MRANZCOG
Oral Examination – October 2015

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 – Polyarthritis in pregnancy, labour induction and postpartum haemorrhage

A 29 year old multiparous women presents with acute polyarthritis at 25 weeks in her third pregnancy. Her previous pregnancies included delivery of twins by caesarean section for an abruption at 32 weeks, followed by a successful VBAC at 35 weeks in her last pregnancy. The candidate is expected to assess the effects of arthritis in a multiparous woman during pregnancy and provide care options.

The candidate is expected to discuss a delivery plan in view of the patient's previous obstetric history and is also required to consider induction of labour in the context of worsening arthritis in the third trimester. The candidate is also expected to manage a subsequent postpartum haemorrhage.

Station 2 – Management of severe pre-eclampsia and postpartum neurological complication

A multiparous woman presents acutely with pre-eclampsia, the candidate is expected to manage the hypertension and pre-eclampsia acutely and facilitate delivery with appropriate perinatal care. Ten days postnatally the woman presents to the emergency department in a coma following a grand mal seizure at home. The candidate is expected to contribute to assessment and assist with management and postnatal care within the multidisciplinary team following a diagnosis of cerebral vein thrombosis.

Station 3 – Upper abdominal pain in min-trimester pregnancy requiring surgical intervention, subsequent preterm labour with CTG abnormality associated with fetal anaemia

A 26 year old multigravida woman presents at 21 weeks gestation with upper abdominal pain. The candidate is expected to provide differential diagnosis with a work up that indicates cholecystitis. When medical treatment is unsuccessful, the general surgeons recommend a laparoscopic cholecystectomy. The candidate is expected to advise the woman of the risks and benefits of this intervention which proceeded without complication.

The candidate is expected to provide acute care when the patient presents in preterm labour at 33 weeks gestation with a sinusoidal CTG trace indicating acute fetal anaemia.

Station 4 – Incidental vaginal bleeding in early pregnancy associated with cervical prolapse, subsequent urinary retention and definitive care of pelvic organ prolapse postpartum

A 35 year old multiparous woman presents with vaginal spotting related to uterine prolapse at 10 weeks gestation in her fourth pregnancy. The candidate is expected to provide work up and a management plan.

When representing at 13 weeks with urinary retention the candidate is expected to recognise and manage entrapment of the retroverted uterus.

Following an uneventful pregnancy the woman is seen for postpartum follow up. Her prolapse symptoms remain problematic. The candidate is expected to provide information regarding definitive management of her pelvic organ prolapse.

Station 5 – Acute transfer of primiparous woman following traumatic birth in rural hospital (communication station)

A primiparous woman is transferred acutely to the tertiary unit from the base hospital following a traumatic birth complicated by shoulder dystocia and a fourth degree perineal tear. The neonate is in poor condition at birth and currently in the NICU. The candidate is expected to provide the distressed woman with clear information regarding ongoing care.

Station 6 – Investigation of post-menopausal bleeding and definitive care of endometrial cancer and postoperative care after bladder injury at surgery

An obese woman with multiple co-morbidities presents with post-menopausal bleeding. The candidate is expected to advise work up and management plans. Hysteroscopy is complicated by cervical stenosis with creation of a false passage and the procedure is abandoned. Cervical Pap cytology suggests an endometrial carcinoma. The candidate is expected to provide advice for further management. Endometrial cancer is confirmed at hysterectomy performed in the gynaeoncology unit. Post-operatively the woman returns for removal of the Foley catheter subsequent to bladder injury at surgery. The candidate is expected to provide information regarding her care to date and into the future.

Station 7 – Vulva irritation investigations and biopsy, subsequent treatment plan and post-menopausal advice regarding osteoporosis risks

A 53 year old woman presents with vulval irritation and a request for post-menopausal advice and routine cervical cytology. Examination shows an inflamed erythematous vulval skin lesion. The candidate is expected to provide differential diagnosis and a management plan including biopsy. The candidate is also expected to provide advice about menopausal symptoms and a family history of osteoporosis risks.

Station 8 – Early pregnancy complication, diagnosis and definitive management in a woman with low platelets and complex medical history

A 25 year old multiparous woman with Hashimotos disease is referred from a rural hospital with a missed miscarriage found on nuchal scan at 12 weeks. The woman was also under investigation by Rheumatologists for low platelets and lupus at the time. Repeat ultrasound showed theca lutein cysts and the ERPOC histology diagnosed a partial mole. The candidate is expected to provide a reasoned work up plan, differential diagnoses and management of acute bleeding with a follow up plan for gestational trophoblastic disease.

Station 9 – Investigation and management of subfertility post LLETZ treatment, bicornuate uterus and management of LSIL

A 28 year old nulliparous female is referred with infertility and a past history of CIN3 treated by LLETZ. Infertility investigations reveal a uterine septum on USS. A repeat Pap smear shows LSIL. The woman undergoes a colposcopy, hysteroscopy D&C and laparoscopy and dye test. The candidate is expected to manage the abnormal smear results, infertility investigations and plan further management.

Station 10 – Amenorrhea and unplanned pregnancy in context of an intra-abdominal IUS (communication station)

A 28 year old woman G2 T1 presents with amenorrhea, on examination the Mirena strings are missing. An ultrasound scan shows the IUS is in the abdomen, and also shows an intrauterine pregnancy at 12/40. The candidate is expected to communicate the findings appropriately and discuss options available.

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