

# MRANZCOG ORAL EXAMINATION FORMAT

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## Format

The MRANZCOG Oral Examination is a carefully planned and highly structured examination. It is designed to assess the clinical competence (including reasoning and judgment) of a candidate in the examination, diagnosis and management of specific clinical problems. The Examiners will expect the candidate to demonstrate an holistic understanding of all of the needs of the patient.

Candidates are examined at eight 20-minute stations, each involving a single examiner. Each station involves a simulated clinical encounter with a patient and, sometimes, with other people (midwife, registrar, patient's partner, etc...). Of the 20 minutes set aside for each station, 15 minutes are actual testing time, with the remaining time being used by the candidate to move to the next station to read the initial document(s) for that station. The examiner uses this time to complete mark sheets and to set up for the next candidate.

In some examinations, one or two rest stations of 20 minutes duration may also be incorporated. It is possible that a rest station may be used to provide pre-reading material for the next station.

## Station Design

The case materials available to the examiner contain the clinical information that may be required by a candidate in the diagnosis and management of the simulated patient presented by the examiner. This clinical information includes patient responses to history questions, visual and verbal reports of findings obtained through physical examination, specific data obtained from the laboratory investigations ordered by the candidate, and physiological and psychological responses to management procedures and medication.

Each station commences with an initial document such as a letter of referral, summarised case notes, a statement regarding a clinical situation or a document to read. After reading this, the candidate should verbally seek clinical information, give orders, diagnose and direct management of the patient in the same manner as he/she would for a comparable real case in the hospital. However, the candidate must assume nothing will be done for him/her by the other members of the hospital staff unless he/she orders it.

The examiner will administer the case partly by playing the role of the patient and will provide answers to history questions in the language of the patient. In addition, the examiner will supply the physical examination and laboratory data which the candidate requests, and will simulate the implementation of any actions taken. During these exchanges, it is permissible for the candidate to use medical terminology he/she would not normally use when talking to a patient.

In some stations a trained actor (simulated patient) will play the role of the patient and interact with the candidate. In these stations the candidate should not use medical terminology when talking to the simulated patient.

The candidate's performance on each case will be assessed and recorded on a standardised mark sheet following the conclusion of each case.

### **Observers**

On some occasions there may be another person at the examination station with the examiner and a standardised patient. The candidate should, however, direct his/her full attention to the examiner and/or standardised patient only. The other person is observing the assessment process. Some of the observers will be probationary examiners participating in the process prior to becoming full members of the Board of Examiners. Only the examiner will administer the case and only the examiner will mark the candidate's performance.

### **Examination Material**

Everything the candidate will need to complete the examination will be available in the examination room. This includes paper, pens, pencils and any other specific material required for that case. No additional personal possessions should be carried into the examination room. Calculators are not required.

### **Case Topics**

The eight cases are not drawn from specified areas of obstetrics and gynaecology. However, the candidate can assume that half of them will be predominantly gynaecological and half predominantly obstetric.

Most cases will be based on common conditions, but one or more cases may include relatively rare conditions. More than one condition may be included in a single case.

### **Scoring System**

The scoring system currently used for the MRANZCOG Oral Examination is as follows:

- A list of scoring items is developed by the examiners for each station. None of these is a critical action in the sense that it must be performed to pass the station, but all are actions that a candidate should perform.
- A total of 20 points is the maximum possible for each station.
- Each scoring item is allotted a score depending on its relative weighting.
- Each station includes one scoring item (with a maximum score of six points) based on the examiner's assessment of the candidate's general clinical competence in managing the case.

### **Standard Setting**

The passing standard required from each examination is set by the examiners prior to the examination. The pass mark is based on an estimation by the examiners of the difficulty of the case at each examination station. Examiners have been selected from the MRANZCOG Board of Examiners. An absolute standard setting procedure (modified Angoff's method) is used to set a pass score for each station. At the meeting of examiners, each case is presented in turn, following which examiners are required to submit the score they consider appropriate for a 'borderline' performance by a level 4 trainee. As from 2005 the concept of a 'borderline' candidate is to be replaced by that of a 'minimum acceptable passing standard (MAPS)' candidate. The submitted scores are collated and the median value calculated for each station. The median value is taken as the pass mark for each station. To arrive at a passing estimate for the whole examination, the pass marks calculated for each station are totaled.