

GENERAL OBJECTIVES

1. Consultancy competence:

At the completion of training, the resident must have the necessary knowledge, skills and attitudes for independent management of a wide range of obstetrical and gynecological conditions. She/He must have the ability to develop a trusting and effective partnership with female patients necessary to achieve successful outcomes in normal and complicated pregnancies, as well as in gynecological health and illness throughout a woman's life.

2. Communication:

The resident must achieve a high level of competence in communicating with patients and relatives, reflecting an understanding of their psychosocial and cultural context. She/He must also develop effective oral and written communication skills with other members of the health care team.

3. Health economics:

The resident must have a working knowledge of the economic aspects of health care. She/He will understand that interventions should be limited to situations where benefit can be reasonably expected, based on best available evidence. The resident must have the ability to assess the efficacy, costs, risks, benefits and reliability of diagnostic, investigative and therapeutic interventions.

4. Teaching:

The resident must assume responsibility for teaching patients, colleagues, including medical students and health professionals.

5. Behaviors / Values

The resident will learn to demonstrate ethical, empathetic and professional behavior showing an awareness of personal limitations and seeking consultation appropriately. She/He must demonstrate leadership qualities and the ability to co-operate with other members of the health care team.

6. Critical appraisal:

The resident must acquire knowledge of basic biostatistical and epidemiological principles necessary for critical evaluation of the medical literature especially the aspects of causation, prevention, diagnosis, prognosis and therapy.

7. Research

The resident must understand the strengths and limitations of various research designs, and will during residency training, design and present the results of at least one study which addresses an issue of relevance to the specialty.

8. Medical imaging:

The resident must have the working knowledge necessary for appropriate and effective utilization of medical imaging in obstetrics and gynecology. She/He also must have extensive knowledge of the appropriate use and interpretation of Ultrasound, CT and MRI in obstetrics and gynecology.

9. Quality improvement

The resident should appreciate the value and application of various approaches to Quality Improvement, and have participated in a medical audit process or served on a Quality Assurance Committee.

Promotion

To progress to the next postgraduate year, residents are expected to achieve the goals and objectives of the post graduate year prior to promotion to the next level of training

If the resident is not progressing as expected, the Resident Progress Committee will develop an action plan to address the deficiencies using the appropriate institutional policies and procedures as per by laws of OMSB program. The program director will communicate this action plan to the resident. If the resident is to be placed on probation, appropriate written notification, in compliance with institutional policies, will be provided.

Faculty Evaluation

Residents evaluate the faculty annually. The chairman presents the evaluation to the faculty member.

It is important to the faculty member and the department that faculty contribute to this process so that effective teaching can be maintained and improved

Exit Qualification

Member of OMSB

10. Ethics:

The resident must have knowledge of the fundamental principles of ethics and their application to issues in obstetrics and gynecology, particularly as they relate to informed consent, substitute decision making and confidentiality.

11. Record keeping:

Learn the importance of adequate record-keeping as a tool in diagnosing medical problems, managing treatments and assessing quality of care.

SPECIALTY ADMISSION REQUIREMENTS

1. She/He must be a holder of bachelor's degree in Medicine & Surgery or equivalent from a University recognized by the OMSB.
2. She/He must have completed a year of internship.
3. She/He must be of good conduct and medically fit for specialty
4. She/He must provide three letters of recommendations from three consultants with whom he/she has worked confirming his/her ability and capability of training.
5. She/He must submit a letter of approval from her/his sponsor confirming permission to join the OMSB specialty training program on full time basis for the entire period of training.
6. She/He must pass the interview.
7. The scientific committee may add other conditions or oral / written examinations or tests as approved by OMSB.

8. The trainee must fulfill the additional conditions and pass the oral and written examinations set by the programme.
9. The trainees are selected as per the rules and regulations of OMSB.

STRUCTURE OF TRAINING PROGRAM

Duration of Program

This is a five year program of structured training in Obstetrics & Gynecology

A. Outline of rotations Year One and Two

Core Programme

This includes the first 2 years of residency programme where the residents will be introduced to general Obstetrics and Gynecology along with training at allied specialty rotations.

They will undergo the rotations in different departments as follows

- Neonatal Intensive Care Unit (NICU) - 4 weeks
- Intensive Care Unit (ICU) -2 weeks
- Imaging (6 weeks) – This includes Ultrasound, (4weeks) and MRI / CT scans- 2 weeks
- Birth Spacing / Family Planning clinic – 4 weeks

B. Outline of rotations Year Three and Four

1. Rotation of posting in different specialty teams of Obstetrics & Gynecology including

High Risk Pregnancy
Medical disorders in pregnancy

Assessment of Teaching Skills

The residents are expected to facilitate their learning by taking active part in their tutorial sessions with Faculty. The residents will be preparing topics allocated to them by the teaching faculty as per their curriculum in different years of training. Their presentation should include - a plan of the session, incorporating aims & objectives, material and structure.

The conduct of the session will be observed by the faculty and feedback will be obtained from those taught whenever possible.

Log Books:

Logbooks will be assessed and reviewed on a regular basis by the training supervisor and program director and her assistants.

Performance Feedback:

Regular and timely performance feedback to residents will be provided. The resident and the program director (or her/his designee) will both sign the document confirming the information has been reviewed. A copy of the document will be placed in the resident's permanent file. The program director is responsible for reviewing the evaluations in a timely fashion to ensure identification of residents who are experiencing difficulties in the program.

The Resident Progress Committee will monitor resident progress through reports provided by different sources. The Resident Progress Committee and the Program Director will also monitor the stress and fatigue levels of the residents to ensure stress and fatigue are not impeding resident progress or patient care.

In-Service Examination:

Residents will be assessed as per recommendation of the examination committee. This data will be used to monitor the acquisition of medical knowledge and to determine the resident's progress throughout the PY year which will be used for promotional purposes.

The OMSB Part I / Part II or MRCOG Part I / Part II or equivalent examination is intended to be used as an educational instrument to assist individual in evaluating their educational progress.

Assessment of Clinical and Communication Skills

The resident's admission notes, progress notes & discharge summaries in wards and outpatient notes will be reviewed at random order by faculty. Feedback can be given to the resident with regards to the quality of their written notes and faculty has a direct opportunity to continuously evaluate resident performance.

The communication skills of a resident in Obstetrics & Gynecology must be both verbal and written. Verbal communication skills and clinical skills of the residents are evaluated on a daily basis when residents discuss cases with faculty in outpatient department or in ward and comments made when appropriate as well as suggestions to improve these skills where necessary.

Assessment of Attitudes

The faculty assess the attitudes of the residents while on duty and during discussions regarding patient management. When appropriate, these attitudes are discussed within the context of the Resident Progress Committee. If there are perceived problems, they may also be discussed directly by supervising faculty with the Program Director or Chairman.

- Fetal Medicine
- Reproductive Medicine
- Gynecologic Endoscopy
- Gynecological Oncology / Colposcopy
- 2. General Surgery (2 weeks)
- 3. Urology (2 weeks)
- 4. Gynecologic Pathology (2 weeks)
- 5. Gynecologic Oncology / Radiotherapy Unit (4 weeks)
- 6. Elective rotation abroad (Optional 12 weeks yet to be worked out)

C. Outline of rotations Year Five (Senior Residency)

1. In this senior year, the resident will assume responsibility, under supervision, approximating and consolidating consultant skills.

She/He will provide care for out patients and in-patients with complex problems and will have administrative and educational responsibilities for a significant portion of the year.

This year must include a minimum of 6 months in general obstetrics and gynecology.

2. Three months of **elective rotations** posting in different specialty teams of Obstetrics & Gynecology e.g.
 - High Risk Pregnancy
 - Medical disorders in pregnancy
 - Fetal Medicine
 - Reproductive Medicine
 - Gynecologic Endoscopy
 - Gynecological Oncology / Colposcopy

This period of training will be in an area to be chosen by the resident in consultation with her/his program director. This may or may not be in an area included in electives listed.

3. Optional rotation in Interior hospitals – 4 weeks

TRAINING PROGRAMME

Year by Year Guide for Trainees

Stage In The Program	Year Level	Rotations	Courses / Learning Resource	Assessment Requirements
Selection for the Training Program			Orientation day for Obstetrics & gynecology Department	
Integrated Training Program	Year 1	NICU - 4 weeks Basic Ultrasound - 4weeks Birth Spacing / Family Planning clinic – 4 weeks	Basic Communication Skills course Basic Cardiac Life Support Course Neonatal Resuscitation Course (Provider's) Basic surgical skills	Completion of course and necessary post course assessment
	Year 2	ICU – 2 weeks Imaging - MRI / CT scans- 2 weeks Obstetrics & Gynecology teams	Advanced Cardiac Life Support Course Advanced Life Support in obstetrics & Gynecology Course (ALSO) Basic Obstetric & Gynecology Ultrasound Course	OMSB Part 1 Examination
	Year 3	General Surgery - 2 weeks Urology - 2 weeks Gynecologic Pathology -2 weeks Obstetrics & Gynecology teams	Evidence Based Medicine course	Written Examination
Elective Training	Year 4	Gynecologic Oncology / Radiotherapy Unit - 4 weeks Elective rotation abroad - (Optional 12 weeks) Obstetrics & Gynecology teams		Written Examination Research Project Completed
	Year 5	Obstetrics & Gynecology teams	Management Course Administration training	Completion of Credentialing of Surgical and obstetric Procedures OMSB Part 2 Examination
Continuing Professional Development	Through out Practicing Career		Approved professional development program	

EVALUATION OF RESIDENTS

Resident performance will be assessed throughout her/his tenure in the training program to ensure appropriate development of skills and competencies.

Methods used will provide assessment of competencies in patient care, medical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

Evaluation of resident performance on each rotation will address each of these areas as appropriate while addressing the specific learning objectives of the rotations.

Data to be considered in the resident evaluations include:

- Rotation based evaluations of the resident
- In-service examination
- **Assessment of Performance**
- Procedure logbooks
- Education conference attendance records
- Scholarly activity
- Reviews by faculty/chief resident

Rotation Evaluations:

Residents will be evaluated by appropriate faculty members during and at the end of each assigned rotation. These evaluations will be based on the objectives for that assignment and appropriate to the PGY level of the resident. This evaluation will be revised with the residents at the end of the rotation. Completed evaluations will be forwarded to the program director to be used in the semi annual evaluation meeting.

Examinations Outline

Year	Clinical Assessment at 6 months	Annual Exams
PGY1	-	100 MCQ Duration 90 minutes
PGY2	Case presentation/ log book assessment	Part 1 – OMSB 2 papers Paper 1 - morning MCQ 75 questions Duration 90 minutes. Paper 2 – afternoon MCQ 75 questions Duration 90 minutes.
PGY3	Clinical examination, logbook and project work assessment	OSCE for 90 minutes, 6 stations 15 minutes each
PGY4	Clinical examination, logbook and project work assessment	OSCE for 90 minutes, 6 stations 15 minutes each 30 minutes orals on Project work
PGY5	Submit project work by December	4hrs written exam 2 hrs morning –100 MCQs 2 hrs-afternoon - short essays (4 gynaecology, 4 obstetric 15 minutes each) OSCE for 180 minutes – 12 stations 30 minutes oral examination.

GRADED RESPONSIBILITIES FOR EACH YEAR OF RESIDENCY

YEAR 1

1. The resident is expected to know the basic anatomy, physiology, embryology, endocrinology of reproductive tract and adaptations during pregnancy
2. She/He should be able to
 - a. take history and perform clinical examination (General Obstetric & Gynecological)
 - b. request and interpret appropriate investigations and reach a provisional diagnosis of common Obstetric & Gynecological disorders
 - c. effectively communicate with patients and relatives and counsel accordingly under supervision
 - d. perform preoperative evaluation of common elective / emergency surgical procedures in Obstetric and Gynecology and manage them postoperatively.
 - e. achieve competency in basic surgical skills e.g. knot tying, suturing techniques etc and perform minor surgical procedures independently / under supervision e.g. evacuation and curettage etc.
3. Attitudes of the resident towards patients, colleague and other hospital staff must be cordial and cooperative at all times.

YEAR 2

1. The resident should have sound knowledge of all common Obstetric and Gynecological disorders.

2. The resident should be able to manage common Obstetric and Gynecological disorders under direct supervision
3. She/He should be able to perform minor surgical procedures independently and intermediate procedures under direct supervision.
4. She/He should pass the OMSB Part 1 examination

YEAR 3 and 4

1. The resident should acquire detailed knowledge of all obstetrical and gynecological disorders including high risk pregnancies, medical diseases with pregnancies, gynecological oncology, reproductive medicine.
2. She/He should be able to perform intermediate and some major surgical procedures independently.
3. The resident should be able to effectively communicate with patients and relatives and counsel independently

YEAR 5

1. The resident should take part in administrative responsibilities in the department
2. She/He should be able to participate actively in teaching junior residents
3. She/He be able to perform most of the obstetrical and gynecological procedures independently

Surgical Skills

The list of surgical procedures is provided as a year wise graded skill to be attained by the residents in the specialty of Obstetrics & Gynecology. The categorized list reflects the level of technical skill competency for each surgical procedure expected after completion of a residency training program in obstetrics and gynecology.

PG Year 4

After 6 months of Year 4, the resident will be assessed clinically in the form of case presentations and short essays.

At the end of Year 4, an OSCE will be conducted lasting 90 minutes – with 6 stations, each 15 minutes. An oral examination will be conducted for 30 minutes based on logbook or project work.

PG Year 5

At the end of Year 5, Part 2 OMSB examination will be conducted. This will comprise of 4 hours of written examination, two hours MCQ in the morning and 2 hours short essays in the afternoon. The short essays will consist of 4 gynecology and 4 obstetric essays of 15 minutes each.

The OSCE will be for 2 hours and orals for 20 minutes.

The pass mark is 70%.

As per OMSB Regulations By-Laws.

- c) The number of attempts allowed for examination are as follows - 3 for Part 1 and 3 for Part 2 (OMSB)
- d) Part 1 OMSB will be taken at end of 2nd year and Part 2 at the end of 5th year.

PG Year 1

Year one will mainly concentrate on basic subjects, so the end of the year assessment will be mainly in the form of multiple choice questions for 90 minutes and the number of questions would be 100.

PG Year 2

At the end of 6 months, the R2 residents will have clinical assessment.

At the end of year 2, Part 1 OMSB written examination will be conducted and will consist of 2 papers in the form of multiple-choice questions.

The pass mark is 60% for Part 1 OMSB.

PG Year 3

At the end of 6 months of Year 3, the resident will have clinical assessment, review of log book and project work.

At the end of Year 3, an OSCE will be conducted - lasting 90 minutes with 6 stations- each 15 minutes.

Surgical Procedures List A

The fully trained resident must be competent to *independently* perform the following procedures in List A. She/He should be able to manage a patient prior to, during and after all of the following procedures. The resident must be able to discuss with the patient the risks, benefits, and complications of these surgical treatments, as well as any available non-surgical treatment alternatives.

PG Year 1

Obstetric Procedures

- Spontaneous vaginal delivery,
- Episiotomy and repair
- Repair of 1st degree perineal tear

Open Gynecologic Procedures

Pfannenstiel / Transverse supra pubic incision / vertical midline incision

Other Gynecologic Procedures

- Dilation and curettage, diagnostic
- Evacuation of the pregnant uterus (dilation and curettage by suction or sharp curette, dilation and evacuation in the early second trimester, curettage following vaginal delivery for retained products)

PG Year 2

Obstetric Procedures

- External cephalic version
- Repair of 2nd degree perineal and vaginal tears,
- Low transverse Cesarean section (primary)
- Manual removal of the placenta
- Vacuum delivery
- Cervical cerclage

Gynecological Procedures

- Salpingo-oophrectomy (laparotomy)
- Oophrectomy (laparotomy)
- Drainage and marsupialization of Bartholin's gland abscess
- Salpingectomy for ectopic pregnancy (laparotomy)

Neonatal Care

Neonatal resuscitation

Endoscopic Procedures

- Diagnostic laparoscopy (including assessment of tubal patency)
- Diagnostic hysteroscopy

Other Gynecologic Procedures

- Abdominal paracentesis
- Pessary insertion and removal
- Insertion and removal of an intrauterine contraceptive device

PG Year 3

Obstetric Procedures

- Forceps delivery

Basic Surgical Skills Course
Basic Cardiac Life Support Course
Advanced Cardiac Life Support Course
Advanced Life Support in Obstetrics Course
Basic Obstetric & Gynecology Ultrasound Course
Management Course (Year 5 Residents)

CONFERENCES / WORKSHOPS

Residents are expected to attend National / International Conferences / Workshops at least once a year

ELECTIVES ABROAD

Any resident who wishes to do an elective posting abroad will be permitted to do so during the fourth year of residency for a period of 3 months at OMSB approved centres.

RESEARCH REQUIREMENTS

During the residency training program, the resident is required to present at least one study (preferably prospective) which addresses an issue of relevance to the specialty.

Examination Outline

Regulations

- a) The examination will be held at the end of every year in the month of June on first Saturday of the month.
- b) Re-evaluation examination will be held every 6 months.

Gynecologic Procedures

- Tubal reanastomosis
- Presacral neurectomy
- Radical hysterectomy
- Radical vulvectomy
- Trachelectomy
- Lymph node dissection (inguinal, pelvic, para-aortic)
- Abdominal sacral colpopexy
- Laparoscopic colposuspension
- Sacrospinous fixation of the vaginal vault
- Tension free vaginal tape (TVT) procedure (or other abdominal-vaginal sling procedure)
- Fistula repair
- Vaginoplasty

Other

- Ureteroureterostomy
- Ureteric reimplantation
- Percutaneous nephrostomy
- Small and large bowel resection, including colostomy
- Appendectomy
- Hernia repair
- Central line insertion for invasive monitoring or administration of intravenous nutrition

COURSES, CONFERENCES, WORKSHOPS REQUIRED DURING RESIDENCY PROGRAM

COURSES

Communication Skills Course
Neonatal Resuscitation Course

- Breech delivery at Cesarean section
- Management of shoulder dystocia
- Vaginal delivery of twins gestation (Both Vertex)
- Abdominal delivery of multiple gestation pregnancies

Open Gynecologic Procedures

Ovarian cystectomy

Endoscopic Procedures

Laparoscopic sterilization

PG Year 4

Obstetric Procedures

- Vaginal delivery of the non-vertex presentation
- Vaginal delivery of twins gestation (2nd twin non vertex)
- Repair of wound dehiscence
- Repair of 3rd / 4th degree perineal, cervical lacerations and extensive vaginal tears,
- Low transverse Cesarean section (For previous 2 & more previous cesarean sections)
- Vaginal breech delivery

Open Gynecologic Procedures

Total / subtotal abdominal hysterectomy with or without bilateral salpingo oophorectomy

Vaginal Gynecologic Procedures

- Anterior colporrhaphy
- Posterior colporrhaphy and perineorrhaphy

- Cervical conization

Endoscopic Procedures

- Salpingectomy and linear salpingotomy for the management of ectopic pregnancy
- Laparoscopic lysis of adhesions
- Laser ablation or cautery of endometriosis (stages 1 and 2)

PG Year 5

Obstetric Procedures

- Low vertical or classical Cesarean section
- Cesarean hysterectomy

Open Gynecologic Procedures

- Abdominal myomectomy
- Infracolic omentectomy

Vaginal Gynecologic Procedures

- Vaginal hysterectomy
- Vaginal enterocele repair

Surgical Procedures List B

The following procedures in List B are those that the fully trained resident in Obstetrics and Gynecology will understand and be able to perform, though he/she may not have actually acquired sufficient skill in residency to ***independently*** perform them. The resident will be able to explain the indications for each of these procedures, as well as the perioperative management and complications.

Obstetric Procedures

Second trimester genetic amniocentesis

Gynecologic Procedures

- Laparoscopic ovarian cystectomy and salpingo-oophrectomy
- Operative hysteroscopy (lysis of synechiae, resection of polyps or submucous leiomyomata)
- Ablative procedures of the endometrium
- Laparoscopically – assisted vaginal hysterectomy
- Enterocele repair
- Surgical Procedures for correction of urinary incontinence
- Hypogastric artery ligation
- Simple vulvectomy

Other Procedures

- Cystotomy repair
- Enterotomy repair
- Limited cystoscopy (after inadvertent cystotomy or to confirm ureteric patency)

Surgical Procedures List C

The following procedures in List C are those that the fully trained resident in Obstetrics and Gynecology will understand but **not be expected** to be able to perform. He/she should be able to describe the principles of these procedures, the indications for referral and the perioperative management and complications.

Obstetric Procedures

- Chorionic villus sampling
- Cordocentesis
- Intrauterine transfusion