



Sri Guru Ram Das University of Health Sciences, Sri Amritsar

Department of Obstetrics & Gynaecology

Theory Paper A		Theory Paper B	
TOPICS	Marks Distribution	TOPICS	Marks Distribution
Anatomy & Physiology	10	Development of Genital organs	5
Antenatal Case & prenatal counselling	5	Anatomy of female pelvic organs Blood supply, Lymphatics & Nerve Supply	8
Normal labour & normal Puerperium	10	Menstruation, Puberty, Menopause & Amenorrhea	15
Abnormal labor & complications of Puerperium	7	STD's & Pelvic infections	8
Haemorrhage in pregnancy	10	AUB	5
Complications of 3rd stage of labour	10	Displacement of the uterus	5
Medical & surgical complications in pregnancy	8	Infertility	10
Preterm labour, preterm rupture of membranes, prolonged pregnancy & IUFD	6	Benign lesions of cervical tract – Endometriosis, Adenomyosis, Fibroid,	15
Complicated pregnancy – VBAC, Rh. Neg. BOH, Obesity in pregnancy	5	malignant lesions of genital tract	10
New born infant diseases of fetus & newborn	10	Contraception	10
Pharmacotherapeutics in obstetrics, Induction of Labour	5	Preoperative, Intraoperative, Postoperative care in Gynae	5



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Theory Paper A		Theory Paper B	
Operative obstetrics	5	Current Topics: Laparoscopy, Hysteroscope, Role of Stem cells	4
Current topics in obstetrics	4		
Imaging in obstetrics	5		
Total marks	100	Total marks	100

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Guidelines for Question paper as per the National Medical Council, competency based undergraduate Curriculum for Indian Medical Graduate.

Theory paper should include question from competences and from Non-Core Competency

BLUEPRINT OF THEORY PAPER

[illegible]



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4.	Short Notes	These provide opportunity to sample a wider content, albeit in a short time. The Questions should be task oriented rather than 'Write a short notes on XXXX' Preferably use verbs(As per list attached) In framing question and structure them as far as possible	Paper A (08 Questions) From Core competencies as per competency based undergraduate curriculum for the Indian Medical Graduate Volume III Marks for each part should be indicated separately Paper B (08 Questions)	08X05=40 08X05=40
5.	Applied Questions	Questions on applied aspect	Paper A (03 Questions) From Core competencies as per competency based undergraduate curriculum for the Indian Medical Graduate Volume III Paper B (03 Questions)	03X05= 15 03X05= 15

Total Marks 200(Paper A-100 Marks, Paper B-100Marks)



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Division of Topics

Blueprinting in Knowledge domain

Level	Topic A	Topic B	Topic C	Topic D	Total
Knowledge	01	02	01	01	5(20%)
Comprehension	01	01	01	02	5(20%)
Application	02	01	01	01	5(20%)
Analysis	01	01	02	02	6(24%)
Synthesis		01		01	2(08%)
Evaluation	02		01		2(08%)
Total	06(24%)	06(24%)	06(24%)		25(100%)

Verbs in various levels in knowledge domain (Bloom's taxonomy)

Knowledge	Define, Describe, Draw, Find, Enumerate , City , Name , Identify , List, label, Match, Sequence, Write, state, Choose, Indicate, Isolate, Order, Recognize, underline
Comprehension	Discuss, conclude, Articulate, Associate, Estimate, Rearrange, demonstrate understanding , Explain, generalize, Identify, Illustrate, Interpret, Review, Summaries, Extrapolate, update
Application	Apply, Choose, compute, Modify, Solve, Prepare, Produce, Select, Show, Transfer use
Analysis	Analyse, Characterise, classify, compare, contrast, debate, diagram, differentiate, distinguish, relate, categories
Synthesis	Compose, construct, Create, Verify, Determine, Design, Develop, Intergrade, Organise, Plan, Produce, Propose, rewrite ,
Evaluation	Appraise. Assess, Conclude, Critic, Decide, Evaluate, Judge, Justify, Predict, Prioritise, Prove, Rank

The Question part of the MCQ (Item is Called Stem: Correct answer is called the key and the rest of the options are called distractors



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Steps in Writing:

1. Select the specific learning objectives which you want to test.
2. Write the stem, it should be self-explanatory and complete, avoid using terms like (NOT, EXPECT, NEVER, ALWAYS, SOMETIMES) in the stem, if the terms are being used, they should be in UPPERCASE and bold letter.
3. Write unambiguous and unarguably the correct answer to the stem.
4. Select the most plausible alternatives and arrange them in the form of options.
5. Avoid window dressing of the stem this means adding superfluous and unnecessary words which confuses the student.
6. Abbreviations should be avoided.
7. Options should be grammatically parallel to the key, and should be parallel and have the same relation to the stem.
8. When writing options, avoid duplications or making options all inclusive, e 1-6, 6-10 etc.
9. The options should be arranged in rank order, eg. 256, 266, 280, 290 and not 290, 266, 280, 256.
10. "All the above" and "None of the above" should be avoided as an option.



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DISTRIBUTION OF MARKS:

Papers		Maximum Marks	Minimum Passing Marks
Theory (Summative Assessment) (100+100=200Marks)	Theory Paper A (Sample paper Attached)	100Marks	Mandatory to get 40% marks separately in theory and in practical and with minimum 50% in aggregate for theory plus practical.
	Theory Paper B (Sample paper Attached)	100Marks	
Practical *(Summative Assessment) (60+40=100 Marks) 01. Practical/clinical examinations will be conducted in the field practice area in the families allotted to the student. The objective will be to assess proficiency and skills to conduct family health study, public health experiments, interpret data and form logical conclusion.) 2. Viva/oral examination should assess knowledge of core competencies, their practical applications and identification of public health equipment and instruments approach to family health management, emergencies, and attitudinal, ethical and professional values. Candidate's skill in interpretation of common investigative data, of specimens, etc. is to be also assessed	Long Case :80 marks Short Case (1) :40 marks Short Case (2) :40 marks Instruments, X-Ray: 20 marks Spotters	200 Marks	
	Viva (Oral examination should focus on the application and interpretation) 20 Marks		
Internal Assessment (Not added to the marks of the university examinations and should be shown separately in the grade card) *	Theory	500Marks	50% combined in theory and practical (not less than 40% in each for eligibility for appearing for university examination)
	Practical	650Marks	

During practical examinations you are requested to use different methods of assessment tools to improve authenticity. Please refer to competency – based assessment module for UG medical education for more examples of assessment tools.



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Formative & Internal Assessment: - Internal assessment shall be based on day-to-day assessment. Efforts should be made to use multiple tools even for a given competency to improve validity and reliability of assessment

It shall relate to different ways in which learners participate in learning process which is day to day recorded in record book and log book in the form of :-

- a) Assignments
- b) Preparation for seminar
- c) Clinical case presentation
- d) Preparation of clinical case for discussion
- e) Clinical case study/problem solving exercise participation in project for health care in the surgery,
- f) Proficiency in carrying out a practical or a skill in small research project etc,



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Regular periodic examination shall be conducted throughout the course as per following schedule: -

SRI GURU RAM DAS INSTITUTE OF MEDICAL SCIENCES & RESEARCH												
DEPARTMENT OF MEDICINE/SURGERY/OBSTETRICS GYNECOLOGY												
MBBS		Year/phase 3 rd Prof Part-II					Session --					Cumulative percent of Theory & Practical
			Formative Assessment				Continuous Internal Assessment (Theory)					
S.no	Roll No.	Name of Student	1 st PCT Theory	2 nd PCT Theory	Prelims Theory (Paper I & II)	Home Assignment	Seminar	Continuous Class Test (LMS)	Museum Study	Library assignm ents	Attendance Theory	Total
										Self-Directed Learning		
			100	100	200	15	30	15	15	15	10	500
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												



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		DEPARTMENT OF MEDICINE/SURGERY/OBSTETRICS GYNECOLOGY											
		Year/phase 3 rd Prof Part-II Session:											
			Formative Assessment				Continuous Internal Assessment (Practical)						
S.no	Roll No.	Name of Student	1 st PCT practical/1 st Ward Leaving Exam	2 nd PCT practical/2 nd ward leaving exam	Prelims Practical	Log book (150)				Journal (Record book/ Portfolio)	Attendance (Practical)	Total	Percentage Practical (Minimum cut off 40%)
						Certifiable skill-based competencies (Through OSPE/ OSCE/ Spots/ Exercise/ other	AETCOM competencies	SVL Lab activity	Research				
			100	100	200	100	40	40	20	40	10	650	%
1.													
2.													
3.													
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8.													
9.													



SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR

MBBS 3rd Professional Part-II Examination

(Session Nov/Dec 2023)

Maximum Marks: 100

Time: 3 Hours

Subject- Obstetrics & Gynaecology

Paper A (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: MBN405A

I. Multiple Choice Questions (MCQs):

[10X1=10]

1. **A primigravida coming at 24 weeks of gestation. What is cut off value of cervical length for prediction of preterm labor.**
 - a. 0.25 cm
 - b. 1.5 cm
 - c. 2.5 cm
 - d. 3.5 cm
2. **A 42 years old pregnant female coming to antenatal clinic. Which of the following is used for screening of down syndrome in 1st trimester**
 - a. BETA HCG + PAPP-A
 - b. Unconjugated estradiol +PAPPA
 - c. AFP + Inhibin A
 - d. AFP +BHCG
3. **A patient coming at ten weeks POG with bleeding P/v USG showing snow storm appearance. Most Likely diagnosis is:**
 - a. Ectopic pregnancy
 - b. Hydatidiform mole
 - c. Viable pregnancy
 - d. Inevitable miscarriage
4. **A G2 P1 L1 diagnosed case of fetal growth restriction at 34 weeks underwent NST. With reference to FHR NST is said to be reactive when**
 - a. Two fetal heart rate acceleration noted in 20 minutes
 - b. One Fetal heart rate acceleration noted in 20 minutes
 - c. Three Fetal heart rate acceleration noted in 10 minutes
 - d. Three Fetal heart rate acceleration noted in 30 minutes
5. **A 35 years old patient came to OPD with last menstrual period unknown most appropriate USG to diagnose period of gestation is**
 - a. 1st trimester scan
 - b. 2nd trimester scan
 - c. 3rd trimester scan
 - d. USG at any time during pregnancy
6. **35 years old G3p2 L2 with previous 2 normal vaginal deliveries coming at 8 weeks of gestation for MTP. Which of the following method is best suited for her?**
 - a. Mifepristone + misoprostol
 - b. Menstrual regulation
 - c. Dilatation evacuation
 - d. Misoprostol alone
7. **A 30 years old patient coming with history of recurrent miscarriages, most common anatomical defect responsible for it.**
 - a. Arcuate uterus
 - b. Septate uterus
 - c. Bicornuate uterus
 - d. Unicornuate uterus

8. A primigravida coming for first antenatal care which of the following test is used to diagnose GDM
- RBS
 - FBS
 - HbA1c
 - OGTT
9. 26 years old G2P1 coming at 34 weeks POG with Hb. 7 gm/dl. Best line of treatment is:
- Iron tablets
 - Injectable iron
 - Iron syrup
 - Blood transfusion
10. A 32 years old woman just delivered term baby vaginally. Her clinician recommends not to breast feed her baby. She has cracked nipples. Which of the following medical conditions is most likely:
- Cystitis
 - Seizure disorders
 - HIV infection
 - Anemia
- II. Mrs. X 2nd gravida at 39 weeks gestations, admitted to the labor room with labour pains and cephalic presentation. [6+4=10]
- How will you assess descent of fetal head by abdominal examination?
 - How will you identify engagement of the head?
 - If she is 6 cm dilated at the time of admission, what will be expected rate of dilation from this and if rate is delayed. What action you will take.
- III. Describe physiological changes in uterus during pregnancy. Write briefly about Braxton HICKS Contractions. [10]
- IV. Give Reason: [3X5=15]
- What is the mechanism of sudden fetal demise in a case of gestational diabetes mellitus
 - Explain formation of Rh. antibodies in Rh-ve woman with Rh. + ve partner. How will you prevent Rh. Iso immunization.
 - Why grade IV placenta previa is considered dangerous?
- V. Write short notes on: [8X5=40]
- Describe the post evacuation follow up of H Mole
 - How will you evaluate a pregnant female age 35 years to rule out aneuploidies?
 - What is the role of biophysical profile in fetal assessment
 - Discuss active management of third stage of labor
 - Describe various types of pelvis in females
 - Discuss differences between concealed and revealed type of Hemorrhage in abruptio placenta
 - Explain steps of neonatal resuscitation
 - AETCOM Qus.
- VI. Write short notes on: [3X5=15]
- Role of Oral glucose tolerance test (OGTT) in GDM.
 - Role of lab investigations in hyperemesis gravidarum.
 - Discuss the prenatal counselling in the diagnosis of aneuploidies.



SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR

MBBS 3rd Professional Part-II Examination

(Session Nov/Dec 2023)

Maximum Marks: 100

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. **A 17 years old woman complains of severe pain for two years which is worsening. She had tried OC Pills and NSAIDS without relief. Her pregnancy test is negative. Which of the following is the best next step:**
 - a. Gn Rh agonist Treatment
 - b. Opioids
 - c. Psychiatric evaluation
 - d. Laparoscopy
2. **A 32 years old woman came with complaint of greenish vaginal discharge of 2 weeks duration. After evaluation clinician informed that her discharge is caused by sexually transmitted infection and that her partner also requires treatment. Which of following is most likely diagnosis:**
 - a. Candida
 - b. Trichomonas
 - c. Gardenella
 - d. HSV
3. **A 40 years old woman is diagnosed with uterine fibroids. She is currently asymptomatic. If she develops symptoms which of the following would be the most common manifestation**
 - a. Infertility
 - b. Abnormal uterine bleeding
 - c. Pelvic pain
 - d. Ureteral obstruction
4. **A 60 years old female presents with 3rd degree UV prolapse with Cystocele and Rectocele. What is the best line of treatment:**
 - a. Manchester repair
 - b. Sling operation
 - c. Vaginal hysterectomy with pelvic floor repair
 - d. Manchester repair
5. **Which of the following is the major support of uterus:**
 - a. Broad ligament
 - b. Cardinal ligament
 - c. Round ligament
 - d. Infudibulopelvic ligament
6. **A 35 years old patient came with history of dysmenorrhea, dyspareunia and infertility most likely diagnosis is:**
 - a. Fibroid
 - b. Adenomyosis
 - c. Endometrium Polyp
 - d. Endometriosis

7. 45 years old P3 L3 with complaint of profuse painless bleeding preceded by two months of amenorrhea. UPT negative. On USG endometrial thickness is 21 mm. most likely diagnosis is:
- Endometriosis
 - Metropathica hemorrhagica
 - Incomplete abortion
 - Endometritis
8. 46 years old P2L2 presents with abnormal uterine bleeding. On examination uterus is globular enlarged to 12 weeks size. Her ultrasound is showing posterior myometrial thickening. Most likely diagnosis is:
- Adenomyosis
 - Endometriosis
 - Fibroid
 - Endometrial polyp
9. A 25 years old woman slightly obese, hirsute with h/o irregular menses. Most likely diagnosis is:
- PCOS
 - Fibroid uterus
 - Ovarian insufficiency
 - Hyperprolactinemia
10. A 17-year-old girl has come with chief complaint of primary amenorrhea. There is no development of breasts or hair in the pubic or axillary region. Her height is 155 cm and her weight is 48 kg. She has bilateral inguinal masses. On ultrasound examination, the uterus, fallopian tube and ovary are absent. What is the most likely diagnosis?
- Complete androgen insensitivity syndrome
 - Hypogonadotropic hypogonadism
 - Turner syndrome
 - Polycystic ovary syndrome
- II. A 50 years old female presents with heavy and irregular bleeding for the last six months. [2+2+3+3=10]
- How will you proceed with the case?
 - List the investigations.
 - What is the probable diagnosis of the above case?
 - How will you treat the patient?
- III. Define menopause. Discuss physiology of menopause and role of menopause replacement therapy [2+3+5=10]
- IV. Give Reasons: [3X5=15]
- Explain the reason why fibroid causes Abnormal uterine bleeding.
 - How endometriosis causes infertility.
 - Why combined hormonal contraceptive are not used in postpartum period.
- V. Write short notes on: [8X5=40]
- Discuss the causes of male infertility.
 - Describe tubal patency testing methods.
 - Explain medical management of fibroid.
 - Describe clinical features, diagnostic criteria and differential diagnosis of PCOS.
 - Enumerate causes and investigations of postmenopausal bleeding.
 - Discuss cervical screening.
 - Complications of dilation and curettage.
 - AETCOM Qus.
- VI. Write short notes on: [3X5=15]
- Discuss ovarian cycle and endocrinology of ovulation
 - Explain role of imaging in diagnosing Mullerian anomalies
 - Enumerate ovulation inducing agents and discuss their merits and demerits.