

MRANZCOG

Oral Examination – May 2015



The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists

Examination Summary

The Structured Oral Examination (SOE) consists of 10 stations covering the range of clinical practice in Obstetrics and Gynaecology. Each question is scored out of 20, including 5 marks awarded for overall performance (global competency). The scoring scheme for the remaining 15 points is developed during a two day examination workshop conducted prior to the examination, and the pass mark for each station 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 minimum acceptable passing standard candidate should be able to score at or above the pass mark for each station.

Station 1 – Unplanned pregnancy, twin gestation, parvovirus exposure, preterm labour

A 25 year old primigravida childcare worker presents with tiredness and is unexpectedly found to have a positive pregnancy test. Investigations show positive Parvovirus serology and an eight week twin pregnancy. The candidate is expected to outline a care plan. Following an episode of vaginal bleeding at 12 weeks only one twin remains viable. The pregnancy progresses well until presentation at 28 weeks when preterm labour is diagnosed which the candidate is expected to manage. A neonatal intraventricular bleed is found on USS and an explanation of this is required.

Competencies tested:

- Management of unplanned pregnancy with early demise of one twin
- Management of parvovirus exposure in early pregnancy
- Management of preterm labour at 28 weeks with fetal growth restriction and fetal distress
- Information sharing of intraventricular bleed

Station 2 – Advanced maternal age renal stones pre-eclampsia

A 43 year old medical doctor G2 P1 previous Caesarean Section presents at 15 week pregnancy following spontaneous conception. Her GP refers her with symptoms of a UTI and for a discussion regarding maternal age. Haematuria is noted on routine urinalysis. Subsequent positive urine culture is found and USS shows renal stones not previously diagnosed. The candidate should outline a plan for antenatal care. The pregnancy proceeds uneventfully until 23 weeks when the patient is referred for severe abdominal pain in pregnancy which requires analgesia and admission. This pain settles after passing a renal stone. Presentation at 34/40 with pre-eclampsia requires management.

Competencies tested:

- Discussion regarding advanced maternal age, amniocentesis, and birth after Caesarean Section
- Management of acute abdominal pain in pregnancy
- Management of renal stones in pregnancy
- Management of pre-eclampsia at 34/40

Station 3 – Fetal alcohol syndrome and substance abuse

A 23 year old primiparous woman presents as a late booker with a history of alcohol and bipolar disease. She lives in a hostel, is a smoker, previous IV drug user and is binge drinking during the pregnancy. She needs counseling and support about the risks of fetal alcohol syndrome.

Subsequent investigation reveals that she is Hep C+ve and has had a previous child removed from her care. She later develops worsening mental health and IUGR which require admission. A plan for delivery and postnatal care is required.

Competencies tested:

- Management of alcohol abuse in pregnancy
- Management of complex addictive issues
- Management of smoking in pregnancy
- Management of mental health issues in pregnancy
- Management of suicidal tendencies
- Management of high Edinburgh Depression Score
- Teratogenicity of Lithium
- Teratogenicity of alcohol
- Management of Hep C+ve patient in pregnancy
- Management of growth restriction
- Management of social/child protection issues
- Involvement of MDT – social work, psych, paed

Station 4 – Prioritisation of delivery suite board and management of an obstetric emergency

A number of issues requiring attention are described on the handover and the specialist needs to prioritize. Subsequently, one patient has a 4th degree tear and retained placenta, an elective breech Caesarean Section requires management. The candidate is asked to prioritise, delegate care, and describe a safe management of the perineal tear and retained placenta.

Competencies tested:

- Prioritisation of different degrees of urgency in various obstetric situations
- Comprehend a complex handover
- Delegation of tasks to team members
- Management of a retained placenta with 4th degree perineal tear

Station 5 – Unexpected abnormal fetal anomaly scan at 19 weeks (communication station)

A 40 year old nulliparous patient with IDDM and a raised BMI is seen at 23 weeks following a mid-trimester US scan which has revealed a ‘double bubble sign’ suggesting a duodenal atresia. A 12 week nuchal scan was reassuring and an amniocentesis ‘FISH’ result is normal. The candidate is expected to communicate the USS findings and to explain the likely management and outcomes.

Competencies tested:

- Ability to break bad news and explain as yet ‘uncertain’ diagnosis and prognosis
- Communicate complex medical information in simple language with a calm manner
- Ability to listen, and allow sufficient ‘time’ for the patient to absorb bad news
- Manage patient anger, anxiety and confusion without escalation, judgment or reproach
- Communicate information, advice and recommended options in simple terms
- Communicate correct advice and a clear plan of management

Station 6 – Fetal abnormality second trimester medical termination with complications

A multiparous patient at 17/40 has been diagnosed with trisomy 13 following an amniocentesis. She is referred to discuss options for termination. The candidate is required to discuss the options available, based on the patient’s preference for medical termination using mifepristone and misoprostol. When this is unsuccessful appropriate advice and consent for surgical evacuation of the uterus is required. During the procedure there is excessive bleeding which the candidate is expected to manage.

Competencies tested:

- Management of fetal aneuploidy
- Management of medical termination of pregnancy
- Management of surgical evacuation of uterus
- Management of a significant complication of surgery

Station 7 – Procidentia workup and management

A 74 year old widow with procidentia has significant symptoms of a lump and a dragging sensation. The candidate is required to assess these symptoms. Conservative treatment is not successful and surgical options need to be discussed. Following surgery the candidate is expected to manage post-operative complications.

Competencies tested:

- Management of pelvic organ prolapse
- Surgical management of pelvic organ prolapse
- Complications of vaginal surgery

Station 8 – Investigation and treatment of Endometriosis in adolescence.

A 12 year old girl has had heavy painful periods since menarche at the age of 9. The candidate is expected to discuss treatment options. At laparoscopy endometriosis is identified and treated. The candidate is required to address a possible ureteric injury.

Competencies tested:

- Management dysmenorrhea in adolescent woman
- Management of endometriosis
- Management of surgical complication at surgery

Station 9 – Abnormal smear, stage 1B cervical cancer

A 25 year old multiparous woman is referred to a rural gynaecology outreach clinic for an unexpected Pap smear abnormality. Colposcopy reveals an area of abnormality which is subsequently excised by LLETZ. Histology shows a small invasive cancer not previously suspected. The candidate is required to outline management and treatment.

Competencies tested:

- Management of abnormal cervical smear
- Management of cervical cancer Stage 1
- Treatment and surgical options for fertility preservation and consent
- Management of Jehovah's Witness perioperative care

Station 10 – Infertility and endometrial atypia (Communication Station)

A 40 year old single nulliparous patient presents with a fibroid uterus and severe menorrhagia. Multiple fibroids are present on ultrasound but the uterine cavity is not compromised. Endometrial sampling shows complex endometrial hyperplasia with focal atypia. The candidate is required to counsel the woman about the management of excessive periods, fertility needs and unexpected endometrial atypia.

Competencies tested:

- Ability to explain a complex diagnosis
- Ability to break bad news and manage disappointment
- Ability to coordinate and clearly explain an appropriate plan

Summary of Essential Skills for Communication Stations

Candidates should be aware that the SOE Communication stations for MRANZCOG will evaluate a range of skills which should include the ability to:

- Establish a rapport with the woman – including introduction, addressing by name and enquiry about support
- Use appropriate body language
- Listen to woman's concerns with patience, tolerate silence if in evident grief, avoid talking over the woman
- Provide supportive body language (nods or prompts without interrupting story until finished)
- Use effective oral skills with clear, calm speech and tone
- Use lay language only, and clarify concerns with follow up questions to better understand the woman's views, circumstances or clinical history
- Relay clear information in small portions with sensitivity
- Address the issues raised step by step
- Check understanding during the conversation
- Allow opportunity for questions at each step
- Provide honest, realistic and complete answers
- Demonstrate respect and acknowledge a range of opinions and cultural beliefs
- Avoid blame or implied criticism of the woman or others
- Provide a summary of discussion
- Seek consensus and negotiate the next step forward