

Subject-Specific Recommendations: 2024 Admission Batch and Onwards

Subject: Obstetrics & Gynaecology (OBGY)

Instruction Phases: [Phase II and Phase III]

1. Preamble

This document is guided by NMC CBME Guidelines 2024 (Notification No. D-11011/500/2024 Academic Cell e-8284443 dated 12 September 2024) and ongoing CBME updates.

2. Teaching Hours & Clinical Postings:

Phase	OBG Component	LGT	SGT/ Tut/ Semi nar	SDL	Clinical / Practical (3 Hrs)
Phase II (Part I)	Introductory OBG — Physiology of pregnancy, Menstrual cycle, Basics of ANC Normal & Abnormal Pregnancy, Labour, Puerperium	20	--	--	6 weeks duration, Mon-Fri
Phase III (Part I)	High-Risk Pregnancy, Obstetric Emergencies, Operative Obstetrics	20	30	10	3 weeks duration, Mon-Sat
Phase III (Part II)	Gynaecology — Infections, Menstrual Disorders, Endocrinology, Oncology	80	150	30	13 weeks duration, Mon-Sat (2 postings of 7 weeks & 6 weeks)
TOTAL		120	180	40	22 Weeks

3. AETCOM competencies allotted for OBGY—(For details go to AETCOM module of NMC)

➤ **4.2 module** - Case studies in medico-legal and ethical situations

Competency- The student should be able to:	Level
Identify, discuss and defend medico-legal, socioeconomic and ethical issues as it pertains to abortion / Medical Termination of Pregnancy and reproductive right	KH

Learning Experience

Year of study: Professional Phase 3, Part I

Hours: 5

- i. Introduction of case – 1 hour
- ii. Self-directed learning – 2 hours
- iii. Anchoring lecture – 1 hour
- iv. Discussion and closure of case – 1 hour

➤ **4.7 module** Case studies in ethics and patient autonomy

Competency- The student should be able to:	Level
Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts	SH

Learning Experience

Year of study: Professional Phase 3, Part II

Hours: 5

- i. Introduction of case – 1 hour
- ii. Self-directed learning – 2 hours
- iii. Anchoring lecture – 1 hour
- iv. Discussion and closure of case – 1 hour

➤ **4.8 module** Dealing with Death

Competency- The student should be able to:	Level
1. Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts.	SH
2. Demonstrate empathy to patient and family with a terminal illness in a simulated environment.	SH

Learning Experience

Year of study: Professional Phase 3, Part II

Hours: 4

- i. Introduction of case – 1 hour
- ii. Self-directed learning – 2 hours
- iii. Discussion and closure of case – 1 hour

4. Internal assessment

Obstetrics and Gynecology	Phase II	Phase III / I	Phase III/II	Phase III/II	Total	Conversion to 200
	IA 1	IA 2	IA 3	Prelim		
	A	B	C	D	E	F
Theory	50	50	100	200 (2 papers of 100 marks each)	400	E / 2
Practical	50	50	100	200	400	E / 2

Internal Assessment Theory Paper Format

Phase	Marks	Pattern	Duration in hours
Phase 2 & Phase 3-Part I, Total 2 examinations.	50 each	Section A- MCQs including scenario based MCQs – 10, all compulsory of 1 mark each. Section B- Short Answer Questions 4 out of 5, 5 marks each. Section C- Long Answer Questions 2 all compulsory, 10 marks each.	2 hours including 20 minutes for MCQs
Phase 3- Part II	100	Should cover Obstetrics, Neonatology, Gynaecology and family planning, AETCOM Section A- MCQs including scenario based MCQs – 20, all compulsory of 1 mark each. Section B- Short Answer Questions 8 out of 10, 1 short note from AETCOM mandatory, 5 marks each. Section C- Long Answer Questions 4 out of 5, two questions should be structured and two questions should be problem based, 10 marks each.	3 hours including 30 minutes for MCQs
Phase 3- Part II Preliminary Examination	200	Same as that of University Examination	

Internal Assessment Practical Format

Phase	Marks	Details	Number	Marks for each	Total marks	
Phase 2 & Phase 3-Part I, Total 2 examinations.	50 each	Long Obstetrics Case	1	20	20	
		OSCE stations	2	5	10	
		Table Viva (Instruments, specimens, USG plates, X rays etc)	1	15	15	
		Journal & logbook	1	05	05	
		Total				50
		Phase 3- Part II, 2 examinations, one at the end of each clinical posting	50 each	Long Obstetrics Case	1	20
OSCE stations	2			5	10	
Table Viva (Instruments, specimens, USG plates, X rays etc)	1			15	15	
Journal & logbook	1			05	05	
Total				50		
Phase 3- Part II Preliminary Examination	200			Same as that of University Examination		
Grand Total					400	

Preliminary & University Examination Format for OBGY Admission Batch 2024 onwards-

A) Theory Paper-

a) Paper – I Obstetrics, Applied Basic Sciences, Neonatology & AETCOM (Module 4.2, 4.7)

Marks: 100

Time:03 Hours (30 Min for MCQs)

Section A

Multiple Choice Questions including scenario based MCQs- 20, 1 mark each 20 Marks

Section B

1. Short Answer Questions- 7 out of 8, 5 marks each 35 Marks
2. Long Answer Questions- 4 out of 5, two questions should be structured and two questions should be problem based, 10 marks each. 40 Marks
3. AETCOM based Question 5 Marks

b) Paper – II– Gynaecology, family planning, reproductive medicine & AETCOM (Module 4.8)

Marks: 100

Time:03 Hours (30 Min for CQs)

Section A

Multiple Choice Questions including scenario based MCQs- 20, 1 mark each 20 Marks

Section B

1. Short Answer Questions- 7 out of 8, 5 marks each 35 Marks
2. Long Answer Questions- 4 out of 5, two questions should be structured and two questions should be problem based, 10 marks each. 40 Marks
3. AETCOM based Question (Module 4.8) 5 Marks

B) Preliminary & University Examination Practical Mark sheet format

Long Case (Obstetrics)		Short Case		Oral		OSCE/OSPE/Spotting
A-History	20	1. Gynaecology-Diagnosis & Discussion	25	Obstetrics Viva	25	10 stations of 2 marks each
B-Clinical Exam	20	2. PNC/ Maternity Post Op case-Diagnosis & Discussion	25	Gynaecology Viva	25	
C_ Investigations & Diagnosis	20			Family Planning	20	

	Long Case	Short Case 1	Short Case 2	Obstetrics Viva	Gynaecology Viva	Family Planning viva	OSCE/OSPE/Spotting	Total
Max marks	60	25	25	25	25	20	20	200

5. Certain certifiable competencies can be assessed by SVL lab activity:

- **Labour Room & Obstetric Core Skills (High Priority Certification)**
 - Conduct of normal vaginal delivery (NVD) on simulator
 - Active Management of Third Stage of Labour (AMTSL)
 - Episiotomy and suturing (on models)
 - Use and interpretation of partograph
 - Per vaginal examination in labour (pelvic simulators)
- **Obstetric Emergency Management (Mandatory for Certification)**
 - Postpartum hemorrhage (PPH) management (uterine massage, uterotonics)
 - Eclampsia management (loading & maintenance dose of MgSO₄)
 - Shoulder dystocia drill (maneuvers on mannequins)

- Cord prolapse management
- Maternal resuscitation (BLS in pregnancy)
- Uterine rupture recognition and immediate steps
- Maternal resuscitation (BLS/ACLS in pregnancy)
- **Antenatal Care Skills (Certifiable)**
 - Abdominal examination in pregnancy (Leopold maneuvers)
 - Fetal heart rate monitoring (Doppler/Pinard simulation)
 - Blood pressure measurement & detection of preeclampsia
 - Risk assessment in antenatal case scenarios
- **Gynecological Examination Skills**
 - Per speculum examination (simulation trainer)
 - Bimanual pelvic examination
 - Pap smear collection (cervical sampling models)
 - Clinical breast examination
- **Family Planning & Contraception (Certifiable Skills)**
 - IUCD (Cu-T) insertion and removal (on models)
 - Barrier contraception demonstration (condom use)
 - Counseling for contraception choices
- **Basic Gynecological Procedures**
 - Manual Vacuum Aspiration (MVA) (simulation)
 - Dilatation and curettage (D&C) (basic exposure via models)
 - Endometrial sampling (simulated)
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- **Newborn Care & Resuscitation (Integrated Certification)**
 - Neonatal resuscitation (bag and mask ventilation)
 - APGAR scoring in simulated scenarios
 - Immediate newborn care steps
- **Infection Control & Patient Safety**
 - Hand hygiene and PPE use
 - Aseptic technique in labour room procedures
 - Biomedical waste segregation
- **AETCOM-Based Certifiable Skills (Simulation/Role Play)**
 - Informed consent for obstetric/gynec procedures
 - Breaking bad news (e.g., fetal demise)
 - Counseling for MTP, contraception, infertility
 - Communication in obstetric emergencies

📌 Key Features of Certification (CBME 2024)

- Based on **DOAP model**:
 - Demonstrate → Observe → Assist → Perform → Certify
- Requires:
 - **Skill lab simulation first**
 - Then **supervised clinical performance**
- Assessment via:

- OSCE/OSPE
- Logbook sign-off
- Direct observation

I. Key Changes in Course Contents as per CBME Curriculum Revision

Continuous Internal Assessment (CIA) in OBGY

Definition

Continuous Internal Assessment (CIA) is a **longitudinal, competency-based, formative assessment system** conducted throughout Phase III to evaluate a student's **knowledge, clinical skills, attitude, communication, and professionalism**.

It replaces the earlier “periodic internal exams only” model with **continuous tracking of competency attainment**.

Key Principles of CIA (CBME 2024)

- **Continuous (not one-time)** assessment throughout postings
- **Competency-based** (aligned with OBGY competencies)
- **Multi-source evaluation** (theory + clinical + skills + AETCOM)
- **Formative + feedback-driven**

Integrated Topics in OBGY

1. Obstetrics + Medicine

- Hypertensive disorders of pregnancy (PIH, preeclampsia, eclampsia)
- Diabetes in pregnancy (GDM)
- Anemia in pregnancy
- Thyroid disorders in pregnancy
- Cardiac disease in pregnancy
- Infectious diseases in pregnancy (e.g., HIV, hepatitis, TB)

Focus: **medical disorders complicating pregnancy**

2. Obstetrics + Paediatrics (Neonatology)

- Neonatal resuscitation
- Low birth weight (LBW) & prematurity
- Birth asphyxia
- APGAR scoring & newborn assessment
- Breastfeeding & early neonatal care

Focus: **continuum of maternal–fetal–neonatal care**

3. Obstetrics + Surgery / Anesthesia

- Cesarean section (perioperative care)
- Management of ectopic pregnancy
- Obstetric emergencies requiring surgery (rupture uterus, PPH)
- Preoperative and postoperative care
- Anesthesia in pregnancy

Focus: **perioperative and emergency care**

4. OBGY + Pathology

- Placental pathology
- Cervical cancer screening (Pap smear interpretation concept)
- Endometrial pathology
- Trophoblastic disease

Focus: **disease mechanisms & diagnosis**

5. OBGY + Microbiology

- Puerperal sepsis
- TORCH infections
- Sexually transmitted infections (STIs/RTIs)
- Screening for infections in pregnancy

6. OBGY + Pharmacology

- Oxytocics (oxytocin, misoprostol)
- Magnesium sulfate in eclampsia
- Contraceptive drugs (OCPs, injectables)
- Drugs in pregnancy (teratogenicity)

8. OBGY + Psychiatry

- Postpartum depression
- Psychological aspects of infertility
- Emotional impact of fetal loss

9. OBGY + Forensic Medicine

- Medical termination of pregnancy (MTP Act)
- Sexual assault examination
- Consent in obstetric procedures

- Female genital injuries

10. AETCOM Integration (Across All Topics)

- Counseling in pregnancy & contraception
- Breaking bad news (IUFD, infertility)
- Informed consent (LSCS, sterilization)
- Ethical issues in MTP

II. Paper-Wise Distribution of Topics for Prelims and University Summative Examinations

Paper-Wise Distribution of Topics in OBGY

(CBME 2024 – Prelims & University Exams)

☞ As per NMC, OBGY has **2 theory papers (100 marks each)**

Paper	Content Areas (CBME 2019)	Content Areas (CBME 2024 Revised)	Key Change
Paper 1	Obstetrics + basic sciences	Obstetrics + applied basic sciences + AETCOM (module 4.2, 4.7)	More integration + communication
Paper 2	Gynecology + family planning	Gynecology + family planning + reproductive medicine + AETCOM (module 4.8)	Expanded gyne + ART + ethics

DETAILED TOPIC DISTRIBUTION (General guidelines)

■ PAPER 1 – Obstetrics, applied basic sciences & AETCOM (module 4.2, 4.7)

◆ Core Obstetrics

- Physiology of pregnancy
- Antenatal care (ANC)
- Normal labour & partograph
- Postnatal care (PNC)

◆ Obstetric Complications

- Abortion
- Ectopic pregnancy
- Antepartum hemorrhage (APH)

- Postpartum hemorrhage (PPH)
- Hypertensive disorders (PIH, eclampsia)
- Obstructed labour

◆ **Medical Disorders in Pregnancy (Integrated)**

- Anemia
- Diabetes (GDM)
- Cardiac disease
- Thyroid disorders
- Infections (HIV, hepatitis)

◆ **Fetus & Neonate**

- Fetal growth restriction (IUGR)
- Multiple pregnancy
- Amniotic fluid disorders
- Neonatal resuscitation

◆ **Operative Obstetrics**

- Induction of labour
- Cesarean section
- Instrumental delivery

◆ **Basic Sciences Applied to Obstetrics**

- Placenta physiology
- Hormonal changes
- Lactation

◆ **AETCOM (Paper 1)**

- Antenatal counseling
- Consent in obstetrics
- Communication in labour

■ **PAPER 2 – Gynaecology, family planning, reproductive medicine & AETCOM (module 4.8)**

◆ **General Gynaecology**

- Anatomy of lower abdomen, pelvis, urogenital system,

- Menstrual cycle & disorders
- Abnormal uterine bleeding (AUB)
- Fibroid uterus
- Endometriosis

◆ **Reproductive Medicine**

- Infertility
- Assisted reproductive techniques (ART)

◆ **Urogynecology**

- Pelvic organ prolapse
- Urinary incontinence

◆ **Gynecological Oncology**

- Cervical cancer
- Endometrial cancer
- Ovarian tumors

◆ **Family Planning & Contraception**

- Temporary methods
- Permanent methods (sterilization)
- Emergency contraception

Infections & RTI/STI

- Pelvic inflammatory disease (PID)
- Vaginal infections

◆ **Operative Gynecology**

- D&C
- Hysterectomy (principles)
- Endoscopic procedures

◆ **AETCOM (Paper 2)**

- MTP counseling
- Infertility counseling
- Breaking bad news

Continuous internal assessment:

In addition to above formative assessments for theory and practical, colleges are encouraged to conduct continuous internal assessment (CIA) by home assignments, class tests, seminars, museum study, library assignments, clinical case presentations, problem solving exercises, participation in project for health care in the community, Quiz, Certification of competencies, log book evaluation, SDL skills etc. Such assessment shall be the ongoing process, without any quantification of assessment outcome. Qualitative feedback and guidance, aimed at obtaining the certifiable skills and achievements of the competencies, should be provided to the students. The results of this CIA shall not be a part of the marks of formal internal assessments, and hence shall not be used to determine the eligibility to appear for the MUHS examination.

Note:

- The Clinical post end Examination should be carried out on last working day of the clinical posting.
- The syllabus for Theory & Practical Examinations should cover the competencies taught to students till the scheduled date of respective examination except for Prelim Examination.
- The Journal & Log book must be completed as per split up given for each Phase and verified at the end of each clinical posting.
- The preliminary examination will cover all the syllabus as per revised NMC CBME 2024 curriculum & MUHS guidelines.
- The results of internal assessment should be intimated to students at least once in 3 months and as and when a student wants to see the results.

Eligibility to appear for MUHS Final University examination**1. Eligibility based on Internal Assessment**

A student must secure at least 50% of the total marks (combined in theory and practical / clinical; and minimum 40% in theory and practical separately) for internal assessment in a particular subject in order to be eligible for appearing at the final University examination of that subject.

Following are the details.

		Eligibility criteria (based on converted marks)
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	Final Total marks of Internal Assessment	Individual Minimum 40%	Total Minimum 50%
Theory	200	80	200 (Theory + Practical)
Practical	200	80	

- While preparing Final Marks of Internal Assessment, the rounding-off marks shall be done as illustrated in following table.

Total Internal Assessment Marks	Final rounded marks
133.01 to 133.49	133
133.50 to 133.99	134

Internal assessment marks will not to be added to marks of the University examinations and will be shown separately in mark list.

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Extra examination for students who have missed IA examination due to genuine reasons

If a student has missed any of the IA examinations due to genuine reasons, then such students must apply to academic committee for permission to appear for one extra examination which is to be conducted after prelim examination. Academic committee, after verifying the genuineness for absence, may permit such students to appear for one extra examination (one theory and one practical).

Even if a student has missed two or more theory / two or more practical examinations, then such student can appear for ONLY one extra examination. In such situations, eligibility should be considered after totalling the marks of the appeared examinations, without changing the denominator.

At the end of Phase 3- Part II:

If a student **fails to secure 40% marks and theory and practical individually and 50% combined marks in practical, such students shall be detained** to appear in regular university examination of that batch.

Remedial measures for detained students

- In spite of above measures, if student is still not meeting the IA criteria to be eligible for regular MUHS exam he/she shall be detained to appear in regular university examination.
- Remedial IA examination is to be conducted before the supplementary examination. The examination shall be conducted as per the final MUHS examination theory and practical pattern.

- iii. The student is eligible to appear for MUHS supplementary examination, if he/she secures minimum 40% marks in theory and practical (40/100 and 40/100, respectively) AND minimum 50% combined marks (100/200).

2. Eligibility based on attendance

To be eligible to appear for final MUHS examination, students must have at least 75% attendance in theory and at least 80% attendance in practical.

During the course:

If attendance is less during any quarterly/ six monthly/ periodic monitoring, the students/parents must be intimated about the possibility of being detained much before the final university examination, so that there is sufficient time for improving their attendance.

Such students may be offered any of the locally possible remedial measures such as attending classes with previous batches (without affecting other subjects' attendance) or extra classes. However, scheduling of such remedial measures is optional for a college, and no such student can claim eligibility to appear for MUHS examination on the basis of non-scheduling of such remedial measures. The decision of scheduling of such remedial measures will be taken as per the absolute discretion of head of the department, considering the available resources.

At the end of phase:

If attendance is less at the end of regular classes for the subject, the student is detained to appear in regular university examination of that batch (for that subject).

Remedial measures for detained students

1. In spite of above measures, if student is still not meeting the criteria to be eligible for regular MUHS exam, he/she shall be detained to appear in regular university examination.
2. If his/her attendance is $> 60\%$ in theory and practical, then remedial measures can be offered to such detained students, (after regular MUHS examination), so that they can complete the attendance criteria to be eligible to appear for supplementary examination. Detained students may be offered any of the locally possible remedial measures such as attending classes with previous batches (without affecting other subjects' attendance) or extra classes.
3. If the attendance is $< 60\%$, such students are neither eligible for remedial measures nor eligible for supplementary examination. Such students must attend all the classes including lectures, practical, postings etc with next batch and appear for regular MUHS examination of next batch, for the subject.