



Undergraduate Assessment Record

Obstetrics & Gynaecology

The TN Dr. M.G.R. Medical
University
Chennai

The Tamil Nadu Dr. M.G.R. Medical University
Chennai



Under Graduate Assessment Record
Department of Obstetrics & Gynaecology

Preface

Competency based education implemented by this university is an outcome-based learning on a framework of competencies. The present system needs an ongoing and longitudinal assessment to identify the learning, enable learning opportunities and acquire the mandated competency. Consequently, this university is enabling this assessment record to decide if the learner has acquired the mandated competencies.

This assessment record is designed to collect and analyse data of a student's learning in relation to a required competency and the learner's stage of training, based on - use of knowledge, technical skills, clinical reasoning, communication, emotions, values and reflection continuously and consistently and not isolated to the final examination.

As given in the MCI document on "Competency Based Assessment Module for Undergraduate Medical Education-2019" - "Informal assessments should happen during teaching-learning activities with the express purpose of finding out the stage of the student and taking corrective action in teaching-learning methodology on an ongoing basis. During lectures, small groups or seminars, use of techniques like clickers, one-minute papers and muddiest point provide valuable information to check understanding and provide developmental feedback. Same can be done during practical/clinical teaching using one-minute preceptor (OMP) or SNAPPS technique (Summarize history and findings, Narrow the differential; Analyse the differential; Probe preceptor about uncertainties; Plan management; Select case-related issues for self-study). Many of these do not need to be considered for pass/fail decisions but are useful to aid learning and acquire competencies. These can be planned by the teachers on a day to day basis and modified depending on the tasks at hand.

This Assessment Record for the Undergraduates is to be maintained by the Faculty of the concerned Department and shall be shown to the student during the feedback sessions and at the end of the course period.

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1. University Norms for Assessment of the Course

a. Formative / Internal Assessment

Internal Assessment – Theory			
	Type of Assessment	Methods of Assessment	Total Marks
Formative Assessment	Theory Tests	MCQ, VSAQ, SAQ, LAQ	PCT 1 :100 PCT 2 : 100 Model Theory exam: 200 Total : 400
Continuous Internal Assessment – Theory		Home Assignments	15
		Continuous class test - LMS	30
	Self-Directed Learning	Seminar, Museum study, Library assignments	15+15+15 = 45
	Attendance theory		10
		Grand TOTAL	500
Internal Assessment - Practical			
Formative Assessment	Practical (Average of 2 PCTs and Model Practical tests)	Clinical case presentation, spotters, OSCE, exercises, Viva	PCT 1 :100 PCT 2 : 100 Model Practical : 200 Total : 400
Continuous Internal Assessment	Log Book/Academic Record	Certifiable skill based competencies through OSCE, Spotters, etc	100
		SVL (Simulated/Skill-based Virtual Lab) activity	40
		AETCOM Learning	40
		Research	20
		Journal (Record notebook/Portfolio)	40
		Attendance	10
		Grand Total	650

Note:

1. Internal assessment shall be based on day-to-day assessment. It shall relate to different ways in which learners participate in learning process including assignments, preparation for seminar, integrated classes, participation in AETCOM, SDL, Projects.
2. Regular periodic examinations shall be conducted throughout the course. There shall be no less than 8 internal assessment examinations and no less than 4 practical examinations.
3. Day to day records and log book (including required skill certifications) should be given importance in internal assessment. Internal assessment should be based on competencies and skills. Colleges and teachers should try to build their valid assessment tools.

4. Learners must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical separately) assigned for internal assessment in a particular subject in order to be eligible for appearing at the final University examination of that subject. Internal assessment marks will reflect as separate head of passing at the summative examination.
5. Learners must have completed the required certifiable competencies for that phase of training and completed the log book appropriate for that phase of training to be eligible for appearing at the final university examination of that subject.
6. Feedback should be provided to learners throughout the course so that they are aware of their performance and remedial action can be initiated well in time. The feedbacks need to be structured and the faculty and learners must be sensitized to giving and receiving feedback.
7. The results of IA should be displayed on notice board within 2 weeks of the test and an opportunity provided to the learners to discuss the results and get feedback on making their performance better. Remedial measures for learners who are either not able to score qualifying marks or have missed on some assessments due to any reason(s) shall be allowed with a record.
8. It is also recommended that learners should sign with date whenever they are shown IA records in token of having seen and discussed the marks.
9. Internal assessment marks will not be added to University examination marks and will reflect as a separate head of passing at the summative examination.

a. Summative Assessment - University Examination

University examinations will consist of

1. Theory: 2 papers of 100 marks each. (Total 200 marks)
2. Practical Exam + Viva: 160+40= marks

Note:

1. Theory Examinations: Nature of questions will include different types such as structured essays (Long Answer Questions - LAQ), Short Answers Questions (SAQ) and objective type questions (e.g. Multiple-Choice Questions - MCQ). Marks for each part should be indicated separately. MCQs shall be accorded a weightage of not more than 20% of the total theory marks. In subjects that have two papers, the learner must secure at least 40% marks in each of the papers with minimum 50% of marks in aggregate (both papers together) to pass.
2. Practical/clinical examinations will be conducted in the laboratory/ clinics. The objective will be to assess proficiency and skills in History Taking, conduct physical examination, interpret data and form clinic social case diagnosis Emphasis should be on candidate's capability to demonstrate communication skills, analyse the case etc
3. Viva/oral examination should assess approach to problem solving, applied situations, attitudinal, ethical and professional values. Candidate's skill in interpretation of common factors associated with health and disease
4. Internal assessment marks are not to be added to marks of the University examinations and should be shown separately in the grade card.
5. Pass in University Exam will be 50% marks in theory and practical

2. Curriculum Vitae

Name of Student											
Name of Parent/Guardian											
Date of Birth & Age											
Permanent Address											
Address for Postal Communication											
Landline Phone (Home)											
Mobile Phone (Parent/Guardian)											
Mobile Phone (Parent/Guardian)											
Mobile Phone (Student)											
Email ID (Parent/Guardian)											
Email ID (Student)											

Signature of Student

3. Understanding Competency Based Assessment

Assessment requires specification of measurable and observable entities. This could be in the form of whole tasks that contribute to one or more competencies or assessment of a competency per se. Another approach is to break down the individual competency into learning objectives related to the domains of knowledge, skills, attitudes, communication etc. and then assess them individually. However, as stated earlier, using individual domain framework may not always result in making an accurate assessment of the specific competency. Therefore, efforts should be made to include competencies in the assessment process as much as possible. CBA is very useful to convey a message to the learners to structure their learning around competency framework.

- CBA operates within the framework of competencies. Assessment tools should align competencies/objectives.
- CBA should help to acquire competencies/objectives (Assessment for learning) and their certification (Assessment of learning).
- CBA is continuous and ongoing process with opportunities for providing developmental feedback.
- Direct observations of learners improve utility of CBA and feedback.
- Multiple assessors, multiple tools and multiple assessments improve the validity and reliability of CBA.

Formative & Internal Assessment (IA)

Formative assessment is an assessment conducted during the instruction with the primary purpose of providing feedback for improving learning. It also helps the teachers and learners to modify their teaching learning strategies. The feedback is central to formative assessment and is linked to deep learning, seeking to explore the educational literature and its pedagogical lessons for healthcare educational practice. It provides inputs to both learners and teachers regarding adequacy of teaching-learning. A variety of feedback principles and techniques can be used depending on the context.

Although there can be a debate on the summative or formative nature of IA, it still provides the best opportunities for formative purposes. IA is when assessment is done by the teachers who have taught the subject. It overcomes the limitations of day-to-day variability and allows larger sampling of topics, competencies and skills.

In competency-based curriculum, IA provides useful avenues for both formative and summative assessment. The IA focuses on the process of learning i.e. how the learners have learnt throughout the course. This assessment gives priority to psychomotor, communication and affective domains. These are those domains which are usually not assessed by the traditional assessment methods. It should involve all faculty members of a department (Senior Residents upwards) and not just one or two senior teachers. This helps to build the ownership of teaching-learning and assessment as well as provide 'hands-on' experience in assessment to all teachers. In that way, IA can be a very useful tool for assessing all competencies in any competency-based curriculum. IA should not be considered as an assessment without external controls and can be utilized in a manner to overcome some its perceived weaknesses. Utility of IA can be further improved by involving all teachers in the department and limiting the contribution of individual teacher, test or tool.

Designing a system of assessment

While designing an internal assessment, all domains of learning i.e. cognitive, psychomotor and affective should be taken into account and weightage should be assigned to these domains for assessment. We can divide various domains into smaller components and assign marks to each component. Make a blueprint of assessment, then circulate to few learners and faculty, take their comments/ views/feedback and revise as per the need. Miller's pyramid (figure 2) provides a

simple way to select appropriate tool for assessment. Efforts should be made to climb higher in the pyramid.^{6, 13} The following adapted example illustrates this:

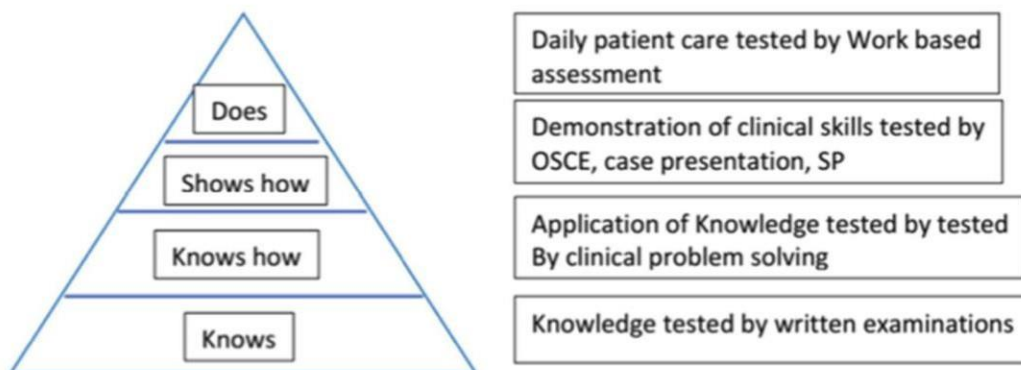


Figure 2. Assessment methods as per levels of competency (Adapted from Ramani) OSCE: Objective Structured Clinical Examination, SP: Standardised/ Simulated Patients

The key to building validity and to make CBA assessment useful is to align it with competencies/objectives. Including some aspects from competencies of other phases is useful to assess integration of concepts. Some examples of such alignment can be seen in the competency sheet given in Table 1.

Table 1. Deriving assessment methods from objectives

Competency: An **observable** ability of a health professional, **integrating multiple components** such as knowledge, skills, values and attitudes.

PA42.3	Identify the etiology of meningitis based on given CSF parameters	K/S	SH	Y
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Objective: Statement of what a learner should be able to do at the end of a specific learning experience

PA42.3.1	At the end of the session the PII student must be able to enumerate the most common causes of meningitis correctly	Short note or part of structured essay: Enumerate 5 causes of meningitis based on their prevalence in India
PA42.3.2	At the end of the session the PII student must be able to enumerate the components of a CSF analysis correctly	Short note or part of structured essay: Enumerate the components tested in a CSF analysis
PA4.3.3	At the end of the session the PII student must be able to describe the CSF features for a given etiologic of meningitis accurately	Short note or part of structured essay: Describe the CSF findings that are characteristic of tuberculous meningitis
PA4.3.4	At the end of the session the PII student must be able to identify the aetiology of meningitis correctly from a given set of CSF parameters	Short note / part of the structured essay/ Skill station/ Viva: Review the CSF findings in the following patient and identify (write or vocalise) the most likely ethology

Table 1. Deriving assessment methods from objectives

A useful approach, especially for affective, psychomotor and communication domains, is to adopt the concept of assessment toolbox. A toolbox is a listing of available tools (and rating forms, if required), which are suggested for a particular competency or sub-competency and aims at improving the value of assessment data.¹⁴ The listed tools are suggestions only and can be freely used either singly or in combination by teachers to suit particular requirements. Efforts should be made to use multiple tools even for a given competency to improve validity and reliability of assessment. While assessment will continue to be subject based, efforts must be made to ensure

that phase appropriate correlates are assessed to determine if the learner has internalised and integrated the concept and its application.

Internal Assessment

Scheduling of IA

A student who has not taken minimum required number of tests for IA each in theory and practical will not be eligible for University examinations. Proper records of the work should be maintained which will form the basis for the learners' internal assessment and should be available to the assessors at the time of inspection of the college by the Medical Council of India.

Components of IA

(i) Theory IA can include: theory tests, send ups, seminars, quizzes, interest in subject, scientific attitude etc. Written tests should have short notes and creative writing experiences.

(ii) Practical/Clinical IA can include: clinical case presentation, practical tests, Objective Structured Practical Examination (OSPE), Directly Observed Procedural Skills (DOPS), Mini Clinical Evaluation Exercise (mini-CEX), records maintenance and attitudinal assessment.

Colleges and teachers should try to build capacity to use a variety of assessment tools. A number of tools are available in the form of assessment toolbox. The construct validity and predictive utility of internal assessment is high. Many of the tools mentioned for IA may appear subjective. However, by virtue of being high on validity and by conveying a message to the learners to not ignore skills, attitudes and communication (educational impact), they contribute to better learning. Since stakes at IA are low, the use of expert subjective assessments to cover areas which are not assessable by conventional objectivised assessment tools is appropriate. There is plenty of evidence in literature to suggest that expert subjective assessments can be as reliable as highly objective ones.

There should be at least one assessment based on direct observation of skills, attitudes and communication at all levels. Communication and attitudinal assessment should also be built in all assessments as far as possible.

Feedback in IA

Feedback should be provided to learners throughout the course so that they are aware of their performance and remedial action can be initiated well in time. The feedbacks need to be structured and the faculty and learners must be sensitized to giving and receiving feedback. The results of IA should be displayed on notice board within 2 weeks of the test and an opportunity provided to the learners to discuss the results and get feedback on making their performance better. It is also recommended that learners should sign with date whenever they are shown IA records in token of having seen and discussed the marks. Internal assessment marks will not be added to University examination marks and will reflect as a separate head of passing at the summative examination.

(These concepts have been incorporated in the proposed Regulations in Graduate Medical Education, 2019 (GMER 2019) and are reproduced here.

4. Formative Assessment of Classroom / Clinical Training

The term "Classroom Learning" mentioned here includes any learning that happens within the ambit of the department as large group and small group teaching, demonstrations, dissection classes, practical classes, museum classes etc. The learning in the department predominantly fits into the Scale of 1 and 2 of the 5 level Blooms Taxonomy.

The Assessment Methods would include

1. End of Lecture Class/Module Assessment: 5-8 MCQ's solved over 5-8 minutes
2. End of clinical training : OSCE of 10-12 minutes
3. End of Practicals /Module: Spotting / OSCE/ Epidemiological exercises

For effective assessment and grading of performances a Likert's scale is given as under:

Grade	Characteristic
1	Score < 35% marks in the end of class assessments
2	Score 35%-50% marks in the end of class assessments
3	Score 50%-60% marks in the end of class assessments
4	Score 60%-75% marks in the end of class assessments
5	Score > 75% marks in the end of class assessments

Number	COMPETENCY: The student should be able to	Level	Grading Scale					Initial of Facilitator
			1	2	3	4	5	
Topic: Demographic and Vital Statistics								
OG1.1	Define and discuss birth rate, maternal mortality and morbidity	KH						
OG1.2	Define and discuss perinatal mortality and morbidity including perinatal and neonatal mortality and morbidity audit	KH						
OG1.3	Define and discuss still birth and abortion	KH						
Topic: Anatomy of the female reproductive tract (Basic anatomy and embryology)								
OG2.1	Describe and discuss the development and anatomy of the female reproductive tract, relationship to other pelvic organs, applied anatomy as related to Obstetrics and Gynaecology.	KH						
Topic: Physiology of conception								
OG3.1	Describe the physiology of ovulation, menstruation, fertilization, implantation and gametogenesis.	K						
Topic: Development of the fetus and the placenta								
OG4.1	Describe and discuss the basic embryology of fetus, factors influencing fetal growth and development, anatomy and physiology of placenta, and teratogenesis	K						

Topic: Preconception counselling							
OG5.1	Describe, discuss and identify pre-existing medical disorders and discuss their management; discuss evidence-based intrapartum care	SH					
OG5.2	Determine maternal high risk factors and verify immunization status	SH					
Topic: Diagnosis of pregnancy							
OG6.1	Describe, discuss and demonstrate the clinical features of pregnancy, derive and discuss its differential diagnosis, elaborate the principles underlying and interpret pregnancy tests.	SH					
Topic: Maternal Changes in pregnancy							
OG7.1	Describe and discuss the changes in the genital tract, cardiovascular system, respiratory, haematology, renal and gastrointestinal system in pregnancy	KH					
Topic: Antenatal Care							
OG8.1	Enumerate, describe and discuss the objectives of antenatal care, assessment of period of gestation; screening for high-risk factors.	KH					
OG8.2	Elicit document and present an obstetric history including menstrual history, last menstrual period, previous obstetric history, comorbid conditions, past medical history and surgical history	SH					
OG8.3	Describe, demonstrate, document and perform an obstetrical examination including a general and abdominal examination and clinical monitoring of maternal and fetal well-being;	SH					
OG8.4	Describe and demonstrate clinical monitoring of maternal and fetal well-being	SH					
OG8.5	Describe and demonstrate pelvic assessment in a model	SH					
OG8.6	Assess and counsel a patient in a simulated environment regarding appropriate nutrition in pregnancy	SH					
OG8.7	Enumerate the indications pregnancy for and types of vaccination in pregnancy	KH					
OG8.8	Enumerate the indications and describe the investigations including the use of ultrasound in the initial assessment and	KH					

Topic: Complications in early pregnancy							
OG9.1	Classify, define and discuss the aetiology and management of abortions including threatened, incomplete, inevitable, missed and septic	KH					
OG9.2	Describe the steps and observe/ assist in the performance of an MTP evacuation	SH					
OG9.3	Discuss the aetiology, clinical features, differential diagnosis of acute abdomen in early pregnancy (with a focus on ectopic pregnancy) and enumerate the principles of medical and surgical management	KH					
OG9.4	Discuss the clinical features, laboratory investigations, ultrasonography, differential diagnosis, principles of management and follow up of gestational trophoblastic neoplasms	K H					
OG9.5	Describe the etiopathology, impact on maternal and fetal health and principles of management of hyperemesis gravidarum	K H					
Topic: Antepartum haemorrhage							
OG10.1	Define, classify and describe the aetiology, pathogenesis, clinical features, ultrasonography, differential diagnosis and management of antepartum haemorrhage in pregnancy	K H					
OG10.2	Enumerate the indications and describe the appropriate use of blood and blood products, their complications and management.	K H					
Topic: Multiple pregnancies							
OG11.1	Describe the etiopathology, clinical features; diagnosis and investigations, complications, principles of management of multiple pregnancies	KH					
Topic: Medical Disorders in pregnancy							
OG12.1	Define, classify and describe the etiology and pathophysiology, early detection, investigations; principles of management of hypertensive disorders of pregnancy and eclampsia, complications of eclampsia.	KH					
OG12.2	Define, classify and describe the etiology, pathophysiology, diagnosis, investigations, adverse effects on the mother and foetus and the management during pregnancy and labor, and complications of anemia in pregnancy	KH					

OG12.3	Define, classify and describe the etiology, pathophysiology, diagnosis, investigations, criteria, adverse effects on the mother and foetus and the management during pregnancy and labor, and complications of diabetes in pregnancy	KH						
OG12.4	Define, classify and describe the etiology, pathophysiology, diagnosis, investigations, criteria, adverse effects on the mother and foetus and the management during pregnancy and labor, and complications of heart diseases in pregnancy	KH						
OG12.5	Describe the clinical features, detection, effect of pregnancy on the disease and impact of the disease on pregnancy complications and management of urinary tract infections in pregnancy	KH						
OG12.6	Describe the clinical features, detection, effect of pregnancy on the disease and impact of the disease on pregnancy complications and management of liver disease in pregnancy	KH						
OG12.7	Describe and discuss screening, risk factors, management of mother and newborn with HIV	KH						
OG12.8	Describe the mechanism, prophylaxis, fetal complications, diagnosis and management of isoimmunization in pregnancy	KH						
Topic: Labour								
OG13.1	Enumerate and discuss the physiology of normal labor, mechanism of labor in occipito-anterior presentation; monitoring of labor including partogram; conduct of labor, pain relief; principles of induction and acceleration of labor; management of third stage of labor.	KH						
OG13.2	Define, describe the causes, pathophysiology, diagnosis, investigations and management of preterm labor, PROM and postdated pregnancy	KH						
OG13.3	Observe/ assist in the performance of an artificial rupture of membranes	SH						
OG13.4	Demonstrate the stages of normal labor in a simulated environment / mannequin and counsel on methods of safe abortion.	SH						
OG13.5	Observe and assist the conduct of a normal vaginal delivery	P						

Topic: Abnormal Lie and Presentation; Maternal Pelvis							
OG14.1	Enumerate and discuss the diameters of maternal pelvis and types	KH					
OG14.2	Discuss the mechanism of normal labor, Define and describe obstructed labor, its clinical features; prevention; and management	KH					
OG14.3	Describe and discuss rupture uterus, causes, diagnosis and management.	KH					
OG14.4	Describe and discuss the classification; diagnosis; management of abnormal labor	KH					
4Topic: Operative obstetrics							
OG15.1	Enumerate and describe the indications and steps of common obstetric procedures, technique and complications: Episiotomy, vacuum extraction; low forceps; Caesarean section, assisted breech delivery; external cephalic version; cervical cerclage	KH					
OG15.2	Observe and assist in the performance of an episiotomy and demonstrate the correct suturing technique of an episiotomy in a simulated environment. Observe/Assist in operative obstetrics cases – including - CS, Forceps, vacuum extraction, and breech delivery	SH					
Topic: Complications of the third stage							
OG16.1	Enumerate and discuss causes, prevention, diagnosis, management, appropriate use of blood and blood products in postpartum haemorrhage	KH					
OG16.2	Describe and discuss uterine inversion – causes, prevention, diagnosis and management.	KH					
OG16.3	Describe and discuss causes, clinical features, diagnosis, investigations; monitoring of fetal well-being, including ultrasound and fetal Doppler; principles of management; prevention and counselling in intrauterine growth retardation	KH					
Topic: Lactation							
OG17.1	Describe and discuss the physiology of lactation	KH					

OG17.2	Counsel in a simulated environment, care of the breast, importance and the technique of breast feeding	SH							
OG17.3	Describe and discuss the clinical features, diagnosis and management of mastitis and breast abscess	KH							
Topic: Care of the new born									
OG18.1	Describe and discuss the assessment of maturity of the newborn, diagnosis of birth asphyxia, principles of	KH							
OG18.2	Demonstrate the steps of neonatal resuscitation in a simulated environment	SH							
OG18.3	Describe and discuss the diagnosis of birth asphyxia	KH							
OG18.4	Describe the principles of resuscitation of the newborn and enumerate the common problems encountered	KH							
Topic: Normal and abnormal puerperium.									
OG19.1	Describe and discuss the physiology of puerperium, its complications, diagnosis and management; counselling for contraception, puerperal sterilization	KH							
OG19.2	Counsel in a simulated environment, contraception and puerperal sterilisation	SH							
OG19.3	Observe/ assist in the performance of tubal ligation	KH							
OG19.4	Enumerate the indications for, describe the steps in and insert and remove an intrauterine device in a simulated environment	SH							
Topic: Medical termination of pregnancy									
OG20.1	Enumerate the indications and describe and discuss the legal aspects, indications, methods for first and second trimester MTP; complications and management of complications of Medical Termination of Pregnancy	KH							
OG20.2	In a simulated environment administer informed consent to a person wishing to undergo Medical Termination of Pregnancy	SH							
OG20.3	Discuss Pre-conception and Pre Natal Diagnostic Techniques (PC&PNDT) Act 1994 & its amendments	K/KH							

Topic: Contraception							
OG21.1	Describe and discuss the temporary and permanent methods of contraception, indications, technique and complications; selection of patients, side effects and failure rate including Ocs, male contraception, emergency contraception and IUCD	KH					
OG21.2	Describe & discuss PPIUCD programme	K/KH					
Topic: Vaginal discharge							
OG22.1	Describe the clinical characteristics of physiological vaginal discharge.	KH					
OG22.2	Describe and discuss the etiology (with special emphasis on Candida, T. vaginalis, bacterial vaginosis), characteristics, clinical diagnosis, investigations, genital hygiene, management of common causes and the syndromic management	KH					
Topic: Normal and abnormal puberty							
OG23.1	Describe and discuss the physiology of puberty, features of abnormal puberty, common problems and their management	KH					
OG23.2	Enumerate the causes of delayed puberty. Describe the investigation and management of common causes	KH					
OG23.3	Enumerate the causes of precocious puberty	K					
Topic: Abnormal uterine bleeding							
OG24.1	Define, classify and discuss abnormal uterine bleeding, its aetiology, clinical features, investigations, diagnosis and management	KH					
Topic: Amenorrhea							
OG25.1	Describe and discuss the causes of primary and secondary amenorrhea, its investigation and the principles of management.	KH					
Topic: Genital injuries and fistulae							
OG26.1	Describe and discuss the etiopathogenesis, clinical features; investigation and implications on health and fertility and management of endometriosis and adenomyosis	KH					

OG26.2	Describe the causes, prevention, clinical features, principles of management of genital injuries and fistulae	KH							
Topic: Genital infections									
OG27.1	Describe and discuss the etiology, pathology, clinical features, differential diagnosis, investigations, management and long term implications of sexually transmitted infections	KH							
OG27.2	Describe and discuss the etiology, pathology, clinical features, differential diagnosis, investigations, management	KH							
OG27.3	Describe and discuss the etiology, pathology, clinical features, differential diagnosis, investigations, management and long term implications of HIV	KH							
OG27.4	Describe and discuss the etiology, pathology, clinical features, differential diagnosis, investigations, management and long term implications of Pelvic Inflammatory Disease	KH							
Topic: Infertility									
OG28.1	Describe and discuss the common causes, pathogenesis, clinical features, differential diagnosis; investigations; principles of management of infertility – methods of tubal patency, ovulation induction, assisted reproductive techniques	KH							
OG28.2	Enumerate the assessment and restoration of tubal latency	K							
OG28.3	Describe the principles of ovulation induction	KH							
OG28.4	Enumerate the various Assisted Reproduction Techniques	K							
Topic: Uterine fibroids									
OG29.1	Describe and discuss the etiology; pathology; clinical features; differential diagnosis; investigations; principles of management, complications of fibroid uterus	KH							
Topic: PCOS and hirsutism									
OG30.1	Describe and discuss the etiopathogenesis; clinical features; differential diagnosis; investigations; management, complications of PCOS	KH							

OG30.2	Enumerate the causes and describe the investigations and management of hyperandrogenism	KH							
Topic: Uterine prolapse									
OG31.1	Describe and discuss the etiology, classification, clinical features, diagnosis, investigations, principles of management and preventive aspects of prolapse of uterus	KH							
Topic: Menopause									
OG32.1	Describe and discuss the physiology of menopause, symptoms, prevention, management and the role of hormone replacement therapy.	KH							
OG32.2	Enumerate the causes of postmenopausal bleeding and describe its management	KH							
Topic: Benign, Pre-malignant (CIN) and Malignant Lesions of the Cervix									
OG33.1	Classify, describe and discuss the etiology, pathology, clinical features, differential diagnosis, investigations and staging of cervical cancer	KH							
OG33.2	Describe the principles of management including surgery and radiotherapy of Benign, Pre-malignant (CIN) and Malignant Lesions of the Cervix	KH							
OG33.3	Describe and demonstrate the screening for cervical cancer in a simulated environment	SH							
OG33.4	Enumerate the methods to prevent cancer of cervix including visual inspection with acetic acid (VIA), visual inspection of cervix with Lugol's iodine (VILI), pap smear and colposcopy	K							
Topic: Benign and malignant diseases of the uterus and the ovaries									
OG34.1	Describe and discuss aetiology, pathology, staging clinical features, differential diagnosis, investigations, staging laparotomy and principles of management of endometrial cancer	KH							
OG34.2	Describe and discuss the etiology, pathology, classification, staging of ovarian cancer, clinical features, differential diagnosis, investigations, principal of management including staging laparotomy	KH							

OG34.3	Describe and discuss the etiology, pathology, classification, staging, clinical features, differential diagnosis, investigations and management of gestational trophoblastic disease	KH							
OG34.4	Operative Gynaecology : Understand and describe the technique and complications: Dilatation & Curettage (D&C); EA-ECC; cervical biopsy; abdominal hysterectomy; myomectomy; surgery for ovarian tumours; staging laparotomy; vaginal hysterectomy including pelvic floor repair; Fothergill's operation, Laparoscopy; hysteroscopy; management of postoperative complications	SH							
Topic: Obstetrics & Gynecological skills - I									
OG35.1	Obtain a logical sequence of history, and perform a humane and thorough clinical examination, excluding internal examinations (per-rectal and per-vaginal)	SH							
OG35.2	Arrive at a logical provisional diagnosis after examination.	SH							
OG35.3	Recognize situations, which call for urgent or early treatment at secondary and tertiary centres and make a prompt referral of such patients after giving first aid or emergency treatment.	SH							
OG35.4	Demonstrate interpersonal and communication skills befitting a physician in order to discuss illness and its outcome with patient and family	SH							
OG35.5	Determine gestational age, EDD and obstetric formula	SH							
OG35.6	Demonstrate ethical behavior in all aspects of medical practice.	SH							
OG35.7	Obtain informed consent for any examination / procedure	SH							
OG35.8	Write a complete case record with all necessary details	SH							
OG35.9	Write a proper discharge summary with all relevant information	SH							
OG35.10	Write a proper referral note to secondary or tertiary centres or to other physicians with all necessary details.	SH							

OG35.11	Demonstrate the correct use of appropriate universal precautions for self-protection against HIV and hepatitis and counsel patients	SH							
OG35.12	Obtain a PAP smear in a simulated environment	SH							
OG35.13	Demonstrate the correct technique to perform artificial rupture of membranes in a simulated / supervised environment	SH							
OG35.14	Demonstrate the correct technique to perform and suture episiotomies in a simulated/ supervised environment	SH							
OG35.15	Demonstrate the correct technique to insert and remove an IUD in a simulated/ supervised environment	SH							
OG35.16	Diagnose and provide emergency management of antepartum and postpartum hemorrhage in a simulated / guided environment	SH							
OG35.17	Demonstrate the correct technique of urinary catheterisation in a simulated/ supervised environment	SH							
Topic: Obstetrics & Gynecological skills - II									
OG36.1	Plan and institute a line of treatment, which is need based, cost effective and appropriate for common conditions taking into consideration (a) Patient (b) Disease (c) Socio-economic status (d) Institution/ Governmental guidelines.	SH							
OG36.2	Organise antenatal, postnatal, well-baby and family welfare clinics	KH							
OG36.3	Demonstrate the correct technique of punch biopsy of uterus in a simulated/ supervised environment	SH							
Topic: Obstetrics & Gynecological skills - III									
OG37.1	Observe and assist in the performance of a Caesarean section	SH							
OG37.2	Observe and assist in the performance of Laparotomy	SH							
OG37.3	Observe and assist in the performance of Hysterectomy – abdominal/vaginal	SH							

OG37.4	Observe and assist in the performance of Dilatation & Curettage(D&C)	SH							
OG37.5	Observe and assist in the performance of Endometrial aspiration -endocervical curettage (EA-ECC)	SH							
OG37.6	Observe and assist in the performance of outlet forceps applicationof vacuum and breech delivery	SH							
OG37.7	Observe and assist in the performance of MTP in the first trimesterand evacuation in incomplete abortion	SH							
Topic: Should observe									
OG38.1	Laparoscopy	KH							
OG38.2	Hysteroscopy	KH							
OG38.3	Lap sterilization	KH							
OG38.4	Assess the need for and issue proper medical certificates topatients for various purposes	KH							

5. Formative Assessment of Assignments

Note:

1. Formative Assessment involves various methods of which out of class assignments are important instruments.
2. The structure for the assignment should be clear mentioned at the start. The structure should include an introduction, main body of the assignment and a conclusion if it is an essay work. Illustrations, flow charts, tables and graphs should be part of the submission where ever necessary.
3. Plagiarism should be discouraged.
4. The grading of the assignment shall be done by the faculty team as follows

Faculty Decision	Grade
Poor content & presentation	1
Below Average content & presentation	2
Average content & presentation	3
Above Average content & presentation	4
Excellent content & presentation	5

No	Title of Assignment	1	2	3	4	5	Initial of Facilitator
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

No	Title of Assignment	1	2	3	4	5	Initial of Facilitator
14							
15							
16							
17							
18							
19							
20							

6. Formative Assessment of Integrated Sessions

Note:

1. Formative Assessment of integrated teaching sessions involves assessment of student level of sessional learning.
2. The student shall be given a 15-20 MCQ test at the end of the session. This can be both in the offline and online modes,
3. The grading of the same shall be done by the faculty team as follows:

Scale

- 1 : End of Session Assessment <35%
- 2 : End of Session Assessment 35-50%
- 3 : End of Session Assessment 50-60%
- 4 : End of Session Assessment 60-75%
- 5 : End of Session Assessment >75%

No	Topic of Integrated Session	1	2	3	4	5	Initial of Facilitator
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

No	Topic of Integrated Session	1	2	3	4	5	Initial of Facilitator
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

7. Formative Assessment of Self-Directed Learning

Note:

1. Formative Assessment of SDL sessions involves assessment of student level of learning through assessment of the synopsis and bibliography
2. The student shall submit the same at the end of the session. This can be both in the offline and online modes.
3. The grading of the same shall be done by the faculty team as follows:

Scale	Grade
Faculty Decision	
Poor content & presentation	1
Below Average content & presentation	2
Average content & presentation	3
Above Average content & presentation	4
Excellent content & presentation	5

No	Assigned SDL Topic	1	2	3	4	5	Initial of Facilitator
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

No	Assigned SDL Topic	1	2	3	4	5	Initial of Facilitator
12							
13							
14							
15							
16							
17							
18							
19							
20							

8. Formative Assessment of AETCOM Learning

Note:

1. Formative Assessment of AETCOM sessions involves assessment of student level of learning through DOPS, OSPE sessions
2. The grading of the same shall be done by the faculty team as follows:

Scale

- 1 : End of Session Assessment <35%
- 2 : End of Session Assessment 35-50%
- 3 : End of Session Assessment 50-60%
- 4 : End of Session Assessment 60-75%
- 5 : End of Session Assessment >75%

No	Competency The student should be able to	Level (K/KH/SH)	1	2	3	4	5	Initial of Facilitator
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

9. Formative Feedback Record

Note:

1. Feedback should be provided to learners throughout the course so that they are aware of their performance and remedial action can be initiated well in time.
2. The feedbacks need to be structured and the faculty and learners must be sensitized to giving and receiving feedback.
3. The results of IA should be displayed on notice board within 2 weeks of the test and an opportunity provided to the learners to discuss the results and get feedback on making their performance better.
4. The learner should sign with date whenever they are shown IA records in token of having seen and discussed the marks.
5. The learner Internal assessment marks will not be added to University examination marks and will reflect as a separate head of passing at the summative examination
6. Some suggestions for handling the Feedback process
 - a. Start with the learner's agenda for the session
 - b. Evaluate the performance of the learner in the previous sessions and outcomes the learner is trying to achieve
 - c. Enquire about problems faced by the learner in the process of learning in the classroom, at home and during the assessments.
 - d. Encourage the learner to think about goal setting
 - e. Encourage self-assessment and self-solving problems
 - f. Offer space for the learner to make suggestions, to generate solutions
 - g. Be non-judgmental and specific, prevent vague generalisation, provide balanced feedback
 - h. Offers suggestions and alternatives, make suggestions rather than prescriptive comments. Be valuing and supportive
 - i. Structure and summarise the session to ensure that learner has some specifics to take home.

Formative Feedback Session		1	
Date			
Type of Assessment			
Topic of Assessment			
Feed Back received from Student			
Feed Back given to the Student			
Remedial Action Suggested			
Timeline of Remedial Action			
Signature of Mentor		Signature of Student	

Formative Feedback Session		2	
Date			
Type of Assessment			
Topic of Assessment			
Feed Back received from Student			
Feed Back given to the Student			
Remedial Action Suggested			
Timeline of Remedial Action			
Signature of Mentor		Signature of Student	

Formative Feedback Session		3	
Date			
Type of Assessment			
Topic of Assessment			
Feed Back received from Student			
Feed Back given to the Student			
Remedial Action Suggested			
Timeline of Remedial Action			
Signature of Mentor		Signature of Student	

Formative Feedback Session		4	
Date			
Type of Assessment			
Topic of Assessment			
Feed Back received from Student			
Feed Back given to the Student			
Remedial Action Suggested			
Timeline of Remedial Action			
Signature of Mentor		Signature of Student	

Formative Feedback Session		5	
Date			
Type of Assessment			
Topic of Assessment			
Feed Back received from Student			
Feed Back given to the Student			
Remedial Action Suggested			
Timeline of Remedial Action			
Signature of Mentor		Signature of Student	

Formative Feedback Session		6	
Date			
Type of Assessment			
Topic of Assessment			
Feed Back received from Student			
Feed Back given to the Student			
Remedial Action Suggested			
Timeline of Remedial Action			
Signature of Mentor		Signature of Student	

Formative Feedback Session		7	
Date			
Type of Assessment			
Topic of Assessment			
Feed Back received from Student			
Feed Back given to the Student			
Remedial Action Suggested			
Timeline of Remedial Action			
Signature of Mentor		Signature of Student	

Formative Feedback Session		8	
Date			
Type of Assessment			
Topic of Assessment			
Feed Back received from Student			
Feed Back given to the Student			
Remedial Action Suggested			
Timeline of Remedial Action			
Signature of Mentor		Signature of Student	

Formative Feedback Session		9	
Date			
Type of Assessment			
Topic of Assessment			
Feed Back received from Student			
Feed Back given to the Student			
Remedial Action Suggested			
Timeline of Remedial Action			
Signature of Mentor		Signature of Student	

Formative Feedback Session		10	
Date			
Type of Assessment			
Topic of Assessment			
Feed Back received from Student			
Feed Back given to the Student			
Remedial Action Suggested			
Timeline of Remedial Action			
Signature of Mentor		Signature of Student	

Formative Feedback Session		11	
Date			
Type of Assessment			
Topic of Assessment			
Feed Back received from Student			
Feed Back given to the Student			
Remedial Action Suggested			
Timeline of Remedial Action			
Signature of Mentor		Signature of Student	

Formative Feedback Session		12	
Date			
Type of Assessment			
Topic of Assessment			
Feed Back received from Student			
Feed Back given to the Student			
Remedial Action Suggested			
Timeline of Remedial Action			
Signature of Mentor		Signature of Student	

Formative Feedback Session		13	
Date			
Type of Assessment			
Topic of Assessment			
Feed Back received from Student			
Feed Back given to the Student			
Remedial Action Suggested			
Timeline of Remedial Action			
Signature of Mentor		Signature of Student	

Formative Feedback Session		14	
Date			
Type of Assessment			
Topic of Assessment			
Feed Back received from Student			
Feed Back given to the Student			
Remedial Action Suggested			
Timeline of Remedial Action			
Signature of Mentor		Signature of Student	

Formative Feedback Session		15	
Date			
Type of Assessment			
Topic of Assessment			
Feed Back received from Student			
Feed Back given to the Student			
Remedial Action Suggested			
Timeline of Remedial Action			
Signature of Mentor		Signature of Student	

10.Certification of Skills

Note:

1. certification of skills should be provided to learners at all points of the course so that they are aware of their performance and remedial action can be initiated well in time to achieve the goal of obtaining a certified skill..
2. The feedbacks need to be structured and the faculty and learners must be sensitized to giving and receiving feedback.
2. The results of assessment of COS should be discussed at the end of the assessment and an opportunity provided to the learners to discuss the results and get feedback on making their performance better.
4. The learner should be given a date for remedial session wherein they will be reassessed.
5. A mximum of 5 remedial sessions may be offered beyond which he/she shall not be certified for the current academic session.

Certification of skills :competency no.		
Type of skill		
Type of assessment		
Performance of student		
Feedback of learner		
Feedback of Facilitator		
Remedial action suggested		
Remedial assessment	1.Date	
Performance of student		
Remedial assessment	2.Date	
Performance of student		
Remedial assessment	3.Date	
Performance of student		
Remedial assessment	4.Date	
Performance of student		
Remedial assessment	5.Date	
Performance of student		
Certification of skill	Certified/Non certified	
Date of COS		
Signatures	Learner	Facilitator

Certification of skills :competency no.		
Type of skill		
Type of assessment		
Performance of student		
Feedback of learner		
Feedback of Facilitator		
Remedial action suggested		
Remedial assessment	1.Date	
Performance of student		
Remedial assessment	2.Date	
Performance of student		
Remedial assessment	3.Date	
Performance of student		
Remedial assessment	4.Date	
Performance of student		
Remedial assessment	5.Date	
Performance of student		
Certification of skill	Certified/Non certified	
Date of COS		
Signatures	Learner	Facilitator

Certification of skills :competency no.		
Type of skill		
Type of assessment		
Performance of student		
Feedback of learner		
Feedback of Facilitator		
Remedial action suggested		
Remedial assessment	1.Date	
Performance of student		
Remedial assessment	2.Date	
Performance of student		
Remedial assessment	3.Date	
Performance of student		
Remedial assessment	4.Date	
Performance of student		
Remedial assessment	5.Date	
Performance of student		
Certification of skill	Certified/Non certified	
Date of COS		
Signatures	Learner	Facilitator

Certification of skills :competency no.		
Type of skill		
Type of assessment		
Performance of student		
Feedback of learner		
Feedback of Facilitator		
Remedial action suggested		
Remedial assessment	1.Date	
Performance of student		
Remedial assessment	2.Date	
Performance of student		
Remedial assessment	3.Date	
Performance of student		
Remedial assessment	4.Date	
Performance of student		
Remedial assessment	5.Date	
Performance of student		
Certification of skill	Certified/Non certified	
Date of COS		
Signatures	Learner	Facilitator

Certification of skills :competency no.		
Type of skill		
Type of assessment		
Performance of student		
Feedback of learner		
Feedback of Facilitator		
Remedial action suggested		
Remedial assessment	1.Date	
Performance of student		
Remedial assessment	2.Date	
Performance of student		
Remedial assessment	3.Date	
Performance of student		
Remedial assessment	4.Date	
Performance of student		
Remedial assessment	5.Date	
Performance of student		
Certification of skill	Certified/Non certified	
Date of COS		
Signatures	Learner	Facilitator

Certification of skills :competency no.		
Type of skill		
Type of assessment		
Performance of student		
Feedback of learner		
Feedback of Facilitator		
Remedial action suggested		
Remedial assessment	1.Date	
Performance of student		
Remedial assessment	2.Date	
Performance of student		
Remedial assessment	3.Date	
Performance of student		
Remedial assessment	4.Date	
Performance of student		
Remedial assessment	5.Date	
Performance of student		
Certification of skill	Certified/Non certified	
Date of COS		
Signatures	Learner	Facilitator

Certification of skills :competency no.		
Type of skill		
Type of assessment		
Performance of student		
Feedback of learner		
Feedback of Facilitator		
Remedial action suggested		
Remedial assessment	1.Date	
Performance of student		
Remedial assessment	2.Date	
Performance of student		
Remedial assessment	3.Date	
Performance of student		
Remedial assessment	4.Date	
Performance of student		
Remedial assessment	5.Date	
Performance of student		
Certification of skill	Certified/Non certified	
Date of COS		
Signatures	Learner	Facilitator

Certification of skills :competency no.		
Type of skill		
Type of assessment		
Performance of student		
Feedback of learner		
Feedback of Facilitator		
Remedial action suggested		
Remedial assessment	1.Date	
Performance of student		
Remedial assessment	2.Date	
Performance of student		
Remedial assessment	3.Date	
Performance of student		
Remedial assessment	4.Date	
Performance of student		
Remedial assessment	5.Date	
Performance of student		
Certification of skill	Certified/Non certified	
Date of COS		
Signatures	Learner	Facilitator

Certification of skills :competency no.		
Type of skill		
Type of assessment		
Performance of student		
Feedback of learner		
Feedback of Facilitator		
Remedial action suggested		
Remedial assessment	1.Date	
Performance of student		
Remedial assessment	2.Date	
Performance of student		
Remedial assessment	3.Date	
Performance of student		
Remedial assessment	4.Date	
Performance of student		
Remedial assessment	5.Date	
Performance of student		
Certification of skill	Certified/Non certified	
Date of COS		
Signatures	Learner	Facilitator

Certification of skills :competency no.		
Type of skill		
Type of assessment		
Performance of student		
Feedback of learner		
Feedback of Facilitator		
Remedial action suggested		
Remedial assessment	1.Date	
Performance of student		
Remedial assessment	2.Date	
Performance of student		
Remedial assessment	3.Date	
Performance of student		
Remedial assessment	4.Date	
Performance of student		
Remedial assessment	5.Date	
Performance of student		
Certification of skill	Certified/Non certified	
Date of COS		
Signatures	Learner	Facilitator

11 A. Record of Internal Assessment Tests-Theory

No	Topic of Assessment	Type of Assessment	Max Mark	Mark Given	% Mark	Initials of FIC
1						
2						
3						
4						
5						
6						
7						
8						

11B. Record of Internal Assessment Tests-Practical

No	Topic of Assessment	Type of Assessment	Max Mark	Mark Given	% Mark	Initials of FIC
1						
2						
3						
4						

12. Attendance Record

Details	Attendance Percent		
	Second Professional MBBS	Third Professional MBBS Part I	Third Professional MBBS Part II
Theory			
Practicals			