Clinical Essays in Obstetrics and Gynaecology for MRCOG Part II (And Other Postgraduate Exams)
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Seema Sharma  
MRCOG, MD, DGO  
Consultant Obstetrician and Gynecologist  
New Delhi  
drseemagyn@hotmail.com

Mala Arora  
FRCOG (UK), FICOG, FICMCH, DA (UK)  
Chairperson FOGSI Quiz Committee  
Faridabad  
malanarinder@yahoo.com

Foreword

Anthony Hollingworth

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Clinical Essays in Obstetrics and Gynaecology for MRCOG Part II (And Other Postgraduate Exams)

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All the students sitting
postgraduate examinations
Preparing for any examination can be a daunting task. It is paramount when studying for the MRCOG Part 2 examination that no area of the curriculum be omitted. This book covers a wide range of topics and should prove invaluable in the preparation for the written part of the examination. Technique and time management in answering the written papers are essential and the examples in this book will help give a systematic approach to the short essay questions.

Anthony Hollingworth
MB ChB (Manchester) MBA (Keele)
PhD (London) FRCS (Ed), FRCOG
Consultant in O & G
Whipps Cross University Hospital Trust
London
While I was preparing for my MRCOG 2 written examination, I felt the need to have a comprehensive book on essay writing skills. Very few were available in India then. Hence, the present attempt is made. Beside MRCOG, postgraduate students appearing for Diploma, National Board and MD examinations may find it useful.

Though the field of obstetrics and gynecology is vast, yet the choice of questions has been narrowed down to topics which the students find difficult to answer. To keep the essays updated, most of the recent advances have been referred to while writing the book.

Important points for general understanding and MCQs have been incorporated in the form of notes at the end of each essay. We have tried to make this book handy and readable. Keeping in view the changed format of the MRCOG 2 theory exam, a few questions towards the end have been answered accordingly. We sincerely hope that readers will find it useful and pass their examination in the first attempt.

This book has been designed for students and suggestions to improve the structure, content or layout is welcome.

Seema Sharma
drseemagyn@hotmail.com
Mr Anthony Hollingworth has been my teacher and provided clarity of thought and content all along. I thank him for supporting us for this project. My children, Hriday and Niyati and my husband Sandeep have all been very understanding, generous and patient with me all this while. Without their help this book would have never seen the light of the day.
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**TIPS for Preparing the Part 2 MRCOG Exam**

This is a very comprehensive exam and one needs to be through and updated. Enroll for the trainees register and visit the RCOG website frequently. Read all the guidelines and statements issued by the college, including the NICE, FFPRC guidelines, and CEMACH reports.

Read as many SAQ books as possible. It is best to attempt at least one question per day in stipulated time but if that is not possible at least go through the text in your free time. It familiarizes the student with the essay techniques and decreases the possibility of encountering the unknown at the time of final examination.

Make your own list of common percentages from the guidelines and other text on the RCOG website. List of autosomal dominant and recessive conditions, survival at key gestational ages, various stages of malignancies with their survival can be similarly prepared. Keep this list handy and refer to it frequently so they can be used in essay questions to support your arguments and in Multiple Choice Questions.

It helps to keep cool. Practice some kind of meditation, exercise or deep breathing skills.

At least two weeks prior to the examination date, set your circadian rhythms according to the examination timetable for optimal performance. Practice the essays, MCQs and EMQs as if you are in the actual examination situation.

Learn to incorporate certain terms in your essays, the politically correct words as they say:
- Multidisciplinary treatment,
- Information leaflets/written information to the women
- Additional counseling whenever she requires.
- Informed decision by the woman, sympathetic and nonjudgmental attitude
- Anti-D wherever applicable, in a nonsensitized rhesus negative woman,
- Develop hospital audits or local protocols,
- Refer to specialist care or tertiary set up, involve support groups.
- Do not forget to add that some women with a given condition may be normal and require only reassurance.
- Clear documentation of counseling/procedure/woman’s wishes in the case files.
I would like to recommend that the student just scribbles these phrases onto the rough work sheet and add whatever required in each essay according to the situation. This would definitely add a few marks and thus be invaluable to the borderline candidates.

**TIPS TO FORMULATE THE ESSAY ANSWER:**

- Read the question 2-3 times and establish what is being asked. Do not be in a hurry to show your expertise on that topic. Underline the key words if you like. Remember that these details especially the ones about age, parity and lifestyle are there for a particular reason and formulate your answers accordingly. Pain abdomen in early first trimester, i.e. 6-8 weeks is more likely to be ectopic; 24 weeks is the legal time of viability; 34 weeks, after which antenatal steroids are no longer recommended; 38 weeks, maturity; 41 weeks at which induction is beneficial. Ask yourself why this information is there and what happens at this time or to a woman of this parity.

- Think straight. They are asking you about everyday things that you have done and experienced before. Think of all possible angles—related to patient, her relatives, and medical personnel in that particular situation. Start with simple, straight forward physiological things first. Do not doubt the intentions of the examiners. Usually there are no hidden complexities in the question. If the question asks about management of premature rupture of membranes, do not waste space by trying to establish if leaking is actually present or not. Assume it is the correct diagnosis. If you feel very strongly about establishing the diagnosis mention a line that you would like to reconfirm/establish the diagnosis/presentation.

- Plan your answer and jot down important points that you will incorporate. Never leave a question unanswered. Jot down whatever point comes to your mind regarding that. You are likely to score a few marks that can make the difference. One essay is likely to be out of the blue but DO NOT PANIC. It is tough for everyone. Think how you can maximize your scores. Even while reading the questions, a fleeting vague thought comes in your mind, quickly scribble on the rough sheet. You may forget it later in the exam anxiety.

- Write in short simple sentences with legible handwriting. You may highlight important points. Avoid repetitions in various forms. It utilizes space without adding on marks. Do not get sidetracked while writing and start adding subpoints to the highlighted point. It is important to give the global picture and incorporate all the important points before one runs out of space. Usually there is no need for introduction and conclusion in the essay plan unless it stresses a point not otherwise covered in the essay.
The space provided for answering the essays is limited. Hence, memorize some space saver phrases like—
- Medical optimization prior to surgery,
- A risk and need assessment at booking with individualized flexible care plan
- Woman’s wishes and viewpoints etc.

- There are certain critical phrases in the question which are useful templates according to which the essay structure should be built.

**Critical appraisal/evaluation**
Describe available options and discuss pros and cons. Justify your choice on the basis of evidence. Assess the value of the chosen option.

**Counseling**
Describe the risks and benefits. Describe and justify your management in the light of other available options and risks. Informed consent from the patient is essential.

**Diagnosis**
History, examination and appropriate investigations.

**Management**
Diagnosis, medical, surgical and supportive treatment.

**Plan of care for a pregnant woman**
Starts with antenatal assessment, fetal and maternal monitoring with management of condition.
Intrapartum management; including mode of delivery.
Postpartum care; including advice on breastfeeding, contraception and preconception counseling for next pregnancy; if applicable.

**Usefulness as a screening test**
Emphasize that screening test is not diagnostic. What are the criteria for screen positives, risks and potential benefits of diagnosis. Are treatment options available if diagnosis is confirmed and are they acceptable to the patient?
- Revise your answer towards the end when you are in a more balanced state of mind.
The new format of MRCOG part 2 written examination
(Effective from the examination sitting of 5 September 2006 onwards)

There are essentially three main components for the written examination;

**Short answer questions:** There is an essay paper each for obstetrics and gynecology, each with four short essays; instead of five. The time duration allowed to complete each paper has been reduced from two hours to one hour forty five minutes, so candidates have twenty six minutes to answer each question. According to the new format; there are two or three components for each essay, representing different aspects of that condition. There is a specific space to answer each component and one cannot exceed that space or use space meant for answering other components. An example is given below for clarification:

*Question:* You are the SpR on emergency duty and you have just been informed that the SHO on duty has created a uterine perforation while performing an MTP.

a. What is your initial assessment of the case on reaching the theater?
   Three blank lines given to complete the answer.

b. How will you manage the case in theater?
   Five to six blank lines to complete the answer.

c. What will be your postoperative management of the case?
   Four to five blank lines to answer the question.

Separate marks will be allotted to each component. Clearly one needs clarity of thought and be able to put specific information within the space provided. It comprises 60% of the total marks for written assessment.

Though most of the work for this book was finished before the format for the written examination changed; we have tried to incorporate a few essays in the new format towards the end of the book.

**Multiple Choice Questions:** This section has been retained as in the previous years except remained. These comprise 25% of the total value. There is a lead statement followed by a few responses > each of them have to be marked true or false > there is no negative marking for the incorrect responses.

**Extended Matching Questions (EMQs):** Introduction of EMQs is the major change in the new format. They comprise 15% of the total value of marks for the written examination. Each EMQ consists of a lead—in statement, and then a list of one to five questions (each numbered to match the answer sheet) and an option list. Each option list may be used for just one question or a number of questions. From the list each option may be used once < more than once or none at all >> The candidates will be provided with a
question booklet and an answersheet, which they have to fill by darkening the lozenges with a HB pencil only. The candidates must select the single best option and mark it. No marks are awarded if more than one box is marked. There is no negative marking for incorrect responses and each EMQ paper has a standard setting by the RCOG with a varying passmark each time. This sheet is later on read and marked by a computer.

The timetable for the written paper looks something like this;

- Short answer questions Paper 1; 15 minute break
- MCQ Paper; 45 minute lunch break
- EMQ Paper; 15 minute break
- Short Answer Questions Paper 2

**Length and question numbers of papers**

- Short Answers 2 Papers, each 1 hour forty five min. 8 questions overall
- EMQ Paper 1 hour 40 questions
- MCQ Paper 1 hour thirty minutes 225 questions