

OVERVIEW AND REQUIREMENTS FOR CRITICAL SKILLS STATIONS IN THE DRANZCOG ORAL EXAMINATION

Four of the seven topics listed below will be examined in stations at the DRANZCOG Oral Examination. These stations are known as 'Critical Skills Stations'. In addition to obtaining an overall result that equals or exceeds the pass mark for the examination, candidates will have to pass three of the four stations relating to the four topics taken from the list below in order to achieve a pass in the examination.

The topics are as follows:

- Management of antepartum haemorrhage
- Instrumental deliveries
- Management of eclamptic patient
- Resuscitation of neonate
- Management of postpartum haemorrhage
- Management of preeclampsia
- Management of shoulder dystocia

The standard required to achieve a pass at an individual station in the examination will be determined by the standard setting process that is conducted prior to each examination. As with the overall passing mark for the examination, there is no pre-determined mark that corresponds to a pass for a particular Critical Skills Station; thus, it is not possible to indicate the marks required to pass individual stations, or the Oral Examination overall, prior to the examination.

Please note that the following cases are *typical* examples of how the station in question will run in the DRANZCOG Oral Examination. They are presented for your guidance; however, there may be some differences between what is outlined below and the specific nature of a particular critical skills station in any DRANZCOG Oral Examination.

Neonatal Resuscitation

Station Overview

This station is designed to test the ability of candidates to resuscitate a term newborn baby that has not started breathing after two minutes, and where the mother had been given an opiate. There was no meconium.

After 30 seconds of stimulation the baby has not started breathing, so bag and mask ventilation is required. At that point in time the heart rate is 100/min.

After 30 seconds of ventilation, the heart rate has dropped to 60/min and the candidate is expected to attempt intubation of the baby and consider external cardiac massage.

After a further 30 secs the heart rate is 0 and cardiac massage is indicated, together with the use of drugs such as adrenaline and bicarbonate.

Issues addressed and expectations of candidates:

- + a history about the delivery and the use of narcotics;
- + the use of Narcan to reverse the narcotic effect;
- + positioning the baby to adequately resuscitate; i.e. with the head towards the doctor and at the edge of the 'bed';
- + drying and warming the baby;
- + calling for assistance;
- + bag and mask the baby to give adequate chest movement;
- + attempting to intubate the baby, recognising that if that is difficult, then going back to bag and mask;
- + external cardiac massage at the appropriate time and instructing the assistant how to do it, or else instructing the assistant how to ventilate the baby; and
- + consideration of the use of drugs such as adrenaline and bicarbonate.

After the successful resuscitation the candidate is expected to inform the mother as to the likely outcome of an adequately resuscitated, acutely asphyxiated baby.

Instrumental Delivery

Station Overview

This station is designed to assess the ability of candidates to perform an instrumental delivery, whether by the use of ventouse or forceps. Instruments provided for this station will be the KIWI Cup ventouse and the Wrigley's and Neville-Barnes forceps.

The woman has been in 2nd stage labour for 75 minutes and is absolutely exhausted, with poor maternal effort. The foetal heart is dropping and staying below 90/min between contractions. The patient has had an epidural inserted during the 1st stage and also has a urinary catheter.

Issues addressed and expectations of candidates:

- + discussion with the woman as to why she needs an instrumental delivery;
- + assessment of the state of anaesthesia;
- + assessment of the abdominal findings;
- + assessment of the pelvic findings, including dilatation of the cervix, position of the head and station of the presenting part;
- + familiarisation with the instrument of choice;
- + appropriate application of the selected instrument;
- + appropriate direction of pull;
- + management of the perineum;
- + delivery of the 3rd stage; and
- + communication with the woman during the delivery.

Shoulder Dystocia

Station Overview

This station is designed to assess the management of an unexpected shoulder dystocia.

The midwife has delivered the baby's head, and then noticed that the head retracted and that she could not deliver the head with reasonable traction.

Issues addressed and expectations of candidates:

It is expected that the candidate will carry out the following:

- + call for help (extra hands and "paediatric" assistance);
- + move the woman down the bed so that the buttocks are at the end of the bed;
- + consider episiotomy;
- + Mc Roberts manoeuvre;
- + suprapubic pressure; instruct the assistant how to do this;
- + rocking suprapubic pressure - instruct the assistant;
- + attempt to rotate and adduct the anterior shoulder;
- + attempt to rotate and adduct the posterior shoulder;
- + attempt to deliver the posterior arm, moving it over the chest before abduction; and
- + delivery of the baby.

Candidates will then be asked about the potential complications such as birth trauma (fractures and nerve damage), asphyxia and maternal trauma.

Pre-Eclampsia

Station Overview

In this station the woman has severe preeclampsia and needs to be managed appropriately. The exact scenario may vary; e.g. 32 weeks pregnant and in a remote hospital, or diagnosed in your surgery at a routine ante-natal visit, or presenting to the A&E department because of headache and vomiting, etc.

Issues addressed and expectations of candidates:

The management is expected to include the following when appropriate:

- + inform the woman as to the diagnosis and the reason for hospitalisation, possible outcomes for her and the baby and possible management;
- + management of the patient, including appropriate observations, monitoring of the baby;
- + investigations that should be carried out, including FBE, urate, creatine, LFTs, urinary protein and clotting profiles;
- + management of the blood pressure appropriate to the clinical setting using hydralazine, labetalol, etc. in an appropriate fashion and demonstrating knowledge of the dose;
- + prevention of seizures using magnesium sulphate in the appropriate fashion, either by IM or IV, knowledge of the appropriate dosage, and how to monitor;
- + use of steroids if necessary;
- + transfer out if necessary; and
- + mode of delivery as appropriate.

Post Partum Haemorrhage

Station Overview

The scenario is usually one that involves this station being run as a telephone station, where an examiner may play the role of a midwife. A woman has delivered and then has a primary post partum haemorrhage of over 1500 mls.

Issues addressed and expectations of candidates

Candidates are expected to be able to instruct the "midwife" or "HMO" on the end of the phone as to what needs to be done before the candidate can get there.

The points that need to be covered include the following, not necessarily in the order as presented;

- + get help;
- + brief details about the woman; e.g. how many babies she has had, any antenatal problems;
- + details of the labour;
- + the size of the baby;
- + any obvious trauma;
- + state of placenta and membranes;
- + vital signs;
- + estimated blood loss and rate of bleeding;
- + state of fundus;
- + oxytocics given;
- + inserting large bore IV cannula(s);
- + taking blood for x matching, FBE and clotting;
- + rapid infusion of crystalloids/plasma expanders;
- + syntocinon infusion/ergometrine/misoprostil;
- + catheter; and
- + exploration of the genital tract.

Eclampsia

Station Overview

At this station candidates are expected to be able to give instructions to another person on the telephone about the management of an eclamptic seizure.

Issues addressed and expectations of candidates

- + the ABC of resuscitation;
- + protect the patient;
- + use of anticonvulsants;
- + management of hypertension;
- + use of magnesium sulphate;
- + investigations;
- + observations of mother and baby; and
- + mode of delivery.

Antepartum Haemorrhage

Station Overview

At this station candidates are expected to be able to make a differential diagnosis, order appropriate investigations and manage the patient, who can present with a range of causes of antepartum haemorrhage.

Issues addressed and expectations of candidates

- + history and examination to establish the diagnosis; +/- pain, previous scan results, foetal movements, contractions, etc;
- + maternal and foetal observations;
- + excluding incidental causes;
- + management, including investigations(e.g. FBE, x match, u/s), resuscitation if necessary, transfer to appropriate hospital if appropriate, steroids, mode of delivery.