MRANZCOG Structured Oral Examination
October 2013 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 – Communication Station. Foreign Body and Recto-vaginal Fistula in an Intellectually Handicapped teenager

Sophie, a 19yr old woman with an intellectual handicap is accompanied by her mother in the hospital. Sophie, who has never been sexually active, has just undergone an examination under anaesthetic to remove a plastic foreign body from her vagina. The initial referral was for a malodourous vaginal discharge caused by the foreign body which had been inserted into the vagina by Sophie.

At examination under anaesthesia, EUA, a small recto-vaginal fistula was noted for the first time. The candidate is expected to establish a rapport with Sophie and explain the EUA findings to Sophie and her mother and then outline a management plan.

Competencies tested:

- Establish a rapport with an intellectually handicapped teenager accompanied by a supportive parent.
- Explain the findings of the foreign body at EUA
- Explain the findings of recto-vaginal fistula in non-technical terms
- Develop a management plan for the next steps required

Station 2 –Abnormal Smear Cone Biopsy and Hysterectomy Complications

41 yr old parous woman is referred for Colposcopy with a high grade smear abnormality. Colposcopy biopsy confirmed CIN 3. The candidate is expected to arrange a Cone Biopsy since the transformation zone was not visible. The candidate is also expected to discuss the histology report which shows not only the presence of CIN3, but also an unexpected adenocarcinoma in situ lesion. The endocervical margin for the in situ adenomatous lesion was barely adequate. The candidate is expected to outline a further plan including hysterectomy. Post operatively this procedure is complicated by a vaginal cuff infection which the candidate is required to manage.

Competencies Tested:

- Management of a high grade l smear abnormality
- Management CIN 3 by colposcopy and cone biopsy
- Management of an unexpected cervical adenomatous.ca- in situ finding.
- Recognition and management of a post-operative complication of vaginal cuff infection

Station 3–Desire For Pregnancy Laparoscopy

A 30 year old woman BMI (34 Kg/m2) presents with primary fertility delay which the candidate is expected to investigate and manage. Ultrasound scan reveals bilateral tubal disease, which is an unexpected finding. Further enquiry reveals a history of childhood sexual abuse with a successfully treated gonorrhoea infection. Diagnostic Laparoscopy reveals the typical findings of tubo-ovarian adhesions which are dissected free. Post-operatively, a knuckle of bowel becomes incarcerated in the umbilical port site, requiring further management.

Competencies Tested:

- Assessment and management of primary infertility
- Management of tubal obstruction following past salpingitis
- Awareness of the consequences of childhood sexual abuse
- Diagnosis of a port site complication following laparoscopy

Station 4 – Vaginal Prolapse and Management in Surgery

A 64 yr old woman presents with vaginal prolapse. The candidate is expected to make a diagnosis and outline the range of management options available, including the use of a ring pessary. Subsequently, elective surgery is complicated by an accumulation of abdominal fluid on day one post operatively. The candidate is expected to diagnose and manage this problem with advice from a multidisciplinary team.

Competencies Tested:

- Assessment of pelvic organ prolapse
- Use of conservative treatment
- Surgical management
- Post-operative complication management

Station 5– Ovarian Torsion in Pregnancy and Late Miscarriage

27yr old with BMI of 35 presents at 8 weeks with an incidental finding of an11cm dermoid ovarian cyst noted at a first trimester dating scan. There is an acute presentation with abdominal pain, prior to planned surgery in the second trimester. The candidate is expected to investigate and manage this condition. Subsequent to uneventful surgery for an ovarian torsion, a routine anatomy scan confirms a recent intra-uterine demise which the candidate is expected to manage.

Competencies Tested:

- Obtain a history and manage a high risk pregnancy with a raised BMI
- Outline options for a large ovarian cyst in pregnancy and liaise with other disciplines
- Manage an acute torsion in pregnancy and obtain appropriate consent
- Manage a subsequent fetal demise and the follow up

Station 6– Communication Station – CMV Exposure and Pre Term Labour Risk

A 31 yr old woman is referred to the High Risk antenatal clinic for a late booking visit at 21 weeks gestation. This unplanned pregnancy was complicated by a feverish illness lasting two weeks, at 16 weeks gestation. Recently, a specialist performed an urgent scan and amniocentesis, the results of which were consistent with fetal CMV infection. The specialist has forwarded the risks of CMV to the candidate in a referral letter.
A previous pregnancy was delivered pre term. Subsequent to this a LLETZ treatment was successfully performed for a cervical smear abnormality. The candidate is expected to listen to the woman's concerns and explain the risks to the pregnancy.

Competencies Tested:

- Establish rapport with a woman presenting for late booking at 21 weeks
- Counsel a pregnant patient about the risks of CMV infection in the second trimester of pregnancy
- Advise about the risks of pre-term Labour

Station 7– Prioritisation Station

The candidate is asked to prioritise the order in which three pregnant women each requiring surgery should go to theatre. Subsequently, a fourth labouring woman requires urgent consultation for a prolonged fetal bradycardia in labour. The CTG returns to normal after she is transferred to theatre, and the candidate must decide whether to proceed or not. The candidate must then be able to justify their chosen management in the situation of a poor outcome.

Competencies Tested

- Determining of the degree(s) of urgency of various situations in obstetric and gynaecological care
- Ability to prioritize and re-evaluate the management plan as circumstances change
- Management of prolonged fetal bradycardia
- Ability to justify the decision made in the situation of a bad outcome

Station 8–Management of Current High Risk Pregnancy

A 38 year old woman is referred for management after three consecutive early pregnancy losses. A previous delivery was complicated by a massive post-partum haemorrhage, and in the puerperium, by a diagnosis of post-traumatic stress disorder. This was diagnosed and successfully treated with ongoing therapy. Subsequently a spontaneous ongoing pregnancy is conceived. The candidate is expected to outline an appropriate care plan in light of her medical history. The current pregnancy is complicated by a lower-limb DVT which requires management.

Competencies Tested:

- Investigation and management of recurrent miscarriage
- Management of PTSD and SNRI therapy in pregnancy
- Management of deep venous thrombosis in pregnancy

Station 9– Intrapartum Management of Twins and Neonatal Resuscitation

A nulliparous patient presents in early labour at 37 weeks gestation, with a known Di-chorionic Di- amniotic twins. The pregnancy has been uncomplicated and an antenatal summary with ultrasound reports are provided. The candidate is first asked to outline a plan of management in labour. After spontaneous birth of the first twin, urgent delivery of the second twin is required. The candidate explains how they would perform this. The second twin is delivered vaginally in poor condition. Using a mannequin, the candidate demonstrates resuscitation of the neonate until paediatric assistance arrives.

Competencies Tested:

- Management of a twin labour as part of a team.
- Urgent vaginal delivery of the second twin with explanation of any manoeuvres required.
- Resuscitation of the newborn. Awareness of the basic principles outlined in the Australian and NZ Resuscitation Guidelines.

Station 10–Amniotic Bands with APH

A 34 yr old woman presents for antenatal follow up in a provincial hospital at 28 weeks in her first on-going pregnancy. Ultrasound Scans have shown the presence of amniotic bands. At a follow-up ultrasound these bands now appear to risk entrapment of both a fetal hand and the fetal trunk. The candidate is expected to outline a care plan.

Before referral to the main centre can be arranged, the pregnancy is acutely compromised by an ante-partum bleed. Labour ensues, which necessitates urgent delivery in the provincial unit. The candidate is expected to develop a management plan. At Caesarean Section the candidate is required to outline interventions to affect delivery in the presence of anhydramnios and breech presentation. Arrangement of neonatal retrieval for the preterm infant is expected. Risks to a future pregnancy also require discussion.

Competencies Tested:

- Management of an ultrasound anomaly
- Management of acute pre-term abruption with pre-term labour
- Management of complicated breech delivery at Caesarean Section
- Transfer arrangements required to meet a labouring woman's needs in a rural or geographically isolated community.

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