

Gynecology and Obstetrics

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Physiology of Reproduction
- **Teacher:** Prof. Dr. Sartaj Begum
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Describe** the major components of the female reproductive system involved in reproduction.
2. **Explain** the physiological sequence of the hypothalamic–pituitary–ovarian axis during the reproductive cycle.
3. **Interpret** the major physiological changes occurring during the menstrual and ovarian cycles.
4. **Correlate** ovulation, fertilization and implantation with the normal reproductive cycle.
5. **Identify** the physiological basis of common reproductive events relevant to clinical obstetric practice.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce the concept of normal reproduction and establish learning objectives.	Share prior knowledge and identify major reproductive events.	Interactive questioning	PPT, reproductive system diagram	Oral questioning
10 min	Review reproductive anatomy and introduce the hypothalamic–pituitary–ovarian axis. Emphasize physiological hormonal interactions.	Participate in guided recall and construct the hormonal pathway.	Interactive lecture, retrieval learning	PPT, schematic diagram	Verbal assessment
20 min	Discuss ovarian and menstrual cycles, follicular development, ovulation and hormonal changes. Emphasize physiological sequence and relationships.	Interpret cycle diagrams and identify key physiological changes.	Concept mapping, interactive lecture	Cycle diagrams, PPT	Formative questioning
10 min	Discuss fertilization, implantation and early physiological reproductive events. Relate these to clinical obstetric practice.	Analyze a short clinical scenario and correlate physiological events.	Case-based learning	Clinical vignette, PPT	Case-based assessment
10 min	Integrate hormonal regulation with reproductive events and highlight clinically important physiological concepts.	Explain relationships between hormones and reproductive events.	Think–Pair–Share	Summary diagram	Peer discussion + questioning
5 min	Summarize key concepts and provide corrective feedback based on formative assessment.	State key learning points and identify areas requiring further study.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Concept-map interpretation
- Diagram-based assessment
- Short clinical scenario
- Peer discussion
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
4. Hall JE. *Guyton and Hall Textbook of Medical Physiology*. Latest edition.
5. Ganong WF. *Review of Medical Physiology*. Latest edition.
6. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Placenta & Membrane, Amniotic Fluid, Umbilical Cord
- **Teacher:** Prof. Dr. Farhana Begum
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Identify** the major components and functions of the placenta, fetal membranes and umbilical cord.
2. **Describe** the basic structural and functional relationships between the placenta, membranes and fetus.
3. **Explain** the physiological roles of amniotic fluid and the umbilical cord in normal pregnancy.
4. **Differentiate** major normal and clinically significant variations involving the placenta, membranes and umbilical cord.
5. **Correlate** abnormalities of the placenta, membranes and umbilical cord with their potential obstetric significance.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce the topic through the role of placenta, membranes and cord in pregnancy; state learning objectives.	Recall basic fetal–maternal relationships and participate in discussion.	Interactive questioning	PPT, labelled diagrams	Oral questioning
10 min	Review basic placental development, structure and major functions; emphasize clinically relevant relationships.	Interpret diagrams and identify major structures.	Interactive lecture, retrieval learning	Placental diagrams, PPT	Diagram-based questioning
15 min	Discuss fetal membranes and amniotic fluid; emphasize physiological roles and clinically relevant abnormalities.	Participate in guided discussion and classify key findings.	Concept mapping, interactive lecture	PPT, schematic diagrams	Formative questioning
15 min	Discuss umbilical cord structure and clinically relevant variations; correlate findings with obstetric implications.	Analyze representative clinical scenarios and identify potential concerns.	Case-based learning	Clinical images, case vignettes	Case-based assessment
10 min	Integrate placenta, membranes, amniotic fluid and cord into a clinical framework; emphasize recognition of significant abnormalities.	Work in pairs to interpret findings and justify clinical significance.	Think–Pair–Share	Clinical diagrams, summary chart	Peer discussion + questioning
5 min	Summarize major concepts and provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Diagram-based identification
- Clinical scenario analysis
- Peer discussion
- Short formative assessment
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Moore KL, Persaud TVN, Torchia MG. *The Developing Human: Clinically Oriented Embryology*. Latest edition.
5. Hall JE. *Guyton and Hall Textbook of Medical Physiology*. Latest edition.
6. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Anatomical & Physiological Changes During Pregnancy

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Anatomical & Physiological Changes During Pregnancy
- **Teacher:** Prof. Dr. Farhana Begum
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Identify** the major anatomical changes occurring in the reproductive organs during normal pregnancy.
2. **Describe** the physiological adaptations of the cardiovascular, respiratory, renal, gastrointestinal and endocrine systems during pregnancy.
3. **Explain** the relationship between physiological adaptations and increasing gestational age.
4. **Differentiate** normal physiological changes of pregnancy from findings that may indicate pathological conditions.
5. **Apply** knowledge of normal maternal adaptations when interpreting common clinical findings during antenatal assessment.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce normal maternal adaptation to pregnancy and establish learning objectives.	Recall baseline physiology and identify expected changes.	Interactive questioning	PPT, diagrams	Oral questioning
10 min	Discuss anatomical changes in the uterus, cervix, vagina, breasts and abdominal wall; emphasize clinically observable changes.	Identify anatomical changes from diagrams and participate in discussion.	Interactive lecture, visual learning	PPT, anatomical diagrams	Diagram-based questioning
20 min	Discuss physiological adaptations of cardiovascular, respiratory, renal, hematological and gastrointestinal systems. Emphasize clinically relevant changes.	Compare normal pregnancy physiology with the non-pregnant state and participate in guided discussion.	Interactive lecture, concept mapping	System-wise summary diagrams	Formative questioning
10 min	Discuss endocrine, metabolic and musculoskeletal adaptations and their clinical relevance.	Correlate physiological changes with common antenatal findings.	Case-based discussion	PPT, clinical vignettes	Case-based assessment
10 min	Present short clinical scenarios requiring distinction between physiological and pathological findings.	Analyze scenarios and justify whether findings are physiological or require further evaluation.	Think–Pair–Share, CBME	Clinical cases	Peer assessment + questioning
5 min	Summarize major system-wise adaptations and provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Diagram-based identification
- Clinical scenario analysis
- Comparative interpretation
- Peer discussion
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Hall JE. *Guyton and Hall Textbook of Medical Physiology*. Latest edition.
5. Ganong WF. *Review of Medical Physiology*. Latest edition.
6. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

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1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Malposition & Malpresentation
- **Teacher:** Prof. Dr. Farhana Begum
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** malposition and malpresentation of the fetus.
2. **Identify** common types of fetal malposition and malpresentation using clinical and schematic representations.
3. **Explain** the major causes and predisposing factors associated with abnormal fetal presentation or position.
4. **Interpret** clinical findings from abdominal and vaginal examination to determine fetal presentation and position.
5. **Formulate** an initial management approach for common malpositions and malpresentations, including indications for referral or operative intervention.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce normal fetal lie, presentation and position; define malposition and malpresentation and state objectives.	Recall normal mechanisms of labour and participate in discussion.	Interactive questioning	PPT, fetal position diagrams	Oral questioning
10 min	Classify major types of malposition and malpresentation; emphasize key anatomical distinctions.	Interpret diagrams and identify fetal presentation/position.	Interactive lecture, visual learning	Fetal skull/pelvis diagrams, PPT	Diagram-based assessment
15 min	Discuss important causes and predisposing factors; emphasize maternal, fetal and placental factors.	Analyze risk factors and relate them to abnormal presentation.	Case-based discussion	Clinical vignettes, diagrams	Formative questioning
15 min	Demonstrate the clinical approach to diagnosis using abdominal examination, vaginal examination and relevant investigations.	Interpret examination findings and determine fetal lie, presentation and position.	Demonstration, guided clinical reasoning	Leopold's manoeuvres diagram, ultrasound images	Interpretation assessment
10 min	Discuss principles of management, including expectant management, correction where appropriate and indications for operative delivery.	Develop an initial management plan for selected cases.	Case-based learning, Think–Pair–Share	Management algorithm, clinical cases	Case-based assessment
5 min	Summarize classification, diagnosis and management principles; provide corrective feedback.	State key learning points and identify areas requiring further study.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Diagram-based identification
- Interpretation of abdominal/vaginal examination findings
- Clinical case analysis
- Management-plan formulation
- Immediate feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Ten Teachers. *Obstetrics by Ten Teachers*. Latest edition.
5. World Health Organization. *WHO Recommendations: Intrapartum Care for a Positive Childbirth Experience*.
6. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Congenital Malformation of Female Genital Organ
- **Teacher:** Prof. Dr. Farhana Begum
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** congenital malformations of the female genital tract.
2. **Identify** common congenital anomalies involving the uterus, cervix, vagina and related reproductive structures.
3. **Explain** the basic embryological basis of major female genital tract anomalies.
4. **Interpret** common clinical presentations suggestive of congenital genital tract anomalies.
5. **Outline** appropriate initial investigation and referral principles for patients with suspected congenital genital tract anomalies.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce congenital anomalies of the female genital tract and state learning objectives.	Recall basic female reproductive anatomy and embryology.	Interactive questioning	PPT, anatomical diagrams	Oral questioning
10 min	Introduce classification and anatomical patterns of congenital genital tract anomalies.	Interpret diagrams and identify major anatomical abnormalities.	Interactive lecture, visual learning	Anatomical diagrams, PPT	Diagram-based assessment
15 min	Discuss embryological basis and mechanisms underlying major anomalies. Emphasize clinically relevant developmental relationships.	Relate embryological defects to anatomical abnormalities.	Concept mapping, guided discussion	Embryology diagrams	Formative questioning
15 min	Present common clinical presentations, including menstrual, reproductive and obstructive symptoms; discuss appropriate diagnostic approach.	Analyze clinical scenarios and identify the likely anatomical abnormality.	Case-based learning	Clinical vignettes, ultrasound/MRI images	Case-based assessment
10 min	Discuss principles of investigation, multidisciplinary referral and broad management considerations.	Develop an appropriate initial evaluation pathway.	Think–Pair–Share	Diagnostic algorithm, imaging examples	Peer discussion
5 min	Summarize classification, clinical presentation and diagnostic principles; provide feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Diagram-based identification
- Embryology–anatomy correlation
- Clinical case interpretation
- Diagnostic pathway formulation
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Dutta DC. *Textbook of Gynecology*. Latest edition.
4. Moore KL, Persaud TVN, Torchia MG. *The Developing Human: Clinically Oriented Embryology*. Latest edition.
5. Hoffman BL, et al. *Williams Gynecology*. Latest edition.
6. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

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1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Diagnosis of Pregnancy
- **Teacher:** Dr. Akterunnahar (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** the clinical evidence used for diagnosis of pregnancy.
2. **Describe** the important presumptive, probable and positive signs of pregnancy.
3. **Differentiate** presumptive, probable and positive evidence of pregnancy in clinical scenarios.
4. **Select** appropriate clinical and laboratory methods for confirming pregnancy at different stages of gestation.
5. **Interpret** relevant clinical findings and investigation results to establish or exclude pregnancy.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce the clinical importance of diagnosing pregnancy and state learning objectives.	Recall relevant reproductive physiology and participate in discussion.	Interactive questioning	PPT	Oral questioning
10 min	Introduce the classification of evidence of pregnancy and emphasize the distinction between presumptive, probable and positive findings.	Classify clinical findings under appropriate categories.	Interactive lecture	PPT, summary diagram	Classification assessment
15 min	Discuss history and clinical examination findings relevant to pregnancy diagnosis.	Analyze clinical findings and determine their significance.	Case-based discussion	Clinical vignette, examination diagrams	Formative questioning
15 min	Discuss laboratory and imaging-based confirmation of pregnancy and their appropriate clinical use.	Interpret representative investigation findings and select appropriate confirmation methods.	Problem-based learning	Investigation reports, ultrasound images	Interpretation assessment
10 min	Present short clinical scenarios involving suspected pregnancy and differential interpretation of findings.	Work in pairs and formulate a diagnostic approach.	Think–Pair–Share	Clinical cases	Case-based assessment
5 min	Summarize the diagnostic approach and provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Classification of pregnancy signs
- Clinical finding interpretation
- Investigation-based assessment
- Clinical case analysis
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Ten Teachers. *Obstetrics by Ten Teachers*. Latest edition.
5. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

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1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Multiple Pregnancy; Polyhydramnios & Oligohydramnios
- **Teacher:** Dr. Akterunnahar (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** multiple pregnancy, polyhydramnios and oligohydramnios.
2. **Identify** important risk factors and clinical features associated with multiple pregnancy and abnormal amniotic fluid volume.
3. **Differentiate** the clinical and ultrasonographic features of polyhydramnios and oligohydramnios.
4. **Interpret** relevant clinical and ultrasound findings in suspected multiple pregnancy and abnormal amniotic fluid volume.
5. **Outline** the principles of antenatal assessment, monitoring and management of these conditions.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce multiple pregnancy and abnormal amniotic fluid volume; state learning objectives and clinical relevance.	Recall relevant antenatal concepts and participate in discussion.	Interactive questioning	PPT	Oral questioning
10 min	Discuss classification and important clinical features of multiple pregnancy. Emphasize antenatal recognition and major risks.	Identify clinical features and classify types using diagrams.	Interactive lecture, visual learning	PPT, ultrasound images	Formative questioning
15 min	Discuss polyhydramnios and oligohydramnios, including major causes and clinically important features.	Compare the two conditions and identify possible underlying causes.	Comparative learning, concept mapping	PPT, comparison diagram	Comparative assessment
15 min	Demonstrate the role of ultrasound in diagnosis and assessment, including fetal number, chorionicity/amnionicity and amniotic fluid assessment.	Interpret representative ultrasound findings and identify abnormalities.	Case-based learning	Ultrasound images, clinical cases	Image-based assessment
10 min	Discuss principles of antenatal surveillance, maternal–fetal assessment and broad management considerations.	Formulate an initial assessment and management approach for selected cases.	Think–Pair–Share	Clinical algorithms, case vignettes	Case-based assessment
5 min	Summarize key diagnostic and management principles and provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Classification exercises
- Clinical finding interpretation
- Ultrasound image interpretation
- Case-based assessment
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Ten Teachers. *Obstetrics by Ten Teachers*. Latest edition.
5. American College of Obstetricians and Gynecologists (ACOG). Relevant guidance on multifetal gestation and amniotic fluid disorders.
6. World Health Organization (WHO). Relevant guidance on antenatal care.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Antepartum Haemorrhage (APH)
- **Teacher:** Dr. Akterunnahar (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** antepartum haemorrhage and identify its major causes.
2. **Recognize** the important clinical features and risk factors of major causes of APH.
3. **Differentiate** placenta praevia, placental abruption and other important causes of APH based on clinical presentation.
4. **Formulate** an appropriate initial assessment of a pregnant woman presenting with APH, including maternal and fetal evaluation.
5. **Outline** the principles of immediate stabilization, investigation and definitive management according to maternal and fetal status.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce APH, its clinical importance and major causes; state learning objectives.	Recall relevant obstetric knowledge and participate in discussion.	Interactive questioning	PPT	Oral questioning
10 min	Discuss definition, classification and major causes of APH. Emphasize placenta praevia and placental abruption.	Classify causes and identify important risk factors.	Interactive lecture	PPT, clinical diagrams	Formative questioning
15 min	Compare clinical presentations of major causes, emphasizing pain, bleeding, uterine findings and fetal status.	Analyze clinical findings and differentiate likely causes.	Comparative case-based learning	Clinical vignettes, diagrams	Case-based assessment
15 min	Discuss systematic initial assessment, maternal stabilization, fetal assessment and appropriate investigations. Emphasize important precautions during evaluation.	Construct an initial assessment and stabilization approach for a clinical scenario.	Problem-based learning	Clinical algorithm, monitoring chart	Clinical reasoning assessment
10 min	Discuss principles of definitive management according to gestational age, cause, bleeding severity and maternal/fetal condition.	Develop an initial management plan and justify decisions.	Think–Pair–Share	Management algorithm, case vignettes	Case-based assessment
5 min	Summarize recognition, differentiation, stabilization and management principles; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Cause classification
- Clinical scenario interpretation
- Differential diagnosis
- Initial stabilization planning
- Management-plan formulation
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Ten Teachers. *Obstetrics by Ten Teachers*. Latest edition.
5. World Health Organization (WHO). *WHO Recommendations for Antenatal Care*.
6. American College of Obstetricians and Gynecologists (ACOG). Relevant guidance on obstetric haemorrhage.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Bleeding in Early Pregnancy—Abortion & Molar Pregnancy
- **Teacher:** Dr. Akterunnahar (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** abortion and molar pregnancy.
2. **Identify** the important clinical features and risk factors associated with different types of abortion and molar pregnancy.
3. **Differentiate** common causes of bleeding in early pregnancy using clinical findings and relevant investigations.
4. **Interpret** appropriate laboratory and ultrasound findings in patients presenting with early-pregnancy bleeding.
5. **Outline** the initial assessment, stabilization and management principles for abortion and molar pregnancy.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce early-pregnancy bleeding, its clinical importance and learning objectives.	Recall relevant reproductive and pregnancy physiology.	Interactive questioning	PPT	Oral questioning
10 min	Discuss classification of abortion and introduce molar pregnancy; emphasize clinically important distinctions.	Classify conditions based on presented clinical information.	Interactive lecture	PPT, classification diagram	Formative questioning
15 min	Discuss clinical presentation, risk factors and important differential diagnoses. Emphasize features requiring urgent evaluation.	Analyze clinical scenarios and identify the likely diagnosis.	Case-based learning	Clinical vignettes	Case-based assessment
15 min	Discuss diagnostic approach, including pregnancy assessment, laboratory evaluation and ultrasonography; emphasize interpretation of findings.	Interpret representative clinical and imaging findings.	Problem-based learning	Ultrasound images, investigation reports	Interpretation assessment
10 min	Discuss principles of stabilization and management of abortion and molar pregnancy, including follow-up considerations.	Develop an initial management approach for selected cases.	Think–Pair–Share	Management algorithm, clinical cases	Management-plan assessment
5 min	Summarize diagnosis and management principles and provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Classification of clinical conditions
- Clinical scenario interpretation
- Ultrasound/investigation interpretation
- Differential diagnosis
- Initial management planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Ten Teachers. *Obstetrics by Ten Teachers*. Latest edition.
5. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
6. World Health Organization (WHO). Relevant guidance on abortion care and early pregnancy complications.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Pelvic Inflammatory Disease (PID) & Genital Tuberculosis
- **Teacher:** Dr. Akterunnahar (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** pelvic inflammatory disease and genital tuberculosis.
2. **Identify** the major risk factors, clinical features and complications of PID and genital TB.
3. **Differentiate** PID and genital TB from other important causes of chronic pelvic pain, abnormal vaginal discharge and infertility.
4. **Select and interpret** appropriate investigations for suspected PID and genital TB.
5. **Outline** the principles of antimicrobial/antitubercular treatment, partner management, follow-up and prevention of complications.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce PID and genital TB, emphasizing their relevance to reproductive health and infertility.	Recall relevant anatomy and infection-related concepts.	Interactive questioning	PPT	Oral questioning
10 min	Discuss definitions, risk factors and classification; highlight important clinical patterns.	Identify risk factors and classify clinical presentations.	Interactive lecture	PPT, clinical diagrams	Formative questioning
15 min	Discuss clinical presentation and complications, emphasizing acute PID, chronic pelvic disease and reproductive consequences.	Analyze short clinical scenarios and identify likely diagnoses.	Case-based learning	Clinical vignettes	Case-based assessment
15 min	Discuss diagnostic approach, including appropriate laboratory, microbiological, imaging and tissue-based investigations where indicated.	Interpret representative investigation findings and select appropriate tests.	Problem-based learning	Investigation reports, ultrasound/imaging examples	Interpretation assessment
10 min	Discuss principles of treatment, partner management, prevention and follow-up; emphasize prevention of infertility and chronic complications.	Develop an initial management and follow-up plan.	Think–Pair–Share	Treatment algorithms, case vignettes	Management-plan assessment
5 min	Summarize key diagnostic and management principles and provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Risk-factor identification
- Clinical case interpretation
- Investigation selection and interpretation
- Differential diagnosis
- Initial management planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Dutta DC. *Textbook of Gynecology*. Latest edition.
4. Centers for Disease Control and Prevention (CDC). *Sexually Transmitted Infections Treatment Guidelines*.
5. World Health Organization (WHO). *WHO Consolidated Guidelines on Tuberculosis*.
6. Hoffman BL, et al. *Williams Gynecology*. Latest edition.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

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Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Medical Disorders in Pregnancy—Diabetes in Pregnancy
- **Teacher:** Dr. Md. Kamal Hossain (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** diabetes mellitus occurring in pregnancy.
2. **Identify** major maternal and fetal risk factors and complications associated with diabetes in pregnancy.
3. **Explain** the principles of screening and diagnosis of diabetes in pregnancy.
4. **Interpret** relevant blood glucose and screening results in pregnant women.
5. **Outline** the principles of antenatal, intrapartum and postpartum management of diabetes in pregnancy.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce diabetes in pregnancy, its clinical importance and learning objectives.	Recall basic glucose metabolism and participate in discussion.	Interactive questioning	PPT	Oral questioning
10 min	Discuss classification, risk factors and maternal–fetal implications.	Identify risk factors and categorize complications.	Interactive lecture	PPT, concept map	Formative questioning
15 min	Discuss screening and diagnosis, emphasizing timing and interpretation of relevant tests.	Interpret sample screening/diagnostic results.	Case-based learning	Diagnostic algorithm, laboratory reports	Interpretation assessment
15 min	Discuss principles of glycaemic control, diet, exercise, pharmacological management and antenatal surveillance.	Develop an initial management plan for a clinical case.	Problem-based learning	Management algorithm, clinical vignette	Case-based assessment
10 min	Discuss intrapartum management, fetal considerations and postpartum follow-up.	Identify appropriate monitoring and follow-up requirements.	Think–Pair–Share	PPT, clinical pathway	Oral/case assessment
5 min	Summarize key principles and provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Risk-factor identification
- Laboratory-result interpretation
- Clinical case analysis
- Management-plan formulation
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. American Diabetes Association. *Standards of Care in Diabetes*. Latest edition.
5. World Health Organization (WHO). *Diagnostic Criteria and Classification of Hyperglycaemia First Detected in Pregnancy*.
6. International Association of Diabetes and Pregnancy Study Groups (IADPSG). Recommendations on the diagnosis and classification of hyperglycaemia in pregnancy.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Medical Disorders in Pregnancy—Hepatitis, Dengue & COVID-19
- **Teacher:** Dr. Md. Kamal Hossain (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Identify** the important clinical features and pregnancy-related concerns of hepatitis, dengue and COVID-19.
2. **Describe** the potential maternal and fetal complications associated with these infections during pregnancy.
3. **Differentiate** the clinical presentations and important warning features of hepatitis, dengue and COVID-19 in pregnancy.
4. **Interpret** relevant clinical, laboratory and monitoring findings in a pregnant woman with suspected infection.
5. **Outline** the principles of maternal stabilization, fetal assessment, infection-specific management and appropriate referral.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce infectious medical disorders in pregnancy and their maternal–fetal significance.	Recall relevant infection and pregnancy concepts.	Interactive questioning	PPT	Oral questioning
10 min	Discuss hepatitis in pregnancy, emphasizing important maternal/fetal risks and clinically relevant assessment.	Identify important clinical features and complications.	Interactive lecture	PPT, clinical algorithm	Formative questioning
10 min	Discuss dengue in pregnancy, emphasizing warning features, maternal deterioration and fetal considerations.	Analyze a short clinical scenario and identify risk features.	Case-based learning	Clinical vignette, monitoring chart	Case-based assessment
10 min	Discuss COVID-19 in pregnancy, emphasizing severity assessment, maternal monitoring and fetal considerations.	Identify important clinical and monitoring parameters.	Interactive lecture, case discussion	PPT, clinical pathway	Oral/case assessment
15 min	Integrate differential diagnosis, investigation, maternal stabilization, fetal assessment and principles of management/referral.	Compare the three conditions and formulate an initial approach to selected cases.	Comparative case-based learning, Think–Pair–Share	Comparison chart, clinical cases	Clinical reasoning assessment
5 min	Summarize key clinical principles and provide corrective feedback.	State major learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Clinical scenario interpretation
- Maternal–fetal complication identification
- Laboratory/monitoring interpretation
- Differential diagnosis
- Initial management and referral planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. World Health Organization (WHO). Relevant guidance on hepatitis, dengue and COVID-19 in pregnancy.
5. Centers for Disease Control and Prevention (CDC). Relevant guidance on infections during pregnancy.
6. Royal College of Obstetricians and Gynaecologists (RCOG). Relevant guidance on COVID-19 in pregnancy.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Assessment of Fetal Wellbeing
- **Teacher:** Dr. Md. Kamal Hossain (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define** fetal wellbeing and identify its major clinical components.
2. **Describe** the principal methods used for antenatal assessment of fetal wellbeing.
3. **Differentiate** the roles and limitations of fetal movement assessment, NST/CTG, biophysical profile and Doppler assessment.
4. **Interpret** basic findings from NST/CTG, biophysical profile and fetal Doppler assessment.
5. **Select** an appropriate fetal surveillance approach according to gestational age and maternal/fetal risk status.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce fetal wellbeing and its clinical importance; state learning objectives.	Recall fetal surveillance methods and participate in discussion.	Interactive questioning	PPT	Oral questioning
10 min	Discuss clinical assessment, fetal movement and basic antenatal surveillance. Emphasize appropriate interpretation and limitations.	Identify appropriate assessment methods for different clinical situations.	Interactive lecture	PPT, flowchart	Formative questioning
15 min	Discuss NST/CTG and basic principles of interpretation; emphasize recognition of reassuring and concerning patterns.	Interpret selected CTG/NST examples.	Demonstration, case-based learning	CTG examples, PPT	Image-based assessment
15 min	Discuss ultrasound-based assessment, biophysical profile and fetal Doppler; emphasize clinical indications and limitations.	Interpret representative ultrasound/Doppler findings.	Case-based learning	Ultrasound/Doppler images	Interpretation assessment
10 min	Integrate surveillance methods according to gestational age and maternal/fetal risk; discuss escalation/referral principles.	Develop an appropriate surveillance plan for clinical cases.	Problem-based learning, Think–Pair–Share	Clinical algorithm, case vignettes	Case-based assessment
5 min	Summarize key	State key learning	Interactive	Summary slide	Exit

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
min	concepts and provide corrective feedback.	points and identify learning gaps.	summary		assessment

4. Formative Assessment

- Oral questioning
- CTG/NST interpretation
- Ultrasound and Doppler interpretation
- Clinical case analysis
- Selection of appropriate surveillance method
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. American College of Obstetricians and Gynecologists (ACOG). Relevant guidance on antenatal fetal surveillance.
5. International Society of Ultrasound in Obstetrics and Gynecology (ISUOG). Relevant practice guidelines on fetal surveillance and Doppler.
6. World Health Organization (WHO). Relevant recommendations on antenatal care.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Genital Prolapse
- **Teacher:** Dr. Md. Kamal Hossain (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** genital prolapse and identify the major anatomical compartments involved.
2. **Identify** the important risk factors and clinical features of genital prolapse.
3. **Differentiate** the major types of pelvic organ prolapse based on clinical findings.
4. **Perform and interpret** the essential components of clinical assessment in a woman presenting with genital prolapse.
5. **Outline** appropriate conservative and surgical management principles according to the patient's symptoms, prolapse severity and reproductive status.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce genital prolapse, its clinical significance and learning objectives.	Recall relevant pelvic anatomy and participate in discussion.	Interactive questioning	PPT, pelvic anatomy diagram	Oral questioning
10 min	Discuss definition, classification, risk factors and pathophysiology. Emphasize anatomical support structures.	Identify risk factors and classify different types of prolapse.	Interactive lecture	PPT, anatomical diagrams	Formative questioning
15 min	Discuss clinical presentation and complications, emphasizing urinary, bowel, sexual and functional symptoms.	Analyze clinical scenarios and identify likely type and severity of prolapse.	Case-based learning	Clinical vignettes, examination diagrams	Case-based assessment
15 min	Demonstrate principles of clinical examination and assessment, including identification of prolapsed compartments and associated pelvic-floor dysfunction.	Interpret examination findings and formulate an initial clinical assessment.	Demonstration, guided clinical reasoning	Pelvic examination diagram, clinical images	Interpretation assessment
10 min	Discuss conservative management, pelvic-floor rehabilitation and indications/principles of surgical management.	Develop an individualized initial management approach for selected cases.	Problem-based learning, Think–Pair–Share	Management algorithm, case vignettes	Management-plan assessment
5 min	Summarize diagnosis, assessment and management principles; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Classification of prolapse
- Clinical case interpretation
- Examination-finding interpretation
- Initial management planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Dutta DC. *Textbook of Gynecology*. Latest edition.
4. Hoffman BL, et al. *Williams Gynecology*. Latest edition.
5. International Urogynecological Consultation. Relevant guidance on pelvic organ prolapse.
6. Royal College of Obstetricians and Gynaecologists (RCOG). Relevant guidance on pelvic organ prolapse.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Defence Mechanism of Genital Tract & Sexually Transmitted Diseases (STD)
- **Teacher:** Dr. Md. Kamal Hossain (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Describe** the major anatomical, physiological and immunological defence mechanisms of the female genital tract.
2. **Define and classify** major sexually transmitted diseases/infections according to their causative organisms and clinical presentation.
3. **Recognize** common clinical manifestations and complications of important STDs/STIs.
4. **Differentiate** common STDs/STIs based on history, clinical findings and appropriate investigations.
5. **Outline** the principles of diagnosis, treatment, partner management, prevention and counselling for patients with STDs/STIs.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce genital tract defence mechanisms and the public-health importance of STDs/STIs; state learning objectives.	Recall basic genital tract anatomy, physiology and infection-related concepts.	Interactive questioning	PPT	Oral questioning
10 min	Discuss anatomical, physiological and immunological defence mechanisms of the female genital tract.	Identify and relate different defence mechanisms to infection prevention.	Interactive lecture, concept mapping	PPT, schematic diagrams	Formative questioning
15 min	Introduce major STDs/STIs, their causative organisms and important clinical patterns.	Classify infections and participate in guided discussion.	Interactive lecture, comparative learning	PPT, classification chart	Classification assessment
15 min	Discuss clinical assessment, differential diagnosis and appropriate laboratory investigations. Emphasize syndromic and etiological approaches where appropriate.	Analyze clinical scenarios and select appropriate diagnostic approaches.	Case-based learning	Clinical vignettes, investigation reports	Case-based assessment
10 min	Discuss principles of treatment, partner management, prevention, counselling, screening and complications.	Develop an initial management and prevention plan for selected cases.	Think–Pair–Share, problem-based learning	Clinical algorithms, counselling checklist	Management-plan assessment
5 min	Summarize key concepts and provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Classification exercise
- Clinical case interpretation
- Investigation selection
- Differential diagnosis
- Management and prevention planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Dutta DC. *Textbook of Gynecology*. Latest edition.
4. Centers for Disease Control and Prevention (CDC). *Sexually Transmitted Infections Treatment Guidelines*. Latest edition.
5. World Health Organization (WHO). *Global Health Sector Strategies on HIV, Viral Hepatitis and Sexually Transmitted Infections*.
6. Hoffman BL, et al. *Williams Gynecology*. Latest edition.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Genital Tract Injury—Perineal Tear, Rectovaginal Fistula (RVF) & Vaginal Stenosis
- **Teacher:** Dr. Md. Kamal Hossain (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** perineal tears, rectovaginal fistula and vaginal stenosis.
2. **Identify** important causes, risk factors and clinical features of these genital tract injuries.
3. **Differentiate** perineal tears, RVF and vaginal stenosis based on history and clinical findings.
4. **Outline** the essential clinical examination and appropriate investigations for suspected genital tract injury.
5. **Formulate** an initial management and referral plan according to the type and severity of injury.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce genital tract injuries and their obstetric, functional and psychosocial significance; state objectives.	Recall relevant pelvic anatomy and obstetric complications.	Interactive questioning	PPT, anatomical diagrams	Oral questioning
10 min	Discuss classification and clinical significance of perineal tears; emphasize systematic assessment.	Identify grades/types from diagrams and clinical descriptions.	Interactive lecture, visual learning	PPT, diagrams	Formative questioning
15 min	Discuss RVF, including important causes, clinical presentation, examination and complications.	Analyze clinical scenarios and identify suggestive findings.	Case-based learning	Clinical vignettes, diagrams	Case-based assessment
10 min	Discuss vaginal stenosis, causes, presentation and effects on sexual, menstrual and reproductive function.	Correlate symptoms with possible anatomical abnormalities.	Interactive lecture, concept mapping	PPT, anatomical diagrams	Oral assessment
15 min	Integrate examination, investigation, initial stabilization, conservative measures and principles of surgical management/referral.	Develop an initial assessment and management plan for selected cases.	Problem-based learning, Think–Pair–Share	Clinical algorithms, case vignettes	Management-plan assessment
5 min	Summarize recognition, assessment and management principles; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Classification and diagram interpretation
- Clinical case analysis
- Examination-finding interpretation
- Initial management planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Dutta DC. *Textbook of Gynecology*. Latest edition.
4. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
5. Hoffman BL, et al. *Williams Gynecology*. Latest edition.
6. World Health Organization (WHO). Relevant guidance on obstetric trauma and fistula care.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Fetus in Utero
- **Teacher:** Dr. Maleka Parvin (Asst. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Describe** the anatomical characteristics and developmental features of the fetus in utero.
2. **Identify** the fetal lie, attitude, presentation and position in relation to the maternal uterus.
3. **Explain** the relationship between fetal head, fetal body and maternal pelvis during pregnancy.
4. **Interpret** clinical findings to determine fetal lie, presentation and position during antenatal assessment.
5. **Apply** knowledge of fetal position and presentation to routine antenatal assessment and anticipation of labour-related clinical issues.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce the concept of fetus in utero and its importance in antenatal and intrapartum assessment.	Recall basic fetal anatomy and maternal pelvic anatomy.	Interactive questioning	PPT, fetal diagrams	Oral questioning
10 min	Discuss fetal lie, attitude, presentation and position; emphasize correct terminology and clinical relevance.	Identify and classify fetal lie, presentation and position from diagrams.	Interactive lecture, visual learning	PPT, fetal position diagrams	Formative questioning
15 min	Discuss fetal head, important diameters and relationship with the maternal pelvis.	Interpret diagrams and correlate fetal anatomy with pelvic anatomy.	Demonstration, guided discussion	Fetal skull and pelvic diagrams	Diagram-based assessment
15 min	Demonstrate principles of antenatal abdominal examination and assessment of fetal position.	Participate in interpretation of clinical findings and identify fetal orientation.	Case-based learning, clinical demonstration	Leopold's manoeuvres diagram, clinical cases	Clinical interpretation
10 min	Present clinical scenarios involving different fetal lies, presentations and positions; emphasize implications for labour.	Analyze cases and formulate an initial clinical interpretation.	Think–Pair–Share, problem-based learning	Clinical vignettes, diagrams	Case-based assessment
5 min	Summarize key concepts and provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Diagram-based identification
- Clinical finding interpretation
- Case-based analysis
- Peer discussion
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Ten Teachers. *Obstetrics by Ten Teachers*. Latest edition.
5. Moore KL, Persaud TVN, Torchia MG. *The Developing Human: Clinically Oriented Embryology*. Latest edition.
6. World Health Organization (WHO). Relevant guidance on antenatal and intrapartum care.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Fetal Skull & Maternal Pelvis
- **Teacher:** Dr. Maleka Parvin (Asst. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Identify** the major anatomical landmarks and diameters of the fetal skull.
2. **Describe** the important anatomical features and obstetrically relevant diameters of the maternal pelvis.
3. **Differentiate** the major types of maternal pelvis and their obstetric significance.
4. **Correlate** fetal skull diameters with maternal pelvic dimensions during labour.
5. **Apply** knowledge of fetal skull and pelvic anatomy to explain their relevance to labour and fetal descent.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce the obstetric importance of fetal skull and maternal pelvic anatomy; state learning objectives.	Recall basic fetal and pelvic anatomy.	Interactive questioning	PPT, anatomical diagrams	Oral questioning
10 min	Discuss major landmarks, sutures, fontanelles and clinically relevant fetal skull diameters.	Identify landmarks and diameters on diagrams/models.	Interactive lecture, visual learning	Fetal skull model, PPT	Identification assessment
10 min	Discuss maternal pelvic anatomy, planes, pelvic measurements and obstetrically important diameters.	Label pelvic structures and identify important measurements.	Demonstration, guided learning	Pelvic model, diagrams	Diagram-based assessment
15 min	Compare pelvic types and correlate fetal skull dimensions with pelvic dimensions and passage through the birth canal.	Analyze diagrams and relate fetal and maternal anatomical dimensions.	Case-based learning, concept mapping	Pelvic/fetal skull models, PPT	Clinical reasoning assessment
15 min	Apply anatomy to labour, emphasizing engagement, descent and potential fetopelvic disproportion.	Analyze selected clinical scenarios and explain anatomical implications.	Problem-based learning, Think–Pair–Share	Clinical vignettes, diagrams	Case-based assessment
5 min	Summarize key anatomical relationships and provide corrective feedback.	State key learning points and identify gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Anatomical landmark identification
- Diagram/model-based assessment
- Clinical correlation
- Case-based reasoning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Ten Teachers. *Obstetrics by Ten Teachers*. Latest edition.
5. Moore KL, Dalley AF, Agur AMR. *Clinically Oriented Anatomy*. Latest edition.
6. World Health Organization (WHO). Relevant guidance on intrapartum care.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topics:** Hypertensive Disorders in Pregnancy, including Preeclampsia & Eclampsia; Medical Disorders—Heart Disease & UTI
- **Teacher:** Dr. Maleka Parvin (Asst. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Classify** hypertensive disorders in pregnancy and identify the major clinical categories.
2. **Recognize** the important clinical features and warning signs of preeclampsia and eclampsia.
3. **Differentiate** preeclampsia, eclampsia and other hypertensive disorders using clinical and laboratory findings.
4. **Outline** the initial assessment and management principles of severe preeclampsia and eclampsia.
5. **Identify** important pregnancy-related considerations in women with heart disease and UTI.
6. **Formulate** an initial assessment and referral plan for pregnant women with significant cardiac disease or suspected UTI.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce medical disorders complicating pregnancy and their maternal–fetal importance; state objectives.	Recall basic cardiovascular, renal and pregnancy physiology.	Interactive questioning	PPT	Oral questioning
15 min	Discuss classification of hypertensive disorders, preeclampsia and eclampsia; emphasize diagnostic features, warning signs and maternal–fetal complications.	Classify clinical presentations and identify danger signs.	Interactive lecture, case-based learning	PPT, diagnostic criteria	Formative questioning
10 min	Discuss initial assessment and management principles of severe preeclampsia/eclampsia, including stabilization and referral.	Develop an initial emergency management approach.	Problem-based learning	Management algorithm, clinical vignette	Case-based assessment
10 min	Discuss heart disease in pregnancy: important clinical considerations, maternal–fetal risks, assessment and referral principles.	Analyze a clinical scenario and identify high-risk features.	Case-based discussion	PPT, clinical pathway	Clinical reasoning assessment
10 min	Discuss UTI in pregnancy, including recognition, investigation, complications and treatment principles.	Interpret clinical/laboratory findings and formulate an initial approach.	Interactive lecture, Think–Pair–Share	Urinalysis report, clinical cases	Interpretation assessment
5 min	Integrate the three major conditions and emphasize early recognition, appropriate referral and maternal–fetal monitoring.	Summarize key clinical priorities.	Interactive summary	Summary slide	Oral assessment
5 min	Provide corrective feedback and reinforce take-home principles.	Identify learning gaps and formulate individual learning goals.	Feedback-based learning	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Clinical classification
- Recognition of warning signs
- Case-based clinical reasoning
- Laboratory-result interpretation
- Initial management planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. American College of Obstetricians and Gynecologists (ACOG). Relevant guidance on hypertensive disorders in pregnancy.
5. European Society of Cardiology (ESC). Relevant guidelines on cardiovascular disease during pregnancy.
6. World Health Organization (WHO). Relevant recommendations on antenatal care and maternal medical disorders.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Rh Incompatibility
- **Teacher:** Dr. Maleka Parvin (Asst. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and explain** Rh incompatibility and Rh alloimmunization in pregnancy.
2. **Identify** the risk factors and clinical consequences of maternal Rh alloimmunization.
3. **Explain** the mechanism by which maternal Rh antibodies can cause fetal and neonatal complications.
4. **Interpret** relevant maternal blood-group, antibody-screening and fetal assessment findings.
5. **Outline** the principles of antenatal prevention, fetal surveillance and management of Rh-affected pregnancy.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce Rh incompatibility and its importance in maternal–fetal medicine; state learning objectives.	Recall ABO/Rh blood-group concepts and participate in discussion.	Interactive questioning	PPT, blood-group diagrams	Oral questioning
10 min	Discuss Rh antigen, maternal sensitization and important sensitizing events.	Construct the basic sequence leading to Rh alloimmunization.	Interactive lecture, concept mapping	PPT, flowchart	Formative questioning
15 min	Discuss fetal and neonatal consequences of maternal Rh antibodies; emphasize hemolysis and severity assessment.	Analyze clinical scenarios and identify potential fetal/neonatal complications.	Case-based learning	Clinical vignettes, schematic diagrams	Case-based assessment
15 min	Discuss maternal antibody screening, relevant investigations and fetal surveillance; emphasize interpretation of clinically important findings.	Interpret representative investigation and fetal surveillance findings.	Problem-based learning	Laboratory reports, ultrasound/Doppler images	Interpretation assessment
10 min	Discuss principles of prevention with anti-D immunoglobulin and management of sensitized	Develop an appropriate prevention/management plan for selected cases.	Think–Pair–Share	Clinical algorithm, case vignettes	Management-plan assessment

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	pregnancy. Summarize prevention, diagnosis, surveillance and management; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Concept-map interpretation
- Clinical case analysis
- Investigation interpretation
- Prevention strategy identification
- Management-plan formulation
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Royal College of Obstetricians and Gynaecologists (RCOG). Relevant guideline on the management of women with red-cell antibodies during pregnancy.
5. American College of Obstetricians and Gynecologists (ACOG). Relevant guidance on prevention and management of Rh alloimmunization.
6. International Society of Ultrasound in Obstetrics and Gynecology (ISUOG). Relevant guidance on fetal surveillance in red-cell alloimmunization.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Genitourinary Fistula; Urinary Incontinence—Definition & Types
- **Teacher:** Dr. Maleka Parvin (Asst. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define** genitourinary fistula and urinary incontinence.
2. **Classify** the major types of genitourinary fistula and urinary incontinence.
3. **Identify** important causes, risk factors and clinical presentations of genitourinary fistula and urinary incontinence.
4. **Differentiate** common types of urinary incontinence and clinically important genitourinary fistula based on history and examination findings.
5. **Outline** the basic diagnostic approach and principles of management and referral for affected patients.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce genitourinary fistula and urinary incontinence; emphasize their clinical and social significance.	Recall relevant pelvic and urinary tract anatomy.	Interactive questioning	PPT, anatomical diagrams	Oral questioning
10 min	Define and classify genitourinary fistula; emphasize important anatomical types and causes.	Identify and classify fistula types using diagrams.	Interactive lecture, visual learning	PPT, anatomical diagrams	Formative questioning
15 min	Discuss urinary incontinence and its major types; emphasize distinguishing clinical features.	Compare different types and relate symptoms to mechanisms.	Comparative learning, concept mapping	PPT, classification chart	Classification assessment
15 min	Discuss clinical assessment, history, examination and appropriate investigations for fistula and urinary incontinence.	Analyze clinical scenarios and select appropriate diagnostic approaches.	Case-based learning	Clinical vignettes, investigation reports	Case-based assessment
10 min	Discuss broad management principles, prevention, referral and multidisciplinary care.	Develop an initial management/referral plan for selected cases.	Think–Pair–Share, problem-based learning	Management algorithms, clinical cases	Management-plan assessment
5 min	Summarize definitions, classification, diagnosis and management principles; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Classification exercises
- Clinical case interpretation
- Differential diagnosis
- Investigation selection
- Initial management/referral planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Dutta DC. *Textbook of Gynecology*. Latest edition.
4. Hoffman BL, et al. *Williams Gynecology*. Latest edition.
5. International Urogynecological Consultation. Relevant guidance on urinary incontinence and pelvic floor disorders.
6. World Health Organization (WHO). Relevant guidance on obstetric fistula.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Normal Labour—Diagnosis of Stages & Assessment of Labour
- **Teacher:** Prof. Dr. Sartaj Begum
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define** normal labour and identify its essential characteristics.
2. **Describe** the stages of normal labour and their principal clinical features.
3. **Differentiate** the stages and phases of labour using relevant clinical findings.
4. **Apply** systematic maternal and fetal assessment to determine the progress and stage of labour.
5. **Interpret** basic findings from abdominal and vaginal examination to assess labour progress.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce normal labour, its clinical definition and objectives of labour assessment.	Recall relevant anatomy and physiology and participate in discussion.	Interactive questioning	PPT	Oral questioning
10 min	Discuss the stages and phases of labour; emphasize the clinical criteria for identifying each stage.	Classify clinical findings according to the stage of labour.	Interactive lecture	PPT, labour diagrams	Formative questioning
15 min	Discuss systematic maternal assessment, including history, vital signs, uterine contractions and general examination.	Identify important components of maternal assessment.	Interactive lecture, guided discussion	PPT, assessment checklist	Oral assessment
15 min	Discuss fetal assessment and vaginal examination for cervical dilatation, effacement, station, position and membrane status.	Interpret clinical findings and determine stage/progress of labour.	Demonstration, case-based learning	Pelvic/fetal diagrams, clinical vignettes	Clinical interpretation
10 min	Integrate maternal and fetal findings to assess labour progress and recognize deviations requiring further evaluation.	Analyze cases and formulate an initial assessment.	Problem-based learning, Think–Pair–Share	Labour assessment chart, case scenarios	Case-based assessment
5 min	Summarize the systematic approach to diagnosing stages and assessing labour; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Stage-of-labour identification
- Interpretation of abdominal examination findings
- Interpretation of vaginal examination findings
- Case-based assessment of labour progress
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Ten Teachers. *Obstetrics by Ten Teachers*. Latest edition.
5. World Health Organization (WHO). *WHO Recommendations: Intrapartum Care for a Positive Childbirth Experience*.
6. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Puerperium—Normal & Abnormal
- **Teacher:** Prof. Dr. Sartaj Begum
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define** puerperium and describe the major physiological changes during the normal puerperium.
2. **Identify** normal maternal changes and expected clinical findings during puerperium.
3. **Differentiate** normal puerperal changes from important puerperal complications.
4. **Recognize** important warning signs of abnormal puerperium requiring further assessment or referral.
5. **Outline** the principles of assessment, management and follow-up of common puerperal complications.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce puerperium, its duration and clinical importance; state learning objectives.	Recall normal physiological changes following delivery.	Interactive questioning	PPT	Oral questioning
10 min	Discuss normal puerperal changes, including uterine involution, lochia, cardiovascular and other systemic adaptations.	Identify expected puerperal findings.	Interactive lecture	PPT, flowcharts	Formative questioning
15 min	Discuss assessment of the mother during puerperium, including vital signs, uterine involution, lochia, bladder/bowel function and breast health.	Identify components of systematic puerperal assessment.	Guided discussion, demonstration	Assessment checklist, PPT	Oral assessment
15 min	Discuss common abnormal conditions and warning signs, emphasizing postpartum haemorrhage, puerperal infection, breast complications and thromboembolic concerns.	Analyze clinical scenarios and distinguish normal from abnormal findings.	Case-based learning	Clinical vignettes, management algorithms	Case-based assessment
10 min	Discuss principles of management, prevention, counselling, breastfeeding support and appropriate referral/follow-up.	Develop an initial assessment and management plan for selected cases.	Problem-based learning, Think–Pair–Share	Clinical pathway, case scenarios	Management-plan assessment
5 min	Summarize normal versus abnormal puerperium and provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Normal-versus-abnormal finding identification
- Clinical case interpretation
- Recognition of danger signs
- Initial management planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Ten Teachers. *Obstetrics by Ten Teachers*. Latest edition.
5. World Health Organization (WHO). *WHO Recommendations on Maternal and Newborn Care for a Positive Postnatal Experience*.
6. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topics:** Endometriosis; Benign & Malignant Conditions of Ovary
- **Teacher:** Prof. Dr. Sartaj Begum
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** endometriosis and major benign and malignant ovarian conditions.
2. **Identify** the common clinical presentations and risk factors of endometriosis and ovarian tumours.
3. **Differentiate** common benign and malignant ovarian conditions based on clinical, laboratory and imaging findings.
4. **Interpret** relevant ultrasound, tumour-marker and other investigation findings in suspected ovarian pathology.
5. **Outline** the principles of investigation, referral and management of endometriosis and suspected ovarian malignancy.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce endometriosis and ovarian pathology; highlight their relevance to pain, infertility and malignancy.	Recall relevant pelvic anatomy and participate in discussion.	Interactive questioning	PPT	Oral questioning
10 min	Discuss definition, classification, clinical presentation and diagnostic approach to endometriosis.	Identify typical clinical patterns and discuss differential diagnosis.	Interactive lecture, case-based discussion	PPT, clinical diagrams	Formative questioning
15 min	Introduce classification of benign and malignant ovarian conditions; emphasize clinically important distinctions.	Classify ovarian conditions based on clinical information.	Interactive lecture, concept mapping	Classification chart, PPT	Classification assessment
15 min	Discuss clinical assessment and interpretation of ultrasound and relevant investigations for ovarian masses. Emphasize features suggesting malignancy.	Interpret representative clinical and imaging findings.	Case-based learning	Ultrasound images, investigation reports	Image-based assessment
10 min	Discuss broad management principles, including medical/surgical management of endometriosis and referral/staging principles for suspected ovarian malignancy.	Formulate an initial management/referral plan for selected cases.	Problem-based learning, Think–Pair–Share	Management algorithms, clinical cases	Case-based assessment
5 min	Summarize key diagnostic and management principles and provide corrective	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
	feedback.				

4. Formative Assessment

- Oral questioning
- Classification exercises
- Clinical case interpretation
- Ultrasound/image interpretation
- Differential diagnosis
- Initial management and referral planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Hoffman BL, et al. *Williams Gynecology*. Latest edition.
4. Dutta DC. *Textbook of Gynecology*. Latest edition.
5. International Society of Ultrasound in Obstetrics and Gynecology (ISUOG). Relevant guidance on adnexal masses.
6. World Health Organization (WHO). Relevant guidance on ovarian cancer.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Benign & Malignant Conditions of Uterus & Cervix
- **Teacher:** Prof. Dr. Sartaj Begum
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Classify** common benign and malignant conditions of the uterus and cervix.
2. **Identify** the major clinical presentations and risk factors associated with important uterine and cervical diseases.
3. **Differentiate** common benign uterine conditions from suspected malignant disease using clinical findings and appropriate investigations.
4. **Interpret** basic relevant investigation findings, including cervical screening and pelvic imaging, in suspected uterine or cervical pathology.
5. **Outline** the principles of diagnosis, referral, prevention and management of common benign and malignant conditions of the uterus and cervix.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce common uterine and cervical diseases and their clinical importance; state learning objectives.	Recall relevant pelvic anatomy and participate in discussion.	Interactive questioning	PPT	Oral questioning
10 min	Discuss common benign conditions of the uterus and cervix; emphasize clinical presentation and important differential diagnoses.	Classify conditions and identify characteristic clinical presentations.	Interactive lecture, concept mapping	PPT, diagrams	Formative questioning
15 min	Discuss malignant conditions, particularly endometrial and cervical malignancy; emphasize risk factors and warning symptoms.	Analyze clinical scenarios and identify features suspicious for malignancy.	Case-based learning	Clinical vignettes, PPT	Case-based assessment
15 min	Discuss diagnostic approach, including pelvic examination, cervical screening, biopsy and appropriate imaging. Emphasize when further evaluation/referral is required.	Interpret representative clinical and investigation findings.	Demonstration, guided clinical reasoning	Cervical screening images, ultrasound/imaging examples	Interpretation assessment
10 min	Discuss broad principles of	Develop an initial management/referral	Problem-based learning,	Clinical algorithms, case	Management-plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
	treatment, prevention, screening and referral for benign and malignant conditions. Summarize key diagnostic and management principles; provide corrective feedback.	plan for selected cases. State key learning points and identify learning gaps.	Think–Pair–Share Interactive summary	scenarios Summary slide	assessment Exit assessment

4. Formative Assessment

- Oral questioning
- Classification exercises
- Clinical case analysis
- Investigation/image interpretation
- Recognition of malignancy warning features
- Initial management and referral planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Hoffman BL, et al. *Williams Gynecology*. Latest edition.
4. Dutta DC. *Textbook of Gynecology*. Latest edition.
5. World Health Organization (WHO). Relevant guidance on cervical cancer screening and prevention.
6. International Federation of Gynecology and Obstetrics (FIGO). Relevant guidance on gynecological malignancies.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Induction of Labour
- **Teacher:** Prof. Dr. Farhana Begum
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define** induction of labour and distinguish it from augmentation of labour.
2. **Identify** the common indications, contraindications and prerequisites for induction of labour.
3. **Assess** cervical favourability using appropriate clinical criteria before induction.
4. **Differentiate** the principal methods of cervical ripening and induction according to clinical circumstances.
5. **Formulate** an appropriate initial induction plan and recognize important maternal and fetal complications requiring intervention.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce induction of labour, its clinical importance and learning objectives; differentiate induction from augmentation.	Recall normal labour physiology and participate in discussion.	Interactive questioning	PPT	Oral questioning
10 min	Discuss indications, contraindications, prerequisites and assessment before induction.	Identify appropriate indications and contraindications from clinical situations.	Interactive lecture, case-based learning	PPT, clinical checklist	Formative questioning
15 min	Discuss assessment of cervical favourability and selection of appropriate induction methods; emphasize patient-specific decision-making.	Interpret cervical assessment findings and select suitable approaches.	Demonstration, guided discussion	Cervical assessment chart, PPT	Clinical interpretation
15 min	Discuss pharmacological and mechanical methods of cervical ripening/induction and principles of monitoring.	Compare methods and develop an induction plan for selected cases.	Problem-based learning, Think–Pair–Share	Clinical algorithms, case vignettes	Case-based assessment
10 min	Discuss complications, failed induction, uterine hyperstimulation and maternal–fetal monitoring; emphasize timely intervention.	Identify complications and appropriate responses.	Case-based discussion	CTG examples, clinical scenarios	Clinical reasoning assessment
5 min	Summarize indications, assessment, methods, monitoring and complications; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Indication/contraindication identification
- Cervical assessment interpretation
- Clinical case analysis
- Method-selection exercise
- Complication recognition
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Ten Teachers. *Obstetrics by Ten Teachers*. Latest edition.
5. World Health Organization (WHO). Relevant recommendations on induction of labour.
6. American College of Obstetricians and Gynecologists (ACOG). Relevant guidance on induction of labour.
7. Royal College of Obstetricians and Gynaecologists (RCOG). Relevant guidance on induction of labour.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Anaemia in Pregnancy
- **Teacher:** Prof. Dr. Farhana Begum
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** anaemia in pregnancy according to clinically relevant criteria.
2. **Identify** common causes, risk factors and clinical manifestations of anaemia during pregnancy.
3. **Differentiate** common types and causes of anaemia using history, examination and basic laboratory findings.
4. **Interpret** relevant haematological investigations in a pregnant woman with suspected anaemia.
5. **Outline** appropriate prevention, treatment and follow-up strategies according to severity and aetiology.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce anaemia in pregnancy, its maternal–fetal importance and learning objectives.	Recall normal haematological changes of pregnancy.	Interactive questioning	PPT	Oral questioning
10 min	Discuss definition, classification, causes and risk factors; emphasize nutritional and non-nutritional causes.	Classify anaemia and identify relevant risk factors from clinical scenarios.	Interactive lecture, concept mapping	PPT, classification chart	Formative questioning
15 min	Discuss clinical assessment and interpretation of CBC and relevant investigations; emphasize differentiation of common causes.	Interpret selected clinical and laboratory findings.	Case-based learning	CBC reports, clinical vignettes	Interpretation assessment
15 min	Discuss principles of prevention and treatment, including iron/folate supplementation, treatment of underlying causes and indications for escalation/referral.	Develop an appropriate management plan for selected cases.	Problem-based learning, Think–Pair–Share	Management algorithm, case scenarios	Case-based assessment
10 min	Discuss maternal and fetal complications, response to treatment and follow-up requirements.	Identify complications and propose appropriate follow-up.	Clinical reasoning discussion	PPT, clinical pathway	Clinical reasoning assessment
5 min	Summarize diagnosis, prevention, treatment and follow-up; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Classification exercise
- Laboratory-result interpretation
- Clinical case analysis
- Management-plan formulation
- Complication recognition
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Ten Teachers. *Obstetrics by Ten Teachers*. Latest edition.
5. World Health Organization (WHO). *WHO Recommendations for Care of the Mother and Newborn* and relevant guidance on anaemia in pregnancy.
6. FIGO. Relevant guidance on anaemia in pregnancy.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Infertility—Causes, Investigation & Management of Both Male and Female Partners
- **Teacher:** Prof. Dr. Farhana Begum
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** infertility and distinguish primary from secondary infertility.
2. **Identify** important male and female causes of infertility from clinical history and examination.
3. **Outline** a systematic, couple-centred approach to infertility investigation, including assessment of both partners.
4. **Interpret** basic semen analysis, ovulatory assessment and relevant tubal/uterine investigations in the evaluation of infertility.
5. **Formulate** an initial management plan based on the identified cause, duration of infertility and reproductive factors of both partners.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce infertility, its clinical significance and the importance of evaluating both partners; state objectives.	Recall basic reproductive physiology and participate in discussion.	Interactive questioning	PPT	Oral questioning
10 min	Discuss major male and female causes of infertility and relevant risk factors.	Classify causes according to male, female and combined factors.	Interactive lecture, concept mapping	PPT, cause-classification chart	Formative questioning
15 min	Discuss systematic history, examination and investigation of both partners; emphasize semen analysis and assessment of ovulation and tubal factors.	Develop an investigation sequence for a couple presenting with infertility.	Case-based learning	Investigation algorithm, clinical vignette	Case-based assessment
15 min	Discuss interpretation of basic infertility investigations and correlation with possible causes.	Interpret representative investigation findings and identify likely causes.	Guided clinical reasoning	Semen analysis reports, imaging examples, laboratory reports	Interpretation assessment
10 min	Discuss management principles, including correction of underlying causes, medical/surgical options and assisted reproductive techniques when indicated.	Formulate an initial couple-centred management plan.	Problem-based learning, Think–Pair–Share	Management algorithm, case scenarios	Management-plan assessment
5 min	Summarize the systematic approach to infertility evaluation and management; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Cause classification
- Investigation-sequence exercise
- Interpretation of semen/laboratory/imaging findings
- Case-based clinical reasoning
- Initial management planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Dutta DC. *Textbook of Gynecology*. Latest edition.
4. Hoffman BL, et al. *Williams Gynecology*. Latest edition.
5. World Health Organization (WHO). *Guideline for the Prevention, Diagnosis and Treatment of Infertility*.
6. American Society for Reproductive Medicine (ASRM). Relevant guidance on infertility evaluation and treatment.
7. European Society of Human Reproduction and Embryology (ESHRE). Relevant guidelines on infertility assessment and management.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Amenorrhoea
- **Teacher:** Prof. Dr. Farhana Begum
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** amenorrhoea into primary and secondary types.
2. **Identify** important physiological, anatomical, endocrine and systemic causes of amenorrhoea.
3. **Differentiate** major causes of primary and secondary amenorrhoea using history and clinical findings.
4. **Outline** a systematic approach to clinical examination and investigation of a patient with amenorrhoea.
5. **Formulate** an initial management plan based on the underlying cause of amenorrhoea.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce amenorrhoea, its clinical significance and learning objectives.	Recall normal menstrual physiology and participate in discussion.	Interactive questioning	PPT	Oral questioning
10 min	Define and classify primary and secondary amenorrhoea; emphasize important physiological causes.	Classify clinical presentations as primary or secondary amenorrhoea.	Interactive lecture, concept mapping	PPT, classification chart	Formative questioning
15 min	Discuss major causes, including hypothalamic, pituitary, ovarian, uterine/outflow tract and systemic causes.	Construct a differential diagnosis based on clinical scenarios.	Case-based learning	Clinical vignettes, flowchart	Case-based assessment
15 min	Discuss systematic history, examination and investigations; emphasize pregnancy testing and targeted endocrine/imaging evaluation.	Develop an investigation pathway for selected cases.	Problem-based learning, guided clinical reasoning	Investigation algorithm, laboratory reports	Interpretation assessment
10 min	Discuss cause-specific management principles and indications for specialist referral.	Formulate an initial management plan for selected cases.	Think–Pair–Share	Management algorithm, case scenarios	Management-plan assessment
5 min	Summarize classification, differential diagnosis, investigation and management principles; provide feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Classification exercise
- Differential-diagnosis formulation
- Investigation-pathway assessment
- Clinical case interpretation
- Initial management planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Hoffman BL, et al. *Williams Gynecology*. Latest edition.
4. Dutta DC. *Textbook of Gynecology*. Latest edition.
5. American Society for Reproductive Medicine (ASRM). Relevant guidance on amenorrhoea and menstrual disorders.
6. International Federation of Gynecology and Obstetrics (FIGO). Relevant guidance on menstrual disorders.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Intersex / Differences of Sex Development (DSD)
- **Teacher:** Prof. Dr. Farhana Begum
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define** intersex/DSD and describe its broad clinical classification.
2. **Identify** important clinical presentations and causes of DSD in children and adolescents.
3. **Differentiate** major categories of DSD using clinical findings, hormonal profile and chromosomal information.
4. **Outline** the appropriate clinical evaluation, including history, physical examination and relevant laboratory/imaging investigations.
5. **Formulate** an appropriate initial management and referral plan, incorporating multidisciplinary care, psychological support and appropriate counselling.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce DSD/intersex conditions, clinical significance and learning objectives; emphasize respectful, non-stigmatizing terminology.	Recall basic reproductive anatomy, embryology and sex differentiation.	Interactive questioning	PPT	Oral questioning
10 min	Discuss broad classification and causes of DSD; emphasize chromosomal, gonadal and phenotypic aspects.	Classify selected clinical presentations.	Interactive lecture, concept mapping	PPT, classification diagram	Formative questioning
15 min	Discuss clinical presentation, history and systematic physical examination; emphasize ambiguous genitalia and pubertal abnormalities.	Analyze clinical scenarios and identify important findings.	Case-based learning	Clinical vignettes, diagrams	Case-based assessment
15 min	Discuss principles of investigation, including karyotype/genetic testing, hormonal assessment and appropriate imaging.	Construct an investigation pathway for a selected case.	Problem-based learning	Investigation algorithm, laboratory/imaging examples	Clinical reasoning assessment
10 min	Discuss principles of multidisciplinary management, counselling, safeguarding, long-term follow-up and referral.	Develop an initial management and referral plan.	Think–Pair–Share, case discussion	Clinical pathway, counselling framework	Management-plan assessment
5 min	Summarize classification, evaluation and multidisciplinary management; provide	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
	corrective feedback.				

4. Formative Assessment

- Oral questioning
- Classification exercise
- Clinical case interpretation
- Investigation-pathway formulation
- Differential diagnosis
- Initial management and referral planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Hoffman BL, et al. *Williams Gynecology*. Latest edition.
4. Hughes IA, et al. *Consensus statement on management of intersex disorders*. Archives of Disease in Childhood.
5. Lee PA, et al. *Global Disorders of Sex Development Update since 2006*. International Consensus Statement.
6. World Professional Association for Transgender Health (WPATH). Relevant Standards of Care and multidisciplinary principles.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Postpartum Haemorrhage (PPH)—Definition, Causes, Prevention & Management
- **Teacher:** Dr. Akterunnahar (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** postpartum haemorrhage according to clinically relevant criteria.
2. **Identify** the major causes and risk factors of PPH using a systematic clinical framework.
3. **Recognize** clinical features of significant PPH and assess maternal haemodynamic status.
4. **Outline** evidence-based measures for prevention of PPH during the third stage of labour.
5. **Formulate** an initial emergency management plan for PPH, including resuscitation, identification of cause and escalation of treatment.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce PPH, its maternal morbidity and mortality significance, and learning objectives.	Recall normal blood loss and physiological changes after delivery.	Interactive questioning	PPT	Oral questioning
10 min	Discuss definition, classification, causes and risk factors; emphasize a systematic approach to identifying the cause.	Classify causes and participate in guided discussion.	Interactive lecture, concept mapping	PPT, flowchart	Formative questioning
10 min	Discuss prevention, including appropriate management of the third stage of labour and identification of women at increased risk.	Identify preventive measures and risk factors.	Interactive lecture, case discussion	PPT, prevention algorithm	Oral assessment
15 min	Discuss initial recognition, maternal assessment, resuscitation and simultaneous identification of the underlying cause.	Analyze an acute PPH scenario and prioritize immediate actions.	Case-based learning, problem-based learning	Emergency management algorithm, clinical vignette	Case-based assessment
15 min	Discuss cause-specific management and escalation, including medical, mechanical, interventional and surgical options.	Develop a stepwise management plan and identify indications for escalation/referral.	Simulation-oriented discussion, Think–Pair–Share	Management algorithm, PPT	Management-plan assessment
5 min	Summarize definition, causes, prevention and emergency management; provide corrective	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
	feedback.				

4. Formative Assessment

- Oral questioning
- Cause classification
- Recognition of clinical deterioration
- Prioritization of emergency management
- Case-based clinical reasoning
- Stepwise management planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Ten Teachers. *Obstetrics by Ten Teachers*. Latest edition.
5. World Health Organization (WHO). *WHO Recommendations for the Prevention and Treatment of Postpartum Haemorrhage*.
6. International Federation of Gynecology and Obstetrics (FIGO). Relevant recommendations on postpartum haemorrhage.
7. Royal College of Obstetricians and Gynaecologists (RCOG). Relevant guidance on postpartum haemorrhage.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Newborn—Jaundice & Other Common Problems in Newborn
- **Teacher:** Dr. Akterunnahar (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** neonatal jaundice and common neonatal problems.
2. **Differentiate** physiological from pathological neonatal jaundice based on timing and clinical features.
3. **Identify** important neonatal danger signs and common problems requiring urgent assessment.
4. **Outline** the appropriate clinical assessment and investigation of a newborn with jaundice.
5. **Formulate** an initial management and referral plan for neonatal jaundice and other significant neonatal problems.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce neonatal jaundice and common neonatal problems; emphasize neonatal danger signs and learning objectives.	Recall basic neonatal adaptation and participate in discussion.	Interactive questioning	PPT	Oral questioning
10 min	Discuss classification of neonatal jaundice and differentiate physiological from pathological patterns; emphasize timing and clinical assessment.	Analyze clinical presentations and classify jaundice.	Interactive lecture, case-based learning	PPT, clinical images	Formative questioning
15 min	Discuss systematic assessment of jaundice, including history, examination and relevant investigations; emphasize recognition of severe disease.	Develop an assessment approach for a jaundiced newborn.	Guided clinical reasoning	Assessment algorithm, laboratory examples	Case-based assessment
15 min	Discuss important common neonatal problems and recognition of clinical deterioration; emphasize appropriate initial stabilization and referral.	Identify danger signs and prioritize clinical actions in cases.	Problem-based learning	Clinical vignettes, neonatal assessment checklist	Clinical reasoning assessment
10 min	Discuss principles of management, monitoring, prevention and follow-up of neonatal jaundice and significant neonatal problems.	Formulate initial management and referral plans.	Think–Pair–Share, case discussion	Management algorithms, PPT	Management-plan assessment
5 min	Summarize key principles and provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Classification of neonatal jaundice
- Clinical case interpretation
- Recognition of neonatal danger signs
- Investigation selection
- Initial management and referral planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. American Academy of Pediatrics (AAP). Clinical Practice Guideline: *Management of Hyperbilirubinemia in the Newborn Infant*.
3. Cloherty JP, Eichenwald EC, Hansen AR, Stark AR. *Manual of Neonatal Care*. Latest edition.
4. Gomella TL, et al. *Gomella's Neonatology: Management, Procedures, On-Call Problems, Diseases, and Drugs*. Latest edition.
5. World Health Organization (WHO). *Pocket Book of Hospital Care for Children*.
6. World Health Organization (WHO). Relevant recommendations on newborn care and neonatal jaundice.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Drugs & Hormones Used in Pregnancy
- **Teacher:** Dr. Akterunnahar (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Classify** commonly used drugs and hormones in pregnancy according to their therapeutic indications.
2. **Identify** commonly used drugs in pregnancy and their major indications, precautions and potential fetal effects.
3. **Differentiate** drugs that are commonly used, conditionally used and generally avoided during pregnancy based on clinical circumstances.
4. **Select** appropriate drug options for common clinical situations during pregnancy while considering maternal and fetal safety.
5. **Outline** principles of rational prescribing, counselling, monitoring and risk–benefit assessment during pregnancy.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce principles of medication use during pregnancy and maternal–fetal safety; state learning objectives.	Recall basic pharmacology and physiological changes of pregnancy.	Interactive questioning	PPT	Oral questioning
10 min	Classify commonly used drugs and hormones according to therapeutic indications; emphasize risk–benefit assessment.	Categorize drugs according to indication and pregnancy-related considerations.	Interactive lecture, concept mapping	PPT, drug classification chart	Formative questioning
15 min	Discuss commonly used therapeutic groups, including supplementation, antimicrobials, antihypertensives, antidiabetics and relevant hormonal preparations.	Match clinical scenarios with appropriate therapeutic options.	Case-based learning	Clinical cases, drug reference	Case-based assessment
15 min	Discuss prescribing precautions, fetal effects, contraindicated/high-risk medications and principles of dose adjustment and monitoring.	Analyze medication choices and identify potential safety concerns.	Problem-based learning	Pregnancy medication safety charts, clinical vignettes	Clinical reasoning assessment
10 min	Discuss counselling, adherence, monitoring and shared risk–benefit decision-making; emphasize avoiding unnecessary self-medication.	Develop a safe prescribing and counselling plan for selected cases.	Think–Pair–Share	Prescribing checklist, case scenarios	Management assessment
5 min	Summarize rational drug use and maternal–fetal safety principles; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Drug classification
- Clinical case analysis
- Drug-selection exercise
- Identification of prescribing risks
- Patient counselling planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Briggs GG, Freeman RK, Towers CV, Forinash AB. *Drugs in Pregnancy and Lactation*. Latest edition.
5. World Health Organization (WHO). Relevant recommendations on medicines and pharmacological treatment during pregnancy.
6. British National Formulary (BNF). Relevant sections on prescribing in pregnancy.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Genital Tract Infection
- **Teacher:** Dr. Akterunnahar (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** common infections of the female genital tract.
2. **Identify** common causative organisms, risk factors and clinical manifestations of genital tract infections.
3. **Differentiate** common genital tract infections based on history, examination and characteristic clinical findings.
4. **Select** appropriate basic investigations for suspected genital tract infection according to the clinical presentation.
5. **Outline** principles of treatment, partner management, prevention, counselling and appropriate referral.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce genital tract infection, its clinical importance and learning objectives.	Recall relevant genital anatomy and common infection-related conditions.	Interactive questioning	PPT	Oral questioning
10 min	Discuss classification, causative organisms and major risk factors. Emphasize common bacterial, fungal, protozoal and viral infections.	Classify infections according to causative agents and clinical presentation.	Interactive lecture, concept mapping	PPT, classification chart	Formative questioning
15 min	Discuss common clinical presentations and important differential diagnoses; emphasize history and focused examination.	Analyze clinical scenarios and identify likely diagnoses.	Case-based learning	Clinical vignettes, clinical images	Case-based assessment
15 min	Discuss appropriate investigations and principles of treatment; emphasize rational antimicrobial use and partner management where applicable.	Select appropriate investigations and formulate an initial treatment approach.	Problem-based learning	Investigation reports, treatment algorithms	Clinical reasoning assessment
10 min	Discuss complications, prevention, counselling, sexual health education and indications for referral.	Develop a prevention and counselling plan for selected cases.	Think–Pair–Share	Counselling checklist, clinical pathway	Management assessment
5 min	Summarize diagnosis, investigation, management and prevention; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Classification exercise
- Clinical case interpretation
- Investigation selection
- Differential diagnosis
- Initial treatment and referral planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Dutta DC. *Textbook of Gynecology*. Latest edition.
4. Hoffman BL, et al. *Williams Gynecology*. Latest edition.
5. World Health Organization (WHO). *Guidelines for the Management of Symptomatic Sexually Transmitted Infections*. Latest edition.
6. Centers for Disease Control and Prevention (CDC). *Sexually Transmitted Infections Treatment Guidelines*. Latest edition.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Normal Labour—Partograph, Pain Relief & Fetal Monitoring
- **Teacher:** Dr. Md. Kamal Hossain (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Describe** the purpose and components of a partograph in monitoring labour.
2. **Interpret** a partograph and identify deviations from normal labour progress.
3. **Identify** appropriate pharmacological and non-pharmacological methods of pain relief during labour.
4. **Select** appropriate methods of fetal monitoring during normal labour according to maternal and fetal circumstances.
5. **Recognize** abnormal maternal or fetal findings requiring reassessment, intervention or referral.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce normal labour monitoring and objectives; emphasize the importance of maternal and fetal surveillance.	Recall stages and basic physiology of labour.	Interactive questioning	PPT	Oral questioning
15 min	Explain the purpose, components and correct use of the partograph; emphasize monitoring of cervical dilatation, descent, contractions and maternal/fetal parameters.	Interpret a sample partograph and identify normal progress.	Interactive lecture, demonstration	Partograph, PPT	Formative assessment
10 min	Discuss non-pharmacological and pharmacological approaches to pain relief, including appropriate patient selection and safety considerations.	Compare available approaches and participate in guided discussion.	Interactive lecture, case-based discussion	PPT, pain-relief algorithm	Oral assessment
15 min	Discuss fetal monitoring during labour, including assessment of fetal heart rate and recognition of concerning patterns.	Analyze clinical monitoring data and identify findings requiring attention.	Case-based learning	CTG examples, monitoring charts	Case-based assessment
10 min	Integrate partograph, pain management and fetal monitoring into clinical decision-making; emphasize timely escalation.	Develop an initial monitoring and management plan for a clinical scenario.	Problem-based learning, Think–Pair–Share	Clinical case, management algorithm	Clinical reasoning assessment
5 min	Summarize key principles and provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Partograph interpretation
- Clinical data interpretation
- Fetal monitoring assessment
- Case-based clinical reasoning
- Identification of findings requiring intervention
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Ten Teachers. *Obstetrics by Ten Teachers*. Latest edition.
5. World Health Organization (WHO). *WHO Recommendations: Intrapartum Care for a Positive Childbirth Experience*.
6. World Health Organization (WHO). Relevant guidance on fetal heart-rate monitoring during labour.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Newborn—ICYF and Management of Asphyxia Neonatorum
- **Teacher:** Dr. Md. Kamal Hossain (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Describe** the basic principles and indications of intensive care for sick newborns.
2. **Identify** the clinical features and severity indicators of neonatal asphyxia.
3. **Assess** a newborn requiring resuscitation using a structured clinical approach.
4. **Demonstrate** the sequence of initial neonatal resuscitation and appropriate escalation of respiratory support.
5. **Recognize** complications following neonatal asphyxia and outline appropriate monitoring and supportive management.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce ICYF and neonatal asphyxia; emphasize early recognition, stabilization and timely intervention.	Recall essential newborn care and neonatal resuscitation principles.	Interactive questioning	PPT	Oral questioning
10 min	Discuss indications, basic organization and principles of intensive care for sick newborns.	Identify newborns requiring intensive monitoring and care.	Interactive lecture, guided discussion	PPT, neonatal care checklist	Formative questioning
15 min	Discuss recognition and initial assessment of neonatal asphyxia; emphasize airway, breathing, circulation and timely decision-making.	Analyze a clinical scenario and prioritize initial actions.	Case-based learning	Neonatal resuscitation algorithm, clinical vignette	Case-based assessment
15 min	Demonstrate the structured sequence of neonatal resuscitation and escalation of respiratory support; emphasize effective ventilation and reassessment.	Participate in algorithm-based practice and identify appropriate next steps.	Demonstration, simulation-oriented learning	Neonatal resuscitation equipment, algorithm	Skills-based assessment
10 min	Discuss post-resuscitation care, monitoring and major complications of neonatal asphyxia; emphasize appropriate referral/escalation.	Develop an initial post-resuscitation monitoring and management plan.	Problem-based learning	Monitoring chart, clinical pathway	Clinical reasoning assessment
5 min	Summarize key principles and provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Recognition of neonatal deterioration
- Case-based assessment
- Resuscitation-sequence assessment
- Algorithm interpretation
- Clinical decision-making
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. American Academy of Pediatrics & American Heart Association. *Textbook of Neonatal Resuscitation (NRP)*. Latest edition.
3. Cloherty JP, Eichenwald EC, Hansen AR, Stark AR. *Manual of Neonatal Care*. Latest edition.
4. Gomella TL, et al. *Gomella's Neonatology*. Latest edition.
5. World Health Organization (WHO). *Guidelines on Basic Newborn Resuscitation*.
6. World Health Organization (WHO). *Pocket Book of Hospital Care for Children*.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Abnormal Uterine Bleeding (AUB)
- **Teacher:** Dr. Md. Kamal Hossain (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** abnormal uterine bleeding using the accepted clinical framework.
2. **Identify** common structural and non-structural causes of AUB from clinical history and examination.
3. **Differentiate** important causes of AUB using clinical presentation and appropriate investigations.
4. **Outline** a systematic approach to assessment and investigation of a patient presenting with AUB.
5. **Formulate** an initial management plan based on the patient's age, severity, cause and reproductive requirements.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce AUB, its clinical significance and learning objectives.	Recall normal menstrual characteristics and participate in discussion.	Interactive questioning	PPT	Oral questioning
10 min	Discuss definition, classification and clinical patterns of AUB; emphasize systematic categorization of causes.	Classify clinical presentations and identify abnormal bleeding patterns.	Interactive lecture, concept mapping	PPT, classification chart	Formative questioning
15 min	Discuss history, physical examination and relevant investigations; emphasize exclusion of pregnancy and identification of significant pathology.	Develop a structured assessment approach for a patient with AUB.	Case-based learning	Clinical algorithm, investigation reports	Case-based assessment
15 min	Discuss principles of medical, procedural and surgical management according to cause, severity and reproductive needs.	Analyze cases and select an appropriate initial management approach.	Problem-based learning, Think–Pair–Share	Management algorithm, clinical vignettes	Clinical reasoning assessment
10 min	Discuss red flags, acute heavy bleeding, anaemia and indications for specialist referral/endometrial assessment.	Identify high-risk features and formulate an appropriate referral plan.	Case-based discussion	Clinical pathway, PPT	Management/referral assessment
5 min	Summarize classification, assessment, investigation and management principles; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Classification exercise
- Clinical case interpretation
- Investigation selection
- Differential diagnosis
- Initial management and referral planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Hoffman BL, et al. *Williams Gynecology*. Latest edition.
4. Dutta DC. *Textbook of Gynecology*. Latest edition.
5. FIGO. Relevant guidance on the PALM-COEIN classification of AUB.
6. American College of Obstetricians and Gynecologists (ACOG). Relevant guidance on abnormal uterine bleeding.
7. National Institute for Health and Care Excellence (NICE). Relevant guidance on heavy menstrual bleeding.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Radiotherapy & Chemotherapy
- **Teacher:** Dr. Md. Kamal Hossain (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** radiotherapy and chemotherapy and describe their major roles in the management of gynaecological malignancies.
2. **Identify** common indications for radiotherapy and chemotherapy in major gynaecological cancers.
3. **Differentiate** the roles of surgery, radiotherapy, chemotherapy and combined treatment according to disease stage and clinical circumstances.
4. **Recognize** important acute and late adverse effects and identify patients requiring monitoring or supportive care.
5. **Outline** the principles of multidisciplinary management, patient counselling, treatment monitoring and referral in gynaecological oncology.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce radiotherapy and chemotherapy and their relevance to gynaecological malignancies; state learning objectives.	Recall common gynaecological malignancies and basic treatment modalities.	Interactive questioning	PPT	Oral questioning
10 min	Discuss basic principles, major types and therapeutic roles of radiotherapy and chemotherapy.	Identify and classify treatment modalities.	Interactive lecture, concept mapping	PPT, treatment overview chart	Formative questioning
15 min	Discuss indications and treatment selection in common gynaecological malignancies; emphasize stage-based and multidisciplinary decision-making.	Analyze clinical scenarios and identify appropriate treatment approaches.	Case-based learning	Clinical vignettes, treatment algorithms	Case-based assessment
15 min	Discuss important treatment-related toxicities, monitoring requirements and supportive care.	Identify adverse effects and appropriate monitoring priorities.	Problem-based learning	Toxicity charts, monitoring checklist	Clinical reasoning assessment
10 min	Discuss principles of counselling, follow-up, treatment response assessment and referral to oncology services.	Develop an initial counselling and follow-up plan for a selected case.	Think–Pair–Share	Clinical pathway, counselling framework	Management assessment
5 min	Summarize treatment principles, toxicity recognition and multidisciplinary care; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Treatment-modality classification
- Clinical case analysis
- Stage-based treatment selection
- Recognition of treatment toxicity
- Monitoring and supportive-care planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Hoffman BL, et al. *Williams Gynecology*. Latest edition.
4. Dutta DC. *Textbook of Gynecology*. Latest edition.
5. National Comprehensive Cancer Network (NCCN). Relevant Guidelines for Cervical, Endometrial and Ovarian Cancers.
6. International Federation of Gynecology and Obstetrics (FIGO). Relevant guidance on gynaecological malignancies.
7. World Health Organization (WHO). Relevant guidance on cervical cancer treatment and comprehensive cancer care.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Prolonged Labour & Obstructed Labour—Definition, Causes, Diagnosis, Complications & Management
- **Teacher:** Dr. Maleka Parvin (Asst. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and differentiate** prolonged labour and obstructed labour.
2. **Identify** the major maternal, fetal and mechanical causes of prolonged and obstructed labour.
3. **Recognize and interpret** clinical findings suggestive of prolonged or obstructed labour.
4. **Outline** an appropriate diagnostic approach, including maternal and fetal assessment and monitoring of labour progress.
5. **Formulate** an initial management plan and recognize indications for timely intervention, referral and operative delivery.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce prolonged and obstructed labour, clinical importance and learning objectives.	Recall normal progress and stages of labour.	Interactive questioning	PPT	Oral questioning
10 min	Discuss definitions, differentiation and major causes, emphasizing maternal, fetal and mechanical factors.	Classify causes and differentiate prolonged from obstructed labour.	Interactive lecture, concept mapping	PPT, flowchart	Formative questioning
15 min	Discuss clinical assessment and diagnosis, including labour progress, maternal condition and fetal status.	Analyze clinical findings and identify abnormal labour patterns.	Case-based learning	Partograph, clinical vignettes	Case-based assessment
15 min	Discuss maternal and fetal complications and principles of immediate management and stabilization.	Prioritize clinical problems and formulate initial management steps.	Problem-based learning	Management algorithm, case scenarios	Clinical reasoning assessment
10 min	Discuss definitive management, indications for operative delivery and referral; emphasize prevention of avoidable complications.	Develop a stepwise management/referral plan for selected cases.	Think–Pair–Share, case discussion	Clinical pathway, PPT	Management-plan assessment
5 min	Summarize definitions, causes, diagnosis, complications and management; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Cause classification
- Clinical case interpretation
- Partograph interpretation
- Recognition of maternal and fetal complications
- Initial management and referral planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Ten Teachers. *Obstetrics by Ten Teachers*. Latest edition.
5. World Health Organization (WHO). Relevant guidance on intrapartum care and management of labour complications.
6. International Federation of Gynecology and Obstetrics (FIGO). Relevant guidance on labour and obstetric emergencies.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Rupture Uterus
- **Teacher:** Dr. Maleka Parvin (Asst. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** rupture uterus and distinguish complete from incomplete rupture.
2. **Identify** major risk factors and causes of uterine rupture during pregnancy and labour.
3. **Recognize and interpret** the clinical features suggestive of uterine rupture and maternal–fetal compromise.
4. **Outline** the immediate assessment, resuscitation and investigation required in suspected uterine rupture.
5. **Formulate** an appropriate emergency management plan, including timely operative intervention and multidisciplinary referral.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce uterine rupture, clinical significance and learning objectives; emphasize its obstetric emergency status.	Recall major risk factors for uterine rupture.	Interactive questioning	PPT	Oral questioning
10 min	Discuss definition, classification, causes and risk factors, including previous uterine surgery and obstructed labour.	Identify and classify risk factors from clinical scenarios.	Interactive lecture, concept mapping	PPT, risk-factor chart	Formative questioning
15 min	Discuss clinical presentation and recognition of maternal and fetal compromise; emphasize early diagnosis.	Analyze a clinical scenario and identify warning signs.	Case-based learning	Clinical vignette, monitoring chart	Case-based assessment
15 min	Discuss immediate management: maternal stabilization, blood preparation, fetal assessment and urgent surgical decision-making.	Prioritize emergency interventions and formulate an initial management sequence.	Problem-based learning	Emergency management algorithm	Clinical reasoning assessment
10 min	Discuss operative management, postoperative care, complications and prevention in high-risk labour.	Develop a stepwise management and referral plan.	Case discussion, Think–Pair–Share	Clinical pathway, PPT	Management-plan assessment
5 min	Summarize risk factors, recognition, emergency management and prevention; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Risk-factor identification
- Clinical case interpretation
- Recognition of maternal and fetal compromise
- Emergency management prioritization
- Operative/referral decision-making
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Ten Teachers. *Obstetrics by Ten Teachers*. Latest edition.
5. World Health Organization (WHO). Relevant guidance on intrapartum care and obstetric emergencies.
6. International Federation of Gynecology and Obstetrics (FIGO). Relevant guidance on obstetric emergencies.
7. Royal College of Obstetricians and Gynaecologists (RCOG). Relevant guidance on uterine rupture and VBAC.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Vomiting in Pregnancy
- **Teacher:** Dr. Maleka Parvin (Asst. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** vomiting in pregnancy, including hyperemesis gravidarum.
2. **Identify** common causes, risk factors and clinical features of vomiting in pregnancy.
3. **Differentiate** uncomplicated nausea and vomiting from hyperemesis gravidarum and other significant causes.
4. **Outline** the appropriate clinical assessment and investigations of a pregnant woman with persistent vomiting.
5. **Formulate** an initial management plan, including fluid–electrolyte correction, nutritional support, appropriate medication and referral when required.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce vomiting in pregnancy and its clinical significance; differentiate common nausea/vomiting from severe disease.	Recall physiological changes of early pregnancy and participate in discussion.	Interactive questioning	PPT	Oral questioning
10 min	Discuss definition, common causes, risk factors and clinical spectrum of vomiting in pregnancy.	Identify relevant risk factors and classify clinical presentations.	Interactive lecture, concept mapping	PPT, classification chart	Formative questioning
15 min	Discuss assessment of severity, dehydration, nutritional status and relevant laboratory investigations; emphasize recognition of hyperemesis gravidarum.	Analyze clinical findings and identify patients requiring further assessment.	Case-based learning	Clinical vignettes, investigation reports	Case-based assessment
15 min	Discuss principles of management, including hydration, electrolyte correction, nutrition, antiemetic therapy and prevention of complications.	Develop an initial management plan for selected cases.	Problem-based learning, Think–Pair–Share	Management algorithm, clinical pathway	Management-plan assessment
10 min	Discuss complications, monitoring, follow-up and indications for admission or specialist referral.	Identify complications and appropriate escalation/referral.	Clinical reasoning discussion	Monitoring checklist, case scenarios	Clinical reasoning assessment
5 min	Summarize assessment, differentiation, management and complications; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Clinical classification
- Severity assessment
- Investigation selection
- Case-based differential diagnosis
- Initial management planning
- Recognition of complications and referral indications
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Ten Teachers. *Obstetrics by Ten Teachers*. Latest edition.
5. Royal College of Obstetricians and Gynaecologists (RCOG). Relevant guidance on nausea and vomiting in pregnancy.
6. World Health Organization (WHO). Relevant guidance on maternal nutrition and care during pregnancy.
7. American College of Obstetricians and Gynecologists (ACOG). Relevant guidance on nausea and vomiting of pregnancy.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Preconceptional Counselling
- **Teacher:** Dr. Maleka Parvin (Asst. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define** preconceptional counselling and explain its importance in improving maternal and fetal outcomes.
2. **Identify** important medical, nutritional, genetic, lifestyle and obstetric risk factors requiring assessment before pregnancy.
3. **Assess** a woman's preconception health status and identify modifiable risk factors.
4. **Recommend** appropriate preventive interventions, including folic acid supplementation, immunization, medication review and lifestyle modification.
5. **Formulate** an individualized preconception counselling and referral plan for women with medical or obstetric risk factors.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce preconceptional counselling, objectives and its role in prevention of adverse pregnancy outcomes.	Recall major maternal and fetal risk factors.	Interactive questioning	PPT	Oral questioning
10 min	Discuss medical, obstetric, family, genetic and medication history that should be assessed before conception.	Identify relevant risk factors from clinical scenarios.	Interactive lecture, case-based discussion	PPT, checklist	Formative questioning
15 min	Discuss nutritional assessment, folic acid, immunization, infection prevention, lifestyle, substance avoidance and weight optimization.	Develop a checklist of preventive interventions.	Guided discussion, concept mapping	Counselling checklist, PPT	Formative assessment
15 min	Discuss management of pre-existing medical conditions and medication review; emphasize individualized risk assessment and specialist referral.	Analyze a clinical case and identify modifiable risks.	Problem-based learning	Clinical vignettes, management pathway	Case-based assessment
10 min	Discuss genetic counselling, pregnancy planning, high-risk pregnancy referral and follow-up.	Formulate a patient-centred counselling and referral plan.	Think–Pair–Share	Counselling framework	Management-plan assessment
5 min	Summarize essential components of preconception care and provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Risk-factor identification
- Preconception checklist exercise
- Clinical case analysis
- Preventive intervention selection
- Counselling and referral planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Ten Teachers. *Obstetrics by Ten Teachers*. Latest edition.
5. World Health Organization (WHO). *Preconception Care: Maximizing the Gains for Maternal and Child Health*.
6. Centers for Disease Control and Prevention (CDC). Relevant guidance on preconception health.
7. American College of Obstetricians and Gynecologists (ACOG). Relevant guidance on pre-pregnancy counselling and preventive care.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Premature Rupture of Membranes (PROM)
- **Teacher:** Dr. Maleka Parvin (Asst. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** PROM and distinguish term PROM from preterm prelabour rupture of membranes (PPROM).
2. **Identify** important risk factors, clinical features and maternal–fetal complications associated with PROM.
3. **Outline** the clinical assessment and appropriate investigations for suspected PROM.
4. **Differentiate** PROM from other causes of vaginal fluid loss during pregnancy using clinical assessment.
5. **Formulate** an initial management plan according to gestational age, maternal condition, fetal status and presence or absence of infection or labour.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce PROM, its clinical significance and learning objectives; distinguish PROM from PPRM.	Recall normal membranes and physiology of labour.	Interactive questioning	PPT	Oral questioning
10 min	Discuss definition, classification, risk factors and clinical presentation.	Identify risk factors and classify clinical scenarios.	Interactive lecture, concept mapping	PPT, classification chart	Formative questioning
15 min	Discuss diagnosis through history and appropriate examination; emphasize avoiding unnecessary digital vaginal examination and assessing maternal/fetal status.	Develop a structured diagnostic approach.	Case-based learning	Clinical algorithm, case vignettes	Case-based assessment
15 min	Discuss management according to gestational age and clinical condition; emphasize infection assessment, fetal monitoring and appropriate use of antibiotics/corticosteroids when indicated.	Analyze cases and formulate an initial management plan.	Problem-based learning, Think–Pair–Share	Management algorithm, clinical pathway	Clinical reasoning assessment
10 min	Discuss maternal and fetal complications, indications for delivery, monitoring and referral.	Identify complications and indications for escalation.	Case discussion	Clinical scenarios, monitoring chart	Management assessment
5 min	Summarize diagnosis, classification, management and complications; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Classification of PROM/PPROM
- Clinical case interpretation
- Diagnostic approach assessment
- Management-plan formulation
- Recognition of maternal and fetal complications
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Ten Teachers. *Obstetrics by Ten Teachers*. Latest edition.
5. American College of Obstetricians and Gynecologists (ACOG). Relevant guidance on prelabor rupture of membranes.
6. Royal College of Obstetricians and Gynaecologists (RCOG). Relevant guidance on preterm prelabour rupture of membranes.
7. World Health Organization (WHO). Relevant recommendations on preterm birth and care during pregnancy.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Menstrual Disorders & Dysmenorrhea
- **Teacher:** Dr. Maleka Parvin (Asst. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** common menstrual disorders and dysmenorrhea.
2. **Identify** important causes and clinical features of menstrual disorders and dysmenorrhea.
3. **Differentiate** primary from secondary dysmenorrhea using relevant history and clinical findings.
4. **Outline** a systematic approach to clinical assessment and investigation of menstrual disorders and dysmenorrhea.
5. **Formulate** an initial management plan according to the underlying cause, severity and reproductive needs of the patient.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce menstrual disorders and dysmenorrhea; emphasize their clinical significance and learning objectives.	Recall normal menstrual cycle and participate in discussion.	Interactive questioning	PPT	Oral questioning
10 min	Discuss classification and clinical patterns of common menstrual disorders; introduce primary and secondary dysmenorrhea.	Classify clinical presentations and identify abnormal patterns.	Interactive lecture, concept mapping	PPT, classification chart	Formative questioning
15 min	Discuss relevant history, examination and differential diagnosis; emphasize features suggesting secondary dysmenorrhea.	Analyze clinical cases and formulate differential diagnoses.	Case-based learning	Clinical vignettes, assessment checklist	Case-based assessment
15 min	Discuss appropriate investigations and principles of management, including medical and cause-specific approaches.	Select appropriate investigations and develop an initial management plan.	Problem-based learning, Think–Pair–Share	Investigation and management algorithms	Clinical reasoning assessment
10 min	Discuss red flags, complications, impact on quality of life and indications for specialist referral.	Identify high-risk features and appropriate referral indications.	Case discussion	Clinical pathway, PPT	Management/referral assessment
5 min	Summarize classification, assessment, investigation and management;	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
	provide corrective feedback.				

4. Formative Assessment

- Oral questioning
- Classification exercise
- Clinical case interpretation
- Differential diagnosis
- Investigation selection
- Initial management planning
- Recognition of referral indications
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Hoffman BL, et al. *Williams Gynecology*. Latest edition.
4. Dutta DC. *Textbook of Gynecology*. Latest edition.
5. FIGO. Relevant guidance on menstrual disorders and abnormal uterine bleeding.
6. American College of Obstetricians and Gynecologists (ACOG). Relevant guidance on dysmenorrhea and menstrual disorders.
7. World Health Organization (WHO). Relevant guidance on adolescent and reproductive health.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Vital Statistics—MMR, Perinatal Morbidity & Mortality
- **Teacher:** Prof. Dr. Sartaj Begum
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define** maternal mortality, perinatal morbidity and perinatal mortality and state their public-health significance.
2. **Describe** the major indicators used to measure maternal and perinatal health.
3. **Calculate and interpret** MMR and relevant perinatal mortality indicators from given data.
4. **Analyze** major maternal, fetal and neonatal contributors to perinatal morbidity and mortality.
5. **Identify** appropriate strategies for reducing maternal and perinatal morbidity and mortality at health-system and community levels.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce vital statistics and their importance in assessing maternal and newborn health; state learning objectives.	Recall basic demographic and reproductive health indicators.	Interactive questioning	PPT	Oral questioning
10 min	Define MMR, perinatal morbidity and mortality and clarify relevant terminology and denominators.	Identify and distinguish different indicators.	Interactive lecture, concept mapping	PPT, indicator framework	Formative questioning
15 min	Explain calculation and interpretation of MMR and perinatal mortality indicators; emphasize correct numerator and denominator selection.	Work through data interpretation and indicator calculation activities.	Guided problem-solving	Data sets, calculation slides	Calculation assessment
15 min	Discuss major causes and contributing factors of maternal and perinatal morbidity and mortality; emphasize preventable factors and the three-delay framework.	Analyze a clinical/public-health scenario and identify contributing factors.	Case-based learning, group discussion	Case vignette, cause framework	Case-based assessment
10 min	Discuss prevention strategies, quality antenatal/intrapartum/newborn care, referral systems and the role of audit and surveillance.	Propose practical interventions to reduce adverse outcomes.	Problem-based learning, Think–Pair–Share	WHO materials, intervention framework	Application assessment
5 min	Summarize key indicators, interpretation and prevention strategies; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Indicator identification
- Calculation and interpretation exercise
- Case-based analysis
- Identification of preventable factors
- Intervention planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. World Health Organization (WHO). *Maternal Mortality Measurement and Trends*.
5. World Health Organization (WHO). Relevant guidance on perinatal mortality and newborn health.
6. UNICEF/WHO/World Bank/UN DESA. Relevant maternal and perinatal mortality estimates and indicators.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Diagnostic Techniques—Cervical Pap Smear & Colposcopy
- **Teacher:** Prof. Dr. Sartaj Begum
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Describe** the purpose and clinical importance of cervical Pap smear and colposcopy.
2. **Identify** the indications, basic requirements and appropriate patient preparation for Pap smear and colposcopy.
3. **Differentiate** the roles of cervical cytology, HPV testing and colposcopy in the evaluation of cervical disease.
4. **Outline** the basic steps of specimen collection and colposcopic assessment.
5. **Interpret** common screening/colposcopic findings at a basic undergraduate level and identify cases requiring further evaluation or referral.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce cervical cancer prevention and the role of Pap smear and colposcopy; state learning objectives.	Recall basic cervical anatomy and risk factors for cervical cancer.	Interactive questioning	PPT	Oral questioning
10 min	Discuss indications, preparation and basic principles of Pap smear and cervical screening.	Identify appropriate candidates and preparation requirements.	Interactive lecture, guided discussion	PPT, screening algorithm	Formative questioning
15 min	Demonstrate the basic procedure and specimen collection principles; emphasize adequacy, labelling and appropriate handling.	Observe the procedure and identify key procedural steps.	Demonstration, visual learning	Cervical models/images, procedure checklist	Observation-based assessment
15 min	Discuss indications for colposcopy and the systematic approach to examination; emphasize recognition of abnormal areas and need for biopsy when indicated.	Interpret representative clinical/colposcopic images and identify findings requiring further assessment.	Case-based learning	Colposcopic images, clinical vignettes	Image-based assessment
10 min	Integrate screening results with colposcopy and referral	Develop an appropriate screening, referral and follow-up plan for selected	Problem-based learning, Think–Pair–Share	Screening/referral algorithm	Clinical reasoning assessment

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	pathways; emphasize follow-up and patient counselling. Summarize the roles of Pap smear and colposcopy and provide corrective feedback.	cases. State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Indication identification
- Procedural sequence assessment
- Image interpretation
- Clinical case analysis
- Screening and referral planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Hoffman BL, et al. *Williams Gynecology*. Latest edition.
4. Dutta DC. *Textbook of Gynecology*. Latest edition.
5. World Health Organization (WHO). *WHO Guideline for Screening and Treatment of Cervical Pre-cancer Lesions for Cervical Cancer Prevention*.
6. International Agency for Research on Cancer (IARC). *Atlas of Visual Inspection of the Cervix with Acetic Acid for Screening, Triage, and Treatment*.
7. American Society for Colposcopy and Cervical Pathology (ASCCP). Relevant guidelines on management of abnormal cervical screening tests.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Intrauterine Growth Restriction (IUGR)
- **Teacher:** Prof. Dr. Farhana Begum
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** IUGR/Fetal Growth Restriction (FGR) and distinguish it from a constitutionally small fetus.
2. **Identify** major maternal, fetal, placental and environmental risk factors associated with IUGR.
3. **Recognize** clinical and ultrasonographic findings suggestive of IUGR and assess fetal growth appropriately.
4. **Interpret** relevant fetal surveillance findings, including growth parameters and Doppler assessment, in suspected IUGR.
5. **Formulate** an appropriate antenatal monitoring, referral and delivery plan according to gestational age, fetal condition and severity of growth restriction.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce IUGR/FGR, clinical significance and learning objectives; emphasize distinction between pathological growth restriction and a constitutionally small fetus.	Recall normal fetal growth and participate in discussion.	Interactive questioning	PPT	Oral questioning
10 min	Discuss definition, classification and major maternal, fetal and placental risk factors.	Identify and categorize risk factors from clinical scenarios.	Interactive lecture, concept mapping	PPT, risk-factor chart	Formative questioning
15 min	Discuss clinical assessment and ultrasonographic evaluation of fetal growth; emphasize appropriate growth parameters and serial assessment.	Interpret clinical and ultrasound findings in selected cases.	Case-based learning	Ultrasound images, growth charts, clinical vignettes	Case-based assessment
15 min	Discuss fetal surveillance, including Doppler assessment and other relevant methods; emphasize recognition of fetal compromise.	Analyze surveillance findings and determine the level of concern.	Problem-based learning	Doppler examples, monitoring charts	Clinical reasoning assessment
10 min	Discuss principles of antenatal monitoring, timing of delivery, referral and multidisciplinary management according to severity and fetal condition.	Formulate an individualized monitoring and management plan.	Think–Pair–Share, case discussion	Management algorithm, clinical pathway	Management-plan assessment
5 min	Summarize diagnosis, assessment, surveillance and management principles; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Risk-factor classification
- Ultrasound interpretation
- Fetal growth assessment
- Doppler interpretation
- Clinical case analysis
- Monitoring and delivery planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Royal College of Obstetricians and Gynaecologists (RCOG). *The Investigation and Management of the Small-for-Gestational-Age Fetus*.
5. International Society of Ultrasound in Obstetrics and Gynecology (ISUOG). Relevant Practice Guidelines on fetal growth assessment and FGR.
6. Society for Maternal-Fetal Medicine (SMFM). Relevant Consult Series on Fetal Growth Restriction.
7. World Health Organization (WHO). Relevant guidance on fetal growth restriction and antenatal care.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Puberty
- **Teacher:** Prof. Dr. Farhana Begum
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define puberty and describe** the major physiological changes occurring during puberty.
2. **Explain** the hormonal regulation and sequence of pubertal development.
3. **Differentiate** normal pubertal development from delayed and precocious puberty based on clinical features.
4. **Identify** important causes and clinical features requiring evaluation in abnormal pubertal development.
5. **Outline** the appropriate initial assessment, investigation and referral approach for abnormal puberty.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce puberty, its clinical importance and learning objectives; relate puberty to adolescent health.	Recall basic endocrine physiology and participate in discussion.	Interactive questioning	PPT	Oral questioning
10 min	Discuss physiological changes, hormonal regulation and sequence of pubertal development.	Construct a sequence of pubertal changes and participate in guided discussion.	Interactive lecture, concept mapping	PPT, developmental charts	Formative questioning
15 min	Discuss normal variations in pubertal timing and clinical assessment of pubertal development.	Interpret developmental scenarios and identify normal patterns.	Case-based learning	Tanner staging chart, clinical vignettes	Case-based assessment
15 min	Discuss precocious and delayed puberty, important causes and indications for further evaluation.	Differentiate normal from abnormal pubertal development and identify red flags.	Problem-based learning	Clinical algorithm, case scenarios	Clinical reasoning assessment
10 min	Discuss principles of history, examination, investigations and appropriate referral. Emphasize psychosocial aspects and sensitive communication.	Develop an initial assessment and referral plan.	Think–Pair–Share	Assessment checklist, investigation pathway	Management/referral assessment
5 min	Summarize normal puberty and recognition of abnormal pubertal development; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Developmental sequence assessment
- Tanner staging interpretation
- Clinical case analysis
- Recognition of abnormal puberty
- Investigation and referral planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Hoffman BL, et al. *Williams Gynecology*. Latest edition.
4. Dutta DC. *Textbook of Gynecology*. Latest edition.
5. Speroff L, Fritz MA. *Clinical Gynecologic Endocrinology and Infertility*. Latest edition.
6. American Academy of Pediatrics. Relevant guidance on normal and abnormal pubertal development.
7. World Health Organization (WHO). Relevant guidance on adolescent health and development.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Menopause & Hormone Replacement Therapy (HRT)
- **Teacher:** Prof. Dr. Farhana Begum
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define menopause and describe** the physiological changes associated with menopausal transition.
2. **Identify** common symptoms and short- and long-term health consequences associated with menopause.
3. **Differentiate** indications, contraindications and major precautions for HRT.
4. **Select** an appropriate HRT approach according to menopausal status, symptoms, uterine status and individual risk profile.
5. **Counsel** a menopausal woman regarding benefits, risks, monitoring and non-hormonal alternatives to HRT.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce menopause and menopausal transition; discuss clinical importance and learning objectives.	Recall reproductive physiology and participate in discussion.	Interactive questioning	PPT	Oral questioning
10 min	Discuss definition, stages, hormonal changes and common clinical manifestations of menopause.	Identify physiological and clinical changes associated with menopause.	Interactive lecture, concept mapping	PPT, menopause framework	Formative questioning
15 min	Discuss indications, types and basic principles of HRT; emphasize individualized treatment according to uterine status and symptoms.	Compare appropriate HRT options in clinical scenarios.	Case-based learning	HRT overview chart, clinical vignettes	Case-based assessment
15 min	Discuss contraindications, major risks, precautions and monitoring requirements; emphasize individualized risk–benefit assessment.	Analyze patient risk profiles and identify appropriate/unsafe treatment choices.	Problem-based learning	Risk–benefit framework, clinical cases	Clinical reasoning assessment
10 min	Discuss non-hormonal management, lifestyle measures, counselling and	Develop a patient-centred counselling and follow-up plan.	Think–Pair–Share	Counselling checklist, management algorithm	Communication/management assessment

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	follow-up. Summarize menopause assessment and safe use of HRT; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Clinical case analysis
- HRT indication/contraindication assessment
- Risk–benefit assessment
- Treatment selection
- Patient counselling and follow-up planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Hoffman BL, et al. *Williams Gynecology*. Latest edition.
4. Speroff L, Fritz MA. *Clinical Gynecologic Endocrinology and Infertility*. Latest edition.
5. North American Menopause Society (NAMS). *The 2022 Hormone Therapy Position Statement*.
6. National Institute for Health and Care Excellence (NICE). *Menopause: Diagnosis and Management*.
7. International Menopause Society (IMS). Relevant recommendations on menopausal hormone therapy.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Diagnostic Techniques—Laparoscopy & Hysteroscopy
- **Teacher:** Prof. Dr. Farhana Begum
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define** diagnostic laparoscopy and hysteroscopy and describe their clinical roles in gynaecology.
2. **Identify** the major indications, contraindications and basic patient preparation for laparoscopy and hysteroscopy.
3. **Differentiate** the diagnostic applications of laparoscopy and hysteroscopy according to the suspected pathology.
4. **Outline** the basic procedural steps, required investigations and peri-procedural considerations for each technique.
5. **Recognize** important complications and formulate an appropriate initial post-procedure monitoring and referral plan.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce laparoscopy and hysteroscopy, their diagnostic importance and learning objectives.	Recall relevant pelvic anatomy and common gynaecological indications.	Interactive questioning	PPT	Oral questioning
10 min	Discuss indications, contraindications and patient preparation for both procedures.	Identify appropriate indications and contraindications from clinical scenarios.	Interactive lecture, concept mapping	PPT, indication chart	Formative questioning
15 min	Demonstrate the basic procedural principles and systematic examination approach for laparoscopy and hysteroscopy.	Observe procedural steps and identify key components.	Demonstration, visual learning	Procedure images/videos, diagrams	Observation-based assessment
15 min	Discuss diagnostic applications in infertility, pelvic pain, abnormal uterine bleeding and suspected pelvic/intrauterine pathology.	Analyze cases and select the more appropriate diagnostic technique.	Case-based learning	Clinical vignettes, imaging/procedure images	Case-based assessment
10 min	Discuss complications, safety measures, postoperative monitoring and interpretation of basic findings; emphasize appropriate referral.	Identify complications and formulate an initial post-procedure plan.	Problem-based learning, Think–Pair–Share	Complication checklist, clinical pathway	Clinical reasoning assessment
5 min	Summarize indications, procedural principles,	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
	applications and complications; provide corrective feedback.				

4. Formative Assessment

- Oral questioning
- Indication and contraindication assessment
- Procedure-sequence assessment
- Case-based selection of diagnostic technique
- Recognition of complications
- Post-procedure management planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Hoffman BL, et al. *Williams Gynecology*. Latest edition.
4. Dutta DC. *Textbook of Gynecology*. Latest edition.
5. American Association of Gynecologic Laparoscopists (AAGL). Relevant guidance on hysteroscopy and minimally invasive gynaecological procedures.
6. Royal College of Obstetricians and Gynaecologists (RCOG). Relevant guidance on gynaecological endoscopy.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Ethical Obstetrics, MDG & Essential Obstetric Care (EOC)
- **Teacher:** Dr. Akterunnahar (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define** the principles of ethical practice in obstetric care and explain their relevance to maternal and fetal health.
2. **Identify** major ethical issues encountered in obstetric practice, including autonomy, informed consent, confidentiality and maternal–fetal considerations.
3. **Describe** the relevant Millennium Development Goal (MDG) related to maternal health and its contribution to improving maternal outcomes.
4. **Explain** the major components and principles of Essential Obstetric Care (EOC).
5. **Apply** ethical principles and EOC concepts to common obstetric clinical scenarios and identify appropriate referral or escalation pathways.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce ethical obstetrics, MDG and EOC; establish their relevance to maternal health and learning objectives.	Recall basic principles of medical ethics and maternal health indicators.	Interactive questioning	PPT	Oral questioning
10 min	Discuss core ethical principles in obstetric practice, including autonomy, informed consent, confidentiality and professional responsibility.	Identify ethical issues from clinical situations.	Interactive lecture, case discussion	PPT, ethics framework	Formative questioning
10 min	Discuss MDG related to maternal health, its objectives and relevance to maternal morbidity and mortality reduction.	Relate maternal health indicators to population-level goals.	Interactive lecture, guided discussion	PPT, WHO/UN resources	Formative assessment
15 min	Discuss EOC, essential services, timely recognition of complications, emergency management and referral systems.	Identify essential components and prioritize care in clinical scenarios.	Case-based learning	EOC framework, clinical pathway	Case-based assessment
15 min	Integrate ethical decision-making with EOC; emphasize respectful maternity care, timely referral and equitable access to care.	Analyze cases and formulate an ethically appropriate care/referral plan.	Problem-based learning, Think–Pair–Share	Clinical vignettes, ethics checklist	Clinical reasoning assessment
5 min	Summarize ethical principles, MDG relevance and EOC; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Identification of ethical issues
- Interpretation of maternal health indicators
- EOC component identification
- Case-based ethical decision-making
- Referral and care-prioritization exercise
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. World Health Organization (WHO). Relevant guidance on essential maternal and obstetric care.
5. United Nations. *Millennium Development Goals—Goal 5: Improve Maternal Health*.
6. International Federation of Gynecology and Obstetrics (FIGO). Relevant guidance on ethical issues in obstetric and maternal care.
7. World Federation for Medical Education (WFME). *Global Standards for Quality Improvement in Medical Education*.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Contraception—Importance, Classification, Advantages, Disadvantages, Complications & Menstrual Regulation
- **Teacher:** Dr. Akterunnahar (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Explain** the importance of contraception in reproductive health and family planning.
2. **Classify** major contraceptive methods according to their mechanism and mode of use.
3. **Compare** the advantages, disadvantages, effectiveness, contraindications and common complications of major contraceptive methods.
4. **Select** an appropriate contraceptive method for an individual woman based on reproductive goals, medical eligibility and personal preference.
5. **Outline** the principles of menstrual regulation, including appropriate assessment, counselling, safety considerations and referral.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce contraception, its importance and learning objectives; emphasize reproductive choice and prevention of unintended pregnancy.	Recall basic reproductive physiology and participate in discussion.	Interactive questioning	PPT	Oral questioning
10 min	Discuss classification of contraceptive methods, including natural, barrier, hormonal, intrauterine, emergency and permanent methods.	Classify methods according to type and mechanism.	Interactive lecture, concept mapping	PPT, classification chart	Formative questioning
15 min	Compare effectiveness, advantages, disadvantages, contraindications and common complications of major methods.	Analyze clinical scenarios and compare appropriate methods.	Case-based learning	Contraceptive comparison chart, clinical vignettes	Case-based assessment
15 min	Discuss method selection according to age, parity, medical conditions, reproductive intention and patient preference; emphasize counselling and informed choice.	Select an appropriate method and justify the choice.	Problem-based learning, Think–Pair–Share	Medical eligibility criteria, counselling checklist	Clinical reasoning assessment
10 min	Introduce menstrual regulation, appropriate assessment, counselling, safety considerations, follow-up and referral pathways.	Identify appropriate assessment and referral requirements in clinical scenarios.	Case-based discussion	Clinical pathway, counselling framework	Management/referral assessment
5 min	Summarize contraceptive selection and menstrual	State key learning points and identify	Interactive summary	Summary slide	Exit assessment

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
	regulation principles; provide corrective feedback.	learning gaps.			

4. Formative Assessment

- Oral questioning
- Classification exercise
- Comparative assessment of contraceptive methods
- Clinical case analysis
- Method-selection exercise
- Recognition of contraindications/complications
- Counselling and referral planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Dutta DC. *Textbook of Gynecology*. Latest edition.
3. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
4. World Health Organization (WHO). *Family Planning: A Global Handbook for Providers*. Latest edition.
5. World Health Organization (WHO). *Medical Eligibility Criteria for Contraceptive Use*. Latest edition.
6. World Health Organization (WHO). Relevant guidance on abortion care and menstrual regulation.
7. United Nations Population Fund (UNFPA). Relevant resources on contraception and family planning.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Prematurity & Postmaturity
- **Teacher:** Dr. Md. Kamal Hossain (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define and classify** prematurity and postmaturity according to gestational age.
2. **Identify** major maternal, fetal and obstetric risk factors associated with preterm and post-term pregnancy.
3. **Recognize** the clinical features and complications associated with prematurity and postmaturity.
4. **Assess** gestational age and fetal wellbeing using appropriate clinical and diagnostic methods.
5. **Formulate** an appropriate antenatal, intrapartum and neonatal management/referral plan according to gestational age and maternal–fetal condition.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce prematurity and postmaturity; emphasize accurate gestational-age assessment and clinical significance.	Recall normal gestational duration and participate in discussion.	Interactive questioning	PPT	Oral questioning
10 min	Discuss definitions, classification and important risk factors for preterm and post-term pregnancy.	Classify clinical scenarios according to gestational age.	Interactive lecture, concept mapping	PPT, gestational-age chart	Formative questioning
15 min	Discuss clinical assessment, gestational-age determination, fetal surveillance and recognition of complications.	Analyze clinical cases and identify maternal/fetal risks.	Case-based learning	Clinical vignettes, fetal monitoring charts	Case-based assessment
15 min	Discuss principles of management, including prevention, antenatal corticosteroid considerations where appropriate, fetal surveillance, timing of delivery and neonatal preparedness.	Develop an initial management plan according to gestational age and fetal condition.	Problem-based learning	Management algorithms, clinical pathway	Clinical reasoning assessment
10 min	Compare complications and management priorities in prematurity versus postmaturity; emphasize timely referral and multidisciplinary care.	Compare management approaches and identify indications for escalation.	Think–Pair–Share	Comparison chart, case scenarios	Management assessment
5 min	Summarize definitions, assessment, complications and management principles; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Gestational-age classification
- Risk-factor identification
- Clinical case interpretation
- Fetal surveillance assessment
- Management and referral planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Ten Teachers. *Obstetrics by Ten Teachers*. Latest edition.
5. World Health Organization (WHO). Relevant recommendations on care of preterm and low-birth-weight infants.
6. American College of Obstetricians and Gynecologists (ACOG). Relevant guidance on preterm birth and late-term/post-term pregnancy.
7. Royal College of Obstetricians and Gynaecologists (RCOG). Relevant guidance on preterm birth and post-term pregnancy.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Operative Obstetrics—Episiotomy, LSCS, Vacuum & Forceps
- **Teacher:** Dr. Md. Kamal Hossain (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define** the indications and basic principles of episiotomy, LSCS, vacuum extraction and forceps delivery.
2. **Identify** the indications, prerequisites, contraindications and major complications of common operative obstetric procedures.
3. **Differentiate** the appropriate use of vacuum, forceps and LSCS in selected clinical situations.
4. **Outline** the essential steps and safety considerations of episiotomy, assisted vaginal delivery and LSCS.
5. **Formulate** an initial management and referral plan for a woman requiring operative obstetric intervention.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce operative obstetrics and establish indications for intervention; emphasize maternal and fetal safety.	Recall normal labour and mechanisms of delivery.	Interactive questioning	PPT	Oral questioning
10 min	Discuss episiotomy and LSCS: indications, prerequisites, types/principles and major complications.	Identify appropriate indications from clinical scenarios.	Interactive lecture, guided discussion	PPT, diagrams	Formative questioning
15 min	Discuss vacuum and forceps: indications, prerequisites, contraindications, selection and major maternal/fetal complications.	Compare assisted vaginal delivery options in clinical cases.	Case-based learning	Instrument images, clinical vignettes	Case-based assessment
15 min	Present decision-making for operative delivery; emphasize fetal head position, station, cervical dilatation, maternal condition and operator competency.	Analyze cases and select the safest appropriate intervention.	Problem-based learning	Decision algorithm, case scenarios	Clinical reasoning assessment
10 min	Discuss essential procedural steps, consent, analgesia/anaesthesia, asepsis, documentation and post-procedure maternal and neonatal care.	Arrange procedural steps and identify safety measures.	Demonstration, Think–Pair–Share	Procedure checklist, obstetric models/images	Procedural assessment
5 min	Summarize indications, prerequisites, decision-making and complications; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Indication and contraindication identification
- Clinical case analysis
- Operative-delivery selection
- Procedural sequence assessment
- Recognition of maternal and neonatal complications
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Ten Teachers. *Obstetrics by Ten Teachers*. Latest edition.
5. World Health Organization (WHO). Relevant recommendations on intrapartum care and operative vaginal birth.
6. Royal College of Obstetricians and Gynaecologists (RCOG). Relevant guidance on assisted vaginal birth and caesarean birth.
7. American College of Obstetricians and Gynecologists (ACOG). Relevant guidance on operative vaginal delivery and caesarean birth.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Destructive Operations—Indications & Complications
- **Teacher:** Dr. Md. Kamal Hossain (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define** destructive obstetric operations and describe their clinical purpose.
2. **Identify** the major indications, prerequisites and contraindications for destructive operations.
3. **Differentiate** appropriate destructive procedures according to the fetal condition, presentation and maternal clinical circumstances.
4. **Recognize** important maternal complications associated with destructive operations and identify measures for prevention and early detection.
5. **Formulate** an appropriate initial management, referral and post-procedure care plan for a woman requiring destructive obstetric intervention.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce destructive operations, their historical relevance; emphasize maternal safety and appropriate case selection.	Recall obstructed labour and indications for operative intervention.	Interactive questioning	PPT	Oral questioning
10 min	Discuss indications, prerequisites, contraindications and principles of destructive operations.	Identify appropriate clinical indications from case scenarios.	Interactive lecture, guided discussion	PPT, decision framework	Formative questioning
15 min	Discuss major types of destructive operations and their selection according to fetal presentation and maternal condition.	Compare procedures and participate in clinical decision-making.	Case-based learning	Diagrams, obstetric models/images	Case-based assessment
15 min	Discuss maternal complications, including trauma, haemorrhage, infection and urinary/genital tract injury; emphasize prevention and early recognition.	Identify complications and propose immediate priorities.	Problem-based learning	Complication checklist, clinical cases	Clinical reasoning assessment
10 min	Discuss consent, preparation, analgesia/anaesthesia, asepsis, referral, documentation and post-procedure maternal care.	Develop a safe pre- and post-procedure management plan.	Think–Pair–Share, case discussion	Procedure checklist, clinical pathway	Management assessment
5 min	Summarize indications, selection principles, complications and safety measures; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Indication and prerequisite identification
- Case-based procedure selection
- Recognition of complications
- Emergency management prioritization
- Pre- and post-procedure planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Ten Teachers. *Obstetrics by Ten Teachers*. Latest edition.
5. World Health Organization (WHO). Relevant guidance on management of obstructed labour and intrapartum care.
6. Royal College of Obstetricians and Gynaecologists (RCOG). Relevant guidance on operative obstetrics.
7. International Federation of Gynecology and Obstetrics (FIGO). Relevant guidance on emergency obstetric care.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Postmenopausal Bleeding
- **Teacher:** Dr. Md. Kamal Hossain (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define** postmenopausal bleeding and explain its clinical significance.
2. **Identify** common benign and malignant causes of postmenopausal bleeding.
3. **Differentiate** likely causes based on relevant history, examination and clinical findings.
4. **Outline** an appropriate diagnostic approach, including relevant imaging and tissue assessment.
5. **Formulate** an initial management and referral plan, particularly when endometrial or cervical malignancy is suspected.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce postmenopausal bleeding and emphasize its significance as a potential presentation of genital tract malignancy.	Recall the definition of menopause and participate in discussion.	Interactive questioning	PPT	Oral questioning
10 min	Discuss common causes and organize the differential diagnosis into benign, premalignant and malignant conditions.	Categorize causes according to clinical significance.	Interactive lecture, concept mapping	PPT, differential-diagnosis framework	Formative questioning
15 min	Discuss focused history and examination, emphasizing source of bleeding and identification of risk factors/red flags.	Analyze clinical scenarios and identify relevant clinical information.	Case-based learning	Clinical vignettes, examination checklist	Case-based assessment
15 min	Discuss the diagnostic pathway, including pelvic examination, ultrasound assessment and appropriate endometrial/cervical tissue evaluation.	Construct a systematic investigation plan for selected cases.	Problem-based learning	Diagnostic algorithm, ultrasound images	Clinical reasoning assessment
10 min	Discuss principles of management according to the underlying cause; emphasize timely referral when malignancy is suspected.	Formulate an initial management and referral plan.	Think–Pair–Share	Management pathway, clinical cases	Management assessment
5 min	Summarize differential diagnosis, assessment, investigation and referral principles; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Differential-diagnosis classification
- Clinical case analysis
- Diagnostic pathway construction
- Recognition of malignancy red flags
- Management and referral planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Hoffman BL, et al. *Williams Gynecology*. Latest edition.
4. Dutta DC. *Textbook of Gynecology*. Latest edition.
5. National Institute for Health and Care Excellence (NICE). Relevant guidance on suspected cancer recognition and referral.
6. American College of Obstetricians and Gynecologists (ACOG). Relevant guidance on evaluation of postmenopausal bleeding.
7. Royal College of Obstetricians and Gynaecologists (RCOG). Relevant guidance on investigation of postmenopausal bleeding.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Principles of Common Gynaecological Surgery
- **Teacher:** Dr. Md. Kamal Hossain (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Describe** the general principles of common gynaecological surgery, including appropriate patient selection and preoperative preparation.
2. **Identify** common indications, contraindications and essential preoperative considerations for major gynaecological surgical procedures.
3. **Differentiate** common surgical approaches according to the underlying pathology, patient factors and clinical objectives.
4. **Outline** the essential principles of perioperative care, including informed consent, infection prevention, anaesthetic considerations and postoperative monitoring.
5. **Formulate** an appropriate initial surgical referral and perioperative management plan for common gynaecological conditions.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce common gynaecological surgery and emphasize indications, patient safety and appropriate surgical decision-making.	Recall common gynaecological conditions requiring surgery.	Interactive questioning	PPT	Oral questioning
10 min	Discuss general principles of surgical decision-making, patient selection, informed consent and preoperative assessment.	Identify essential preoperative considerations from clinical scenarios.	Interactive lecture, guided discussion	PPT, preoperative checklist	Formative questioning
15 min	Discuss common surgical approaches and procedures; emphasize selection according to pathology, patient factors and reproductive requirements.	Compare surgical approaches in selected cases.	Case-based learning	Surgical diagrams, clinical vignettes	Case-based assessment
15 min	Discuss principles of perioperative management, including anaesthesia, asepsis, thromboprophylaxis, prevention of complications and postoperative care.	Develop a perioperative care plan.	Problem-based learning	Perioperative checklist, clinical pathway	Clinical reasoning assessment
10 min	Discuss common postoperative complications, recognition, initial management and indications for referral/escalation.	Identify complications and prioritize appropriate responses.	Think–Pair–Share, case discussion	Complication framework, case scenarios	Management assessment
5 min	Summarize surgical principles, perioperative care and patient-safety considerations; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Preoperative assessment exercise
- Surgical approach selection
- Clinical case analysis
- Perioperative management planning
- Recognition of postoperative complications
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Hoffman BL, et al. *Williams Gynecology*. Latest edition.
4. Dutta DC. *Textbook of Gynecology*. Latest edition.
5. Te Linde RW, et al. *Te Linde's Operative Gynecology*. Latest edition.
6. Royal College of Obstetricians and Gynaecologists (RCOG). Relevant guidance on gynaecological surgery and perioperative care.
7. American College of Obstetricians and Gynecologists (ACOG). Relevant guidance on common gynaecological surgical procedures and perioperative care.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Gynaecology
- **Academic Year:** 2026
- **Topic:** Pre- & Postoperative Management of Common Gynaecological Surgery
- **Teacher:** Dr. Md. Kamal Hossain (Assoc. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Describe** the essential components of preoperative assessment and preparation for common gynaecological surgery.
2. **Identify** important patient, surgical and anaesthetic factors that influence perioperative management.
3. **Apply** appropriate principles of preoperative optimization, informed consent, infection prevention and thromboprophylaxis.
4. **Recognize** common postoperative complications through clinical assessment and identify appropriate initial responses.
5. **Formulate** an appropriate postoperative monitoring, discharge and follow-up plan for patients undergoing common gynaecological surgery.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce perioperative care and emphasize the importance of patient safety and surgical preparedness.	Recall common gynaecological procedures and perioperative concerns.	Interactive questioning	PPT	Oral questioning
10 min	Discuss preoperative history, examination, investigations, risk assessment, optimization and informed consent.	Identify essential preoperative requirements from clinical cases.	Interactive lecture, guided discussion	Preoperative checklist, PPT	Formative questioning
15 min	Discuss preoperative preparation, anaesthetic assessment, infection prevention, antibiotic prophylaxis, thromboprophylaxis and preparation for surgery.	Develop a structured preoperative plan.	Case-based learning	Clinical checklist, perioperative pathway	Case-based assessment
15 min	Discuss immediate and early postoperative monitoring, pain management, fluid balance, nutrition, mobilization, wound/catheter care and prevention of complications.	Analyze postoperative cases and prioritize care.	Problem-based learning	Postoperative monitoring chart, clinical cases	Clinical reasoning assessment
10 min	Discuss recognition and initial management of common complications, discharge criteria, patient counselling and follow-up.	Identify complications and formulate discharge/follow-up plans.	Think–Pair–Share	Complication checklist, discharge framework	Management assessment
5 min	Summarize preoperative preparation, postoperative care and safety principles; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Preoperative checklist assessment
- Clinical case analysis
- Perioperative risk assessment
- Postoperative complication recognition
- Discharge and follow-up planning
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
3. Hoffman BL, et al. *Williams Gynecology*. Latest edition.
4. Te Linde RW, et al. *Te Linde's Operative Gynecology*. Latest edition.
5. Dutta DC. *Textbook of Gynecology*. Latest edition.
6. Royal College of Obstetricians and Gynaecologists (RCOG). Relevant guidance on perioperative care in gynaecological surgery.
7. World Health Organization (WHO). Relevant guidance on surgical safety and prevention of surgical-site infection.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Intrauterine Fetal Death (IUFD)
- **Teacher:** Dr. Maleka Parvin (Asst. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Define** IUFD and describe its clinical significance.
2. **Identify** major maternal, fetal and placental causes and risk factors associated with IUFD.
3. **Recognize** the clinical features and **confirm** the diagnosis of IUFD using appropriate clinical and diagnostic assessment.
4. **Outline** the appropriate evaluation and investigation of a woman with confirmed IUFD.
5. **Formulate** an appropriate management and counselling plan, including delivery planning, prevention of complications and appropriate follow-up.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce IUFD, its clinical significance and learning objectives.	Recall fetal viability and participate in discussion.	Interactive questioning	PPT	Oral questioning
10 min	Discuss definition, classification and major maternal, fetal and placental risk factors/causes.	Identify and categorize causes from clinical scenarios.	Interactive lecture, concept mapping	PPT, cause framework	Formative questioning
15 min	Discuss clinical presentation and confirmation of diagnosis; emphasize appropriate fetal assessment and avoidance of diagnostic delay.	Analyze a clinical scenario and identify the diagnostic approach.	Case-based learning	Clinical vignettes, ultrasound images	Case-based assessment
15 min	Discuss evaluation for underlying cause, maternal assessment and important investigations; emphasize individualized assessment.	Develop an investigation plan and prioritize relevant findings.	Problem-based learning	Investigation checklist, clinical pathway	Clinical reasoning assessment
10 min	Discuss principles of management, delivery planning, maternal complications, counselling, psychological support and subsequent pregnancy planning.	Formulate a patient-centred management and follow-up plan.	Think–Pair–Share	Management algorithm, counselling framework	Management assessment
5 min	Summarize diagnosis, evaluation, management and prevention principles; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Cause and risk-factor identification
- Clinical case interpretation
- Diagnostic approach assessment
- Investigation planning
- Management and counselling planning
- Recognition of maternal complications
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Ten Teachers. *Obstetrics by Ten Teachers*. Latest edition.
5. World Health Organization (WHO). Relevant guidance on stillbirth and perinatal mortality.
6. Royal College of Obstetricians and Gynaecologists (RCOG). Relevant guidance on late intrauterine fetal death and stillbirth.
7. American College of Obstetricians and Gynecologists (ACOG). Relevant guidance on management of stillbirth.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Diagnostic Aids in Obstetrics & Modern Advances; USG—Basics, Advantages, Role & Limitations; Fetal Monitoring—CTG; Amniocentesis & CVC
- **Teacher:** Dr. Maleka Parvin (Asst. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Identify** the major diagnostic aids used in modern obstetric practice and describe their clinical applications.
2. **Describe** the basic principles, advantages, clinical roles and limitations of obstetric ultrasonography.
3. **Interpret** basic CTG parameters and recognize reassuring and abnormal fetal heart-rate patterns at an undergraduate level.
4. **Identify** the indications, basic principles and potential complications of amniocentesis and chorionic villus sampling (CVS).
5. **Select** appropriate diagnostic or fetal assessment modalities for common obstetric clinical scenarios, considering their indications and limitations.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce diagnostic aids in obstetrics and modern advances; establish clinical relevance and learning objectives.	Recall commonly used antenatal diagnostic methods.	Interactive questioning	PPT	Oral questioning
15 min	Discuss USG basics, major obstetric applications, advantages and limitations; emphasize appropriate clinical indications and interpretation within clinical context.	Identify appropriate applications and limitations from clinical scenarios.	Interactive lecture, image-based learning	USG images, PPT	Formative questioning
15 min	Discuss CTG principles, components of assessment and recognition of reassuring versus concerning fetal monitoring patterns.	Interpret representative CTG traces and identify the need for further assessment.	Case-based learning, guided interpretation	CTG tracings, monitoring framework	Image-based assessment
10 min	Discuss amniocentesis and CVS: indications, timing, basic principles, diagnostic applications and important complications.	Compare indications and select the appropriate procedure in clinical cases.	Problem-based learning	Procedure diagrams, clinical vignettes	Case-based assessment
10 min	Integrate diagnostic modalities and emphasize appropriate selection according to clinical question, gestational age and maternal–fetal condition.	Develop a diagnostic/fetal assessment plan for selected cases.	Think–Pair–Share	Diagnostic algorithm, clinical pathway	Clinical reasoning assessment
5 min	Summarize the roles, advantages and limitations of major diagnostic aids; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- USG application assessment
- CTG interpretation
- Diagnostic-modality selection
- Clinical case analysis
- Recognition of limitations and complications
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. International Society of Ultrasound in Obstetrics and Gynecology (ISUOG). Relevant Practice Guidelines.
5. FIGO. Relevant guidance on intrapartum fetal monitoring and CTG.
6. Royal College of Obstetricians and Gynaecologists (RCOG). Relevant guidance on fetal monitoring and prenatal diagnosis.
7. American College of Obstetricians and Gynecologists (ACOG). Relevant guidance on antenatal fetal surveillance and prenatal diagnostic testing.

Competency-Based MBBS Lesson Plan

Cumilla Medical College

1. Curriculum Alignment

- **MBBS Phase:** IV
- **Department:** Gynaecology and Obstetrics
- **Subject:** Obstetrics
- **Academic Year:** 2026
- **Topic:** Pregnancy with Ovarian Tumour & Fibroid Uterus
- **Teacher:** Dr. Maleka Parvin (Asst. Prof.)
- **Duration:** 60 minutes
- **Session Type:** Interactive Lecture

2. Learning Objectives

By the end of the session, students will be able to:

1. **Describe** the common ovarian tumours and uterine fibroids encountered during pregnancy and their clinical significance.
2. **Identify** maternal, obstetric and fetal complications associated with ovarian tumours and fibroid uterus during pregnancy.
3. **Differentiate** benign and potentially malignant adnexal masses using relevant clinical and imaging findings.
4. **Assess** pregnant women with ovarian tumour or fibroid uterus using appropriate history, examination and imaging.
5. **Formulate** an appropriate antenatal monitoring and management plan according to tumour characteristics, gestational age, symptoms and maternal–fetal condition.

3. Lesson Plan

Time	Teacher Activities	Student Activities	Teaching Method	Learning Resources	Assessment
5 min	Introduce ovarian tumours and fibroid uterus in pregnancy; emphasize clinical significance and learning objectives.	Recall common ovarian masses and fibroid types.	Interactive questioning	PPT	Oral questioning
10 min	Discuss common ovarian tumours and fibroids, relevant risk factors and pregnancy-related changes.	Identify tumour/fibroid characteristics from clinical scenarios.	Interactive lecture, concept mapping	PPT, diagrams	Formative questioning
15 min	Discuss clinical presentation, ultrasound assessment and features requiring further evaluation; emphasize assessment of size, location and morphology.	Interpret selected clinical and ultrasound cases.	Case-based learning, image-based learning	USG images, clinical vignettes	Case-based assessment
15 min	Discuss maternal and fetal complications, including pain, torsion, degeneration, obstruction of labour and other pregnancy-related complications.	Analyze cases and identify potential complications.	Problem-based learning	Clinical cases, complication framework	Clinical reasoning assessment
10 min	Discuss principles of conservative versus operative management, timing of intervention, antenatal surveillance and multidisciplinary referral.	Formulate an individualized management and referral plan.	Think–Pair–Share	Management algorithm, clinical pathway	Management assessment
5 min	Summarize assessment, complications and management principles; provide corrective feedback.	State key learning points and identify learning gaps.	Interactive summary	Summary slide	Exit assessment

4. Formative Assessment

- Oral questioning
- Clinical and ultrasound interpretation
- Differential diagnosis
- Complication identification
- Management-plan formulation
- Recognition of indications for referral/intervention
- Immediate teacher feedback

5. References

1. Bangladesh Medical & Dental Council (BMDC). *Competency-Based MBBS Curriculum*.
2. Cunningham FG, et al. *Williams Obstetrics*. Latest edition.
3. Dutta DC. *Textbook of Obstetrics*. Latest edition.
4. Berek JS. *Berek & Novak's Gynecology*. Latest edition.
5. International Society of Ultrasound in Obstetrics and Gynecology (ISUOG). Relevant guidance on adnexal masses in pregnancy.
6. Royal College of Obstetricians and Gynaecologists (RCOG). Relevant guidance on adnexal masses and fibroids in pregnancy.
7. American College of Obstetricians and Gynecologists (ACOG). Relevant guidance on adnexal masses and leiomyomas in pregnancy.