

MRANZCOG Structured Oral Examination May 2014 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 2 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 – Antepartum Haemorrhage & Pre-term Labour

A 33 year old G2P1 woman presents at 28 weeks with an APH to her rural base hospital 3 hours away from the nearest tertiary centre. She has a previous history of delivery at 33 weeks by emergency caesarean section for breech presentation after admission in pre-term labour. Following transfer to the tertiary unit the bleeding settles but she is found to have a shortened cervix and low lying placenta on ultrasound assessment. She then presents with SROM and chorioamnionitis at 29 weeks. Candidates are expected to discuss the management of APH and cervical shortening in woman who lives at some distance from the hospital and make a delivery plan for someone with a previous Caesarean Section and low lying placenta, then manage a pre-term delivery for chorioamnionitis.

Competencies tested:

- Management of TPL with previous CS scar
- Management of shortened cervix
- Emergency management of a APH at 28 weeks.

Station 2 –Maternal Infection in Prgnancy

A 32-year-old multigravida working attends at 22 weeks with non-specific flu like symptoms. Investigations confirm abnormal liver function tests and lymphocytosis. An appropriate initial plan of management is called for. Further investigations confirm a primary CMV infection. Fetal, maternal and occupational hazards all need to be considered. A subsequent small-for-dates fetus requires monitoring and appropriate timing of delivery, and consideration of a possible congenital CMV infection.

Competencies Tested:

- Initial management of non-specific viral illness in pregnancy and diagnosis of primary CMV infection;
Management of primary CMV infection in pregnancy;
- Knowledge of fetal, maternal and public health implications of CMV infection;
- Management of the small for dates fetus.

Station 3– Communication Station Post Dates Labour in VBAC

A 20 yr old woman in her second pregnancy is seen after a repeat emergency Caesarean Section. During the procedure a bladder injury was repaired without difficulty but requires an IDV catheter to remain for 10 days. Explanation of the events and their consequences is required. The woman is from a rural area and needs family help to care for her son age 2yr. due to her lower IQ.

Competencies Tested:

- Communication with a woman of below average intellect.
- Simple explanation regarding surgery and a complication

Station 4 – Malpresentation in Labour

Pat Wilson is a 28yr old G2 P1, transferred from rural town 2 hours away in labour.

On arrival unexpected face and cord presentation at 4 cm. CS performed and incidental ovarian cyst removed, required oophorectomy. Post op visit discussion implications and future care.

Competencies Tested:

- Management of malpresentation
- Intraoperative management of unexpected ovarian cyst
- Post op management re caesarean section and cyst report.

Station 5– Pregnancy with Renal Transplant

A 23 year old nulliparous woman attends the high risk clinic for pre-pregnancy counselling. She developed Type I diabetes mellitus aged 8 and underwent a renal transplant 5 years ago. Her medications include immuno-suppressants and insulin delivered by pump. She presents 1 month later with a natural conception now at 7 weeks gestation. A smear returns low grade level. At 29 weeks she presents in renal failure. She requires delivery and intensive management. Post-partum care is required.

Competencies Tested:

- Provide pre-conceptual counselling for nulliparous woman with a renal transplant and IDDM
- Describe a suitable management plan for renal transplant patient during and after pregnancy
- Assess and manage early onset IUGR
- Management of renal failure in pregnancy
- Management of low grade smear (hrHPV positive) in pregnancy with immune suppressant medication

Station 6– Post Menopausal Abdominal Pain

Referral re 65 yr abdominal pain and tubo-ovarian abscess. Surgical management. Post-operative ileus.

Competencies tested:

- Differential diagnosis of acute presentation of abdominal mass in post-menopausal woman.
- Planning of surgical strategy and multidisciplinary management.
- Management of post-operative ileus.

Station 7– Communication Station Recurrent Mid Trimester Loss

A 32 yr old woman presents for follow up two weeks after a fourth miscarriage. The recent loss was at 17 weeks after SRM. A cervical suture had been placed at 12 weeks but was removed after the membranes broke. The candidate is expected to listen to the woman's concerns and statements with an empathetic manner. Advice about a way forward should be negotiated ? Previous losses at and a termination at three months.

Competencies tested:

- Communication with a woman after failed procedure for cervical incompetence
- Supportive counselling for a way forward

Station 8–Ovarian Torsion

55yr old with acute oophorectomy for ovarian torsion found to be a Krukenberg tumour.

Competencies tested:

- Assessment of acute abdominal pain in postmenopausal woman
- Diagnosis and management of ovarian torsion
- Assessment of pelvis at laparoscopy
- Management of ovarian malignancy
- Multidisciplinary management of Krukenberg tumour

Station 9– Heavy Menstrual Bleeding

Carol Falafi is a 42 yr. old woman from the Cook Islands who has experienced heavy painful periods and pressure symptoms from a fibroid uterus for over 8 years. She is also anaemic and the combination causes her to lose time off work as a cleaner. Examination and USS confirm the presence of a large multiple fibroid uterus approximately 18/40 size including two large sub mucous fibroids distorting the cavity. Carol has never conceived and is a Jehovah Witness and is supported by her family and her community. Subsequently, an acute presentation with flooding requires a plan for abdominal hysterectomy. The procedure is complicated by unexpected adnexal adhesions. Requiring oophorectomy and postop management

Competencies tested:

- Advice re treatment of menorrhagia in nulliparous Jehovah Witness presenting with anaemia.
- Acute management of persistent bleeding in ED
- Management post oophorectomy re HRT benefits /risks

Station 10–Delayed Puberty

A 16 year old young woman is referred for investigation of primary amenorrhoea. Examination is suggestive of a possible aneuploidy. This is confirmed on karyotyping (which reveals a Turner 45XO) karyotype and ultrasound, which reveals streak gonads and a horseshoe kidney. A multidisciplinary approach is required, and the woman's concerns about her future fertility need to be addressed.

Competencies tested:

- Triage and investigation of primary amenorrhoea.
- Understanding of the nature and management of Turner syndrome (45X) including future fertility

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