

Program and Course Structure

School of Medical Science and Research

MS (Obstetrics & Gynaecology)

Session: 2020-23

1. Standard Structure of the Program at University Level

1.1 Vision, Mission and Core Values of the University

Vision of the University

To serve the society by being a global University of higher learning in pursuit of academic excellence, innovation and nurturing entrepreneurship.

Mission of the University

1. Transformative educational experience
2. Enrichment by educational initiatives that encourage global outlook
3. Develop research, support disruptive innovations and accelerate entrepreneurship
4. Seeking beyond boundaries

Core Values

- Integrity
- Leadership
- Diversity
- Community

1.2 Vision and Mission of the School

Vision of the School

To serve the society by being a premier institute that promotes a comprehensive approach to human health through excellence in academics, research and clinical care

Mission of the School

- Provide a transformative educational experience in Medical Science
- Develop skills and competencies to create global leaders in clinical care
- Promote innovative and collaborative research through intellectual and technological advancement
- Establish a center for excellence in preventive, promotive and curative health care

Core Values

- Integrity
- Leadership
- Ethics
- Community Health

1.3 Programme Educational Objectives (PEO)

1.3.1 Writing Programme Educational Objectives (PEO)

A post graduate student having qualified the MS (Obstetrics & Gynaecology) examination should be able to:

PEO1. Provide quality care to the community in the diagnosis and management of Antenatal, Intra-natal and Post-natal period of normal and abnormal pregnancy and labor.

PEO2. Provide effective and adequate care to a pregnant woman with complicated pregnancy.

PEO3. Provide effective and adequate care to a normal and high risk neonate.

PEO4. Perform obstetrical ultrasound in normal and abnormal pregnancy including Doppler.

PEO5. Manage effectively all obstetrical and gynecological emergencies and if necessary make appropriate referrals.

PEO6. Provide quality care to the community in the diagnosis and management of gynaecological problems including screening, and management of all gynecological cancers including during pregnancy.

PEO7. Conduct a comprehensive evaluation of infertile couple and have a broad based knowledge of assisted reproductive techniques including – ovulation induction, in vitro fertilization and intra-cytoplasmic sperm injection, gamete donation, surrogacy and the legal and ethical implications of these procedures.

PEO8. Provide counseling and delivery of fertility regulation methods including reversible and irreversible contraception, emergency contraception etc.

PEO9. Provide quality care to women having spontaneous abortion or requesting Medical Termination of Pregnancy (MTP) and manage their related complications.

1.3.2 Map PEOs with Mission Statements:

PEO Statements	School Mission 1	School Mission 2	School Mission 3	School Mission 4
PEO1:	3	2	2	3
PEO2:	3	3	2	3
PEO3:	3	2	1	3
PEO4:	3	3	2	3
PEO5	3	3	3	3
PEO6	3	1	1	3
PEO7	3	3	3	3
PEO8	1	3	3	2
PEO9	3	3	3	3

1.3.3 Program Outcomes (PO's)

A. Cognitive Domain

- PO1: Recognizes the health needs of women and adolescents and carries out professional obligations in keeping with principles of National Health Policy and professional ethics
- PO2 :Has acquired the competencies pertaining to Obstetrics and Gynaecology that are required to be practiced in the community and at all levels of health system
- PO3: Interact with other departments for a multidisciplinary approach to the issues as and when necessary.
- PO4: Participate actively in various workshops/seminars/journal clubs/demonstration in the allied departments, to acquire various skills for collaborative research.
- PO5: Should demonstrate a working knowledge of the principles of risk management and their relationship to clinical governance and complaints procedures.
- PO6: Plan a research study and conduct basic and clinical systemic investigations.

B Affective domain

- PO7: Should be able to function as a part of a team, develop an attitude of cooperation with colleagues, and interact with the patient and the clinician or other colleagues to provide the best possible diagnosis or opinion.
- PO8: Always adopt ethical principles and maintain proper etiquette in dealings with patients, relatives and other health personnel and to respect the rights of the patient including the right to information and second opinion.
- PO9: Develop communication skills to word reports and professional opinion as well as to interact with patients, relatives, peers and paramedical staff, and for effective teaching.

C. Psychomotor Domain

- PO10: Adequate proficiency in common minor and major operations, post-operative management and management of their complications.
- PO11: Operative procedures which must be done by P G students during training period: (in graded manner - assisting, operating with senior person assisting, operating under supervision)

1.3.4 Mapping of Program Outcome Vs Program Educational Objectives

	PEO1	PEO2	PEO3	PEO4	PEO5	PEO6	PEO7	PEO8	PEO9
PO1	3	3	3	3	1	1	1	“”	“”
PO2	2	2	“”	1	3	1	3	“”	3
PO3	2	2	1	3	1	“”	1	3	2
PO4	1	2	3	3	3	2	2	3	3
PO5	3	3	3	3	“”	1	3	“”	3
PO6	3	2	1	1	3	3	3	2	3
PO7	“”	2	3	“”	“”	1	“”	2	1
PO8	3	3	3	“”	“”	“”	“”	3	2
PO9	2	3	“”	“”	“”	“”	“”	3	3
PO10	“”	3	3	2	“”	“”	“”	2	2
PO11	“”	3	3	“”	“”	“”	“”	2	3

School: SMSR		Batch: 2020-23
Program: MS (Obstetrics & Gynaecology)		Current Academic Year: 2020-21
1	Programme Code	

Syllabus

Course contents:

Paper-I: General and Cellular Physiology including Genetic Basis and Historical perspectives:

1. Physiology of cell, various cellular mechanisms and genetic control mechanisms.
2. Various principles of Physics and Physical Chemistry involved in physiological phenomenon e.g. haemo-dynamics, bio-electrical potentials, body fluids, methods of measurements.
3. History of Physiology.
4. Biostatistics, Biophysics, Biochemistry, Micro-anatomy.
5. Growth and Development including aging.
6. Excretion, pH, water and Electrolyte balance.

Paper-II: Systemic Physiology (system providing transport, nutrition and energy) including comparative Physiology.

1. Blood and Immunity.
2. Cardiovascular System.
3. Respiratory System.
4. Gastro- Intestinal Tract (GIT) and dietary requirements.

Paper-III: Systemic Physiology (system concerned with procreation, regulation and neural control)

1. Nerve-Muscle Physiology including muscle mechanics
2. Endocrine Physiology
3. Nervous System (Central, peripheral and autonomic)
4. Special Senses
5. Reproduction & family planning/foetal & neonatal Physiology

Paper-IV: Applied Physiology including recent advances

1. Patho-physiology pertaining to systemic Physiology
2. Physiological basis of various clinical investigation tests
3. Interaction of human body in ambient environment- high altitude, space and deep sea
4. Sports physiology
5. Yoga and Meditation
6. Recent advances relevant to Physiology
7. Social responsibilities of physiologists

ASSESSMENT

FORMATIVE ASSESSMENT, during the training includes Formative assessment should be continual and should assess medical knowledge, patient care, procedural & academic skills, interpersonal skills, professionalism, self directed learning and ability to practice in the system. General Principles Internal Assessment should be frequent, cover all domains of learning and used to provide feedback to improve learning; it should also cover professionalism and communication skills. The Internal Assessment should be conducted in theory and clinical examination. Quarterly assessment during the MS training should be based on following educational activities:

1. Journal based / recent advances learning
2. Patient based /Laboratory or Skill based learning
3. Self directed learning and teaching
4. Departmental and interdepartmental learning activity
5. External and Outreach Activities / CMEs

The student to be assessed periodically as per categories listed in postgraduate student appraisal form (Annexure I).

SUMMATIVE ASSESSMENT, ie., assessment at the end of training The summative examination would be carried out as per the Rules given in POSTGRADUATE MEDICAL EDUCATION REGULATIONS, 2000. 16 Postgraduate Examination shall be in three parts:

1. Thesis Every post graduate student shall carry out work on an assigned research project under the guidance of a recognised Post Graduate Teacher, the result of which shall be written up and submitted in the form of a Thesis. Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the post graduate student to the techniques of research, critical analysis, acquaintance with the latest advances in medical science and the manner of identifying and consulting available literature. Thesis shall be submitted at least six months before the Theory and Clinical / Practical examination. T
2. he thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical examination. A post graduate student shall be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Thesis by the examiners.

3. Theory Examination: The examinations shall be organised on the basis of 'Grading' or 'Marking system' to evaluate and to certify post graduate student's level of knowledge, skill and competence at the end of the training. Obtaining a minimum of 50% marks in 'Theory' as well as 'Practical' separately shall be mandatory for passing examination as a whole. The examination for M.D./ MS shall be held at the end of 3rd academic year. An academic term shall mean six month's training period. There should be four theory papers, as given below:

Paper I: Applied Basic sciences.

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

Paper III: Gynaecology including fertility regulation

Paper IV: Recent Advances in Obstetrics & Gynaecology

4. . Clinical/Practical & oral/viva voce Examination: shall be as given below: a) Obstetrics: Clinical Long Case: 1 case 2 cases with different problems Short Case/ Spot Case: 1 case Viva voce including: 17 ♣ Instruments ♣ Pathology specimens ♣ Drugs and X-rays, Sonography etc. ♣ Dummy Pelvis b) Gynaecology: Clinical Long Case: 1 case 2 cases with different problems Short Case/ Spot Case: 1 case Viva including: ♣ Instruments ♣ Pathology specimens ♣ Drugs and X-rays, Sonography etc. ♣ Family planning Recommended Reading: Books (latest edition) Obstetrics 1. William Textbook of Obstetrics 2. High risk Obstetrics - James 3. High risk pregnancy - Ian Donal 4. Text book of Operative Obstetrics - Munro Kerr. 5. Medical disorder in pregnancy - De Sweit 6. High risk pregnancy - Arias 7. A text book of Obstetrics - Thrbull 8. Text book of Obstetrics - Holland & Brews. 9. Manual of Obstetrics - Daftary & Chakravarty Gynaecology 1. Text book of Gynaecology - Novak 2. Text book of Operative Gynaecology - Te-lindes 3. Text book of operative gynaecology - Shaws 4. Text book of Gynaecology and Reproductive Endocrinology - Speroft 5. Text book of Obstetrics & Gynaecology - Dewhurst 6. Manual of Gynaecological Oncology - Disai 7. Text book of Gynaecology – Jaeffcot Journals 03-05 international Journals and 02 national (all indexed) journals 18 Annexure I Postgraduate Students Appraisal Form Pre / Para /Clinical Disciplines Name of the Department/Unit : Name of the PG Student : Period of Training : FROM.....TO..... Sr. No. PARTICULARS Not Satisfactory Satisfactory More Than Satisfactory Remarks 1 2 3 4 5 6 7 8 9 1. Journal based / recent advances learning 2. Patient based /Laboratory or Skill based learning 3. Self directed learning and teaching 4. Departmental and interdepartmental learning activity 5. External and Outreach Activities / CMEs 6. Thesis / Research work 7. Log Book Maintenance Publications Yes/ No

Remarks* _____

*REMARKS: Any significant positive or negative attributes of a postgraduate student to be mentioned. For score less than 4 in any category, remediation must be suggested. Individual feedback to postgraduate student is strongly recommended. SIGNATURE OF ASSESSEE SIGNATURE OF CONSULTANT