

MRANZCOG Structured Oral Examination October 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 - Fetal anomaly Scan report (Communication Station)

A 28 year old woman is referred acutely because of an abnormality found on a routine 19 week fetal anomaly scan performed the same day in her rural base hospital. This unexpectedly shows a significant fetal encephalocele with a high likelihood of non-viability after birth. The candidate is expected to establish rapport and explain the findings and implications of this diagnosis to the woman who is grief-stricken. Tolerance and support of her grief with appropriate explanations, and explanation of possible options available to the woman are expected.

Competencies tested:

- Clear communication regarding fetal anomaly
- Demonstration of ability to approach woman in an empathetic manner
- Ability to outline a range of options and consequences in simple lay terms
- Negotiation of on-going care and support

Station 2- Prioritisation and Management of Obstetric Emergency

A Labour Ward and acute gynaecological prioritisation station requiring appropriate systematic prioritisation and delegation of cases to team members and acute management of uterine inversion.

Competencies tested:

- Appropriately prioritise, delegate care and manage the problems in a busy labour ward when on acute call as a registrar in a base hospital.
- Management of acute uterine inversion.

Station 3 -Shortness of breath in Pregnancy requiring care in ICU

A 34 year old woman in her second pregnancy presents with rapidly-progressive H₁N₁ influenza A infection at 27 weeks gestation. The candidate is expected to diagnose Pneumonia, and arrange transfer to the intensive care unit (ICU) for ventilation. Ultrasound investigations suggest fetal compromise, with oligohydramnios and reversed end-diastolic flow in the umbilical artery. During her ICU admission, the fetal membranes rupture and fetal heart decelerations are noted. Delivery of the fetus and on-going management plans in conjunction with the multidiscipline team are expected.

Competencies tested:

- Identification and management of acute influenza A in pregnancy.
- Management of a compromised fetus presenting as a footling breech at 27 weeks.

Station 4 - Fibroid pain in pregnancy, care of primigravid breech

A 39 year old Primigravid woman presents at 36 weeks with acute abdominal pain associated with degeneration of large fibroids mid-trimester pregnancy. The candidate is expected to manage the acute situation and provide ongoing antenatal advice. Routine assessment at 36 weeks in shows a breech presentation. Subsequently labour commences. At Caesarean Section the candidate is expected to manage an Intra-Partum Haemorrhage related to an adherent placenta.

Competencies tested:

- Care of pregnancy complicated by fibroids
- Discussion of risks
- Plan of care for breech presentation in first pregnancy
- Intrapartum care complicated by preterm membrane rupture
- Management of adherent placenta and excessive blood loss at Caesarean Section

Station 5 - Abnormal Fetal CTG & Assisted Vaginal Delivery (Practical Station)

A woman with a 48 hour history of PPRM is admitted from the community. The candidate is expected to review the CTGs and then required to demonstrate an assisted delivery with forceps on a mannequin. The candidate is also expected to discuss the events and likely neonatal outcomes with the mother postnatally.

Competencies tested:

- Interpretation of an abnormal CTG
- Demonstration of a pudendal block and a forceps delivery on a mannequin
- Post natal advice to mother and discussion of likely neonatal outcome.

Station 6 - Aparunia post radiotherapy for gynaecological cancer (Communication Station)

A 39 year old nulliparous woman is referred by her GP to gynaecology outpatients with vulval and vaginal discomfort and inability to have sexual intercourse for 5 months following successful radiotherapy for Cervical cancer Stage 11b. The candidate is expected to take a sexual history which reveals longstanding difficulties with sexual intercourse, and a previously undisclosed history of sexual abuse in childhood and longstanding difficulties with normal sexual relations. The candidate is expected to provide empathetic hearing and supportive advice re symptoms with appropriate referral.

Competencies tested:

- Ability to take appropriate Sexual History in a woman recently treated for Cervical cancer
- Enable and allow disclosure of previous difficulties with sexual intercourse and previous sexual abuse
- Appropriate support advice and referral

Station 7 - Unexplained primary infertility and andrology advice

A 30 year old woman presents with > 18 months infertility. Initial infertility and pre-pregnancy investigations are required along with review of her partner and a semen analysis. Serology shows anti-Kell antibodies. As a child she received a blood transfusion and splenectomy following a MVA. The candidate is expected to review Male factors which include oligospermia. Initial investigations of male subfertility and advice are required with appropriate counselling and support.

Competencies tested:

- Preliminary management of infertility
- An appropriate sequence of investigations
- Targeted pre-pregnancy advice
- Initial management of male factor infertility
- Explanation of options male factors infertility

Station 8 - Vaginal surgery repair Post-operative complication

A 64 year old woman presents with a procidentia which has not responded to conservative management strategies, including trial of a ring pessary. Past history of Venous Thromboembolism is noted. The candidate is expected to provide appropriate advice and pre-operative counselling. Subsequently pelvic floor reconstruction is performed, but post-operative recovery is complicated by bladder injury presenting as vaginal loss of urine. The candidate is expected to assess and arrange management of this complication in addition to long term care and follow up.

Competencies tested:

- Operative Management of severe vaginal prolapse.
- Peri-operative care with increased VTE risk
- Post-operative management of bladder injury at operation.
- Longer-term follow up

Station 9 - Vaginal cyst complicating pregnancy with definitive care/Maternal Shingles

A woman presents with increasing awareness of a vaginal lump in early pregnancy. Examination confirms a congenital para-vaginal Gartner's cyst. The candidate is expected to outline a plan of ongoing care in pregnancy. During the mid-trimester of pregnancy there is an acute presentation with a painful rash consistent with shingles which requires management. Post-partum review shows the vaginal cyst has worsened since recent pregnancy. Definitive workup with consideration of surgical management is required in addition to routine postpartum care and advice.

Competencies tested:

- Differential Diagnosis and management of a paravaginal cyst presenting in early pregnancy.
- Early pregnancy advice
- Maternal care of Herpes Zoster exposure and shingles mid-trimester
- Definitive postpartum management of vaginal cyst and post-partum care and contraception advice including LARCS

Station 10 - Acute miscarriage and diagnosis of and STI

A 22 year old febrile woman is referred for assessment in ED with vaginal pain and bleeding in an unplanned pregnancy. The candidate is expected to outline appropriate investigations, care plan and potential complications of both the miscarriage and the incidental finding of Chlamydia infection. Subsequent admission requires assessment and decision re surgical care and long term needs for contraception.

Competencies tested:

- Acute Care of first trimester bleeding in an unplanned pregnancy
- Management of incidental diagnosis of Chlamydia infection
- Subsequent Surgical management of PID
- Long term management of contraceptive needs

Summary of Essential Skills for Communication Stations

Candidates should be aware that the SOE Communication stations for MRANZCOG will evaluate a range of skills which should include the ability to:

- Establish a rapport with the woman- including introduction, addressing by name and enquiry about support.
- Use appropriate body language.
- Listen to woman's concerns with patience- tolerate silence if in evident grief, avoid talking over the woman.
- Provide supportive nods or prompts without interrupting story until finished.
- Use effective oral skills with clear and calm speech and tone.
- Use lay language only, and clarify concerns with follow up questions to better understand the woman's views, circumstances or clinical history.
- Relay clear information in small 'bytes' with sensitivity.
- Address the issues raised step by step.
- Check understanding during the conversation.
- Allow opportunity for questions at each step.
- Provide honest realistic and complete answers.
- Demonstrate respect and acknowledges a range of opinions and cultural beliefs.
- Avoid blame or implied criticism of woman or others.
- Provides a summary of discussion.
- Seeks consensus and negotiate next step forward.