

MRANZCOG Oral Examination

Strategies and Procedures



The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists

Examination Strategies

Avoid a shotgun approach

Only order investigations which are appropriate for the case, a candidate who orders unnecessary investigations will be penalised by a reduction in the score obtained for that case.

Note taking is encouraged

Writing materials are provided for the candidate.

Speak precisely and at a moderate pace

The examiner will be making notes as the examination proceeds, speak at a moderate pace when talking to the examiner.

Listen to the Examiner's responses

The examination is an interactive process. The candidate will both give and receive information during the encounter. The examiner's responses are intended to give the candidate information necessary to manage the patient. The examiner will not remind the candidate to ask for any key information that they have overlooked.

Approach the examination systematically

The examination assumes that the candidate will approach both information gathering and management of the patient in a systematic and thorough fashion. The candidate should be very clear with the examiner as to the specific information they are requesting and what investigations or actions they wish to take. If the examiner finds a candidate's requests unclear, he or she will ask for clarification.

Ask for general information

It is perfectly permissible to ask questions such as "What do I see when I first see the patient?" or "What does the patient look like?" The examiner will then provide the candidate with basic information such as age, height and weight, as well as a brief description of the patient's general appearance.

All information provided by examiners is accurate

Any information provided by the examiner can be assumed to be accurate. The examiner will answer the candidate's questions directly, accurately and succinctly.

Ask for clarification

The candidate should not hesitate to ask for clarification or additional information. If they do not understand something, they can ask for more information.

If information is not available, continue managing case

If the examiner indicates that some information is not available, the candidate should proceed with the case as they normally would without that information. The examiner will not deliberately withhold information if it would normally be available.

Read the initial document carefully

The candidates will be provided with the initial document for the case (usually a letter of referral) while waiting to start the case. The candidate may make notes on this document which can be referred to during the examination on that case. The candidate must hand the document to the examiner at the end of the case.

All actions must be described

This ensures that the examiner can determine what has been or will be done by the candidate. The candidate must always ask directly for actions. If they want a specific test performed or action taken, they should use statements such as 'Do X' or 'Do Y'. The candidate should avoid statements such as 'I would probably do X' or 'I would most likely do Y'.

Interpretation of X-rays, ultrasound films, CTG tracings, etc.

It is not necessary for the candidate to provide an oral commentary on these materials unless they feel that such verbal interpretation will make them more comfortable or the examiner requests it. The examiner will not provide any feedback on the accuracy of the candidate's verbal interpretation.

Know commonly used dosages

The examiner will expect the candidate to know the correct dosage for commonly used drugs and in particular those drugs that might be used in time demanding situations. It is permissible for the candidate to say that they would normally look up dosages of unusual drugs or other infrequently used information.

Use consultants when necessary

The candidate may refer the case to another consultant if this is normal practice in the candidate's hospital. On occasion, they will find that such consultation will not be available. When this occurs, the examiner is simply telling the candidate that they would like the candidate to take sole responsibility for managing the case.

Examination Procedures and Format**Starting the examination**

Before meeting with the examiner, the candidate will be given an initial document. Once the candidate has read this information, they will have to make specific requests for any additional data. The candidate should then direct further management of the patient in the same manner as they would in a real situation.

Obtaining History information

The examiner may play the role of the patient and will respond to the candidate's requests for information. The candidate should remember that they are talking to a 'real patient' rather than to an examiner. History taking can be 'telescoped' in that the candidate can assume that the patient will give answers that are direct, accurate and succinct. The candidate should ask the type of questions they would normally ask of patients, but the candidate can assume that this patient has some knowledge of basic medical terminology.

In some stations, a standardized patient or actor may play the role of the patient. In these stations, the candidate's communication skills will be assessed in the scoring system including the way the candidate relates to the patients and/or family, the ability to lead discussion, listen to the patients, avoid medical jargon negotiate an agreed patient-centred plan etc.

Requesting additional data

The candidate may have been provided with some physical examination data in the initial information given at the start of the case. The candidate can imagine they now have the opportunity of examining the patient again. The candidate should be specific in asking for the information they are seeking during further physical examination. The candidate should ask for one bit of information at a time and wait for the examiner to provide the findings. The examiner will provide specific information on the signs that the candidate would normally observe. If, for example, the candidate asked for the results of examining the abdomen, the examiner may ask what specific features they are looking for in that procedure. On the other hand, if there are no abdominal signs or symptoms, the examiner may simply report this.

Ordering laboratory investigations

The candidate should order laboratory investigations the same way they would in the hospital. The examiner will provide the candidate with the results of the investigations in the form that they might receive them in a real situation. Normal ranges will be provided. After ordering laboratory investigations, the candidate should continue the management of the patient until the results of the tests are made available. The candidate should remember that they may lose marks for unnecessary investigations.

Patient management

The simulated patient the candidate is managing will respond like a real patient in that her condition will deteriorate or improve depending on their management. In acute cases, vital signs may change and the candidate will be told of these changes. The candidate can ask for vital signs at any time. Subsequent laboratory investigations will realistically reflect deterioration or improvement of the case.

The examiner may ask the candidate to clarify an order or further explain a procedure. The examiner will also take notes during the case. These notes are simply to keep a record of information about what the candidate has done during the case.

The candidate is in charge

The candidate should not assume that the hospital staff will do anything unless they specifically request or direct them to do so, the candidate is in charge.

Ending the case

The examiner will tell the candidate when the case is complete. The candidate should not ask for feedback on their performance or continue with any discussion. The candidate must stay at the station until the bell or buzzer signals that the 12 minutes has ended. If the candidate finishes early, they may still add further information relevant to the last encounter only until the bell goes. The candidate should leave promptly when the bell goes, leaving all case material at the examination station.

The examiner will also take notes during the case

These notes are simply to keep a record of information about what the candidate has done during the case.

Feedback

Each candidate will receive written feedback on their performance in the MRANZCOG Oral Examination. The Oral Examination assesses if a trainee has the appropriate ability to apply knowledge in clinical settings that is expected on completion of the Integrated Training Program (ITP), before proceeding to a further two years of advanced training.

The written feedback will describe the candidate's performance relative to the MAPS (Minimum Acceptable Passing Standard) for each station. A candidate performing at MAPS is one who demonstrates that they have mastered the skills and abilities that will enable them to practise without direct supervision unless the situation is complex. A candidate must demonstrate a sufficient level of competence to ensure safe practice and an ability to meet the core needs of the patient.

Verbal feedback is available to candidates following a second or subsequent failed attempt at the Oral Examination. Feedback is only available to candidates on one occasion. The candidate should contact the Oral Examinations Coordinator at College House to request verbal feedback.