

MRANZCOG Structured Oral Examination October 2012 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 – Appendicitis

A woman presents to the emergency department with acute abdominal pain in pregnancy at 29 weeks. This ultimately proves to be appendicitis and she has appendicectomy performed. She then goes into preterm labour the next morning, with a breech presentation.

Competencies tested:

- Investigation and management of acute abdominal pain in pregnancy
- Management of presumed appendicitis
- Post-operative management of appendicitis
- Management of pre-term labour with a breech presentation

Station 2 – Complicated twin pregnancy in known lupus and poor obstetric history

History of Lupus diagnosed following recurrent miscarriage including 23 week pregnancy loss. Care of Twin Pregnancy following conception with clomiphene. On-going management following loss of one twin at 15 weeks. Plan for delivery including discussion of IOL and CS. Postpartum delivery plan follow up.

Competencies tested:

- Care of woman with lupus and adverse obstetric history
- Management plan following mid-trimester loss of twin
- Plan of Care at term when decreased fetal movements

Station 3 – Acute SOB due to peripartum cardiomyopathy

A 27 year Multipara P1G2 presents to the emergency department with chest pain and acute shortness of breath at 37 weeks with a hitherto uneventful pregnancy. Examination reveals evidence of heart failure. Appropriate assessment and investigation subsequently confirm a cardiomyopathy. Admitted for stabilisation and delivery. Management requires MDT input, diuretics, digoxin and anticoagulants.

A Delivery plan is required. Postpartum care is reviewed prior to discharge with necessary medication and follow up plan. Discussion regarding future pregnancies and contraception is required.

Competencies tested:

- Emergency management of acute cardiovascular symptoms in late pregnancy
- Management of cardiomyopathy in pregnancy, in particular the impact of heart failure and required medications on obstetric care
- Explanation of the impact a complex medical problem on delivery, postnatal care, contraceptive choices and future pregnancy options

Station 4 – Birth Suite Prioritisation

Six women are described on the delivery suite board and the specialist needs to prioritise their care. Subsequently, one of these women presents with shoulder dystocia and acute uterine inversion.

Competencies tested:

- Understanding of the degree(s) of urgency of various situations in obstetric care.
- Management of shoulder dystocia and acute uterine inversion

Station 5 – Communication Station

A 29 year old woman who planned a Natural birth experiences a precipitate delivery for her second baby under primary care. When asked to assess the perineal birth trauma the candidate performs examination under regional anaesthesia. At EUA extensive second degree tears are found and a horizontal urethral tear which requires an appropriate repair. An indwelling urinary catheter is indicated 10 days.

The candidate is expected to explain the procedures performed with discussion of short and long-term consequences for the woman.

Station 6 – Acute abdominal pain; krukenberg ovarian tumour in 70 year old

A 70 year old woman presents with severe abdominal pain, weight loss and loss of appetite. Right adnexal mass on ultrasound. She triages as malignant and surgery is performed by the local gynae-oncologist. A total abdominal hysterectomy and bilateral salpingo-oophorectomy and appendicectomy are performed and histology confirms Krukenberg ovarian adenocarcinoma, secondary to silent appendicular Ca.

Her EBL is 800 ml and she undergoes a blood transfusion on returning to the ward. She suffers a blood transfusion reaction which must be safely managed. Subsequent histology as above. This needs to be explained to the patient and a plan of care outlined.

Competencies tested:

- Work-up and management of abdominal pain and ovarian mass in a post-menopausal woman
- Understanding of the Gynae-oncology triaging and referral principles
- Management of post-operative blood transfusion
- Explanation and long-term management of a Krukenberg ovarian adenocarcinoma

Station 7 – Ectopic Pregnancy

Diagnosis and management of cervical ectopic in a 33 year old backpacker after unprotected intercourse and failed emergency contraception. Need for contraception. Hep C status positive.

Competencies tested:

- Work up of woman with unplanned conception following failed emergency contraception
- Management of Pregnancy of uncertain location and cervical ectopic. Long term sexual health advice

Station 8 – Asymptomatic VIN, vaginal vault LSIL with atrophy and urinary urge incontinence (UUI)

Postmenopausal woman with vulval lesion and vault smear with atrophy associated with urinary urge incontinence. Previous hysterectomy showed CIN3.

Competencies tested:

- Assessment and management of a woman with urge incontinence and prolapse
- Assessment and management of asymptomatic vulval lesion, including colposcopy, vulvoscopy and biopsy
- Long term management plan

Station 9 – Breech and neonatal resuscitation

The Candidate is presented with a mannequin station, representing both an Obstetric and Paediatric Emergency. A 28 year old Multigravida presents late in labour at 38 weeks gestation. The candidate is on-call on delivery suite when a multiparous woman presents in advanced labour at 38 weeks gestation with feet on view beyond the perineum. The candidate is asked what they would do. Delivery is imminent and the candidate is asked to demonstrate on the mannequin an assisted breech delivery. The candidate is then asked to demonstrate the resuscitation of a newborn infant in unexpectedly poor condition. Following successful resuscitation a brief summary is given to the paediatrician who continues care.

Competencies tested:

- The ability to manage, in an ordered and appropriate manner an Obstetric Emergency on Delivery Suite
- The management of a footling breech in advanced labour
- The technique of assisted breech delivery
- The emergency resuscitation of a newborn infant

Station 10 – Abdominal-Pelvic Pain (Commination Station)

A 30 year old woman requests a second opinion for her on going symptoms of abdominal and pelvic pain.

Candidate is expected to take a history and listen to the woman's concerns.

Candidate is expected to discuss symptoms empathetically in light of history, negative examination and investigation findings. Work with woman to develop a mutually acceptable care plan.

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