



# THE FEDERATION OF OBSTETRIC & GYNECOLOGICAL SOCIETIES OF INDIA

## Learning Objectives for Competency Based Undergraduate Curriculum for the Indian Medical Graduate

**June 2021**

**Version 1.0**





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**Dr. Alpesh Gandhi**  
President, FOGSI

Dear FOGSIans

I am happy to present the document on Learning Objectives ( LOs ) for Competency Based Medical Education for Under Graduates. The NMC has taken up the mammoth task of preparing the basic documents for implementation of CBME curriculum which is a revolutionary step in itself. However the task of deriving LOs was left to individual colleges. Though this has the advantage of giving us flexibility in interpretation but it also becomes a challenge for individual institutions where there is lack of trained faculty who can develop good quality Learning Objectives. I realised that there were some contradicting interpretations in common discussions . Therefore I felt the urgency to create uniform LOs to have some uniformity in interpretation and better serve the purpose of every medical graduate being certified with basic required competency.

I, as President FOGSI, therefore took the lead and proposed to have uniform learning objectives all over the country to serve as a guide for all institutions. This was echoed in the sentiments of all Heads of the Department of Obstetrics and Gynecology in the All India HOD Group for OBGYNs.

Therefore I had requested the members of the All India HOD Group for OBGYNs to form a volunteer working group from among trained academicians to prepare the LOs. The present document was prepared after group presentations and exhaustive and repeated rounds of discussions by all group members.

I will be forwarding the document to all medical colleges so that it will become a ready reckoner to adopt the same for Obstetrics & Gynec department across India. I also send it to NMC, IMA and IAP for wide circulation and it will be available on FOGSI website.

Prof Tamkin Khan who finalised the draft along with Prof Aswath Kumar and Prof Nitin Raithatha as co-ordinators of the group have worked hard to prepare the document. I thank all group members for their time, experience sharing, hard work and useful suggestions.

Kind Regards

**Dr. Alpesh Gandhi**  
President FOGSI

Dear All

23.6.2021

At the outset we would like to thank Prof Alpesh Gandhi, President FOGSI for the brilliant idea of having a uniform document on Learning Objectives which can be used all over India. We would also like to congratulate him for achieving a lot of projects and giving direction to FOGSI towards medical education and academics inspite of such challenging times.

He gave us this mammoth task and by the grace of Almighty we were able to complete it in record time. All members of the Working Groups and specially the team leaders for each group need to be thanked for their hard work, interest and priceless inputs.

Experience tells me that drafting, redrafting and redrafting brings out the best LOs. The passionate discussions, the repeated corrections and redrafting has resulted in improving the quality of the Learning Objectives prepared – in addition we learnt a lot from each other .

We are proud to present our ‘labour of love’ --- our team’s work and hope faculty members all over India will find them useful. You are free to send us an email at [fogsipresident2020@gmail.com](mailto:fogsipresident2020@gmail.com) ; [gandhialpesh@gmail.com](mailto:gandhialpesh@gmail.com); [tamkinrabbani@gmail.com](mailto:tamkinrabbani@gmail.com) if you have any suggestions for future versions.

Medical education in India is going through exciting changes and we are blessed to witness it and be part of this change. Our aim is to provide the best competency based training for the IMG and we stand together to realise this aim.

Wishing all of you Happy Teaching and Happy Learning.

**Prof Tamkin Khan**  
Group co-ordinator

**Prof Aswath Kumar**  
Group co-ordinator

**Prof Nitin Raithatha**  
Group co-ordinator

## Abbreviations used in the LOs Document

Number	Abbreviation	Full form
1.	Domain K/S/A/C	Knowledge/Skill/Attitude/Communication
2.	Level K/KH/SH/P	Knows/ Knows How/ Shows How/ Performs
3.	Core Y	Core or essential or must know area
4.	Core N	Non-core
5.	DOAP	Demonstrate Observe Assist Perform—by student
6.	LAQ	Long Answer Question
7.	SAQ	Short Answer Question
8.	SDL	Self Directed Learning
9.	SGD	Small Group Discussion
10.	Skill assessment	Clinics, Skills Lab, Practicals, OSCE

## Competency Based Curriculum --- Why , What, When & How?

The NMC has provided us with a lot of documents to support the faculty in implementation of the CBME curriculum. We thought it would be helpful for all if we could summarise the salient changes and bring the part related to Obstetrics and Gynecology at one place together for ready reference of the teaching faculty. Some parts have been pasted as screenshots of the original NMC documents to avoid any confusion from misinterpretation. This summary is based on No. MCI-34(41)/2019-Med./161726.Regulations on Graduate Medical Education,1997 - Addition as part - II for MBBS course starting from academic year 2019-20 onwards.

### Indian Medical Graduate Training Programme:

The undergraduate medical education programme is designed with a goal to create an “Indian Medical Graduate”(IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that she or he may function appropriately and effectively as a physician of first contact of the community while being globally relevant.

To achieve this, National and Institutional goals for the learner of the Indian Medical Graduate Training Programme are prescribed. In addition goals and roles of the learner have also been prescribed.

### Competency Based Training Programme of the Indian Medical Graduate

Competency based learning would include designing and implementing medical education curriculum that focuses on the desired and observable ability in real life situations after attaining the following set of competencies at the time of graduation:

1. Clinician, who understands and provides preventive, promotive,

curative, palliative and holistic care with Compassion

2. Leader and member of the health care team and system
3. Communicator with patients, families, colleagues and community
4. Communicator with patients, families, colleagues and community
5. Professional who is committed to excellence, is ethical, responsive and accountable to patients, community and the profession

Apart from having predetermined set of competencies and Learning Objectives there are landmark changes in curriculum delivery and assessment of students.

New teaching / learning elements include the Foundation Course, Early Clinical Exposure, Electives, AETCOM module, horizontal and vertical Integration and the Learner-doctor method of clinical training.

There has been a massive shift from teacher centered learning to student centered learning.

These changes can be successfully implemented only if we as facilitators master some new concepts like:

1. Reflections
2. Feedback
3. Logbook
4. Self directed learning

## Competencies in Obstetrics and Gynaecology

There are 38 topics and 126 outcomes for OBGYN

### (a) Competencies in Obstetrics:

The student must demonstrate ability to:

1. Provide peri-conceptional counseling and antenatal care
2. Identify high-risk pregnancies and refer appropriately
3. Conduct normal deliveries, using safe delivery practices in the primary and secondary care settings

4. Prescribe drugs safely and appropriately in pregnancy and lactation
5. Diagnose complications of labor, institute primary care and refer in a timely manner
6. Perform early neonatal resuscitation
7. Provide postnatal care, including education in breast-feeding
8. Counsel and support couples in the correct choice of contraception,
9. Interpret test results of laboratory and radiological investigations as they apply to the care of the obstetric patient
10. Apply medico-legal principles as they apply to tubectomy, Medical Termination of Pregnancy (MTP), Pre-conception and Prenatal Diagnostic Techniques (PC PNDT Act) and other related Acts.

### (b) Competencies in Gynecology:

The student must demonstrate ability to:

1. Elicit a gynecologic history, perform appropriate physical and pelvic examinations and PAP smear in the primary care setting,
2. Recognize, diagnose and manage common reproductive tract infections in the primary care setting,
3. Recognize and diagnose common genital cancers and refer them appropriately.

The curriculum will be delivered as per following schedule:

Phase & year of MBBS training	Subjects & New Teaching Elements	Duration <sup>#</sup>	University examination
Second Professional MBBS	<ul style="list-style-type: none"> <li>Pathology, Microbiology, Pharmacology, Forensic Medicine and Toxicology,</li> <li>Introduction to clinical subjects including Community Medicine</li> <li>Clinical postings</li> <li>Attitude, Ethics &amp; Communication Module (AETCOM)</li> </ul>	12 months	II Professional
Third Professional MBBS Part I	<ul style="list-style-type: none"> <li>General Medicine, General Surgery, Obstetrics &amp; Gynecology, Pediatrics, Orthopedics, Dermatology, Psychiatry, Otorhinolaryngology, Ophthalmology, Community Medicine, Forensic Medicine and Toxicology, Respiratory medicine, Radiodiagnosis &amp; Radiotherapy, Anesthesiology</li> <li>Clinical subjects /postings</li> <li>Attitude, Ethics &amp; Communication Module (AETCOM)</li> </ul>	13 months	III Professional (Part I)
Electives	<ul style="list-style-type: none"> <li>Electives, Skills and assessment*</li> </ul>	2 months	
Third Professional MBBS Part II	<ul style="list-style-type: none"> <li>General Medicine, Pediatrics, General Surgery, Orthopedics, Obstetrics and Gynecology including Family welfare and allied specialties</li> <li>Clinical postings/subjects</li> <li>Attitude, Ethics &amp; Communication Module (AETCOM)</li> </ul>	13 months	III Professional (Part II)

\* Assessment of electives shall be included in Internal Assessment

### Total Teaching Hours

The teaching hours allotted to OBGYN in phase 2, phase 3 part 1 and phase 3 are as follows:

Phase 2: 25

Phase 3 Part 1: 65

Phase 3 Part 2: 210

### Phase 2

Table 5: Second Professional teaching hours

Subjects	Lectures (hours)	Small group learning (Tutorials / Seminars) /Integrated learning (hours)	Clinical Postings (hours) *	Self - Directed Learning (hours)	Total (hours)
Pathology	80	138	-	12	230
Pharmacology	80	138	-	12	230
Microbiology	70	110	-	10	190
Community Medicine	20	30	-	10	60
Forensic Medicine and Toxicology	15	30	-	5	50
Clinical Subjects	75**	-	540***	-	615
Attitude, Ethics & Communication Module (AETCOM)	-	29	-	8	37
Sports and extracurricular activities	-	-	-	28	28
Total	-	-	-	-	1440

\* At least 3 hours of clinical instruction each week must be allotted to training in clinical and procedural skill laboratories. Hours may be distributed weekly or as a block in each posting based on institutional logistics.

\*\* 25 hours each for Medicine, Surgery and Gynecology & Obstetrics.

\*\*\*The clinical postings in the second professional shall be 15 hours per week (3 hrs per day from Monday to Friday).

### Phase 3 Part 1

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THE GAZETTE OF INDIA : EXTRAORDINARY

[PART III—SEC. 4]

Table 6: Third Professional Part I teaching hours

Subjects	Teaching Hours	Tutorials/ Seminars /Integrated Teaching (hours)	Self-Directed Learning (hours)	Total (hours)
General Medicine	25	35	5	65
General Surgery	25	35	5	65
Obstetrics and Gynecology	25	35	5	65
Pediatrics	20	30	5	55
Orthopaedics	15	20	5	40



## Phase 3 Part 2

Table 7: Third Professional Part II teaching hours

Subjects	Teaching Hours	Tutorials/Seminars / Integrated Teaching (hours)	Self - Directed Learning (hours)	Total* (hours)
General Medicine	70	125	15	210
General Surgery	70	125	15	210
Obstetrics and Gynecology	70	125	15	210
Pediatrics	20	35	10	65
Orthopaedics	20	25	5	50
Clinical Postings**				792
Attitude, Ethics & Communication Module (AETCOM)***	28		16	43
Electives				200
Total	250	435	60	1780

\* 25% of allotted time of third professional shall be utilized for integrated learning with pre- and para- clinical subjects and shall be assessed during the clinical subjects examination. This allotted time will be utilized as integrated teaching by para-clinical subjects with clinical subjects (as Clinical Pathology, Clinical Pharmacology and Clinical Microbiology).

### Duration of clinical postings will be as follows:

- Second Professional: 36 weeks of clinical posting (Three hours per day - five days per week: Total 540 hours)
- Third Professional part I: 42 weeks of clinical posting (Three hours per day - six days per week : Total 756 hours)
- Third Professional part II: 44 weeks of clinical posting (Three hours per day - six days per week : Total 792 hours)
- Time allotted excludes time reserved for internal / University examinations, and vacation.

### Integration:

The teaching should be aligned and integrated horizontally and vertically in order to provide comprehensive care for women in their reproductive years and beyond, based on a sound knowledge of structure, functions and disease and their clinical, social, emotional, psychological correlates in the context of national health priorities.

## The clinical teaching hours allotted to OBGYN are as follows:

[ Part III - Page 4 ]

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\*\* The clinical postings in the third professional part II shall be 18 hours per week (3 hrs per day from Monday to Saturday).

\*\*\* Hours from clinical postings can also be used for AETCOM modules.

Table 8: Clinical postings

Subjects	Period of training in weeks			Total weeks
	II MBBS	III MBBS Part I	III MBBS Part II	
Electives	-	-	8* (4 regular clinical posting)	4
General Medicine <sup>1</sup>	4	4	8+4	20
General Surgery	4	4	8+4	20
Obstetrics & Gynaecology <sup>2</sup>	4	4	8+4	20
Pediatrics	2	4	4	10
Community Medicine	4	6	-	10
Orthopaedics - including Trauma <sup>3</sup>	2	4	2	8
Otorhinolaryngology	4	4	-	8
Ophthalmology	4	4	-	8
Respiratory Medicine	2	-	-	2
Psychiatry	2	2	-	4
Radiodiagnosis <sup>4</sup>	2	-	-	2
Dermatology, Venereology & Leprosy	2	2	2	6
Dentistry & Anesthesia	-	2	-	2
Casualty	-	2	-	2
	36	42	48	126

\* In four of the eight weeks of electives, regular clinical postings shall be accommodated.

Clinical postings may be adjusted within the time framework.

<sup>1</sup> This posting includes Laboratory Medicine (Para-clinical) & Infectious Diseases (Phase III Part I).

<sup>2</sup> This includes maternity training and family welfare (including Family Planning).

<sup>3</sup> This posting includes Physical Medicine and Rehabilitation.

<sup>4</sup> This posting includes Radiotherapy, wherever available.

### Assessment

The performance in essential components of training are to be assessed, based on Attendance & Internal assessment.

### Attendance:

1. Attendance requirements are 75% in theory and 80% in practical /clinical for eligibility to appear for the examinations in that subject.
2. In subjects that are taught in more than one phase – the learner must



have 75% attendance in theory and 80% in practical in each phase of instruction in that subject.

3. Learners who do not have at least 75% attendance in the electives will not be eligible for the Third Professional - Part II examination.

#### **Internal Assessment:**

1. Internal assessment shall be based on day-to-day assessment. It shall relate to different ways in which learners participate in learning process including assignments, preparation for seminar, clinical case presentation, preparation of clinical case for discussion, clinical case study/problem solving exercise, participation in project for healthcare in the community, proficiency in carrying out a practical or a skill in small research project, a written test etc.
2. Regular periodic examinations shall be conducted throughout the course.
3. There shall be not less than three internal assessment examinations in each Preclinical / Para-clinical subject and not less than two examinations in each clinical subject in a professional year.
4. An end of posting clinical assessment shall be conducted for each clinical posting in each professional year.
5. When subjects are taught in more than one phase, the internal assessment must be done in each phase and must contribute proportionately to final assessment. For example, OBGYN must be assessed in second Professional, third Professional Part I and third Professional Part II, independently.
6. Day to day records and log book (including required skill certifications) should be given importance in internal assessment.
7. Internal assessment should be based on competencies and skills.
8. Learners must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical separately) as signed for internal assessment in a particular subject in order to be eligible for appearing at the final University examination of that subject. Internal assessment marks will reflect as

separate head of passing at the summative examination.

9. The results of internal assessment should be displayed on the notice board within a 1-2 weeks of the test. Universities shall guide the colleges regarding formulating policies for remedial measures for students who are either not able to score qualifying marks or have missed on some assessments due to any reason.

#### **Summative Assessment:**

1. Learners must have completed the required certifiable competencies for that phase of training and completed the log book appropriate for that phase of training to be eligible for appearing at the final university examination of that subject.
2. Nature of questions will include different types such as structured essays (Long Answer Questions- LAQ), Short Answer Questions (SAQ) and objective type questions (e.g. Multiple Choice Questions - MCQ).
3. Marks for each part should be indicated separately. MCQs shall be accorded a weightage of not more than 20% of the total theory marks. In subjects that have two papers, the learner must secure at least 40% marks in each of the papers with minimum 50% of marks in aggregate (both papers together) to pass.
4. Practical/clinical examinations will be conducted in the laboratories and /or hospital wards. The objective will be to assess proficiency and skills to conduct experiments, interpret data and for logical conclusion. Clinical cases kept in the examination must be common conditions that the learner may encounter as a physician of first contact in the community. Selection of rare syndromes and disorders as examination cases is to be discouraged. Emphasis should be on candidate's capability to elicit history, demonstrate physical signs, write a case record, analyze the case and develop a management plan.
5. Viva/oral examination should assess approach to patient management, emergencies, attitudinal, ethical and professional values. Candidate's

skill in interpretation of common investigative data, X-rays, identification of specimens, ECG, etc. is to be also assessed.

6. There shall be one main examination in an academic year and a supplementary to be held not later than 90 days after the declaration of the results of the main examination.
7. The grace marks up to a maximum of five marks may be awarded at the discretion of the University to a learner for clearing the examination as a whole but not for clearing a subject resulting in exemption.
8. Distribution of marks is as follows for the third professional part 2:

Third Professional Part – II		
General Medicine - 2 papers	200	200
General Surgery - 2 papers	200	200
Pediatrics - 1 paper	100	100
Obstetrics & Gynaecology - 2 papers	200	200

**Note:** At least one question in each paper of the clinical specialties should test knowledge - competencies acquired during the professional development programme (AETCOM module); Skills competencies acquired during the Professional Development programme (AETCOM module) must be tested during clinical, practical and viva.

**In subjects that have two papers, the learner must secure** at least 40% marks in each of the papers with minimum 50% of marks in aggregate (both papers together) to pass in the said subject.

11.2.8 **Criteria for passing in a subject:** A candidate shall obtain 50% marks in University conducted examination separately in Theory and Practical (practical includes: practical/ clinical and viva voce) in order to be declared as passed in that subject.

### Internship

#### Goal:

The goal of the internship programme is to train medical students to fulfill their roles as doctors of first contact in the community.

At the end of the internship period, the medical graduate will possess all competencies required of an Indian Medical Graduate, namely:

1. Independently provide preventive, promotive, curative and palliative care with compassion
2. Function as leader and member of the health care team and health system
3. Communicate effectively with patients, families, colleagues and the community
4. Be certified in diagnostic and therapeutic skills in different disciplines of

medicine taught in the undergraduate programme

5. Be a lifelong learner committed to continuous improvement of skills and knowledge
6. Be a professional committed to excellence and is ethical, responsive and accountable to patients, community and profession.

12.3 Time Distribution	
Community Medicine (Residential posting)	2 months
General Medicine including 15 days of Psychiatry	2 months
General Surgery including 15 days Anaesthesia	2 months
Obstetrics & Gynaecology including	
Family Welfare Planning	2 months
Pediatrics	1 month
Orthopaedics including PM & R	1 month
Otorhinolaryngology	15 days
Ophthalmology	15 days
Casualty	15 days
Elective posting (15 days)	15 days
Subjects for Elective posting will be as follows:	
1. Dermatology, Venereology & Leprosy	
2. Respiratory Medicine	
3. Radio diagnosis	
4. Forensic Medicine & Toxicology	
5. Blood Bank	
6. Psychiatry	

**Note:** Structure internship with assessment at the end in the college.

### Goal of internship for Obstetrics and Gynecology:

The aim of teaching the undergraduate student in Obstetrics & Gynaecology is to impart such knowledge and skills that may enable him to diagnose and manage antenatal and post natal follow up; manage labor and detect intrapartum emergencies; diagnose and treat common gynaecologic ailments.

#### (A) Therapeutic- An intern must perform or assist in:

- a) Diagnosis of early pregnancy and provision of ante-natal care; antenatal pelvic assessment and detection of cephalopelvic disproportion
- b) Diagnosis of pathology of pregnancy related to:
  - abortion

- ectopic pregnancy
- tumours complicating pregnancy
- acute abdomen in early pregnancy
- hyperemesis gravidarum

- Detection of high risk pregnancy cases and give suitable advice e.g. PIH, hydramanios, antepartum haemorrhage, multiple pregnancies, abnormal presentations and intra-uterine growth retardation
  - Induction of labor and amniotomy under supervision
  - Induction of labor and amniotomy under supervision
  - Management of normal labor, detection of abnormalities, post-partum hemorrhage and repair of perineal tears
  - Assist in forceps delivery
  - Detection and management of abnormalities of lactation,
  - Evaluation and prescription oral contraceptives with counseling,
  - Per speculum, per vaginam and per rectal examination for detection of common congenital, inflammatory, neoplastic and traumatic conditions of vulva, vagina, uterus and ovaries,
  - Medico-legal examination in Gynecology and Obstetrics.
- (B) Skills that an intern should be able to perform under supervision:
- Dilatation and curettage and fractional curettage,
  - Endometrial biopsy,
  - Endometrial aspiration,
  - Pap smear collection,
  - Intra Uterine Contraceptive Device (IUCD) insertion,
  - Minilap ligation,
  - Urethral catheterization,
  - Suture removal in postoperative cases,
  - Cervical punch biopsy.
- (C) An intern must have observed or preferably assisted at the following operations/ procedures:
- Major abdominal and vaginal surgery cases,
  - Second trimester Medical Termination of Pregnancy (MTP) procedures e.g. Mifeprex Prostaglandin instillations, Caesarean section.

The following skills need to be certified and recorded in the Internship logbook.

**Table 11: Certifiable Procedural Skills:**

*A Comprehensive list of skills recommended as desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS) – Indian Medical Graduate*

Specialty	Procedure
Gynecology	<ul style="list-style-type: none"> <li>• Per Speculum (PS) and Per Vaginal (PV) examination (I)</li> <li>• Visual Inspection of Cervix with Acetic Acid (VIA) (O)</li> <li>• Pap Smear sample collection &amp; interpretation (I)</li> <li>• Intra- Uterine Contraceptive Device (IUCD) insertion &amp; removal (I)</li> </ul>
Obstetrics	<ul style="list-style-type: none"> <li>• Obstetric examination (I)</li> <li>• Episiotomy (I)</li> <li>• Normal labor and delivery (including partogram) (I)</li> </ul>

#### Assessment of Internship:

- The intern shall maintain a record of work in a log book, which is to be verified and certified by the medical officer under whom he/she works. Apart from scrutiny of the record of work, assessment and evaluation of training shall be undertaken by an objective approach using situation tests in knowledge, skills and attitude during and at the end of the training.
- Based on the record of work and objective assessment at the end of each posting, the Dean/Principal shall issue cumulative certificate of satisfactory completion of training at the end of internship, following which the University shall award the MBBS degree or declare him eligible for it.
- Full registration shall only be given by the State Medical Council/Medical Council of India on the award of the MBBS degree by the University or its declaration that the candidate is eligible for it.



**Learning Objectives  
for  
Competency Based Undergraduate Curriculum for the Indian Medical Graduate  
June 2021**

**Topic: Demographic and Vital Statistics****Number of competencies: (03)****Number of procedures that require certification: (NIL)**

<b>No. OG 1.1</b>	<b>Competency: Demographic and vital statistics -Birth Rate, Maternal Mortality &amp; Morbidity</b>							
	<b>Learning Objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
	1. Define Birth Rate correctly	K	KH	Y	Lecture SGD Home assignment Project	Short Notes Viva MCQ	Community Medicine	Phase 3 Part 1
	2. Define maternal mortality rate and maternal mortality ratio correctly	K	KH	Y				Phase 3 Part 1
	3. Define direct, indirect and coincidental maternal death correctly	K	KH	Y				Phase 3 Part 1
4.	Discuss 4 important direct causes of Maternal mortality in India	K	KH	Y				Phase 3 Part 1

5.	Recall the Birth rate and Maternal mortality rate of institution, state, India	K	KH	Y				Phase 3 Part 1
6.	Define maternal near miss.	K	KH	Y				Phase 3 Part 1
7.	Discuss 4 most important causes of maternal morbidity	K	KH	Y				Phase 3 Part 1
8.	Discuss the measures to reduce maternal mortality rate in India –including MDSR , Near miss review	K	KH	Y				Phase 3 Part 1
9.	List the Government Programs to reduce MMR	K	KH	Y				Phase 3 Part 1
10.	Discuss at least two government strategies/programs to reduce MMR	K	KH	Y				Phase 3 Part 1

<b>No. OG 1.2</b>	<b>Competency: Define and discuss perinatal mortality and morbidity including perinatal and neonatal mortality and morbidity audit</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define Perinatal and Neonatal mortality correctly	K	KH	Y	Lecture SGD Home assignment Project	LAQ SAQ Viva MCQ	Community Medicine	Phase 3 Part 1
2.	Describe 4 causes each of Perinatal and Neonatal mortality and morbidity	K	KH	Y				Phase 3 Part 1
3.	Discuss interventions to reduce neonatal morbidity and mortality in India	K	KH	Y				Phase 3 Part 1
4.	Define audit in obstetrics correctly	K	KH	Y				Phase 3 Part 1



<b>No. OG 1.3</b>	<b>Competency: Define and discuss still birth and abortion</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define stillbirth and abortion accurately	K	KH	Y	Lecture SGD	SAQ Viva MCQ	Forensic Medicine	Phase 2
2.	Enlist 5 common causes of stillbirth	K	KH	Y				Phase 3 Part 1

**Topic: Anatomy of the female reproductive tract (Basic anatomy and embryology)**

**Number of competencies: (01)**

**Number of procedures that require certification: (NIL)**

<b>No. OG 2.1</b>	<b>Competency: Describe and discuss the development and anatomy of the female reproductive tract, relationship to other pelvic organs, applied anatomy as related to Obstetrics and Gynaecology</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Describe the anatomy of the female reproductive tract	K	KH	Y	Lecture SGD Seminar	LAQ, SAQ Viva MCQ	Anatomy	Phase 2

					Home assignment			
2.	Describe the relationship to pelvic organs with one another	K	KH	Y				Phase 2
3.	Describe the blood supply, lymphatic drainage and nerve supply of female genital tract	K	KH	Y				Phase 2
4.	Discuss the applied anatomy of pelvic organs	K	KH	Y				Phase 2
5.	Describe the development of the female reproductive tract	K	KH				Embryology	Phase 2
6.	List investigations for diagnosis of Mullerian duct anomalies	K	KH	Y				Phase 2
7.	Discuss the clinical significance of Mullerian duct anomalies	K	KH	Y				Phase 2

**Topic: Physiology of conception**

**Number of competencies: (01)**

**Number of procedures that require certification: (NIL)**

<b>No. OG 3.1 Competency: Describe the physiology of ovulation, menstruation, fertilization, implantation and gametogenesis.</b>								
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Describe physiology of menstruation its neuro endocrine control through the hypothalamic-pituitary ovarian axis	K	KH	Y	Lecture SGD Seminar Home assignment	LAQ SAQ Viva MCQ	Physiology	Phase 2
2.	Describe the physiology of ovulation and its neuro endocrine control through the hypothalamic-pituitary ovarian axis	K	KH	Y				Phase 2

3.	Describe spermatogenesis and oogenesis	K	KH	Y				Phase 2
4.	Describe Fertilization	K	KH	Y				Phase 2
5.	Describe Implantation and early decidual changes	K	KH	Y				Phase 2

**Topic: Development of fetus and placenta**

**Number of competencies: (01)**

**Number of procedures that require certification: (NIL)**

<b>No. OG 4.1</b>	<b>Competency: Describe and discuss the basic embryology of fetus, factors influencing fetal growth and development, anatomy and physiology of placenta, and teratogenesis</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Discuss early fetal development in ovular, embryonic and fetal periods	K	KH	Y	Lecture SGD Seminar Home assignment	LAQ Short note Viva MCQ	Anatomy	Phase 2
2.	List the organ systems that develop from each layer of trilaminar embryo	K	KH	Y				Phase 2

3.	Discuss the development of the placenta correctly	K	KH	Y				Phase 2
4.	Discuss the anatomy of term placenta correctly	K	KH	Y				Phase 2
5.	Describe 5 functions of placenta	K	KH	Y				Phase 2
6.	Describe placental barrier and 3 methods of transport of nutrients from the mother to the fetus across the placenta	K	KH	Y				Phase 2
7.	Discuss the physiology of uteroplacental circulation correctly	K	KH	Y				Phase 2
8.	Discuss the physiology of fetoplacental circulation correctly	K	KH	Y				Phase 2
9.	Enlist 5 important hormones along with their functions that are released from placenta	K	KH	Y				Phase 2

10.	Discuss at least 3 factors influencing fetal growth and development	K	KH	Y				Phase 2
11.	Enlist 2 differences between fetal and adult circulation correctly	K	KH	Y				Phase 2
12.	Describe the principal events in the development of respiratory system and role of surfactant in lung maturity correctly	K	KH	Y				Phase 2
13.	Define teratogenicity correctly	K	KH	Y				Phase 3 Part 2
14.	Discuss the significance of critical period of embryogenesis and factors that lead to abnormalities of growth, development and congenital malformations correctly	K	KH	Y				Phase 3 Part 2

15.	Enlist 10 common teratogenic drugs/agents/infections	K	KH	Y				Phase 3 Part 2
16.	Discuss the categorisation of drugs in pregnancy by FDA correctly	K	KH	Y				Phase 3 Part 2
17.	Discuss at least two interventions to prevent congenital malformations in the fetus	K	KH	Y				Phase 3 Part 2



**Topic: Pre-Conception counseling****Number of competencies: (02)****Number of procedures that require certification : (NIL)**

<b>No. OG 5.1 Competency: Describe, discuss and identify pre-existing medical disorders and discuss their management; discuss evidence-based intrapartum care</b>								
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define Pre-conceptual counselling	K	KH	Y	Lecture, Bedside Clinics	Short note Viva MCQ		Phase 2
2.	List 5 medical disorders that need preconception counselling for better pregnancy outcome	K	KH					Phase 3 Part 2
3.	List Pre-conceptual investigations, immunisations and interventions recommended by WHO	K	KH					Phase 3 Part 2
4.	Describe the pre-conceptual advice for	K	KH					Phase 3 Part 2

	a lady with epilepsy, diabetes, thyroid disease, hypertension, renal diseases, heart disease, tuberculosis, anaemia, obesity and autoimmune diseases correctly.							
5.	Describe the components of WHO preconception care package for improving maternal and fetal outcome correctly	K	KH					Phase 3 Part 2
6.	Describe principles of intrapartum care of a lady with epilepsy, thyroid disease, hypertension, renal diseases, bronchial asthma correctly according to recent national /WHO guidelines	K	KH					Phase 3 Part 2

No. OG 5.2	Competency: Determine maternal high risk factors and verify immunization status							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Define high risk pregnancy correctly	K/S	KH	Y	Bedside Clinics	Short note Viva MCQ Long case		Phase 2
2.	Enumerate at least 10 maternal high risk factors	K	KH	Y				Phase 2
3.	Enumerate at least 5 fetal high risk factors	K	KH	Y				Phase 2
4.	Assess the immunisation status of a lady in pre-conception and antenatal period related to diseases which can affect pregnancy	K	KH	Y				Phase 2

5.	Elicit the history relevant to pre-existing maternal risk factors in an antenatal clinic correctly	K	KH	Y				Phase 2
6.	Name 2 main immunisations that should be completed prior to pregnancy	K	KH	Y				Phase 2
7.	List immunisations required in pregnancy and their correct timing in pregnancy according to national guidelines correctly	K	KH	Y				Phase 2

**Topic: Diagnosis of pregnancy**

**Number of competencies: (01)**

**Number of procedures that require certification: (NIL)**

<b>No. OG 6.1</b>	<b>Competency: Describe, discuss and demonstrate the clinical features of pregnancy, derive and discuss its differential diagnosis, elaborate the principles underlying and interpret pregnancy tests</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Describe clinical features of pregnancy correctly	S	SH	Y	Lecture SGD Bedside Clinics	Short note Viva MCQ Long case		Phase 2
2.	Discuss the differential diagnosis a midline suprapubic lump in reproductive age group correctly	S	SH	Y				Phase 2
3.	Describe the chemical tests for diagnosis of pregnancy correctly	S	SH	Y				Phase 2
4.	Co-relate serum HCG with gestational age on USG in normal and abnormal pregnancy correctly	S	SH					Phase 3 Part 2

**Topic: Maternal changes in pregnancy**

**Number of competencies: (01)**

**Number of procedures that require certification: (NIL)**

No. OG 7.1	<b>Competency: Describe and discuss the changes in the genital tract, cardiovascular system, respiratory, haematology, renal and gastrointestinal system in pregnancy</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
	1. Discuss the anatomical changes in the genital tract & breast during pregnancy correctly	K	KH	Y	Lecture SGD Seminar Home assignment	SAQ LAQ MCQ Viva	Physiology	Phase 2
	2. Enumerate 5 changes in cardiovascular system during pregnancy accurately	K	KH	Y				Phase 2
	3. Discuss changes in cardiovascular system in third trimester, during labour and after delivery correctly	K	KH	Y				Phase 2
	4. Explain the mechanism and significance of	K	KH	Y				Phase 2

	postural hypotension in pregnancy correctly							
5.	Enumerate 5 major changes in haematological system during pregnancy correctly	K	KH	Y				Phase 2
6.	Enumerate 3 major changes in clotting mechanism during pregnancy correctly	K	KH	Y				Phase 2
7.	Explain physiological anemia of pregnancy correctly	K	KH	Y				Phase 2
8.	Enumerate 3 changes in respiratory system during pregnancy correctly	K	KH	Y				Phase 2
9.	Enumerate 3 changes in renal system during pregnancy correctly	K	KH	Y				Phase 2
10.	Enumerate 3 changes in gastrointestinal system during pregnancy correctly	K	KH	Y				Phase 2



**Topic: Ante natal care**

**Number of competencies: (08)**

**Number of procedures that require certification : (NIL)**

<b>No. OG 8.1</b>	<b>Competency: Enumerate, describe and discuss the objectives of antenatal care, assessment of period of gestation, screening for high risk factors</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
	1. Define antenatal care correctly.	k/S/A/C	KH/SH	Y	Lecture SGD Bedside clinic	SAQ Viva Long case	Community medicine	Phase 2
	2. Enumerate at least 4 aims and objectives of antenatal care correctly	k/S/A/C	KH/SH	Y				Phase 2
	3. Describe the frequency of antenatal visits in each trimester. (WHO)	k/S/A/C	KH/SH	Y				Phase 2
	4. Elicit history of an antenatal patient to rule out high risk factors correctly	k/S/A/C	KH/SH	Y				Phase 2
	5. Describe the workup of	k/S/A/C	KH/SH	Y				Phase 2

	the lady in each follow-up visit correctly							
6.	Establish the accurate gestational age by Naegle's formula, clinical history and examination and USG.	k/S/A/C	KH/SH	Y				Phase 2
7.	Enumerate a list of relevant antenatal investigations for a normal risk antenatal lady and interpret them according to pregnancy cut-off values accurately.	k/S/A/C	KH/SH	Y				Phase 2
8.	Categorize a lady into with justification into high risk or normal risk pregnancy based on history and investigations correctly	k/S/A/C	KH/SH	Y				Phase 3 Part 2
9.	Explain the rationale of antenatal screening and care co-relating it with maternal and neonatal morbidity and mortality	k/S/A/C	KH/SH	Y				Phase 3 Part 2

<b>No. OG 8.2 Competency: Elicit, document and present an obstetric history including menstrual history, obstetric history, co-morbid conditions, past medical history and surgical history</b>								
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Elicit, organize and present the chief complaints, history of present illness, past obstetric history, menstrual history, medical and surgical history in a structured manner	K/S	KH/SH	Y	Lecture SGD Bedside clinic	SAQ Viva Long case OSCE		Phase 2
2.	Define gravida and para correctly	K/S	KH/SH	Y				Phase 2
3.	Write the obstetric formula/code of a lady in a given paper case	K/S	KH/SH	Y				Phase 2

<b>No. OG 8.3</b>	<b>Competency: Describe, demonstrate, document and perform an obstetrical examination including a general and abdominal examination and clinical monitoring of maternal and fetal well-being</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Enlist clinical parameters and investigations to be assessed at every antenatal visit of a normal risk lady to monitor maternal and fetal well-being correctly	K/S/A/C	KH/SH	Y	Bedside clinic DOAP	SAQ Viva Long case OSCE		Phase 2
2.	Demonstrate general examination of an antenatal woman correctly	K/S/A/C	KH/SH	Y				Phase 2
3.	Demonstrate measurement of BP for an antenatal patient with an accuracy of 10 mmHg	K/S/A/C	KH/SH	Y				Phase 2
4.	Enlist the points to be noted on inspection while performing examination of the abdomen of an antenatal patient correctly	K/S/A/C	KH/SH	Y				Phase 2

5.	Demonstrate the measurement of fundal height clinically and by using a measuring tape to the satisfaction of the observer	K/S/A/C	KH/SH	Y				Phase 2
6.	Demonstrate abdominal examination of an antenatal patient using Leopald's maneuvers to the satisfaction of the observer	K/S/A/C	KH/SH	Y				Phase 2
	<b>See competency number 35.1 &amp; 35.2 also</b>			Y				

<b>No. OG 8.4</b>	<b>Competency: Describe and demonstrate clinical monitoring of fetal and maternal well-being</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Describe the clinical monitoring of maternal wellbeing in an antenatal patient correctly	k/S	KH/SH	Y	Lecture DOAP Bedside clinic	SAQ OSCE viva		Phase 3 Part 1
2.	Demonstrate the localization the fetal heart in an antenatal patient using a stethoscope or a fetal doppler correctly	k/S	KH/SH	Y				Phase 2
3.	Describe at least 4 tests to assess antepartum fetal well-being	k/S	KH/SH	Y				Phase 3 Part 1
4.	Interpret the findings of a given CTG record in a case scenario correctly	k/S	KH/SH	Y				Phase 3 Part 2

<b>No. OG 8.5</b>		<b>Competency: Describe and demonstrate pelvic assessment in a model</b>						
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Describe the timing of pelvic assessment in an antenatal lady	K/S/A/C	KH/SH	Y	DOAP	OSCE Viva		Phase 3 Part 2
2.	Demonstrate the steps of pelvic assessment on an anatomical model correctly according to the checklist provided	K/S/A/C	KH/SH	Y				Phase 3 Part 2

<b>No. OG 8.6</b>		<b>Competency: Assess and counsel a patient in a simulated environment regarding appropriate nutrition in pregnancy</b>						
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Elicit dietary history and calculate the calorie and protein deficit in a pregnant mother	K/S/A/C	KH/SH	Y	Bedside clinic SDG	Viva OSCE Long case	Community Medicine	Phase 2

2.	Calculate the recommended weight gain, caloric and protein requirement during pregnancy based on the pre pregnancy BMI of the given case according to WHO guidelines	K/S/A/C	KH/SH	Y				Phase 3 Part 1
3.	Counsel antenatal mother regarding appropriate nutrition and develop an appropriate meal plan for an antenatal lady based on the pre pregnancy BMI in a simulated environment to the satisfaction of the observer	K/S/A/C	KH/SH	Y				Phase 3 Part 1
4.	Write a prescription based on recommended daily allowance (RDA) of	K/S/A/C	KH/SH	Y				Phase 3 Part 1



	prophylactic and therapeutic amount of iron, calcium and folic acid for an antenatal woman in a paper case correctly							
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No. OG 8.7	Competency: Enumerate the indications for and types of vaccination in pregnancy							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Enlist the diseases that can be prevented during pregnancy by vaccination	K	K	Y	Lecture Bedside clinic SDG	SAQ Viva OSCE Long case	Community Medicine	Phase 3 Part 1
2.	Discuss the indications, contraindications, safety profile, dosage and route of administration of all vaccines recommended by WHO/ EPI during pregnancy correctly	K	K					Phase 3 Part 1
See competency 5.2 also								

<b>No. OG 8.8</b>	<b>Competency: Enumerate the indications and describe the investigations including the use of ultrasound in the initial assessment and monitoring in pregnancy</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Enumerate the list of investigations advised to a pregnant lady in the first trimester booking visit	K/S	KH / SH	Y	Lecture Bedside clinic SDG	SAQ Viva OSCE Long case		Phase 2
2.	Interpret the test for screening of diabetes correctly	K/S	KH / SH	Y				Phase 3 Part 2
3.	Enumerate indications of USG in first, second and third trimester in pregnancy.(at least 4 each) correctly	K/S	KH / SH	Y				Phase 3 Part 1
4.	Enumerate and describe clinical, ultrasonographic and cardiotocographic methods of antepartum fetal surveillance and their interpretation in each trimester of pregnancy correctly	K/S	KH / SH	Y				Phase 3 Part 1

**Topic: Complications in early pregnancy****Number of competencies: (05)****Number of procedures that require certification: (NIL)**

<b>No. OG 9.1</b>	<b>Competency: Classify, define and discuss the aetiology and management of abortions including threatened, incomplete, inevitable, missed and septic abortion</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Enumerate at least 5 causes of bleeding per vaginum in early pregnancy	K	KH	Y	Lecture SGD	OSCE LAQ SAQ Viva		Phase 2
2.	Define abortion as per WHO correctly	K	KH	Y				Phase 2
3.	Describe classification of types of abortion correctly	K	KH	Y				Phase 2
4.	Enlist at least 10 etiological factors of abortion	K	KH	Y				Phase 2
5.	Describe the clinical features, USG findings and	K	KH	Y				Phase 2

	management of threatened abortion correctly							
6.	Describe the clinical features, USG findings and management of inevitable abortion correctly	K	KH	Y				Phase 2
7.	Describe the clinical features, USG findings and management of incomplete abortion correctly	K	KH	Y				Phase 2
8.	Describe the clinical features, USG findings and management of complete abortion correctly	K	KH	Y				Phase 2
9.	Describe the clinical features, USG findings, complications and management of missed abortion correctly	K	KH	Y				Phase 2

10.	Define septic abortion	K	KH	Y				Phase 3 Part 2
11.	Enlist 4 causes of septic abortion	K	KH	Y				Phase 3 Part 2
12.	Describe the clinical features, USG findings and management of septic abortion correctly	K	KH	Y				Phase 3 Part 2
13.	Enlist 4 immediate and 2 long term complications of septic abortion	K	KH	Y				Phase 3 Part 2
14.	Identify the type of abortion based on the given case scenario correctly	K/S	KH	Y				Phase 3 Part 2

<b>No. OG 9.2 Competency: Describe the steps and observe/ assist in the performance of an MTP evacuation</b>								
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Enumerate the various medical methods of MTP for first and second trimester of pregnancy.	K/S/A/C	K/KH	Y	Lecture DOAP SGD	Viva OSCE		Phase 3 Part 1
2.	Enumerate the surgical methods, their indication and contraindications of MTP	K/S/A/C	K/KH	Y				Phase 3 Part 1
3.	Counsel a lady requesting MTP regarding complications, follow up and post abortion care and contraception in a socio-culturally sensitive manner to the satisfaction of the observer	K/S/A/C	K/KH	y				Phase 3 Part 1

4.	Describe all the steps of MTP evacuation (D&E) correctly	K/S/A/C	K/KH	Y				Phase 3 Part 2
5.	Identify the instruments and equipment used in performing MTP by D&E	K/S/A/C	K/KH	Y				Phase 3 Part 2
6.	Observe/ assist MTP evacuation (D & E) in at least 2 cases	K/S/A/C	K/KH	Y				Phase 3 Part 2
7.	Document 2 cases of D&E after observing /assisting with relevant details in logbook	K/S/A/C	K/KH	Y				Phase 3 Part 2
8.	Enlist common complications of medical and surgical methods of MTP (at least 3 each )  <b>See competency 20.1, 20.2 and 20.3 also</b>	K/S/A/C	K/KH	Y				Phase 3 Part 2

<b>No. OG 9.3</b>	<b>Competency: Discuss the aetiology, clinical features, differential diagnosis of acute abdomen in early pregnancy (with a focus on ectopic pregnancy) and enumerate the principles of medical and surgical management</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Enlist the common causes of acute abdomen in early pregnancy (at least 5)	K	KH	Y	Lecture SGD	LAQ SAQ Viva MCQ		Phase 3 Part 1
2.	Define ectopic pregnancy correctly	K	KH	Y				Phase 3 Part 1
3.	Enumerate different types of ectopic pregnancy according to anatomical site correctly. .	K	KH	Y				Phase 3 Part 1
4.	Enumerate 4 causes of of ectopic pregnancy.	K	KH	Y				Phase 3 Part 1
5.	Discuss the clinical features of ectopic pregnancy correctly	K	KH	Y				Phase 3 Part 1



6.	Describe the use of beta HCG and USG in diagnosis of ectopic pregnancy.	K	KH					Phase 3 Part 1
7.	Discuss the principles of medical management of ectopic pregnancy correctly	K	KH					Phase 3 Part 1
8.	Discuss the different surgical techniques for the management of tubal ectopic pregnancy through laparotomy and laparoscopy.	K	KH					Phase 3 Part 2

<b>No. OG 9.4</b>	<b>Competency: Clinical features, laboratory investigations, ultrasonography, differential diagnosis, principles of management and follow up of gestational trophoblastic neoplasms</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define GTD according to WHO / FIGO definition correctly	K	KH	Y	Lecture SGD	LAQ SAQ Viva MCQ		Phase 3 Part 1

2.	Define vesicular mole correctly	K	KH					Phase 3 Part 1
3.	Describe classification of GTD correctly	K	KH					Phase 3 Part 1
4.	Describe types of vesicular mole correctly	K	KH					Phase 3 Part 1
5.	Compare and contrast partial and complete vesicular mole on basis of karyotype, clinical features, investigations correctly	K	KH					Phase 3 Part 1
6.	Describe management of partial and complete vesicular mole correctly	K	KH	Y				Phase 3 Part 1
7.	Describe the follow-up and contraceptive advice of partial and complete vesicular mole correctly	K	KH	Y				Phase 3 Part 1

<b>No. OG 9.5</b>	<b>Competency: Describe the etiopathology, impact on maternal and fetal health and principles of management of hyperemesis gravidarum</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define Hyperemesis Gravidarum correctly	K	KH	Y	Lecture SGD	LAQ SAQ Viva MCQ		Phase 2
2.	Discuss 4 factors related to etiopathology of Hyperemesis Gravidarum.	K	KH	Y				Phase 2
3.	Enumerate 5 causes of excessive vomiting in pregnancy	K	KH	Y				Phase 2
4.	Order appropriate investigations based on aetiological factors in a case of hyperemesis	K	KH	Y				Phase 2
5.	Identify the need for admission in a patient on the basis of history, examination and	K	KH	Y				Phase 2

	investigations in a paper case correctly							
6.	Describe the management of Hyperemesis Gravidarum correctly	K	KH	Y				Phase 2

**Topic: Antepartum hemorrhage****Number of competencies: (02)****Number of procedures that require certification : (NIL)**

<b>No. OG 10.1 Competency: Define, classify&amp; describe the etiology, pathogenesis, clinical features, ultrasonography, differential diagnosis and management of antepartum hemorrhage</b>								
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define and classify antepartum haemorrhage correctly	K	KH	Y	Lecture Bedside clinic	LAQ SAQ MCQ Viva		Phase 3 Part 1
2.	Enumerate at least 6 causes of antepartum haemorrhage	K	KH	Y				Phase 3 Part 1
3.	Describe the types of placenta previa correctly	K	KH	Y				Phase 3 Part 1

4.	Enumerate at least 4 causes of placenta previa	K	KH	Y				Phase 3 Part 1
5.	Describe the pathogenesis of placenta previa correctly	K	KH	Y				Phase 3 Part 1
6.	Describe the clinical features of placenta previa	K	KH	Y				Phase 3 Part 1
7.	List the investigations for diagnosis and management of placenta previa	K	KH	Y				Phase 3 Part 1
8.	Describe the principles of management of placenta previa	K	KH	Y				Phase 3 Part 1

9.	Enumerate the maternal and fetal complications of placenta previa (at least 3 each)	K	KH	Y				Phase 3 Part 1
10.	Define and classify abruptio placentae on the basis of clinical features correctly	K	KH	Y				Phase 3 Part 1
11.	Enumerate at least 4 the causes of abruptio placentae	K	KH	y				Phase 3 Part 1
12.	Describe the clinical features of abruptio	K	KH	Y				Phase 3 Part 1

	placentae correctly							
13.	List the investigations for diagnosis and management of a case of abruptio placentae	K	KH	Y				Phase 3 Part 1
14.	Discuss the management of abruptio placentae correctly	K	KH	y				Phase 3 Part 1
15.	Enumerate the maternal and fetal complications of abruptio	K	KH	Y				Phase 3 Part 1



	placentae (3 each)							
16.	Compare and contrast placenta previa and abruptio placentae on basis of history and examination correctly	K	KH	Y				Phase 3 Part 1

<b>No. OG 10.2</b>	<b>Competency: Enumerate the indications and describe the appropriate use of blood and blood products, their complications and management</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Enumerate the indications of blood transfusion in OBGYN	K	KH	Y	Lecture SGD MCQ Bedside clinic	SAQ Viva MCQ	Pathology  Transfusion Medicine	Phase 3 Part 1
2.	Enlist the blood products and their uses correctly	K	KH	Y				Phase 3 Part 1
3.	Discuss the immediate and delayed complications of blood and blood product transfusion correctly	K	KH	Y				Phase 3 Part 1
4.	Describe the steps of blood transfusion correctly	K	KH	Y				Phase 3 Part 1
5.	Describe the management of blood transfusion reaction	K	KH	Y				Phase 3 Part 1

**Topic: Multiple pregnancy****Number of competencies: (01)****Number of procedures that require certification : (NIL)**

No. OG 11.1	Competency: Describe the etiopathology, clinical features, diagnosis and investigations , complications, principles of management of multiple pregnancies							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
	1. Define and classify multiple pregnancy correctly	K	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ Viva Long case		Phase 3 Part 2
	2. Outline the incidence and prevalence of multiple pregnancy	K	KH					Phase 3 Part 2
	3. Explain the importance of determining the chorionicity and zygosity of twin pregnancy.	K	KH					Phase 3 Part 2
4.	Enumerate the causes of multiple pregnancy	K	KH	Y				Phase 3 Part 2

5.	Summarise the maternal physiological changes in multiple pregnancy	K	KH	Y				Phase 3 Part 2
6.	Describe the diagnosis clinical features, USG findings and differential diagnosis of twin pregnancy	K	KH					Phase 3 Part 2
7.	Enumerate fetal complications of multiple pregnancy in antenatal period, labour and puerperium	K	KH	Y				Phase 3 Part 2
8.	Enumerate maternal complications of multiple pregnancy	K	KH	Y				Phase 3 Part 2
9.	Outline the role of USG in management of twin pregnancy correctly	K	KH					Phase 3 Part 2
10.	Outline the principles of management of multiple pregnancies.	K	KH	Y				Phase 3 Part 2

**Topic: Medical disorders in pregnancy**

**Number of competencies: (08)**

**Number of procedures that require certification : (NIL)**

<b>No. OG 12.1 Competency: Define, classify and describe the etiology sand pathophysiology, early detection, investigations, principles of management of hypertensive disorders of pregnancy and eclampsia, complications of eclampsia</b>								
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Describe classification of Hypertensive disorders in pregnancy	K/S/A/C	SH	Y	Lecture SGD Drill Bedside clinic	LAQ SAQ Viva MCQ Long case	Medicine	Phase 3 Part 1
2.	Describe the cut-off criteria of systolic and diastolic blood pressure for hypertension in pregnancy	K/S/A/C	SH	Y				Phase 3 Part 1
3.	Define Gestational hypertension	K/S/A/C	SH	Y				Phase 3 Part 1
4.	Discuss the treatment of gestational hypertension.	K/S/A/C	SH	Y				Phase 3 Part 1

5.	Define Pre-eclampsia and eclampsia	K/S/A/C	SH	Y				Phase 3 Part 1
6.	Describe etiopathology of Pre-eclampsia	K/S/A/C	SH	Y				Phase 3 Part 1
7.	Enumerate at least 4 high-risk factors for HDP	K/S/A/C	SH	Y				Phase 3 Part 1
8.	Compare and contrast non-severe and severe Pre-eclampsia	K/S/A/C	SH	Y				Phase 3 Part 1
9.	Outline the principles of management of preclampsia	K/S/A/C	SH	Y				Phase 3 Part 1
10.	Enumerate causes of fits in pregnancy	K/S/A/C	SH	Y				Phase 3 Part 1
11.	Discuss differential diagnosis of convulsions in pregnancy	K/S/A/C	SH	Y				Phase 3 Part 2
12.	Describe the step-wise management of eclampsia	K/S/A/C	SH	Y				Phase 3 Part 1
13.	Enumerate at least 4 fetal and 4 maternal complications of pre-	K/S/A/C	SH	Y				Phase 3 Part 1

	eclampsia and eclampsia							
14.	Demonstrate knowledge, skill, team work, leadership qualities, communication skills and empathy while managing a case of Eclampsia during an Eclampsia Drill	K/S/A/C	SH	Y				Phase 3 Part 2

<b>No. OG 12.2</b>	<b>Competency: Define, classify and describe the etiology and pathophysiology, diagnosis, investigations, adverse effects on mother and fetus, management during pregnancy and labor and complications of anemia in pregnancy</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define anemia in pregnancy as per WHO criteria	K/S/A/C	SH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case	Medicine Pathology Community medicine	Phase 2

2.	Classify anemia in pregnancy as per WHO criteria	K/S/A/C	SH	Y				Phase 3 Part 2
3.	Enumerate common etiological factors of anaemia in pregnancy (at least 6)	K/S/A/C	SH	Y				Phase 3 Part 2
4.	Discuss pathophysiology of anaemia in pregnancy	K/S/A/C	SH	Y				Phase 3 Part 2
5.	List the investigations for a case of anemia correctly	K/S/A/C	SH	Y				
6.	Discuss differential diagnosis of anemia in pregnancy	K/S/A/C	SH	Y				Phase 3 Part 2
7.	Discuss trimester-wise management of anemia in pregnancy according to severity	K/S/A/C	SH	Y				Phase 3 Part 2
8.	Discuss management of anemia during labor according to severity	K/S/A/C	SH	Y				Phase 3 Part 2



9.	Discuss management of anemia in post-partum period according to severity	K/S/A/C	SH	Y				Phase 3 Part 2
10.	Enumerate the fetomaternal complications of anemia in pregnancy (4 each)	K/S/A/C	SH	Y				Phase 3 Part 2
11.	Counsel a pregnant lady with anemia regarding diet, nutrition and oral iron therapy in a simulated environment to observer's satisfaction in simulated environment.	K/S/A/C	SH	Y				Phase 3 Part 2
12.	Describe strategies for prevention of anemia in pregnancy including National program for prevention of anemia in pregnancy	K/S/A/C	SH	Y				Phase 3 Part 2

<b>No. OG 12.3</b>	<b>Competency: Define, classify and describe the etiology and pathophysiology, diagnosis, investigations, criteria, adverse effects on mother and fetus, management during pregnancy and labor and complications of diabetes in pregnancy</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define and classify diabetes in pregnancy	K/S/A/C	SH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case	Medicine community medicine	Phase 2
2.	Describe screening methods for gestational diabetes (DIPSI's/ WHO)	K/S/A/C	SH	Y				Phase 2
3.	Discuss pathophysiology of gestational diabetes	K/S/A/C	SH					Phase 3 Part 2
4.	Enumerate effect of diabetes on mother and fetus (at least 3 each)	K/S/A/C	SH	Y				Phase 3 Part 2
5.	Describe antenatal management and fetal surveillance in pregnancy with diabetes	K/S/A/C	SH					Phase 3 Part 2

6.	Describe various treatment options in diabetes in pregnancy	K/S/A/C	SH					Phase 3 Part 2
7.	Discuss management of diabetic mother during labor and postpartum	K/S/A/C	SH	Y				Phase 3 Part 2
8.	Counsel patient regarding diet, nutrition lifestyle modification during pregnancy with diabetes, in simulated environment to the observer's satisfaction	K/S/A/C	SH	Y				Phase 3 Part 2

<b>No. OG 12.4</b>	<b>Competency: Competency: Define, classify and describe the etiology and pathophysiology, diagnosis, investigations, criteria, adverse effects on mother and fetus, management during pregnancy and labor and complications of heart disease in pregnancy</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define and classify heart diseases in pregnancy as per NYHA classification	K	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case	Medicine	Phase 3 Part 2
2.	Discuss pathophysiology of heart disease in pregnancy	K	KH					Phase 3 Part 2
3.	Enumerate common clinical features of heart disease in pregnancy (at least 5)	K	KH	Y				Phase 3 Part 2
4.	Enumerate common adverse effects of cardiac disease on mother and fetus (at least 5)	K	KH	Y				Phase 3 Part 2

5.	Enumerate complications of cardiac diseases in pregnancy in mother and fetus (at least 5)	K	KH					Phase 3 Part 2
6.	Enumerate conditions in a case of pregnancy with heart disease when pregnancy is contraindicated	K	KH					
7.	Enumerate important principles in management of labor in patients of cardiac disease in pregnancy (at least 3)	K	KH	Y				Phase 3 Part 2

No.	Competency: Describe the clinical features, detection, effect of pregnancy on the disease and impact of the disease on pregnancy complications and management of urinary tract infections in pregnancy							
OG 12.5	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Define asymptomatic bacteriuria	K/S/C	SH	Y	Lecture SGD Bedside clinic	SAQ MCQ Viva Long case	Microbiology	Phase 2

2.	Describe clinical features of UTI in pregnancy (atleast 3)	K/S/C	SH	Y				Phase 2
3.	Discuss effects of UTI on pregnancy (at least 3)	K/S/C	SH	Y				Phase 2
4.	Enumerate drugs which can be used for treating UTI in pregnancy	K/S/C	SH	Y				Phase 2
5.	Discuss management of UTI in pregnancy	K/S/C	SH	Y				Phase 2
6.	Enumerate indications of long term suppressive therapy in pregnancy	K/S/C	SH	Y				Phase 2
7.	Counsel a woman for correct method of collection of urine sample for culture and sensitivity in a simulated environment to the observer's satisfaction	K/S/C	SH	Y				Phase 2

<b>No. OG 12.6</b>	<b>Competency: Describe the clinical features, detection, effect of pregnancy on the disease and impact of the liver disease on pregnancy complications and management of liver disease in pregnancy</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Describe the clinical features of liver disease in pregnancy.	K	KH	Y	Lecture SGD Bedside clinic	SAQ MCQ Viva Long case	Medicine	Phase 3 Part 2
2.	Describe the diagnosis of liverdisease in pregnancy.	K	KH					Phase 3 Part 2
3.	Enumerate the liver diseases seen in pregnancy	K	KH					Phase 3 Part 2
4.	Describe the effect of pregnancy on liver diseaseand effect of liver disease on pregnancy	K	KH					Phase 3 Part 2

5.	Define intrahepatic cholestasis of pregnancy	K	KH	Y				Phase 3 Part 2
6.	List 2 feto-maternal complications of IHCP in pregnancy	K	KH	Y				Phase 3 Part 2

<b>No. OG 12.7</b>	<b>Competency: Describe and discuss screening, risk factors, management of mother and newborn with HIV</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Enumerate the relevant points for preconception counseling of a HIV positive lady	K	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 1
2.	Discuss management of patient who is a HIV positive before pregnancy and for those testing positive for first time in pregnancy in antenatal period	K	KH	Y				Phase 3 Part 1



3.	Discuss management of patient having HIV during labor	K	KH	Y				Phase 3 Part 1
4.	Discuss management of newborn of HIV positivemother	K	KH	Y				Phase 3 Part 1

<b>No. OG 12.8</b>	<b>Competency: Describe the mechanism, prophylaxis, fetal complications, diagnosis and management of isoimmunization in pregnancy</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Discuss mechanism of Rh isoimmunization in pregnancy	K/S/C	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 2
2.	Enumerate fetal complications of Rh isoimmunization in pregnancy (at least 3)	K/S/C	KH	y				Phase 3 Part 2
3.	Enumerate USG findings of fetus of Rh isoimmunization (at least 3)	K/S/C	KH	Y				Phase 3 Part 2

4.	Discuss management of Rh isoimmunization in pregnancy	K/S/C	KH	Y				Phase 3 Part 2
5.	Discuss prevention of Rh isoimmunization in pregnancy	K/S/C	KH	Y				Phase 3 Part 2
6.	Counsel a patient about role of Anti D in preventing Rh isoimmunization in a simulated environment to the observer's satisfaction	K/S/C	KH/S	Y				Phase 3 Part 2

**Topic: Labor**

**Number of competencies: (05)**

**Number of procedures that require certification : (01)**

<b>No. OG 13.1</b>	<b>Competency: Enumerate and discuss the physiology of normal labor, mechanism of labor in occipito-anterior presentation; monitoring of labor including partogram; conduct of labor, pain relief; principles of induction and acceleration of labor; management of third stage of labor.</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define normal labor correctly	K/S/A/C	SH/P	Y	Lecture SGD DOAP	SAQ MCQ Viva OSCE		Phase 2
2.	Enumerate the signs and symptoms of labor correctly	K/S/A/C	SH/P	Y				Phase 2
3.	Compare and contrast false and true labor pains correctly	K/S/A/C	SH/P	Y				Phase 2
4.	Discuss the physiology of fetus, pelvis and forces during labor	K/S/A/C	SH/P	Y				Phase 2

5.	Describe the 4 stages of labor and their normal duration	K/S/A/C	SH/P	Y				Phase 2
6.	Demonstrate the cardinal movements for mechanism of labor on a mannikin	K/S/A/C	SH/P	Y				Phase 2
7.	Describe the 4 stages of labor and their normal duration	K/S/A/C	SH/P	Y				Phase 2
8.	Define position, lie, presenting part, engagement, denominator, vertex, moulding, caput succedenum	K/S/A/C	SH/P	Y				Phase 2
9.	Describe the components of Respectful Maternity Care during labor according to WHO	K/S/A/C	SH/P	Y				Phase 2

10.	Describe the management of 1st stage of labor according to WHO recommendations	K/S/A/C	SH/P	Y				Phase 3 Part 1
11.	List the components of WHO partograph / labor care guide correctly	K/S/A/C	SH/P	Y				Phase 3 Part 1
12.	Document the clinical findings from a given case scenario/ actual patient in a partograph/ labor care guide correctly	K/S/A/C	SH/P	Y				Phase 3 Part 1
13.	Monitor labour in 5 patients using a partogram / labor care guide and document in the logbook	K/S/A/C	SH/P	Y				Phase 3 Part 1
14.	Describe signs of fetal distress in labor	K/S/A/C	SH/P	Y				Phase 3 Part 1

15.	Interpret abnormalities in labor from a given partograph / labor care guide correctly	K/S/A/C	SH/P	Y				Phase 3 Part 1
16.	Describe at least 2 common non-pharmacological and pharmacological methods for pain relief in labor	K/S/A/C	SH/P	Y				Phase 3 Part 1
17.	Define induction of labor	K/S/A/C	SH/P	Y				Phase 3 Part 2
18.	Enumerate at least 4 common indications for induction of labor	K/S/A/C	SH/P	Y				Phase 3 Part 2
19.	List 4 commonly used methods of induction.	K/S/A/C	SH/P	Y				Phase 3 Part 2
20.	Define augmentation of labour	K/S/A/C	SH/P	Y				Phase 3 Part 1

21.	Describe 2 common methods of augmentation of labor	K/S/A/C	SH/P	Y				Phase 3 Part 1
22.	List at least 2 fetal and 2 maternal complications of induction and augmentation of labor	K/S/A/C	SH/P	Y				Phase 3 Part 1
23.	Describe clinical features of hyperstimulation	K/S/A/C	SH/P	Y				Phase 3 Part 1
24.	Describe the immediate management of hyper stimulation in labor during induction/augmentation	K/S/A/C	SH/P	Y				Phase 3 Part 1
25.	Define active management of third stage of labor	K/S/A/C	SH/P	Y				Phase 3 Part 1
26.	Describe the physiology of 3 <sup>rd</sup> stage of labor	K/S/A/C	SH/P	Y				Phase 3 Part 1
27.	List the three steps in active management of third stage of labour	K/S/A/C	SH/P	Y				Phase 3 Part 1

28.	Compare and contrast the expectant and active management of third stage of labour	K/S/A/C	SH/P	Y				Phase 3 Part 1
29.	Describe maternal monitoring of 4 <sup>th</sup> stage of labour	K/S/A/C	SH/P	Y				Phase 3 Part 1

<b>No. OG 13.2</b>	<b>Competency: Define, describe the causes, pathophysiology, diagnosis, investigations and management of preterm labor, PROM and post dated pregnancy</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define preterm labor	K	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 1
2.	Describe the pathophysiology of preterm labor	K	KH	Y				Phase 3 Part 2
3.	Enumerate risk factors for preterm labor	K	KH	Y				Phase 3 Part 2



4.	Describe the clinical features and diagnosis of preterm labour	K	KH	Y				Phase 3 Part 2
5.	Discuss the principles of management of preterm labour	K	KH	Y				Phase 3 Part 2
6.	Describe the mechanism of action, dosage and contraindications of two most commonly used tocolytic drugs	K	KH	Y				Phase 3 Part 2
7.	Describe the role of steroids and antibiotics in preterm labour	K	KH	Y				Phase 3 Part 2
8.	List the complications of preterm baby	K	KH	Y				Phase 3 Part 2
9.	Define PPROM and PROM	K	KH	Y				Phase 3 Part 1

10.	Discuss the pathophysiology of preterm PROM	K	KH	Y				Phase 3 Part 2
11.	Discuss the diagnosis of PPRM	K	KH	Y				Phase 3 Part 2
12.	List two important maternal and two important fetal complications of PPRM	K	KH	Y				Phase 3 Part 2
13.	Outline the principles of management of a case of PPRM	K	KH	Y				Phase 3 Part 2
14.	Define post-dated, and post term pregnancy	K	KH	Y				Phase 3 Part 2
15.	List 2 important complications of post term pregnancy	K	KH	Y				Phase 3 Part 2
16.	Discuss clinical, sonographic and	K	KH	Y				Phase 3 Part 2

	cardiotocographic methods of antepartum fetal surveillance in post-dated and post term pregnancy							
17.	Discuss the management of post dated pregnancy	K	KH	Y				Phase 3 Part 2

<b>No. OG 13.3</b>	<b>Competency: Observe/ assist in the performance of an artificial rupture of membranes</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	List the instruments required for ARM	K/S	KH/SH	Y	SGD Bedside clinic DOAP	SAQ MCQ OSCE Viva Logbook		Phase 3 Part 1
2.	List 2 indications for ARM	K/S	KH/SH	Y				Phase 3 Part 1

3.	List 2 contraindications of ARM	K/S	KH/SH	Y				Phase 3 Part 1
4.	Describe the steps of ARM correctly	K/S	KH/SH	Y				Phase 3 Part 1
5.	List 3 important complications of ARM	K/S	KH/SH	Y				Phase 3 Part 1
6.	Observe/assist in 2 cases undergoing ARM	K/S	KH/SH	Y				Phase 3 Part 1

<b>No. OG 13.4</b>	<b>Competency: Demonstrate the stages of normal labor in a simulated environment/manikin</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	List the pre-procedure, procedural and post procedural steps in conduct of normal delivery	K/S/A/C	SH/P	Y	DOAP	OSCE		Phase 3 Part 1
2.	Demonstrate the steps of normal delivery in correct sequence on a	K/S/A/C	SH/P	Y				Phase 3 Part 1

	mannikin according to checklist provided							
3.	Demonstrate the conduct of 3 <sup>rd</sup> stage of labor including method of examination of placenta correctly on a model	K/S/A/C	SH/P	Y				Phase 3 Part 1

<b>No. OG 13.5</b>	<b>Competency: Observe and assist the conduct of a normal vaginal delivery</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Identify the 2 <sup>nd</sup> stage of labour correctly	K/S/A/C	SH/P	Y	DOAP	Logbook		Phase 3 Part 1
2.	Prepare himself/herself , instruments, drugs and the patient for conduct of second stage of labor as per checklist provided	K/S/A/C	SH/P	y				Phase 3 Part 1

3.	Assist in/observe the conduct of second stage of labor as per checklist provided	K/S/A/C	SH/P	Y				Phase 3 Part 1
4.	Perform /assist in conduct of third stage according to AMTSL and document it with relevant details in Logbook	K/S/A/C	SH/P	Y				Phase 3 Part 1
5.	Document the relevant information and delivery notes after conduct of vaginal delivery correctly in the logbook in 10 vaginal deliveries	K/S/A/C	SH/P	Y				Phase 3 Part 1

**Topic: Maternal pelvis**

**Number of competencies: (04)**

**Number of procedures that require certification: (NIL)**

<b>No. OG 14.1 Competency: Enumerate and discuss the diameters of maternal pelvis and types</b>								
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Describe various diameters and their measurements at pelvic inlet, mid-cavity and outlet of maternal pelvis	K/S	KH, SH	Y	SGD DOAP	OSCE SAQ MCQ Viva		Phase 3 Part 2
2.	Describe the diameters and their measurements in a fetal skull relevant to labor	K/S	KH, SH	Y				Phase 3 Part 2
3.	Enumerate types of pelvis	K/S	KH, SH	Y				Phase 3 Part 2

4.	Compare and contrast gynecoid and android pelvis	K/S	KH, SH	Y				Phase 3 Part 2
5.	Describe plane of pelvic inclination and planes of pelvis at inlet cavity and outlet	K/S	KH, SH	Y				Phase 3 Part 2

<b>No. OG 14.2</b>	<b>Competency: Discuss the mechanism of normal labor. Define and describe obstructed labor, its clinical features; prevention; and management</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	See LOs for competency OG 13.1 for mechanism of labor	K/S/A/C	SH/P	Y	Lecture SGD Bedside clinic	SAQ MCQ Viva		Phase 3 Part 1
2.	Define Obstructed labour	K	KH	Y				Phase 3 Part 2
3.	Enumerate at least 4 fetal and 4 maternal causes of obstructed labour.	K	KH	Y				Phase 3 Part 2
4.	Describe the clinical features of obstructed labour	K	KH	Y				Phase 3 Part 2



5.	Discuss the management of obstructed labour	K	KH	Y				Phase 3 Part 2
6.	Discuss strategies to prevent obstructed labour in the Indian context	K	KH	y				Phase 3 Part 2

<b>No. OG 14.3</b>	<b>Competency Describe and discuss rupture uterus, causes, diagnosis and management</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Enumerate 4 common factors predisposing to rupture uterus	K	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva		Phase 3 Part 2
2.	Enumerate and discuss the 4 common causes of rupture	K	KH	Y				Phase 3 Part 2
3.	Compare and contrast Bandl's ring with Constriction ring	K	KH	Y				Phase 3 Part 2

4.	Describe the clinical features of rupture uterus	K	KH	Y				Phase 3 Part 2
5.	Discuss the management of rupture uterus	K	KH	Y				Phase 3 Part 2
6.	Describe at least 4 important complications of rupture uterus	K	KH	Y				Phase 3 Part 2

<b>No. OG 14.4</b>	<b>Competency: Describe and discuss the classification, diagnosis and management of abnormal Labour</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Describe the denominator, positions and diameter of engagement of occipito-posterior, breech, face, brow and shoulder presentations	K	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva		Phase 3 Part 2

2.	Define occipito posterior position	K	KH	Y				Phase 3 Part 2
3.	Enumerate at least 4 causes of occipito-posterior presentation	K	KH	Y				Phase 3 Part 2
4.	Describe the clinical diagnosis of occipito-posterior presentation	K	KH	Y				Phase 3 Part 2
5.	Describe the outcome of labor in occipito position	K	KH	Y				Phase 3 Part 2
6.	Demonstrate the mechanism of labor in occipito posterior presentation	K	KH	Y				Phase 3 Part 2
7.	Discuss the management of occipito posterior presentation	K	KH	Y				Phase 3 Part 2
8.	Enumerate complications of occipito posterior position in labor	K	KH	Y				Phase 3 Part 2
9.	Define types of breech presentation	K	KH	Y				Phase 3 Part 2

10.	Enumerate at least 4 causes of Breech presentation	K	KH	Y				Phase 3 Part 2
11.	Describe the clinical features of Breech presentation	K	KH	Y				Phase 3 Part 2
12.	Enumerate 2 investigations for confirming the diagnosis of breech presentation	K	KH	Y				Phase 3 Part 2
13.	Demonstrate the mechanism of labour in Breech presentation	K	KH					Phase 3 Part 2
14.	Outline the principles of management of breech presentation	K	KH	Y				Phase 3 Part 2
15.	Enumerate at least 4 important fetal complications in breech presentation	K	KH	Y				Phase 3 Part 2
16.	Define face presentaion	K	KH	Y				Phase 3 Part 2

17.	Enumerate at least 4 causes of face presentation	K	KH	Y				Phase 3 Part 2
18.	Describe the clinical features of face presentation	K	KH	Y				Phase 3 Part 2
19.	Demonstrate the mechanism of labour in face presentation	K	KH					Phase 3 Part 2
20.	Discuss principles of management of face presentation	K	KH	Y				Phase 3 Part 2
21.	Define transverse lie	K	KH	Y				Phase 3 Part 2
22.	Enumerate at least 4 important causes of transverse lie	K	KH	Y				Phase 3 Part 2
23.	Describe the clinical features of transverse lie	K	KH	Y				Phase 3 Part 2
24.	Enumerate at least 4 foeto-maternal complications in transverse lie	K	KH	Y				Phase 3 Part 2

25.	Discuss the principles of management of Transverse lie	K	KH	Y				Phase 3 Part 2
26.	Define brow presentation	K	KH	Y				Phase 3 Part 2
27.	Describe the clinical diagnosis of brow presentation	K	KH	Y				Phase 3 Part 2
28.	Outline the management of brow presentation	K	KH					Phase 3 Part 2
29.	Define cord presentation and cord prolapse	K	KH	Y				Phase 3 Part 1
30.	Enumerate 2 important causes of cord prolapse	K	KH	Y				Phase 3 Part 1
31.	Describe the clinical diagnosis of cord prolapse and cord presentation	K	KH	Y				Phase 3 Part 1
32.	Outline the immediate management of cord prolapse	K	KH	Y				Phase 3 Part 1

**Topic: Operative obstetrics****Number of competencies: (02)****Number of procedures that require certification: (NIL)**

<b>No. OG 15.1</b>	<b>Competency: Enumerate and describe the indications and steps of common obstetric procedures, technique and complication: Episiotomy, vacuum extraction: low forceps: Caesarean section, assisted breech delivery, external cephalic version, cervical cerclage</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
	<b>Episiotomy</b>							
1.	Define episiotomy	K/S/A/C	KH/SH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 1
2.	Enumerate the muscles of perineum and perineal body	K/S/A/C	KH/SH	Y				Phase 3 Part 1
3.	List 5 common Indications of episiotomy	K/S/A/C	KH/SH	Y				Phase 3 Part 1

4.	Describe the types of episiotomy	K/S/A/C	KH/SH	Y				Phase 3 Part 1
5.	Compare and contrast the advantages and disadvantages of median and mediolateral episiotomy.	K/S/A/C	KH/SH	Y				Phase 3 Part 1
6.	Describe the steps of the procedure of episiotomy and its repair	K/S/A/C	KH/SH	Y				Phase 3 Part 1
7.	Describe the post operative care of episiotomy including the counselling of the patient	K/S/A/C	KH/SH	Y				Phase 3 Part 1



8.	Discuss the complications, their diagnosis and management of common complications of episiotomy (haematoma, infection, complete perineal tear)	K/S/A/C	KH/SH	Y				Phase 3 Part 1
9.	Demonstrate the procedure of episiotomy on a mannikin in a simulated environment as per checklist provided	K/S/A/C	SH/P	Y				Phase 3 Part 1
<b>Forceps</b>								
10.	Identify and describe the parts of an outlet forceps	K	KH	Y				Phase 3 Part 2
11.	Classify types of forceps operations	K	KH					Phase 3 Part 2

12.	Enumerate at least 5 pre requisites for outlet forceps application	K	KH	Y				Phase 3 Part 2
13.	List Indications of forceps application and contraindications of forceps delivery( at least 3 each)	K	KH	Y				Phase 3 Part 2
14.	Demonstrate the steps of Outlet forceps application on a manikin/pelvic model	k	KH	Y				Phase 3 Part 2
15.	Discuss the maternal and neonatal complications with forceps delivery (at least 3 each)	K	KH	Y				Phase 3 Part 2
<b>Vacuum delivery</b>								
16.	Identify and describe the parts of obstetric vacuum	K	KH	Y				Phase 3 Part 2

17.	List Indications and contraindications of Vacuum delivery ( at least 3 each)	K	KH	Y				Phase 3 Part 2
18.	Enumerate the pre requisites for vacuum delivery ( at least 3 each)	K	KH	Y				Phase 3 Part 2
19.	Demonstrate the steps of vacuum application and delivery on a manikin/pelvic model	K	KH	Y				Phase 3 Part 2
20.	Discuss the maternal and neonatal complications with vacuum delivery ( at least 3 each)	K	KH	Y				Phase 3 Part 2
21.	Compare and contrast the advantages and disadvantages of forceps and vacuum for assisting vaginal delivery	K	KH	Y				Phase 3 Part 2

22.	Describe post-operative care following operative vaginal delivery	K	KH	Y				Phase 3 Part 2
<b>Caesarean Section</b>								
23.	Define caesarean section (CS)	K	KH	Y				Phase 2
24.	Enumerate indications of CS ( at least 3 fetal and 3 maternal )	K	KH	Y				Phase 2
25.	Compare and contrast upper segment and lower segment CS in terms of indications, technique, advantages and disadvantages	K	KH	Y				Phase 3 Part 2
26.	Describe the preoperative preparation for CS	K	KH	Y				Phase 3 Part 2
27.	Describe the steps of LSCS	K	KH	Y				Phase 3 Part 2
28.	Discuss the postoperative care and tasks after CS	K	KH	Y				Phase 3 Part 2

29.	Discuss fetal and maternal complications intra operative, post operative, late (at least 6)	K	KH	Y				Phase 3 Part 2
30.	Counsel a lady at the time of discharge regarding post CS care and follow up in a socio-culturally sensitive and empathetic manner to the satisfaction of the observer.	K/A/C	KH/SH	Y				Phase 3 Part 2
<b>Assisted breech delivery</b>								
31.	Discuss the risks associated with vaginal breech delivery	K	KH	Y				
32.	Describe the types of vaginal breech delivery	K	KH	Y				

33.	Demonstrate the steps of Assisted breech delivery	K	KH	Y				Phase 3 Part 2
34.	Describe the diagnosis and management of problems in a complicated breech delivery	K	KH					Phase 3 Part 2
35.	Demonstrate the manoeuvres for release of arrested buttocks, arms and after coming head in a complicated breech delivery	k	KH					Phase 3 Part 2
<b>External cephalic version</b>								
36.	Define ECV	K	KH	Y				Phase 3 Part 2
37.	List 2 indications and 4 contraindications of ECV	K	KH					Phase 3 Part 2
38.	Describe the preparation and timing of ECV	K	KH					Phase 3 Part 2

39.	Describe the steps of ECV including pre procedural, procedural and post procedural tasks correctly	K	KH					Phase 3 Part 2
40.	Enumerate the complications of ECV	K	KH					Phase 3 Part 2
<b>Cervical cerclage</b>								
41.	Define cervical incompetence.	K	KH	Y				Phase 3 Part 2
42.	Describe the clinical features and diagnosis of cervical incompetence	K	KH	Y				Phase 3 Part 2
43.	List the indications and contraindications of cervical cerclage	K	KH	Y				Phase 3 Part 2
44.	Describe 3 operations for cervical cerclage	K	KH	Y				Phase 3 Part 2
45.	Describe the steps of cervical cerclage including pre procedural, procedural and post procedural tasks correctly	K	KH	Y				Phase 3 Part 2

46.	List the complications of cervical cerclage	K	KH	Y				Phase 3 Part 2
47.	Describe the discharge and follow up advice of a case after cervical cerclage	K	KH	Y				Phase 3 Part 2

<b>No. OG 15.2</b>	<b>Competency: Observe and assist in the performance of an episiotomy and demonstrate the correct suturing technique of an episiotomy in a simulated environment. Observe/Assist in operative obstetrics cases – including - CS, Forceps, vacuum extraction, and breech delivery</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Demonstrate the technique of performing a mediolateral episiotomy and its repair in a manikin correctly	K/S/A/C	SH/P	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva		Phase 3 Part 1
2.	Observe /assist Caesarean section and document the same in logbook with all relevant details correctly	K/S/A/C	KH/SH	Y				Phase 3 Part 2



3.	Observe /assist forceps delivery and document the same in logbook with all relevant details correctly	K/S/A/C	KH/SH	Y				Phase 3 Part 2
4.	Observe /assist vaccum extraction and document the same in logbook with all relevant details correctly	K/S/A/C	KH/SH	Y				Phase 3 Part 2
5.	Observe /assist breech delivery and document the same in logbook with all relevant details correctly	K/S/A/C	KH/SH	Y				Phase 3 Part 2

**Topic: Complications of 3<sup>rd</sup> stage**

**Number of competencies: (03)**

**Number of procedures that require certification: (NIL)**

<b>No. OG 16.1 Competency: Enumerate and discuss causes, prevention, diagnosis, management, appropriate use of blood and blood products in postpartum haemorrhage</b>								
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Define PPH	K/S/A/C	KH/SH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva		Phase 2
2.	Enumerate the causes and risk factors for PPH. ( 5 each)	K/S/A/C	KH/SH	Y				Phase 3 Part 1
3.	Describe types of PPH	K/S/A/C	KH/SH	Y				Phase 3 Part 1
4.	Explain the mechanism of control of bleeding in third stage of labour	K/S/A/C	KH/SH	Y				Phase 3 Part 1

5.	Describe common methods of assessment of blood loss	K/S/A/C	KH/SH	Y				Phase 3 Part 1
6.	Compare and contrast clinical features of atonic and traumatic PPH	K/S/A/C	KH/SH	Y				Phase 3 Part 1
7.	Describe mechanism of action, onset of action, duration of action, side effects, contraindications, maximum recommended dose, route of administration of at least 4 commonly used drugs for PPH	K/S/A/C	KH/SH	Y				Phase 3 Part 1
8.	Outline the stepwise management of atonic PPH management of atonic PPH	K/S/A/C	KH/SH	Y				Phase 3 Part 1

9.	Describe bi manual massage and aortic compression.	K/S/A/C	KH/SH	Y				
10.	Describe step-wise uterine devascularisation and uterine compression sutures for PPH	K/S/A/C	KH/SH	Y				Phase 3 Part 1
11.	Define golden hour in management of PPH	K/S/A/C	KH/SH	Y				Phase 3 Part 1
12.	Describe massive transfusion protocol	K/S/A/C	KH/SH	Y			Pathology Transfusion medicine	Phase 3 Part 1
13.	List the steps of repair of cervical tear	K/S/A/C	KH/SH	Y				Phase 3 Part 1
14.	List the principles and steps of management of perineal tear	K/S/A/C	KH/SH	Y				Phase 3 Part 2
15.	Describe the management of vaginal tear and hematoma	K/S/A/C	KH/SH	Y				Phase 3 Part 2
16.	Define secondary PPH	K/S/A/C	KH/SH	Y				Phase 3 Part 2
17.	Enumerate the causes of secondary PPH	K/S/A/C	KH/SH	Y				Phase 3 Part 2

18.	Discuss the management of secondary PPH	K/S/A/C	KH/SH	Y				Phase 3 Part 2
19.	List the complications of PPH	K/S/A/C	KH/SH	Y				Phase 3 Part 2
20.	Describe the follow up care of a case of PPH	K/S/A/C	KH/SH	Y				Phase 3 Part 2
21.	Demonstrate knowledge, skill, team work, leadership qualities, communication skills and empathy while managing a case of PPH during a PPH Drill	K/S/A/C	KH/SH/P	Y				Phase 3 Part 2

<b>No. OG 16.2</b>	<b>Competency: Describe &amp; discuss uterine inversion causes, prevention, diagnosis and management</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define acute uterine inversion and describe its grades	K	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 2

2.	List the causes of acute uterine inversion	K	KH	Y				Phase 3 Part 2
3.	Describe clinical features and diagnosis of acute uterine inversion	K	KH	Y				
4.	Describe methods to prevent acute uterine inversion during conduct of normal labor	K	KH	Y				Phase 3 Part 2
5.	List the differential diagnosis of acute uterine inversion	K	KH					Phase 3 Part 2
6.	Discuss the principles of management of acute uterine inversion	K	KH					Phase 3 Part 2
7.	Describe the immediate management of acute uterine inversion	K	KH	Y				Phase 3 Part 2

<b>No. OG 16.3</b>	<b>Competency: Describe and discuss causes, clinical features, diagnosis, investigations, monitoring of fetal well being including ultrasound/doppler, principles of management, prevention and counselling in FGR</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define FGR	K	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 2
2.	Explain the terms FGR, SGA and LBW	K	KH	Y				Phase 3 Part 2
3.	Enumerate at least 4 causes and risk factors for FGR	K	KH	Y				Phase 3 Part 2
4.	Compare and contrast early onset and late onset FGR	K	KH	Y				Phase 3 Part 2
5.	Describe the methods for clinical detection of FGR	K	KH	Y				Phase 3 Part 2
6.	Discuss the methods of monitoring for fetal growth	K	KH	Y				Phase 3 Part 2

7.	Discuss the role of USG and color doppler in FGR	K	KH	Y				Phase 3 Part 2
8.	Describe the methods of antenatal fetal surveillance, its timing of initiation on a case of FGR	K	KH	Y				Phase 3 Part 2
9.	Discuss the principles of management of FGR	K	KH	Y				Phase 3 Part 2
10.	List the early and late complications in growth restricted newborn	K	KH	Y				Phase 3 Part 2
11.	Enumerate the points to be discussed while counselling a woman diagnosed with FGR with respect to prevention in the next pregnancy in the pre-conception period	K	KH	Y				Phase 3 Part 2



**Topic: Lactation****Number of competencies: (03)****Number of procedures that require certification: (NIL)**

<b>No. OG 17.1</b>	<b>Competency: Describe &amp; discuss the physiology of Lactation</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Describe physiology of Lactation	K	K/KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 2
2.	Describe the role of different hormones in initiation and maintenance of lactation	K	KH	Y				Phase 2
3.	Enumerate factors influencing lactation	K	KH	Y				Phase 2
4.	Describe management of lactation failure	K	KH	Y				Phase 2
5.	Describe methods of lactation suppression	K	KH	Y				Phase 2

<b>No. OG 17.2</b>	<b>Competency: Counsel in a simulated environment care of breast , importance &amp; technique of breast feeding</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Counsel postnatal mother about the importance and advantages of breast feeding in a simulated environment/ actual case	K/S/A/C	K/KH/SH/P	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 1
2.	Demonstrate different positions of breast feeding and correct method of latching using a mannikin	K/S/A/C	SH/P	Y				Phase 3 Part 1
3.	Describe management of breastfeeding (first feed, frequency, demand feed, burping)	K/S/A/C	SH/P	Y				Phase 2
4.	Counsel a woman about care of breast during lactation	K/S/A/C	SH/P	Y				Phase 3 Part 1

5.	Enumerate contraindications to breast feeding	K/S/A/C	SH/P	Y				Phase 2
6.	Describe management of retracted nipples, cracked nipples, large breasts, poorly formed nipples, engorged breasts and use of drugs during breastfeeding	K/S/A/C	SH/P	Y				Phase 3 Part 1
7.	Describe maternal nutrition requirements during breastfeeding	K/S/A/C	SH/P	Y				Phase 2
8.	Explain the components of 'baby friendly hospital initiative'	K/S/A/C	SH/P	Y				Phase 2
9.	Discuss breast feeding in special conditions like CS, maternal infections HBS positive, HIV positive, HCV positive. Tuberculosis	K/S/A/C	SH/P	Y				Phase 3 Part 1

10.	Discuss breast feeding in mothers on drugs like anti-epileptics, antivirals, anticoagulants, anti-tubercular etc.	K/S/A/C	SH/P	Y				Phase 3 Part 1
11.	Describe donor breast milk bank and their importance	K/S/A/C	SH/P	Y				Phase 3 Part 1

<b>No. OG 17.3 Competency: Describe and discuss the clinical features, diagnosis and management of mastitis and breast abscess</b>								
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Define breast engorgement, mastitis and breast abscess	K/S	K/KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 2
2.	Discuss the clinical features of acute mastitis, its diagnosis and management	K/S	KH	Y				Phase 3 Part 2
3.	Discuss the clinical features of breast abscess, its diagnosis and management	K/S	KH	Y				Phase 3 Part 2

**Topic: Care of the newborn**

**Number of competencies: (04)**

**Number of procedures that require certification: (NIL)**

<b>No. OG 18.1 Competency: Describe and discuss the assessment of maturity of the new born, diagnosis of birth asphyxia, principles of resuscitation, common problems</b>								
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define term and pre term neonate	K	KH	Y	SGD Bedside clinic	SAQ MCQ Viva Long case	Peadiatrics	Phase 2
2.	Discuss the criteria to assess the gestational age of a new born	K	KH	Y				Phase 3 Part 2
3.	Compare and contrast features of prematurity with a term new born	K	KH	Y				Phase 3 Part 2
	<b>See also competency number 18.3 and 18.4</b>							

<b>No. OG 18.2</b>		<b>Competency: Demonstrate the steps of neonatal resuscitation in a simulated environment</b>						
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Demonstrate the steps of neonatal resuscitation on a mannikin as per checklist provided	K/S/A/C	K/KH/SH	Y	Lecture SGD Bedside clinic	SAQ MCQ Viva	Pediatrics	Phase 3 Part 2

<b>No. OG 18.3</b>		<b>Competency: Describe and discuss the diagnosis of birth asphyxia</b>						
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define birth asphyxia	K	K/KH	Y	Lecture SGD Bedside clinic	SAQ MCQ Viva OSCE	Paediatrics	Phase 3 Part 1
2.	Enumerate at least 4 important causes of birth asphyxia	K	KH	Y				Phase 3 Part 1
3.	Describe the components of APGAR score	K	KH	Y				Phase 3 Part 1

4.	Assign Apgar score and identify birth asphyxia from the clinical findings provided in a paper case.	K	KH	Y				Phase 3 Part 2
5.	Discuss the clinical features and diagnosis of birth asphyxia in new born	K	KH	Y				Phase 3 Part 2
6.	Describe management of birth asphyxia	K	KH	Y				Phase 3 Part 2



<b>No. OG 18.4</b>	<b>Competency: Describe the principles of resuscitation of the new born and enumerate the common problems encountered</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Describe the principles of neonatal resuscitation	K	KH	Y	Lecture SGD Bedside clinic	SAQ MCQ Viva OSCE	Paediatrics	Phase 3 Part 2
2.	Describe stepwise cardiopulmonary resuscitation of new born baby	K	KH	Y				Phase 3 Part 2
3.	Discuss the common problems encountered during resuscitation and their management	K	KH	Y				Phase 3 Part 2

**Topic: Normal and abnormal puerperium**

**Number of competencies: (04)**

**Number of procedures that require certification: (NIL)**

<b>No. OG 19.1 Competency: Describe and discuss the physiology of puerperium, its complications, diagnosis and management, counselling for contraception, puerperal sterilization</b>								
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Describe the physiology of puerperium	K	KH	Y	Lecture SGD Bedside clinic Seminar	LAQ SAQ MCQ Viva Long case		Phase 2
2.	Enumerate 4 important complications of puerperium	K	KH	Y				Phase 2
3.	Define puerperal pyrexia and puerperal sepsis	K	KH	Y				Phase 2
4.	List the causes of fever in puerperium	K	KH	Y				Phase 3 Part 1

5.	List the causative organism in puerperal infections	K	KH	Y				Phase 3 Part 1
6.	Describe the clinical features of puerperal sepsis	K	KH	Y				Phase 3 Part 1
7.	Enlist the investigations of puerperal sepsis	K	KH	Y				Phase 3 Part 1
8.	Describe the management of a case of puerperal sepsis	K	KH	Y				Phase 3 Part 1
9.	Enumerate at least immediate and long term complications of puerperal sepsis	K	KH	Y				Phase 3 Part 1
10.	Enumerate clinical features of DVT	K	KH	Y				Phase 3 Part 2
	See also competency 20.2 and 20.3							

<b>No. OG 19.2</b>		<b>Competency: Counsel in a simulated environment, contraception and puerperal sterilisation</b>						
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Enumerate benefits of family planning	K/S/A/C	K/KH/SH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case	Community Medicine	Phase 2
2.	Enumerate temporary and permanent methods of contraception for an immediate postpartum woman	K/S/A/C	KH/SH	Y				Phase 2
3.	Describe the 'GATHER' approach for family planning	K/S/A/C	KH/SH	Y				Phase 3 Part 1
4.	Organise appropriate IEC material to conduct counselling session on contraception effectively as per the guidelines	K/S/A/C	KH/SH	Y				Phase 3 Part 2

5.	Determine clients' medical eligibility criteria for the chosen method correctly as per WHO MEC Wheel 2015	K/S/A/C	KH/SH	Y				Phase 3 Part 2
6.	Counsel a postnatal patient regarding contraception and puerperal sterilisation in a socio-culturally sensitive manner in a simulated environment/actual case	K/S/A/C	KH/SH/P	Y				Phase 3 Part 2

<b>No. OG 19.3</b>	<b>Competency: Observe/ assist in the performance of tubal ligation</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define puerperal sterilisation	K/S/A/C	K/KH/SH	Y	DOAP	LAQ SAQ MCQ Viva Long case	Community Medicine	Phase 2

2.	Enlist at least 3 methods of puerperal sterilisation	K/S/A/C	KH/SH	Y				Phase 2
3.	Enumerate the indications and contraindications of puerperal sterilisation	K/S/A/C	KH/SH	Y				Phase 3 Part 1
4.	Interpret eligibility for tubal ligation from the given client details correctly as per the GOI guidelines	K/S/A/C	KH/SH	Y				Phase 3 Part 1
5.	Describe the basic steps of the puerperal sterilisation procedure	K/S/A/C	KH/SH	Y				Phase 3 Part 2
6.	Demonstrate the steps of tubal ligation correctly as per the check list on a model	K/S/A/C	KH/SH	Y				Phase 3 Part 2 Phase 3 Part 2
7.	List 2 important complications of puerperal sterilisation	K/S/A/C	KH/SH	Y				Phase 3 Part 2

8.	Observe/assist in a procedure for puerperal sterilisation and document the procedure with relevant details in the logbook	K/S/A/C	KH/SH	Y				Phase 3 Part 2
9.	List the post procedure advice for a case of puerperal sterilisation	K/S/A/C	KH/SH	Y				Phase 3 Part 2

<b>No. OG 19.4</b>	<b>Competency: Enumerate the indications for, describe the steps in and insert and remove an intrauterine device in a simulated environment</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Enumerate indications and contraindications for use of IUCD	K/S/A/C	K/KH/SH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case	Community Medicine	Phase 3 Part 1
2.	Describe the mechanism of action of IUCD	K/S/A/C	KH/SH	Y				Phase 3 Part 1

3.	Classify types of IUCD	K/S/A/C	KH/SH	Y				Phase 3 Part 1
4.	Discuss at least 4 important immediate and 4 important remote complications of IUCD insertion	K/S/A/C	KH/SH	Y				Phase 3 Part 1
5.	Demonstrate the steps of IUCD insertion on a model using a checklist	K/S/A/C	KH/SH	Y				Phase 3 Part 2
6.	Observe/assist in 5 cases of IUCD insertion and document in the logbook with relevant details	K/S/A/C	KH/SH	Y				Phase 3 Part 2
7.	Counsel a patient in a simulated environment about the follow-up after insertion of an IUCD	K/S/A/C	KH/SH	Y				Phase 3 Part 2
8.	Describe the stepwise management of an IUCD with missing threads	K/S/A/C	KH/SH	Y				Phase 3 Part 2



**Topic: Medical Termination of Pregnancy****Number of competencies: (03)****Number of procedures that require certification: (NIL)**

<b>No. OG 20.1 Competency: Enumerate the indications and describe and discuss the legal aspects, indications, methods for first and second trimester MTP; complications and management of complications of Medical termination of pregnancy</b>								
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Describe components of the MTP act of 1971 and the recent amendments	K/S/A/C	K/KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case	Community Medicine  Forensic Medicine	Phase 2
2.	Enumerate Indications of doing first trimester MTP and second trimester MTP	K/S/A/C	KH/SH	Y				Phase 3 Part 1
3.	Enumerate the different modalities of first trimester MTP and second trimester MTP	K/S/A/C	KH/SH	Y				Phase 3 Part 1

4.	Enumerate the complications of first trimester MTP and second trimester MTP	K/S/A/C	KH/SH	Y				Phase 3 Part 1
5.	Diagnose common complications of 1 <sup>st</sup> and 2 <sup>nd</sup> trimester MTP	K/S/A/C	KH/SH	Y				Phase 3 Part 1
6.	Manage common complications of first trimester and second trimester MTP	K/S/A/C	KH/SH	Y				Phase 3 Part 1
7.	Counsel a patient for contraception after MTP in a socio-culturally sensitive manner to the satisfaction of the observer  <b>See competency 9.2 also</b>	K/S/A/C	KH/SH/P	Y				Phase 3 Part 2

<b>No. OG 20.2</b>		<b>Competency: In a simulated environment administer informed consent to a person wishing to undergo Medical Termination of Pregnancy</b>						
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Demonstrate the correct method of taking informed consent for MTP in a socio-culturally sensitive manner in a simulated environment  <b>See competency 9.2 also</b>	K/S/A/C	K/KH/SH/P	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 2

<b>No. OG 20.3</b>		<b>Competency: Discuss Pre-conception and Pre Natal Diagnostic Techniques (PC &amp; PNDT) Act 1994 &amp; its amendments</b>						
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Enumerate biochemical and biophysical screening tests in prenatal diagnosis	K/S/A/C	K/KH/SH	Y	Lecture SGD Bedside clinic Seminar	LAQ SAQ MCQ Viva Long case	Forensic Medicine	Phase 3 Part 2

2.	Describe amniocentesis, chorionic villus sampling and cordocentesis techniques, their indications and complications	K	KH					Phase 3 Part 2
3.	Recall the sex ratio in the state and in India	K	KH					Phase 3 Part 2
4.	Enumerate at prenatal diagnostic techniques and their uses	K	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 2
5.	List the provisions of PC & PNDT act and its amendments	K	KH	Y				Phase 3 Part 2
6.	Explain the reasons for the declining ratio of females in India and strategies for improving it	K	KH	Y				Phase 3 Part 2

**Topic: Contraception****Number of competencies: (02)****Number of procedures that require certification: (NIL)**

<b>No. OG 21.1</b>	<b>Competency: Describe and discuss the temporary and permanent methods of contraception, indications, technique and complications; selection of patients, side effects and failure rate including OC Pills, male contraception, emergency contraception and IUCD</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define temporary, permanent & emergency contraception	K/S/A/C	K/KH/SH	Y	Lecture SGD Bedside clinic Seminar	SAQ MCQ Viva Long case	Community Medicine	Phase 2
2.	Enumerate at least 5 methods of temporary contraception	K/S/A/C	KH/SH	Y				Phase 3 Part 1
3.	Describe patient selection criteria, indication/contraindication, mechanism of action, side effects and failure	K/S/A/C	KH/SH	Y				Phase 3 Part 1

	rate of oral contraceptive pills							
4.	Enumerate 4 non-contraceptive benefits of combined OC pills (COC)	K/S/A/C	KH/SH	Y				Phase 3 Part 1
5.	Describe mechanism of action, indications, benefits and side effects of progestin only pills (POP)	K/S/A/C	KH/SH	Y				Phase 3 Part 1
6.	Define emergency contraception correctly	K/S/A/C	KH/SH	Y				Phase 2
7.	Describe the mechanism of action, side effects and complications of at least 4 emergency contraceptive methods	K/S/A/C	KH/SH	Y				Phase 3 Part 1
8.	Define long acting hormonal contraceptives	K/S/A/C	KH/SH	Y				Phase 3 Part 1

9.	Enumerate 3 long acting hormonal contraceptives	K/S/A/C	KH/SH	Y				Phase 3 Part 1
10.	Describe patient selection criteria (WHO), counselling, side effects, mechanism of action, and failure rates of injectable hormonal contraceptives	K/S/A/C	KH/SH	Y				Phase 3 Part 1
11.	Describe patient selection criteria (WHO),counselling, side effects, mechanism of action, failure rates, of Implants, ring, patch	K/S/A/C	KH/SH	Y				Phase 3 Part 1
12.	Describe types, patient selection criteria (WHO), counselling, side-effects, mechanism of action, and failure rates of IUCD  <b>See competency 19.4 also</b>	K/S/A/C	KH/SH	Y				Phase 3 Part 1

13.	Describe patient selection criteria (WHO), counselling, side-effects, mechanism of action, and failure rates and non-contraceptive benefits of of LnG IUCD	K/S/A/C	KH/SH	Y					Phase 3 Part 1
14.	Describe evaluation and management of missed thread of IUCD correctly	K/S/A/C	KH/SH	Y					Phase 3 Part 1
15.	Describe the technique, counselling, advantages, complications & failure rate of permanent methods of male sterilization	K/S/A/C	KH/SH	Y					Phase 3 Part 2
16.	Counsel a couple for contraception as per the cafeteria approach in a simulated environment, confidently with socio-cultural sensitivity to the satisfaction of the observer	K/S/A/C	KH/SH/P	Y					Phase 3 Part 2



<b>No. OG 21.2 Competency: Describe and discuss PPIUCD programme</b>								
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Enumerate the indications for PPIUCD	K/S/A/C	K/KH/SH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case	Community Medicine	Phase 3 Part 1
2.	Describe the patient selection criteria for PPIUCD	K/S/A/C	KH/SH	Y				Phase 3 Part 2
3.	Demonstrate the step-wise technique for PPIUCD insertion on a mannequin as per checklist provided  <b>See competency 19.4 also</b>	K/S/A/C	KH/SH	Y				Phase 3 Part 2
4.	Enumerate 3 early and 3 late complications of PPIUCD insertion	K/S/A/C	KH/SH	Y				Phase 3 Part 2

5.	Discuss the rationale behind PPIUCD programme by family planning department of GOI	K/S/A/C	KH/SH	Y				Phase 3 Part 2
6.	Counsel an antenatal mother for PPIUCD insertion in a simulated environment in a socio-culturally sensitive manner to the satisfaction of the observer.	K/S/A/C	KH/SH	Y				Phase 3 Part 2

**Topic: Vaginal discharge**

**Number of competencies: (02)**

**Number of procedures that require certification: (NIL)**

<b>No. OG 22.1</b>	<b>Competency: Describe the clinical characteristics of physiological vaginal discharge.</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Describe physiology, normal flora, pH and barriers to infection in vagina correctly	K	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 2
2.	Describe clinical characteristics of normal vaginal discharge.	K	KH	Y				Phase 2

<b>No. OG 22.2</b>	<b>Competency: Describe and discuss the etiology with special emphasis on Candida, T. vaginalis, bacterial vaginosis, characteristics, clinical diagnosis, investigations, genital hygiene, management of common causes and the syndromic management</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Enumerate 4 common aetiological agents of vaginal infection.	K/S/A/C	K/KH/SH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case	Microbiology	Phase 2
2.	Describe clinical diagnosis of vaginal candidiasis and its treatment	K/S/A/C	KH/SH	Y				Phase 2
3.	Describe clinical diagnosis of trichomonal vaginal infection and its treatment correctly	K/S/A/C	KH/SH	Y				Phase 2
4.	Describe clinical diagnosis of bacterial vaginosis and its treatment	K/S/A/C	KH/SH	Y				Phase 3 Part 1

	correctly  Compare and contrast the clinical findings in candidiasis trichomoniasis and bacterial vaginosis							
5.	Describe the rationale for syndromic management of STI	K/S/A/C	KH/SH	Y				Phase 3 Part 1
6.	Describe WHO / NACO guidelines of STI treatment.	K/S/A/C	KH/SH	Y				Phase 3 Part 1
7.	Counsel a lady regarding genital hygiene for STI prevention in a simulated environment to the satisfaction of the observer	K/S/A/C	KH/SH	Y				Phase 3 Part 1

**Topic: Normal and abnormal puberty**

**Number of competencies: (03)**

**Number of procedures that require certification: (NIL)**

No. OG 23.1	Competency: Describe and discuss the physiology of puberty, features of abnormal puberty, common problems and their management							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
	1. Describe the changes occurring during the transition period in puberty	K	KH	Y	Lecture SGD Bedside clinic	SAQ MCQ Viva	Paediatrics	Phase 3 Part 2
	2. Describe the physiology of puberty including normal stages of puberty	K	KH	Y				Phase 3 Part 2
	3. List common problems of puberty	K	KH	Y				Phase 3 Part 2
	4. Describe management of common problems of puberty	K	KH	Y				Phase 3 Part 2

<b>No. OG 23.2</b>	<b>Competency: Enumerate the causes of delayed puberty. Describe the investigation and management of common causes</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define delayed puberty	K	KH					
2.	Recall the causes of delayed puberty	K	KH	Y	Lecture SGD Bedside clinic	SAQ MCQ Viva		Phase 3 Part 2
3.	Describe the steps in the investigation of delayed puberty	K	KH	Y				Phase 3 Part 2
4.	Outline the management of common causes of delayed puberty	K	KH					Phase 3 Part 2

<b>No. OG 23.3</b>	<b>Competency: Enumerate the causes of precocious puberty</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define precocious puberty	K	KH	Y	Lecture SGD Bedside clinic	SAQ MCQ Viva		Phase 3 Part 2
2.	List the causes of precocious puberty	K	KH	Y				Phase 3 Part 2



**Topic: Abnormal uterine bleeding**

**Number of competencies: (01)**

**Number of procedures that require certification: (NIL)**

<b>No. OG 24.1 Competency: Define, classify and discuss abnormal uterine bleeding, its aetiology, clinical features, investigations, diagnosis and management</b>								
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define AUB	K/S/A/C	KH/SH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 2
2.	Describe abnormal patterns of menstruation	K/S/A/C	KH/SH	Y				Phase 3 Part 1
3.	Classify AUB using FIGO PALM COEIN classification	K/S/A/C	KH/SH	Y				Phase 3 Part 1
4.	Discuss the aetiology of AUB according to age	K/S/A/C	KH/SH	Y				Phase 3 Part 2

5.	Enlist the appropriate investigations according to age correctly	K/S/A/C	KH/SH	Y				Phase 3 Part 2
6.	Discuss the medical management options in a case of AUB according to age and reproductive goals	K/S/A/C	KH/SH	Y				Phase 3 Part 2
7.	Discuss the surgical management options in a case of AUB according to age and reproductive goals	K/S/A/C	KH/SH	Y				Phase 3 Part 2

**Topic: Amenorrhea**

**Number of competencies: (01)**

**Number of procedures that require certification: (NIL)**

No. OG 25.1	Competency: Describe and discuss the causes of primary and secondary amenorrhea, its investigations and the principles of management							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
	1. Define primary amenorrhea	K	KH	Y	Lecture SGD Bedside clinic	SAQ MCQ Viva Long case		Phase 3 Part 1
	2. Enumerate the causes of primary amenorrhea	K	KH	Y				Phase 3 Part 1
	3. Formulate a systematic investigation plan based on history and clinical examination to evaluate a case of primary amenorrhea	K	KH					Phase 3 Part 2
4.	Outline the principles of management of primary amenorrhea	K	KH	Y				Phase 3 Part 2

5.	Define secondary amenorrhea	K/S	KH	Y				Phase 3 Part 1
6.	Enumerate the causes of secondary amenorrhea	K/S	KH	Y				Phase 3 Part 2
7.	Formulate a systematic investigation plan based on history and clinical examination to evaluate a case of secondary amenorrhea	K	KH	Y				Phase 3 Part 2
8.	Outline the management of secondary amenorrhea according to cause	K	KH	Y				Phase 3 Part 2

**Topic: Genital tract injuries and fistulae**

**Number of competencies: (02)**

**Number of procedures that require certification: (NIL)**

<b>No. OG 26.1 Competency: Describe and discuss the aetio-pathogenesis , clinical feature, investigation and implications on health and fertility and management of endometriosis and adenomyosis</b>								
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define Adenomyosis and endometriosis correctly.	K	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 2
2.	Describe at least 3 theories that explain aetiopathogenesis of endometriosis and adenomyosis	K	KH	Y				Phase 3 Part 2
3.	List clinical features of Adenomyosis (at least 3)	K	KH	Y				Phase 3 Part 2
4.	Enumerate Specific Investigations to diagnose Adenomyosis (at least 3)	K	KH	Y				Phase 3 Part 2

5.	Discuss the differential diagnosis of adenomyosis	K	KH	Y				Phase 3 Part 2
6.	Describe the medical options of management of adenomyosis	K	KH	Y				Phase 3 Part 2
7.	Describe the surgical management of adenomyosis	K	KH	Y				Phase 3 Part 2
8.	List the clinical features of endometriosis	K	KH	Y				Phase 3 Part 2
9.	Discuss the differential diagnosis of endometriosis	K	KH	Y				Phase 3 Part 2
10.	List the investigations to diagnose endometriosis	K	KH	Y				Phase 3 Part 2
11.	Discuss 4 causes of infertility in a case of endometriosis	K	KH	Y				Phase 3 Part 2
12.	Describe 3 methods of medical management of Adenomyosis	K	KH	Y				Phase 3 Part 2

13.	Discuss the management options in a case of endometriosis with infertility correctly	K	KH	Y				Phase 3 Part 2
14.	Outline the management of chocolate cyst of ovary	K	KH	Y				Phase 3 Part 2

<b>No. OG 26.2</b>	<b>Competency: Describe the causes, prevention, clinical features, principles of management of genital injuries and fistulae</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define Complete Perineal Tear accurately	K	KH	Y	Lecture SGD	SAQ MCQ Viva		Phase 3 Part 1
2.	Describe the degrees of perineal tear depending on anatomical site of involvement correctly	K	KH	Y				Phase 3 Part 1

3.	List 4 causes of perineal tears	K	KH	Y				Phase 3 Part 1
4.	Discuss 2 methods of preventing perineal tear in labor.	K	KH	Y				Phase 3 Part 1
5.	Describe management of old perineal tear	K	KH					Phase 3 Part 2
6.	Define genital fistulae based on anatomical site. Correctly	K	KH	Y				Phase 3 Part 2
7.	Enumerate 3 methods of prevention of urinary tract injuries in obstetrics and gynecology	K	KH	Y				Phase 3 Part 2
8.	Describe clinical features and diagnosis of urinary tract fistulae based on anatomical site. Correctly	K	KH	Y			Surgery	Phase 3 Part 2



9.	Describe the principles of management of urinary tract fistulae	K	KH					Phase 3 Part 2
10.	Enumerate 2 surgical interventions for urinary tract injuries.	K	KH					Phase 3 Part 2
11.	List 4 common sites of ureteric injuries encountered in obstetrics and gynecological surgeries.	K	KH	Y				Phase 3 Part 2
12.	Define recto vaginal fistulae.	K	KH	Y				Phase 3 Part 2
13.	Enumerate 3 causes of recto vaginal fistulae	K	KH					Phase 3 Part 2
14.	Describe the clinical features and diagnosis of rectovaginal fistulae correctly	K	KH				surgery	Phase 3 Part 2
15.	Outline the principles of management of rectovaginal fistulae	K	KH					Phase 3 Part 2

**Topic: Genital infections****Number of competencies: (04)****Number of procedures that require certification: (NIL)**

<b>No. OG 27.1 Competency: Describe and discuss the etiology, pathology, clinical features, differential diagnosis, investigations, management and long term implications of sexually transmitted infections</b>								
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define the term STI and RTI	K	KH	Y	Lecture SGD Bedside clinic	SAQ MCQ Viva	Microbiology	Phase 3 Part 2
2.	Enlist common bacterial and viral causes of STI (at least 5)	K	KH	Y				Phase 3 Part 2
3.	Deduce sexual history for risk factors and differential diagnosis of STIs respecting the dignity of the patient.	K	KH	Y				Phase 3 Part 2

4.	Describe the clinical features of common STIs : Syphilis , Gonorrhoea, Herpes, Chancroid, Chlamydia, lymphogranuloma venereum and granuloma inguinale	K	KH	Y				Phase 3 Part 2
5.	Discuss the differential diagnosis of genital ulcers	K	KH	Y				Phase 3 Part 2
6.	Enlist appropriate investigations on the basis of clinical presentation.	K	KH	Y				Phase 3 Part 2
7.	Discuss the rationale for syndromic management of STI	K	KH	Y				Phase 3 Part 2
8.	Identify the types, colour coding, contents and indications of the STI Kits provided by NACO	K	KH	Y				Phase 3 Part 2

9.	Describe the WHO Guidelines of stage-wise management of syphilis.	K	KH	Y				Phase 3 Part 2
10.	Enlist complications of STIs	K	KH	Y				Phase 3 Part 2
11.	Discuss prevention strategies for spread of STIs in community	K	KH	Y				Phase 3 Part 2

<b>No. OG 27.2</b>	<b>Competency: Describe and discuss the etiology, pathology, clinical features, differential diagnosis, investigation, management and long term implications of genital tuberculosis</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Describe the etiopathogenesis and mode of transmission of genital tuberculosis correctly	K	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva	Medicine	Phase 3 Part 2
2.	Enumerate clinical features, of genital tuberculosis accurately.	K	KH	Y				Phase 3 Part 2

3.	Discuss the differential diagnosis of genital tuberculosis	K	KH	Y				Phase 3 Part 2
4.	List the investigations to diagnose a case of genital tuberculosis	K	KH	Y				Phase 3 Part 2
5.	Discuss management of genital tuberculosis as per RNTCP guidelines	K	KH	Y				Phase 3 Part 2
6.	Discuss management of genital tuberculosis in pregnancy	K	KH	Y				Phase 3 Part 2
7.	Enlist at least 2 long term implications of genital tuberculosis .	K	KH	Y				Phase 3 Part 2

<b>No. OG 27.3 Competency: Describe and discuss the etiology, pathology, clinical features, differential diagnosis, investigation, management and long term implications of HIV</b>								
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Describe the etiopathogenesis and mode of transmission of HIV correctly	K/S/A/C	K/KH/SH	Y	Lecture SGD Bedside clinic	LAQ, SAQ MCQ Viva Long case	Medicine	Phase 3 Part 2
2.	Discuss the clinical features of HIV	K/S/A/C	KH/SH	Y				Phase 3 Part 2
3.	Enumerate the investigations to assess severity of disease	K/S/A/C	KH/SH	Y				Phase 3 Part 2
4.	Counsel a case of HIV and her partner in an appropriate manner maintaining confidentiality regarding sexual transmission, prevention, antiretroviral drugs and long term implications of the disease	K/S/A/C	KH/SH	Y				Phase 3 Part 2

<b>No. OG 27.4</b>	<b>Competency: Describe and discuss the etiology, pathology, clinical features, differential diagnosis, investigations, management and long term implications of Pelvic Inflammatory Disease</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define pelvic inflammatory disease	K/S	KH/SH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 1
2.	List at least 5 organisms that cause PID	K/S	KH/SH	Y				Phase 3 Part 2
3.	Describe clinical features and CDC criteria for diagnosis of Pelvic Inflammatory Disease	K	KH/SH	Y				Phase 3 Part 2
4.	Discuss differential diagnosis of acute pain in lower abdomen (at least 4)	K/S	KH/SH	Y				Phase 3 Part 2

5.	Describe pharmacotherapy and management of Pelvic Inflammatory Disease according to CDC guidelines correctly.	K/S	KH/SH	Y				Phase 3 Part 2
6.	Enumerate the indications of hospitalization in a case of PID	K/S	KH/SH	Y				Phase 3 Part 2
7.	List the indications of surgery in management of PID	K	KH	Y				Phase 3 Part 2
8.	Discuss the syndromic approach to PID	K/S	KH/SH	Y				Phase 3 Part 2
9.	List the long term complications of chronic PID	K/S	KH/SH	Y				Phase 3 Part 2



**Topic: infertility**

**Number of competencies: (04)**

**Number of procedures that require certification: (NIL)**

<b>No. OG 28.1 Competency: Describe and discuss the common causes, pathogenesis, clinical features ,differential diagnosis ,investigations, principles of management of infertility –methods of tubal patency, ovulation induction, assisted reproductive techniques</b>								
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Define primary and secondary infertility as per WHO	K	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 2
2.	Outline the etiological factors of female infertility	K	KH	Y				Phase 3 Part 1
3.	Describe the pathogenesis in tubal factor, ovulatory, endometrial or cervical factor infertility	K	KH					Phase 3 Part 2
4.	Formulate a systematic plan for	K	KH	Y				Phase 3 Part 2

	investigations based on history and examination of the couple							
5.	Describe causes of male infertility	K	KH	Y				Phase 3 Part 1
6.	Interpret a semen report according to WHO parameters of sperm analysis	K	KH	Y				Phase 3 Part 2

<b>No. OG 28.2 Competency: Enumerate the assessment and restoration of tubal patency</b>								
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Enumerate tests for tubal patency	K	KH	Y	Lecture SGD Bedside clinic	SAQ MCQ Viva Long case		Phase 3 Part 2
2.	Describe advantages, disadvantages and complications of HSG, sono- salpingography, hysteroscopy and laparoscopic chromo- pertubation for evaluation of tubal patency	K	KH					Phase 3 Part 2
3.	List the methods for restoration of tubal patency	K	KH	Y				Phase 3 Part 2

<b>No. OG 28.3 Competency: Describe the principles of ovulation induction</b>								
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Describe tests of ovulation	K	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 2
2.	Enumerate drugs used for ovulation induction	K	KH	Y				Phase 3 Part 2
3.	Describe the mechanism of action, dose, side effects of clomiphene citrate and letrozole for ovulation induction	K	KH	Y				Phase 3 Part 2
4.	Describe follicular monitoring after ovulation induction	K	KH	Y				Phase 3 Part 2

<b>No. OG 28.4</b>	<b>Competency: Enumerate the various Assisted Reproduction Techniques</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Describe the terminologies and key steps in IUI, IVF-ET, ICSI, Surrogacy	K	K	Y	Lecture SGD	SAQ MCQ Viva Long case		Phase 3 Part 2

**Topic: Uterine fibroids****Number of competencies: (01)****Number of procedures that require certification: (NIL)**

<b>No. OG 29.1</b>	<b>Competency: Describe and discuss the etiology; pathology; clinical features; differential diagnosis; investigations; principles of management, complications of fibroid uterus</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define fibroid uterus	K	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 1
2.	Describe 2 risk factors for Fibroid uterus	K	KH	Y				Phase 3 Part 1
3.	Discuss site/location of fibroid as per FIGO Classification.	K	KH	Y				Phase 3 Part 1
4.	Describe clinical features of fibroids correlating with anatomical location	K	KH	Y				Phase 3 Part 1

5.	Describe the effect of fibroid on pregnancy and the effect of pregnancy on fibroid	K	KH	Y				Phase 3 Part 2
6.	Discuss 4 differential diagnosis in a case of suprapubic lump.	K	KH	Y				Phase 3 Part 1
7.	List the causes of abnormal uterine bleeding in reproductive age group	K	KH	Y				Phase 3 Part 2
8.	List the 2 investigations for confirmation of diagnosis of fibroid	K	KH	Y				Phase 3 Part 2
9.	Define principles of management for fibroid uterus keeping age, obstetrical career, clinical features, type of fibroid and	K	KH	Y				Phase 3 Part 2

	associated pathology in consideration							
10.	Discuss 4 medical therapies for management of fibroid	K	KH	Y				Phase 3 Part 2
11.	Describe common methods of surgical management of fibroid	K	KH	Y				Phase 3 Part 2
12.	Enumerate the points in counselling of an infertile couple planned for myomectomy	K	KH	Y				Phase 3 Part 2
13.	Discuss at least 4 complications of fibroid uterus	K	KH	Y				Phase 3 Part 2



Topic: PCOS and hirsutism

Number of competencies: (02)

Number of procedures that require certification: (NIL)

No. OG 30.1	Competency: Describe and discuss the etiopathogenesis; clinical features; differential diagnosis; investigations; management, complications of PCOS							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
	1. Define PCOS correctly	K	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 1
	2. Describe etiopathogenesis of PCOS	K	KH	Y				Phase 3 Part 2
	3. List the diagnostic criteria for PCOS according to Rotterdam criteria	K	KH	Y				Phase 3 Part 2
	4. Describe the clinical features of PCOS	K	KH	Y				Phase 3 Part 2

5.	Discuss the differential diagnosis of a case of oligomenorrhea correctly	K	KH	y				Phase 3 Part 2
6.	Describe the investigations for a case of PCOS	K	KH	Y				Phase 3 Part 2
7.	Formulate a management plan in a case of PCOS based on age, reproductive goals and clinical features	K	KH	Y				Phase 3 Part 2
8.	Discuss the importance of lifestyle modifications in managing PCOS	K	KH	Y				Phase 3 Part 2
9.	List the immediate and long term implications on reproductive and general health of the patient.	K	KH	Y				Phase 3 Part 2

<b>No. OG 30.2 Competency: Enumerate the causes and describe the investigations and management of hyperandrogenism</b>								
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Explain androgen metabolism in female	K	KH	Y	Lecture SGD Bedside clinic	SAQ MCQ Viva		Phase 3 Part 2
2.	List 3 causes for hyperandrogenism in a female	K	KH	Y				Phase 3 Part 2
3.	Differentiate hirsutism from virilization	K	KH				skin	Phase 3 Part 2
4.	List the investigations to evaluate the cause and interpret the results in a case of hyperandrogenism	K	KH					Phase 3 Part 2
5.	List management options for a given paper case of hirsutism	K	KH					Phase 3 Part 2

**Topic: Uterine prolapse****Number of competencies: (01)****Number of procedures that require certification: (NIL)**

<b>No. OG 31.1 Competency: Describe and discuss the etiology, classification, clinical features, diagnosis, investigations, principles of management and preventive aspects of prolapse of uterus</b>								
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Enumerate the 3 levels of supports of genital tract correctly	K	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 2
2.	Define prolapse uterus correctly	K	KH	Y				Phase 3 Part 1
3.	Classify prolapse according to Shaw's system of classification correctly	K	KH	Y				Phase 3 Part 1
4.	Describe the principle of POPQ classification	K	KH	Y				Phase 3 Part 2
5.	Enumerate 5 risk factors leading to genital prolapse	K	KH	Y				Phase 3 Part 2

6.	Describe the clinical features of utero-vaginal prolapse correctly.	K	KH	Y				Phase 3 Part 2
7.	Compare and contrast stress incontinence with urge incontinence	K	KH	Y				Phase 3 Part 2
8.	Discuss at least 3 differential diagnosis of mass per vaginum correctly	K	KH	Y				Phase 3 Part 2
9.	Discuss the principles of management of a case of prolapse correctly	K	KH	Y				Phase 3 Part 2
10.	List the non-surgical management options for prolapse	K	KH	Y				Phase 3 Part 2
11.	Enumerate the surgical management options available	K	KH	Y				Phase 3 Part 2
12.	Formulate a management plan in a case scenario with respect to age, parity,	K	KH	Y				Phase 3 Part 2

	patient choice, desire to retain menstrual function and reproductive goals in perspective							
13.	List the pre-operative investigations correctly	K	KH	Y				Phase 3 Part 2
14.	Describe the salient steps of Fothergill Repair and Ward Mayo's Hysterectomy <b>See also competency number 34.4</b>	K	KH	Y				Phase 3 Part 2
15.	Enlist the steps to be taken at the time of vaginal delivery and puerperium, to prevent genital prolapse correctly	K	KH	Y				Phase 3 Part 2
16.	Define vault prolapse	K	KH	Y				Phase 3 Part 2
17.	Describe post operative care after prolapse surgery	K	KH	Y				Phase 3 Part 2

**Topic: Menopause**

**Number of competencies: (02)**

**Number of procedures that require certification : (NIL)**

<b>No. OG 32.1 Competency: Describe and discuss the physiology of menopause, symptoms, prevention, management and the role of hormone replacement therapy.</b>								
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define Menopause correctly	K	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 2
2.	Outline the anatomical and physiological changes occurring during menopause	K	KH	Y				Phase 3 Part 2
3.	Correlate the physiological changes with clinical features of menopause	K	KH	Y				Phase 3 Part 2
4.	Describe at least 2 hormonal and 2 non	K	KH	Y				Phase 3 Part 2

	hormonal methods of management of menopause							
5.	Enumerate indications and contraindications to start MHT (Menopausal Hormonal Therapy) (at least 3 each )	K	KH	Y				Phase 3 Part 2

<b>No. OG 32.2</b>	<b>Competency: Enumerate the causes of postmenopausal bleeding and describe its management</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define Postmenopausal bleeding correctly	K	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 2



2.	Enumerate 5 common causes of postmenopausal bleeding	K	KH	Y				Phase 3 Part 2
3.	Discuss the workup of a case of postmenopausal bleeding	K	KH	Y				Phase 3 Part 2
4.	Enumerate the indications of endometrial sampling for a case of postmenopausal bleeding	K	KH	Y				Phase 3 Part 2
5.	Enumerate the methods used for endometrial evaluation in a case of postmenopausal bleeding	K	KH	Y				Phase 3 Part 2
	<b>See competency 34.4 also</b>							

**Topic: Benign, pre-malignant and malignant lesions (CIN) of the cervix**

**Number of competencies: (04)**

**Number of procedures that require certification: (NIL)**

<b>No. OG 33.1 Competency: Classify, describe and discuss etiology, pathology, Clinical features, Differential diagnosis, Investigation, staging of Carcinoma Cervix.</b>								
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Describe the global incidence of cancer cervix and the incidence in India	K	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 1
2.	Enumerate 5 common risk factors for cancer cervix	K	KH	Y				Phase 3 Part 1
3.	Describe the role of HPV in the etio-pathogenesis, of cancer cervix	K	KH	Y				Phase 3 Part 2
4.	Describe the histological classification of cancer cervix WHO	K	KH	Y				Phase 3 Part 2

5.	Discuss the Differential diagnosis in a suspected case of Carcinoma Cervix.	K	KH	Y				Phase 3 Part 2
6.	List the investigations in a case of cancer cervix depending on stage of the disease and treatment plan	K	KH	Y				Phase 3 Part 2
7.	Describe stage -wise management of cancer cervix	K	KH	Y				Phase 3 Part 2
8.	List the commonest cause of death in cancer cervix	K	KH	Y				Phase 3 Part 2
9.	Define the term dysplasia and CIN	K	KH	Y				Phase 3 Part 2
10.	Describe classification of premalignant lesions of the cervix	K	KH	Y				Phase 3 Part 2
11.	Describe the natural history of	K	KH	Y				Phase 3 Part 2

	progression/regression of CIN							
	<b>See competency 33.4 &amp; 34.4 for screening and diagnosis of CIN</b>							
12.	Enumerate at 2 the ablative and 2 excisional procedures for management of CIN	K	KH	Y				Phase 3 Part 2
13.	Describe the follow up of a case of CIN after treatment	K	KH	Y				Phase 3 Part 2

<b>No. OG 33.2</b>	<b>Competency: Describe the principles of management including surgery and radiotherapy of Benign, Pre-malignant (CIN) and Malignant Lesions of the Cervix</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Discuss the principles of surgical management of cancer cervix	K	KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 2

2.	Describe the principles of radiotherapy (external Radiotherapy and brachytherapy) and the advantage of chemo-radiation	K	KH	Y				Phase 3 Part 2
3.	Describe the criteria for selecting surgery or radio therapy for a case of Carcinoma Cervix	K	KH					Phase 3 Part 2
4.	Describe the immediate and remote complications of radiotherapy ( at least 3 each )	K	KH	Y				Phase 3 Part 2
5.	Describe the immediate and remote complications of surgery (at least 3 each)	K	KH					Phase 3 Part 2

<b>No. OG 33.3 Competency: Describe and demonstrate the screening for cervical cancer in a simulated environment</b>								
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Describe the steps of taking a Pap smear correctly	K/S/A/C	SH/P	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 1
2.	Identify the instruments for taking a Pap smear	K/S/A/C	SH/P	Y				Phase 3 Part 1
3.	Counsel a patient regarding the need, timing of procedure, steps of the procedure and follow up visit of Pap smear with sensitivity, clarity and empathy in a simulated environment	K/S/A/C	SH/P	Y				Phase 3 Part 2

4.	Demonstrate the steps of taking a Pap smear in a simulated environment as per checklist provided <b>See competency number 35.12 also</b>	K/S/A/C	SH/P	Y				Phase 3 Part 1
5.	Counsel a lady with an abnormal report on Pap smear for further management in a simulated environment	K/S/A/C	SH/P	Y				Phase 3 Part 2

<b>No. OG 33.4</b>		<b>Competency: Enumerate methods of prevention of Cancer of Cervix including VIA, VILI Colposcopy</b>						
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Enumerate at least 5 methods of screening for Carcinoma Cervix.	K/S	K/KH/SH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 1

2.	Describe normal & abnormal VIA, VILI and colposcopy findings	K/S	K/KH/SH	Y				Phase 3 Part 1
3.	Identify normal & abnormal VIA & VILI findings	K/S	K/KH/SH	Y				Phase 3 Part 1
4.	Discuss the strategies and GOI programmes for prevention and early detection of cancer cervix	K/S	K/KH/SH	Y				Phase 3 Part 2
5.	Enumerate the various vaccines available for prophylaxis of Carcinoma Cervix and their dosage schedule	K/S	K/KH/SH	Y				Phase 3 Part 2



**Topic: Benign and malignant diseases of the uterus and the ovaries**

**Number of competencies: (04)**

**Number of procedures that require certification: (NIL)**

<b>No. OG 34.1</b>	<b>Competency: Describe and discuss aetiology, pathology, staging clinical features, differential diagnosis, investigations, staging laparotomy and principles of management of endometrial cancer</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Define endometrial hyperplasia correctly	K	K/KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 2
2.	Enumerate causes of abnormal uterine bleeding in peri-menopausal and postmenopausal women <b>See also competency 32.2</b>	K	KH	Y				Phase 3 Part 1

3.	Classify endometrial hyperplasia and discuss the potential risk of progression to malignancy of each	k	KH	Y				Phase 3 Part 2
4.	Describe the management of endometrial hyperplasia correctly	K	KH					Phase 3 Part 2
5.	Describe pathology of endometrial cancer correctly	K	KH					Phase 3 Part 2
6.	Enlist clinical features of endometrial cancer correctly	K	KH	Y				Phase 3 Part 2
7.	Describe FIGO staging of endometrial cancer accurately	K	KH	Y				Phase 3 Part 2
8.	List the investigations required for diagnosis and planning of treatment of endometrial cancer	K	KH	Y				Phase 3 Part 2

9.	Describe the outline of stage-wise treatment of endometrial cancer	K	KH	Y				Phase 3 Part 2
10.	Describe the salient steps of staging laparotomy for cancer endometrium <b>See also competency 34.4</b>	K	KH					Phase 3 Part 2

<b>No. OG 34.2</b>	<b>Competency: Describe and discuss the etiology, pathology, classification, staging of ovarian cancer, clinical features, differential diagnosis, investigations, principal of management including staging laparotomy</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Describe the global incidence of cancer ovary and incidence in India	K	K/KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 2
2.	Describe the risk factors and etiopathogenesis of	K	KH	Y				Phase 3 Part 2

	ovarian cancer correctly							
3.	Describe Classification of ovarian cancer accurately WHO	K	KH	Y				Phase 3 Part 2
4.	Describe FIGO staging of ovarian cancer correctly	K	KH	Y				Phase 3 Part 2
5.	Enlist clinical features of ovarian cancer correctly	K	KH					Phase 3 Part 2
6.	Discuss the age-wise differential diagnosis of an adnexal mass correctly	K	KH	Y				Phase 3 Part 1
7.	Compare and contrast a benign and a malignant ovarian mass correctly	K	KH	Y				Phase 3 Part 1
8.	List the investigations for diagnosis of	K	KH	Y				Phase 3 Part 2

	suspected ovarian cancer							
9.	Describe principles of stage-wise treatment of ovarian cancer correctly	K	KH	Y				Phase 3 Part 2
10.	Describe the salient steps of staging laparotomy for cancer ovary <b>See also competency 34.4</b>	K	KH					Phase 3 Part 2
11.	Discuss the role of neoadjuvant and adjuvant chemotherapy in ovarian cancer correctly	K	KH					Phase 3 Part 2

<b>No. OG 34.3</b>	<b>Competency: Describe and discuss the etiology, pathology, classification, staging, clinical features, differential diagnosis, investigations and management of gestational trophoblastic disease</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Describe etiopathogenesis of gestational trophoblastic neoplasia <b>See also competency 9.4</b>	K	K/KH	Y	Lecture SGD Bedside clinic	LAQ SAQ MCQ Viva Long case		Phase 3 Part 2
2.	Discuss the evaluation of a case of persistent GTD and confirmation of diagnosis of GTN	K	KH					Phase 3 Part 2
3.	Classify gestational trophoblastic neoplasia (FIGO)	K	KH	Y				Phase 3 Part 2
4.	Enlist clinical features of GTN correctly	K	KH					Phase 3 Part 2

5.	List the investigations for diagnosis and planning of treatment in GTN	K	KH					Phase 3 Part 2
6.	Describe stage-wise management of GTN	K	KH					Phase 3 Part 2
7.	Discuss the follow up and prognosis of chorio-carcinoma	K	KH					

<b>No. OG 34.4</b>	<b>Competency: Operative Gynecology : Understand and describe the technique and complications: Dilatation &amp; Curettage (D&amp;C); EA-ECC; cervical biopsy; abdominal hysterectomy; myomectomy; surgery for ovarian tumors; staging laparotomy; vaginal hysterectomy including pelvic floor repair; Fothergill's operation, Laparoscopy; hysteroscopy; management of postoperative complications</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Identify the instruments for D&C correctly	K/S	KH/SH	Y	Lecture SGD Bedside clinic	SAQ MCQ Viva		Phase 3 Part 1
2.	Describe the indications, contraindications, steps and immediate and remote complications of D&C	K/S	KH/SH	Y				Phase 3 Part 2
3.	Describe the diagnosis and management of Uterine perforation during D&C	K	KH	Y				Phase 3 Part 2
4.	Identify the instruments for endometrial aspiration	K/S	KH/SH	Y				Phase 3 Part 1



5.	Describe the indications, contraindications, steps and immediate and remote complications of endometrial aspiration	K	KH					Phase 3 Part 2
6.	Identify instruments for endocervical curettage	K/S	KH/SH	Y				Phase 3 Part 1
7.	Describe the indications, contraindications, steps and complications of endocervical curettage	K	KH	Y				Phase 3 Part 2
8.	Enumerate types of cervical biopsy	K/S	KH/SH	Y				Phase 3 Part 1
9.	Identify instruments for different types of cervical biopsy	K/S	KH/SH	Y				Phase 3 Part 1

10.	Describe the indications, contraindications, steps and the complications of cervical wedge biopsy	K	KH					Phase 3 Part 2
11.	Describe the indications, contraindications, steps and the complications of cervical cone biopsy	K	KH					Phase 3 Part 2
12.	Classify hysterectomy on basis of route of surgery	K	KH					Phase 3 Part 2
13.	Identify instruments used in abdominal hysterectomy	K	KH					Phase 3 Part 2
14.	Describe the indications, contraindications, salient steps and immediate and remote complications of abdominal hysterectomy	K	KH	Y				Phase 3 Part 2

15.	Enumerate at least 4 post operative complications abdominal hysterectomy and describe their management	K	KH					Phase 3 Part 2
16.	Identify instruments used for vaginal hysterectomy	K	KH					Phase 3 Part 2
17.	Describe the indications, contraindications, salient steps and immediate and remote complications of vaginal hysterectomy	K	KH	Y				Phase 3 Part 2
18.	Enumerate the post operative complications of vaginal hysterectomy and describe their management	K	KH	Y				Phase 3 Part 2
19.	Describe salient steps of Ward Mayo's Hysterectomy	K	KH					Phase 3 Part 2

20.	Describe the indications, contraindications, salient steps and immediate and remote complications of Fothergill's repair for prolapse uterus	K	KH					Phase 3 Part 2
21.	Describe indications of anterior colporrhaphy, posterior colpo-perineorrhaphy & culdoplasty	K	KH					Phase 3 Part 2
22.	Identify instruments for myomectomy	K	KH					Phase 3 Part 2
23.	Describe the indications, contraindications, salient steps and immediate and remote complications of myomectomy <b>See competency 29.1 also</b>	K	KH					Phase 3 Part 2

24.	Enumerate the points in counseling a case of infertility before myomectomy regarding restoration of fertility, morbidity and resolution of symptoms <b>See competency 29.1 also</b>	K	KH					Phase 3 Part 2
25.	Describe the indications, contraindications, salient steps and complications of laparoscopic surgery in OBGYN	K	KH					Phase 3 Part 2
26.	Describe the indications, contraindications, salient steps and complications of staging laparotomy	K	KH					Phase 3 Part 2

27.	Describe the indications, contraindications, salient steps and complications of hysteroscopy	K	KH					Phase 3 Part 2
28.	Define surgical site infections correctly	K/S	KH/SH	Y				Phase 3 Part 2
29.	Enumerate standard precautions for preventing surgical site infections.	K/S	KH/SH	Y				Phase 3 Part 2
30.	Perform the steps of surgical scrubbing correctly	K/S	KH/SH	Y				Phase 3 Part 1
31.	Describe basic preoperative preparation of patient undergoing minor or major surgeries	K/S	KH/SH	Y				Phase 3 Part 2
32.	Enumerate common post operative problems and describe their management	K/S	KH/SH	Y				Phase 3 Part 2

**Topic: Obstetrics & Gynaecological Skills****Number of competencies: (17)****Number of procedures that require certification: (NIL)**

<b>No. OG 35.1 Competency: Obtain a logical sequence of history and perform a humane and thorough clinical examination, excluding internal examination</b>								
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Elicit relevant history which includes chief complaints, socio-economic details, menstrual, marital, sexual, obstetric, past medical and surgical, family and personal history of a given case as per the standard institutional case record	K/S/A/C	SH/P	Y	Bedside clinic	Skill assessment Viva Long case		Phase 2

2.	Perform general examination and examination of relevant systems in a sequential order after explaining to the patient (verbal consent) to the satisfaction of the observer	K/S/A/C	SH/P	Y				Phase 2
3.	Perform a detailed obstetrical examination including obstetrical grips	K/S/A/C	SH/P	Y				Phase 2
4.	Communicate the examination findings to the woman in a language appropriate to her socio-demographic background effectively.	K/S/A/C	SH/P	Y				Phase 2



5.	Document clinical examination findings as per the standard case record of the institute correctly	K/S/A/C	SH/P	Y				Phase 2
6.	Demonstrate ability to listen, pay attention, show concern about her privacy, be gentle and empathetic to her discomfort while taking history and clinical examination of an obstetric or gynaecological case	K/S/A/C	SH/P	Y				Phase 3 Part 2
	<b>See competency number 8.2 &amp; 8.3 also</b>							

<b>No. OG 35.2 Competency: Arrive at a logical provisional diagnosis after examination</b>								
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Correlate history with an organ and pathology and perform relevant clinical examination to arrive at a provisional diagnosis	K/S	KH	Y	Bedside clinic	Skill assessment Viva		Phase 3 Part 1
2.	Justify the provisional diagnosis on the basis of points in history and examination.	K/S	KH	Y				Phase 3 Part 1
3.	Provide the differential diagnosis for the case	K/S	KH	Y				Phase 3 Part 2
4.	Organise and Present the summary of the given case in a coherent manner	K/S	KH	Y				Phase 3 Part 1
	<b>See competency number 8.2 &amp; 8.3 also</b>							

<b>No. OG 35.3</b>	<b>Competency: Recognise situations, which call for urgent or early treatment at secondary and tertiary centers and make a prompt referral of such patients after giving first aid or emergency treatment</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Describe the normal respiratory rate, heart rate, blood pressure in pregnancy	K/S/A/C	KH/SH	Y	Bedside clinic Drill Role play	Skill assessment Viva		Phase 2
2.	Perform a Rapid Initial Assessment of a patient to assess the need for immediate care based on her chief presenting complaint correctly	K/S/A/C	KH/SH	Y				Phase 3 Part 2
3.	Triage patients according to initial rapid assessment and chief presenting complaint.	K/S/A/C	KH/SH	Y				Phase 3 Part 1
4.	Recognise the following emergencies in obstetrics:	K/S/A/C	KH/SH	Y				Phase 3 Part 2

	bleeding in first trimester, APH, PPH, septicaemia, acute abdomen, convulsions, PROM, cord prolapse, obstructed labor, shoulder dystocia, convulsions, hypertensive crisis, amniotic fluid embolism, inversion, decreased/absent fetal movements.							
5.	Describe the immediate management of circulatory shock, septic shock, respiratory failure, pulmonary edema, blood reaction, drug anaphylaxis, sudden collapse, convulsions	K/S/A/C	KH/SH	Y				Phase 3 Part 2

6.	Provide a prompt referral to a secondary or tertiary care center as per the patient's requirement with proper documentation of clinical history on admission and treatment given on a proper referral slip as per local protocol	K/S/A/C	KH/SH	Y				Phase 3 Part 2
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<b>No. OG 35.4</b>	<b>Competency: Demonstrate interpersonal and communication skills befitting a physician in order to discuss illness and its outcome with patients and family</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Counsel a patient following the SPIKES Six-Step Protocol for delivering bad news to a patient in a simulated case scenario	K/S/A/C	SH/P	Y	Bedside clinic Role play Video	Skill assessment Viva		Phase 3 Part 2

2.	Explain the (5) ethical principles relevant to counselling: Respect for Autonomy. Non-maleficence. Beneficence. Justice. Fidelity.	K/S/A/C	SH/P	Y				Phase 3 Part 2
3.	Describe the components of the Kalamazoo consensus statement ( 2010) for essential communication skills for a physician	K/S/A/C	KH/SH	Y				
4.	Demonstrate the basic principles of counselling while counselling patients for disease, prognosis or treatment in a simulated environment eg case of HIV with pregnancy, MTP, cancer cervix, after septic abortion etc.	K/S/A/C	KH/SH	Y				Phase 3 Part 2

<b>No. OG 35.5 Competency: Determine gestational age, EDD, obstetric formula</b>								
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Determine the obstetric score/formula from a paper case/ or an actual case	K/S	KH/SH	Y	Bedside clinic	Skill assessment Viva		Phase 2
2.	Calculate gestational age and EDD from LMP according to Naegle's formula	K/S	KH/SH	Y				Phase 2
3.	Discuss the method of assessment of gestational age on sonography and its accuracy in a case who is not sure of dates or has irregular cycles or conceived in lactational amenorrhea <b>See competency number 8.8 also</b>	K/S	KH/SH	Y				Phase 3 Part 2

No. OG 35.6	Competency: Demonstrate ethical behaviour in all aspects of medical practice							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Discuss in detail on the key principles of ethics and professionalism involved in medical practice correctly	K/S/A/C	KH/SH	Y	Bedside clinic	Skill assessment Viva		Phase 3 Part 2
2.	Demonstrate awareness of key principles of ethics and professionalism in a patient encounter in a simulated environment	K/S/A/C	KH/SH	Y				Phase 3 Part 2
3.	Enumerate 4 ethical dilemmas that a doctor may face during medical practice and suggest ways of dealing with them in an ethical manner.	K/S/A/C	KH/SH	Y				Phase 3 Part 2



<b>No. OG 35.7</b>	<b>Competency: Obtain informed consent for any examination /procedure</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	List 3 different types of consent used in clinical practice.	K/S/A/C	KH/SH	Y	Bedside clinic	Skill assessment Viva	Forensic medicine	Phase 3 Part 2
2.	Describe the various components of informed procedure specific consent as recommended by authentic bodies correctly.	K/S/A/C	KH/SH	Y				Phase 3 Part 2
3.	Discuss the importance of informed consent with regards to medicolegal practice in OBGYN	K/S/A/C	KH/SH	Y				Phase 3 Part 2

4.	Obtain written consent for MTP in a case of anencephaly after explaining the implications for the baby in a sensitive and empathetic manner in a simulated case scenario to the satisfaction of the observer.	K/S/A/C	KH/SH	Y				Phase 3 Part 2
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<b>No. OG 35.8</b>	<b>Competency: Write a complete case record with all necessary details.</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Discuss the importance of maintaining case records and documentation including medicolegal implications.	K/S/A/C	KH/SH	Y	Bedside clinic	Logbook Viva		Phase 3 Part 2

2.	Write a detailed case record by including relevant history, clinical findings, lab reports, provisional/ differential / final diagnosis and management and daily follow up in your logbook or duplicate file during your student doctor posting	K/S/A/C	KH/SH	Y				Phase 3 Part 2
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<b>No. OG 35.9</b>	<b>Competency: Write a proper discharge summary with all relevant information</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Discuss the importance of discharge slip for the physician and the patient	K/S	KH/SH	Y	Bedside clinic	Skill assessment Viva		Phase 3 Part 2

2.	Write a proper discharge summary with all relevant information as per the institutional protocol	K/S	KH/SH	Y				Phase 3 Part 2
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<b>No. OG 35.10</b>	<b>Competency: Write a proper referral note to secondary or tertiary centres or to other physician with all necessary details</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Discuss at least 3 advantages of proper referral letter for continuity of care.	K/S	SH/P	Y	Bedside clinic	Skill assessment Viva		Phase 3 Part 2
2.	Write a proper referral letter to tertiary centre for a case of eclampsia after administration of magnesium sulphate	K/S	SH/P	Y				Phase 3 Part 2

<b>No. OG 35.11</b>	<b>Competency: Demonstrate the correct use of appropriate universal precautions for self-protection against HIV and hepatitis and counsel patients</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Describe the components of standard infection prevention practices	K/S/A/C	SH/P	Y	DOAP Bedside clinic	OSCE Viva	Microbiology surgery	Phase 2
2.	Demonstrate the steps of hand hygiene correctly	K/S/A/C	SH/P	Y				Phase 2
3.	Identify the correct color coded bins for biomedical waste management correctly	K/S/A/C	SH/P	Y				Phase 2
4.	Perform a surgical scrub correctly	K/S/A/C	SH/P	Y				Phase 2
5.	Demonstrate method of donning and doffing PPE in the correct step-wise manner as per ICMR guidelines	K/S/A/C	SH/P	Y				Phase 2

6.	Describe post exposure prophylaxis of HIV & Hepatitis B	K/S/A/C	SH/P	Y				Phase 2
7.	Demonstrate no touch technique of gloving	K/S/A/C	SH/P	Y				Phase 2

<b>No. OG 35.12</b>	<b>Competency: Obtain a PAP smear in a simulated environment</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	<b>See competency number 33.3 and 33.4</b>	K/S/A/C	SH/P	Y	DOAP	Skill assessment OSCE Viva Logbook		Phase 3 Part 1 and  Phase 3 Part 2

<b>No. OG 35.13</b>	<b>Competency: Demonstrate the correct technique to perform artificial rupture of membranes in a simulated / supervised environment</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	<b>See competency 13.3</b>	K/S	KH/SH	Y	DOAP Bedside clinic	Logbook Viva		Phase 3 Part 1

<b>No. OG 35.14</b>	<b>Competency: Demonstrate the correct technique to perform and suture episiotomies in a simulated/ supervised environment</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	<b>See competency number 15.1</b>	K/S/A/C	K/KH/SH	Y	DOAP	Skill assessment OSCE Viva		Phase 3 part 1 (simulated environment) Phase 3 part 2 (supervised environment)

<b>No. OG 35.15</b>	<b>Competency: Demonstrate the correct technique to insert and remove an IUCD in a simulated/ supervised environment</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Describe the steps of insertion and removal of IUCD correctly	K/S/A/C	KH/SH	Y	DOAP	Skill assessment OSCE Viva		Phase 3 Part 2
2.	Identify the instruments required for IUCD insertion and removal correctly	K/S/A/C	KH/SH	Y				Phase 3 Part 2

3.	Demonstrate the insertion of IUCD following correct pre procedural, procedural and post procedural steps in a mannequin in a skill lab	K/S/A/C	KH/SH	Y				Phase 3 Part 2
4.	Demonstrate removal of IUCD following all aseptic precautions correctly in a mannequin in a skill lab	K/S/A/C	KH/SH	Y				Phase 3 Part 2
5.	Counsel a patient before IUCD insertion regarding the procedure, side effects, post insertion follow up following the principles of good communication in an empathetic manner to the satisfaction of the observer	K/S/A/C	KH/SH	Y				Phase 3 Part 2



<b>No. OG 35.16</b>	<b>Competency: Diagnose and provide emergency management of APH&amp; PPH in a simulated/guided environment.</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Demonstrate the ability to recognise and respond to the emergency with logical sequence of action following standard protocol, working as a team, with leadership qualities and effective communication in an empathetic manner during a APH/PPH drill to the satisfaction of the observer.	K/S/A/C	SH/P	Y	DOAP	Skill assessment OSCE Viva	Skill assessment	Phase 3 Part 2

<b>No. OG 35.17</b>	<b>Competency: Demonstrate the correct technique of urinary catheterisation in a simulated/ supervised environment</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Demonstrate the steps of urinary catheterization under aseptic precautions using no touch technique in a simulated environment to the satisfaction of the observer	K/S/A/C	KH/SH	Y	DOAP	Skill assessment OSCE Viva		Phase 3 Part 2
2.	Document the procedure correctly	K/S/A/C	KH/SH	Y				Phase 3 Part 2

**Topic: Obstetric and gynecological skills 2**

**Number of competencies: (03)**

**Number of procedures that require certification : (NIL)**

<b>No. OG 36.1</b>	<b>Competency: Plan and institute a line of treatment, which is need based, cost effective and appropriate for common conditions taking into consideration</b> <b>(a) Patient. (b) Disease</b> <b>(c) Socio-economic status (d) Institution/ Governmental guidelines</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Prepare a management plan in a case scenario in simulated environment demonstrating consideration for patient choice, socio-economic status, nature of her disease and government guidelines eg advanced cancer cervix, severe anemia in pregnancy	K/S/A/C	SH/P	Y	Bedside clinic SGD	Skill assessment Viva		Phase 3 Part 2

<b>No. OG 36.2</b>	<b>Competency: Organise antenatal, postnatal, well-baby and family welfare clinics</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Enumerate the facilities provided in an antenatal and a Post Natal clinic	K/S/A/C	SH/P	Y	Bedside clinic SGD	Skill assessment Viva		Phase 2
2.	Draw a blueprint for an antenatal clinic	K/S/A/C	SH/P	Y				Phase 2
3.	Make a list of instruments and equipment for an antenatal clinic	K/S/A/C	SH/P	Y				Phase 2
4.	Discuss the points to be included for preparing IEC material for display in antenatal clinic	K/S/A/C	SH/P	Y				Phase 3 Part 2
5.	Discuss the factors that increase the waiting time in an antenatal clinic	K/S/A/C	SH/P	Y				Phase 3 Part 2

6.	Discuss the points to be included for preparing IEC material for a family welfare clinic	K/S/A/C	SH/P	Y				Phase 3 Part 1
7.	Discuss the points to be included for preparing IEC material for breastfeeding in a post natal clinic	K/S/A/C	SH/P	Y				Phase 3 Part 2

<b>No. OG 36.3 Competency: Demonstrate the correct technique of punch biopsy of cervix in a simulated/ supervised environment</b>								
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Identify the instruments required for taking a punch biopsy from the cervix	K/S/A/C	SH/P	Y	Bedside clinic SGD DOAP	Skill assessment Viva		Phase 3 Part 1
2.	Describe correctly the pre procedure preparation	K/S/A/C	SH/P	Y				Phase 3 Part 2
3.	Demonstrate the step-wise technique of punch biopsy of cervix on a mannequin correctly	K/S/A/C	SH/P	Y				Phase 3 Part 2
4.	Perform the post procedure task including documentation in a case of cervical punch biopsy	K/S/A/C	SH/P	Y				Phase 3 Part 2

**Topic: Obstetric and gynecological skills 3**

**Number of competencies: (07)**

**Number of procedures that require certification: (NIL)**

<b>No. OG 37.1 Competency: Observe and assist in the performance of a Caesarean section</b>								
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	List at least 5 indications for CS	K/S/A/C	SH/P	Y	SGD Bedside clinic	Skill assessment Viva Logbook		Phase 3 Part 1
2.	Identify the instruments for CS	K/S/A/C	SH/P	Y				Phase 2 Phase 3 Part 1 & 2
3.	Describe the preprocedural (including informed consent), procedural and post procedural steps of CS correctly as per the checklist	K/S/A/C	SH/P	Y				Phase 3 Part 2

	provided							
4.	Assist / observe 5 CS and document it correctly in the logbook	K/S/A/C	SH/P	Y				Phase 2 Phase 3 Part 1 & 2
5.	Enumerate 2 immediate and 2 long term complications of CS	K/S/A/C	SH/P	Y				Phase 3 Part 2
<b>See competency 15.1 and 15.2</b>								

<b>No. OG 37.2</b>	<b>Competency: Observe and assist in the performance of Laparotomy</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	List at least 5 indications for laparotomy in OBGYN	K/S/A/C	KH/SH	Y	SGD Bedside clinic	Skill assessment Viva Logbook		Phase 3 Part 2
2.	Identify the instruments for laparotomy	K/S	KH/SH	Y				Phase 3 Part 2



3.	Describe the preprocedural (including informed consent), procedural and post procedural steps of laparotomy correctly as per the checklist provided	K/S	KH/SH	Y				Phase 3 Part 2
4.	Assist / observe 2 laparotomies and document it correctly in the logbook	K/S	KH/SH	Y				Phase 3 Part 2
5.	Enumerate 2 immediate and 2 long term complications of laparotomy	K/S	KH/SH	Y				Phase 3 Part 2

<b>No. OG 37.3</b>	<b>Competency: Observe and assist in the performance of Hysterectomy – abdominal/vaginal</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Assist / observe 2 abdominal	K/S	KH/SH	Y	SGD	Skill assessment		Phase 3 Part 2

	hysterectomies document it correctly in the logbook				Bedside clinic	Viva Logbook		
2.	Assist / observe 2 vaginal hysterectomies and document it correctly in the logbook	K/S	KH/SH	Y				Phase 3 Part 2
See competency 34.4 also								

<b>No. OG 37.4</b>	<b>Competency: Observe and assist in the performance of a D&amp;C</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Observe and assist in the performance of 2 D&C procedures and document it correctly in the logbook	K/S/A/C	KH/SH	Y	SGD Bedside clinic	Skill assessment Viva Logbook		Phase 2 Phase 3 Part 1 & 2
See competency 34.4 also								

<b>No. OG 37.5 Competency: Observe and assist in the performance of Fractional curettage (FC) &amp; Endometrial aspiration - endocervical curettage (EA-ECC)</b>								
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Observe / assist in the performance of 1 endometrial aspiration and endocervical curettage and document it correctly in the logbook	K/S/A/C	KH/SH	Y	SGD Bedside clinic	Skill assessment Viva Logbook		Phase 2 Phase 3 Part 1 & 2
<b>See competency 34.4 also</b>								

<b>No. OG 37.6 Competency: Observe and assist in the performance of outlet forceps application of vacuum and breech delivery</b>								
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Observe / assist in the performance of one outlet forceps delivery and document it correctly in the logbook	K/S/A/C	KH/SH	Y	SGD Bedside clinic	Skill assessment Viva Logbook		Phase 2 Phase 3 Part 1 & 2
2.	Observe / assist in the performance of one vacuum delivery and document it correctly in the logbook	K/S/A/C	KH/SH	Y				Phase 2 Phase 3 Part 1 & 2
3.	Observe / assist in the performance of one assisted breech delivery and document it correctly in the logbook	K/S/A/C	KH/SH	Y				Phase 2 Phase 3 Part 1 & 2
<b>See competency 14.4, 15.1 and 15.2</b>								

<b>No. OG 37.7 Competency: Observe and assist in the performance of MTP in the first trimester and evacuation in incomplete abortion</b>								
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Observe / assist in the performance of 2 MTP procedures and document it correctly in the logbook	K/S/A/C	KH/SH	Y	SGD Bedside clinic	Skill assessment Viva Logbook		Phase 2 Phase 3 Part 1 & 2
<b>See competency 9.2 and 20.1, 20.2 and 20.3 also</b>								

**Topic: Should observe**

**Number of competencies: (04)**

**Number of procedures that require certification: (NIL)**

<b>No. OG 38.1</b>	<b>Competency: Observe different Laparoscopy surgery</b>							
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Identify instruments and equipment for laparoscopy	K/S	KH/SH	Y	SGD Bedside clinic	Skill assessment Viva Logbook		Phase 3 Part 2
2.	Enumerate 4 indications in OBGYN, 2 contraindications and 2 complications of Laparoscopy	K/S	KH/SH					Phase 3 Part 2

No. OG 38.2	Competency: Observe Hysteroscopy							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Identify instruments and equipment for Hysteroscopy	K/S	KH/SH	Y	SGD Bedside clinic	Skill assessment Viva Logbook		Phase 3 Part 2
2.	Enumerate 4 indications in OBGYN, 2 contraindications and 2 complications of hysteroscopy	K/S	KH/SH					Phase 3 Part 2

No. OG 38.3	Competency: Laparoscopic sterilization							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Identify instruments and equipment for laparoscopic sterilization	K/S/A/C	KH/SH	Y	SGD Bedside clinic	Skill assessment Viva Logbook		Phase 3 Part 2
2.	Enumerate 4 indications, 2 contraindications and 2 complications of laparoscopic sterilization	K/S/A/C	KH/SH	Y				Phase 3 Part 2
3.	Describe the preoperative preparation in a patient posted for laparoscopic sterilization	K/S/A/C	KH/SH	Y				Phase 3 Part 2
4.	Observe/ watch video demonstration of at least one laparoscopic sterilization/	K/S/A/C	KH/SH	Y				Phase 3 Part 2



<b>No. OG 38.4</b>		<b>Competency: Assess the need for and issue proper medical certificates to patients for various purposes</b>						
	<b>Learning objectives</b>	<b>Domain K/S/A/C</b>	<b>Level K/KH/SH/P</b>	<b>Core Y/N</b>	<b>T-L Method</b>	<b>Assessment Method</b>	<b>Integration</b>	<b>Remarks</b>
1.	Asses the need for medical certificates for various purposes in view of the medico-legal implications correctly	K/S/A/C	KH/SH	Y	SGD Bedside clinic	Skill assessment Viva Logbook	Forensic Medicine	Phase 3 Part 2
2.	Enumerate the headings/ points to be included in issuing a medical certificate	K/S/A/C	KH/SH	Y				Phase 3 Part 2
3.	Explain the purpose of a medical certificate and its medicolegal importance	K/S/A/C	KH/SH	Y				Phase 3 Part 2
4.	Draft a proper medical certificate correctly	K/S/A/C	KH/SH	Y				Phase 3 Part 2

## Competencies added by FOGSI

**Topic: Rape, sexual offences and violence against women**

**Number of competencies: (0)**

**Number of procedures that require certification: (NIL)**

No. OG 39.1	Competency: examine a rape victim and complete medico-legal formalities							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Define rape according to IPC	K/S	KH/SH	Y	SGD	Viva	Forensic Medicine	Phase 3 Part 2
2.	Describe components of Protection of Children from Sexual Offences (POCSO) Act 2012	K/S	KH/SH	Y				Phase 3 Part 2
3.	Describe the steps in the examination of a rape victim.	K/S	KH/SH	Y				Phase 3 Part 2

4.	Describe the investigations, treatment required and follow up for sexually transmitted illnesses	K/S	KH/SH	Y				Phase 3 Part 2
5.	Enumerate the medico-legal formalities to be completed by a physician in case of alleged rape	K/S	KH/SH	Y				Phase 3 Part 2
6.	Elicit history suggestive of domestic violence in an antenatal woman	K/S	KH/SH	Y				Phase 3 Part 2
7.	Describe the course of action by a physician in a case of domestic violence	K/S	KH/SH	Y				Phase 3 Part 2

**Topic: Fever in pregnancy**

**Number of competencies: (1)**

**Number of procedures that require certification: (NIL)**

No. OG 40.1	Competency: Describe etiology, diagnosis and management of Fever in pregnancy & its impact on pregnancy							
	Learning objectives	Domain K/S/A/C	Level K/KH/SH/P	Core Y/N	T-L Method	Assessment Method	Integration	Remarks
1.	Enumerate 6 important causes of fever in pregnancy	K/S/A/C	KH/SH	Y	SGD	Skill assessment Viva	medicine	Phase 3 Part 1
2.	Describe the maternal & fetal complications of management of malaria/dengue in pregnancy	K/S/A/C	KH/SH	Y				Phase 3 Part 1
3.	Describe the diagnosis & principles of management of malaria/dengue in pregnancy	K/S/A/C	KH/SH	Y				Phase 3 Part 1
4.	Describe the diagnosis & principles of management of COVID in pregnancy	K/S/A/C	KH/SH	Y				Phase 3 Part 1

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