

# Curriculum

## NBEMS Diploma

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# Obstetrics & Gynaecology

- ◆ Goal & Objectives of the Programme
- ◆ Syllabus
- ◆ Teaching Program
- ◆ Recommended Reading

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## I. GOAL & OBJECTIVES OF THE PROGRAMME

### 1. GOAL

The goal of “DIPLOMA IN OBSTETRICS AND GYNAECOLOGY” 2 years course is to produce a competent Obstetrician and Gynaecologist who can achieve following objectives including in the main hospital and in the District Residency training in the other hospital:

- i. Provide optimum care for diagnosis and management of normal and abnormal pregnancy and labor in Antenatal, Intra-natal and Post-natal period.
- ii. Provide efficient and quality care to a pregnant woman with high-risk pregnancy.
- iii. Provide useful and sufficient care to a normal and high risk neonate.
- iv. Perform basic obstetrical ultrasound in normal and abnormal pregnancy including Doppler.
- v. Handle adequately all obstetrical and gynecological emergencies and if required make appropriate referrals.
- vi. 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.
- vii. Perform evaluation of infertile couple adequately and have a broad based knowledge of assisted reproductive techniques including–ovulationinduction, invitro fertilization and intra-cytoplasmic sperm injection, gamete donation, surrogacy and the legal and ethical implications of these procedures.
- viii. Provide counseling and delivery of fertility regulation methods including reversible and irreversible contraception, emergency contraception, etc.
- ix. Provide quality care to women having spontaneous abortion or requesting Medical Termination of Pregnancy (MTP) and manage their related complications.

### 2. OBJECTIVES

At the end of the Diploma Course in Obstetrics and Gynaecology, the student should have acquired knowledge in the following:

- i. **Cognitive Domain**
  - a. recognizes the health needs of women and adolescents and carries out professional obligations in keeping with principles of National Health Policy and professional ethics
  - b. 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

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- c. on genetics as applicable to Obstetrics.
  - d. on benign and malignant Gynecological disorders.
  - e. on Gynecological Endocrinology and infertility.
  - f. on interpretation of various laboratory investigations and other diagnostic modalities in Obstetrics & Gynecology.
  - g. on essentials of pediatric and adolescent Gynecology.
  - h. on care of Postmenopausal women and Geriatric Gynecology.
  - i. on elementary knowledge of female Breast & its diseases.
  - j. on vital statistics in Obstetrics & Gynecology.
  - k. Anesthesiology related to Obstetrics & Gynecology.
  - l. family welfare
  - m. reproductive tract infections, STD, AIDS & Government of India perspective on women's health related issues.
  - n. Medico legal aspects in Obstetrics & Gynecology.
  - o. Asepsis, sterilization and disposal of medical waste.
  - p. be able to effectively communicate with the family and the community
  - q. is aware of the contemporary advances and developments in medical sciences as related to Obstetrics and Gynaecology.
  - r. properly maintain medical records and know the medico legal aspects in respect of Obstetrics & Gynecology
  - s. Understands the difference between audit and research and how to plan a research project and demonstrate the skills to critically appraise scientific data and literature.
  - t. has acquired skills in educating medical and paramedical professionals.
  - u. **Ethical and Legal Issues:** The Diploma student should understand the principles and legal issues surrounding informed consent with particular awareness of the implication for the unborn child, postmortem examinations, to surgical procedures including tubal ligation/vasectomy, parental consent and medical certification, research and teaching and properly maintain medical records.
  - v. **Risk Management:** The Diploma student should demonstrate a working knowledge of the principles of risk management and their relationship to clinical governance and complaints procedures.
  - w. **Confidentiality:** The Diploma student should:
    - be aware of the relevant strategies to ensure confidentiality and when it might be broken.
    - understand the principles of adult teaching and should be able to teach common practical procedures in Obstetrics and Gynaecology and

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involved in educational programme in Obstetrics and Gynaecology for medical and paramedical staff.

- be abreast with all recent advances in Obstetrics and Gynaecology and practice evidence based medicine.
- Use of information technology, audits and standards:
- The Diploma student should:
- acquire a full understating of all common usage of computing systems including the principles of data collection, storage, retrieval, analysis and presentation.
- understand quality improvement and management and how to perform, interpret and use clinical audit cycles and the production and application of clinical standards, guidelines and protocols.
- understand National Health Programmes related to Obstetrics and Gynaecology and should be aware of all the Acts and Laws related to specialty.

## ii. Affective domain

- a. 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.
- b. 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.
- c. 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.

## iii. Psychomotor domain

At the end of the course, the Diploma student should acquire following clinical & operative skills and be able to:

- a. **Operative Skills in Obstetrics and Gynaecology**
  - Adequate proficiency in common minor and major operations, post-operative management and management of their complications.
  - Operative procedures which must be done by students during training period: (in graded manner - O- Observed, A assisted, P performed or conducted under supervision, during tenure and log book maintained)
- b. **Obstetrics:** Operations must be performed and/or assisted when possible:
  - Conduct normal deliveries Episiotomy and its repair

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- Pelvic assessment, abdominal and vaginal examination for assessment of progress of labour including partogram
  - Breech Delivery.
  - Identification, intervention and management of abnormal presentations, positions and labour emergencies such as shoulder dystocia.
  - Application of forceps and ventouse (10).
  - Carry out caesarean section delivery (10 must be done)
  - Manual removal of placenta
  - Management of genital tract obstetrical injuries.
  - Management of antepartum haemorrhage, Postpartum haemorrhage.
  - Medical emergencies Heart Failure, Eclampsia, Diabetes
  - Postpartum sterilization/Minilap tubal ligation (20 must be done)
  - Medical termination of pregnancy - various methods including medical and surgical method including use of Foley's catheter (25 must be done)
- c. **Gynaecology:**
- Cervical biopsy.
  - Dilatation and curettage including paracervical block
  - Culdocentesis(if possible) , Colpotomy( if possible)
  - Cervical PAP Smear – VIA / VILI (visual inspection with acetic acid / visual inspection with Lugol's iodine)
  - Colposcopy
  - Endometrial Sampling/ biopsy
  - Diagnostic laparoscopy, Hysteroscopy, HSG
  - Bartholin cyst excision or I&D of Bartholin abscess.
  - IUCD insertion including use of paracervical block for IUCD insertion in stenosed cervix, IUCD removal
  - Insertion of LNG-IUS
  - Sonography in infertility: Follicular study and Endometrial study
  - Opening and closing of abdomen (10 must be done)
  - Operations for pelvic organ prolapse
  - Ovarian cyst operation
  - Operation for ectopic pregnancy
  - Vaginal and abdominal hysterectomy
- d. **Operations must be OBSERVED and/or ASSISTED when possible:**
- Internal podalic version
  - Caesarean Hysterectomy

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- Internal iliac artery ligation
  - Destructive obstetrical operations (not mandatory but desirable especially cephalocentesis)
  - Tubal microsurgery
  - Radical operations for gynaecological malignancies (observed if possible)
  - Repair of genital fistulae
  - Operations for incontinence
  - Myomectomy,
  - Laparoscopic and hysteroscopic diagnostic & therapeutic surgery
  - Laparoscopic tubal sterilization
- e. Diagnostic Procedures**
- Interpretation of Imaging - Twins, common fetal malformations /mal-presentations, abnormal pelvis (pelvimetry), Hysterosalpingography.
  - Sonographic pictures at various stages of pregnancy - normal and abnormal pregnancies, Fetal biophysical profile, common gynaecological pathologies.
  - Amniocentesis (if possible)
  - Fetal surveillance methods - Electronic fetal monitoring and its interpretation
  - Vaginal Pap Smear
  - Colposcopy
  - Endoscopy - Laparo and Hysteroscopy.
- f. Health of Adolescent Girls and Post-Menopausal Women**
- Provide advice on importance of good health of adolescent and postmenopausal women.
  - Identification and management of health problems of post-menopausal women.
  - Planning and intervention program of social, educational and health needs of adolescent girls and menopausal women.
  - Provide education regarding rights and confidentiality of women's health, specifically related to reproductive function, sexuality, contraception and safe abortion.
  - Provide advice on geriatric problems.
- g. Reproductive Tract and 'HIV' Infection**
- Provide advice on management of RTI and HIV infections in Indian women of reproductive age group.

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- Provide advice on management of HIV infections in pregnancy, relationship of RTI and HIV with gynaecological disorders.
  - Planning and implementation of preventive strategies.
- h. Medico-legal Aspects**
- Correct application of various Acts and Laws while practicing obstetrics and gynaecology, particularly MTP Act and sterilization, Preconception and P.N.D.T. Act.
  - Implement proper recording of facts about history, examination findings, investigation reports and treatment administered in all patients.
  - Implement the steps recommended for examination and management of rape cases.
  - Follow proper procedures in the event of death of a patient.
- i. Environment and Health**
- Follow proper procedures in safe disposal of human body fluids and other materials.
  - Follow proper procedures and universal precautions in examination and surgical procedures for the prevention of HIV and other diseases.

## **II. SYLLABUS**

### **1. Basic Sciences**

- i. Normal and abnormal development, structure and function (female and male) urogenital system and female breast.
- ii. Applied Anatomy of genito-urinary system, abdomen, pelvis, pelvic floor, anterior abdominal wall, upper thigh (inguinal ligament, inguinal canal, vulva, rectum and anal canal).
- iii. Physiology of Oogenesis, spermatogenesis. Gametogenesis, fertilization, implantation & early development of embryo
- iv. Endocrinology related to male and female reproduction (Neurotransmitters).
- v. Anatomy and physiology of urinary and lower GI (rectum/anal canal) tract.
- vi. Development, structure and function of placenta, umbilical cord and amniotic fluid.
- vii. Anatomical and physiological changes in female genital tract during pregnancy.
- viii. Anatomy of fetus, fetal growth and development, fetal physiology and fetal circulation.

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- ix. Physiological and neuro-endocrinal changes during puberty, adolescence, menstruation, ovulation, fertilization, climacteric and menopause.
  - x. Biochemical and endocrine changes during pregnancy, including systemic changes in cardiovascular, hematological, renal hepatic, renal, hepatic and other systems.
  - xi. Biophysical and biochemical changes in uterus and cervix during pregnancy and labor.
  - xii. Pharmacology of identified drugs used during pregnancy, labor, post-partum period in reference to their absorption, distribution, excretion, (hepatic) metabolism, transfer of the drugs across the placenta, effect of the drugs (used) on labor, on fetus, their excretion through breast milk.
  - xiii. Mechanism of action, excretion, metabolism of identified drugs used in the management of Gynaecological disorders.
  - xiv. Pharmacology of drugs used in Gynaecology, Chemotherapy, and radiation physics
  - xv. Role of hormones in Obstetrics and Gynaecology.
  - xvi. Markers in Obstetrics and Gynaecology - non-neoplastic and neoplastic diseases
  - xvii. Patho-physiology of ovaries, Fallopian tubes, uterus, cervix, vagina and external genitalia in healthy and diseased conditions.
  - xviii. Normal and abnormal pathology of placenta, umbilical cord, amniotic fluid and fetus.
  - xix. Normal and abnormal microbiology of genital tract. Bacterial, viral and parasitical infections responsible for maternal, fetal and gynaecological disorders.
  - xx. Gross Pathology, Histopathology and cytology in benign and malignant gynecological diseases
  - xxi. Humoral and cellular immunology in Obstetrics and Gynaecology.
  - xxii. Gametogenesis, fertilization, implantation and early development of embryo.
  - xxiii. Normal pregnancy, physiological changes during pregnancy, labor and purperium.
  - xxiv. Immunology of pregnancy.
  - xxv. Lactation.

## **2. Medical Genetics**

- i. Basic medical genetics including Cytogenetics.
- ii. Pattern of inheritance
- iii. Chromosomal abnormalities - types, incidence, diagnosis, management and recurrence risk.
- iv. General principles of teratology.

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- v. Screening, counseling and prevention of developmental abnormalities.
  - vi. Birth defects - genetics, teratology and counseling.

### 3. Obstetrics

#### i. Antenatal Care:

- a. Prenatal care of normal pregnancy including examination, nutrition, immunization and follow up.
- b. Identification and management of complications and complicated of pregnancy - abortion, ectopic pregnancy, vesicular mole, Gestational trophoblastic diseases, hyperemesis gravidarum, multiple pregnancy, antepartum hemorrhage, pregnancy induced hypertension, preeclampsia, eclampsia, Other associated hypertensive disorders, Anemia, Rh incompatibility, diabetes, heart disease, renal and hepatic diseases, preterm – postterm pregnancies, fetal growth restriction (formerly intrauterine growth restriction)
- c. Neurological, hematological, dermatological diseases, immunological disorders and other medical and surgical disorders/problems associated with pregnancy, multiple pregnancies, Hydramnios, Oligoamnios.
- d. Diagnosis of contracted pelvis (CPD) and its management.
- e. High-risk pregnancy -
- f. Pregnancy associated with complications, medical and surgical problems.
- g. Prolonged gestation.
- h. Preterm labor, premature rupture of membranes.
- i. Blood group incompatibilities.
- j. Recurrent pregnancy wastage.
- k. Evaluation of fetal and maternal health in complicated pregnancy by making use of diagnostic modalities including modern once (USG, Doppler, Electronic monitors) and plan for safe delivery for mother and fetus. Identifying fetus at risk and its management.
- l. Infections in pregnancy. (Bacterial, viral, fungal, protozoal)
- m. Malaria, Toxoplasmosis.
- n. Viral - Rubella, CMV, Herpes, HIV, Hepatic viral infections (B, C,E), SARS-Cov-2 (COVID) , Zika, etc
- o. Sexually transmitted infections (STDs).
- p. Mother to fetal transmission of infections.
- q. Identification and management of fetal malpositions and malpresentations.

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- r. Management of pregnancies complicated by medical, surgical (with other specialties as required) and gynecological diseases.
  - s. Anemia, hematological disorders
  - t. Respiratory, Heart, Renal, Liver, skin diseases.
  - u. Gastrointestinal, Hypertensive, Autoimmune, Endocrine disorders.
  - v. Associated Surgical Problems.
  - w. Acute Abdomen (surgical emergencies - appendicitis and GI emergencies), other associated surgical problems.
  - x. Gynaecological disorders associate with pregnancy - congenital genital tract developmental anomalies, Gynaec pathologies - fibroid uterus, Ca Cervix, genital prolapse etc.
  - y. Prenatal diagnosis (of fetal problems and abnormalities), treatment - Fetal therapy
  - z. M.T.P act, P.C.P.N.D.T Act, etc
  - aa. National Health MCH programs (including Janani Suraksha Yojana), Social obstetrics and vital statistics
  - bb. Recent advances in Obstetrics
  - cc. Stem cell therapy

**ii. Intrapartum care:**

- a. Normal labor - mechanism and management.
- b. Partographic monitoring of labor progress, recognition of abnormal labor and its appropriate management.
- c. Identification and conduct of abnormal labor and complicated delivery - breech, forceps delivery, caesarean section, destructive operations.
- d. Induction and augmentation of labor.
- e. Management of abnormal labor - Abnormal pelvis, soft tissue abnormalities of birth canal, mal-presentation, mal-positions of fetus, abnormal uterine action, obstructed labor and other dystocias.
- f. Analgesia and anaesthesia in labor.
- g. Maternal and fetal monitoring in normal and abnormal labor (including electronic fetal monitoring).
- h. Identification and management of intrapartum complications, Cord presentation, complication of 3rd stage of labor - retained placenta, inversion of uterus, rupture of uterus, post partum hemorrhage.

**iii. Post Partum:**

- a. Complication of 3rd stage of labor - retained placenta, inversion of uterus, post partum hemorrhage, rupture of uterus, Management of

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- primary and secondary post partum hemorrhage, Retained placenta, uterine inversion. Post-partum collapse, amniotic fluid embolism
  - b. Identification and management of genital tract trauma - perineal tear, cervical/vaginal tear, episiotomy complications, rupture uterus.
  - c. Management of a critically ill woman.
  - d. Post-partum shock, sepsis and psychosis.
  - e. Post-partum contraception.
  - f. Breast feeding practice; counseling and importance of breast-feeding. Problems in breast-feeding and their management, Baby friendly practices.
  - g. Problems of newborn - at birth (resuscitation), management of early neonatal problems.
  - h. Normal and abnormal puerperium - sepsis, thrombophlebitis, mastitis, psychosis.
  - i. Hematological problems in Obstetrics including coagulation disorders. Use of blood and blood components /products.

**iv. Operative Obstetrics:**

- a. Diploma students must have performed reasonable routine procedures and assisted/observed uncommon procedures.
- b. Decision-making, technique and management of complications.
- c. Vaginal instrumental delivery, Caesarean section, Obst. Hysterectomy, destructive operations, manipulations (external/internal podalic version, manual removal of placenta, etc)
- d. Medical Termination of Pregnancy - safe abortion - selection of cases, technique and management of complications, MTP Law.

**v. New Born**

- a. Care of new born: Normal and high risk new born (including neonatal intensive care unit [NICU] care).
- b. Asphyxia and neonatal resuscitation.
- c. Neonatal sepsis - prevention, detection and management.
- d. Neonatal hyperbilirubinemia: investigation and management.
- e. Birth trauma - Detection and management.
- f. Detection and management of fetal/neonatal malformation.
- g. Management of common neonatal problems.

**4. Gynaecology**

- i. Epidemiology and etiopathogenesis of gynaecological disorders.

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- ii. Diagnostic modalities and management of common benign and malignant gynaecological diseases (diseases of genital tract):
  - iii. Fibroid uterus
  - iv. Endometriosis and adenomyosis, Endometrial hyperplasia
  - v. Genital prolapse (uterine and vaginal)
  - vi. Cervical erosion, cervicitis, cervical polyps, cervical neoplasia. Vaginal cysts, vaginal infections, vaginal neoplasia (VIN) Benign Ovarian pathologies
  - vii. Malignant genital neoplasia - of ovary, Fallopian tubes, uterus, cervix, vagina, vulva and Gestational Trophoblastic diseases, Ca Breast.
  - viii. Diagnosis and surgical management of clinical conditions related to congenital malformations of genital tract. Reconstructive surgery in gynaecology.
  - ix. Intersex, ambiguous sex and chromosomal abnormalities.
  - x. Reproductive endocrinology: Evaluation of primary/secondary amenorrhea, management of hyperprolactinemia, hirsutism, chronic anovulation, PCOD, thyroid and other endocrine dysfunctions.
  - xi. Infertility - Evaluation and management
    - a. Methods of Ovulation Induction
    - b. Tubal (Micro) surgery
    - c. Management of immunological factors of Infertility
    - d. Male infertility
    - e. Obesity and other Infertility problems.
    - f. (Introductory knowledge of) Advanced Assisted Reproductive Techniques (ART)
  - xii. Reproductive tract Infections: prevention, diagnosis and treatment.
    - a. STD
    - b. HIV
    - c. Other Infections
    - d. Genital Tuberculosis.
  - xiii. Principles of radiotherapy and chemotherapy in gynaecological malignancies.
  - xiv. Choice, schedule of administration and complications of such therapies.
  - xv. Rational approach in diagnosis and management of endocrinal abnormalities such as: menstrual abnormalities, amenorrhea (primary/secondary), dysfunctional uterine bleeding, polycystic ovarian disease, hyperprolactinemia (galactorrhea), hyperandrogenism, thyroid - pituitary - adrenal disorders, menopause and its treatment (HRT).
  - xvi. Urological problems in Gynaecology - Diagnosis and management.
    - a. Urinary tract infection
    - b. Urogenital Fistulae
    - c. Incontinence

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- d. Other urological problems
  - xvii. Orthopedic problems in Gynaecology.
  - xviii. Menopause: management (HRT) and prevention of its complications.
  - xix. Endoscopy (Laparoscopy - Hysteroscopy)
    - a. Diagnostic and simple therapeutic procedures (Diploma students must be trained to do these procedures)
    - b. Recent advances in Gynaecology - Diagnostic and therapeutic
    - c. Pediatric, adolescent and geriatric Gynaecology
    - d. (Introduction to) Advance Operative procedures.

## **5. Operative Gynaecology**

- i. Abdominal and Vaginal Hysterectomy
- ii. Surgical procedures for genital prolapse, fibromyoma, endometriosis, ovarian, adnexal, uterine, cervical, vaginal and vulval pathologies.
- iii. Surgical treatment for urinary and other fistulae, urinary incontinence
- iv. Operative endoscopy

## **6. Family Welfare Planning and Demography**

- i. Definition of demography and its importance in Obstetrics and Gynaecology.
- ii. Statistics regarding maternal mortality, perinatal mortality/morbidity, birth rate, fertility rate.
- iii. Organizational and operational aspects of National Health Policies and programs, in relation to population and family welfare including RCH.
- iv. Various temporary and permanent methods of male and female contraceptive methods.
- v. Knowledge of contraceptive techniques (including recent developments).
- vi. Temporary methods
- vii. Permanent Methods.
- viii. Recent advances in contraceptive technology
- ix. Provide adequate services to service seekers of contraception including follow up.
- x. Medical Termination of Pregnancy: Act, its implementation, providing safe and adequate services.
- xi. Demography and population dynamics.
- xii. Contraception (fertility control).

## **7. Male and Female Infertility**

- i. History taking, examination and investigation.
- ii. Causes and management of male infertility.

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- iii. Introductory knowledge of indications, procedures of Assisted Reproductive Techniques in relation to male infertility problems.

## 8. PRACTICAL

### i. History and Clinical examination

History taking including obstetric history, menstrual history, dietary history; physical examination including abdominal, per-speculum and per-vaginum examination.

### ii. Procedures

- a. Investigative skills
  - Blood sampling; venous and arterial.
  - Collection of urine for culture, urethral catheterization

### iii. Interpretation

- a. Interpreting obstetrical USS including Doppler is very important
- b. Performing first trimester ultrasound to confirm an IU pregnancy and rule out ectopic and third trimester fetal well being scans

### iv. Therapeutic skills

- a. Operative Skills in Obstetrics and Gynaecology
  - Adequate proficiency in common minor and major operations, post-operative management and management of their complications.
  - Operative procedures which must be done by Diploma students during training period: (O- Observed, A assisted ,P performed or conducted under supervision, during tenure and log book maintained)

### v. Obstetrics:

- a. Operations must be performed and/or assisted when possible:
  - Obstetrics:
    - ✓ Conduct normal deliveries Episiotomy and its repair
    - ✓ Pelvic assessment, abdominal and vaginal examination for assessment of progress of labour including partogram
    - ✓ Breech Delivery.
    - ✓ Identification, intervention and management of abnormal presentations, positions and labour emergencies such as shoulder dystocia.
    - ✓ Application of forceps and ventouse (10).

- ✓ Carry out caesarean section delivery (10 must be done)
- ✓ Manual removal of placenta
- ✓ Management of genital tract obstetrical injuries.
- ✓ Postpartum sterilization/Minilap tubal ligation (20 must be done)
- ✓ Medical termination of pregnancy- various methods including medical and surgical method including use of Foley's catheter (25 must be done)

**vi. Gynaecology:**

- a. Cervical biopsy.
- b. Dilatation and curettage including paracervical block
- c. Culdocentesis(if possible) , Colpotomy ( if possible),
- d. Cervical PAP Smear – VIA / VILI (visual inspection with acetic acid / visual inspection with Lugol's iodine)
- e. Colposcopy
- f. Endometrial Sampling/ biopsy
- g. Diagnostic laparoscopy, Hysteroscopy, HSG
- h. Bartholin cyst excision or I & D of Bartholin abscess
- i. IUCD insertion including use of paracervical block for IUCD insertion in stenosed cervix, IUCD removal
- j. Insertion of LNG-IUS
- k. Sonography in infertility: Follicular study and Endometrial study
- l. Opening and closing of abdomen (10 must be done)
- m. Operations for pelvic organ prolapse
- n. Ovarian cyst operation
- o. Operation for ectopic pregnancy
- p. Vaginal and abdominal hysterectomy
- q. Operations must be OBSERVED and/or ASSISTED when possible:
- r. Internal podalic version
- s. Caesarean Hysterectomy
- t. Internal iliac artery ligation
- u. Destructive obstetrical operations(not mandatory but desirable especially cephalocentesis)
- v. Tubal microsurgery
- w. Radical operations for gynaecological malignancies
- x. Repair of genital fistulae
- y. Operations for incontinence
- z. Myomectomy,
- aa. Laparoscopic and hysteroscopic diagnosis & therapeutic surgery

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bb. Laparoscopic tubal sterilization

**vii. Diagnostic Procedures**

- a. Interpretation of imaging - Twins, common fetal malformations / malpresentations, abnormal pelvis (pelvimetry), Hysterosalpingography
- b. Sonographic pictures at various stages of pregnancy - normal and abnormal pregnancies, Fetal biophysical profile, common gynaecological pathologies.
- c. Amniocentesis (if possible)
- d. Fetal surveillance methods - Electronic fetal monitoring and its interpretation
- e. Vaginal Pap Smear
- f. Colposcopy
- g. Endoscopy - Laparo and Hysteroscopy.

**viii. Health of Adolescent Girls and Post-Menopausal Women**

- a. Provide advice on importance of good health of adolescent and postmenopausal women.
- b. Identification and management of health problems of post-menopausal women.
- c. Planning and intervention program of social, educational and health needs of adolescent girls and menopausal women.
- d. Provide education regarding rights and confidentiality of women's health, specifically related to reproductive function, sexuality, contraception and safe abortion.
- e. Provide advice on geriatric problems.

**ix. Reproductive Tract and 'HIV' Infection**

- a. Provide advice on management of RTI and HIV infections in Indian women of reproductive age group.
- b. Provide advice on management of HIV infections in pregnancy, relationship of RTI and HIV with gynaecological disorders.
- c. Planning and implementation of preventive strategies.

**x. Medico-legal Aspects**

- a. Correct application of various Acts and Laws while practicing obstetrics and gynaecology, particularly MTP Act and sterilization, Preconception and P.N.D.T. Act.

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- b. Implement proper recording of facts about history, examination findings, investigation reports and treatment administered in all patients.
  - c. Implement the steps recommended for examination and management of rape cases.
  - d. Follow proper procedures in the event of death of a patient.

**xi. Environment and Health**

- a. Follow proper procedures in safe disposal of human body fluids and other materials.
  - b. Follow proper procedures and universal precautions in examination and surgical procedures for the prevention of HIV and other diseases.
- Monitoring skills: Temperature recording, capillary blood sampling, arterial blood sampling, Pulse Oximetry, BP, CTG, NST, fetal heart rate monitoring
- Biomedical Waste Management and Appropriate use of PPE

**xii. Job Responsibilities**

- a. OPD and Follow up Clinics:
  - History and work up of all cases and presentation to the consultants
  - Documentation OPD card and register completion and maintenance
- b. Emergency/ Labor room
  - Initial Triage
  - Evaluation
  - Management
- c. Ward
  - History and work up of all cases
  - Starting initial management
  - Performing procedures
  - Examination of all patients and documentation in the files
  - Completion of files
  - Preparation of typed discharge summar

**xiii. Logbook:**

During the training period, the post graduate student should maintain a Logbook/portfolio indicating the duration of the postings/work done in Wards, OPDs, Labor rooms, Operation theatres (Major and minor),

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Emergency. This should indicate the procedures assisted and performed, and the teaching sessions attended. The purpose of the logbook is to:

- a. Help maintain a record of the work done during training,
- b. Enable Consultants to have direct information about the work; intervene if
- c. necessary,
- d. Use it to assess the experience gained periodically.
- e. Self-reflection and appraisal

The logbook shall be used to aid the internal evaluation of the student. The Log books shall be checked and assessed periodically by the faculty members imparting the training.

**xiv. Personal Attributes**

- a. Behavior and Emotional Stability: Dependable, disciplined, dedicated, stable in emergency situations, shows positive approach.
- b. Motivation and Initiative: Takes on responsibility, innovative, enterprising, does not shirk duties or leave any work pending. Honesty and Integrity: Truthful, admits mistakes, does not cook up information, has ethical conduct, exhibits good moral values, loyal to the institution.
- c. Interpersonal Skills and Leadership Quality: Has compassionate attitude towards patients and attendants, gets on well with colleagues and paramedical staff, is respectful to seniors, has good communication skills.

**xv. Clinical Work**

- a. Availability: Punctual, available continuously on duty, responds promptly on calls and takes proper permission for leave.
- b. Diligence: Dedicated, hardworking, does not shirk duties, leaves no work pending, does not sit idle, competent in clinical case work up and management
- c. Academic ability: Intelligent, shows sound knowledge and skills, participates adequately in academic activities, and performs well in oral presentation and departmental tests.
- d. Clinical Performance: Proficient in clinical presentations and case discussion during rounds and OPD work up. Preparing Documents of the case history/examination and progress notes in the file (daily notes, round discussion, investigations and management), Skill of performing procedures and handling emergencies.

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### III. TEACHING PROGRAM

#### 1. General Principles

- i. Acquisition of practical competencies being the keystone of medical education, training should be skills oriented
- ii. The student should be trained to serve as a community obstetrician and gynaecologist in institutional settings particularly in non-teaching hospitals.
- iii. Learning in postgraduate program should be essentially self-directed and primarily emanating from clinical work. The formal sessions are merely meant to supplement this core effort.

#### 2. Formal Teaching Sessions / Teaching Schedule

In addition to bedside teaching rounds in the department, there should be daily hourly sessions of formal teaching. The suggested teaching schedule is as follows:

Seminar	Twice a month
Bed side case discussion	Once a week
Mortality meet Audit (detailed discussion of all the deaths occurring in previous week)	Once a month
Statistics (including OPD, ward and labor room)	Once a month
Perinatology meet with department of Pediatrics	Once in two months
Mock exam (bed side case is allotted 1 hour 45 minutes prior to presentation) on the pattern of University examination	Biannually
Central session (guest lectures, integrated student seminars, grand round, sessions on basic sciences, public health programs, medical ethics and legal issues)	Once a month
Interesting/difficult cases	Once a month
Radiology	Once in two months
Faculty Lectures	Once a month with Faculty from same or Other specialties
Communication Skills	1 in each semester

Ethical & Legal Issues	1 in each year
Departmental Symposium	1 in each semester
Community Health Programs	Once in 3 months
Infection Control	Once in 3 months
Environmental Health	Once in 6 months

- These sessions may be organized as an institutional activity for all students preferably when they join the course.
- Additional sessions on basic sciences, teaching methodology, hospital waste management, health economics, medical ethics and legal issues related to practice may be introduced in lecture or interactive format.
- Students be encouraged to attend accredited scientific meetings (CME, symposia, and conferences).
- The Diploma students shall be required to participate in the teaching and training programme of undergraduate students and interns.
- *Department should encourage e-learning activities.*

**Rotations of Diploma Trainee(S) in Obstetrics and Gynaecology:** Diploma student must rotate through all clinical units of the department. *Allied posts should be done during the course – for 8 weeks*

Department/Area of Rotation	Tentative schedule
Neonatology	2 weeks
Anaesthesia	2 weeks
Radiology	2 weeks
Surgery	2 weeks
Radiotherapy	2 weeks

Mandatory

### 3. Specialty Training:

The Specialist Board has suggested the training of one month per year outside the hospital, for any area deficit in the accredited institute. This includes training

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in an infectious disease hospital (covid, for example). The Rotation shall only be permitted in institutes which are accredited for MD /DNB training.

#### **IV. RECOMMENDED READING:**

##### **1. Books (latest edition)**

###### **i. Obstetrics**

- a. William Textbook of Obstetrics
- b. High risk Obstetrics - James
- c. High risk pregnancy - Ian Donald
- d. Text book of operative obstetrics - Munro Kerr
- e. High risk pregnancy - Arias
- f. A Text book of Obstetrics - Thrbull
- g. Text book of Obstetrics - Holland and Brews
- h. DC Dutta's textbook of Obstetrics – HL Konar
- i. Textbook of Obstetrics- JB Sharma
- j. Textbook of Obstetrics - Sheila Balakrishnan
- k. Essentials of Obstetrics- Lakshmi Seshadri
- l. Recent Advances in High Risk Pregnancy by Dutta Dilip Kumar
- m. Recent Advances in Obstetrics & Gynecology (FOGSI): Perineal Disorders by Dutta Dilip Kumar

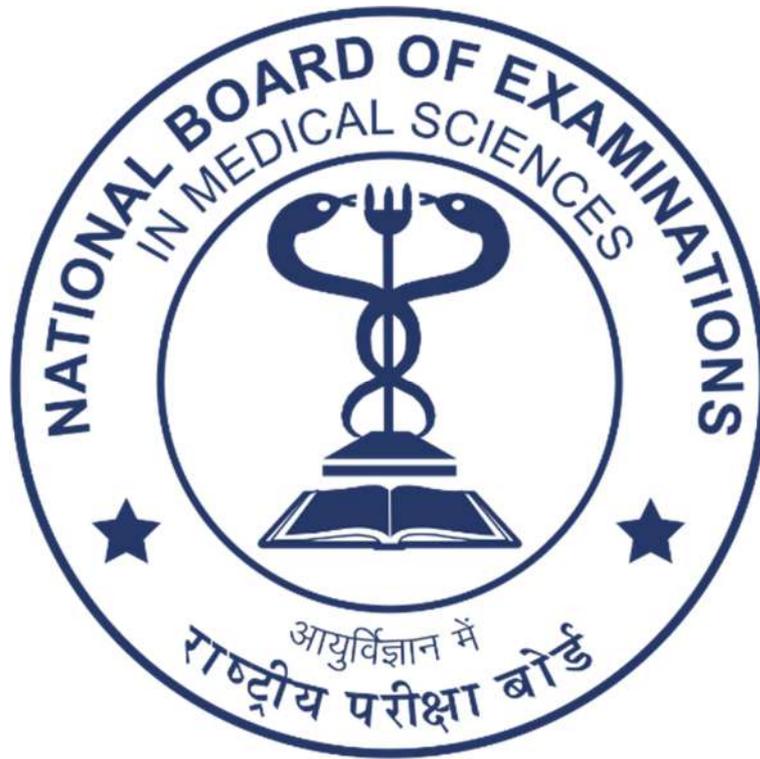
###### **ii. Gynaecology**

- a. Text book of Gynaecology - Novak
- b. Text book of Operative Gynaecology - Te-lindes
- c. Text book of Operative Gynaecology -Shaws
- d. William's textbook of Gynecology
- e. Shaws Text book of Gynaecology - Sunesh Kumar
- f. Text book of Gynaecology and reproductive endocrinology - Speroff
- g. Text book of Obstetrics and Gynaecology - Dewhurst
- h. Manual of Gynaecological Oncology - Disai
- i. Text book of Gynaecology –Jeffcoate
- j. Textbook of Gynaecology- JB Sharma
- k. Textbook of Gynaecology - Sheila Balakrishnan
- l. DC Dutta's textbook of Gynecology – HL Konar
- m. Essentials of Gynaecology –Lakshmi Seshadri
- n. Recent Advances in Gyne-Endocrinology by Dutta Dilip Kumar

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## 2. Journals

- i. **Up-to-date: Individual or Institutional Access**
  - a. Journal of Obstetrics & Gynaecology of India
  - b. Obstetrics & Gynaecology Survey
  - c. Obstetrics & Gynaecology Clinics of North America
  - d. Clinical Obstetrics & Gynaecology
  - e. British journal of Obstetrics & Gynaecology
  - f. Contraception
  - g. International Journal Obstetrics & Gynaecology
  - h. American Journal of Obstetrics and Gynecology
  - i. Fertility and Sterility



**आयुर्विज्ञान में राष्ट्रीय परीक्षा बोर्ड**  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार  
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**NATIONAL BOARD OF EXAMINATIONS IN MEDICAL SCIENCES**

**Ministry of Health & Family Welfare, Govt. of India**  
**Medical Enclave, Ansari Nagar, New Delhi- 110029**