VEER NARMAD SOUTH GUJARAT UNIVERSITY, SURAT. T.Y. M.B.B.S.

OBSTETRICS & GYNAECOLOGY

These guidelines are based on MCI recommendations Teaching has to be done keeping in mind the goals and objectives to be achieved by medical student

(i) **GOAL**

The broad goal of the teaching of undergraduate students in Obstetrics and Gynaecology is that he/she shall acquire understanding of anatomy, physiology and pathophysiology of the reproductive system & gain the ability to optimally manage common conditions affecting it.

(ii) **OBJECTIVES**;

KNOWLEDGE: (A)

At the end of the course, the student shall be able to:

- Outline the anatomy, physiology and pathophysiology of the reproductive system and the common conditions affecting it.
- Detect normal pregnancy, labour puerperium and manage the problems he/she is likely to encounter therein,
- □ List the leading causes of maternal perinatal morbidity and mortality.
- □ Understand the principles of contraception and various techniques employed, methods of medical termination of pregnancy, sterilization and their complications.
- □ Identify the use, abuse and side effects of drugs in pregnancy, pre-menopausal and post-menopausal periods;
- Describe the national programme of maternal and child health and family welfare and their implementation at various levels.
- □ Identify common gynaecological diseases and describe principles of their management.
- □ State the indications, techniques and complications of surgeries like Caesarian Section, laparotomy, abdominal and vaginal hysterectomy, Fathergill's operation and vacuum aspiration for Medical Termination of Pregnancy (MTP)

(B) SKILLS

At the end of the course, the student shall be able to:

- 1.Examine a pregnant woman; recognize high-risk pregnancies AND make appropriate referrals
- 2.conduct a normal delivery, recognize complications and provide postnatal care;
- 3. Resuscitate the newborn and recognize the congenital anomalies

- 4.advise a couple on the use of various available contraceptive devices and assist in insertion and removal of intra-uterine contraceptive devices.
- 5. Perform pelvic examination, diagnose and manage common gynaecological problems including early detection of genital malignancies;
- 6. Make a vaginal cytological smear, perform a post coital test and wet vaginal smear examination for Trichomonas vaginalis, Moniliasis and gram stain for gonorrhoea;
- 7.interpretation of data of investigations like biochemical, histopathological, radiological ultrasound etc.

(C) INTEGRATION

The student shall be able to integrate clinical skills with other disciplines and bring about coordination of family welfare programme for the national goal of population control.

(D) GENERAL GUIDELINES FOR TRAINING:

- 1. attendance of a maternity hospital or the maternity wards of a general hospital including
 - (i) antenatal care the management of the puerperium and a minimum period of 5 months in-patient and out-patient training including family welfare planning
- 2. of this period of clinical instruction, not less than one month shall be spent as a resident pupil in a maternity ward of a general hospital.
- 3. during this period, the student shall conduct at least 10 cases of labour under adequate supervision and assist 10 other cases.
- 4. a certificate showing the number of cases of labour attended by the student in the maternity hospital and/or patient homes respectively, shall be signed by a responsible medical officer on the staff of the hospital and shall state:
 - (a) that the student has been present during the course of labour and personally conducted each case, making the necessary abdominal and other examinations under the supervision of the certifying officer who shall describe his official position.
 - **(b)** That satisfactory written histories of the cases conducted including wherever possible antenatal and postnatal observations, were presented by the student and initialed by the supervising officer

LEARNING METHODS

Lectures, Tutorials bedside clinics and lecture cum demonstrations

Distribution of Teaching hours -

- □ Lectures 130 hours
- □ Tutorials and revision 170 hours
- □ Bedside clinics 468 hours

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DIDACTIC LECTURES

SEMESTER	HOURS/WEEK	TOTAL_
4	1 / WEEK	17
6	3 / WEEK	48
7	3 / WEEK	48
8	1 / WEEK	17
TOTAL		130
D)		

B)

<u>CLINICAL DEMONSTRATIONS, PRACTICAL DEMONSTRATIONS, SEMINARS</u> <u>ETC.</u>

SEMESTER	HOURS/WEEK	TOTAL
8	4 / WEEK	68
9	6 / WEEK	102
TOTAL	Filst Pall	170
TOTAL TEACHING HOURS		300

Suggested lecture program

Distribution of syllabus in respective semesters

This is suggested programme and can vary at institute

Total 300 hours of teaching has to be done in OB GY including Tutorials

Details of syllabus is given separately below after distribution as per semester

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4th Semester: OBSTETRICS

- 1. Applied anatomy of female genital tract.
- 2. Development of genital tract
- 3. Physiology of menstruation
- 4. Puberty and menopause
- 5. Physiology of ovulation / conception / implantation.
- 6. Early development of human embryo.
- 7. Structure, function and anomalies of placenta.
- 8. Physiological changes during pregnancy / diagnosis of pregnancy.
- 9. Antenatal care, nutrition in pregnancy, detection of high-risk pregnancy.
- 10. Normal labour Physiology, mechanism, clinical course and management, pain relief in labour.
- 11. Normal puerperium and breast-feeding.
- 12. Examination and care of newborn.
- 13. Contraception Introduction and basic principles
- 14. Maternal mortality and morbidity, perinatal mortality and morbidity. National health programme safe-motherhood, reproductive and child health, social obstetrics.

6TH Semester: GYNAECOLOGY & FAMILY PLANNING

GYNAECOLOGY

- 1. Development of genital tract, congenital anomalies and clinical significance, Chromosomal abnormalities and intersex.
- 2. Physiology of Menstruation, Menstrual abnormalities -
 - Amenorrhoea, Dysmenorrhea, Abnormal Uterine Bleeding, DUB.
- 3. Puberty and its disorders, Adolescent Gynaecological problems.
- 4. Menopause & H R T.
- 5. Infections of genital tract, Leucorrhoea, Pruritus vulvae, Vaginitis, Cervicitis, PID, Genital TB, Sexually transmitted infections including HIV infection.
- 6. Benign & Malignant tumours of the genital tract.
 - Leiomyoma, carcinoma cervix, carcinoma endometrium,chorio carcinoma, ovarian tumors. Benign & Malignant Lesions of Vulva
- 7. Radiotherapy & Chemotherapy in Gynaecology.
- 8. Other gynaecological disorders Adenomyosis, Endometriosis
- 9. Genital Prolapse, Genital Tract displacement,
- 10. Urinary disorders in Gynaecology, Perineal tears, Genital Fistulae, RVF & VVF.

FAMILY PLANNING:

- 1. Demography and population Dynamics.
- 2. Contraception Temporary methods. Permanent methods.
- 1. MTP Act and procedures of MTP in first & second trimester.
- 2. Emergency contraception. :

7TH Semester: OBSTETRICS & NEWBORN

- 1. Complications in early pregnancy. Hyperemesis gravidarum / abortion / ectopic pregnancy / gestational trophoblastic disease.
- 2. Obstetrical complications during pregnancy. APH Accidental hemorrhage. Placenta praevia.
- 3. Poly hydramnios / oligohydramnios, multifetal pregnancy.
- 4. Medical disorders in pregnancy. Anemia, Heart disease. Hypertensive disorder, PIH and Eclampsia, Diabetes, jaundice, pulmonary disease in pregnancy.
- 5. Infections in pregnancy Urinary tract diseases, sexually transmitted infections including HIV, malaria, TORCH etc.
- 6. Gynaecological and surgical conditions in pregnancy. Fibroid with pregnancy, ovarian tumours, acute abdomen, genital prolapse.
- 7. High risk pregnancy, pre-term labour, post term pregnancy, IUGR, IUFD, pregnancy wastages, Rh incompatibility, post caesarean pregnancy.
- 8. Induction of labour.
- 9. Abnormal position & presentation : Occipito posterior, Breech, Transverse, Face & Brow, Compound, Cord Presentation and prolapse.
- 10. Abnormal labour abnormal uterine action, CPD. Obstructed labour, uterine rupture.
- 11. Third stage complications Retained placenta, PPH, Shock, Uterine inversion, Fluid Embolism.
- 12. Puerperial Sepsis and Other Complications in puerperium.
- 13. Evaluation of Foetal Health during pregnancy and labour.
- 14. Drugs used in obstetric practice.
- 15. Operative procedures in Obstetrics : Caesarean Section, Instrumental Vaginal Delivery. Forceps, Vacuum,
- 16. Maternal Mortality and morbidity, Perinatal mortality and morbidity. National program safe motherhood, reproductive and child health, Social Obstetrics.

NEW BORN:

- 1. Examination and care of new born & low birth weight babies.
- 2. Asphyxia and neonatal resuscitation.
- 3. Diagnosis of early neonatal problems.
- 4. Birth injuries, jaundice, infection.
- 5. Anencephaly & Hydrocephalus and other Congenital Anomalies of fetus.

8TH Semester: PREVENTIVE ONCOLOGY

- 1. Preventive Oncology
- 2. Principles of gynaecological surgical procedures
- 3. Pre and post operative care in Gynaecology
- 4. Ultrasongraphy and Radiology, in Gynaecology
- 5. Endoscopy in in Gynaecology
- 6. Drugs and hormones in Gynaecology
- 7. Surgical procedures in obstetrics
- 8. Maternal mortality

Jostetrics

13. Drugs in Pregnancy

14. Drugs in obstetric practice

lition, integrate In addition, integrated teaching with other departments like anatomy, physiology, biochemistry, pathology, microbiology, Forensic Medicine and Preventive and Social medicine to be organized for selected topics.

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LIST OF TOPICS INTEGRATED TEACHING: 8TH TERM

1.	Development of genital tract - any malformations	
	of genital tract and their clinical significance -	Anatomy
2.	Fetal physiology - fetal circulation	
	Physiology	
3.	fetal malformations - genesis-	
	Embryology	
4.	CIN	Pathology
5.	ARF	Physiology
		Medicine
6.	Coagulation failure	Pathology
		Medicine
7.	Diabetes, heart disease	
	Medicine	
 7. Diabetes, heart disease Medicine 8. USG 9. Infections in pregnancy Microbiology 10. Medico-legal aspects 		Radiology
9.	Infections in pregnancy	
	Microbiology	
10. Medico-legal aspects Medicine		Forensic
	Medicine	
11	. Nutrition in pregnancy and lactation	PSM
12. Evidence based obstetrics		PSM
1.	3. Drugs in pregnancy	
	Pharmacology	



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SCHEME FOR EXAMINTION FOR FINAL MBBS EXAMINATION IN OBSTETRICS AND GYNAECOLOGY

Methods - Internal assessment, Theory, Practical and Viva

- Internal assessment: 40 (Theory 20 +Practical 20)
 - Marks of Internal Assessment should be sent to University before the commencement of Theory examination.
 - Passing in internal assessment is essential for passing ,as Internal assessment is separate head of passing. in examination.
 - It will also be considered for grace marks as per existing rules
 - Combined theory and practical of internal assessment will be considered for passing in internal assessment.
 - Student will be allowed to appear for both theory and practical exam independent of marks obtained in internal assessment but he if fails in that head even after including the grace marks he will be declared "Fail in that Subject"

Internal assessment in Theory -

Examinations during semesters: This will be carried out by conducting two theory examinations during

6th and 8rth semesters (100 marks each). Total of 200 marks to be converted into 10 marks.(A/10)

Prelim examination: This shall be carried out during 9th semester. Two theory papers of 40 marks

each as per university examination. Total of $80\ marks$ to be converted into $10\ marks.$ (B/10)

Total marks of Internal assessment- Theory will be addition of A and B.

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Internal assessment in Practical

Examinations at end of Clinical postings:

There will be practical examination at the end of each clinical posting of OBGY. Each examination will be of 50 marks. Total of all exams marks will be converted to 10 marks. (C/10)

Prelim examination:

This will be conducted for 60 marks as per university pattern and marks will be converted to 10 (D/10). Total marks of Internal assessment- Practical will be addition of C and D.

Evaluation Methods - Theory, Practical and Viva

Pattern of theory examination including distribution of marks, questions and time

Pattern of theory examination including distribution of marks

- There shall be two theory papers Paper I and II, carrying 40 marks each. 1.
- Each paper will have three sections, A, B and C. Each paper will be of 2.5 hours 2. duration.
- Section A will be MCQ in each paper. Section B will have SAQ and Section C LAQ 3. answer sheet.
- MCQ section A will be given to candidates at the beginning of the examination. 4. After 30 minutes Section A will be collected. Section B & C of paper will then be handed over to candidates