**DR. RAJENDRA PRASAD GOVERNMENT**

**MEDICAL COLLEGE, KANGRA AT TANDA (H.P)**



**OBS & GYN LOGBOOK**

Name …………………..……………………………………………..

Roll No………………………………………………………………..

Batch ………………………………………………………………….

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| **PERSONAL DETAILS** |
| Name of student-(in Capital letters):  Date of Admission:  Name of Parent/Guardian:  Date of beginning of current Phase:  Permanent Address:  Contact details:  Mobile number of Student:  Mobile number of Parent/Guardian:  Email id of Student: |

**CERTIFICATE**

This is to certify that Ms. / Mr. …………………………………………………Roll No\_\_\_\_\_, admitted in the year \_\_\_\_\_\_at Dr Rajendra Prasad Govt Medical College Kangra at Tanda, H.P has satisfactorily completed / has not completed all assignments / requirements mentioned in this logbook in the subject of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during the period from………………… to………… . She / He is / is not eligible to appear for the summative (University) assessment.

**Signature of Faculty**

**Name and Designation**

**Countersigned by Head of the Department**

**Dean**

**Place: Date:**

##### **GENERAL INSTRUCTIONS**

1. The logbook is a record of the academic / co-curricular activities of the student, who would be responsible for maintaining this logbook.
2. The logbook is a record of various activities by the student like:

* Overall participation &performance
  + Attendance
  + Participation in sessions
  + Record of completion of pre-determined activities.
  + Acquisition of selected competencies

1. The student is responsible for ensuring that the entries in the logbook are verified by the Faculty in charge, regularly.
2. The logbook is the record of work done by the candidate in that department / specialty and will be verified by the college prior to submission of the application of the student for university examinations.

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**CLINICALPOSTING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Rotation* | *Phase* | *Duration*  *(Weeks)* | *From* | *To* | *Faculty*  *Signature* |
| 1st | Phase II |  |  |  |  |
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| 2nd | PhaseIII  PartI |  |  |  |  |
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| 3rd | PhaseIII  PartII |  |  |  |  |
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**DEPARTMENT OF OBG DRPGMC Kangra at Tanda. H.P**

**Proposed competencies in 2nd phase MBBS didactic lectures/ other teaching method**

|  |  |  |  |
| --- | --- | --- | --- |
| Date/ day | Competency and Topic | Teacher | Signature |
|  | OG1.1 define and discuss birth rate, MMR etc. | Dr |  |
|  | OG 1.2Define & discuss perinatal mortality, neonatal mortality | Dr |  |
|  | OG 1.3 Define & discuss still birth and abortion | Dr |  |
|  | OG 1.3 define and discuss still birth and abortion | Dr |  |
|  | OG 2.1 Describe & discuss the development and anatomy of female reproductive organs | Dr |  |
|  | OG 3.1 Describe physiology of ovulation, menstruation , fertilization & gametogenesis | Dr |  |
|  | OG 3.1 Describe physiology of ovulation, menstruation , fertilization & gametogenesis FORMATIVE ASSESSMENT | Dr |  |
|  | FORMATIVE ASSMT OG1.1, 1.2,1.3,2.1,3.1 | Dr |  |
|  | OG 4.1 describe & discuss basic embryology of the fetus, factors influencing fetal growth & dev, placenta, teratogenesis | Dr |  |
|  | OG 4.1 describe & discuss basic embryology of the fetus, factors influencing fetal growth & dev, placenta, teratogenesis | Dr |  |
|  | OG 4.1 describe & discuss basic embryology of the fetus, factors influencing fetal growth & dev, placenta, teratogenesis | Dr |  |
|  | OG 4.1 describe & discuss basic embryology of the fetus, factors influencing fetal growth & dev, placenta, teratogenesis | Dr |  |
|  | OG 5.1 Describe, discuss & identify pre existing medical disorders, mgt; discuss evidence based intrapartum care: HISTORY | Dr |  |
|  | OG 5.1 Describe, discuss & identify pre existing medical disorders, mgt; discuss evidence based intrapartum care: important medical conditions in pregancy: Anaemia | Dr |  |
|  | OG 5.1 Describe, discuss & identify pre existing medical disorders, mgt; discuss evidence based intrapartum care: Anaemia | Dr |  |
|  | OG 5.1 Describe, discuss & identify pre existing medical disorders, mgt; discuss evidence based intrapartum care: Diabetes | Dr |  |
|  | OG 5.2 Determine maternal high risk factors & verify immunization status: | Dr |  |
|  | OG 5.2 Determine maternal high risk factors & verify immunization status including thyroid disorders | Dr |  |
|  | OG 6.1 Describe, discuss & demonstrate C/F of pregnancy, d.d, Elaborate principles underlying and interpret preg test: History | Dr |  |
|  | OG 6.1 Describe, discuss & demonstrate C/F of pregnancy, d.d, Elaborate principles underlying and interpret preg test: preg tests, diagnosis, BHCG | Dr |  |
|  | OG 6.1 Describe, discuss & demonstrate C/F of pregnancy, d.d, Elaborate principles underlying and interpret preg test, obst examination | Dr |  |
|  | OG 22.1 Describe the clinical characteristic of physiological vaginal discharge. | Dr |  |
|  | OG 22.2 Describe and discuss etiology, characteristic, clinical diagnosis, investigations of common causes of vaginal discharge and syndromic management. | Dr |  |
|  | OG 22.2 Describe and discuss etiology, characteristic, clinical diagnosis, investigations of common causes of vaginal discharge and syndromic management. | Dr |  |
|  | Formative assessment-Date, marks- | Teacher | Marks obtained |
|  | Formative assessment-Date, marks- | Teacher | Marks obtained |
|  | Formative assessment-Date, marks- | Teacher | Marks obtained |

**Department of OBG DRPGMC KANGRA AT TANDA (H.P)**

**Clinics 2nd phase MBBS**

**1st Clinical posting OBG (Duration 4 weeks)**

Students are required to maintain logbook with competency number and get it signed daily from the residents/faculty. Meticulous record of marks obtained in ward leaving test is necessary as it will count for internal assessment. Skill mentioned have to be certified that “can perform under supervision” and “attempt for this”.

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| --- | --- | --- | --- |
| **Day & Date** | **Competency** | **Sub competencies addressed** | **Signature of teacher** |
| 1 (STUDENTS DIVIDED INTO SMALL GROUPS | Introduction to the department and subject, wards, OT,IPD, introduce ***clinic clerkship*** concept to students | Division of beds and assign each to different teachers, introduce ***clinic clerkship*** concept to students |  |
| 2 | OG35.1 Obtain a logical sequence of history | Demographic characters and significance, value of good communication |  |
| 3 | OG35.1 Obtain a logical sequence of history | Demographic characters and significance, value of patient listening |  |
| 4 | OG35.1 Obtain a logical sequence of history | Demographic characters and significance, value of good communication and respect to patient and family |  |
| 5 | OG35.1 Obtain a logical sequence of history | Demographic characters and significance, value of good communication |  |
| 6 | OG35.1 Obtain a logical sequence of history | Demographic characters and significance, value of good communication |  |
| 7 | OG35.1 Obtain a logical sequence of history | Demographic characters and significance, value of good communication |  |
| 8 | OG35.1 Obtain a logical sequence of history | Chief complaints and significance |  |
| 9 | OG35.1 Obtain a logical sequence of history | Chief complaints and significance |  |
| 10 | OG35.1 Obtain a logical sequence of history | Chief complaints and significance, present history |  |
| 11 | OG35.1 Obtain a logical sequence of history, and perform GPE | Chief complaints and significance, obstetric history |  |
| 12 | OG35.1 Obtain a logical sequence of history, and perform GPE | Chief complaints and significance, obstetric history |  |
| 13 | OG35.1 Obtain a logical sequence of history, and perform GPE | Chief complaints and significance, obstetric history, menstrual history |  |
| 14 | OG35.1 Obtain a logical sequence of history, and perform GPE | Chief complaints and significance, obstetric history, menstrual history |  |
| 15 | OG35.1 Obtain a logical sequence of history, and perform GPE | Chief complaints and significance, obstetric history, menstrual history |  |
| 16 | OG35.1 Obtain a logical sequence of history, and perform GPE and obstetrical examination | Past history, family history, personal history, dietary history, socio eco status, GPE, Obs exam |  |
| 17 | OG35.1 Obtain a logical sequence of history, and perform GPE and obstetrical examination | Past history, family history, personal history, dietary history, socio eco status, GPE, Obs exam |  |
| 18 | Skill assessment, ward leaving and feedback | Emphasis on good history |  |
| 19 | Skill assessment, ward leaving and feedback | Emphasis on good history |  |
| 20 | Skill assessment, ward leaving and feedback | Emphasis on good history |  |

Relevant excerpt from GMR 2019 regulations for ready reference.

**9.5. Learner-doctor method of clinical training (Clinical Clerkship)**

9.5.1 **Goal**: To provide learners with experience in:

(a) Longitudinal patient care,

(b) Being part of the health care team,

(c) Hands-on care of patients in outpatient and inpatient setting.

9.5.2 **Structure**:

(a) The first clinical posting in second professional shall orient learners to the patient, their roles and the

specialty.

(b) The learner-doctor programme will progress as outlined in Table 9.

(c) The learner will function as a part of the health care team with the following responsibilities:

(i) Be part of the unit’s outpatient services on admission days,

(ii) Remain with the admission unit until 6 PM except during designated class hours,

(iii) Be assigned patients admitted during each admission day for whom he/she will undertake

responsibility, under the supervision of a senior resident or faculty member,

(iv) Participate in the unit rounds on its admission day and will present the assigned patients to the

supervising physician,

(v) Follow the patient’s progress throughout the hospital stay until discharge,

(vi) Participate, under supervision, in procedures, surgeries, deliveries etc. of assigned patients

(according to responsibilities outlined in table 9),

(vii) Participate in unit rounds on at least one other day of the week excluding the admission day,

(viii) Discuss ethical and other humanitarian issues during unit rounds,

(ix) Attend all scheduled classes and educational activities,

(x) Document his/her observations in a prescribed log book / case record.

**(d) No learner will be given independent charge of the patient**

(e) The supervising physician will be responsible for all patient care decisions

9.5.3 **Assessment**:

**(a) A designated faculty member in each unit will coordinate and facilitate the activities of the learner,**

**monitor progress, provide feedback and review the log book/ case record.**

**(b) The log book/ case record must include the written case record prepared by the learner including**

**relevant investigations, treatment and its rationale, hospital course, family and patient discussions,**

**discharge summary etc.**

**(c) The log book should also include records of outpatients assigned. Submission of the log book/ case**

**record to the department is required for eligibility to appear for the final examination of the subject.**

***Table 9: Learner - Doctor programme (Clinical Clerkship)***

|  |  |
| --- | --- |
| **Year ofCurriculum** | **FocusofLearner-Doctorprogramme** |
| Year1 | Introductiontohospitalenvironment,earlyclinicalexposure,understandingperspectivesofillness |
| Year2 | Historytaking,physicalexamination,assessmentofchangeinclinicalstatus,communicationandpatienteducation |
| Year3 | Alloftheaboveandchoiceofinvestigations,basicproceduresandcontinuityofcare |
| Year4 | Alloftheaboveanddecisionmaking,managementandoutcomes |

**In order to streamline teaching and attendance of MBBS students under new curriculum, the following are the requirements**:

1. Different teaching methods are to be adopted including didactic lectures, small group teaching, self-directed learning, seminars, tutorials DOAP or any other method. **75% attendance in theory in each phase is mandatory (not total 4 year attendance as earlier)**
2. **Clinical clerkship is mandatory** for each student for which dedicated time slot is required within clinics timings and students see admissions, write histories, follow up the patients till discharge, go to OT and get chance to assist sometimes, and are involved in all clinical activities with residents and senior faculties**. 80% attendance in practical in each year is mandatory (and not total attendance of 75% as earlier)**
3. Dedicated time for **skill teaching at least once a week** is required and documented.
4. **Ward leaving test along with skill assessment** is mandatory as it will count for internal assessment
5. Student must pass in internal exams separately in theory and practical (total 50%, and not <40% in theory or practicals). For this 2 internal exams in each year including practical exam is required. 3 internal exams will be conducted in final year. **Marks in internal exam will be depicted separately in university exams. Hence, conducting exams and record keeping is required.**

Therefore, it is mandatory that:

1. Who so ever (including JR, SR or consultants) takes clinical teaching, **marks attendance** in the register available in the office of Department and puts initials **and keeps copy** of attendance with himself/herself with topic/skill taught.
2. **Ward leaving test** and marks obtained by each student are entered in same register and have to **test skills also**. A separate **record is kept** with you for record and referencing.
3. **Theory classes shall be entered in separate register along with competency number** as provided in MCI UG curriculum vol III available on NMC website.
4. Tests comprising of **4-5 MCQ may be asked at the end of class** and entered in attendance register as “FORMATIVE ASSESSMENT”

If any clarification is required you may refer to **“Regulations on Graduate Medical Education (Amendment), 2019” available on NMC website.**

**This may be treated as most important.**

**Clinical posting in 1st phase MBBS: (4 weeks)**

**Summary of case/cases presented by you with date (duly signed by teacher) (Lined notebooks or last pages of logbook may be used for detailed history, examination, diagnosis and management)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case attended/presented** | **Case id** | **Summary of case** | **Initials of the teacher** |
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|  | **Ward leaving** |  |  |
|  | **Ward leaving** |  |  |
|  | **Ward leaving** |  |  |

**Ward leaving test:- Date, marks, teachers signatures**

Verified at end of 1st Phase MBBS

(Teaching in-charge with date)

Countersigned by Head of the Department

**Log book for CBME timetable: 3RD PHASE MBBS PART 1**

**Lectures**: 25 hrs, **SDL**: 5 hrs, **Seminars, demonstration/DOAP**:35 hrs

**Lectures: 25 hrs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lecture number** | **COMPETENCY NUMBER(OG)** | **BRIEF TITLE OF LECTURE** | **Teacher name and date** | **Signature** |
|  | 7.1 | PHYSIOLOGICAL CHANGES |  |  |
|  | 9.1, 9.2 | ABORTION, CONSENT |  |  |
|  | 9.3 | ACUTE ABDOMEN |  |  |
|  | 9.4 | GTD |  |  |
|  | 9.5 | HYPEREMESIS GRAVIDARUM |  |  |
|  | 10.1 | APH |  |  |
|  | 11.1 | MULTIPLE PREGNANCY |  |  |
|  | 12.1 | PIH,ECLAMPSIA |  |  |
|  | 12.1 | PIH, ECLAMPSIA |  |  |
|  | 12.2 | ANEMIA IN PREGNANCY |  |  |
|  | 12.3 | DIABETES |  |  |
|  | 12.4 | HEART DISEASE |  |  |
|  | 12.5 | UTI |  |  |
|  | 12.6 | LIVER DISEASE |  |  |
|  | 12.8 | Rh INCOMPATABILITY |  |  |
|  | 13.1 | LABOUR PHYSIOLOGY |  |  |
|  | 13.2 | PROM, PERTERM LABOUR |  |  |
|  | 14.2 | MECH OF LABOUR, obstructed labour |  |  |
|  | 14.3, 16.1,16.2,16.3 | RUPTURE UTERUS,PPH, INVERSION, BLOOD TRANSFUSION |  |  |
|  | 14.3, 16.1,16.2 | RUPTURE UTERUS,PPH, INVERSION, BLOOD TRANSFUSION |  |  |
|  | 16.3 | IUGR |  |  |
|  | 16.3 | IUGR |  |  |
|  | 17.1,17.2,17.3 | LACTATION, BREAST FEEDING |  |  |
|  | 18.1,18.2,18.3,18.4 | NEWBORN, RESUSCITATION,ASPHYXIA |  |  |
|  | **Formative assessment** | **All competencies as above** | **Marks obtained displayed and signatures obtained** | **Signature of student** |

**SEMINARS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Seminar number** | **COMPETENCY NUMBER** | **BRIEF TITLE** | ***Presentation by student name & roll number and teacher name*** | ***Signatures and marks assigned*** |
|  | 1 | 7.1 | PHYSIOLOGICAL CHANGES IN PREGNANCY | 1 |  |
|  | 2 | 8.7 | VACCINATION IN PREGNANCY | 2 |  |
|  | 3 | 9.1,9.2 | ABORTIONS TYPES, MANAGEMENT | 3 |  |
|  | 4 | 12.1 | PIH: THEORIES, EARLY DIAGNOSIS | 4 |  |
|  | 5 | 12.2 | ANEMIA IN PREGNANCY: INVESTIGATIONS, INDICES | 5 |  |
|  | 6 | 12.3 | DIABETES: OHA,INSULINS | 6 |  |
|  | 7 | 12.4 | HEART DISEASE: ANTICOAGULATION, COAGULATION TESTS AND INTERPRETATION | 7 |  |
|  | 8 | 12.7 | HIV: screening, risk factors, mgt,PMTC, HAART, PEP | 8 |  |
|  | 9 | 12.8 | Rh INCOMPATIBILITY: PATHOLOGICAL NNJ,EXCHANGE TRANSFUSION | 9 |  |
|  | 10 | 13.1 | PARTOGRAM | 10 |  |
|  | 11 | 13.2 | POST DATE PREGNANCY | 11 |  |
|  | 12 | 15.1 | EPISIOTOME, CS,VACCUM,FORCEPS | 12 |  |
|  | 13 | 16.1 | BLOOD BANKING AND BLOOD PRODUCTS TRANSFUSION, INDICATIONS,HAZARDS | 13 |  |
|  | 14 | 16.3 | IUGR: FETAL USG, DOPPLER | 14 |  |
|  | 15 | 17.2 | BREAST FEEDING | 15 |  |

**Self Directed Learning/Small Group Discussion: 5HRS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **COMPETENCY NUMBER** | **BRIEF TITLE** | **Presentation by: Student roll no**  **(Marks be assigned and feedback given)** | **Signatures of teacher and marks assigned** |
| 1 | 7.1 | PHYSIOLOGICAL CHANGES IN PREGNANCY: COMPARE AND CONTRAST BIOCHEMICHAL CHANGES | 16 |  |
| 2 | 8.4 | CTG MACHINE AND ADVANCES | 17 |  |
| 3 | 10.1 | APH: FLUID/BLOOD MGT | 18 |  |
| 4 | 8.6 | COUNSEL REGARDING APPROPRIATE NUTRITION IN PREGNANCY | 19 |  |
| 5 | 12.3 | DIABETIC DIET, GLYCEMIC INDEXPLAN A DIET FOR NORMAL BMI | 20 |  |

**DEMONSTRATION/DOAP: 20 HRS: In groups; roll number:-1-30,31-60,61-90,91-120). Competencies grouped and planned in table below this table:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | COMPETENCY NUMBER | BRIEF TITLE/ specific objectives: | Date | Name of teacher and formative assessment marks |
|  | 8.4, 14.1 | DIAMETERS OF PELVIS, skull |  |  |
|  | 8.4,14.1 | Mechanism of labour in occipito anterior and posterior |  |  |
|  | 8.4,14.1 | Mechanism of labour in breech |  |  |
|  | 8.6 | COUNSELLING APPROPRIATE NUTRITION TO PREGNANT |  |  |
|  | 8.6 | COUNSELLING APPROPRIATE NUTRITION TO PREGNANT |  |  |
|  | 9.4 | HTD: H MOLE, low risk and high risk GTN |  |  |
|  | 12.1 | ECLAMPSIA MANAGEMENT, magsulf, dilantin, diuretics, fluid therapy,antihypertensives, right anaesthesia/ analgesia |  |  |
|  | 13.1 | PARTOGRAPHIC MANAGEMENT OF LABOUR: partograph components, plotting by all students |  |  |
|  | 13.2 | PRETERM LABOUR: TOCOLYTICS, ANTIBIOTICS |  |  |
|  | 13.3, 13.4, 13.5, 13.3, 13.4, 13.5,15.2 | TECHNIQUE OF ARM, STAGES OF LABOUR: DIAGNOSIS, NORMAL , VAGINAL DELIVERY, EPISIOTOMY TECHNIQUE, LA, BLOCKS |  |  |
|  | 13.3, 13.4, 13.5, 13.3, 13.4, 13.5,15.2 | TECHNIQUE OF ARM, STAGES OF LABOUR: DIAGNOSIS, NORMAL , VAGINAL DELIVERY, EPISIOTOMY TECHNIQUE, LA, BLOCKS |  |  |
|  | 15.1, 20.2 | CONSENT FOR VARIOUS PROCEDURES: CORRECT METHOD AND DOCUMENTATION |  |  |
|  | 16.2 | INVERSION UTERUS ; DIAGNOSIS & MANAGEMENT |  |  |
|  | 18.1,18.2,18.3, 18.4 | BIRTH ASPHYXIA, STEPS OF NEONATAL RESUSCITATION, TREATMENT OF ASPHYXIA, PRINCIPLES OF RESUSCITATION |  |  |
|  | 18.1,18.2,18.3, 18.4 | BIRTH ASPHYXIA, STEPS OF NEONATAL RESUSCITATION, TREATMENT OF ASPHYXIA, PRINCIPLES OF RESUSCITATION |  |  |
|  | 18.1,18.2,18.3, 18.4 | BIRTH ASPHYXIA, STEPS OF NEONATAL RESUSCITATION, TREATMENT OF ASPHYXIA, PRINCIPLES OF RESUSCITATION |  |  |
|  | 19.1 | PUERPERIUM: NORMAL AND ABNORMAL |  |  |
|  | 19.3, 19.4 | TUBAL LIGATION: CONSENT, METHODS, IUCD INSEETION AND REMOVAL |  |  |
|  | 19.3, 19.4 | TUBAL LIGATION: CONSENT, METHODS, IUCD INSEETION AND REMOVAL |  |  |
|  | 19.3, 19.4 | TUBAL LIGATION: CONSENT, METHODS, IUCD INSEETION AND REMOVAL |  |  |

**DETAILED PLAN FOR DEMONSTRATION/DOAP**

Demonstration/DOAP plan: 9-10AM (FIRST 20 SATURDAYS) FROM START OF SESSION

Group A: Roll no 1-30

Group B: Roll no 31-60

Group C: Roll no 61-90

Group D: Roll no 91-120

|  |  |  |  |
| --- | --- | --- | --- |
| **DEMONSTRATION ROOM-OBG** | **FACULTY BLOCK** | **LABOUR ROOM, POST OP WARD, MTY OT** | **LABOUR ROOM, POST OP WARD, MTY OT, OPD** |
| UNIT I FACULTY/SR/JR | UNIT III FACULTY, JR,SR | UNIT II FACULTY, JR,SR | UNIT III FACULTY AND SR/JR |
| OG8.4,14.1 | OG9.4, 8.6,12.1,13.2, | OG 13.1,13.3,13.4,13.5,15.2,20.2,16.2, | OG 18.1,18.2,18.3,18.4,19.1,19.3,19.4, |
| Diameters of skull, pelvis | H mole | Partograph | Neonatal resuscitation, steps |
| Mechanism of labour in OA | Drugs: anti HT, Fluids, Magsulf, LA, | Monitoring of labour, stages | Birth asphyxia |
| Mechanism of labour in OP | Tocolytics, antihypertensives, fluids, Frusemide | Conduct of NVD | Puerperium- normal/abnormal: management |
| Mechanism of labour in Breech | Contraceptives | Episiotomy, vacuum, forceps | Tubal ligation, consent, |
| Mechanism of labour in face/brow/transverse lie | Counselling appropriate nutrition | CS, consent | IUCD: INSERTION AND REMOVAL METHOD |

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| --- | --- | --- | --- | --- | --- |
| **Date** | **Once a**  **Week**  **(from start of classes)** | **Brief competency/specific objectives** |  |  |  |
|  | Week | Group A (1-30) | Group B (31-60) | Group C (61-90) | Group D (91-120) |
|  | 1 | Diameters of skull, pelvis | H mole | Partograph | Neonatal resuscitation, steps |
|  | 2 | Mechanism of labour in OA | Drugs: anti HT, Fluids, Magsulf, LA, | Monitoring of labour, stages | Birth asphyxia |
|  | 3 | Mechanism of labour in OP | Tocolytics, antihypertensives, fluids, Frusemide | Conduct of NVD | Puerperium- normal/abnormal: management |
|  | 4 | Mechanism of labour in Breech | Contraceptives | Episiotomy, vacuum, forceps | Tubal ligation, consent, |
|  | 5 | Mechanism of labour in face/brow/transverse lie | Counselling | CS | IUCD: INSERTION AND REMOVAL METHOD |
|  | 6 | H mole | Partograph | Neonatal resuscitation, steps | Diameters of skull, pelvis |
|  | 7 | Drugs: anti HT, Fluids, Magsulf, LA, | Monitoring of labour, stages | Birth asphyxia | Mechanism of labour in OA |
|  | 8 | Tocolytics, antihypertensives, fluids, Frusemide | Conduct of NVD | Puerperium- normal/abnormal: management | Mechanism of labour in OP |
|  | 9 | Contraceptives | Episiotomy, vacuum, forceps | Tubal ligation, consent, | Mechanism of labour in Breech |
|  | 10 | Counselling | CS | IUCD: INSERTION AND REMOVAL METHOD | Mechanism of labour in face/brow/transverse lie |
|  | 11 | Partograph | Neonatal resuscitation, steps | Diameters of skull, pelvis | H mole |
|  | 12 | Monitoring of labour, stages | Birth asphyxia | Mechanism of labour in OA | Drugs: anti HT, Fluids, Magsulf, LA, |
|  | 13 | Conduct of NVD | Puerperium- normal/abnormal: management | Mechanism of labour in OP | Tocolytics, antihypertensives, fluids, Frusemide |
|  | 14 | Episiotomy, vacuum, forceps | Tubal ligation, consent, | Mechanism of labour in Breech | Contraceptives |
|  | 15 | CS | IUCD: INSERTION AND REMOVAL METHOD | Mechanism of labour in face/brow/transverse lie | Counselling |
|  | 16 | Neonatal resuscitation, steps | Diameters of skull, pelvis | Partograph | H mole |
|  | 17 | Birth asphyxia | Mechanism of labour in OA | Monitoring of labour, stages | Drugs: anti HT, Fluids, Magsulf, LA, |
|  | 18 | Puerperium- normal/abnormal: management | Mechanism of labour in OP | Conduct of NVD | Tocolytics, antihypertensives, fluids, Frusemide |
|  | 19 | Tubal ligation, consent, | Mechanism of labour in Breech | Episiotomy, vacuum, forceps | Contraceptives |
|  | 20 | IUCD: INSERTION AND REMOVAL METHOD | Mechanism of labour in face/brow/transverse lie | CS | Counselling |

**No.HFW/DRPGMC/OBG Dated:**

**PHASE 3 PART I MBBS (4 weeks)**

**Competencies addressed in 1st clinical plus the below named competencies depending upon the clinical material available**

1. OG 8.2 History taking in OBG case
2. OG 8.3 describe and document history and Examination of OBG, clinical monitoring of maternal and fetal well being
3. OG 8.6 Assess and counsel regarding appropriate nutrition in pregnancy
4. OG 11.1 clinical features, diagnosis, and management of multiple pregnancies
5. OG 10.1 clinical features diagnosis and management of APH
6. OG 12.1 History in PIH, identify changes in PIH, diagnosis and management
7. OG 12.2 diagnosis and management of anemia in pregnancy
8. OG 12.8 discuss, diagnose, and manage isoimmunization in pregnancy
9. OG 13.2 diagnosis and management of preterm labor
10. OG 13.4 diagnosis and management different types of abortion
11. OG 16.3 Monitoring of fetal well being
12. OG17.2 breast feeding proper technique
13. OG19.1 normal puerperium management
14. OG20.2 observe informed consent for MTP in empathetic manner
15. OB 21.1 Identify and observe counselling for contraception

**Timings: 10am to 1pm** and/or as specified; **1hr in OBG department is specified for** **LEARNER -DOCTOR METHOD OF CLINICAL TRAINING (CLINICAL CLERIKSHIP)** with defined objectives. Students be attached to all the UG-PG teachers, accompany them on rounds, OPD,IPD, OT, write clinical case histories during OPD days, keep log of the follow up and management of patients. Students shall join clinical rounds of other unit once a week. Separate departmental rosters my displayed-on notice board.

**Skill assessment and ward leaving test** using various tools (like OSCE) shall be on last 2 days of clinical postings or as planned by OBG Department and assessment & feedback displayed on notice board within 1-2 weeks.

**LEARNER -DOCTOR METHOD OF CLINICAL TRAINING (CLINICAL CLERKSHIP** As per GMR regulations: focus is required on these components: in MBBS 3nd Phase Part I-

– History taking, physical examination, assessment of change in clinical status, communication and patient education, clinical features, diagnosis and management.

The learner will function as a part of the health care team with the following responsibilities:

* Be part of the units OPD services on admission day.
* Remain with the admission unit until 6 pm except during designated class hours.
* Be assigned patients admitted during each admission day for whom he/she will undertake responsibility under the supervision of SR/faculty member.
* Participate in unit rounds on its admission day and will present the assigned patient to the supervising physician.
* Follow the patient’s progress throughout the hospital stay until discharge.
* Participate under supervision in procedures, surgeries, deliveries etc of assigned patients.
* Participate in unit rounds on at least 1 other day of the week excluding the admission day.
* Discuss ethical and other humanitarian issues during unit rounds.
* Attend all scheduled classes and educational activities.
* Document his / her observation in a prescribed log book / case record.
* Undergo training in procedures under supervision

Skill assessment and ward leaving on last two days of posting. Assessment & Feedback should be provided individually and displayed on noticeboard within 1-2 weeks.

HOD OBG

DRPGMC Tanda

H.P

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| EMPHESIS ON RELEVANT INVESTIGATIONS, DECISION MAKING, OUTCOME, EMPATHY, COUNSELLING, INFORMING PROGNOSIS | | | |
| Competency number  Enter dates on which addressed | Details | Days (Enter date/dates) | Facilitator name and signatures with date |
| OG 8.2,8.3,8.6 | 1. OG 8.2 History taking in OBG case 2. OG 8.3 describe and document history and Examination of OBG, clinical monitoring of maternal and fetal well being 3. OG 8.6 Assess and counsel regarding appropriate nutrition in pregnancy | ALL DAYS IN CLINICAL POSTING | ALL JR/SR/CONSULTANTS |
| OG 11.1,10.1,12.1,12.2 12.8,13.2,13.4,35.1,35.2,35.4, 35.5, 35.6, 35.7, 35.8, | 1. OG 11.1 clinical features, diagnosis, and management of multiple pregnancies 2. OG 10.1 clinical features diagnosis and management of APH 3. OG 12.1 History in PIH, identify changes in PIH, diagnosis and management 4. OB 35.1 obtain logical history, examination 5. OB 35.2 arrive at proper logical diagnosis after examination 6. OG 12.2 diagnosis and management of anemia in pregnancy 7. OG 12.8 discuss, diagnose, and manage isoimmunization in pregnancy 8. OG 13.2 diagnosis and management of preterm labor 9. OG 13.4 diagnosis and management different types of abortion 10. OB 35.4 Demonstrate interpersonal and communication skills to discuss illness and outcome 11. OB 35.5 determine POG,EDD, obstetric formula 12. OB 35.6 Demonstrate ethical behavior 13. OB 35.7 obtain informed consent 14. OB 35.8 write complete case record with necessary details | BEDSIDE CLINIC AS PER CLINICAL MATERIAL AVAILABLE | ALL JR/SR/CONSULTANTS |
| OG 16.3 | 1. OG 16.3 Monitoring of fetal well being | LABOUR ROOM, ANW-NST ROOM | JR/SR |
| OG 17.2 | 1. OG17.2 breast feeding proper technique | BEDSIDE CLINIC/DOAP/SGD  (WED/SATURDAY) | JR,SR  ALL JR/SR/CONSULTANTS |
| OG 19.1, | 1. OG19.1 normal puerperium management | BEDSIDE CLINIC ONCE A WEEK (TUESDAY/FRIDAY) | JR,SR  ALL JR/SR/CONSULTANTS |
| OG 20.2 | 1. OG20.2 observe informed consent for MTP in empathetic manner | OPD/MINOR OT | ALL JR/SR/CONSULTANTS |
| OG 21.1 | 1. OB 21.1 Identify and observe counselling for contraception | OPD | 10-11AM CLINICAL CLERKSHIP IN SMALL GROUP |
| OG 35.11 | 1. OB 35.11demonstrate correct of appropriate universal precautions and protection against HIV | DOAP(SGD) | 10-11AM CLINICAL CLERKSHIP IN SMALL GROUP |
| OG 35.12 | 1. OB 35.12 obtain PAP smear | OPD/MINOR OT | 10-11AM CLINICAL CLERKSHIP IN SMALL GROUP |
| OG 35.13, 35.14,35.17,37.5 | 1. OB 35.13demonstrate correct technique of ARM 2. OB 35.14 demonstrate correct technique of episiotomy suture 3. OB 35.17demonstrate correct technique of catheter insertion 4. OB 37.5 observe and assist in 1st trimester MTP and evacuation of incomplete abortion. | LABOUR ROOM | 10-11AM CLINICAL CLERKSHIP IN SMALL GROUP |
| OG 35.15,35.17,36.3,37.4 | 1. OB 35.15 demonstrate correct insertion and removal technique of IUCD 2. OB 35.17demonstrate correct technique of catheter insertion 3. OB 36.3 demonstrate correct technique of punch biopsy 4. OB 37.4 observe and assist in D/C | MINOR OT | 10-11AM CLINICAL CLERKSHIP IN SMALL GROUP  ALL JR/SR/CONSULTANTS |
| OG 35.16 | 1. OB 35.16 diagnose and provide emergency management of APH and PPH | EMERGENCY/LR/OT (MONDAY/THURSDAY) | JR, SR  ALL JR/SR/CONSULTANTS |

**Clinical posting in 2nd phase Part I MBBS:**

**Summary of case/cases presented by you with date (duly signed by teacher) (Lined notebooks or last pages of logbook may be used for detailed history, examination, diagnosis and management)**

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| --- | --- | --- | --- |
| **Case attended/presented** | **Case id** | **Summary of case** | **Initials of the teacher** |
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|  | **Ward leaving** |  |  |
|  | **Ward leaving** |  |  |
|  | **Ward leaving** |  |  |

**Ward leaving test:- Date, marks, teachers signatures**

Summary of procedures observed by you

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Summary of procedures performed under supervision by you

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Verified at end of 3nd Phase Part I MBBS

(Teaching in-charge with date)

Countersigned by Head of the Department

**CBME timetable OBG: 3RD PHASE MBBS PART 2:**

**Lectures: 70 hrs, SDL: 15 hrs, Seminars/tutorial/integrated teaching: 125 hrs: TOTAL 210 hrs**

**Classes allotted in “master timetable’’( 6hrs per week)**

(Theory lecture)

(Seminars/tutorial/integrated teaching)/SDL

**Didactic lectures: 70 hrs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Lecture number** | **COMPETENCY NUMBER** | **BRIEF TITLE OF LECTURE** | **Date and name of teacher** |
|  | OG 21.1 | Describe and discuss temporary & permanent methods of contraception |  |
|  | OG 21.1 | Describe and discuss temporary & permanent methods of contraception |  |
|  | OG21.2 | PPIUCD programme |  |
|  | OG22.1,22.2 | Vaginal discharge and syndromic approach |  |
|  | OG22.1,22.2 | Vaginal discharge and syndromic approach |  |
|  | OG23.1, 23.2, 23.3 | Describe and discuss physiology of puberty, common problems, management |  |
|  | OG23.1, 23.2, 23.3 | Delayed puberty, causes, management |  |
|  | OG23.1, 23.2, 23.3 | Precocious puberty, causes, management |  |
|  | OG 24.1,24.2,24.3 | AUB: define classify, clinical features,diagnosis, management |  |
|  | OG 24.1,24.2,24.3 | AUB: define classify, clinical features,diagnosis, management |  |
|  | OG25.1 | Primary & sec amenorrhoea, investigations, management |  |
|  | OG25.1 | Primary & sec amenorrhoea, investigations, management |  |
|  | OG 26.1 | Endometriosis and adenomyosis-aetiology,clinicalfeatures,implications on health and fertility, management |  |
|  | OG 26.1 | Endometriosis and adenomyosis-aetiology,clinicalfeatures,implications on health and fertility, management |  |
|  | OG26.2 | Genital injuries and fistulas; causes, prevention, clinical features,management principles |  |
|  | OG26.2 | Genital injuries and fistulas; causes, prevention, clinical features,management principles |  |
|  | OG27.1 | STD-aetiology,pathology,clinicalfeatures,differentialdiagnosis,investigations, management, long term implications |  |
|  | OG27.2 | Genital tuberculosis-aetiology,pathology,clinicalfeatures,differentialdiagnosis,investigations, management, long term implications |  |
|  | OG27.2 | Genital Tuberculosis-aetiology,pathology,clinicalfeatures,differentialdiagnosis,investigations, management, long term implications |  |
|  | OG27.3 | HIV-aetiology,pathology,clinicalfeatures,differentialdiagnosis,investigations, management, long term implications |  |
|  | OG27.4 | PID-aetiology,pathology,clinicalfeatures,differentialdiagnosis,investigations, management, long term implications |  |
|  | OG27.4 | PID-aetiology,pathology,clinicalfeatures,differentialdiagnosis,investigations, management, long term implications |  |
|  | OG28.1, 28.2,28.3,28.4 | Infertility- causes,differentialdiagnosis,investigations,principles of management, tests, ART, tubal surgeries,ovulation induction |  |
|  | OG28.1, 28.2,28.3,28.4 | Infertility- causes,differentialdiagnosis,investigations,principles of management, tests, ART, tubal surgeries,ovulation induction |  |
|  | OG28.1, 28.2,28.3,28.4 | Infertility- causes,differentialdiagnosis,investigations,principles of management, tests, ART, tubal surgeries,ovulation induction |  |
|  | OG28.1, 28.2,28.3,28.4 | Infertility- causes,differentialdiagnosis,investigations,principles of management, tests, ART, tubal surgeries,ovulation induction |  |
|  | OG 29.1 | Fibroid uterus- aetiology,pathology,clinicalfeatures,differentialdiagnosis,investigations,management,complications |  |
|  | OG 29.1 | Fibroid uterus- aetiology,pathology,clinicalfeatures,differentialdiagnosis,investigations,management,complications |  |
|  | OG 29.1 | Fibroid uterus- aetiology,pathology,clinicalfeatures,differentialdiagnosis,investigations,management,complications |  |
|  | OG30.1, 30.2 | PCOS- aetiology, clinical features, differential diagnosis, investigations, management, complications  Hyperandrogenism- enumerate and describe investigations & management of hyperandrogenism |  |
|  | OG30.1, 30.2 | PCOS- aetiology, clinical features, differential diagnosis, investigations, management, complications  Hyperandrogenism- enumerate and describe investigations & management of hyperandrogenism |  |
|  | OG30.1, 30.2 | PCOS- aetiology, clinical features, differential diagnosis, investigations, management, complications  Hyperandrogenism- enumerate and describe investigations & management of hyperandrogenism |  |
|  | OG 31.1 | UV prolapse- aetiology, classification, clinical features, diagnosis,investigations, prevention & management principles |  |
|  | OG 31.1 | UV prolapse- aetiology, classification, clinical features, diagnosis,investigations, prevention & management principles |  |
|  | OG 31.1 | UV prolapse- aetiology, classification, clinical features, diagnosis,investigations, prevention & management principles |  |
|  | OG32.1 | Menopause- physiology, symptoms, prevention, management, role of HRT |  |
|  | OG 32.1 | Menopause- physiology, symptoms, prevention, management, role of HRT |  |
|  | OG 32.2 | PMB- causes, management |  |
|  | OG 33.1, 33.2, 33.3, 33.4 | Ca cervix- aetiology, pathology, clinical features, differential diagnosis, investigations, staging |  |
|  | OG 33.1, 33.2, 33.3, 33.4 | Ca cervix- aetiology, pathology, clinical features, differential diagnosis, investigations, staging |  |
|  | OG 33.2, 33.2, 33.3, 33.4 | Describe principles of management including surgery and RT of pre malignant and malignant lesions of cervix |  |
|  | OG 33.2, 33.2, 33.3, 33.4 | Describe principles of management including surgery and RT of pre malignant and malignant lesions of cervix |  |
|  | OG 33.2, 33.2, 33.3, 33.4 | Describe and demonstrate screening for cervical cancer, VIA,VILI, PAP, Colposcopy |  |
|  | OG 33.2, 33.2, 33.3, 33.4 | Describe and demonstrate screening for cervical cancer, VIA,VILI, PAP, Colposcopy |  |
|  |  | Formative assessment OG21.1 to 31.1 |  |
|  | OG34.1 | Endometrial cancer- aetiology, pathology, staging,clinical features, differential diagnosis, staging, principles of management |  |
|  | OG 34.1 | Endometrial cancer- aetiology, pathology, staging,clinical features, differential diagnosis, staging, principles of management |  |
|  | OG 34.2 | Ovarian cancer-aetiology, pathology,staging, clinical features, differential diagnosis, investigations, principles of management, staging laparotomy |  |
|  | OG 34.2 | Ovarian cancer-aetiology, pathology,staging, clinical features, differential diagnosis, investigations, principles of management, staging laparotomy |  |
|  | OG34.2 | Ovarian cancer-aetiology, pathology,staging, clinical features, differential diagnosis, investigations, principles of management, staging laparotomy |  |
|  | OG34.3 | Ovarian cancer-aetiology, pathology,staging, clinical features, differential diagnosis, investigations, principles of management, staging laparotomy |  |
|  | OG34.3 | Ovarian cancer-aetiology, pathology,staging, clinical features, differential diagnosis, investigations, principles of management, staging laparotomy |  |
|  | OG34.1.34.2.34.3 | Formative assessment: 32.1 to 34.3 |  |
|  | OG 10.1 | APH, blood and blood product use |  |
|  | OG 10.1 | APH, blood and blood product use |  |
|  | OG 11.1 | Multiple pregnancy |  |
|  | OG 11.1 | Multiple pregnancy |  |
|  | OG 12.1 | Pregnancy hypertension |  |
|  | OG 12.1 | Pregnancy hypertension |  |
|  | OG 12.2 | Anaemia in pregnancy |  |
|  | OG 12.2 | Anaemia in pregnancy |  |
|  | OG 12.3 | Diabetes in pregnancy |  |
|  | OG 12.3 | Diabetes in pregnancy |  |
|  | OG 12.4 | Heart disease in pregnancy |  |
|  | OG 12.4 | Heart disease in pregnancy |  |
|  | OG 12.5 | UTI in pregnancy |  |
|  | OG 12.8 | Isoimmunization in pregnancy |  |
|  | OG 12.8 | Isoimmunization in pregnancy |  |
|  | OG 13.2 | Preterm labour, PROM, post dated pregnancy |  |
|  | OG 13.2 | Preterm labour, PROM, post dated pregnancy |  |

**Seminars/tutorials list for MBBS Phase 3 part II:**

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| --- | --- | --- | --- | --- | --- |
| **Day and date** | **COMPETENCY NUMBER** | **BRIEF TITLE** | ***Student roll no & name*** | ***Teacher name*** | ***Teachers Signature and marks assigned*** |
|  | OG1.1 | Define & discuss birth rate, Maternal morbidity & mortality |  |  |  |
|  | OG 1.2 | Define & discuss perinatal & neonatal morbidity audit & mortality |  |  |  |
|  | OG 2.1 | Applied anatomy as related to Obst&Gynae |  |  |  |
|  | OG 3.1 | Describe the physiology of ovulation |  |  |  |
|  | OG 8.8 | Use of USG in initial assessment & monitoring of pregnancy |  |  |  |
|  | OG 13.1 | Principles of induction & acceleration of labour |  |  |  |
|  | OG14.4 | Classification, diagnosis & Mgt of abnormal labour |  |  |  |
|  | OG16.1 | USG and doppler in mgt of IUGR |  |  |  |
|  | OG20.3 | PCPNDT act & its amendments |  |  |  |
|  | OG21.1 | Describe & discuss PPIUCD programme |  |  |  |
|  | OG 22.1 | Clinical characteristics of physiological vaginal discharge |  |  |  |
|  | OG 23.1 | Describe the physiology of puberty |  |  |  |
|  | OG 25.1 | Describe the causes of primary & sec amenorrhoea |  |  |  |
|  | OG 27.1 | Aetiology, pathology, clinical features of STD (except Tb, HIV) |  |  |  |
|  | OG 28.4 | Assisted reproductive techniques |  |  |  |
|  | OG 32.1 | Physiology of menopause, symptoms, prevention, management |  |  |  |
|  | OG 32.2 | Causes of postmenopausal bleeding & management |  |  |  |
|  | OG 33.1 | Aetiology, pathology differential diagnosis and investigations of CA cervix |  |  |  |
|  | OG 33.2 | Surgery & radiotherapy in CA cervix |  |  |  |
|  | OG 33.4 | Methods to prevent CA cervix |  |  |  |
|  | OG 34.1 | Aetiology,pathology, d/d & staging of CA endometrium |  |  |  |
|  | OG 34.2 | Aetiology,pathology, staging of ovarian cancer |  |  |  |
|  | OG 34.2 | Principles of management of Ovarian cancer |  |  |  |
|  | OG 34.3 | Aetiology, pathology, c/f, d/d of gestational trophoblastic disease |  |  |  |
|  | OG 34.3 | Staging and management of Gestational trophoblastic disease |  |  |  |
|  | OG 34.4 | Indications, techniques & complications of D/c, F/c, EB , cervical biopsy &endocervical curettage |  |  |  |
|  | OG 34.4 | Abdominal hysterectomy techniques, indications, preoperative and post operative care |  |  |  |
|  | OG 34.4 | Vaginal hysterectomy techniques, indications, preoperative and post operative care |  |  |  |
|  | OG 34.4 | Myomectomy techniques, indications, preoperative and post operative care |  |  |  |
|  | OG 34.4 | Surgery for benign ovarian tumours techniques, indications, preoperative and post operative care |  |  |  |
|  | OG 34.4 | Surgery for ovarian malignancy, staging laparotomy techniques, indications, preoperative and post operative care |  |  |  |
|  | OG 34.4 | Surgeries for UV prolapse (except vaginal hysterectomy) techniques, indications, preoperative and post operative care |  |  |  |
|  | OG 34.4 | Laparoscopy, hysteroscopy techniques, indications, preoperative and post operative care |  |  |  |
|  | OG 35.16 | Management of antepartum haemorrhage |  |  |  |
|  | OG 35.16 | Management of postpartum haemorrhage |  |  |  |
|  | OG 37.1 | Caesarean section indications, technique, complications, preoperative and post operative care |  |  |  |
|  | OG 37.6 | Outlet forceps application- consent, indications, technique, complications, preoperative and post operative care |  |  |  |
|  | OG 37.6 | Episiotomy, vaccum assisted vaginal delivery- indications, technique, complications, preoperative and post operative care |  |  |  |
|  | OG 37.6 | Types of breech delivery, assisted breech delivery technique, complications |  |  |  |
|  | OG 37.7 | 1st trimester MTP and spontaneous abortion- consent, evacuation methods, indications, complications |  |  |  |
|  | OG 38.3 | Laparoscopic sterilization |  |  |  |
|  | OG1.3 | Still birth- review, definition, causes, investigations, consent for foetal autopsy |  |  |  |
|  | OG 1.3 | Abortions- types, diagnosis, management |  |  |  |
|  | OG 2.1 | Development of female reproductive tract |  |  |  |
|  | OG 3.1 | Physiology of gametogenesis, fertilization, implantation, menstruation, |  |  |  |
|  | OG 4.1 | Anatomy and physiology of placenta |  |  |  |
|  | OG 4.1 | Basic embryology of foetus, foetal circulation |  |  |  |
|  | OG 4.1 | Teratogenesis |  |  |  |
|  | OG 5.1 | Labour care guide, partogram |  |  |  |
|  | OG 5.1 | High risk pregnancy, teenage pregnancy |  |  |  |
|  | OG 6.1 | Diagnosis of pregnancy, principles of pregnancy tests |  |  |  |
|  | OG 7.1 | Cardiovascular and haematological changes in pregnancy |  |  |  |
|  | OG 8.1 | Antenatal care- objectives with special emphasis to 1st trimester |  |  |  |
|  | OG 8.4 | Monitoring of maternal and foetal well being |  |  |  |
|  | OG 8.5 | Normal pelvis and pelvic assessment |  |  |  |
|  | OG 8.6 | Nutrition in pregnancy, diet plan in diabetic pregnancy |  |  |  |
|  | OG 9.1 | Septic abortion- diagnosis and management |  |  |  |
|  | OG 9.3 | Acute abdomen in pregnancy- causes, d/d, ruptured ectopic pregnancy |  |  |  |
|  | OG 9.4 | Hyperemesis gravidarum- d.d, complications, management |  |  |  |
|  | OG 10.1 | USG in antepartum haemorrhage |  |  |  |
|  | OG 10.1 | Haemorrhagic shock- classification, management |  |  |  |
|  | OG 10.2 | Blood and blood component therapy- indications, guidelines |  |  |  |
|  | OG 10.2 | Blood transfusion reactions, investigations, diagnosis, documentation, management |  |  |  |
|  | OG11.1 | Complications unique to multiple pregnancy |  |  |  |
|  | OG 12.1 | Classification, & pathophysiology of hypertensive disorders in pregnancy |  |  |  |
|  | OG 12.1 | Antihypertensive drugs, magnesium sulphate in pregnancy hypertension |  |  |  |
|  | OG 12.2 | Nutritional anaemia in pregnancy, aetiology and management |  |  |  |
|  | OG 12.3 | Screening for diabetes in pregnancy and diet management- NHM and other guidelines |  |  |  |
|  | OG 12.3 | Insulin and oral hypoglycemic agents in diabetes in pregnancy |  |  |  |
|  | OG 12.3 | Diabetic keto-acidosis in pregnancy |  |  |  |
|  | OG 12.3 | Labour management in diabetic pregnancy and postpartum |  |  |  |
|  | OG 12.4 | Diagnosis & management of heart disease in pregnancy |  |  |  |
|  | OG 12.4 | Antiplatelet drugs, oral anticoagulants, and heparin in pregnancy |  |  |  |
|  | OG 12.5 | Asymptomatic bacteriuria, chronic UTI, pyelonephritis in pregnancy management |  |  |  |
|  | OG 12.6 | Cholestasis of pregnancy, viral hepatitis in pregnancy- diagnosis, management |  |  |  |
|  | OG 12.7 | Management of mother and new born with HIV |  |  |  |
|  | OG 12.8 | Diagnosis and management of isoimmunization in pregnancy |  |  |  |
|  | OG13.1 | Physiology of normal labour |  |  |  |
|  | OG 13.1 | Pain relief during labour, local anaesthetic drugs, epidural. Complications related to pain relief |  |  |  |
|  | OG 13.2 | Diagnosis, investigations and management of preterm labour |  |  |  |
|  | OG 13.1 | Management of 3rd stage of labour and complications of 3rd stage of labour |  |  |  |
|  | OG 13.2 | Diagnosis, investigations and management of post-dated pregnancy |  |  |  |
|  | OG13.2 | Diagnosis, investigations and management of PROM |  |  |  |
|  | OG14.1 | Types of pelvis, diameters |  |  |  |
|  | OG 14.2 | Obstructed labour- prevention, diagnosis, management of neglected shoulder presentation |  |  |  |
|  | OG 14.3 | Scar dehiscence, scar rupture, rupture uterus- causes, prevention, diagnosis, management |  |  |  |
|  | OG 14.4 | Classification, diagnosis, management of abnormal labour |  |  |  |
|  | OG 15.1 | Causes, diagnosis of breech, ECV technique- pre-requisites, technique, complications |  |  |  |
|  | OG 15.1 | Cervical incompetence, cervical cerclage-indications, technique, complications, pre and post operative management |  |  |  |
|  | OG 15.2 | Episiotomy, pudendal block, technique, complications, suture techniques, suture material |  |  |  |
|  | OG 16.2 | Uterine inversion- causes, prevention, diagnosis, management |  |  |  |
|  | OG 16.3 | NST, modified NST, Biophysical profile score, |  |  |  |
|  | OG 16.3 | CST, CTG, fetal scalp pH etc, monitoring of high risk pregnancy in labour (invasive and non invasive monitoring) |  |  |  |
|  | OG 16.3 | Foetal doppler |  |  |  |
|  | OG 16.3 | Diagnosis and management of IUGR |  |  |  |
|  | OG 17.1 | Physiology of lactation, technique of breast feeding in multiple pregnancy |  |  |  |
|  | OG 18.4 | Principles of neonatal resuscitation and common problems encountered |  |  |  |
|  | OG 19.1 | Physiology of puerperium, complications and management |  |  |  |
|  | OG 19.1 | Counselling for contraception in puerperium, puerperal sterilization, PPIUCD |  |  |  |
|  | OG 19.3 | Tubal ligations- indications, techniques, newer methods |  |  |  |
|  | OG 19.4 | IUCD- counselling, technique of insertion of CuT380A, LNG IUCD. Medical eligibility criteria |  |  |  |
|  | OG 20.1 | 2nd trimester MTP- indications, methods, complications, failed MTP |  |  |  |
|  | OG 21.1 | OCP: types, Medical eligibility criteria, indications, failure rate |  |  |  |
|  | OG 21.1 | Emergency contraception, male contraceptives, recent advances |  |  |  |
|  | OG 22.2 | Aetiology, c/f, diagnosi, investigations, management of common coauses of vaginal discharge, syndromic management |  |  |  |
|  | OG 23.1 | Abnormal puberty and management | Previous batch |  |  |
|  | OG 23.1 | Delayed puberty- investigations and management | Previous batch |  |  |
|  | OG 24.1 | AUB | Tutorial/SDL |  |  |
|  | OG 25.1 | Principles of management of primary and secondary amenorrhoea | Tutorial/SDL |  |  |
|  | OG 26.1 | Endometriosis and adenomyosis | Tutorial/SDL |  |  |
|  | OG 26.2 | Genital injuries and genital fistulas | Tutorial/SDL |  |  |
|  | OG 27.1 | Aetiology, c/f, d/d, investigations, management of and long term implications of STI | Tutorial/SDL |  |  |
|  | OG 27.2 | Aetiology, c/f, d/d, investigations, management of and long term implications genital Tb | Tutorial/SDL |  |  |
|  | OG 27.3 | Aetiology, c/f, d/d, investigations, management of and long term implications of HIV | Tutorial/SDL |  |  |
|  | OG 27.4 | Aetiology, c/f, d/d, investigations, management of and long term implications of pelvic inflammatory disease | Tutorial/SDL |  |  |
|  | OG 28.1 | Principles of management of infertility | Tutorial/SDL |  |  |
|  | OG 28.2 | Tubal patency tests and tuboplasty | Tutorial/SDL |  |  |
|  | OG 28.3 | Principles of ovulation induction | Tutorial/SDL |  |  |
|  | OG 28.4 | Assisted reproductive techniques | Tutorial/SDL |  |  |
|  | OG 29.1 | Fibroid uterus | Tutorial/SDL |  |  |
|  | OG 30.1 | PCOS | Tutorial/SDL |  |  |
|  | OG 30.2 | Hyperandrogenism | Tutorial/SDL |  |  |
|  | OG 32.1 | HRT | Tutorial/SDL |  |  |
|  | OG 32.2 | PMB | Tutorial/SDL |  |  |
|  | OG 33.3 | Surgery and RT for CA cervix | Tutorial/SDL |  |  |

**Self Directed Learning/Small Group Discussion: 15HRS**

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| --- | --- | --- | --- | --- | --- | --- |
| Hour | COMPETENCY NUMBER | BRIEF TITLE/ competency assigned | Moderation: Student roll no /teacher | Date | Signatures | Remarks |
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|  | Formative assessment |  |  |  |  |  |

**Phase 3 Part II MBBS:-Topics/ competencies for clinics, maternity posting: 8+4 weeksin addition to the competencies addressed in clinical postings in MBBS phase 1 and Phase 2 part I:-**

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| --- | --- | --- | --- | --- |
| **Day** | **COMPETENCY NUMBER** | **BRIEF TITLE/ specific objectives:** | **Date/dates** | **Remarks/ signatures** |
|  | OG8.4, 14.1 | DIAMETERS OF PELVIS, skull |  |  |
|  | OG8.4,14.1 | Mechanism of labour in occipito anterior and posterior |  |  |
|  | OG 8.4,14.1 | Mechanism of labour in breech |  |  |
|  | OG8.6 | COUNSELLING APPROPRIATE NUTRITION TO PREGNANT |  |  |
|  | OG8.6 | COUNSELLING APPROPRIATE NUTRITION TO PREGNANT |  |  |
|  | OG9.4 | HTD: H MOLE, low risk and high risk GTN |  |  |
|  | OG12.1 | ECLAMPSIA MANAGEMENT, magsulf, dilantin, diuretics, fluid therapy,antihypertensives, right anaesthesia/ analgesia |  |  |
|  | OG13.1 | PARTOGRAPHIC MANAGEMENT OF LABOUR: partograph components, plotting by all students |  |  |
|  | OG13.2 | PRETERM LABOUR: TOCOLYTICS, ANTIBIOTICS |  |  |
|  | OG13.3, 13.4, 13.5, OG13.3, 13.4, 13.5,15.2 | TECHNIQUE OF ARM, STAGES OF LABOUR: DIAGNOSIS, NORMAL , VAGINAL DELIVERY, EPISIOTOMY TECHNIQUE, LA, BLOCKS |  |  |
|  | OG13.3, 13.4, 13.5, OG13.3, 13.4, 13.5,15.2 | TECHNIQUE OF ARM, STAGES OF LABOUR: DIAGNOSIS, NORMAL , VAGINAL DELIVERY, EPISIOTOMY TECHNIQUE, LA, BLOCKS |  |  |
|  | OG15.1, 20.2 | CONSENT FOR VARIOUS PROCEDURES: CORRECT METHOD AND DOCUMENTATION |  |  |
|  | OG16.2 | INVERSION UTERUS ; DIAGNOSIS & MANAGEMENT |  |  |
|  | OG18.1,18.2,18.3, 18.4 | BIRTH ASPHYXIA, STEPS OF NEONATAL RESUSCITATION, TREATMENT OF ASPHYXIA, PRINCIPLES OF RESUSCITATION |  |  |
|  | OG18.1,18.2,18.3, 18.4 | BIRTH ASPHYXIA, STEPS OF NEONATAL RESUSCITATION, TREATMENT OF ASPHYXIA, PRINCIPLES OF RESUSCITATION |  |  |
|  | OG18.1,18.2,18.3, 18.4 | BIRTH ASPHYXIA, STEPS OF NEONATAL RESUSCITATION, TREATMENT OF ASPHYXIA, PRINCIPLES OF RESUSCITATION |  |  |
|  | OG19.1 | PUERPERIUM: NORMAL AND ABNORMAL |  |  |
|  | OG19.3, 19.4 | TUBAL LIGATION: CONSENT, METHODS, IUCD INSEETION AND REMOVAL |  |  |
|  | OG19.3, 19.4 | TUBAL LIGATION: CONSENT, METHODS, IUCD INSEETION AND REMOVAL |  |  |
|  | OG19.3, 19.4 | TUBAL LIGATION: CONSENT, METHODS, IUCD INSEETION AND REMOVAL |  |  |
|  | Ward leaving and skill assessment | Marks obtained |  |  |
|  | Ward leaving and skill assessment | Marks obtained |  |  |
|  | Ward leaving and skill assessment | Marks obtained |  |  |

**Gynaecology, F.P, Contraception, Minor OT, Major OT**

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| --- | --- | --- | --- |
| **Day** | **COMPETENCY NUMBER** | **BRIEF TITLE/ specific objectives:** | **Date, skill lab/MOT/OT**  **Initials of teacher** |
|  | OG 21.2 | PPIUCD |  |
|  | OG 22.1, 22.2, | Vaginal discharges, Diagnosis, management |  |
|  | OG 25.1 | Primary and sec amenorrhoea management |  |
|  | OG 26.1 | Genital tract injuries-prevention, management |  |
|  | OG 27.1,27.2,27.3 | STI, HIV, PMTCT, PEP |  |
|  | OG 28.1, 28.2 | Infertility management |  |
|  | OG 29.1 | Fibroid uterus- case, specimens |  |
|  | OG 30.1,30.2 | Hyperadndrgenism, PCOS case, mgt |  |
|  | OG 31.1 | UV prolapse case |  |
|  | OG 33.3,33.4, 36.3 | PAP, VIA, VILI, colposcopy demonstrate, cervical punch biopsy |  |
|  | OG 34.4 | d/c, f/c,e/b, ECC, |  |
|  | OG 35.1 | History, p/s, P/v examination, making diagnosis |  |
|  | OG 35.6,35.7,35.8,35.9, OG 35.10 | Ethical aspects, informed consent, case record, discharge summary, referral notes |  |
|  | OG 35.11 | Universal precautions |  |
|  | OG 35.13, 35.14, 35.15 | ARM, episiotomy suture, IUCD removal and insertion, |  |
|  | OG 35.17 | Catheterization |  |
|  | OG 36.1 | Plan line of treatment that is cost effective |  |
|  | OG 37.1,37.2,37.3,  OG37.4,37.5 | Observe, assist C.S, hysterectomy,d/c,ECC |  |
|  | OG 37.6 | Outlet forceps, breech delivery assist |  |
|  | OG 37.7 | Assist in 1st trimester MTP |  |

**Clinical posting in 2nd phase Part II MBBS:**

**Summary of case/cases presented by you with date (duly signed by teacher) (Lined notebooks or last pages of logbook may be used for detailed history, examination, diagnosis and management)**

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| **Case attended/presented** | **Case id** | **Summary of case** | **Initials of the teacher** |
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|  | **Ward leaving** |  |  |
|  | **Ward leaving** |  |  |
|  | **Ward leaving** |  |  |

**Ward leaving test:- Date, marks, teachers signatures**

. Three internal examinations are mandatory and shall count towards marks in university examinations. It is the responsibility of the teacher to sign log books, mark the attendance and assessment.

DRPGMC Tanda

H.P

Verified at end of 3nd Phase Part II MBBS

(Teaching in-charge with date)

Countersigned by Head of the Departmen

**CLINICAL CLERKSHIP/NOTES**

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