MRANZCOG Oral Examination
May 2016

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 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 Minimum Acceptable Passing Standard (MAPS) candidate should be able to score at or above the pass mark for each station.

Station 1: Conception and Pregnancy; Suspected Tropical Infection

A 29 year old woman pregnant at 20 weeks has just returned from Haiti in the Caribbean. She presents with a flu-like illness with joint pain, night sweats and chills. She has received little antenatal care in Haiti, however routine bloods and a scan from her Australian GP have been performed and are all normal.

The candidate is required to take a directed history and examination and perform appropriate investigations and referrals, considering possible malaria, dengue fever, Zika virus infection, CMV, and hepatitis. *Investigations are all negative. A small for dates fetus is identified at 26 weeks gestation and an appropriate response is required.*

Competencies assessed:
Management of the following:

- A patient presenting in mid pregnancy with limited antenatal care to date.
- A pregnant patient presenting from a 3rd world tropical country with non-specific symptoms of fever and malaise.
- Awareness of the possible causes for fever in such a patient and the appropriate diagnostic tests to be performed, and their follow up.
- Awareness of a possible Zika virus infection and the required investigations and advice
- Management of possible early utero-placental insufficiency in a woman with little early pregnancy care

Station 2: High risk woman with mental health issues and Preterm Labour

A 38 year old Indigenous woman presents at Antenatal Clinic in a Tertiary hospital unit in a Main Centre. A recent Pregnancy Test was found to be positive while in hospital 2/52 ago for extensive left lower leg cellulitis, now largely resolved. Sally recently saw GP surgery after recent discharge from hospital

A USS and antenatal bloods were arranged then. Sally has a past history of Rheumatic Fever as a child. She was diagnosed with Bipolar Disorder age 20 years old. She works intermittently as a cleaner, when her mental health allows.

The candidate is expected to undertake clinical assessment and investigations and provide a care plan.

Competencies assessed:

- Ability to assess and make care plan - pregnant woman with mental health disorder and previous neonatal loss
- Ability to manage pregnancy in woman with past history of rheumatic fever
- Ability to manage preterm labour

Station 3: Placenta Praevia

A 30 year old woman. She has had one uneventful lower segment caesarean section for twins, who are now 3 years old. They were conceived with clomiphene ovulation induction. She has also had one miscarriage at 7/40 gestation which was managed conservatively. In her current pregnancy she has conceived spontaneously. She is now at 24 weeks. She has been referred to care because of ultrasound scan findings of Placenta Praevia. She experiences a major episode of bleeding.

The candidate is expected to manage the bleeding and demonstrate a technique.

Competencies assessed:

- Outline management plan for Placenta Praevia
- Outline care of women with significant bleeding post Cesarean Delivery
- Describe methods to stop bleeding
- Demonstrate B Lynch suture technique

Station 4: IUGR and Gestational Diabetes in Twin Pregnancy

A 35 year old woman is pregnant for the first time and an ultrasound scan has shown a twin gestation of approximately 6 weeks. She is delighted to be pregnant, and she finds she is having twins. She seeks advice about Fetal Anomaly screening.

The candidate is expected to take an appropriate targeted history, explain the zygosity and potential risks of twin pregnancy, discuss alternatives for screening for aneuploidy and morpholigcal abnormality; explain the role of NIPT and outline management plan for remainder of pregnancy.

Competences assessed:

- Advice on fetal anomaly screening
- Safe management of DCDA twin pregnancy with discordant growth and GDM
- Planned management for delivery of twins in context of competing priorities on delivery suite

Station 5: Communication Station: Dealing with Adverse Outcome

A 39 year old woman presents for review 2 weeks after a CS and stillbirth. The baby was unexpectedly small. Following delivery a vasa praevia and fetomaternal haemorrhage were confirmed. Initial grief is supplanted by anger that this could have happened.

This is a Communication Skills station and assesses the candidate's communication skills.

Station 6: Routine D&C; Hyperplasia

A 48 year old woman presents with a history of recent onset heavy periods following a lap band procedure. She has von Willebrands disease, and a gives a history of a previous LLETZ procedure. A hysterectomy and oophorectomy is performed. Post operatively, she develops hot flushes and menopausal symptoms. The candidate is expected to work up the initial complaint and arrange definite treatments.

Competencies assessed:

- Assessment of abnormal periods in women with von Willebrands
- Investigation of abnormal periods
- Treatment of abnormal periods
- Management of postsurgical menopausal symptoms

Station 7: Sarcoma

A 47 year old nulliparous woman presents with a large symptomatic abdominal mass. The candidate is expected to arrange investigations and treatment for this and the unexpected diagnosis of malignancy post-surgery.

Competencies assessed:

- Ability to make differential diagnosis of large abdominal mass
- Ability to assess and consent for major abdominal surgery
- Understanding of management of uterine leiomyosarcoma

Station 8: Unplanned pregnancy following UPI. Post procedure complication

An 18 year old nulligravid woman presents to ED with PV bleeding. She has an unplanned pregnancy with uncertain viability following use of the morning after pill, for unprotected intercourse. The candidate is expected to assess and manage the woman's needs, including the subsequent need for ERPOC which is complicated by a DVT post procedure.

Competencies assessed:

- Ability to assess and manage early pregnancy complication, of PV spotting
- Assessment of UPI and associated risks
- Management of DVT post procedure

Station 9: Ectopic Gestation

A 46 year old nulliparous Australian woman has conceived in an IVF program in India. She is referred to a local early pregnancy care clinic in a Level 2 General Hospital with PV bleeding. An ectopic gestation is diagnosed. Management options are discussed and the patient undergoes laparoscopic treatment.

Competencies assessed:

- Assessment of PV bleeding in early pregnancy
- Options for management of ectopic gestation
- Management of a laparoscopic port site complication

Station 10: Communication Station: Neuropathic pain, endometriosis represents after diagnostic laparoscopy and Mirena insertion

A 21 year old woman presents to ED with ongoing neuropathic pain and dyspareunia following Mirena insertion and a Diagnostic Laparoscopy procedure for pelvic pain. This was performed five weeks ago at another centre. The candidate is expected to explain the nature of neuropathic pain and the woman's expectations of symptoms post mirena insertion.

This is a Communication Skills station and assesses the candidate's communication skills.