# MRANZCOG Structured Oral Examination
# May 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 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 – Communication Station

Information sharing regarding diagnosis premature menopause and familial cancer diagnosis.
A Communication Station requires sensitive listening and management planning.
A 32 yr. old smoker presents with premature menopause. Sensitive enquiry regarding reproductive needs and preferences.
Patient's main concern is to have ovaries and uterus removed due to incidental familial cancer risk. Also would like information regarding premature menopause and advice on symptom management.

### Competencies tested:

- Communication
- Listening to a woman's concerns, accepting woman's preference not to undertake genetic testing for familial condition
- Explanation of Premature Ovarian Failure and consequences
- Explore understanding of Lynch Syndrome, HNPCC, attendant risks
- Risks Benefits of Hysterectomy with Bilateral Salpingoopherectomy
  HRT risks and benefits

## Station 2 –Vaginal Prolapse diagnosis and management

A 64 year old woman is referred for advice regarding vaginal prolapse 18 years after vaginal hysterectomy. The candidate is expected to make a diagnosis and outline management options available. Surgical repair is complicated by pain during the immediate post-operative period. Bleeding requires a return to theatre for EUA with clot evacuation of a vault haematoma. Discussion of delayed mesh complications is also required.

### Competencies Tested:

- Appropriate assessment of vault prolapsed
- Advice re management options
- Recognition and care of surgical complication
- Advice and communication re potential problems

## Station 4–Chorioamnioitis and preterm delivery and postpartum septic collapse

A 34 yr. old presents to a Level 3 city Hospital with a high fever at 29 wks. gestation. She has chorioamnionitis subsequent to an earlier PPROM. Urgent delivery is indicated. A preterm urgent CS requires team coordination, and clear orders for postoperative observations need to be given. Maternal collapse following caesarean section requires an appropriate clinical response.

### Competencies Tested:

- Recognition and management of chorioamnionitis
- Management of a required preterm delivery
- Management of the immediate postpartum in a septic patient
- Immediate management of postpartum septic collapse
- Coordination of an emergency team response with a critically ill patient

Station 5 – Abdominal Pain with management of unexpected peritoneal carcinoma

A 33 yr. old nulliparous woman presents with a history of bloating and abdominal pain, and more recently, irregular frequent menstruation. Previous medical history includes precocious puberty of an idiopathic nature. USS shows small adnexal cyst but with a low RMI.Diagnostic laparoscopy findings unexpectedly show extensive primary peritoneal carcinoma with abdominal metastases. Histology confirms a primary peritoneal carcinoma.

Advice to this woman includes management plans including further imaging, consultation with oncology and a likely expectation of debulking surgery, hysterectomy with salpingoopherectomy and nodes. General advice about chemotherapy, inevitable loss of reproductive capacity and overall prognosis is required

Competencies Tested:

- Appropriate investigation of non-specific abdominal-pelvic and period symptoms
- Appropriate management of unexpected findings of likely malignancy at laparoscopy
- Appropriate advice for ongoing care with MDT and definitive care for woman and consideration of her needs

Station 7– Asthma and unplanned pregnancy management

A 19 yr. old woman presents with acute exacerbation of asthma. It becomes apparent that she is pregnant. This is an unplanned pregnancy and currently she is not receiving any maternity care.

A management plan is required. At 28 weeks gestation the maternal condition deteriorates with H3N2 infection which necessitates a plan for delivery and subsequent care.

Competencies Tested:

- Management of late booking in pregnancy
- Assessment & management of asthma in pregnancy
- Management of acute respiratory distress and influenza in pregnancy
- Advice re VBAC in pregnancy

Station 8– Prioritisation of cases on Delivery Suite with Breech delivery

Appropriate prioritisation of a Delivery suite Handover Cases is required for various women requiring care in the Unit. Delegation of the available obstetric team to complete the tasks according to the skills available whilst maintaining the safety is expected. Demonstration of a complicated vaginal breech birth is required.

Competencies Tested:

- Understanding of the degree(s) of urgency of various situations in obstetrics and gynaecology care
- Ability to prioritise
- Safe management of breech in labour

Station 10 – Menorrhagia with complication of ablative treatment

A 44 yr. old presents with menorrhagia and she requests endometrial ablation after failed medical treatments. An endometrial polyp is found at surgery and a complication requires hysterectomy.

Competencies Tested

- Assessment of menorrhagia
- Advice re Endometrial Ablation
- Management of operative complication

Management of polyp showing atypical hyperplasia

Station 11–Communication Station.

Debriefing woman after fetal loss with need for Caesarean Hysterectomy due to maternal haemorrhage. A woman is seen 6 weeks after the loss of her baby following a ruptured uterus. A review around the events around the delivery is expected along with further follow up visit to discuss options, adoption, and surrogacy.

Competencies Tested:

- Counselling a woman after loss of baby and fertility
- Empathetic hearing of events

Station 12– Fertility treatment, with hyperstimulation complication and fetal screening in multiple pregnancies.

A woman presents for review at the gynaecology clinic. She and her partner have been trying for a pregnancy for two years, without any success. The woman is now 38 years old, and a full investigation interstate has revealed bilateral tubal disease. They are offered IVF treatment. She presents to the Emergency Department a couple of months later with obvious ovarian hyperstimulation. This is managed.

The next encounter occurs when she arrives with discordant nuchal translucencies in a DCDA pregnancy and requests counselling.

Competencies Tested:

- Assessment of infertility
- Management of OHSS
- Counselling regarding discordant nuchal translucency in DCDA twin pregnancy
- Management of hyperemesis

Station 14–Trauma in Pregnancy with need for acute resuscitation

A pregnant patient at 40 weeks gestation is brought to a rural Level 2 Emergency Department following a major motor vehicle accident. She is semiconscious. Initial assessment and participation in the medical response must include consideration of a concealed abruption, assessment of fetal viability and well-being, and the role of immediate delivery. Subsequent patient collapse and cardiac arrest calls for participation in CPR, and consideration of an urgent peri-mortem Caesarean section.

Competencies Tested:

- Coordination of an emergency obstetric response
- Management of blunt abdominal trauma following a MVA in a term obstetric patient
- Awareness of the role and timing of emergency Caesarean Section in the resuscitation of a critically ill patient

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