

# **INTERMEDIATE MODULE IN OBSTETRICS & GYNAECOLOGY**

**REQUIREMENTS FOR TRAINING & EXAMINATION**

**2016**



**COLLEGE OF  
PHYSICIANS AND  
SURGEONS  
PAKISTAN**

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# Introduction

The College was established in 1962 through an ordinance of the Federal Government. The objectives/functions of the College include promoting specialist practice of Medicine, Obstetrics & Gynaecology, Surgery, Dentistry, and other specialties by securing improvement of teaching and training, arranging postgraduate medical, surgical and other specialists training, providing opportunities for research, holding and conducting examinations for awarding College diplomas and admission to the Fellowship of the College.

Since its inception, the College has taken great strides in improving postgraduate medical and dental education in Pakistan. Competency-based structured Residency Programs have now been developed, along with criteria for accreditation of training institutions, and for the appointment of supervisors and examiners. The format of examinations has evolved over the years to achieve greater objectivity and reliability in methods of assessment. The recognition of the standard of College qualifications nationally and internationally, particularly of its Fellowship, has enormously increased the number of trainees, and consequently the number of training institutions and the supervisors. The rapid increase in knowledge base of medical sciences and consequent emergence of new subspecialties have gradually increased the number of CPSP fellowship disciplines to seventy three.

After completing two years of core training during IMM, the trainees are allowed to proceed to the advance phase of FCPS training in the specific specialty of choice for 2-3 years. However, it is mandatory to qualify IMM examination before taking the FCPS-II exit examination. The work performed by the trainee is to be recorded in the e-log book on daily basis. The purpose of the e-log is to ensure that the entries are made on a regular basis and to avoid belated and fabricated entries. It will hence promote accuracy, authenticity and vigilance on the part of trainees and the supervisors.



The average number of candidates taking CPSP examinations each year around 23,000. The College conducts examinations for FCPS I (11 groups of disciplines), IMM, FCPS II (73 disciplines), MCPS (22 disciplines), including MCPS in HPE and MCPS in HCSM. A large number of Fellows and senior medical teachers from within the country and overseas are involved at various levels of examinations of the College.

The College, in its endeavor to decrease inter-rater variability and increase fairness and transparency, is using TOACS (Task Oriented Assessment of Clinical Skills) in IMM and FCPS-II Clinical examinations. Inclusion of foreign examiners adds to the credibility of its qualifications at an international level.

It is important to note that in the overall scenario of health delivery over 85% of the total functioning and registered health care specialists of the country have been provided by the CPSP. To coordinate training and examination, and provide assistance to the candidates stationed in cities other than Karachi, the College has established 14 Regional Centers (including five Provincial Headquarter Centers) in the country. The five Provincial Headquarter Centers, in addition to organizing the capacity building workshops/short courses also have facilities of libraries, I.T, and evaluation of synopses and dissertations along with providing guidance to the candidates in conducting their research work.

The training towards Fellowship can be undertaken in more than 192 accredited medical institutions throughout the country and 86 accredited institutions abroad. The total number of trainees in these institutions is over 17860, Who are completing residency programs with around 3190 supervisors. These continuous efforts of the College have even more importantly developed a credible system of postgraduate medical education for the country. The College strives to make its courses and training programs 'evidence' and needs 'based' so as to meet international standards as well as to cater to the specialist healthcare needs not only for this country but also for the entire region.

Prof. Zafar Ullah Chaudhry  
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College of Physicians and  
Surgeons Pakistan



# INTERMEDIATE MODULE

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To ensure better training, the CPSP introduced an Intermediate Module Examination in several disciplines in 2001. This mid-training assessment strengthens the monitoring and in-training assessment systems by providing trainees with an estimate of mid-training competence. It also serves as a diagnostic tool for trainees and supervisors, provides a curricular link between basic and advanced training, and an opportunity for sampling a wider domain of knowledge and skills.

Vide Notification No. 6-1 / Exam-04 / CPS / 1438 S and R, the Intermediate Module (IMM) examination is mandatory eligibility requirement for all FCPS II examinations from September 2007 and onward. Candidates are required to complete two years training in Obstetrics and Gynaecology, attend all mandatory workshops and take the Intermediate Module examination.

In case of failure in the Intermediate Module examination, the trainees are permitted to continue their training in next phase but must pass the Intermediate Module examination prior to appearing in the final FCPSII examination.



# Training and Examination

## GENERAL REGULATIONS

Candidate will be admitted to the examination in the name (surname and other names) as given in the MBBS degree and PMDC certificate. CPSP will not entertain any application for change of name on the basis of marriage/divorce/deed.

## REGISTRATION AND SUPERVISION

All training must be supervised, and trainees are required to register with the Registration and Research Cell (R&RC) within 30 days of starting their training for Intermediate Module. In case of delay in registration, the start of training will be considered from the date of receipt of application by the R&RC. Registration forms are available in R&RC and in the Regional Centers. They can also be downloaded from the CPSP Website. Training is compulsorily monitored by an approved supervisor who is a CPSP fellow or a specialist with relevant postgraduate qualifications registered at the R&RC. The trainees are not allowed to work simultaneously in any other department/institutions for financial benefit and/or for other academic qualifications.

## APPROVED TRAINING CENTRES

Training must be undertaken in units, departments and institutions approved by the College. A current list of approved institutions is available from the College and its Regional Centres as well as on the College website: [www.cpsp.edu.pk](http://www.cpsp.edu.pk)

## DURATION

The duration of training for the Intermediate Module (IMM) is two years; and residents become eligible to appear in Intermediate Module examination upon completion of IMM training.



## COMPONENTS OF TRAINING

### Mandatory Workshops

It is mandatory for all Intermediate Module trainees to attend the following CPSP certified workshops in the two year of training:

1. Introduction to Computer and Internet
2. Research Methodology and Dissertation Writing
3. Primary Surgical Skills
4. Communication Skills
5. Basic Life Support (BLS)

Any other workshop/s as may be introduced by CPSP.

NOTE: No candidate will be allowed to appear in IMM examination without attending the abovementioned workshops including BLS.

### Rotations

Three months of rotation in any two of the following disciplines, one of which is mandatory before appearing in the Intermediate Module examination.

Second rotation may be completed in next two years:

- Medicine
- Neonatology
- Diagnostic imaging
- Anaesthesiology
- General Surgery

### E-logbook

The CPSP council has made e-logbook mandatory for trainees all residency programs inducted from July 2011 onwards. Upon registration with R&RC each trainee is allotted a registration number and a password to log on to the e-logbook on the CPSP website. The trainee is required to enter all work performed and the academic activities undertaken in the logbook on daily basis. The concerned supervisor is required to verify the entries made by the trainee. This system ensures timely entries by the trainee and prompt verification by the supervisor. It also helps in monitoring the progress of trainees and vigilance of supervisors.

### Research (Dissertation/Two Papers)

One of the training requirements for fellowship trainees is a dissertation or two research papers on a topic related to the field of specialization. For residents in Obstetrics & Gynecology the synopsis of dissertation or abstracts of research papers must be submitted for approval to the Registration and Research Cell (R&RC) by the end of first year of the Intermediate Module.



### General Requirements

Training should incorporate the principle of gradually increasing responsibility, and provide each trainee with a sufficient scope, volume and variety of experience in arrange of settings that include inpatients, outpatients, emergency and intensive care.

### Instructional Methodology

Teaching occurs using several methods that range from formal lectures to planned clinical experiences. The learning domains include knowledge, skills, attitudes and practices relevant to the discipline. College of Physicians and Surgeons Pakistan has developed its own competency model as under:



In order to achieve the competencies of CPSP model, all curriculum components including instructional methods should be appropriately aligned.

The theoretical part of the curriculum presents the current body of knowledge necessary for practice. This can be imparted using lectures, small group sessions, grand teaching rounds, clinicopathological meetings, morbidity/mortality review meetings, literature reviews and presentations, journal clubs, self-directed learning, conferences and seminars.

Clinical learning is organized to provide appropriate expertise and competence necessary to evaluate and manage common clinical problems. Demonstration in outpatient and inpatient clinics and procedural/practical skills training in laboratory and clinical settings are also included in instructional methods.



# SYLLABUS

The course during IMM covers following areas of Gynaecology & Obstetrics:

## 1. GYNAECOLOGY (Weightage 30%):

- Development of Female Genital organs-normal and abnormal, especially intersexes, obstruction of out flow tract and urogenital maldevelopment
- Amenorrhoea
- Gynaecological Endocrinology, especially Hirsutism and Virilism, PCO
- Endometriosis, Perineal and Pelvic infections, especially Bartholin gland problems, Vaginal discharge, STIs, PID
- Menstrual disorders, especially Menorrhagia, Dysmenorrhoea, PMS, DUB
- Disorders of early pregnancy, especially Abortion, Ectopic Pregnancy, GTD and their management
- Menopause, Hormone Replacement Therapy
- Pelvic Floor Disorders and UV Prolapse
- Infertility
- Contraception and Sterilization
- Pre and Post operative assessment, preparation and management. Gynaecological procedures, e.g. cervical smear, insertion of pessaries, Hysterosalpingography, Ultrasonography. Minor Operative Gynecological surgery

Topics where low level of knowledge (up to diagnosis) is required:

- Radiotherapy
- Oncology
- Endoscopy
- Urinary Fistulas



## 2. OBSTETRICS (weightage 70%):

### 1. Normal Pregnancy, Labour and Puerperium

- Pre conceptional counseling (Folic Acid, Rubella Vaccination, Hereditary issues)
- Antenatal Care
- Intrapartum care, Maternal and fetal monitoring
- Postpartum care
- Analgesia/Anaesthesia during labour
- Normal Puerperium
- Breastfeeding/complications
- Prenatal diagnosis

### 2. Abnormal Pregnancy, Labour and Puerperium

- Malpresentation
- Malposition
- In-coordinate uterine action
- CPD
- Obstructed labour
- 3rd stage complications
- Induction of labour
- Pre Term Labour
- Surgical complications (Appendicitis, Perforated peptic ulcer, Pancreatitis cholethiasis/cholecystitis, renal colic).
- Neonatal care/Resuscitation

### 3. Medical complications of Pregnancy

- Cardiovascular diseases
- Renal and urinary tract disorders
- Diabetes in pregnancy
- Endocrine disorders
- Hepatic and G.I.T disorders
- Haematological disorders of pregnancy
- Thrombo embolic disorders
- Psychiatric and neurological disorders
- Dermatological disorders
- Neoplastic diseases



# ASSESSMENT

## ELIGIBILITY REQUIREMENTS

To appear in Intermediate Module examination a candidate should have:

- Passed FCPS I in Obstetrics & Gynaecology or granted exemption.
- Registered with Registration and Research Cell (R&RC)
- Completed two years of R&RC registered training under an approved supervisor in an institution recognized by the CPSP. A certificate of completion of training must be submitted.
- Completed entries in e-logbook along with validation by the supervisor.
- Submitted certificates of attendance of mandatory workshops.
- Approval of synopsis of dissertation or abstract of research articles.

## EXAMINATION SCHEDULE

- The Intermediate Module theory examination are held twice a year.
- Theory examinations are held in various cities of the country usually at Abbottabad, Bahawalpur, Faisalabad, Hyderabad, Islamabad, Karachi, Nawabshah, Larkana, Lahore, Multan, Peshawar and Quetta centres. The College shall decide where to hold TOACS examinations depending on the number of candidates in a city and shall inform the candidates accordingly.
- English is the medium of all examinations for theory and TOACS.
- The College will notify of any change in the centres, the dates and format of the examination.
- A competent authority appointed by the College has the power to debar any candidate from any examination; if it is satisfied that such a candidate is not a suitable person to take the College examination because of using unfair means in the examination, misconduct or other disciplinary reasons.

## EXAMINATION FEE

- Applications along with the prescribed examination fee and required documents must be submitted by the last date notified for this purpose before each examination.
- Fee deposited for a particular examination shall not be carried over to the next examination in case of withdrawal, absence or exclusion.
- The details of examination fee and fee for change of centre, subject, etc shall be notified before each examination.



## REFUND OF FEE

If after submitting an application for examination, a candidate decides not to appear, a written request for a refund must be submitted before the last date for withdrawal with the receipt of applications. In such cases a refund is admissible to the extent of 75% of fees only. No request for refund will be accepted after the closing date for receipt of applications for refund. If an application is rejected by the CPSP, 75% of the examination fee will be refunded, the remaining 25% being retained as a processing charge. No refund will be made for fees paid for any other reason, e.g. late fee, change of centre/subject fee, etc.

## FORMAT OF EXAMINATION

Intermediate Module examination consists of theory and TOACS. Details are given below:

- Theory Examination:

*It consists of:*

Paper I: 100 MCQs of Single Best type:  
70-Obstetrics & 30-Gynae.

Paper II: 100 MCQs of Single Best type:  
70-Obstetrics & 30-Gynae.

Candidates have to pass the theory examination to be eligible to take the TOACS.

- Clinical Examination:

### TOACS (Task Oriented Assessment of Clinical Skills)

TOACS will comprise of 12 Interactive stations of Eight (8) minutes each with a change over time of one minute for the candidate to move from one station to other.

- 8 Stations of Obstetrics
- 4 stations of Gynaecology
- There will be no static station.

At the interactive stations the candidate will have to demonstrate a competency, for example, taking history, performing a clinical examination, counseling, assembling an instrument, etc. One examiner will be present at each interactive station and will either rate the performance of the candidate or ask questions testing reasoning and problem-solving skills.

Candidates have to pass the theory to be eligible to take the TOACS examination.



# OBJECTIVES

By the end of intermediate module in obstetrics and gynecology, trainee shall be able to:

1. Discuss etiology, pathogenesis, epidemiology and management of disorders in obstetrics and gynaecology, as given in the section specific learning outcomes (SLO).
2. Discuss principles of basic sciences as applied to obstetrics and gynaecology like hemorrhage, blood transfusion, shock, sterilization of instruments, infection, antibiotics, inflammation, repair, and healing.
3. Take a comprehensive and pertinent history of a patient presenting with obstetrical and gynaecological complaints.
4. Perform detailed physical examination in a rational sequence that is both technically correct as well as methodical.
5. Elicit physical signs without discomfort to the patient.
6. Evaluate patient in the setting of Outpatients Department, Hospital wards, Labour Room, Day care surgery, Emergency Department and attend calls in other departments for problems related to Obstetrics and Gynaecology.
7. Formulate a working diagnosis and consider relevant differential diagnosis.
8. Order relevant investigations considering availability, diagnostic yield, cost-effectiveness, side effects, and implications for management.
9. Decide and implement suitable effective treatment considering safety, cost factors, complications and side effects.
10. Practice proper procedures in operating theatres and labor wards including gowning, gloving, use of various sutures, surgical principles, and use and working of electro medical equipment.



11. Assist at major surgeries and perform minor procedures under supervision.
12. Maintain follow-up of patients at appropriate intervals, recognizing new developments and/or complications and offering sensible management protocols.
13. Counsel patients and relatives in patient's preferred language exhibiting good communication skills, empathy and empowerment to patients.
14. Exhibit emotional maturity and stability, integrity, ethical values and professional approach, sense of responsibility in day-to-day professional activities.
15. Take informed consent for physical examination and ensure confidentiality and appropriate environment for intimate physical examination.
16. Call for help judiciously in emergency situations and referral as required.
17. Maintain detailed and accurate documentation regarding patient management and procedures.
18. Show initiative to become lifelong self-directed learners tapping on resources including clinical material, faculty, Internet and on-line learning programs and library.



# COMPETENCIES TO BE ATTAINED DURING INTERMEDIATE MODULE

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The level of competence to be achieved each year is specified according to the key, as follows:

- 1. Observer status.
- 2. Assistant status.
- 3. Performed under direct supervision.
- 4. Performed independently



COMPETENCIES		First Year										Total Cases First Year
		3 Months		6 Months		9 Months		12 Months				
		Level	Cases	Level	Cases	Level	Cases	Level	Cases			
Obstetrics Antenatal (OPD & WARD)												
Eliciting Pertinent history		4	30	4	30	4	30	4	30	4	30	120
Performing physical examination		4	30	4	30	4	30	4	30	4	30	120
Requesting appropriate investigations		3	30	3	30	4	30	4	30	4	30	120
Interpreting the results of investigations		3	30	3	30	4	30	4	30	4	30	120
Deciding and implementing appropriate treatment		2	30	2	30	3	30	4	30	4	30	120
Managing immediate complications		1	30	2	30	3	30	4	30	4	30	120
Maintaining follow-up		3	30	4	30	4	30	4	30	4	30	120
Using ultrasound (basic)		1	5	1	5	2	5	2	10	2	10	25
Fetal monitoring (including CTG)		3	30	4	30	4	30	4	30	4	30	120
Amniocentesis		-	-	-	-	-	-	-	-	1	Actual or demonstration on models	
Management of emerging medical and surgical medical disorders in pregnancy Including Dengue Fever		1	10	2	10	3	10	3	10	3	10	40



COMPETENCIES	First Year										Total Cases First Year
	3 Months		6 Months		9 Months		12 Months				
	Level	Cases	Level	Cases	Level	Cases	Level	Cases			
Obstetrics Intrapartum (Labour Room & Theatre)											
Assessment on admission	2	30	3	30	4	30	4	30	4	30	120
Medical induction of labour	2	5	2	5	3	4	4	4	4	5	20
Surgical induction of labour	2	5	2	5	3	4	4	4	4	5	20
Management of normal labour	2	30	2	30	3	30	3	30	4	30	120
Performing and repairing episiotomy	2	5	2	5	3	10	3	10	4	10	35
Repair of vaginal and perineal tears (excluding third degree tears)	2	2	2	2	3	3	3	3	4	3	10
Repair of third degree tears	1	-	1	-	2	-	2	-	2	-	-
Repair of cervical tears	1	2	2	2	3	3	3	3	4	3	10
Prevention and Immediate management of PPH including use of misoprostol according to FIGO criteria	2	5	3	5	4	5	4	5	4	5	20
Manual removal of placenta	1	3	1	3	2	3	2	3	2	3	12
Outlet forceps delivery	1	2	2	2	3	2	3	2	4	2	8
Vacuum extraction	1	2	2	2	3	3	3	3	4	3	11
Caesarean section	1	10	2	10	3	10	3	10	4	10	40
Repair of ruptured uterus (cases distributed in 12 months)	1	-	1	-	2	-	2	-	2	-	5
Obstetric hysterectomy (as above)	1	-	1	-	2	-	2	-	2	-	3
Repositioning of (acute) inverted uterus (as above)	1	-	1	-	1	-	1	-	2	-	2
Breech, twin delivery, etc.	1	3	1	3	2	3	2	3	2	3	12
Obstetrics Postnatal											
Resuscitation of new born	1	20	2	20	3	20	3	20	3	20	80
Contraception counseling including post abortion family planning.	2	50	3	50	3	50	3	50	4	50	200
Insertion of IUCD including PPIUCD	1	5	2	5	3	5	3	5	3	5	20
Breast feeding Counseling	3	50	3	50-	3	50	3	50	4	50	200-



COMPETENCIES		First Year										Total Cases First Year
		3 Months		6 Months		9 Months		12 Months				
		Level	Cases	Level	Cases	Level	Cases	Level	Cases			
Gynaecology OPD & Ward (number of cases distributed in 12 months)												
Eliciting Pertinent history	4	40	-	-	-	-	-	-	-	-	-	40
Performing physical examination	4	40	-	-	-	-	-	-	-	-	-	40
Requesting appropriate investigations	3	40	-	-	-	-	-	-	-	-	-	40
Interpreting the results of investigations	3	40	-	-	-	-	-	-	-	-	-	40
Deciding and implementing appropriate treatment	2	40	-	-	-	-	-	-	-	-	-	40
Managing immediate complications including Post abortion care (PAC with misoprostol)	1	40	-	-	-	-	-	-	-	-	-	40
Maintaining follow-up	3	40	-	-	-	-	-	-	-	-	-	40
Taking Pap smears	2	10	-	-	-	-	-	-	-	-	-	10
Arranging assessment by an anesthetist	2	30	-	-	-	-	-	-	-	-	-	30
Colposcopy	1	5	-	-	-	-	-	-	-	-	-	5
Hystero-salpingography (injection of dye)	2	5	-	-	-	-	-	-	-	-	-	5
LLETZ/Cauterization of cervix/cryosurgery	1	2	-	-	-	-	-	-	-	-	-	2



COMPETENCIES		First Year										Total Cases First Year
		3 Months		6 Months		9 Months		12 Months		Cases		
		Level	Cases	Level	Cases	Level	Cases	Level	Cases			
Gynaecology Operative Skills (B1 General Skills) (number of cases distributed in 12 months)												
Scrubbing		3	30	-	-	-	-	-	-	-	-	30
Opening & Closing abdomen		1,2	20	-	-	-	-	-	-	-	-	20
Gynaecology Operative Skills (B2 Operations) (number of cases distributed in 12 months)												
Evacuation of Retained products of conception -Both manual and electronic vacuum aspiration		2	10	-	-	-	-	-	-	-	-	10
Dilatation & Curettage		2	5	-	-	-	-	-	-	-	-	5
Cervical Biopsy		2	2	-	-	-	-	-	-	-	-	2
Polypectomy		2	2	-	-	-	-	-	-	-	-	2
Marsupialization of Bartholin’s Cyst		2	2	-	-	-	-	-	-	-	-	2
Mini laparotomy (for tubal ligation)		2	5	-	-	-	-	-	-	-	-	5
Drainage of abscess		2	2	-	-	-	-	-	-	-	-	2
Post-partum tubal ligation		2	5	-	-	-	-	-	-	-	-	5
Diagnostic laparoscopy		1	5	-	-	-	-	-	-	-	-	5
Hysteroscopy		1	5	-	-	-	-	-	-	-	-	5
Ovarian cystectomy		1	3	-	-	-	-	-	-	-	-	3
Laparotomy for ectopic pregnancy		1	5	-	-	-	-	-	-	-	-	5
Myomectomy		1	1	-	-	-	-	-	-	-	-	1
Abdominal hysterectomy		1	5	-	-	-	-	-	-	-	-	5
Vaginal hysterectomy		1	2	-	-	-	-	-	-	-	-	2
Repair of vaginal wall prolapse		1	2	-	-	-	-	-	-	-	-	2



COMPETENCIES		Second Year						
		15 Months		18 Months		21 Months		Total Cases Second Year
		Level	Cases	Level	Cases	Level	Cases	
Obstetrics Antenatal ( OPD & WARD)								
Eliciting Pertinent history		4	30	4	30	4	30	90
Performing physical examination		4	30	4	30	4	30	90
Requesting appropriate investigations		4	30	4	30	4	30	90
Interpreting the results of investigations		4	30	4	30	4	30	90
Deciding and implementing appropriate treatment		4	30	4	30	4	30	90
Counseling for FP including PPFP & Post Abortion FP, PPIUCD insertion		3	15	3	15	4	20	50
Managing immediate complications		4	30	4	30	4	30	90
Maintaining follow-up		4	30	4	30	4	30	90
Using ultrasound (basic)		3	10	4	10	4	10	30
Fetal monitoring (including CTG)		4	30	4	30	4	30	90
Amniocentesis		-	-	-	-	-	-	Actual or demonstration on models
Management of medical disorders in pregnancy including Dengue Fever, inherited thrombophilia, Zika Virus etc.		4	15	4	15	4	15	45



COMPETENCIES	Second Year						
	15 Months		18 Months		21 Months		Total Cases 1st Year
	Level	Cases	Level	Cases	Level	Cases	
Obstetrics Intrapartum (Labour Room and Theatre)							
Assessment on admission	4	30	4	30	4	30	90
Medical induction of labour	4	5	4	5	4	5	15
Surgical induction of labour	4	5	4	5	4	5	15
Management of normal labour	4	30	4	25	4	25	80
Performing and repairing episiotomy	4	10	4	10	4	10	30
Repair of vaginal and perineal tears (excluding third degree tears)	4	2	4	2	4	2	6
Repair of third degree tears	3	-	3	-	4	-	8
Repair of cervical tears	4	3	4	3	4	4	10
Prevention and Immediate management of PPH including use of misoprostol according to FIGO criteria	4	5	4	5	4	5	15
Manual removal of placenta	2	4	2	4	3	4	12
Outlet forceps delivery	4	2	4	4	4	4	10
Vacuum extraction	4	3	4	3	4	3	9
Caesarean section	4	15	4	15	4	15	45
Repair of ruptured uterus (cases distributed in 12 months)	3	-	3	-	4	5	5
Obstetric hysterectomy (as above)	3	-	3	-	4	3	3
Repositioning of (acute) inverted uterus (as above)	3	-	3	-	4	2	2
Breech, twin delivery	4	3	4	3	4	2	8
Obstetrics Postnatal							
Resuscitation of new born	4	20	4	20	4	20	60
Contraception counseling including post abortion family planning.	4	50	4	50	4	50	150
Insertion of IUCD including PPIUCD	4	15	4	15	4	15	45
Breast feeding Counseling	3	-	3	-	3	-	-



COMPETENCIES		Second Year						
		15 Months		18 Months		21 Months		Total Cases 1st Year
		Level	Cases	Level	Cases	Level	Cases	
Gynaecology OPD & Ward (number of cases distributed in 12 months)								
Eliciting Pertinent history		4	20	-	-	-	-	20
Performing physical examination		4	20	-	-	-	-	20
Requesting appropriate investigations		3	20	-	-	-	-	20
Interpreting the results of investigations		3	20	-	-	-	-	20
Deciding and implementing appropriate treatment		2	20	-	-	-	-	20
Managing immediate complications including use of misoprostol		2	20	-	-	-	-	20
Maintaining follow-up		4	20	-	-	-	-	20
Taking Pap smears		3	10	-	-	-	-	10
Arranging assessment by an anesthetist		3	15	-	-	-	-	15
Colposcopy		2	10	-	-	-	-	10
Hystero-salpingography (injection of dye)		3	5	-	-	-	-	5
LLETZ / Cauterization of cervix /cryosurgery		2	2	-	-	-	-	2



COMPETENCIES		Second Year						
		15 Months		18 Months		21 Months		Total Cases 1st Year
		Level	Cases	Level	Cases	Level	Cases	
Gynaecology Operative Skills (B1 General Skills) (number of cases distributed in 12 months)								
Scrubbing		4	15	-	-	-	-	15
Opening & Closing abdomen		3,4	5	-	-	-	-	5
Gynaecology Operative Skills (B2 Operations) (number of cases distributed in 12 months)								
Evacuation of Retained products of conception-manual & Electronic Vacuum Aspiration		3	5	-	-	-	-	5
Dilatation & Curettage		3	5	-	-	-	-	5
Cervical Biopsy		3	3	-	-	-	-	2
Polypectomy		3	3	-	-	-	-	2
Marsupilization of Bartholin’s Cyst		3	2	-	-	-	-	2
Minilaparotomy (for tubal ligation)		3	5	-	-	-	-	5
Drainage of abscess		3	3	-	-	-	-	2
Post-partum tubal ligation		3	5	-	-	-	-	5
Diagnostic laparoscopy		2	5	-	-	-	-	5
Hysteroscopy		2	5	-	-	-	-	5
Ovarian cystectomy		2	3	-	-	-	-	3
Laparotomy for ectopic pregnancy		2	5	-	-	-	-	5
Myomectomy		2	2	-	-	-	-	1
Abdominal hysterectomy		2	5	-	-	-	-	5
Vaginal hysterectomy		2	3	-	-	-	-	2
Repair of prolapse		2	3	-	-	-	-	2



ROTATIONS		
	Level	Cases
NEONATOLOGY (Three Month Rotation)		
Neonatal Examination	1,2,3,4	10 each
Neonatal Resuscitation	1,2,3,4	10 each
Emergency drug dosage and side effects	1,2,3,4	5 each
I/V fluids in first seven days	1,2,3,4	5 each
Management of LBW	1,2,3,4	5 each
Recognition of Sepsis & emergency care	1,2,3,4	5 each
IMCI (Integrated management of Childhood illness)	1,2,3,4	5 each
Vaccination	1,2,3,4	5 each
<b>Recognition and emergency management of danger signs like:</b>		
i. Jaundice	1,2,3,4	10 each
ii. Respiratory distress	1,2,3,4	10 each
iii. Convulsions	1,2,3,4	10 each
iv. CCT	1,2,3,4	10 each
v. Anaemia	1,2,3,4	10 each
vi. Peripheral Circulatory Failure	1,2,3,4	10 each



ROTATIONS			Level	Cases
MEDICINE (Three Month Rotation)				
History, examination, Appropriate investigation and treatment of Medical problems relevant to OBG/GYNAE like:				
Inherited Thrombophilia		1,2,3,4	10 each	
Diabetes Mellitus		1,2,3,4	10 each	
Hypertension		1,2,3,4	10 each	
Liver Disease		1,2,3,4	10 each	
Anaemia		1,2,3,4	10 each	
Renal Diseases		1,2,3,4	10 each	
Thyroid Diseases		1,2,3,4	10 each	
Epilepsy		1,2,3,4	10 each	
Viral Diseases including Dengue Fever		1,2,3,4	10 each	
Preventive Management		1,2,3,4	10 each	
Minor medical procedures				
Paracentesis		1,2,3	5 each	
Aspiration		1,2,3	5 each	
Liver Biopsy		1	5 each	
Case Presentation/ Journal Club		4	3	



ROTATIONS		
	Level	Cases
DIAGNOSTIC RADIOLOGY (Three Months Rotation)		
Basics of Ultrasound Scan	1,2,3,4	10 each
Diagnosis of IUT Pregnancy	1,2,3,4	10 each
Fetal Biometry	1,2,3	10 each
Placental Localization	1,2,3	10 each
BPP(biophysical profile)	1,2,3	10 each
Diagnosis of Ectopic pregnancy	1,2	10 each
Identification of normal ovary & Uterus	1,2	10 each
Ovarian Follicle	1,2,3	10 each
Ovarian Cyst along with its characteristics	1,2,3	10 each
Interpretation of X-Ray Chest	1,2,3,4	15 each
Interpretation of HSG(hysterosalpingogram)	1,2,3,4	10 each
Interpretation of CT(computed tomography)	1,2	5 each
Interpretation of MRI( Magnetic resonance imaging)	1,2	5 each



ROTATIONS		Level	Cases
GENERAL SURGERY (Three Months Rotation)			
A. PATIENT MANAGEMENT			
Eliciting pertinent history		4	25
Performing physical examination		4	25
Ordering appropriate investigations		3	25
Interpreting the results of investigations		3	25
Assessing for fitness to undergo surgery		3	25
Deciding and implementing appropriate treatment		2	25
Postoperative management & monitoring		3	25
B. PREPARATION FOR SURGERY			
Preoperative preparation for various surgical procedures		3	20
Aseptic techniques		4	20
Position of patient on operation table for perianal surgery and laparotomy		4	20
Suture materials used in different surgical procedures /stapling devices andtechniques		4	20
Common surgical instruments & appliances (Including laparoscopic instruments)		4	20



ROTATIONS			Level	Cases
GENERAL SURGERY (Three Months Rotation)				
<b>C-1. SURGICAL PROCEDURES &amp; MANAGEMENT</b>				
Controlling hemorrhage			2	10
Debridement, wound excision, closure/suture of wound (excluding repair of special tissues like nerves and tendons)			2	10
Incision and drainage of abscesses (excluding deep seated abscesses and in peritoneum and other serous cavities)			2	10
Urethral catheterization using soft and hard catheters			4	10
Suprapubic puncture			2	2
<b>C-2. SURGICAL PROCEDURES &amp; MANAGEMENT</b>				
Venesection / Femoral tap			2	4
Placement of CVP line			3	1
Biopsy of skin lesions, subcutaneous lumps or swellings			3	2
Excision of soft tissue tumors and cysts			2	4
Opening and closing abdomen			4	10
Proctoscopy and interpretation of findings			1	2
Proctosigmoidoscopy			2	2
Percutaneous needle aspiration under ultrasound guidance /CT scan			2	1
<b>D. ABDOMINAL OPERATIONS</b>				
Intestinal resection and anastomosis			2	2
Stoma formation			2	1
Fundamentals of laparoscopic surgery			1	4
Use of stapling guns			2	1
Repair of Urinary bladder			2	4



ROTATIONS			Level	Cases
ANESTHESIA (Three Months Rotation)				
<b>A. CLINICAL SKILLS</b>				
History taking, Physical examination, interpretation of investigations, including Radiology for CXR & X-ray cervical spine			4	20
Management of concurrent illness and medications for pre-op, assessment with relevance to anesthesia, advice on pre-op medications & preparation			3	20
Risk assessment , Anesthesia Plan & Administration of Anesthesia			2	20
Recovery and Post-op Care			3	20
Crisis Management & Resuscitation			3	5
<b>B. PAIN MANAGEMENT</b>				
<b>a. Post-operative</b>				
Systemic			2	20
<b>b. Epidural for Labor Analgesia</b>			1	5
<b>C. PROCEDURAL SKILLS</b>				
<b>Intra-vascular Access and Interpretation of graphs</b>			3	40
1. Peripheral IV Cannulation			2	5
2. Central IV Cannulation				
<b>Airway Management</b>			3	40
1.Masks, Guided Airway, Nasal airways			3	10
<b>2. Endotracheal Intubation</b>				
<b>Regional Techniques</b>				
1. Spinal/GA			2	10
<b>Local Blocks (Miscellaneous)</b>				
Use of Monitors & interpretation of information, Oximetry, Capnography, NIBP, ECG, Temperature, Peripheral Nerve Stimulator				
			3	40



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FCPS

OBSTETRICS &  
GYNAECOLOGY

**Guidelines for  
formative assessment**



## ASSESSMENT

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### FORMATIVE ASSESSMENT (*Mandatory from 1<sup>st</sup> March 2023*)

College of Physicians and Surgeons Pakistan, in order to implement competency based education in letter and spirit, is introducing Work Placed Based Assessment (WPBA) in addition to institutional/ departmental assessments. To begin with college is introducing Mini-CEX and DOPS to ensure that the graduates are fully equipped with the clinical competencies.

- WPBA tools are entirely formative tools of assessment and are to be accompanied with constructive feedback
- Each Mini-CEX / DOPS encounter extends for about 20 minutes with 05 minutes for feedback & further action plan
- In case of unsatisfactory performance of the resident, a remedial has to be completed within stipulated time frame
- The topics given below are to be covered accordingly, focusing each time on a different area/procedure/topic (at least one Mini-CEX and one DOPS in each quarter).
- The resident has the onus to report to the supervisor when he/she is prepared to appear for either Mini-CEX or DOPS.
- The supervisor will arrange for the session of WPBA and after completing the session will retrieve online prescribed assessment form (sample given below), fill it and make entries online (e-portal)
- Non-compliance by the resident has to be reported in quarterly feedback

#### Topics' List for Mini-CEX

***Mini-CEX encounters will be arranged to cover/assess skills essential to provision of good clinical care including History taking, Physical examination, Communication, Professionalism, Diagnosis and Management***

#### 1<sup>st</sup> Year:

- Antenatal care/Puerperium/Lactation
- Medical Disorders in Pregnancy
- Menstrual Problems
- Early Pregnancy issues (Ectopic/Gestational Trophoblastic Disease).
- Family Planning

#### 2<sup>nd</sup> Year:

- Antenatal Care
- Normal Labour
- Abnormal Labour
- Normal Puerperium
- Abnormal Puerperium
- Menstrual problems of Menarche, Adolescence, Reproductive age and Menopause
- Problems of early Pregnancy



### **3<sup>rd</sup> Year:**

- Hypertensive Disorders in Pregnancy
- Anaemia in Pregnancy
- Diabetes in Pregnancy
- Jaundice in Pregnancy
- Thyroid Disorders in Pregnancy
- Infectious Diseases in Pregnancy
- Fetal and Maternal Monitoring: Cardiotocography (CTG)
- Fetal and Maternal Monitoring: Partogram
- Fetal and Maternal Monitoring: Ultrasound
- Benign Tumors of Genital tract
- Vaginal Discharge
- Endometriosis
- Genital Tract Infections
- Dysmenorrhea and Pelvic Pain
- Prolapse
- Urinary Incontinence
- Urinary Tract Infections

### **4<sup>th</sup> Year:**

- Intra Uterine Growth Restriction (Management)
- Ante-Partum Haemorrhage (Management)
- Post-Partum Haemorrhage (Management)
- Perinatal Infections (Management)
- Subfertility: Male and Female Contraception
- Rape and Sexual Assault
- Premalignant and Malignant Conditions of Genital Tract





# MINI CLINICAL EVALUATION EXERCISE (CEX)

Specialty: FCPS Obstetrics & Gynaecology

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

Resident's Name: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ R&RC Number: \_\_\_\_\_

Year of Residency: ☐ R1 ☐ R2 ☐ R3 ☐ R4

Quarter: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

Setting: ☐ Ward ☐ Outdoor (Hospital/Community) Others: \_\_\_\_\_

Diagnosis of Patient: \_\_\_\_\_ Patient Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Clinical Area: \_\_\_\_\_

Complexity of Case/ Procedure: ☐ Low/Easy ☐ Moderate/Average ☐ High/Difficult ☐ N/A

Focus of Clinical Encounter: ☐ History taking ☐ Physical Examination ☐ Management

☐ Communication Skills ☐ Other

Please grade the following areas on the given scale:	Not Observed / Applicable	Below Expectations		Satisfactory	Above Expectation	Excellent
		1	2	3	4	5
Informed Consent of patient						
Interviewing Skills						
Systematic Progression						
Presentation of positive & significant negative findings						
Justification of actions						
Professionalism						
Organization/Efficiency						
Overall clinical competence						

Assessor's Satisfaction with Mini-CEX:

(Low) 1 2 3 4 5 (High)

Resident's Satisfaction with Mini-CEX:

(Low) 1 2 3 4 5 (High)

Strengths	Suggestions for Improvements

Encounter to be repeated ☐ YES ☐ NO

Signature



## **Topics' List for DOPS**

### **IMM (Years 1 & 2):**

- Normal Vaginal Delivery with Episiotomy/Post-partum Intrauterine Contraceptive Device (PP-IUCD) Insertion
- Outlet Forceps Delivery/Vacuum Delivery
- New born Resuscitation
- Repair of 1st & 2nd degree Perineal Tears
- Opening and Closing Abdomen
- Scrubbing, Gowning, Gloving
- Evacuation Curettage/Dilation & Curettage (D&C)/Suction Curettage
- Cervical Smear/Cervical Biopsy/Cautery/Polypectomy
- Marsupialization of Bartholin Cyst/Abscess
- Intrauterine Contraceptive Device (IUCD) insertion/Jadelle Insertion
- Breech Vaginal Delivery/Twin Vaginal Delivery
- Caesarean section (excluding opening & closing of abdomen)
- Application of B-Lynch Suture
- Cervical Tear Repair
- Shoulder Dystocia
- Diagnostic Laparoscopy
- Cervical Cerclage
- Mini-Laparotomy Tubal Ligation
- Laparotomy for Ectopic Pregnancy

### **Post-IMM (Years 3 & 4):**

- Correction of Inverted Uterus
- Cord Prolapse
- Repair of 3rd and 4th degree Perineal Tears
- Repair of Ruptured Uterus
- Ovarian Cystectomy
- Colposcopy
- Diagnostic Hysteroscopy
- Urodynamics/Cytometry procedure/Interpretation of Graphs
- External Cephalic Version
- Uterine Artery Ligation
- Myomectomy
- Abdominal Hysterectomy
- Repair of Prolapse
- Operative Laparoscopy/ Cystectomy/Salpingectomy





## DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

Specialty: **FCPS Obstetrics & Gynaecology**

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

**PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES**

Assessor: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

Resident's Name: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ R&RC Number: \_\_\_\_\_

Year of Residency: ☐ R1 ☐ R2 ☐ R3 ☐ R4

Quarter: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

Setting: ☐ O.T. ☐ Procedure Room ☐ Other: \_\_\_\_\_

Diagnosis of Patient: \_\_\_\_\_ Patient Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of Procedure: \_\_\_\_\_

Complexity of Case/ Procedure: ☐ Low/Easy ☐ Moderate/Average ☐ High/Difficult ☐ N/A

Number of times procedure performed by Resident: \_\_\_\_\_

Please grade the following areas on the given scale:	Not Observed / Applicable	Below Expectation		Satisfactory	Above Expectation	Excellent
		1	2	3	4	5
Indications, anatomy & steps of procedure						
Informed consent, with explanation of procedure and complications						
Preparation for procedure						
Clinical Knowledge						
Use of Anesthesia, Analgesia or sedation						
Observance of asepsis (Measures for infection control)						
Safe use of instruments						
Documentation and Post-procedure instructions to patient and staff						
Team interaction						
Use of accepted techniques (Technical skills)						
Management of unexpected event (or seeks help)						
Professionalism						
Overall ability to perform whole procedure						

Assessor's Satisfaction with DOPS:

(Low) 1 2 3 4 5 (High)

Resident's Satisfaction with DOPS:

(Low) 1 2 3 4 5 (High)

Strengths	Suggestions for Improvements

Encounter to be repeated ☐ YES ☐ NO

Signature