



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed to be University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

Sector-01, Kamothe, Navi Mumbai -410 209

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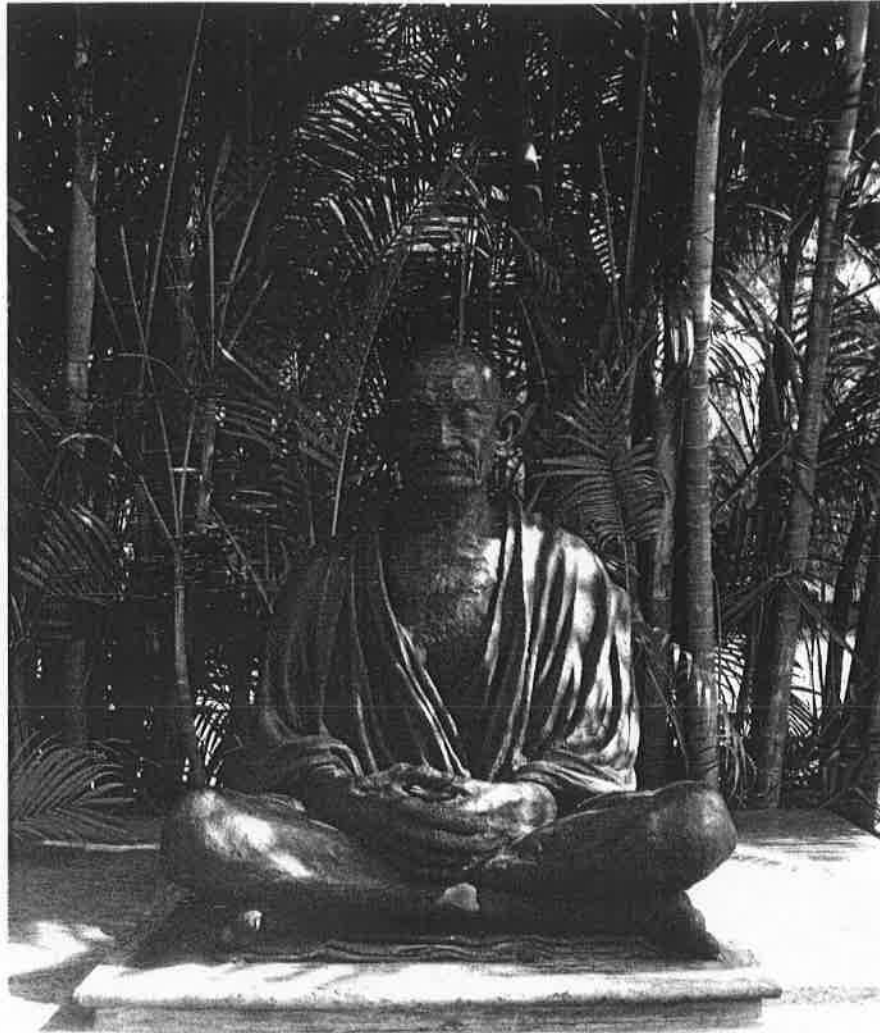
Curriculum for Master of Surgery Obstetrics & Gynecology

Amended upto BOM- 57/2019, Dated 26/04/2019

Amended History

1. Approved as per BOM– 04/2007, Item 12.1, Dated 14/12/2007.
2. Amended as per BOM- 48/2017, [Resolution No. 5.25]; Dated 24/01/2017.
3. Amended as per BOM-51/2017, [Resolution No.1.3.10.1], [Resolution No.1.3.7.11], [Resolution No. 1.3.10.11], [Resolution No.1.3.23]; Dated 28/08/2017.
4. Amended as per BOM-52/2018, [Resolution No. 3.8.2]; Dated 13/01/2018.
5. Amended as per BOM-55/2018, [Resolution No. 4.13], [Resolution No. 4.5.4.2], Dated 27/11/2018.
6. Amended as per BOM-57/2019, [Resolution No. 3.1.4.2]; Dated 26/04/2019.

INSPIRING MINDS



Mission

To improve quality of the life for individuals and community by promoting health, preventing and curing disease, advancing biomedical and clinical research and educating tomorrow's Physicians and Scientists.

Vision

By 2020 the MGM University of Health Sciences will rank one of the top private Medical Institution. This will be achieved through ground breaking **discoveries in basic sciences and clinical research** targeted to prevent and relieve human suffering, **excellence in Medical Education** of the next generation of academic clinicians and intrinsic scientists.

MGM University of Health Sciences will transform the **Education** of tomorrow's Physicians and Scientists conducting **Medical Research** to advance health and improving lives by providing world-class patient care.

Many see the 21st Century as the golden age of biomedical research. The MGM University of Health Sciences will position for leadership at the horizon of this new era to promote and stabilise stand human health with a standard of excellence.

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Chancellor's Message



It is my pleasure to welcome you to join constituent colleges of Mahatma Gandhi Misson's (MGM) University of Health Sciences, Navi Mumbai. I wish to avail this opportunity to apprise you of your parents about the academic excellence of the deemed university.

The MGM University of Health Sciences was established u/s 3 of UGC Act, 1956 and HRD Notification No.F.9-21/2005-(A) dated 30-8-2006. The MGM University is an outcome of untiring efforts of our educationists, professionals, social activists, technocrat, students and parents. The Mahatma Gandhi Mission Trust that manages the University of Health Sciences and over 40 institutions in Navi Mumbai, Aurangabad, Nanded, and Noida has the vision to empower the masses with the availability of state-of-the-art education. Most of our institutions have ISO certifications that further endorse our commitment to stringent quality standards. I am proud to state that we have succeeded in these accomplishments during our journey of the past 25 years.

To collect the memories of struggle and determination when the MGM University established its two medical colleges, one each at Navi Mumbai and Aurangabad some twenty years ago. With the medical colleges have grown into institutions imparting both undergraduate and postgraduate courses, and delivering quality health care to communities in their respective areas. While both colleges are engaged in their primary functions of teaching, patient care and research, they have

also excelled in their pursuit for advancement of science and in taking health services to communities through extension programmes. A shining example is the establishment of the Department of Infectious Diseases in 1993 in collaboration with the University of Texas-Houston, USA. This department has established the state-of-the-art clinical services and laboratories for research and care of infectious diseases and received the acclaim of Director General of ICMR when he stated "MGM is the first medical college in India to establish a separate department of infectious diseases. This is the need of the hour." The department has undertaken path-breaking research and shaped the course of our national control programmes on HIV/AIDS and tuberculosis. The original research of the constituent colleges has been acclaimed among the scientific world globally.

In an era of economic liberalization and the competition among varsities, both in and out of India, the task of grooming professionals who will compete with the best in the world, is tough. To aid our efforts to excel, MGM University of Health Sciences has the latest research facilities, a dedicated research faculty, as well as an array of distinguished visiting faculty members. The quiet ambience of our campuses, the well filled library with subscriptions to international and national journals, and the lush-green gardens add to our accomplishments.

Considering the manpower needs of

educational, industrial agricultural, and health sector to maintain their steady growth, several fresh M.Sc. courses have been launched. M.Sc. courses introduced at the University from the current academic year shall provide knowledge, skills and subsequent employability that are at par with the counterparts in India and abroad. The curricula of the courses have been designed by experts and peer-reviewed with an emphasis on the job requirements of educational institutions, industries, health care, and research institutions. These courses will empower the students to choose a career in a classroom, a research laboratory or an industry. I am happy that the university is ticking towards the pinnacle with the introduction of these value-added postgraduate courses in medical biotechnology, medical genetics and other basic sciences.

Finally, I wish to place on record my gratitude to the founder members, stake-holders, faculty, staff, students and their parents for providing the MGM Trust with your advice and support.

Once again, it is my pleasure to welcome you to join constituent colleges of MGM University of Health Sciences' at Navi Mumbai and Aurangabad.

Kamal Kishore Kadam
Chancellor



Dr R.D.Bapat
Vice Chancellor



Dr S.N.Kadam
Pro Vice Chancellor



Dr N.N.Kadam
Director (Examination)



Dr Ajit shroff
Dean (Aurangabad Campus)



Dr Z.G. Badade
Registrar



Dr G.S.Narshetty
Dean (Navi Mumbai Campus)

EXAMINATION SCHEDULE

Basic medical sciences	Take off exam
Term assessment test I	20 marks
Term assessment test II	20 marks
Term assessment test III	20 marks
Term assessment test IV	20 marks
Term assessment test V	20 marks
Term assessment test VI	20 marks
MD Exams	

WEEKLY TRAINING PROGRAMME
POSTGRADUATES

PHASE - I

Total weeks	- 72 weeks
Basic Medical Sciences	- 08 weeks
Leave	- 08 days each term
Balance available for training	-62 weeks

PHASE -II

Total weeks	-72 weeks
Leave	-08 days each term
Balance available for training -	68 weeks

PHASE-III

Total weeks	-12 weeks
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WEEKLY SCHEDULE

Total hours for classroom teaching

- 8 hrs

Monday	:	PG lecture	- 2 hrs
Tuesday	:	Tutorials	- 2 hrs
Thursday	:	Seminars	- 2 hrs
Friday	:	Symposium/Clinical meetings/Journal clubs	- 2 hrs
Wednesday	:	Evening clinics	- 2 hrs
Tuesday	:}	Teaching rounds	- 2 hrs
Friday	:}	PG Clinics	- 2 hrs

GYNAECOLOGY

- | | | |
|------------|---|--------------|
| I | BASIC IN GYNAECOLOGY | 3 wks |
| 1 | Anatomy of the female genital tract | 1 wk |
| 2 | Physiology of menstruation & ovulation | |
| 3 | Embryology | 1 wk |
| 4 | Gynaecological complaints & gynaecological examination including history taking | |
| 5 | Imaging & investigations in gynaecology | 1 wk |
| II | PRE-OP & POST -OP CARE | 1 wk |
| III | DISORDERS OF MENSTRUATION | 3 wks |
| 1. | Common menstrual complaints | |
| 2. | Pathology of menstruation | |
| 3. | Anovular bleeding | |
| 4. | Ovulatory menorrhagia - | 1 wk |
| 5. | Dysfunctional uterine bleeding | |
| 6. | Medical therapy | |
| 7. | Conservative surgical options | |
| 8. | Alternative options in menorrhagia | |
| 9. | Recent advances | 1 wk |
| 10. | Fibroids and adenomyosis | |
| | Symptomatology | |
| | Diagnosis | |
| | Treatment options | |
| IV | DISORDERS OF FERTILITY: ENDOMETRIOSIS | 3 wks |
| 1. | Physiology of conception & implantation | |
| 2. | Causes of infertility | |
| 3. | Diagnostic modalities in infertility | 1 wk |
| 4. | Male infertility & management | |
| 5. | ART techniques | |
| | Ovulation induction | |
| | Assisted conception | |
| | IVF-ET | |
| 6. | Endometriosis | |
| V | ENDOSCOPY IN GYNAECOLOGY | 1 wk |
| 1. | Endoscopic modalities - basics | |
| 2. | Diagnostic endoscopy | |
| | Laparoscopy | |

	Hysteroscopy	
3.	Operative Endoscopy	
	Laparoscopic surgeries	
	Hysteroscopic surgeries	
4.	Complications of endoscopy	
VI	PELVIC SUPPORT DEFECTS	2wks
1.	Anatomy of pelvic floor	
2.	Clinical examination of pelvic floor defects	
3.	Conservative management	1 wk
4.	Surgical options	1 wk
VII	UROGYNAECOLOGY	2wks
1.	Anatomy & physiology of voiding	
2.	Symptomatology & investigations	
3.	Incontinence-types	1 wk
4.	Medical management of incontinence	
5.	Surgical management options	
6.	Urinary fistulae	1 wk
VII	GYNAECOLOGICAL ONCOLOGY	3 wks
1.	Basics of oncology	
2.	Lymphatic drainage of pelvis	
3.	Treatment options in malignancy-CT/RT	1 wk
4.	Premalignant lesions	
5.	Ca cervix	
6.	Ca endometrium	
7.	Ovarian tumours	
8.	Ca vulva	
9.	Gestational trophoblastic tumors	
10.	Palliative care & pain relief	2 wks
IX	INFECTIONS & VAGINAL DISCHARGE	1 wk
1.	Leucorrhea – investigations	
2.	Common vaginal infections	
3.	Cervicitis – management options	
4.	STDs	1 wk

X	MENOPAUSAL MEDICINE	2 wks
1.	Physiology of menopause	
2.	Common menopausal complaints & pathology of menopause	
3.	HRT options	
4.	Alternative options in menopause	1 wk
5.	Post menopausal bleeding	1 wk
XI	ADOLESCENT GYNAECOLOGY	1 wk
1.	Physiology of puberty	
2.	Delayed puberty	
3.	Puberty menorrhagia	1 wk
XII	GYNAECOLOGICAL ENDOCRINOLOGY	2 wks
1.	Amenorrhea	
2.	Anovulation & PCOD	1 wk
3.	Hirsutism	
4.	Intersex & ambiguous genitalia	1 wk
XIII	FAMILY PLANNING & CONTRACEPTIONS	2 wks

TOTAL

26 wks

OBSTETRICS

I	BASIC	2 wks
	1. Anatomy	
	2. Osteology	1 wk
	3. Physiology of pregnancy & lactation	
	4. Genetics	1 wk
II	NORMAL LABOUR	2 wks
	1. Physiology	
	2. Mechanisms	1 wk
	3. Conduct of normal labour	
	4. Pain relief in labour	1 wk
III	ANTENATAL CARE & FETAL MONITORING	2 wks
	1. Minor ailments of pregnancy	
	2. Hyperemesis	
	3. Nutrition in pregnancy and lactation	
	4. Immunisation in pregnancy	
	5. Antenatal visit schedules	1 wk
	6. Antepartum fetal monitoring	1 wk
IV	PUERPERIUM	1 wk
	1. Physiology of puerperium & lactation	
	2. Pathology of puerperium	1 wk
V	ABNORMAL LABOUR	3 wks
	1. Abnormal presentations	
	Breech	
	Occipito-posterior	1 wk
	Face	
	Brow	1 wk
	Transverse	
	Compound	1 wk

2.	Dystocias	2 wks
	CPD & contracted pelvis	
	Partograms	1 wk
	First stage disorders	
	Second stage disorders	
	Abnormal uterine action	1 wk
VI	MULTIPLE PREGNANCY	1 wk
VII	EARLY PREGNANCY HAEMORRHAGES	2 wks
1.	Abortions – aetiology	
2.	Abortions types	
3.	Abortions – managements	1 wk
4.	Ectopic pregnancy	
5.	Molar pregnancy & GTD	
6.	Miscellaneous causes	1 wk
VIII	OBSTETRIC HAEMORRHAGES	2 wks
1.	Antepartum haemorrhage	
	Placenta praevia	
	Abruptio placenta	
	Others	1 wk
2.	Post partum haemorrhages	
	Causes	
	Medical treatment	
	Surgical treatment	1 wk
IX	MEDICAL DISORDERS IN PREGNANCY	5 wks
1.	Anemia in pregnancy	1 wk
2.	Hypertension in pregnancy	
	PIH	
	Eclampsia	
	Chronic hypertension	1 wk
3.	Heart disease	1 wk
4.	Pulmonary disorders in pregnancy	
5.	Urinary disorders in pregnancy	1 wk
6.	Liver disorders in pregnancy	
7.	Dermatological disorders in pregnancy	
8.	Psychiatric disorders in pregnancy	1 wk

X	INFECTION IN PREGNANCY	2 wks
	1. STDs	
	2. HIV in pregnancy	
	3. Other infections in pregnancy	2 wks
XI	OBSTETRIC OPERATIONS	1 wk
	1. Episiotomy & minor surgical procedures	
	2. Vacuum delivery	
	3. Forceps delivery	
	4. Cesarean section	
	5. Cesarean hysterectomy	
	6. Destructive operations	
	7. Version	1 wk
XII	PROM & PRETERM LABOUR	1 wk
XIII	INJURIES TO THE GENITAL TRACT	1 wk
	1. Puerperal hematomas	
	2. Birth injuries	
	3. Obstetric palsies	
	4. Rupture uterus	1 wk
XIV	RECURRENT PREGNANCY LOSSES & BOH	1 wk
XV	ABNORMALITIES OF PLACENTA & CORD	1 wk
	1. Polyhydramnios	
	2. Oligohydramnios	
	3. Anatomical placental & cord anomalies	1 wk
XVI	INDUCTION OF LABOUR & ABORTION	1 wk
	1. Historical aspects	
	2. Medical methods	
	3. Surgical & combined methods	
	4. Induction of abortion	1 wk
XVII	SOCIAL OBSTETRICS	1 wk
	1. RCH programme	
	2. Maternal mortality	
	3. Perinatal mortality	
	4. Healthy programmes	1 wk
XVIII	NEONATOLOGY	1 wk
	1. Neonatal resuscitation & NALS	
	2. Respiratory distress	
	3. Jaundice in newborn	
	4. Birth injuries	
	5. Congenital malformations	1 wk

XIX	ULTRASOUND IN OBSTETRICS	1 wk
XX	RECENT ADVANCES & EVIDENCE BASED OBSTETRICS	1 wk
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	TOTAL	34 wks
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PRACTICAL TRAINING
(PHASE-I)

Rotation

Unit I and Unit II	(34 weeks week each)	
Labour room		12 weeks
OPD		12 weeks
(Including Colposcopy clinic, MR clinic, HRT clinic & USG)		
Neonatology & Sonology		05 weeks each
ART Centre/Oncology		10 weeks

OT Schedule

Unit I:	As per schedule
Unit II:	As per schedule

Night duties in labour room	once every 3 – 4 days
Outreach Camps	As and when organized
Regular attendance at scientific meetings organized by Obs & Gyn Society	

PHASE II

Practical training	68 weeks
Unit I	25 weeks
Unit I I	25 weeks
Labour room	18 weeks

FINAL PHASE SCHEDULE (PHASE – III)
(REVISION & EXAM PREPARATION)
(12 WEEKS)

Unit.I	6 weeks	ART Centre	2 weeks
		OPD	2 weeks
Unit II	6 weeks	OPD	2 weeks
		Ward	2 weeks
PG Clinics		Tuesday & Friday	
Seminars / symposia		Once a week	
Journal club		Once a week	
Evening Clinics		Monday & Thursday	

SYLLABUS**M.S. (Obstetrics and Gynaecology)**

- Paper I - Obstetrics including the diseases of the new born
- Paper II - Gynaecology, Gynaecological Pathology and Operative Gynaecology
- Paper III - Medical and Surgical Diseases complicating Obstetrics & Gynaecology.
- Paper IV - Social Obstetrics and Gynaecology including Maternal Child Health and Family Planning and Recent Advances

CLINICAL AND PRACTICAL EXAMINATION

- | | | | |
|----|-------------|----------------|----------------------------------|
| 1. | Obstetrics | - 1 long case | 60 marks |
| | | - 1 short case | 40 marks |
| 2. | Gynaecology | - 1 long case | 60 marks |
| | | - 1 short case | 40 marks |
| 3. | Table Viva | | 50 marks (Obs)
50 marks (Gyn) |

Obstetrics

Dummy & pelvis	25 marks
Drugs	25 marks
Instruments	25 marks
Imaging and other Investigations	25 marks

Gynaecology

Drugs	25 marks
Instruments	25 marks
Family Planning	25 marks
Imaging and other investigation	25 marks
Procedures	

PATTERN OF QUESTION PAPER

4 questions 25 marks each

Q1 – Q 3

Long Answer Question

Q4

Short notes 2 to 3

MGM INSTITUTE OF HEALTH SCIENCES, NAVI MUMBAI

MARKLIST FOR PRACTICAL AND VIVA-VOCE EXAMINATION

EXAM CENTRE: _____ COURSE / EXAM: PG –

DATE OF EXAMINATION: _____ EXAMINATION FOR: MS (OBSTETRICS AND GYNAECOLOGY)

	1			2			Total (A+B)	2					Total	Grand Total Practical (1+2)
	Obstetrics Cases (A)			Gynaec Cases (B)				Table	Table	Table	Table	Disser tation VIVA		
	1 Long Case	1 Short Case	Total 100	1 Long Case	1 Short Case	Total 100		1	2	3	4			
	60 Marks	40 Marks		60 Marks	40 Marks		200	45	45	45	45	20	200	400

NAME OF EXAMINER	COLLEGE	SIGNATURE WITH DATE
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1.2. PG COURSES: - M.S.

Sr. No	COURSE	SUBJECT NAME	PAPER NO. & TOPICS
i)	M.S.	GENERAL SURGERY	I. Basic Sciences II. General Surgery Including Clinical Surgery III. General Surgery Including Subspecialities IV. Recent Advances
ii)	M.S.	OPHTHALMOLOGY	I. Anatomy, Physiology and optics of the eye. II. Ophthalmic Medicine and Surgery. III. Ophthalmology in relation to medicine IV. Newer Techniques and innovations in Ophthalmology.
iii)	M.S.	ORTHOPAEDICS	I. Basic and Applied Sciences as related to Orthopaedics II. Orthopaedics Traumatology III. Orthopaedic Diseases IV. Recent Advances
iv)	M.S.	OBSTETRICS AND GYNAECOLOGY	Basic Sciences in Obstetrics and Gynaecology including the diseases of the newborn. I. Clinical Obstetrics includes newborn. II. Clinical Gynaecology. III. Recent Advances in Ob/Gy.

	MD Emergency Medicine	I) Basic Sciences as relevant to Emergency Medicine (Applied Anatomy, Clinical Physiology, Clinical Biochemistry, Clinical Pharmacology, Clinical Microbiology, Clinical Pathology, Research Methodology, Biostatistics) II) Emergency Medicine (Medicine, Dermatology, Psychiatry) III) Emergency Medicine (Surgery Trauma, Orthopedics, Obstetrics, Anesthesia, Eye, ENT, Dental, Radiology) IV) Emergency Medicine including recent advances (Pediatrics, Principles of Pre hospital Care, Disaster Medicine, Forensic Medicine)
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IN PURSUIT OF EXCELLENCE

**MGM DEEMED UNIVERSITY
OF HEALTH SCIENCES**

Constituent Colleges

Navi Mumbai

M.G.M. Medical College
M.G.M School of Biomedical Science
M.G.M School of Physiotherapy
M.G.M New Bombay College of Nursing
M.G.M College of Nursing

Aurangabad

M.G.M. Medical College
M.G.M School of Biomedical Science
M.G.M School of Physiotherapy
M.G.M College of Nursing



MAHATMA GANDHI MISSION



AURANGABAD

- MGM's Jawaharlal Nehru Engineering College
- MGM's Institute of Management
- MGM's Mother Teresa College of Nursing
- MGM's Mother Teresa Institute of Nursing Education
- MGM's College of Journalism & Media Science
- MGM's Medical Center & Research Institute
- MGM's College of Fine Arts
- MGM's Dr. D. Y. Pathnikar College of Comp. Sc. & Tech.
- MGM's Hospital & Research Center
- MGM's College of Agricultural Bio-Technology
- MGM's Dept. of Bio-Technology & Bio-informatics.
- MGM's Inst. of Hotel Management & Catering Tech.
- MGM's Institute of Indian & foreign Languages & Comm.
- MGM's College of Physiotherapy
- MGM's Hospital, Ajabnagar
- MGM's Sangeet Academy (Mahagami)
- MGM's Institute Naturopathy & Yoga
- MGM's Sports Club & Stadium
- MGM's Institute of Vocational Courses
- MGM's Horticulture
- MGM's Health Care Management
- MGM's Junior College of Education (Eng. & Mar.)
- MGM's Sanskar Vidyalaya (Pri. & Sec. - Mar.)
- MGM's Clover Dale School (Pri. & Sec. - Eng.)
- MGM's First Steps School (Pre-Primary - English)
- MGM's Sanskar Vidyalaya (Pre-Primary - Marathi)
- MGM's School of Biomedical Sciences

NAVI MUMBAI

- MGM's College of Engineering & Technology
- MGM's Institute of Management Studies & Research
- MGM's Dental College & Hospital
- MGM's College of Physiotherapy
- MGM's College of Media Science
- MGM's Institute of Research
- MGM's New Bombay Hospital, Vashi
- MGM's Hospital, CBD
- MGM's Hospital, Kamothe
- MGM's Hospital, Kalamboli
- MGM's Infotech & Research Centre
- MGM's Pre-Primary School (English & Marathi)
- MGM's Primary & Secondary School (Eng. & Mar.)
- MGM's Junior College Science
- MGM's Junior College of Vocational Courses
- MGM's Florence Nightingale Inst. Nursing Edu.
- MGM's College of Nursing
- MGM's College of Law

NANDED

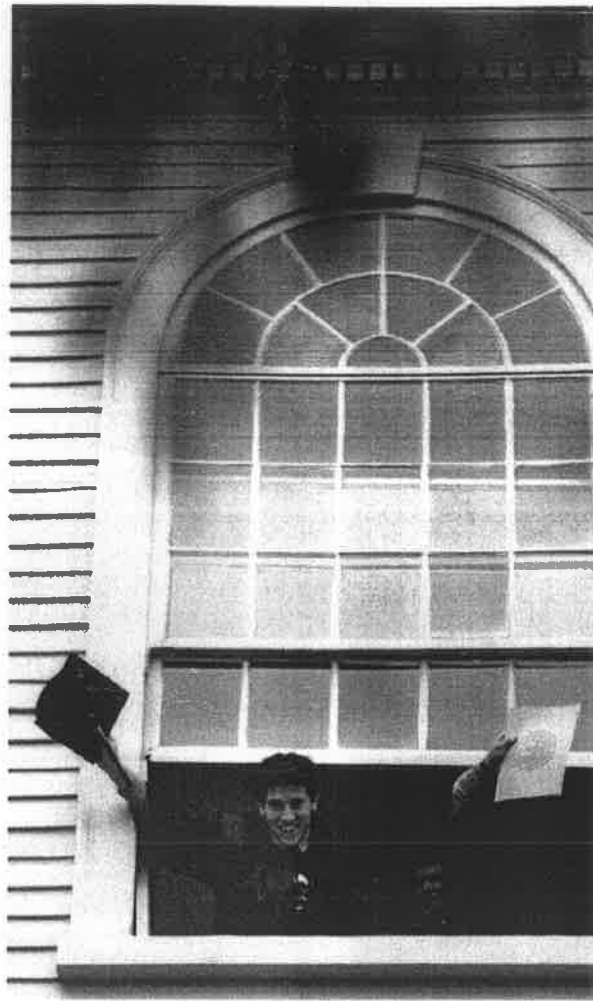
- MGM's College of Engineering
- MGM's College of Fine Arts
- MGM's College of Computer Science
- MGM's College of Journalism & Media Science
- MGM's Centre for Astronomy & Space Tech.
- MGM's College of Library & Information Science

PARBHANI

- MGM's College of Computer Science

NOIDA (U.P.)

- MGM's College of Engineering & Technology



MGM University of Health Sciences
(Education - Health Services - Research)
A Mission started, nurtured and Managed
by Professional Doctors, Scientists Engineers...



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)



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Kamothe, Navi Mumbai - 410209

Ph : - 022-27422471, 65168127, 65138121 Fax : 022-27420320

E-mail : mgmuniversity@mgsuhs.com

Website: www.mgsuhs.com

Resolution passed in BOM – 48/2017, dated 24/01/2017

Resolution No. 5.25: Resolved to institute 6 monthly progress Report for PG Students of all Courses from the batches admitted in 2016-17. **[Annexure-XVII of BOM-48/2017]**



**Mahatma Gandhi Mission's Medical College and Hospital
Navi Mumbai**

Six monthly Progress Report for Postgraduate Students

PART A

Name of the PG student: _____

Department: _____

Admitted in (Month and Year): _____

Name of the PG guide: _____

Report for the period: _____ to _____

Attendance: _____ days (_____ %)

PART B

Grading as per performance

Grade	Percentage
A	80% and above
B	65% to 79%
C	50% to 64%
D	Below 50%

1. OPD work:
2. Ward work:
3. Lab work:
4. OT work:
5. ICU work:
6. Teaching assignments:

PART C

Progress of Thesis

PART D

Activities from serial No. 1 to 5 should be rated on a scale of 0 to 10.

1. Case Presentations

Sr. No.	Topic	Date	Guide	Marks

2. Microteaching

Sr. No.	Topic	Date	Guide	Marks

3. Recent Advances

Sr. No.	Topic	Date	Guide	Marks

4. Seminars

Sr. No.	Topic	Date	Guide	Marks

5. Journal Clubs

Sr. No.	Journal	Title of Paper	Date	Guide	Marks

6. Marks obtained in tests

Sr. No.	Date	Theory / Practical	Marks obtained

7. Any other academic activity conducted:

PART E

1. Papers presented

Sr. No.	Title of Paper	Authors	Event	Date

2. Posters presented

Sr. No.	Title of Poster	Authors	Event	Date

3. Publications

(Note: Mention only those publications that are published or are accepted for publication during the said period only)

Sr. No.	Title of Paper	Authors	Journal	Year/Vol/ Issue	Page Nos	Indexed/ Non-Indexed	Status

Certificate by the PG Guide

This is to certify that Dr. _____, has an attendance of _____% , during the period _____ to _____. His /Her performance during the said period has been **satisfactory/ average / unsatisfactory**.

Overall Grading: _____

Date: _____

Name and Signature of PG guide:

Certificate by the Head of Department

This is to certify that the performance of Dr. _____, during the period _____ to _____, has been **satisfactory/ average / unsatisfactory**.

Overall Grading: _____

Date: _____

Name and Signature of HOD:

Final Remarks

Satisfactory / Average / Unsatisfactory

Director (Academics)

Dean

Date:

MS OBGY New Curriculum

Resolution No. 1.3.10.1 of BOM-51/2017: Resolved to accept the new curriculum for MS OBGY. & DGO from Academic Year 2017-18 onwards. **[Annexure-XV]**

Curriculum for M.S. (ObGy)

The infrastructure and faculty of the department of Obstetrics & Gynaecology will be as per MCI regulation.

1. Goal

The goal of MS course in Obstetrics & Gynaecology is to produce a competent Obstetrician & Gynaecologist who:

- a) Recognizes the health needs of adolescents, females in reproductive age group & post menopausal females keeping with the principles of National Health Policy and professional ethics.
- b) Is competent to manage the pathological states related to reproductive system with knowledge of Anatomy, Physiology, Pharmacology & Pathophysiology.
- c) Is aware of contemporary advances & developments in the field of maternal health & other related issues.
- d) Is oriented to principles of research methodology.
- e) Has acquired skills in educating medical and paramedical professionals.

2. Objectives

- a) Provide quality maternal care in the diagnosis and management of Antenatal, Intra-natal & Post natal period of normal and abnormal pregnancy.

- b) Provide effective & adequate care to the obstetrical and early neonatal emergencies.
- c) Provide counselling & knowledge regarding family planning methods & perform medical termination of pregnancy.
- d) Organize & implement maternal components in the "National Health Programs".
- e) Develop adequate surgical skills to manage common Obstetrical & Gynaecological problems.
- f) Medical genetics – Elementary genetics as applicable to obstetrics.
- g) Gynaecological Endocrinology & Infertility knowledge.
- h) Benign & malignant Gynaecological disorder (Diagnosis & treatment).
- i) Operative procedures including Endoscopy (Diagnostic & therapeutic) & its related complications.
- j) Knowledge of interpretation of various laboratory investigations & other diagnostic modalities in Obstetrics & Gynaecology.
- k) Medical & Surgical problems and Anesthesiology related to Obstetrics & Gynaecology.
- l) Knowledge of essentials of Pediatric & Adolescent Gynaecology, Reproductive & Child Health, Family Welfare & Reproductive tract infections.
- m) Keep abreast with advances in the field of Obstetrics & Gynaecology.
- n) Facilitate learning of medical / nursing students, para medical health workers as a teacher trainer.
- o) Demonstrate empathy & humane approach towards patients and their families.
- p) Function as a productive member of a team engaged in health care, research & education.

3. Syllabus

3.1. Theory

Obstetrics :

- a) Gametogenesis fertilization, implantation and early development of embryo
- b) Normal Labour
- c) Anatomical and Physiological changes in female genital tract during pregnancy.
- d) Pharmacology of drugs used during pregnancy, Labour, Post-partum period.
- e) Development of placenta.
- f) Amniotic fluid.
- g) Anatomy of fetus, fetal growth & development, fetal physiology & circulation.
- h) Puerperium – Normal
- i) Malpresentation & malposition of labour
- j) Abnormal Puerperium
- k) CPD & its management
- l) Complications of 3rd stage of labour
- m) Hypertensive disorders in pregnancy

- n) Antepartum Hemorrhage
- o) PROM, PolyHydramnios, OligoHydramnios
- p) Obstetrical Hemorrhage (includes Antenatal & postpartum)
- q) Medical disorders in pregnancy
- r) Emergency Obstetric Care (Intensive Obstetrics)
- s) Antepartum & intrapartum fetal monitoring.

Gynaecology:

- a) Normal and abnormal microbiology of genital tract & bacterial, viral & parasitic infections responsible for maternal fetal & Gynae disorders.
- b) Endocrinology related to reproduction
- c) Physiology of menstruation, ovulation, fertilization & menopause.
- d) Methods of contraception.
- e) Fibroid uterus
- f) Colposcopy & vaginal and cervical cytology
- g) Endometrial Hyperphasia, DUB, Abnormal bleeding.
- h) Endometriosis, Adenomyosis
- i) Endocrine abnormalities, Menstrual abnormalities, Amenorrhoea, PCOD, Hirsutism, Hyperprolactinemia, Thyroid disorders.
- j) Laparoscopy & Hysteroscopy

- k) Ca Cervix
- l) Ca Endometrium
- m) Carcinoma Ovary
- n) Menopause
- o) Genital Fistulae / Urinary Incontinence
- p) Prolapse
- q) Contraception / Family Planning / Sterilization methods
- r) Endometriosis, Adenomyosis
- s) Infertility.
- t) IVF
- u) Vulval disorder

3.2. Practical

Obstetrics:

- a) Venepuncture
- b) Amniotomy
- c) Conduct of normal Vaginal delivery
- d) Episiotomy

- e) Ventouse delivery
- f) Forceps delivery
- g) Management of Genital tract injuries
- h) Exploration of Cervix
- i) Lower Segment Caesarean Section
- j) Manual Removal of Placenta
- k) Delivery of twins
- l) Management of shock
- m) Management of Postpartum hemorrhage
- n) Cervical Cerclage
- o) Non stress Test
- p) Suction Evacuation
- q) Dilatation & Evacuation
- r) Repair of complete perineal tear
- s) Repair of cervical tear
- t) Caesarean Hysterectomy
- u) Reposition of inversion uterus

Gynaecology:

- a) Pap Smear
- b) Wet smear examination
- c) Endometrial Biopsy
- d) Dilatation and Curettage/Fractional Curettege / Polypectomy
- e) Cervical Biopsy
- f) Cryo / Electrocautery of Cervix
- g) HysteroSalpingography
- h) Diagnostic Laparoscopy & Hysteroscopy
- i) Opening & closing of abdomen
- j) Operations for utero vaginal prolapse
- k) Operations for Ovarian tumors
- l) Operations for Ectopic pregnancy
- m) Vaginal hysterectomy
- n) Abdominal Hysterectomy
- o) Myomectomy
- p) Colposcopy
- q) Endoscopic surgery (Operative Laparoscopy & Hysteroscopy)

- r) Repair of genital fistulae
- s) Operations for Urinary incontinence
- t) Radical operations for gynaecological malignancies
- u) Intrauterine insemination
- v) Basic ultrasound / TVS
- w) Vulval Biopsy
- x) Incision & drainage

Family Planning

Intra Uterine Contraception Device Insertion / removal
Female sterilization (Open & Laparoscopic)
MTP

4. Teaching Programme

4.1 General Principles

- a) Acquisition of practical competencies being the keystone of postgraduate medical education, postgraduate training should be skills oriented.
- b) Learning in postgraduate program is essentially self-directed and primarily emanating from clinical, operative and academic work. The formal sessions are meant to supplement this core effort.

4.2 Teaching Sessions

- a) Clinical case discussions: PG Bed side & Teaching rounds
- b) Seminars / Journal Club
- c) Mortality meetings
- d) Interdepartmental Meetings : Pediatrics, Radiology
Others – Guest Lectures / Vertical Seminars / Central Stat Meets

4.3 Teaching Schedule ☆

The Suggested departmental schedule is as follows:

1. Seminar / Symposium WEEKLY
2. Journal Club ONCE A MONTH
3. PG Case discussion / Bed Side teaching DURING ROUNDS WITH HOD OR SENIOR FACULTY
4. Interdepartmental meet which includes meet with other specialties viz. Medicine, Surgery, Pathology, Microbiology, Gastroenterology, Anaesthesia. ONCE A MONTH
5. Maternal/Perinatology meet with Pediatric department discussing any maternal/neonatal death and other topics of common interest. ONCE A MONTH
6. Thesis meet to discuss thesis being done by the PG residents. ONCE IN 3 MONTHS
7. Grand round of the wards. ONCE A WEEK
8. Medical Ethics & Legal issues. AS & WHEN ORGANISED BY THE DEPARTMENT / COLLEGE

☆ Teaching schedule can be altered & Rescheduled as per HOD.

5. Postings

- a) Emphasis should be self-directed learning, group discussions, case presentations & practical hands on learning.
- b) Student should be trained about proper history taking, clinical examination, advising relevant investigations
- c) Their Interpretations and instituting medical surgical management by posting the candidates in OPD, specialty clinics, wards, operation theatres, labour room, family planning clinics & other departments like neonatology, radiology, anesthesia.
- d) The candidates must be trained to manage all emergency situations seen frequently.

PRACTICAL POSTING:

I. ROTATION :

A resident will be rotated between 3 units at MGM Kalamboli.

Posting in each unit will be for a period of 4 months each, per year for 3 years.

II. ALLIED POSTINGS :

A resident will be posted in allied subject as per HODs discretion during the second year for a period of 8 weeks.

SONOLOGY	2 weeks
NEONATOLOGY	2 weeks
ANAESTHESIA / ICU	2 weeks
SURGERY & ALLIED / SURGICAL ICU / OBGY ICU	2 weeks

III. DUTIES :

Call / Labor room / OT / Ward duties will be carried out by the resident as per respective units Call / Post call / OT days.

As ordered by the HOD / HOU.

IV. Outreach camps:

As & when organised.

A minimum of 12 each year.

V. Regular attendance at scientific meetings organised by OBGY society.

6. Thesis

6.1 Every candidate shall carry out work on an assigned research project under the guidance of a recognized Postgraduate Teacher, the project shall be written and submitted in the form of a thesis.

6.2 Every candidate shall submit thesis plan to the University within nine months from the date of admission.

6.3 Thesis shall be submitted to the University six months before the commencement of theory examination i.e. for examination May/June session, 30th November of the preceding year of examination and for November/December session 31st May of the year of examination.

6.4 (i) The student in consultation with Guide will identify a relevant research question;
(ii) conduct a critical review of literature;
(iii) formulate a hypothesis;
(iv) determine the most suitable study design;
(v) state the objectives of the study;
(vi) prepare a study protocol;
(vii) undertake a study according to the protocol;
(viii) analyze and interpret research data, and draw conclusions;

(ix) write a research paper.

7. Assessment

All the PG residents are assessed daily for their academic activities and also periodically.

7.1. General Principles

- a) The assessment is valid, objective, and reliable.
- b) It covers cognitive, psychomotor and affective domains.
- c) Formative, continuing and summative (final) assessment is also conducted.,
- d) Thesis is also assessed separately.

7.2. Formative Assessment

The formative assessment is continuous as well as periodical. The former is based on the feedback from the senior residents and the consultants concerned. Assessment is held periodically. Formative assessment will not count towards pass/fail at the end of the program, but will provide feedback to the candidate.

7.3. Internal Assessment

The performance of the Postgraduate student during the training period should be monitored throughout the course and duly recorded in the log books as evidence of the ability and daily work of the student. Marks should be allotted out of 100 as followed.

Sr. No. Items Marks

1. Personal Attributes 20
2. Clinical Work 20
3. Academic activities 20
4. End of term theory examination 20

5. End of term practical examination 20

1. Personal attributes:

Behavior and Emotional Stability: Dependable, disciplined, dedicated, stable in emergency situations, shows positive approach.

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.

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.

2. 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 bed side procedures and handling emergencies.

3. Academic Activity: Performance during presentation at Journal club/ Seminar/ Case discussion/Stat meeting and other academic sessions. Proficiency in skills as mentioned in job responsibilities.

4. End of term theory examination:

Conducted at end of 1st, 2nd year and after 2 years 9 months

5. End of term practical/oral examinations:

After 2 years 9 months.

Marks for **personal attributes** and **clinical work** should be given annually by all the consultants under whom the resident was posted during the year. Average of the three years should be put as the final marks out of 20.

Marks for **academic activity** should be given by the all consultants who have attended the session presented by the resident.

The Internal assessment should be presented to the Board of examiners for due consideration at the time of Final Examinations.

7.4. Summative Assessment

- a) Ratio of marks in theory and practicals will be equal.
- b) The pass percentage will be 50%.
- c) Candidate will have to pass theory and practical examinations separately.

THEORY EXAMINATION :

PAPER 1

Basic sciences as related to Obstetrics & Gynaecology.

PAPER 2

Obstetrics including the diseases of the new born.

PAPER 3

Principles & Practice of Gynaecology and Gynaecological Pathology.

PAPER 4

Recent advances in Obstetrics & Gynaecology.

CLINICAL PRACTICAL EXAMINATION:

1. Obstetrics:

long case 60 marks

short case 40 marks

2. Gynaecology:

long case 60 marks

short case 40 marks

3. Table Viva:

OBSTETRICS:

Dummy & Pelvis 25 marks

Drugs 25marks

Instruments 25marks

Imaging & others Investigation 25marks

GYNAECOLOGY:

Drugs 25marks

Instruments 25marks

Family Planning 25marks ✓

Imaging & others Investigations & Procedures 25marks ✓

8. Job Responsibilities

8.1 OPD :

History & Work up of all cases and presentation to the consultants.

This includes all the special clinics including infertility, endocrinology, oncology, Menopause & adolescent clinic. Documentation in OPD Card, register completion and maintenance.

8.2 Minor Procedures:

Aseptic Dressings / Stitch removal / Pap smear collection / Colposcopy / Cryo Cautery / Electrocautery / HSG.

8.3 Family Planning:

Counselling for contraception / Sterilization / IUCD insertion / Removal.

8.4 Labour room / L- room Recovery:

- a) History & work up of all cases.
Examination of all patients and documentation in the files. Sending investigations & filing investigation forms.
- b) Performing NST, Maintaining partogram in in labouring patients. Monitoring vitals, uterine contractions and fetal heart rate in labouring patients , conducting deliveries, Episiotomy stitching and neonatal resusciation.
- c) I/V Line insertion, RT insertion, Catheterization, preparation of Oxytocin drip, instillation of misoprostol or Cerviprime for induction of labour.
- d) Management of sick patients including those with Eclampsia, Abruption & PPH Assessment & shifting of sick patients to ICUs.
- e) Preparation of discharge summary
Preparation of weekly, monthly and annual stat.

8.5 Post Partum & Gynae Ward / Recovery:

- a) Care of post partum patients. Advise to post partum patients regarding breast feeding, immunization of baby & contraceptive advise to mother.
- b) History and workup of all gynae cases, examination of all patients, sending investigations and filling forms. Pre operative assessment and preparation of all patients before surgery. Aseptic dressing, suture removal.

8.6 Operation Theatre:

- a) Performing minor procedures like D&C, MTP, Endometrial biopsy, Cervical biopsy, Cryo Cautery, Electro cautery etc.
- b) Assisting major procedures listed above.

9. Suggested Books:

OBSTETRICS:

Sn	Must Read	Desirable to Read	Good to Read
1	Williams Obstetrics	Medical disorder in pregnancy by Deswriet	Creasy & Resnik's Maternal Fetal medicine
2	Obstetrics by Ian Donald	Arias, High risk pregnancy	

GYNAECOLOGY:

Sn	Must Read	Desirable to Read	Good to Read
1	Shaws textbook of gynaecology	Reproductive Endocrinology by Speroff	Bereks gynaecological oncology
2	Novacs Gynaecology	Telindes Operative Gynaecology	
3	Family Planning Practices by S' K Chaudhary		

Resolution No. 1.3.7.11 (i) of BOM-51/2017: Resolved that the following Bioethics topics in PG Curriculum are to be included for PG students of all specialization and a sensitization of these topics can be done during PG Induction programme:

- Concept of Autonomy
- Informed Consent
- Confidentiality
- Communication Skills
- Patient rights
- Withholding / Withdrawing life-saving treatment
- Palliative Care
- Issues related to Organ Transplantation
- Surgical Research and Surgical Innovation
- Hospital Ethics Committee
- Doctor-Patient relationship

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Resolution No. 1.3.10.11 of BOM-51/2017: Resolved to have 50 hours of mandatory teaching per year for PG students. **Annexure-XV II**

Department of Ob/Gy MGM Kalamboli

Following are the lecture series to Board of Studies completed for the year 2016-2017.

Annexure - XVII

Sr. No..	TOPIC
1	Preterm Labor
2	Pre Eclampsia
3	Heart disease in pregnancy
4	VOAC
5	DM & Pregnancy
6	Vacuum & Forceps Delivery
7	Fibroid Treatment
8	Endometriosis
9	DUB- Pathogenesis, Investigations
10	DUB- Treatment
11	Ovulation induction drugs
12	Cut insertion / Removal
13	Infertility-History taking and workup
14	Use of pitocin, methergine, prostaglandin in PPh
15	Anemia in pregnancy (Management)
16	PIH & Pregnancy
17	Radiology in Obstetrics
18	Urodynamics
19	Pathology and types of SGI
20	IVT/IUT, Kellys stitch
21	Primary Amenorrhea
22	Secondary Amenorrhea
23	Puberty Menorrhagia
24	PCOS
25	Hirsutism
26	Normal delivery/ LOA/ LOP
27	IUGR
28	Radiology in Gynaec cases
29	Forceps
30	Vacuum
31	Intrapartum Monitoring

32	Bleeding PV with gravid uterus in casualty
33	Soft tissue markers for aneuploidy
34	DIC
35	Liver enzymes in pregnancy
36	Acute renal failure in pregnancy
37	Heart disease in Pregnancy
38	ICU management of pregnant woman - CVP, ET, UO.
39	Preterm labor
40	DM and pregnancy (GTT, GTD)
41	Screening & management of Rh negative mother
42	Acute pain Abdomen in pregnancy in casualty
43	Mass in Abdomen
44	Ureter and its course
45	Uterine Artery
46	Recurrent Abortion
47	Urinary
48	Gestational Diabetes Mellitus
49	Molar pregnancy
50	Previous LSCS for VBAC/TOLAC
51	Rh Negative pregnancy
52	HIV in pregnancy

All PG.
30 copies

Resolution No. 1.3.23 of BOM-51/2017: Resolved to implement a Structured Induction programme (07 days) for PG students. Annexure-XIV



MGM INSTITUTE OF HEALTH SCIENCES
Navi Mumbai

Induction Program for newly admitted Postgraduate students

Day 1	<ul style="list-style-type: none"> • Address by Dean, Medical Suptd, Director (Academics) • Pre-test • Communication Skills • Universal Safety Precautions • Biomedical Waste Management • Infection Control Policy
Day 2	<ul style="list-style-type: none"> • Emergency services • Laboratory services • Blood Bank services • Medicolegal issues • Prescription writing • Adverse Drug Reaction • Handling surgical specimens
Day 3	<ul style="list-style-type: none"> • Principles of Ethics • Professionalism • Research Ethics • Informed Consent • Confidentiality • Doctor-Patient relationship
Day 4	<ul style="list-style-type: none"> • Research Methodology • Synopsis writing • Dissertation writing • Statistics
Day 5	
Day 6	
Day 7	<ul style="list-style-type: none"> • ATLS • Post-test

The Induction Program will be conducted in the first week of June.
Timing: 9.30 am to 3.30 pm

(Prof. Dr. Siddharth P. Dubhashi)
Director (Academics)

Resolution No. 3.8.2 of BOM-52/2018: It was resolved to have the following Allied posting for PG students:

a) OBGY:

Mandatory postings:

- a. NICU 15 days
- b. Radiology 15 days

Elective postings: Two postings of 15 days each from any of four posting given below may be selected by the HOD.

- I. Anesthesia 15 days
- II. Surgery 15 days
- III. Surgical ICU 15 days
- IV. OBGY ICU 15 days

Resolution No. 4.5.4.2 of BOM-55/2018: Resolved to have 10 short notes out of 11 (10 marks each) in all the papers in university examination for PG courses including superspeciality. To be implemented from batch appearing in April/May 2019 examination onwards for MD/MS/Diploma and August/September 2019 examination onwards for superspeciality.

Resolution No. 4.13 of BOM-55/2018: Resolved as follows:-

- (i) Slow learners must be re-designated as potential learners.
- (ii) Students scoring less than 35% marks in a particular subjects/course in the 1st formative exam are to be listed as potential learners. These learners must be constantly encouraged to perform better with the help of various remedial measures.
- (iii) Students scoring more than 75% marks in a particular subjects/course in the 1st formative exam are to be listed as advanced learners. These learners must be constantly encouraged to participate in various scholarly activities.

Resolution No. 3.1.4.2 of BOM-57/2019:

- i.** Resolved to include “Gender Sensitization” into UG (from new batch 2019-2020) and PG (from existing batches) curricula. [**Annexure-21**]
- ii.** Resolved to align the module of “Gender Sensitization” with MCI CBME pattern for MBBS students.
- iii.** Resolved that Dr. Swati Shiradkar, Prof., Dept. of OBGY., MGM Medical College, Aurangabad will coordinate this activity at both campuses.

Annexure - 21

Gender sensitization for UG (2nd , 3rd , 8th semesters) and PG (3 hours)

INCLUSION OF “ GENDER SENSATIZATION” IN CURRICULUM

Introduction :

The health care provider should have a healthy gender attitude, so that discrimination, stigmatization, bias while providing health care will be avoided. The health care provider should also be aware of certain medico legal issues related with sex & gender.

Society particularly youth & adolescents need medically accurate, culturally & agewise appropriate knowledge about sex, gender & sexuality. So we can train the trainers for the same. It is need of the hour to prevent sexual harassment & abuse .

To fulfill these objectives, some suggestions are there for approval of BOS.

Outline

- 1)For undergraduates :- Three sessions of two hours each, one in 2nd term, one in 3rd term & one in 8th term.
- 2)For Faculties and postgraduates :- One session of two hrs .
- 3)For those want to be trainers or interested for their ownself, value added course, which is optional about sex, gender, sexuality & related issues.

Responsibility

ICC of MGM, MCHA , with necessary support from IQAC & respective departments.

Details of undergraduate sessions

1)First session in 2nd term

Aim – To make Students aware about the concept of sexuality & gender.

To check accuracy of knowledge they have,

To make them comfortable with their own gender identify & related issues.

To make them aware about ICC & it is functioning.

Mode – Brain storming , Interactive power point presentation experience sharing.

Duration – Around two hours

Evaluation – Feedback from participants.

2)Second session in 3rd / 4th term

Aim – To ensure healthy gender attitude in these students as now they start interacting with patients.

To ensure that the maintain dignity privacy while interacting with patients and relatives, particularly gender related.

To make them aware about importance of confidentiality related with gender issues.

To encourage them to note gender related issues affecting health care & seek solutions.

Mode – focused group discussions on case studies, Role plays & discussion.

--3--

Duration – Around two hours.

Evaluation – Feedback from participants.

Third session in 8th term.

Aim – To understand effect of gender attitudes on health care in various subjects.

To develop healthy gender attitude while dealing with these issues.

Mode – Suggested PBL by departments individually. (In collaboration with ICC till faculty sensitization is complete)

Evaluation – Feedback

FOR POSTGRADUATES

Session of 2-3 hrs preferably in induction program.

Aim – To introduce medically accurate concept of gender, sex, gender role & sex role.

To ensure healthy gender attitude at workplace.

To understand gender associated concepts on health related issues & avoid such bias while providing health care.

To make them aware about ICC & its functioning.

Mode – Interactive PPT

Role plays & discussion

Duration – 2 to 3 hrs

Evaluation – Feedback.

FOR FACULTIES

Session of 2 hours may be during combined activities.

Aim – To ensure clarity of concept about gender & sex.

To discuss effect of these concepts on health-related issues.

To identify such gender & sex-related issues in individual subject specialties.

To discuss methodology like PBL for undergraduate students when they are in 7th-8th semester.

Mode – Role play

 Focused group discussion

 Case studies

Evaluation – Feedback.



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed to be University u/s 3 of UGC Act, 1956)

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