# Summary of the DRANZCOG Oral Examination April 2005

This examination was completed by 43 candidates and was made up of 15 stations, each station running for an average of seven minutes. Four of the stations were critical stations which meant that the candidate had to pass those stations as well as pass the examination overall if they were to be awarded the DRANZCOG (Diploma).

The four critical procedural stations were resuscitation of the newborn, instrumental delivery, shoulder dystocia and the phone station regarding antepartum haemorrhage.

### Station 1: Menorrhagia history
### Station 2: Menorrhagia management

In these two sequential stations, candidates were expected to know about the history, examination, investigation and management of menorrhagia. Candidates were expected to take a history about the menarche and the cycle, identify any associated symptoms of anaemia and then recommend management that was either medical (hormonal or non-hormonal) or surgical (conservative or radical).

### Station 3: Abnormal Pap smear

In this station, candidates were expected to assess an abnormal Pap smear (showing atypical endometrial cells) from a woman who was on HRT and had had persistent bleeding since the smear. Candidates were expected to discuss the investigations, possible causes and the possible managements.

### Station 4: Gestational diabetes

At this station, the candidates were asked to explain the result of a GTT, discuss the implications with the 'mother' and answer her questions about whether her baby will be diabetic, whether she will become diabetic and the long term results.

### Station 5: Instrumental delivery

The instrumental delivery station was designed to test the candidate's knowledge of the various methods of assisting deliveries. Marks were allocated according to the approach to the woman, the findings prior to carrying out the delivery and the actual delivery.

### Station 6: Fetal death in utero

In this station, candidates were expected to outline management, including the definitive diagnosis and a plan including prepartum, intrapartum and postpartum care. Discussion about autopsy, burial and grief counselling were also considered important.

### Station 7: Antepartum haemorrhage

This phone station was about a woman who presents at about 32 weeks with a bleed. Candidates were expected to organise the appropriate investigations and the use of steroids. Speculum examination was considered to be appropriate as long as the 'doctor' did it. It was expected that the candidates would carry out the appropriate investigations and management including blood group and anti-D.

### Station 8: Neonatal jaundice

This phone station was straight forward and obviously needed phototherapy. Candidates were expected to ask about the SBR, the blood groups and to investigate the causes of neonatal jaundice. They were expected to elicit signs of hyperbilirubinaemia and to investigate and manage the pyotherapy.

Station 9: Respiratory distress

This station was about a woman who delivered as a non-booked patient at 36 weeks and the baby developed respiratory distress very early. Candidates were expected to recognise this as a possible GBS problem and carry out the appropriate investigations and treatment.

Station 10: Shoulder dystocia

The shoulder dystocia was straight forward and candidates were expected to move the mannikin to the edge of the 'bed' (which many did not do), perform the McRoberts manoeuvre, then to proceed to suprapubic pressure in the appropriate fashion, rotate the anterior shoulder, rotate both shoulders and eventually delivery the posterior arm. Questions were asked about the likely complications of the delivery.

Station 11: Hormone replacement therapy

This station was about the risks of HRT and breast cancer and associated problems in a woman who had a family history of osteoporosis and was in her fifties.

Station 12: Molar pregnancy and pain

This station was about a woman who presents with pain and bleeding and is 8/40 pregnant. The ultrasound scan shows a molar pregnancy with a six-centimetre cystic lesion in the right ovary. The station revolved around the management, follow up, the possibility of a patient becoming malignant and the need to treat if necessary.

Station 13: CIN2

In this station, candidates were expected to demonstrate the management of a CIN2 lesion, including the implications for future pregnancies, follow up and the results of treatment.

Station 14: Neonatal resuscitation

This station has prompted some feedback from candidates, some of it impractical, but some suggestions will be taken on board. There had been communication before the exam about CPR and this was clarified with the NETS team at the Royal Women Hospital in Melbourne two days before the examination and examiners were informed as to the recommendations.

The resuscitation station is a test of one's ability in a stressful situation. Candidates were required to manage a baby that is not breathing after a delivery that appeared to be normal (although the mother had received a narcotic in labour and that may have been a factor). It was expected that the candidate would dry and warm the 'baby', place it in the appropriate position, ask about the labour and any medication, and then proceed to bag and mask.

With the fetal heart dropping, the candidate is expected to intubate the 'baby'. If successful, the candidate gets the allotted points. If unsuccessful (as can occur in real life), then the candidate would continue to bag and mask in order to receive the same number points. With a heart rate of zero, they were expected to carry out cardiac massage to show that they knew what was involved. Candidates did not lose points for ECM with a heart beat of 60, although it was expected that they would intubate at that time as the likely cause is still hypoxia.

The baby mannikins were new and all the examiners had assessed the ability to intubate and it was agreed that it was easy as long as the tube was 'lubricated'. Visualisation of the cords was not a problem.

Station 15: Gonorrhoea

This station addressed the problems associated with counselling, notification, investigations for other STIs and treatment.

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