How to prepare for the Part 2 MRCOG Examination - OSCE
Dr Sudipta Paul

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Important Notes for the candidates

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How to prepare for the Part 2 MRCOG Examination - OSCE

This article discusses comprehensively how do you Plan, Prepare & Perform well in the OSCE of the Part 2 MRCOG examination.

This article provides a comprehensive coverage of the preparation, answering techniques and tips for OSCEs to improve the candidates’ performance in the examination. The candidates must understand these thoroughly to learn the rule of the game. In fact it is more important than just reading as you would benefit greatly from these information and tips. It also includes in depth analysis of what is tested, the answering techniques and strategies to maximise the marks obtained in the OSCE. It provides exclusive tips both for the medical aspect and non-medical aspect that are tested and marked in the OSCE. The non-medical aspect is as important, if not more, as the medical aspect of the OSCE. The overall pass rate is usually higher in the OSCE than that in the written examination. The majority of the candidates who fail in the OSCE do so primarily because of there unawareness regarding the non-medical aspect that are tested and marked in the OSCE. Therefore, it is not surprising that usually the number of candidates who have never worked in the NHS (UK) or similar system is disproportionately higher in the failed group.
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The written examination is the first and a difficult hurdle. So once you have passed that hurdle you should try your best to prepare for the OSCE that is relatively easy to pass if you know the technique. The techniques included in this article have been used successfully over the years to increase the efficiency of the preparation for the examination and achieve higher marks. The candidates would definitely improve their performance in the examination if they could implement these techniques appropriately. By following these techniques they would have an edge over the other candidates taking the examination.

This effort is meant to guide and help the prospective candidates prepare well so that they would be in a better shape when they appear in the examination. Over the years, hundreds of candidates have benefited by following these methods.

The candidates would also find it helpful to use the examination and trainee materials provided in the MCQs, EMQs, SAQs, OSCEs, Examination, Career, Trainee and Health sections of themedideas.com in the form of Banks, Tests, Articles etc.

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The OSCE

(i) The facts
(ii) The preparation
(iii) The technique

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B. The OSCE

(i) The facts

* It consists of twelve 15-minute stations, making a three-hour oral examination in total

* There are two preparatory stations where the candidates are given some information (a short paper, letter from the GP, case or investigation report, patient information leaflet, complaint letter, research or audit report etc.), which would be used for critical appraisal at the following station.

What is tested:

* Factual knowledge  Clinical, audit, research, statistics, clinical governance

* Dealing with the patient  Show respect as an individual, introduce yourself, address formally, reassure, relieve anxiety, be honest, be polite

* Attitude towards the patient  Non-judgmental, non-patronising, empathetic

* Communication skills  With the patient and/or relatives & with the examiner; be simple, make direct eye contact, positive body language
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* Listening skills Be patient, be careful

* Analytical skills Clinical, audit, research, patient information leaflet

* Decision making skills Clinical

* Counselling skills Discuss pros & cons, be honest

(ii) The preparation

* There are few OSCE books on the market and you could get information on the OSCE from the internet. Search for them and use what you find helpful.

* There is no alternative to practical experience of managing patients.

* Be familiar with the investigation reports and their interpretations (such as ultrasound scan, HSG, X-ray, urodynamics, CTG, fetal blood sampling, blood reports, laparoscopic and hysteroscopic pictures etc.).

* Be prepared to answer about common instruments and operative procedures (such as ventouse, forceps, caesarean section, fetal blood sampling, hysterectomy, pelvic floor repair, laparoscopy, tension-free vaginal tape / transobturator tape procedure etc.).

* Make firm logical view about management of common problems, especially emergencies (such as antepartum and postpartum haemorrhages, shoulder dystocia, cord prolapse, severe pre-eclampsia and eclampsia, breech presentation in labour, delivery of
the second twin, prelabour rupture of the membranes, preterm labour, ectopic pregnancy etc.).

* Thoroughly prepare all the counselling you might have to provide in day-to-day practice (such as preconceptional, missed miscarriage, recurrent miscarriage, antenatal screening for Down’s syndrome, fetal anomaly, perinatal death, sterilisation, hysterectomy, laparoscopy, hysteroscopy, abnormal cervical smear, diagnosis of cancer, infertility etc.).

* Prepare how to prioritise different patients on the labour ward. This is quite difficult even for the candidates working in the UK. During preparation, you need to make a list with different types of patients, seen on the labour ward, arranged in chronological order according to the urgency or seriousness of their conditions.

* Be prepared to express your views on topical controversial issues.

* Be clear about the basic principles of audit and research. Be familiar with the Cochrane database and the way the statistics are presented there. You might be asked to plan an audit protocol or critically appraise a paper.

* Candidates not working in the UK should collect information about the UK practice.

* Practise answering in OSCE setting with another candidate or a senior colleague.

(iii) The technique

* The OSCE is quite demanding, so sleep well the night before.
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* Dress well (and appropriately)

**Male** – Black, dark grey or dark blue suit; preferably white shirt and a matching tie.
Polished shoes (and clean socks!)
Clean shaved unless you keep moustache or beard
Neatly cut and combed hair
Neatly cut fingernails
Clean glass (if wearing any)
Suitable perfume (not too much)
Should not smell of cigarettes – Avoid smoking at least for an hour before going to the OSCE and /or use mouth spray

**Female** – Suit, skirt or any traditional formal dress (any colour, but not too flashy)
Polished shoes and (clean socks!)
Neatly cut and combed hair
Neatly cut fingernails
Clean glass (if wearing any)
Suitable perfume (not too much)
Should not smell of cigarettes – Avoid smoking at least for an hour before going to the OSCE and /or use mouth spray

* Reach in time.

* Take it as it comes.

* Look confident.
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* Always, always, always introduce yourself to the patient (actress) and the examiner.

* Always check patient’s identity unless specifically mentioned by the examiner.

* Always explain to the patient (actress) what you are doing or intend to do.

* Always be polite and listen to the patient (actress) and examiner carefully.

* Always avoid using medical terms as far as possible when talking to the patient (actress).

* Always say sorry and apologise if the patient (actress) becomes upset.

* Always thank the patient (actress) once you have finished talking to her.

* Imagine the Examiner as your supervising Consultant, as if you were discussing problems at work.

* Outline how you would manage the problem usually, and be ready to justify it.

* Use common sense.

* Be practical in your answer.

* Mention common things first.
* Do not keep quiet and waste time as you would not score any marks by doing so. If you do not know something say so and move to the next question.

* Do not say something completely irrelevant, not evidence based or unsafe (as per the UK NHS practice). Whatever you say be prepared to justify it with evidence. Usually if you say the right thing (evidence based and safe) it is very unlikely that the patient (actress) or examiner would contradict you or interfere with your talking. Try to find cue from what the patient (actress) or examiner says or from their body language. Although they are not supposed to give you any lead they are human beings and their body language would reflect their feeling if you take a wrong track. The other interesting thing is that sometimes subsequent questions / discussions in the OSCE could not be asked / done if the initial one leads to a totally different track. Therefore, there is a possibility that they might try to bring you back to the right track.

* Do not be frightened if the Examiner disagrees with your views, as he/she might be testing your confidence. Try to avoid argument, but do not change your answer illogically just because the Examiner is not agreeing with you.

* Always remember that you have to show a standard of Year 4/5 Specialist Trainee (Year 2/3 Specialist Registrar in the past) in the UK and tailor your answers to that. You would sail through!
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Ten Commandments

for the Part 2 MRCOG Examination

1. Achieve the standard of ST 4/5 in your knowledge regarding the UK NHS practice before taking Part 2 MRCOG.

2. Practical experience in patient care is more important than theoretical knowledge.

3. Keep up to date and implement your knowledge in clinical practice.

4. SAQs and OSCE questions are usually on problem based practical topics.

5. Practise answering SAQs, MCQs and EMQs papers and practise OSCE in an examination setting.

6. It is relatively easy to obtain higher marks in the MCQs and EMQs papers than the SAQs paper. Aim to obtain high marks in the MCQs and EMQs papers.

7. Sleep well the night before the examination (both written and OSCE).

8. Read the question before you write and revise before you leave.

9. Be democratic, give equal importance to all questions and use your common sense.

10. In the OSCE, respond to the examiner as you would to your supervising Consultant, appear confident and make direct eye contact.

Paul S, 2013
References


3. www.rcog.org.uk

N.B. An extra mark scored by any other candidate taking the examination means you need to get an extra mark to keep the difference in your performance with him or her the same. The better the other candidates do the more your performance would be devalued. Therefore, your aim should be to improve your performance, not others’, as then you lose the advantage you get by planning efficiently.

**Thank you for reading**

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**Best of Luck for the exam**

**&**

**Plan & Prepare efficiently**

**&**

**You would surely get**

**The MRCOG Certificate**