

FRANZCOG Oral Examination October 2016



**The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists**
Excellence in Women's Health

Examination Summary

The Structured Oral Examination (SOE) consists of 10 stations covering the range of clinical practice in Obstetrics and Gynaecology.

Each station in the October 2016 examination was scored out of 20, including 5 marks awarded for overall performance (global competency). The scoring scheme for the remaining 15 marks is developed during a two day examination workshop conducted prior to the examination, and the pass mark for each station is determined at the end of the workshop using a modification of the Angoff Standard Setting process.

The pass mark for the examination is calculated as the sum of the minimum acceptable pass marks for all 10 stations. There are no critical stations or encounters. It is possible to fail one, or more, individual stations and still pass the examination with a strong performance in other stations. The marking scheme is structured so that a MAPS candidate should be able to score at or above the pass mark for each station.

Station 1: Antenatal Care

A G2 P1 woman presents at 16 weeks gestation with a past history of an abruption requiring delivery by caesarean section and a blood transfusion. Postpartum she experienced 'post-traumatic stress disorder'. The current antenatal tests show the presence of Kell antibodies. An ongoing care plan is expected for the pregnancy. At 38 weeks gestation ultrasound scan shows a small for gestational age fetus. The candidate is required to discuss the options for induction of labour because the woman prefers vaginal delivery.

Station 2: Maternal Collapse During Labour

A 29 year old woman is transferred from community requesting epidural analgesia because of slow progress in spontaneous labour. The candidate is expected to discuss a management plan.

The candidate is later called into the room because of sudden maternal collapse. The candidate is expected to manage this emergency and to consider the differential diagnoses. Following the VT/VF cardiac arrest confirmed on the AED, successful resuscitation requires a perimortem C-Section. Iv intralipid further assists successful maternal resuscitation.

Station 3: Fetal Head Entrapment

A 28 year old woman in her second pregnancy is referred at 28 weeks gestation from a rural practitioner for antenatal review on account of increased fundal height for her gestation. The first pregnancy was delivered by an emergency caesarean section because of failed assisted delivery of a 3.5kg baby. The candidate is expected to take a focused history and examination, and then arrange appropriate investigations. An ultrasound shows an 8 x 9cm diameter fundal fibroid and the candidate is expected to discuss the implications of this. Subsequently the woman presents in active labour at term. There is difficulty in delivering the impacted fetal head at caesarean section. The candidate is required to demonstrate manoeuvres required to achieve safe delivery.

Station 4: Prioritisation DAU

The candidate is a registrar responsible for the Day Assessment Unit in a tertiary hospital.

Part A The candidate is expected to prioritise four cases and make immediate management plans for each.

The presenting problems seen are

1. A woman with little spoken English presenting with abdominal pain in the second trimester
2. A primiparous woman presenting with a raised BP at term.
3. A multiparous woman with a swollen left leg and varicosities with phlebitis.
4. A woman with prior infertility presenting with reduced fetal movements in late pregnancy,

Part B

A plan for the ongoing care of the woman in the second trimester with abdominal pain due to torsion of a newly diagnosed ovarian cyst is required. Arrangements for a translator are also expected. The candidate is then expected to outline the management of post-operative intra-abdominal bleeding in this case.

Station 5: Communication: Unexpected Hepatitis C and Termination of Pregnancy

A 26 year old mother of two is referred for consultation at 11 weeks gestation. Routine pregnancy tests confirmed her newly diagnosed positive Hepatitis C status. The candidate is expected to explain this finding to the distressed woman who is also concerned that her baby may be affected. Two weeks later a termination of pregnancy is requested because the partner 'cannot handle a child with hepatitis'. The candidate is required to respond sensitively and provide accurate information.

Station 6: Subfertility

A 34 year old woman presents with 18 months history of infertility and concerns that appendicitis in childhood may have left her with 'tube problems'. Fertility investigations for the couple are required. Factors relating to male infertility also need discussion. The candidate is expected to discuss appropriate treatment options and provide support for the couple.

Station 7: Adnexal Cyst

A 52 year old peri-menopausal woman presents with pelvic discomfort and an ultrasound scan suggesting endometriosis and an ovarian endometrioma. The candidate is expected to provide an initial management plan then appropriate surgical options. Subsequently at laparotomy, an unexpected ovarian malignancy is recognised. The biopsy confirms endometrioid ovarian carcinoma. The candidate is expected to explain the diagnosis and outline a subsequent plan of care to the patient.

Station 8: Pelvic Organ Prolapse

A G1P1 64 year old woman with a BMI of 32 presents with an uncomfortable vaginal lump noticed towards the end of the day. Currently she is fit and well. The candidate is expected to take a relevant history, perform examination and arrange appropriate investigations. Conservative management of pelvic organ prolapse is initially preferred. Subsequently, a surgical procedure is required. Surgery is complicated by a bladder perforation by a TVT trochar. The candidate is expected to manage this complication and debrief the woman.

Station 9: Cervical Shortening

A 37 year old G2 P1 woman presents with a twin pregnancy and a shortened cervix at 17 weeks gestation. She had a previous knife cone biopsy for CIN3. Her previous delivery was by caesarean section for breech presentation. The candidate is expected to discuss management options including cervical cerclage. At 20 weeks she presents with uterine activity and again at 23 weeks with membrane rupture. The candidate is expected to offer appropriate care and counselling at this gestation.

Station 10: Communication: Gonadal Dysgenesis

A 17 year old girl is referred because of late puberty. She is otherwise fit and well. Investigations are consistent with gonadal dysgenesis XY (Swyer Syndrome). The candidate is expected to sensitively explain this diagnosis and provide further management of this condition. The candidate is also expected to explain the implications of the diagnosis.