NATIONAL MEDICAL COMMISSION

STANDARD ASSESSMENT FORM

FORM – C

File No: / Assessment No.:

Name of Course : MBBS

Name of Subject : Obst & Gynaecology

Name of College : Sri Guru Ram Das Institute of Medical Sciences & Research, Vallah, Sri Amritsar

Name of University : Sri Guru Ram Das University of Health Sciences, Sri Amritsar

Place of examination : Sri Guru Ram Das Institute of Medical Sciences & Research, Vallah, Sri Amritsar

Date/s of examination : **19th March to 22nd March 2025**

1. ASSESSORS

Sl.	Name	Official address	Mobile No.	email address
1	Dr. Sangeeta Pahwa	Prof. & Head, Obst & Gynae, SGRDIMSAR	9855080215	sangeetadr30@gmail.com
2	Dr. Reena Sood	Professor, Obst & Gynae, SGRDIMSAR	9876274466	dr.reenasood@gmail.com
3	Dr. Dilpreet Kaur Pandher	Professor, Obst & Gynae, Govt. Medical College & Hospital, Chandigarh	9646121567	dr_dilpreet@yahoo.com
4	Dr. Anoop Sharma	Professor, Obst & Gynae, IGMC, Shimla	94180-89767	dranoop2012@gmail.com

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital, Vallah,
Sri Amritsar

Assessment order/letter number:

U-14021/01/2024-UGMEB	Dated 06.02.2024

2. REPORTOF PREVIOUS ASSESSMENT

Deficiencies pointed out in the last Assessment/ if any	**Remarks**
NIL	NIL

A. <u>Scheme of Examination</u> Marks allotted Minimum passing marks

1. Theory:

		Marks allotted	Minimum passing marks
Final examination	:	200	Candidate must obtain in 40% marks separately in theory and in practically and totally 50% for theory plus practical in university conducted examination.
Internal assessment	:	500	
Total for Theory	:	200	

2. Clinical/practical :

		Marks allotted	Minimum passing marks
Final examination	:	200	(Practical includes : practical and viva voce in order to declare pass in that subject)
Internal assessment	:	650	

Professor And Head
Department of Obstetrics & Gynae
Sri Guru Ram Das Charitable Hospital, Vallah
Sri Amritsar

Total for Practical : 200

Candidate must obtain in 40% marks separately in theory and in practically and totally 50% for theory plus practical in university conducted examination.

3. Viva-voce :

Final examination	:	Out of 200 marks of clinical/practical, 20 marks are allotted for viva voce.
Internal assessment	:	Included in internal assessment of clinical/practical
Total for Viva-voce	:	20

Grand Total : 400 Marks

B. <u>Theory</u> (Attach 1 copy of each of the papers) (Annexure-I)

1. Theory paper:	Subject:	Time: _ _ Hrs.	Date of exam:
No. 1	Obst & Gynae – I	3 hours	06.03.2025
No. 2	Obst & Gynae – II	3 hours	10.03.2025

2. Place of conduct of exam.	:	Sri Guru Ram Das Institute of Medical Sciences & Research, Vallah, Sri Amritsar
3. Invigilation arrangements	:	Good
4. No. of candidates appeared	:	140

C. Remarks by the Assessor/s regarding:

a) Nature of the questions–MCQs/SAQs/Structured Essay type/Long answers:

There are Two papers, Question paper A contain 10 MCQs of 01 marks each, 02 Long notes out of which one is structured and another is case based question of 10 marks each, three reasoning questions of 5 marks each, eight short notes of 05 marks each and three applied questions of 05 marks each

Question paper B contain 10 MCQs of 01 marks each, 02 Long notes out of which one is structured and another is case based question of 10 marks each, three reasoning questions of 5 marks each, eight short notes of 05 marks each and three applied questions of 05 marks each.

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital, Vallah,
Sri Amritsar

b) Type of Questions – Recall based/Application based/Problem based:

Yes, question paper covers Recall based, Application based and Problem based questions.

c) Standard of questions - level of difficulty: Easy / Moderate / Difficult:

Question paper covers all the levels of difficulties.

d) Do they broadly cover the prescribed curriculum? : Yes

e) Standard of the answers: (On a scale of 10 where 0 = Very poor and 10 = Outstanding)

Answer sheets are being evaluated by the examiners out of state, managed by State Health University.

f) Internal assessment marks (to be reviewed by the assessors) that have contributed to final examination:

The internal assessments were done during Regular periodic examinations throughout the course in the form of formative assessment and continuous internal assessment (theory/practical) i.e. in the form of home assignments, continuous class test, self directed learning, theory attendance, Logbook, certifiable skill based competencies AETCOM, Research work, Journal record and practical attendance.

g) Method/pattern of examination of internal examinations conducted during the course of training/study (to be clearly stated):

Internal examinations was conducted in the form of formative assessment for theory and practical i.e. three internal examination, examination at the end of each clinical posting and at the end of each phase in all profs.

h) Have the Internal assessment marks influenced the final examination?

Internal Assessment is not added in summative assessment of university examination. It is only the eligibility criteria for appearing in the final university examination. However, the internal assessment marks are reflected separate column in detailed marks card.

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital. Vallah
Sri Amritsar

II. PRACTICAL / CLINICAL EXAMINATION:

PRACTICAL

a) Conduct of the practical examination (provide details including OSCE)

One Long Case, Two Short Cases and **Four OSCE Stations**

Station 1 : Instrument
Station 2 : Drugs
Station 3 : Specimens
Station 4 : X-rays

b) Does the practical examination broadly cover the discipline? : Yes

c) Time allotted for different sections of the examination (Provide details).

One long Case of 30 mins.
Two short cases of 20 mins. each
Four OSCE stations of 02 mins. each

d) Details of examiners: (please attach brief cv of the examiners). Annexure-II

Note: Provide this information in a sealed envelope marked confidential).

Names Qualification	Designation	Years of Experience as UG Teacher / Examiner
Internal examiners		
1. Dr. Sangeeta Pahwa	Prof. & Head, Obst & Gynae SGRDIMSAR	24 yrs. 03 mth.
2. Dr. Reena Sood	Professor, Obst & Gynae SGRDIMSAR	21 yrs.
External examiners		
1. Dr. Dilpreet Kaur Pandher	Professor, Govt. Medical College & Hospital, Chandigarh	20 yrs. 04 mths.
2. Dr. Anoop Sharma	IGMC, Shimla	14 yrs.

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital, Vallah
Sri Amritsar

e) Mode of practical examination: In batches or otherwise and number of students per day (Provide details)

Yes in Four Batches with 35 / 36 students per day

f) Are there other examination centers in the same University : No

- If yes, provide details.

g) Do the same examiners conduct the examination in other centers too? : Yes

- If not. what steps are taken to ensure uniformity of standards? Are meetings of the examiners being conducted and guidelines are given by the University)

h) Date of Examination in different centers

1. Dr. Dilpreet Kaur, Pandher, Govt. Medical College & Hospital, Chandigarh

- Sri Guru Ram Das Institute of Medical Sciences, Sri Amritsar, March 2025

2. **Dr. Anoop Sharma, IGMC, Shimla**

- SLB S Govt. Medical College, Mandi, Feb. 2025
- Sri Guru Ram Das Institute of Medical Sciences, Sri Amritsar,March 2025

i) Date and time when the examination was inspected by the assessors

Year of Examination as mentioned above

j) Are the invigilation arrangements satisfactory? : Yes

k) No. of candidates appeared. : 140

l) Number and type of practical exercises allotted to candidates (enclose copy of questions/tasks) (Annexure -III)

m) The standard displayed (On a scale of 10 where 0 = Very poor and 10 = Outstanding)

8

n) Minimum marks required for passing :

Candidate must obtain in 50% marks in aggregate and 60:40 minimum or 40:60 (minimum) in university conducted examination separately in theory and in practical. (Practical includes: practical/clinical and viva voce in order to declare pass in that subject.

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital, Vallah
Sri Amritsar

PRACTICAL

1. No of Long cases : 30
2. No of Short cases : 20
3. How many cases were given to each candidate – long and short cases?

   01 long and 02 short cases

4. Type of cases given (attach list of long and short cases) (Annexure -IV)
5. Average time for (long cases and short cases) for each Candidate.
   a. Time for examining the patient : 30 mins. for long case and 20 mins. for each short case.
   b. Time for discussion fixed time or changed as per the answers of the candidate. Approximately 10 mins. for each case regarding history, examination, investigations and management.
6. How was the assessment done? : Assessment done by Four examiners (02 external and 02 internal) for each student separately.
7. Standard displayed by candidates in general in the clinical part of the examination.(On a scale of 10 where 0 = Very poor and 10 = Outstanding)

   8-9

8. Nature of Discussion of case by the candidate – level of difficulty of questions (On a scale of 10 where 0 = Very easy and 10 = very difficult)

   9

   a. Number & type of questions (a copy of the question asked by the examiners may be attached) (Annexure -V)
   b. Have all the candidates been uniformly examined and grades or marks awarded as per merit of the question?

      Yes

   c. Was the discussion fair, searching and sufficient for the assessment of practical knowledge and skills?

      Yes

   d. Was the atmosphere friendly and allowed the candidates to express themselves freely?

      Yes

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital, Vallah
Sri Amritsar

e. Were supplementary questions asked by the examiners to gauze the depth of knowledge of the candidates?

Yes

9. Was the assessment done jointly by more than one Examiner?

Assessment of each candidate done by all examiners separately.

10. How may marks are allotted for clinical examination?

180 Marks (Long case : 80 marks, Two short cases : 40 marks each, Four stations of 5 marks each)

11. What is the minimum percentage for passing the clinical part?

Candidate must obtain 50% marks in aggregate.

12. Are marks obtained in regular internal examinations added on to the marks obtained in the final clinical examination?

No

13. Were any other marks from their course of training, or clinical works done in the wards added to the marks obtained in the final clinical examination?

No

14. If so, to what extent (in percentage of marks)?

Not Applicable

15. Has it influenced the result at the final examination?

No

(Method of assessment of clinical work in the wards may be clearly stated).

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital, Vallah
Sri Amritsar

VIVA-VOICE

1. The content of the interaction (Give extent of coverage of subject)

   Covered the whole subject with specific focus on application and interpretation.

2. How was it conducted (provide details)?

   Each student was assessed individually by all the examiners. Each student was uniformally given 5 min. at each station. Set standard of questionnaires were prepared for each section so as to ensure uniformity.

3. What was the standard? (On a scale of 10 where 0 = Very poor and 10 = Outstanding).

   8

4. What was the nature of assessment?

   Oral assessment was done by examiners at all the stations individually.

5. Was it done jointly by more than one examiner?

   Each student was assessed separately by the 04 examiners.

6. How are the marks obtained in different parts of the examination grouped?

   Long case : 80 marks, Two short case : 40 marks each, Four stations of 5 marks each & 20 marks are allotted for viva voce.

7. What is the minimum for passing in each section and in the grand total?

   Candidate must obtain 50% marks in aggregate.

8. Results for the last three years. : 2023 – appeared – 121 passed 101 (83 %)

   2022 – appeared – 154 (including detained students of earlier batch) passed 146 (94.8 %)

   2021 – appeared – 122 passed 105 (86 %)

9. No. of students appeared? : 140

10. No. of students passed? : Theory is being evaluated by the State Health University & the result has not been compiled yet.

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital, Vallah
Sri Amritsar

11. Other remarks if any

Conclusions :

Was the standard sufficient for the M.B.B.S. examination as required by Regulations of the Medical Council of India/National Medical Commission?

Yes

Was the examination conducted satisfactorily to the assessor? : Yes

If not, the reasons to be mentioned:

Observations of the assessors are to be made in assessment report only.

Theory Paper covers all the levels of difficulty & standard is maintained as per National Medical Commission norms. The practical examination was conducted in the ward & emphasis was given to check the professionalism while history taking, clinical examination, case writing & management Plan. Set standard of questionnaire was there for all students to make uniformity. All students were thoroughly examined by all six examiners (2 externals and 2 internals).

Signature of Assessor
DR. DILPREET KAUR PANDHER
Professor, Obst & Gynae
(The senior most External Examiner)

Director Principal
DR. ANUPMA MAHAJAN

Annex - I

SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR

MBBS 3rd Professional Part-II Examination

(Session Feb/March 2025)

Subject- Obstetrics & Gynaecology

Paper A (New Scheme)

Maximum Marks: 100 | Time: 3 Hours

Notes:
1. Attempt all questions. Illustrate your answer with suitable diagrams where applicable.
2. Question No. I (Multiple Choice Questions (1-10)) is to be attempted on OMR Sheet in first 15 minutes of the start of exam.
3. Question No. II-VI are to be attempted on the main answer book. No supplementary sheet shall be provided.
4. Students must write QP code in the space provided on OMR sheet as well as on the title page of the main answer book.

QP Code: MBN405A

I. Multiple Choice Questions (MCQs): [10X1=10]

1. Lower segment of uterus is formed by:
a. Uterine corpus
b. Utero-vesical fold
c. Isthmus
d. Cervix

2. True regarding the vaginal changes during pregnancy:
a. Vagina is lined by transitional epithelium
b. Glycogen metabolism in epithelium is increased
c. pH is alkaline
d. Vaginal epithelium is thinned

3. Which of the following is used to calculate amount of feto-maternal haemorrhage?
a. Tei index
b. Hellin Rule
c. CHOP score
d. Kleihauer- Betke Test

4. Mcrobert's manoeuvre for relieving shoulder dystocia acts by all the following EXCEPT:
a. Straightening of the sacrum relative to the lumbar vertebrae
b. Rotation of the symphysis pubis toward the maternal head
c. Decrease in the angle of pelvic inclination
d. Increase in overall pelvic dimensions

5. Medical management of ectopic pregnancy is contraindicated if:
a. Unruptured ectopic pregnancy
b. Sac size is 4.5 cm
c. β-hCG level is 1800 IU/L
d. Patient is hemodynamically stable

6. Which of the following is a component of modified biophysical profile?
a. Umbilical artery doppler
b. Non-stress test
c. Nuchal translucency
d. Placental grading

7. A primigravida presents to casualty at 32 weeks of gestation with acute pain abdomen for 2 hours, vaginal bleeding and decreased foetal movements. She should be managed by:
a. Immediate cesarean section
b. Immediate induction of labor
c. Tocolytic therapy
d. Magnesium sulphate therapy

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital, Vallah
Sri Amritsar

SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR

8. **Obesity in pregnancy causes all the complications except:**
   a. Abnormal uterine action
   b. Fetal neural tube defect
   c. Precipitate labor
   d. Venous thrombosis

9. **A 29 years old primigravida with 8 weeks of gestation with BMI 30 kg/m^2 reported to OPD for ante-natal check-up. How much weight gain (in Kg) is advisable for her during pregnancy:**
   a. 5-9
   b. 8-11
   c. 10-13
   d. 14-16

10. **Which of the following is a contraindication for epidural anaesthesia in labour?**
   a. Preterm labour
   b. Raised intracranial pressure
   c. Multiple pregnancy
   d. Previous LSCS

II. **An unconscious primigravida at 32 weeks of gestations, admitted to the labor room with generalized tonic-clonic convulsions. Her blood pressure was recorded as 180/120 mm Hg. Her fundal height corresponds to 32 weeks of gestation. Fetal heart was recorded at 120 beats/min.** [2+2+6=10]
   a. What is your provisional diagnosis?
   b. Enumerate four complications of this clinical condition.
   c. How will you manage this case?

III. **Define maternal mortality. Enumerate four (each) direct and indirect causes of maternal mortality. Write management algorithm for atonic PPH.** [10]

IV. **Give Reason/Discuss:** [3X5=15]
   a. Physiological anaemia in pregnancy. What are the other hematological changes in pregnancy?
   b. Explain placental migration. What is dangerous placenta previa?
   c. Why should universal precautions be followed with every delivery? What are the components of universal precautions?

V. **Write short notes on:** [8X5=40]
   a. Methods of fetal surveillance during the third trimester of pregnancy.
   b. Clinical presentation and management of a case with obstructed labour.
   c. Methods of induction of labour.
   d. Diagnosis and management of a pregnancy with anencephaly.
   e. Labour care guide
   f. Enumerate five (any) teratogenic drugs. Discuss prenatal counseling for a diabetic patient planning conception.
   g. Iron therapy in pregnancy
   h. Discuss differences between Cephalohematoma and Caput succedaneum.

VI. **Write short notes on:** [3X5=15]
   a. Advise to a postnatal patient on discharge
   b. Methods of postpartum contraception
   c. Essential newborn care

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital, Vallah
Sri Amritsar

SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR

MBBS 3rd Professional Part-II Examination

Maximum Marks: 100 **(Session Feb/March 2025)** Time: 3 Hours

Subject- Obstetrics & Gynaecology

Paper B (New Scheme)

Notes:
1. Attempt all questions. Illustrate your answer with suitable diagrams where applicable.
2. Question No. I (Multiple Choice Questions (1-10)) is to be attempted on OMR Sheet in first 15 minutes of the start of exam.
3. Question No. II-VI are to be attempted on the main answer book. No supplementary sheet shall be provided.
4. Students must write QP code in the space provided on OMR sheet as well as on the title page of the main answer book.

QP Code: MBN406A

I. Multiple Choice Questions (MCQs): [10X1=10]

1. Narrowest part of the fallopian tube is:
a. Interstitial
b. Isthmus
c. Ampulla
d. Infundibulum

2. Stages of pubertal development are:
a. Thelarche, growth spurt, adrenarche, menarche
b. Growth spurt, adrenarche, thelarche, menarche
c. Growth spurt, thelarche, adrenarche, menarche
d. Growth spurt, thelarche, menarche, adrenarche

3. In complete mullerian duct aplasia, all of the following are likely to be absent EXCEPT:
a. Ovaries
b. Fallopian tubes
c. Uterus
d. Cervix

4. Absolute contraindication for Copper T is:
a. Endometriosis
b. Wilson's disease
c. Anaemia
d. Heart disease

5. Polycystic ovarian syndrome is characterized by all EXCEPT:
a. Hyperandrogenaemia
b. Normal or raised estrogen
c. Raised LH
d. Normal FSH/LH ratio

6. Clue cells are seen in:
a. Bacterial vaginosis
b. Candidiasis
c. Trichomoniasis
d. Gonorrhoea

7. One week after an extended hysterectomy the patient leaks urine per vaginum. Inspite of leakage she has to pass urine from time to time. Most likely diagnosis is:
a. Vesico-vaginal fistula
b. Uretero-vaginal fistula
c. Stress incontinence
d. Overflow incontinence

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital
Sri Amritsar

8. **Which of the following is an STD?**
   a. Bacterial vaginosis
   b. Vulvo-vaginitis
   c. Trichomonas vaginitis
   d. Vaginal candidiasis

9. **Tumor marker used for dysgerminoma is:**
   a. Ca125
   b. CEA
   c. Inhibin B
   d. LDH

10. **Most common primary tumor in case of Krukenberg tumor is:**
   a. Stomach
   b. Colon
   c. Small intestine
   d. Gall bladder

II. **A 55 years old multiparous post-menopausal female presents with irregular vaginal bleeding for the last two months.** [2+4+4=10]
   a. What are the probable causes? Enumerate at least four of them.
   b. Discuss workup of this patient.
   c. What do you understand by Stage IB Ca Endometrium? How will you manage such a case?

III. **What are the supports of uterus? Discuss clinical evaluation and grading of uterovaginal prolapse. How will you manage a case of 35 years old multiparous woman with third degree uterovaginal prolapse.** [10]

IV. **Give Reasons:** [3X5=15]
   a. Explain the role of HPV vaccination in prevention of Carcinoma Cervix.
   b. How does fibroid cause infertility?
   c. How does early ambulation after surgery help in patient recovery? What are the other components of the Enhanced Recovery after Surgery (ERAS) protocol?

V. **Write short notes on:** [8X5=40]
   a. Discuss the causes and workup of primary amenorrhea.
   b. Enumerate two methods to assess tubal factor of infertility. Discuss the merits, limitations, and complications of each.
   c. Discuss the management of Puberty menorrhagia.
   d. Describe clinical features and management of endometriosis.
   e. Discuss the causes of chronic pelvic pain.
   f. Clinical presentations and diagnosis of a case of genital tuberculosis
   g. Discuss the role of laparoscopy and hysteroscopy in gynecology
   h. Diagnosis and management of 37 years old multiparous female with AUB-L

VI. **Write short notes on:** [3X5=15]
   a. Discuss Lymphatic drainage of the female genital tract.
   b. List complications of combined oral contraceptive pills
   c. Clinical presentation, diagnosis, and management of Cryptomenorrhea.

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital, Vallah
Sri Amritsar

Annex - II

Brief Summary of External Examiner

Name	Dr. Dilpreet Kaur Pandher
Designation	Professor, Obstetrics & Gynaecology
College Name	Govt. Medical College & Hospital, Sector 32, Chandigarh- 160030
Current Address	H. No. 163, Sector 36-A, Chandigarh - 160036
Teaching Experience	20 years 4 months
Additional Qualification	MBBS, MD (Obs & Gynae) Fellow Indian College of Obstetrics & Gynecologists (FICOG) Fellowship Public Health, Leadership and Management, AIMS, Jodhpur Basic Course in Biomedical Research (BCBR) April 2022 Basic Course in Medical Education (BCME) 7-9 October 2024 Curriculum Implementation Support Programme (CSIP 3) 4-5th December 2024 Expert : Ethical & Medical Registration Board NMC India
Publication	44 (International, National, Book Chapters)
Email Id	dr_dilpreet@yahoo.com
Mobile Number	9646121567

Dilpreet Pandher
19/3/25

Brief Summary of External Examiner

Name	Dr. Anoop Sharma
Designation	Professor, Obstetrics & Gynaecology
College Name	IGMC, Shimla
Current Address	IGMC, Shimla
Teaching Experience	14 years
Additional Qualification	MBBS, MD (OBG), FMAS
Publication	17
Email Id	dranoop2012@gmail.com
Mobile Number	94180 - 89767

ASharma
19/03/2025

Brief Summary of Internal Examiner

Name	Dr. Sangeeta Pahwa
Designation	Prof. & Head
College Name	Sri Guru Ram Das Institute of Medical Sciences & Research, Sri Amritsar
Current Address	H.No. 127, C/o Sangeeta Hospital, Lane 18, New Pawan Nagar, B/c Celebration Mall, Amritsar
Teaching Experience	24 years 2½ months
Additional Qualification	MBBS, MS (Obs & Gynae)
Publication	42 (International, National, Book Chapters)
Email Id	sangeetadr30@gmail.com
Mobile Number	98550 80215

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital, Vallah
Sri Amritsar

19/3/25

Brief Summary of Internal Examiner

Name	Dr. Reena Sood
Designation	Professor
College Name	Sri Guru Ram Das Institute of Medical Sciences & Research, Sri Amritsar
Current Address	B- 85, Guru Teg Bahadur Nagar, Near SGRD Dental College, Amritsar
Teaching Experience	21 years
Additional Qualification	MD
Publication	21 (International, National)
Email Id	dr.reenasood@gmail.com
Mobile Number	98762 74466

19/3/25

Annexure -III

Department of Obstetrics & Gynaecology

Practical Examination

1. Instruments
2. Specimen
3. HSG
4. Cu-T insertion
5. Pap Smear
6. D & C & D & E steps
7. Obstetrical examination
8. Mechanism of labor
9. Fetal skull, maternal pelvis , Doll dummy
10. Drugs

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital. Vallah
Sri Amritsar

Annexure –IV

(Short Case Obstetrics)

A 32 year G3P2L2 with 32 weeks pregnancy reported to obstetrics department with a history of bleeding per vaginum since 2 hours, bleeding is bright red in color. She has soaked two pads since then. She has no pain in abdomen. She has h/o episodes of spotting p/v earlier also in this pregnancy.

On GPE, Her BPis 100/60mm hg

PR 110/mm

P/A Fundal height 32 weeks. Uterus relaxed, FHS + Regular

L/E Vulval pad is soaked

A 34year old primigravida at term delivered vaginally. Following delivery of placenta, there is excessive bleeding p/v bright red in color.

On P/A examination uterus is well contracted.

BP 100/60 mm hg

PR 100/min

A 23 years old primigravida presented to obst/Gynae deptt. with h/o 1½ month amenorrhea, severe pain abdomen, syncopal attack and bleeding p/v. Her UPT is weakly positive.

On GPE her BPis 80/40 mmhg, PR 134/mt.

Per abdomen examination : Abdomen is distended.

On bimanual examination,

Cervical motion tenderness +nt.

Uterus normal size

Bogginess felt in fornices

A 30 years old primigravida at 32 weeks period of gestation presented to Obst/Gynae deptt. with bleeding per vagina and pain abdomen for one hour.

On GPE her BP is 110/70 mm Hg PR 120/min; pallor+++

On P/A

Uterus is tense and tender

Fundal height: 36 weeks period of amenorrhea.

FHS absent

Patient 26 years old comes with history of amenorrhoea 3 ½ months with complaint of bleeding P/v off and on for last 15 days.

On GPE Pallor + No oedema - No Jaundice

Pulse 80/mt BP – 120/80 mm Hg Temp. Normal

P/A Uterus height 24 weeks ,soft , doughy , fetal parts not appreciably palpable

P/V Cervix soft closed, blood staining on gloves present

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital, Vallah
Sri Amritsar

A 28 years old female presented with H/o amenorrhea 2 ½ months with c/o dark brownish discharge P/V and lower abdomen discomfort for last 6 days.

O/H P1, normal vaginal delivery 3 years back

O/E BP 120/80 mm of Hg PR 84/min

P/V Os closed 6 to 8 week size, soft

Fx clear, dark brownish bleeding present

A 27 years female G4, A3 has presented with complaints of amenorrhoea two months and bleeding P/V one day.

G.P.E. Pulse – 84/M regular

BP – 110/70 mmHg

P/A Abd. soft

No tenderness

P/S Cx normal bleeding through os +

P/V Ut, A/V, 8 weeks size

Soft, fornices clear

Os closed

A 20 years old patient comes in emergency with high grade fever with rigor and chills for 5 days.

H/O D & E done 7 days back for amenorrhea of 1 ½ month

H/o occasional vomiting present

H/o Pain in both iliac fossa also present

Pulse 100/mt BP-120/80mm Hg Temp. 102 degree F

P/A Tenderness ++ in lower abdomen

P/V Cx soft closed, Uterus bulky, mobility restricted, tenderness present

Foul smelling discharge ++

A 27 years female G4, P0 , A3 has presented with amenorrhea 2½ months and bleeding P/V for the last one day with mild pain abdomen

GPE 84/min regular , BP 110/70 mmHg

P/A Abdominal tenderness present

P/S Bleeding through os +

P/V UT A/V 8 weeks size soft, Fx clear

Int. Os open admits one finger Products felt in canal , bleeding ++

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital. Vallah
Sri Amritsar

(Short case Gynae)

A 35 years old female complaints of something coming out of vagina for the last 2 years and has difficulty in urination for one year

LMP 10 days back regular 3-4 days/ month

O/H P2 L2 both NVD's LCB years

Cervix lying outside the introitus, hypertrophic, Decubitus ulcer present on post lip and pigmentation seen on ant vaginal wall

P/V Uterus R/V, normal size, fornices clear

Pt 40 years old female C/o irregular BPV for last 2 months

F/D 4 LCB 12 yrs back M/F earlier 4days/30 d

P/S Cx Hypertrophied irregular friable, bleeds on touch

P/V cx Hypertrophied uterus upright MPs mobile fornices clear bleeding +ive

P/R rectal mucosa free

A 40 years old woman came with complaint of heavy bleeding during menses for last five months H/o Dysmenorrhoea +ive

LMP 4th March

OH Nulliparous

O/E Pulse 80/min BP 120/80 mm Hg Pallor +

PA- A mass felt of about 16 weeks pregnant size , firm in consistency

No tenderness

P/v Cx pointing forwards, uterus enlarged to 16 weeks, fornices clear

A 26 years old female presents with complaints of thin watery, greenish, frothy discharge P/v for last ten days with itching on vulva.

O/H P2 - both normal vaginal deliveries

M/H Cycles regular with average flow

M/F 2-3 /30 days

LMP 7 days back

P/S Cx. Congested

Profuse Greenish discharge present

P/v Uterus A/v multiparous size

Firm mobile Fornices clear, slight tenderness present

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital. Vallah
Sri Amritsar

A, 58 years obese women came to Gynae OPD with complaint of - off and on bleeding P/v for last one month

Patient is a known case of diabetes mellitus and hypertension ,

she is menopausal for last 10 years

O/H P2 both FTND- LCB-28 years back

O/E Obesity present

Blood Pressure 140/100 mm Hg , pulse 80 / mt

P/S Cervix healthy

Bleeding from Os present

P/V Cx feels normal, Uterus R/v bulky, mobile, fornices clear , bleeding P/V +ive

Pt. 38 years P3L3 LCB 12 years

c/o frequent and excessive bleeding P/v

M/f 8-9 days/17-18 days

GPE – looks pale

Vital- stable

P/A soft , no mass felt

P/S Cervix normal mucoid discharge

P/v Cx feels regular uterus MPs mobile fornices clear

A patient 30 years old , married for last 10 years with no issue has visited the Infertility clinic with her husband

On GPE - NAD

P/A - NAD

P/V - cervix closed pointing forwards , uterus is 12 weeks size, multinodular, mobile , fornices clear

A P2 36 years female presenting with thick curdy discharge P/V for last 15-20 days with intense itching over vulva and dyspareunia

M/H 3-4/30 days regular average flow

O/H P2 both vaginal deliveries, LCB – 7 years back

Patient is on oral contraceptive pills

O/E Vulvitis ++

P/S On the Cx - white plaques present

Thick curdy white discharge present

P/V Uterus A/V MPS, mobile , Fornices clear

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital. Vallah
Sri Amritsar

A 60 years old post menopausal female come to gynae OPD with complaints of something coming out of introitus for the last 10 years and has difficulty in urination for six months

O/H P4 all vaginal delivery at home by dai LCB 25 years

O/E Cystocele +++

Deficient perineum +

Rectocele ++

Cervix lying outside the introitus, hypertrophic, Decubitus ulcer present on post lip and pigmentation seen on ant vaginal wall

P/V Uterus R/V, small atrophic, fornices clear

A patient 28 years old and married for last six years has come wanting conception

M/F 4 /30 days regular LMP 6 days back

P/V cervix feels normal uterus A/V nulliparous size fornices clear

How will you investigate this couple?

Pt. 48 years P3L3 LCB 14 years

Dysmenorrhea with heavy menstrual bleeding

M/f 6-7 days/30 days with passé of clots LMP 10 days back

GPE – looks pale

Vital- stable

P/S cx normal looking

P/v Cx feels regular uterus corresponding to 12 weeks pregnant uterine size mobile tender, fornices clear, slight discharge

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital. Vallah
Sri Amritsar

Department of Obstetrics & Gynaecology

List of Short Cases

S. No.	Name
1.	Placenta Previa
2.	Postpartum Hemorrhage
3.	Ruptured ectopic pregnancy
4.	Abruptio placenta with intrauterine fetal death
5.	Molar pregnancy
6.	Missed abortion
7.	Threatened abortion
8.	Septic abortion
9.	Inevitable abortion
10.	Prolapse Uterus
11.	Carcinoma Cervix
12.	Fibroid Uterus
13.	Trichomoniasis
14.	Postmenopausal bleeding
15.	Abnormal uterine bleeding
16.	Primary Infertility (with fibroid uterus)
17.	Vaginal Candidiasis
18.	Prolapse with cystocele rectocele
19.	Primary infertility
20.	Adenomyosis

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital. Vallah
Sri Amritsar

Department of Obstetrics & Gynaecology

List of Long Cases

S. No.	Name
1	Oligohydramnios
2.	Polyhydrammios
3.	Twin pregnancy
4.	IUGR
5.	Placenta Previa
6.	Abruption of placenta
7.	Placenta accreta
8.	Obstetric cholestasis
9.	GDM
10.	Hypertension in pregnancy
11.	Eclampsia
12.	Previous two LSCS
13.	Previous one LSCS
14.	Post natal (NVD with RMLE)
15.	Post LSCS
16.	Abortion
17.	Ectopic Pregnancy
18.	RPL
19.	Normal antenatal
20.	Breech presentation
21.	Transverse Lie
22.	Preterm labour
23.	PPROM
24.	PPH
25.	Anemia
26.	IUD (Intra uterine fetal demise)
27.	Rh-ve pregnancy
28.	Puerperal sepsis
29.	H. Mole
30.	VBAC

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital. Vallah
Sri Amritsar

Questions (Obstetrics)

Annexure - V

1. What is lie?
2. What is presentation & presenting part?
3. What is attitude?
4. What is denominator?
5. What are A-P diameter & transverse diameters of fetal skull?
6. What are the various type of pelvis
7. What are the diameters of pelvis (AP & transverse)
8. What is moulding & grades of moulding?
9. How do you classify trimester?
10. What is Naegele's formula?
11. What are the prerequisites for obstetrical examination?
12. How do you perform an obstetrical examination in a pregnant woman?
13. Mechanism of normal labour?
14. What is partograph?
15. Mechanism of labor in occipito posterior position?
16. Management of labor.
17. How do you perform a placental delivery?
18. What is active management of 3rd stage of labor?
19. Advantages of forceps over ventose.
20. Indications of forceps delivery?
21. Enumerate types of abortion
22. What is missed abortion?
23. Differentiate between inevitable & incomplete abortion?
24. What are causes of recurrent pregnancy loss?
25. What is cervical incompetence?
26. What are types of cervical cerclage ?
27. Management of septic abortion?
28. What is ectopic pregnancy?
29. Discuss signs & symptoms of ectopic pregnancy?
30. What is the criteria for medical management of ectopic pregnancy?
31. What is H Mole?
32. How will you diagnose a case of H Mole?
33. Management of H Mole.
34. What is best contraceptive after H. Mole evacuation?
35. How will you follow up a case of H Mole?
36. Define APH & its causes?
37. Differentiate between placenta previa & abruption?
38. What is hypertensive disorder of pregnancy?
39. Classify HDP?
40. What are the drugs used in treatment of pre-eclampsia?
41. Different regimens of Mgso4 in eclampsia & its therapeutic range?
42. How to identify Mgso4 toxicity & its antidote?
43. How will you diagnose GDM?
44. What are screening & diagnostic test for GDM?
45. What are the fetal complications of GDM

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital. Vallah
Sri Amritsar

46. What is medical nutrition's therapy?
47. Management of APLA.
48. Differentiate between classical C –section & LSCS.
49. What is TOLAC & its pre requisitions?
50. What are indications of D & E & How do you perform it?
51. What are types of multi fetal pregnancy?
52. Complications of multi fetal pregnancy.
53. Define IUGR & classify IUGR.
54. Role of USG in FGR.
55. Role of corticosteroids in preterm labor & its dose.
56. ICMR classification of severity of anemia in pregnancy?
57. What are the types of episiotomy?
58. What are the structures cut in episiotomy?
59. What is perineal tear and enumerate the types of perineal tear?
60. What are the steps of caesarean section?
61. What is the active management 3rd stage of labor?
62. What are the causes of PPH?
63. What is the management of atonic PPH?
64. What is the management of traumatic PPH?
65. How will you prevent the Rh Isoimmunisation?

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital. Vallah
Sri Amritsar

Questions (Gynaecology)

1. What are the normal parameters of menstrual cycle?
2. What is 2^0 amenorrhea?
3. Causes of 2^0 amenorrhea.
4. What are structural causes of abnormal uterine bleeding?
5. What are non-structural causes of abnormal uterine bleeding?
6. Define menopause.
7. What are indications of HRT?
8. How will you investigate an infertile couple?
9. What is the role of USG in infertility?
10. What are tests for tubal patency?
11. What are tests of ovulation & various drugs for ovulation induction?
12. What is squamocolumnar junction ?
13. Screening of ca cervix.
14. Discuss benefits of LBC (pap smear) over conventional pap
15. What are the pre-requisites for pap smear?
16. What is via & vili?
17. What is the most common cancer of ca cervix?
18. What are the risk factors of ca cervix?
19. What are the types of HPV vaccine?
20. Schedule of HPV vaccine?
21. What is ASCUS?
22. What is the significance of acteowhite areas in colposcopy?
23. How will you investigate the case of postmenopausal bleeding?
24. Indications of endometrial biopsy & how will you perform it?
25. What are the risk factors for endometrial ca?
26. What are the mechanism of action of OCP's?
27. Enumerate types of emergency contraceptives?
28. What are types of IUCD?
29. What are the steps of insertion of IUCDs?
30. What are natural methods of contraception?
31. What are non -contraceptive uses of OCPs?
32. What are the permanent methods of contraception?
33. Treatment of curdy white vaginal discharge.
34. Treatment of yellowish green vaginal discharge.
35. What is AMSEL's criteria?
36. Syndromic approach of vaginal discharge?
37. What are the types of cervical biopsy?
38. How will you take a punch biopsy?
39. What is chocolate cyst of ovary?
40. How will you treat a patient with endometriosis?
41. What is PALM COEIN classification?
42. What are the various types of degeneration of fibroid?
43. How will you medically manage a patient of fibroid?
44. What are the indications of myomectomy?
45. Classify tumors of ovary.

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital, Vallah
Sri Amritsar

46. Features differentiating between benign and ovarian tumor.
47. What are the risk factors for prolapse?
48. How will you classify prolapse?
49. What are the supports of uterus?
50. What are the risk factors of prolapse?
51. What are the advantages cusco's speculum over sim's speculum?
52. What are the indications of D & C?
53. What are the various instruments used for dilatation and curettage.
54. Line of treatment for a patient presenting with heavy menstrual bleeding and large fibroid.
55. Instrument and dye used for HSG?
56. Parameters of husband semen analysis.
57. What are the various clinical methods of detection of ovulation?
58. Indications of ART.
59. Diagnosis of acute PID.
60. What is SUI? How to demonstrate it.
61. Diagnosis and management of UTI.
62. Indications of colposcopy.

Professor And Head
Department of Obstetrics & Gynaecology
Sri Guru Ram Das Charitable Hospital, Vallah
Sri Amritsar