A Guide to the Part 2 MRCOG Examination

This new exam resource is the most comprehensive and definitive guide to the Part 2 MRCOG Exam to date. It covers all four components in detail.

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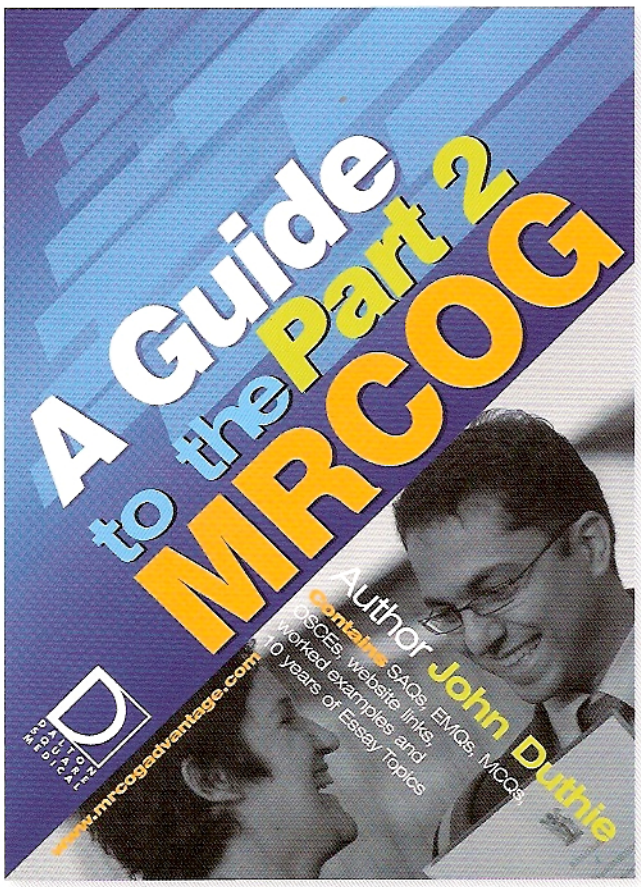
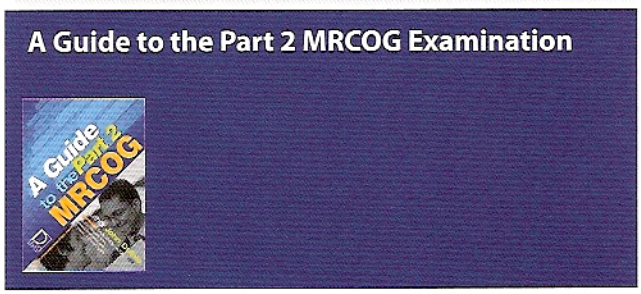
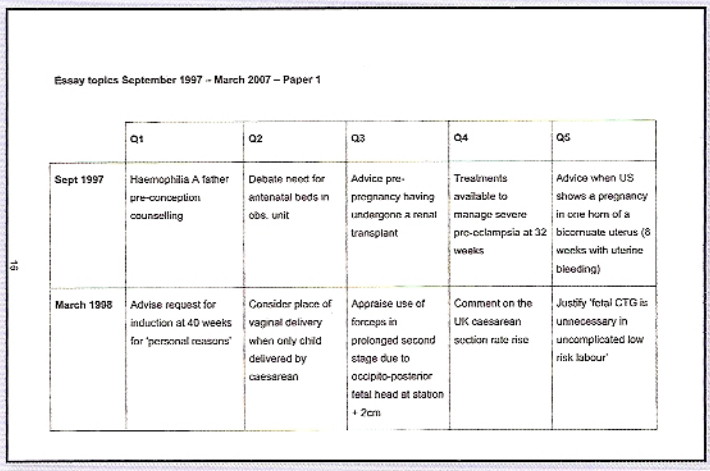
Version available





OSCE Revision Aids



Essay topics September 1997 – March 2007 – Paper 1

	Q1	Q2	Q3	Q4	Q5
Sept 1997	Haemophilia A father pre-conception counselling	Debate need for antenatal beds in obs. unit	Advice pre-pregnancy having undergone a renal transplant	Treatments available to manage severe pre-eclampsia at 32 weeks	Advice when US shows a pregnancy in one horn of a bicornuate uterus (8 weeks with uterine bleeding)
March 1998	Advise request for induction at 40 weeks for 'personal reasons'	Consider place of vaginal delivery when only child delivered by caesarean	Appraise use of forceps in prolonged second stage due to occipito-posterior fetal head at station + 2cm	Comment on the UK caesarean section rate rise	Justify 'fetal CTG is unnecessary in uncomplicated low risk labour'

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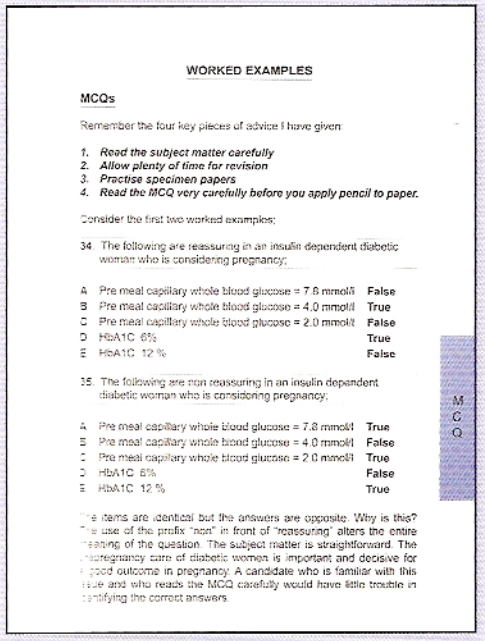
Essay topics September 1997...



WORKED EXAMPLES

MCQs

Remember the four key pieces of advice I have given:

1. *Read the subject matter carefully*
2. *Allow plenty of time for revision*
3. *Practise specimen papers*
4. *Read the MCQ very carefully before you apply pencil to paper.*

Consider the first two worked examples:

34. The following are reassuring in an insulin dependent diabetic woman who is considering pregnancy:

A	Pre meal capillary whole blood glucose = 7.8 mmol/l	False
B	Pre meal capillary whole blood glucose = 4.0 mmol/l	True
C	Pre meal capillary whole blood glucose = 2.0 mmol/l	False
D	HbA1C 6%	True
E	HbA1C 12 %	False

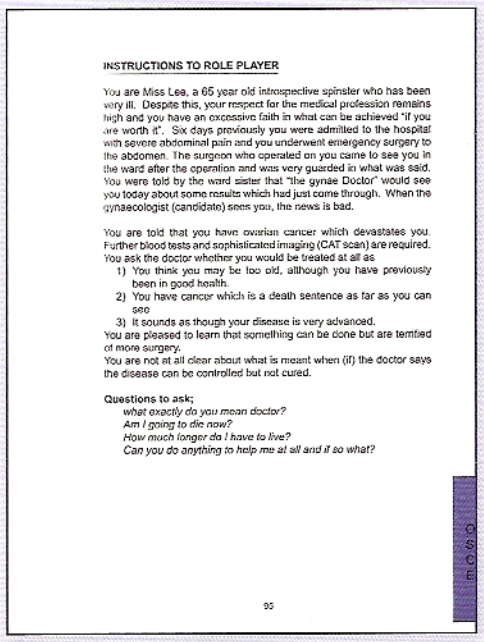
35. The following are non reassuring in an insulin dependent diabetic woman who is considering pregnancy:

A	Pre meal capillary whole blood glucose = 7.8 mmol/l	True
B	Pre meal capillary whole blood glucose = 4.0 mmol/l	False
C	Pre meal capillary whole blood glucose = 2.0 mmol/l	True
D	HbA1C 6%	False
E	HbA1C 12 %	True

The items are identical but the answers are opposite. Why is this? The use of the prefix "non" in front of "reassuring" alters the entire meaning of the question. The subject matter is straightforward. The preregnancy care of diabetic women is important and decisive for a good outcome in pregnancy. A candidate who is familiar with this issue and who reads the MCQ carefully would have little trouble in identifying the correct answers.

MCQ

Worked examples...



INSTRUCTIONS TO ROLE PLAYER

You are Miss Lee, a 65 year old introspective spinster who has been very ill. Despite this, your respect for the medical profession remains high and you have an excessive faith in what can be achieved "if you are worth it". Six days previously you were admitted to the hospital with severe abdominal pain and you underwent emergency surgery to the abdomen. The surgeon who operated on you came to see you in the ward after the operation and was very guarded in what was said. You were told by the ward sister that "the gynae Doctor" would see you today about some results which had just come through. When the gynaecologist (candidate) sees you, the news is bad.

You are told that you have ovarian cancer which devastates you. Further blood tests and sophisticated imaging (CAT scan) are required. You ask the doctor whether you would be treated at all as

1) You think you may be too old, although you have previously been in good health.
2) You have cancer which is a death sentence as far as you can see
3) It sounds as though your disease is very advanced.

You are pleased to learn that something can be done but are terrified of more surgery.
You are not at all clear about what is meant when (if) the doctor says the disease can be controlled but not cured.

Questions to ask;

what exactly do you mean doctor?
Am I going to die now?
How much longer do I have to live?
Can you do anything to help me at all and if so what?

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OSCE

Instruction role player...

View the sample on our website