MRANZCOG Structured Oral Examination
October 2011 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 exam 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 pass marks for all 10 stations. There are no 'critical' stations or encounters so that it is possible to 'fail' one or more individual stations and still pass the examination by a strong performance in other stations. The marking scheme is structured so that a minimal acceptable passing standard candidate should be able to score at or above the pass mark for each station.

Station 1 - Severe pre-eclampsia, growth restriction and abruption in previous pregnancy.

A 36 year old Chinese woman, with limited English, presents at 12 weeks in her second pregnancy. The first pregnancy was complicated by pre-eclampsia, severe growth restriction and abruption at 34 weeks. At her 32 week ultrasound, a pelvic dermoid cyst is diagnosed. She has good growth and blood pressure control, but the fetus is in a transverse lie. She ruptures her membranes at 36 weeks requiring a challenging caesarean section.

Competencies tested:

Communication awareness
Management of pregnancy after previous severe pre-eclampsia/IUGR
Dealing with pelvic cyst during pregnancy
Management of transverse lie in labour

Station 2 - DCDA Twins with demise

A 43 year old woman conceives a DCDA twin pregnancy after a long history of IVF treatment. She initially seeks advice regarding NTS versus amniocentesis. At 20 weeks, she is found to have demise of one twin. This is managed conservatively and she breaks her waters at 35 weeks.

Competencies tested:

Understanding and comparison of aneuploidy screening in multiple pregnancy
Management of single deceased twin in DCDA twin pregnancy
Management of preterm labour with malpresentation of leading twin

Station 3 - Voiding dysfunction after mid-urethral tape (Standardised Patient Scenario)

The candidate is asked to counsel Anne Jones a 56 year old woman being seen in the outpatient's clinic two weeks after a mid-urethral tape procedure for urinary stress incontinence. The consultant has been away for the two week post-operative period and during that time Ms Jones has had five unsuccessful trials-of-void. She now has a suprapubic catheter in place, inserted 2 days ago by the registrar.

Competencies Tested:

Ability to break bad news
Management of the angry patient
Explanation regarding her pre-operative advice
Responding to her concerns that the registrar performed a sub-standard procedure?
Managing urinary retention post incontinence surgery
Ability to respond to legitimate patient concerns
Management of unexpected adverse event
Open disclosure

Station 4 - Molar pregnancy

A woman is referred by her GP after positive pregnancy test, with very severe nausea and vomiting and some bleeding, with scan suggesting molar pregnancy. Has suction curettage, is given the diagnosis. She is given a prescription for the pill but forgets and presents with positive hCG at 3 month follow-up. Investigation reveals an empty uterus. The differential diagnosis is quite broad. This declares itself to be a miscarriage or possibly an ectopic pregnancy.

Competencies Tested:

Explanation and management and follow-up of molar pregnancy
Differential diagnosis of hCG rise after primary management
Knowledge of definitive contraception options

Station 5 – Management of Breast Cancer in young, pregnant woman

A woman presents to the antenatal clinic at 32 weeks gestation with a lump in the right breast. This is investigated by breast ultrasound and biopsy, and is found to be a breast cancer. She is delivered early, after steroid coverage, after induction of labour. Subsequently she is found to carry a BRCA mutation and wishes to discuss fertility preservation.

Competencies Tested:

Diagnosis and management of breast lump in pregnancy
Management of breast cancer diagnosed in pregnancy
Fertility preservation strategies in woman who wants more children

Station 6 - Contraceptive advice

40 year old woman presents for contraception advice. She is divorced, but in new relationship with 30 year old colleague from work. The patient is hypertensive, and had a DVT on a long-haul flight to the UK as a teenager. She is a smoker. Never pregnant, and has had a LLETZ 2 years ago with a resulting stenotic cervix. Gets focal migraines on the pill. Opts for a Mirena and wants it in under local anaesthetic. Difficult insertion, periods no different, and ultrasound shows empty uterus. It turns out to be intraperitoneal on x-ray.

Competencies tested:

Obtain a directed gynaecological history
Identify risk factors when considering contraceptive options
Contraceptive counselling including method of use, suitability, advantages and disadvantage, failure rate
Consent for insertion of Mirena
Identification and management of complication of Mirena

Station 7 - Placenta Praevia

A 39 year old patient with poor social circumstances presents at 20 weeks with 3 previous caesarean sections. An early ultrasound examination shows a low lying placenta, which persists as a major grade praevia at 32 weeks. The patient requires transfer to a tertiary hospital at 34 weeks due to an APH. Delivery is planned with appropriate expertise and support, but the patient labours prior to the planned CS date at 36 weeks. A classical CS is performed; the placenta remains attached and is not bleeding.

Competencies tested:

History taking, with emphasis on social needs
Counselling for chromosomal abnormalities
Counselling re risks of placenta praevia percreta
Management of an APH at 24 weeks
Preparation for a high risk caesarean section
Management of unplanned emergency CS without support
Management of a non-bleeding placenta percreta found at surgery

Station 8 - Obstetric Actor Station – Near term stillbirth (Standardised Patient Station)

A woman presents for a scheduled consultation two months after having a stillbirth at 36 weeks. The birth was physically and emotionally traumatic. All testing has had normal results and the stillbirth is unexplained.

The candidate is expected to answer all the patient's questions and explain the results of the testing, the candidate should address the mental health of the patient. The management of the next pregnancy should also be addressed.

Competencies tested:

Skills to be tested include dealing with a grieving patient, eliciting symptoms of mental health, working to the patient's agenda, explaining results in understandable terms, dealing with uncertainty and negotiating a management plan.

Station 9 - Fibroids and Fertilty

A 40 year old woman presents for pre-pregnancy assessment. Her husband has been overseas and is coming back in a few months. She has very heavy periods. Fibroids are diagnosed – a very large intramural one, and a smaller submucous fibroid. The woman wishes to discuss uterine artery embolisation. Her husband has had a vasectomy 10 years ago, and has two healthy children from a previous relationship

Competencies tested:

Pre-pregnancy counselling in woman of older age group
Management of fibroid uterus in woman wishing for pregnancy

Station 10 - Birth Suite Prioritisation

Seven women are described on the delivery suite board and the specialist needs to prioritise their care. Subsequently, one of these women has an abruption but is unable to consent to caesarean section. Delivery is complicated by uterine atony and DIC.

Competencies tested:

Understanding of the degree(s) of urgency of various situations in obstetric care
Safe management placental abruption and PPH

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