY

I. MATERNAL ANATOMY

1. Anatomy of pelvis
2. Embryogenesis
3. Development of placenta.
4. Anatomy of fetus, fetal growth & development, fetal physiology & circulation

1. ANATOMY OF PELVIS

Boundaries of Pelvis, Planes and diameters of Pelvis , Diameters: a) Inlet b) Midcavity c) Outlet d) Types of Pelvis: Gynaecoid, Android, Anthropoid, Platypelloid, difference between male and female pelvis, clinical significance of various types of pelvis eg: Android - failure of rotation and deep transverse arrest.

2. EMBRYOGENESIS

Gametogenesis:

Oogenesis, Ovulation, Implantation, Trophoblast formation - cytotrophoblast and syncytiotrophoblast formation, Decidua formation – decidua basalis, decidua capsularis, decidua parietalis, Chorion and chorionic villi – chorion and amnion, syncytiotrophoblast, primary stem villi, Structure of mature spermatozoa, Biology of Trophoblast, Embryology applied to in-vitro fertilization.

3. Development of planceta:

Structure of placenta – amniotic membrane, chorionic plate, basal plate, intervillous space and stem villi.

Placental circulation – Placental membrane (barrier) – no mixing of maternal and fetal blood.

Fetoplacental circulation – two umbilical arteries and one umbilical vein. Function of the placenta – Transfer of nutrients, production and metabolism of hormones, barrier function, immunological function.

Haemodynamics of fetal circulation – Maternal

Placental Hormones – Human Chorionic gonadotrophin, ACTH, Relaxin, PTH- Rp, Growth Hormone Variant (hGH-V), GnRH, CRH, Leptin, Neuropeptide Y, Inhibin and Activin

4. ANATOMY OF FETUS, FETAL GROWTH DEVELOPMENT

a) Events of Fetal Development: Eg. 4-6 weeks limb buds, optic vesicles, 8 to 12 weeks external genitalia, 14 to 21 days Notochord, Neural plate. 21 to 28 days Neural tube, cardiac chambers, 36 weeks descent of one testis, 40 weeks descent of both testicles.

b) Fetal Physiology

Fetal nutrition, fetal haemotopoiesis, urinary system, skin, gastro-intestinal tract, respiratory system, endocrine system.

c) Fetal Circulation

Changes in fetal circulation at birth : closure of umbilical arteries, lateral umbilical ligaments & superior vesical arteries. Closure of umbilical vein – ligamentum teres.Ductus venosus – ligamentum venosum, ductus arteriosus 1-3 months of birth, foramen ovale – 1 year of birth.

II. MATERNAL PHYSIOLOGY

I. MATERNAL CHANGES DURING PREGNANCY

i) Changes in genital tract
ii) Hematological changes
iii) Metabolic changes
iv) Cardiovascular system
v) Respiratory system
vi) Gastrointestinal system
vii) Urinary system
viii) Endocrine system

III. PRENATAL CARE

1. Diagnosis of pregnancy
   - In first, second and third trimesters
   - Details of symptoms and signs of pregnancy
   - Pregnancy tests
   - Details and accuracy
   - Details of dating of pregnancy with ultrasound
2. Details of Downs Screening
   - Nuchal thickness on ultrasound
   - Pros and cons of Downs screening
   - First trimester morphology
   - NIPT – Non invasive prenatal testing
3. Lab investigation in pregnancy
   - Rationale for these tests
   - OPT In / OPT Out screening for HIV
   - Role of urine culture, TSH
   - Screening for gestational diabetes
   - Role of Group B hemolytic streptococcus screening
   - Immunization – recommended vaccines, contraindicated vaccines

4. Assessment of risk factors
   - Relevant history

5. Morphology ultrasound
   - Commonly diagnosed anomalies
6. Examination
   a) General – accurate BP measurement, Importance of examining spine, gait, thyroid and breast
   b) Obstetric – symphysiofundal height (metrogram) charts, abdominal grips, pelvis assessment at term.
7. Drugs prescribed in pregnancy
   - Common drugs contraindicated in pregnancy
   - Teratogenicity of drugs.

8. Prenatal advice to women
   - Nutrition in pregnancy
   - Tips to expectant mothers.
9. Antepartum fetal surveillance
   - Use of ultrasound
   - Non stress test

IV. PHYSIOLOGY OF LABOUR AND PURPERIUM

Causation and stages of labour, role of hormones in labour,
Physiological and biochemical processes regulating parturition and induction of labour

a) MECHANISM OF LABOUR
- Cervical ripening, uterine distension, cardinal movements

b) CONDUCT OF NORMAL LABOUR
- Diagnosis of labour , management of 1^{st} stage, management of 2^{nd} stage, management of 3^{rd} stage, drugs to prevent and treat PPH

c) INTRAPARTUM SURVEILLANCE
- Fetal surveillance, surveillance of uterine activity, PRAMS – post partum pregnancy risk assessment monitoring system, maternal early warning systems.

d) NORMAL PURPERIUM

Changes in the genital tract, uterus and other systems, lactation, care of puerperium. Changes in the Genital tract & other systems, Changes in the uterus –involution and lochia, Lactation, Colostrum Physiology of lactation, Care of thePuerperium Ambulation, bowel & bladder care, Breast, perineal care, Postpartum follow-up care.

PRAMS Postpartum - Pregnancy risk assessment monitoring system, Maternal early warning systems

V. **COMPLICATIONS OF PREGNANCY**

- Early pregnancy complication
- Anaemia in pregnancy
- Hypertensive disorders of pregnancy
- Antepartum haemorrhage
- Preterm labour
- Intrauterine growth restriction
- Prolonged pregnancy
- Multiple pregnancy
- Rhesus isoimmunisation

EARLY PREGNANCY COMPLICATIONS

Hyperemesis gravidarum, types of abortions, gestational trophoblastic disease, algorithm for evaluation, expectant management, staging and prognostic scoring, novel serum markers – VEGF, Creatine kinase

Ectopic pregnancy – Types, risk factors, clinical features, investigations. Management – Medical, Surgical, conservative, algorithm for evaluation in expectant management.

ANAEMIA IN PREGNANCY

Iron deficiency, Folic acid & vitamin B12 deficiency, hemoglobinopathies, effects, investigations. Management – – iron therapy, oral and parenteral,
blood transfusion, management of labour.

HYPERTENSIVE DISORDERS OF PREGNANCY

Classification, pathogenesis, preeclampsia, investigations, Predictive Test, Prediction models for preeclampsia (combination of biochemical, biophysical components and history) Chronic hypertension, HELLP syndrome, prophyaxis, management, role of uterine artery, umbilical artery, middle cerebral artery, ductus venosus , doppler in the management of preclampsia.
HYPITAT trial, CHIPS trial,

ANTEPARTUM HAEMORRHAGE

Definition, differential diagnosis, Abruptio placentae, causes for maternal mortality, placenta previa – types and management. Internal iliac artery ligation (Use of stepwise devascularization)

PRETERM LABOUR

Etiology, Management – corticosteroids, tocolytics, preterm (PPROM) premature rupture of membranes, diagnosis, management, antibiotics, corticosteroids, Rescue therapy, atosiban, nitric oxide donors, Pros and Cons of prophylactic, therapeutic and emergency cervical cerclage, role of progesterone therapy, tocolysis, magnesium sulphate – neuro protection before 32 weeks.

FETAL GROWTH RESTRICTION

Definition, types, etiology, diagnosis, assessment and management, Ponderal Index , Doppler – middle cerebral artery, uterine artery doppler. TRUFFLE, GRIT, DIGITAT studies.

PROLONGED PREGNANCY

Definition, etiology, diagnosis and management, evaluation, modes of induction of labour.

MULTIPLE PREGNANCY
Incidence, varieties, presentation, course of pregnancy, diagnosis, complications, management of labour. Complications of monochorionic twins, Acardiac Twin (TRAP) sequence, Twin-Twin transfusion syndrome (TTTS). TAPS (Twin anemia polycythemia sequence), Selective reduction - LASER

RHESUS ISOIMMUNISATION
Factors influencing Rh immunization, Management of RH-immunised pregnancy. Non-invasive tests – MCA, PSV, Marie graph.

VI. MEDICAL DISEASES COMPLICATING PREGNANCY

a) Diseases of the cardiovascular system
b) Maternal infections during pregnancy
c) Diabetes in pregnancy
d) Tumors of the uterus and adnexa
e) Surgical emergencies during pregnancy
f) Liver diseases in pregnancy
g) Diseases of urinary system

DISEASES OF THE CVS
Changes in the CVS system, types – congenital and rheumatic, functional grading – New York Heart Association, management during pregnancy, labour and puerperium, Prosthetic valves, Use of anticoagulants, Timing of anticoagulants, Complications in women with prosthetic valves.

MATERNAL INFECTIONS DURING PREGNANCY
TORCH infections, Sexually transmitted diseases, HAART therapy, other infections

DIABETES IN PREGNANCY
White's classification, pathophysiology, diagnosis, risk factors management – Diet, insulin, obstetric management, neonatal management, pregestational diabetes, GDM screening, use of oral hypoglycemics in pregnancy. HAPO trial, ACHOIS, IADPSG Recommendations, Oded Langer et al., N Engl J Med 2000, MiG Trial NEJM.

TUMOURS COMPLICATING PREGNANCY
Fibroids, ovarian tumours and carcinoma cervix, effects and management, chemotherapy in pregnancy,

SURGICAL EMERGENCIES
Acute appendicitis, intestinal obstruction, MANTRELS score.

LIVER DISEASES
Intrahepatic cholestasis – Use of ursodeoxycholic acid, AFLP, viral hepatitis, HELLP syndrome

DISEASE OF URINARY SYSTEM
Asymptomatic bacteriuria, acute renal failure, rational use of antibiotic therapy

VII. NEW BORN

a) Resuscitation of new born
b) Respiratory distress and neonatal sepsis
c) Neonatal jaundice
d) Neonatal problems and their management
e) New born screening

NEW BORN
Resuscitation of the new born, neonatal sepsis, neonatal problems and the management, birth trauma

VIII. ABNORMAL LABOUR
Malpresentation, Dystocia, cephalo pelvic disproportion, Cardiotocograph findints. Categorization of cardiotocography – category 1,2,3

IX. THIRD STAGE COMPLICATIONS
Postpartum haemorrhage-etiology, predisposing factors, management, retained placenta, inversion of uterus, injuries to the parturient canal, rupture of the uterus, puerperal infection, venous complications, genital tract infections, mastitis and breast abscess, B-lynch suturing , internal iliac artery ligation, uterine tamponade – condom and Bakri balloon, stepwise devascularization, angiographic embolization, pelvic umbrella pack.

OBSTETRIC PROCEDURES
Forceps, Vacuum extractor, external cephalic version, internal podalic version, caesarean section, induction of labour, complications.

ULTRASOUND : Early pregnancy – diagnosis, dating, viability, multiple pregnancy, congenital anomalies, estimation of gestational age, fetal growth, fetal weight, liquor volume, fetal well being, Doppler.

FAMILY PLANNING
X. Demography and population dynamics
XI. Contraception
XII. Emergency contraception
XIII. Recent `advances in contraception

XIV. **DEMOGRAPHY AND POPULATION DYNAMICS**
Population dynamics, factors involved, magnitude of the problem, impact of increased population. Vital statistics, maternal morbidities, perinatal mortality, early and late neonatal death.

XV. CONTRACEPTION
Temporary methods – Barrier methods : Condoms, diaphragm, chemical sponge(Today), natural contraception, IUCD, steroidal contraception, Oral – OCP, triphasic combined pills, mini pill, Newer OCPs, Parenteral – DMPA, NETO, Implants – norplant 1,2, Capronor, Silasticvaginal rings, Skin patches, Centchromin. Permanent methods : vasectomy, tubectomy, laparotomy, minilap, hysteroscopy, vaginal route.

EMERGENCY CONTRACEPTION
OCP, estrogen, levonorgesterol, mifepristone, centchroman, GnRH agonist, prostaglandins

MEDICAL TERMINATION OF PREGNANCY
MTP Act, grounds for performing MTP

RECENT ADVANCES, NEW DEVELOPMENT, FUTURE RESEARCH WORK IN CONTRACEPTIVE TECHNOLOGY
Immunological methods, male contraceptive

ETHICS IN OBSTETRICS & GYNAECOLOGY – MEDICO LEGAL ISSUES
PCPNDT Act – Preconceptionally and prenatal diagnostic test act MTP Act
Fetal Anomalies – Decision regarding termination or continuation
Multiple Pregnancy – advice regarding fetal reduction
Modern O&G – Regarding ART – Eg. Removal of both ovaries for benign condition in the younger and middle age group women do not warrant removal of a normal uterus – Details Consent
Consent forms for obstetric emergencies
Consent forms for sterilization eg. For lap sterilization
Conduct and training in conducting maternal and perinatal death audit.

MEDICO LEGAL ISSUES

- MTP Act
- PCPNDT Act
- Litigation for poor outcome, complications
- Importance of complete documentation
- Litigation after sterilization failure

  A. Permanent sterility B. Failure – 1% of patients conceive after sterilization C. May be converted to open surgery in the presence of unexpected problems, technical (or) Otherwise

  For planned procedures &Laparotomy, if one is doing any procedure other than for which the consent was previously obtained, the surgeon or the Assistant must explain and get the consent for present procedure during the surgery itself.

  Special Consent :Jehovah's witness, Mentally challenged, Unmarried, Medico legal cases.

OBSTETRIC ANAESTHESIA & ANALGESIA NERVE

SUPPLY OF FEMALE GENITAL TRACT
Sympathetic & Para sympathetic nerve supply of the female genital tract & its applied anatomy.

PHYSIOLOGY OF PREGNANCY
Physiological changes in pregnancy

PHARMACOLOGY
Pharmacology of drugs used in Obstetrics, Placental transfer of drugs.

LABOUR ANALGESIA
Various methods of pain relief in labour-.Pharmacological & Non-pharmacological methods, labour epidural analgesia.

ANAESTHESIA FOR OPERATIVE OBSTETRICS
GA, Spinal and epidural anaesthesia for LSCS surgery

ANAESTHESIA FOR LAPAROSCOPIC SURGERY
Anaestheticimplications of GA for Laparoscopic surgery

STATE HEALTH PROGRAMS/POLICIES GYNAECOLOGY

I ANATOMY
Vulva, vagina, uterus, and cervix, fallopian tubes, ovaries, ureter, pelvic musculature, blood supply of genital organs, ovarian artery, uterine artery, vaginal artery, arteries of the vulva and perineum, lymphatic system, inguinal glands, parametrial glands, external iliac glands, common iliac, sacral groups, lumbar group, nervesupply- sympathetic & para sympathetic. Branches of the internal iliac and external iliac vessels, ligaments of the pelvis and supports of uterus

NORMAL HISTOLOGY
Ovary, cortex, Graffian follicle, corpus luteum, endometrium- proliferative phase, secretary phase, menstruation, vaginal epithelium – physiological changes.

II PHYSIOLOGY OF OVULATION AND MENSTRUATION
Hypothalamus, pituitary, ovary, estrogen, progesterone, physiology of ovulation, physiology of menstruation, Hormonal levels in different phases of menstrual cycle, neuro endocrine control of menstruation, role of prostaglandins.

III DEVELOPMENT OF FEMALE GENERATIVE ORGANS
Urogenital Sinus and external genital organs, primitive urinary system, lower end of Mullerian duct, external genital organs, development of ovary.

MALFORMATIONS OF THE FEMALE GENERATIVE ORGANS
Development of female generative organs, the urogenital sinus and the external genital organs, development of ovaries, Mullerian duct anomalies, developmental defects of the urogenital sinus, malformations of the rectum and anal canal, congenital rectovaginal fistula, Wolffian duct anomalies, renal tract anomalies.

IV GYNAECOLOGICAL DIAGNOSIS
History taking, menstrual history, obstetric history, physical examination, general examination, abdominal examination, gynaecological examination, speculum examination, pap smear, vaginal examination, rectal examination, investigations, preoperative investigations, Papanicolaou Test-classification(WHO/SIL Bethesda), Liquid based cytology, Cytohormonal Evaluation (Karyopyknotic index(KPI)),Uterine Aspiration cytology,Colposcopy, Endometrial Biopsy,HormonalAssays,Ultrasonography, Others(CT,MRI, HSG),Gynaecological Endoscopy, Aspiration of Pouch of Douglas

V PAEDIATRIC AND ADOLESCENT GYNAECOLOGY
Pediatric Gynecology, Anatomy, Physiology, genitourinary system of Neonate, Congenital Anomalies, Infection, Tumors, Puberty & Adolescent Problems, Pubertal changes, Management, Precocious Puberty, Delayed Puberty, Oligomenorrhoea, Puberty Menorrhagia, Dysmenorrhoea, Vaginal Discharge, Acne, Unwanted Pregnancy,Tanner& Marshal staging, Neuro endocrinologic control of puberty.

VI DISORDERS OF MENSTRUATION

Menstrual cycle irregularities - Introduction, Definitions, Amenorrhoea, Primary – Classification, Etiology, Management, Secondary amenorrhoea - Etiology, Investigations, Oligomenorrhoea and hypomenorrhoea, Polymenorrhoea, Metrorrhagia, Dysmenorrhoea- Definition,etiology,types,varieties, Clinical features, investigations, Treatment, Premenstrual tension syndrome-Introduction, Etiology, Clinical features, Diagnosis, Treatment.

VII MENORRHAGIA AND DYSFUNCTIONAL UTERINE BLEEDING

Menorrhagia - Causes, General diseases, Local pelvic causes, Endocrine disorders- thyroid dysfunction, Contraceptives, Iatrogenic, Investigations, Management, General measures, Treating the cause, SERM(Ormeloxifene), PALM COEIN classification,

DYSFUNCTIONAL UTERINE BLEEDING

Definition, Pathogenesis, classification-ovulatory,anovulatory, pubertal menorrhagia, metropathiahemorrhagica-pathological anatomy, irregular shedding, irregular ripening, diagnosis, treatment, conservative, medical &surgical, medical therapy- OCP, progestogen, danazol, NSAID,antifibrinolytics, GnRH analogue,MIRENA IUCD, Surgical- Curettage, Minimal invasive surgery, Hysteroscopic endometrial ablation(TCRE), Radiofrequency induced thermal endometrial ablation(RITEA), Cavaterm balloon therapy, Microwave endometrial ablation(MEA), Uterine tamponade, Endometrial laser intrauterine, thermotherapy(ELITT), Bilateral uterine artery embolization, Hysterectomy-Abdominal, Vaginal, Laparoscopic, LAVH. Von Willebrands disease, and other bleeding dyscrasias.

VIII FIBROMYOMA OF UTERUS AND UTERINE POLYPS AND ADENOMYOSIS

Fibromyoma types— intramural,submucous,subserous .Symptoms – menstrual disorders, infertility, pain, pressure symptoms,Complications, Degeneration, Torsion, Inversion, Infection, Treatment, Medical –GnRH analogues, danazol, mifepristone,surgery: Myomectomy—abdominal / vaginal / hysteroscopic / laparoscopic; Hysterectomy — ransabdominal/vaginal/LAVH/laparoscopic, Uterine artery embolization, uterine polyps, Endometrial polyp, Placental polyp, Management, Cervical fibroid.

IX ENDOSCOPY IN GYNAECOLOGY

Laparoscopy - Indications for Laparoscopy, Diagnostic laparoscopy, Operative laparoscopy, General indications, Other indications, Technique of laparoscopy, Complications, Hysteroscopy- Technique, Diagnostic indications, Therapeutic indications, Distension media in hysteroscopy, Contact hysteroscopy, Complications of hysteroscopy, Late complications, Salpingoscopy and Falloposcopy, Colposcopy, Indications, Therapeutic, Technique of Colposcopy, Colposcopic findings, Abnormal findings, Colpomicroscopy, Extragenital Endoscopy, Fluid Management, Hysteroscopy, Endometrial Ablation.

X GENITAL PROLAPSE

Supports of genital tract, Dancey 3 levels of support, Etiology, POP-Q classification of prolapse , Birth injuries, menopause, Classification of Prolapse- Anterior vaginal wall, Posterior vaginal wall, Uterine descent, Procidentia, Symptoms of prolapse, Investigations, Differential diagnosis, Anterior vaginal wall cyst, Chronic uterine inversion, Congental elongation of cervix, Complications of Prolapse, Prophylaxis & Management, Conservative-pessary, Surgery, Vaginal hysterectomy, Anterior & Posterior colporrhaphy&Colpoperineorrhaphy, Fothergills repair, Abdominal sling surgery, Vault prolapse, Recurrent prolapse, Details of Sling Surgeries – Abdomino cervicopexy, Pelvic reconstructive surgery, Synthetic materials, Biological Materials, New system, (Intra vaginal sling plasty, Apogee, Perigee),

XI DISEASES OF URINARY SYSTEM

Common Urinary Malfunctions 1.Acute Retention of Urine- Causes, Management 2.Chronic retention- Causes, Management 3.Retention of Urine due to retroverted gravid uterus, Management 4.Urethral Syndrome 5.Difficult Micturition 6.Painful Micturition 7. Increased Frequency of Micturition 8.Incontinence of Urine 9.Cystitis-Micro Organisms, Mode of spread, Symptoms, Diagnosis, Treatment ,Diseases of the female urethra, Urethritis, Urethral caruncle.

Urethral prolapse, Urethral Diverticulum, Urethral Stenosis, Urinary Fistulae, Genital Fistulae, Definition, Etiology, Anatomic Classification of Urinary Fistulae, Clinical Features
- Investigations, Management, Latzko Procedure, Chassar Moir technique, Vaginal/transvesical / transabdominal Approach, ileal loop bladder, Postoperative Management - Ureteric fistulae, Causes, Diagnosis, Management-Percutaneous nephrostomy, Cystoscopic catheterization & stenting, Boari-flap operation, Ureteroneocytostomy, Urethrovaginal Fistula, Stress urinary incontinence, Mechanism of Female Urinary Incontinence - Genuine stress incontinence, Urge incontinence, Clinical Evaluation, Investigations, Stress test, Cotton swab stick test, Marshall and Bonney's test, Urethroscopy, Urodynamic evaluation, MRI studies, Treatment-Conservative, Surgical, Vaginal/Abdominal/combined Approach, Complications, Outcome following surgical repair, Detrusor instability-Etiology, Pathophysiology, Symptoms, investigations,Treatment. Physiology of micturition, Pregnancy & urinary problems, Urodynamic studies, cystoscopy. Burch Colposuspension, Tension free vaginal T-tape, Injectable Bulking agents, Botox Injection, Augmentation cystoplasty, Neuro Modulation.

XII SEXUALLY TRANSMITTED DISEASES

Condylomata acuminata, Genital ulcers, Genital Herpes, Chlamydia, syphilis, gonorrhoea, LGV,granulomainguinale, Human Immunodeficiency Virus.

XIII PELVIC INFLAMMATORY DISEASE

Etiology, Pathological Anatomy, Stages of PID, Clinical criteria for diagnosis of PID, Acute/chronic Signs & Symptoms, Differential diagnosis, Treatment, Acute PID- Medical/Surgical/ Minimal Invasive Surgery, Chronic PID-Surgery Laparoscopic/Hysteroscopic/Conservative Surgery, Prophylaxis Against PID, Actinomyces PID, Tuboovarian mass, CDC guidelines for treatment of PID.

XIV TUBERCULOSIS OF GENITAL TRACT

Primary sources of infection, mode of spread, Bacteriology, Pathology, TB Fallopian tubes-Exosalpingitis{tobacco pouch appearance and Frozen pelvis} and endosalpingitis, Symptoms of TB genital tract. Infertility, menstrual disorders, fistula
Formation, Investigation, Treatment of genital TB.

DISEASES OF VULVA AND VAGINA

VULVA - Benign conditions, Atrophy, Dystrophies-Histological classification and clinical Features, Cysts and neoplasms-Bartholin's cyst.

Vagina - Leucorrhoea, Infections-Gonococcal, trichomonas, monilial, chlamydial, bacterial vaginosis, Vaginitis-Senile vaginitis, Secondary vaginitis, Cysts, Gartner's cyst,Vulval infections, clinical features, diagnosis & management.

XV MENOPAUSE AND POST MENOPAUSAL BLEEDING

MENOPAUSE – Definition, Hormonal changes, Anatomical changes, Symptoms, menstrual, neurological, genitourinary tract, Investigations-PAP smear. Management- Hormone replacement therapy-estrogen, progestogen, raloxifene; soya, bisphosphonates,

Post menopausal bleeding-Definition, etiology, investigations-USG –Endometrial thickness, Fractional curettage, endometrial sampling, hysteroscopic biopsy, management, estrogen transdermal patch, HRT and bone mineral density.

XVI INFERTILITY

Issues involved, Male infertility - Spermatogenesis, Endocrine control, pathology, Etiology, Investigations, History, General & Local Examination, Special investigations -Semen analysis hormone assay, testicular biopsy, Immunological test, Patency of vas, Chromosomal study, Management - Education, substances abuse, correct endocrinopathies, surgical, antibiotics, Hormones (HCG, Testosterone, GnRH) Sildenafil, artificial insemination,Intra uterine insemination.

Management of azoospermia - ICSI, TESA, PESA, MESA,TESTICULAR BIOPSY

Psychological considerations

Female infertility: Etiology, Investigations, History, examination, special investigations, Tests for tubal patency(HSG, Laparoscopic chromotubation, SSG) Management of Tubal infertility Tubal microsurgery(tuboplasty), Laparoscopic tubal adhesiolysis, fimbrioplasty, IVF,Tests for Ovulation - BBT, endometrial biopsy, fern test , USG, Hormonal study, Management of anovulation -Ovulation induction drugs, Gonadotrophins, Dexamethasone, laparoscopic drilling. Management of Peritoneal disorders, Endometriosis, unexplained infertility, Ovarian reserve tests: FSH, AMH, AFC. Legal aspects of ART: ART bill ; ICMR regulations,Post coital test (Sims test) Sperm penetration test, Y deletion genetic tests, CFTR testing.

IVF TECHNIQUES (Indications, complications), GIFT,ICSI, Epididymal aspiration. Newer modalities - Hysteroscopy, Falloposcopy, ampullary and fimbrialsalpingoscopy, Laparoscopy for endometriosis. ART (indications, types)

Recent advances in infertility: Pre-implantation genetic testing (PIGT) and Diagnosis.

ENDOMETRIOSIS

Etiology, Genetic factors, Mutation, Aneuploidy, Immunological factors & inflammation, Endocrinological abnormalities, Endometriosis of the rectovaginal Septum, adenomyosis, Medical treatment -Non hormonal Therapy, Modulation of Cytokines, Leukotriene Receptor, antagonists(Pentoxifylline), Inhibition of matrix metalloproteinases, hormonal therapy - Progesterone, Onapristone, Mifepristone, Aromatase, inhibitors, SERM- Raloxifene, Future research(Rat &Rabbit animal Models, Role of laparoscopy.

XVII GESTATIONAL TROPHOBLASTIC DISEASES

Hydatidiform mole, incidence, pathology, invasive mole, placental site trophoblastic tumour, symptoms and signs, investigations, ultrasound, serum beta HCG, treatment, follow up, persistent trophoblastic disease, recurrent molar pregnancy, choriocarcinoma, Pathology, Signs and symptoms, FIGO staging, Treatment—chemotherapy (triple therapy, EMACO)/surgery, Follow up.

XVIII DISORDERS OF THE OVARY AND BENIGN TUMORS

Non neoplastic enlargements of the ovary, Follicular cysts, Follicular haematomas, Lutein cysts of the ovary, functional cysts, Polycystic ovarian syndrome (PCOS) or disease (PCOD), Ovarian Tumors, Pathology, Borderline ovarian Tumors, Characteristics of borderline ovarian tumors, Risk factors, Pathology, Tumors of the surface epithelium- Serous cystadenoma and cystadenocarcinoma ,Mucinous tumour, Endometroid tumour, Mesonephroid tumour, Brenner tumour, Spread of epithelial tumors of the ovary, Germ cell, Tumour, Incidence, Teratoma Dermoid cysts, Solid teratoma of the ovary strumaovarii, Carcinoid tumors, Dysgerminoma Mixed germ cell tumour, Sex cord stromal Tumour, Feminizing tumours of the ovary, Granulosa cell tumour, Theca cell tumour, Virilizing ovarian tumours -Mesenchymoma, Arrhenoblastoma, Adrenal cortical tumor of the ovary, Hilus cell tumor, Gynandroblastoma, Tumor Arising from connective Tissues of Ovary- Ovarian fibroma, Histogensis of ovarian tumors, Complications of ovarian tumors, Benign ovarian Tumors - Symptoms, physical signs, Differential diagnosis, Investigations, Treatment.

XIX GYNAECOLOGIC ONCOLOGY

Cancers of the Genital Tract, Cancer of the Vulva, Preinvasive lesions, Invasive carcinoma of the vulva (FIGO staging) management, Vaginal cancer, Clinical features, Staging, Diagnosis, Management Carcinoma of the cervix, Cervical intraepithelial neoplasia, Metaplasia, Dysplasia, preinvasive cervical cancer (stage0), Invasive cancer of the cervix- signs, symptoms & staging, invasive cancer cervix in Pregnancy (abnormal pap smear in pregnancy), management & treatment - Endocervical cancer, Carcinoma of the Uterus and Endometrial Cancer, Predisposing factors, Surgery Postoperative radiotherapy, Primary radiotherapy, Progestogens, Recurrent growths, Uterine sarcomas, Fallopian Tube Cancers, FIGO staging, Clinical features, Differential diagnosis, Investigations, Management, Prognosis of Ovarian Cancer, FIGO staging, Epithelial cancers of the ovary, Non-epithelial malignancies of the Ovary, Sex cord stromal tumors, Metastatic carcinomas, Management-staging Laparotomy, Strategies to Reduce the Incidence of Genital Tract Malignancies, (Prophylaxis), Palliative and adjuvant therapy.

Vulval sarcoma, melanoma, bartholin gland tumour, Pap smear & classification, Colposcopy, cervicography, VIA , Cone biopsy, Radical Hysterectomy, Pelvic Lymphadenectomy, Laser

ablation, LLETZ, LEEP, Radiotherapy, HPV vaccine, Histological classification & grading, Endometrial Carcinoma, Uterine sarcoma.

VIN classification, Paget's disease, Bowen's disease, Sarcoma botryoides, Etiology and management, AgNOR, HPV testing & HPV Vaccine, Nerve-Sparing Radical Hysterectomy, Prognostic Variables, Adjuvant Radiation, Neoadjuvant Chemotherapy, Recurrent cervical cancer, Aspiration cytology, Prognostic Variables.

Risk factors, criteria for diagnosis of borderline tumors, Krukenberg tumor, Second look laparotomy, Stem cell therapy.

IMAGING MODALITIES IN GYNAECOLOGY

Plain Radiography, Hysterosalpingography, Sonosalpingography, Intravenous Urography - Indications, Precautions and contraindications, Cystography and Urethrography, Gastrointestinal studies, Barium meal and follow through Barium enema, Arteriography and arterial Embolization, Ultrasonography, Transabdominal Ultrasonography, Transvaginal ultrasound, Diagnostic indications, Therapeutic applications of ultrasonography in clinical practice, Computed Tomography Scan - Technique, Indications, Magnetic Resonance Imaging, Indications, Contraindications, Radionuclide Imaging, Dual Photon Densitometry.

OPERATIVE GYNAECOLOGY

Principles of Anatomy & Perioperative considerations, Surgical Anatomy of Pelvis, Pre operative care, Post Operative care, Principles of Gynaecological Surgical Techniques, Incisions for Gynaecological surgery, Surgery for Fertility, Reconstructive Tubal Surgery, Surgery For Benign Gynaecologic Conditions, Surgery for Anomalies of the Mullerian duct, Suture Material & Surgical Instruments, Water, Electrolyte & Acid-Base Metabolism, Diagnostic and Operative Laparoscopy, Operative Hysteroscopy, Application of Laser in Gynaecology.

SURGERY OF THE MULLERIAN DUCTS

Vaginoplasty, 1 Mc Indoe Operation 2.Williams Vulvovaginoplasty, Tubal Sterilization, Surgical Approach, 1.Minilaparotomy 2.Laparoscopy 3.Tubal Occlusion Vasectomy, Surgery for Benign Disease of the Ovary, Resection of Benign cysts, Leiomyomata Uteri and Myomectomy, Medical Management of Uterine Leiomyomata, Abdominal Myomectomy, Assisted reproductive techniques, Surgical Technique for Uterine Unification
- 1.Modified Jones Metroplasty 2. Tompkins Procedure 3.The Strassman, Metroplasty

HYSTERECTOMY

1. Abdominal Hysterectomy, Indications, Preoperative counselling, Preparation for Hysterectomy, Complications, Post Operative care, 2.Vaginal Hysterectomy – Indications, Preoperative counselling, Preparation for Hysterectomy, Operative Technique, Complications, Post Operative care, Hysterectomy - 1.Laparoscopically assisted vaginal hysterectomy (LAVH), 2.Laparoscopic subtotal hysterectomy (LSH)

3.Laparoscopic hysterectomy (TLH), Staging system for Laparoscopic hysterectomy,

SURGERY FOR CORRECTIONS OF DEFECTS IN PELVIC SUPPORT

Pelvic Organ Prolapse, Anatomic considerations, Clinical Evaluation, Pelvic Organ Prolapse-Quantification system (POP-Q), Baden-Walker system, SITE-Specific Repair, Cystourethrocele, Paravaginal Defect Repair, Posterior Compartment defects,

VAGINAL VAULT PROLAPSE

1. McCall Culdoplasty, 2.Sacrospinous Ligament Fixation 3.Abdominal Sacral Colpopexy, Non surgical treatment for pelvic organ prolapse—use of vaginal pessaries, High utero Ligament Suspension, Iliococcygeus Fascia Suspension, Le Fort Colpocleisis, Vesico Vaginal Fistula.

CANCER OF THE CERVIX

Surgical treatment for early stage cervical cancer, Concept of radical abdominal hysterectomy and bilateral pelvic lymphadenectomy,

ADJUVANT THERAPY IN CONJUNCTION WITH RADICAL SURGERY

ENDOMETRIAL CANCER

SURGICAL STAGING AND TREATMENT OVARIAN

CANCER

Comprehensive surgical staging, Surgical staging for apparent early stage ovarian cancer, Primary cytoreductive surgery, Neoadjuvant chemotherapy and interval cytoreductive surgery, Laparoscopically assisted radical vaginal hysterectomy. (SCHAUTA), Second look laparotomy, Secondary cytoreductive surgery.

Environmental:

1. Safe disposal of Bio-medical waste
2. Universal precautions in sero-positive cases (HIV and HbsAg)

5. **TEACHING LEARNING METHODS(including Clinical Study)**

1. Seminars / Symposia
2. Journal Clubs
3. Group Discussions
4. Clinical rounds / combined case discussions
5. Case presentations / Bedside teaching
6. Maternal care review meetings – State review maternal mortality meeting
7. Perinatal meetings – State level maternal mortality meeting
8. Clinicopathological meetings
9. Attending conferences, Workshops, CME programmes etc.,

A) Active involvement in patient care in

- Antenatal clinic
- General Gynae – OPD
- Postnatal clinic
- Infertility clinic etc.,
- Adolescent clinic

B) Operation Theatre

- Assist procedures
- Operate under supervision
- Operate independently
- Emergencies – Participation in Management
- In the community – visits to RHC / CAMPS

6. STRUCTURED TRAINING PROGRAMME

CLINICAL POSTINGS -THREE YEAR MS OG			
	I Year	II Year	III Year
L.Ward	3 months	3 months	3 months
AN/PN Ward	3 months	3 months	3 months
Gyn/P.O Ward	3 months	3 months	3 months
Anaesthesia		15 days	15 days
Paediatrics		1 month	
Medicine	1 month		
Surgery & Urogynaecology	15+15 days	15 days	
FW		15 days	15 days
Infertility & USG	15 days	15 days	
Colposcopy & Pathology		15+15 days	
Radiotherapy			7 days
Oncology			7 days
Endocrinology			7 days
Genetics			7 days
Social Obstetrics			1 month

Clinical Postings-Two year MS OG

	I Year	II Year
L.Ward	3 months	3 months
AN/PN Ward	3 months	2 1/2months
Gyn/P.O Ward	3 months	2 1/2months
Anaesthesia		15 days
Paediatrics	15 days	
Medicine	1 month	
Surgery & Urogynaecology	15+15 days	
FW	15 days	15 days
Infertility & Sonar		15 days
Colposcopy & Pathology		15days
Radiotherapy		7 days
Oncology		7 days
Endocrinology		7 days
Genetics		7 days
Social Obstetrics		1 month

During II[nd] year, the Students are encouraged to undergo special postings for learning new advanced techniques / procedure / skills in institutions of higher repute where the requisite facilities are available without affecting the duties of the parent department.

7. Evaluation of the candidates in both theory and practical aspects will help the candidate in improvement of his/her knowledge, skills and attitude.

8. COMPETENCY ASSESSMENT :

- OVERALL:

a) Communication / commitment / Contribution / () Compassion/respect towards patients and Innovation () - 5 Marks

b) Implementation of newly learnt techniques/skills ()

- Number of cases presented in Clinical Meetings/ Journal clubs/seminars - 5 marks
- Number of Posters/Papers presented in Conferences/ Publications and Research Projects - 5 marks
- No. of Medals / Certificates won in the conference / Quiz competitions and other academic meetings with details - 5 marks

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Total 20 Marks

PG CLINICAL COURSE

VIVA including Competency Assessment - 80 Marks (60 + 20)
(Obstetrics-30marks &
Gynaecology -30 marks)

Log Book - 20 marks

ASSESSMENT SCHEDULE IS AS FOLLOWS

Year of study	Period				Total Max.20 marks
I year	Upto Dec	10 marks	Upto June	10 marks	20 Marks
II year	Upto Dec	10 marks	Upto June	10 marks	20 Marks
III year	Upto Oct	10 marks	Upto Feb	10 marks	20 Marks
	AVERAGE				20 Marks

9. DISSERTATION AND UNIVERSITY JOURNAL OF MEDICAL SCIENCES

As per the 49th SAB Resolution under Point No. 2 and in the 52nd SAB it was reiterated regarding the topic for dissertation

The topic for the dissertation should be registered and sent to the University after Ethics Committee approval before 31st of December of the first Post Graduate Year. Only one change of topic with proper justification from the Head of the Department is permitted before 31st March of the first Post Graduate Year. The change of dissertation title will not be permitted after 31st March of the First Post Graduate Year. This modification in regulation will be scrupulously followed from the academic year 2015-16 admission onwards.

As per Medical Council of India Post Graduate Medical Education Regulations 2000 (amended upto 10th August 2016)clause 13.9 A Postgraduate student of a Postgraduate degree Course in broad specialties/Super Specialties would be required to present one poster presentation to read one paper at a National/State conference and to present one Research paper which should be published/accepted for publication/sent for publication during the period of his Postgraduate studies so as to make him eligible to appear at the Postgraduate Degree Examination.

As per MCI Clause 14 (4)(a), thesis shall be submitted atleast 6 Months before the Theory and Clinical/Practical Examination.

A candidate shall be allowed to appear for the Theory and Practical/Clinical Examination only after the acceptance of the Thesis by the Examiners.

The periodical evaluation of dissertation/log book should be done by the guide / HOD once in every six months. The HOD should ensure about the submission of dissertation within the stipulated time.

Regarding submission of articles to the University Journal of Medical Sciences for all the PG Degree/Diploma courses, it is mandatory that the students have to submit at-least one research paper. Case Reports are not considered as Research Paper

10. THEORY EXAMINATION

There should be four theory papers, as given below:

Paper I: Applied Basic sciences.

Paper II: Obstetrics including social obstetrics and Diseases of New Born

Paper III: Gynaecology including fertility regulation

Paper IV: Recent Advances in Obstetrics & Gynaecology

Question paper Pattern:

Paper I : Write notes on

i.	Anatomy	4 x 5 = 20
ii.	Physiology	4 x 5 = 20
iii.	Biochemistry	3 x 5 = 15
iv.	Pharmacology	3 x 5 = 15
v.	Pathology	3 x 5 = 15
vi.	Microbiology	3 x 5 = 15

Total = 100 marks

Paper II, III & IV :

i.	Elaborate on :	2 x 15 = 30
ii.	Write notes on	10 x 7 = 70

Total = 100 marks

11. PRACTICAL EXAMINATION

MS OBSTETRICS & GYNAECOLOGY

			CLINCALS	
LONG CASE			1 OBSTETRICS	50 MARKS
			1 GYNAECOLOGY	50 MARKS
SHORT CASE			1 OBSTETRICS	25 MARKS
			1 GYNAECOLOGY	25 MARKS
WARD ROUNDS- 3 CASES X 10 MARKS EACH				30 MARKS
ANTENATAL, FAMILY WELFARE, GYNAEC.				
OSCE- 4 STATIONS X 5 MARKS EACH				20 MARKS
TOTAL				200 MARKS (A)
		OBSTETRICS		40 MARKS (B1)
VIVA VOCE				
		GYNAECOLOGY		40 MARKS (B2)
LOG BOOK				20 MARKS (C)
AGGREGATE (CLINICAL + VIVA)				300 MARKS (A+B1+B2+C)
MINIMUM PASS (50%)				150 MARKS
DISSERTATION				APPROVED/ NOT APPROVED

MS OBSTETRICS & GYNAECOLOGY

VIVA VOCE- DETAILED SCHEME

OBSTETRICS	10 MIN / CANDIDATE		30 MARKS
1. DUMMY PELVIS 2. INSTRUMENTS 3. DRUGS 4. SPECIMENS 5. CTG/PARTOGRAM 6. USG			
GYNAECOLOGY	10 MIN / CANDIDATE		30 MARKS
1. INSTRUMENTS 2. SPECIMENS 3. USG 4.DRUGS 5. FAMILY WELFARE 6. ENDOSCOPY			

OSCE- DETAILED SCHEME

MANNED, COUNSELLING, CONSULTING ,BREAKING NEWS,	
COMMUNICATION SKILLS	BEREAVEMENT
CLINICAL EXAMINATION	MANNED
	MANNEQUN, PAP,AMSTL,CATHETERISATION
OUT PATIENT PROCEDURES	CTG, USG, Endometrial Sampling
IN-PATIENT PROCEDURES	EPISIOTOMY, UTERINE INVERSION CORRECTION, MRP LAPAROSCOPY, HYSTEROSCOPY,VULVAL LESION
SPOTTERS ON LAPTOP	SLIDES, VAGINAL LESIONS, STD, ENDOCRINES, ENDOMETRIOSIS
	ECTOPIC PREGNANCY, URO GYN, SURGICAL PROCEDURES, ONCOLOGY
PARTOGRAM	

12. LOG BOOK

The post graduate students shall maintain a record(log)book of the work carried out by them and the training program undergone during the period of training.

Periodic review of Log book and Dissertation have to be done in the Department by guide/HOD once in every 6 months

13. VIVA : VIVA including Competency Assessment

VIVA including Competency Assessment - 80 Marks (60 + 20)

14. OSCE / OSPE:

1.OSCE (Objective Structural Clinical Examination)

Based on Objective Structured Exam Stations:	
S.No	Stations
1.	Early Diagnosis of Pregnancy
2.	Abnormal Pregnancy
3.	Labour related Partogram
4.	Contraception
5.	Instruments
6.	Common Drugs
7.	Specimen
8.	Histopathology slides
9.	Radio Diagnosis (USG,CT,DOPPLER,X-ray)
10.	Latest Management –Obstetrics

15. REFERENCE BOOKS

- MUDALIAR &MENON'S book of Obstetrics.
- Manual of Obstetrics – Shirish Daftary &Sudip Chakravarti – 3nd Edition.
- Ian Donald - Practice of Obstetrics.
- Human Labor and birth – Oxorn-Foote 6th edition
- William's Text book of Obstetrics
- Obstetrics Normal & Problem Pregnancies – 7th edition – Gabbe.
- Jeffcoate's principles of gynaecology – 8TH EDITION
- Clinical Gynaecologic Oncology Disaia JP, Creaseman TM 8TH edition
- MICHAEL DE SWIET Medical Disorders inPregnancy
- ARIAS High Risk Pregnancy
- JAMES High Risk Pregnancy
- Berek & Novak's Gynaecology – 15th Edition.
- Shaw's Text Book of Gynaecology – 15th Edition
- Shaw's Text Book of Operative Gynaecology – 7th Edition
- Te Linde's Operative Gynaecology 10th Edition
- Clinical Gynaecologic Oncology: Disaia JP, Creasman TM, 9th Edition, The C.V. Mosby Company 1989
- Clinical Gynaecologic Endocrinology and Infertility – 8th Edition Speroff & Fritz, Lippinicott 2005

**** Note : The editions are as applicable and the latest editions shall be the part of the syllabi.**

16. JOURNALS

1. Journal of Obstetrics & Gyn, India
2. British Journal of Obstetrics & Gynaecology
3. American Journal of Obstetrics & Gynaecology
4. International Journal of Obstetrics & Gynaecology
5. Obstetric & Gynae Survey
6. Gynae Oncology
7. Obstetrics & Gynae Clinics of N.America
8. Clinical Obstet & Gyn
9. Recent Advances in O&G
10. STUDD – Progress in O&G

Log Book:

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

This is to certify that this log book is a bonafide record of

All the Procedures done and the Academic activities

Participated in by

.....

…… .

During his / her training in

Obstetrics and Gynaecology

From ..... to

.....

At the .....

In accordance with the requirement of the

Tamil Nadu Dr.M.G.R. Medical University for the

Degree M.D. Branch II (Obstetrics and Gynaecology)

Professor & Head

Department of Obstetrics and Gynaecology

Name:

INSTRUCTIONS

This logbook is intended to be a record of all operations performed or participated by a student during his/her course.

The students should enter in the following pages the information required in each operation including the date, patient's hospital number and name, the nature of the operation and the level of their participation.

P - Principal Operator

PA - Principal Operator assisted by a senior A - Assistant

T - Teaching (Junior)

W - Witnessed

The students should obtain the signature of the consultant in each page.

The students should provide a summary of the work they have done by giving the total number of each type of operation carried out during your entire training period on the consolidation sheet. Each operation should be entered under only one heading. Case reports or articles published or presented in conferences, symposia or departmental clinical meetings should be recorded in the sheet provided for the purpose.

Department of Obstetrics and Gynaecology,

……..

……. Name:

……

1	Postings	Date Commenced	Date Completed
2			
3			
4			
5			
6			
7			
8			
9			
10			

Date	Hospital Number	Patient's Name	Diagnosis	Nature of Operation	P / PA / A / T / W	Remarks (Complication)

Date of this Log Book – Commenced : Completed :

Signature of Consultant :

……

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