MRCOG Part 2 Course

Your one-stop guide to passing the exam

Your instructor

Who is your course moderator?

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The Syllabus for Part 2

- The Part 2 MRCOG assesses the Knowledge Required for *Clinical Practice*. It examines the 15 core Knowledge Areas in four domains of understanding.
- **Diagnosis:** This incorporates important differential diagnoses and the features of *conditions presenting* to Obstetricians and Gynaecologists
- **Investigations:** This incorporates investigations used for *diagnosis, monitoring and prognosis*
- **Management:** This incorporates medical, surgical and other non-medical management modalities
- **Epidemiology:** This includes the incidence, progression, natural history of conditions as well as prognosis

Royal College of Obstetricians & Gynaecologists

MRCOG
Syllabus and Knowledge Requirements for Core Curriculum 2019

Format of the Course

- **The course will navigates through the 15 Knowledge areas required under the Syllabus**
- These include the following Modules:
- Module1: Clinical skills Module 2: Clinical governance including Research and Teaching.
- Module 3: Core surgical skills. Module 4: Postoperative care.
- Module 5: Antenatal care Module 6: Maternal medicine.
- Module 7: Management of labour. Module 8: Management of delivery.
- Module 9: Postpartum problems. Module 10: Gynaecological problems.
- Module 11: Subfertility. Module 12: Sexual and Reproductive Health.
- Module 13: Early pregnancy care. Module 14: Gynaecological oncology Module 15: Urogynaecology
- In the Course there will be a Module 16 which will consist of a series of Extended Matching Questions covering the whole syllabus but concentrates on diagnosis and management

Format of the Course

- Each module will have a lecture in the form of semi-interactive lecture notes. Each Lecture will cover the core or "must know" knowledge the candidate must have before he or she even dares to enter the Exam Hall. This will be followed by a series of Single Best Answer Questions to test his or her understanding
- Where necessary, references will be made to the Green-Top Guidelines by the RCOG, the NICE Guidelines, The Obstetrician and Gynaecologist and the Textbook Obstetrics and Gynaecology: an evidence based text for the MRCOG. 3rd Edition. by Luesley D.M and Kilby M.D

Overview

- What follows is only a synopsis of what will be covered in each module
- The subject mater for each module will be based on what has been stated in the syllabus
- Needless to say, not each and every aspect of the syllabus will covered but only the15 core Knowledge Areas in the four domains of understanding will be covered
- This will be followed by a sample of Single Best Answer questions that will test your knowledge on the subject
- Note that the EMQs will be covered separately in Module 16

Module 1: Clinical skills

SOURCES:

TOG: CONSENT IN CLINICAL PRACTICE: 2015; 17: 251

RCOG: PRESENTING INFORMATION ON RISK: CLINICAL GOVERNANCE ADVICE NO. 7 DECEMBER 2008

TOG: DECISION-MAKING FRAMEWORK IN GYNAECOLOGY FOR PATIENTS WHO LACK MENTAL CAPACITY 2018; 20: 31

RCOG: OBTAINING A VALID CONSENT:CLINICAL GOVERNANCE ADVICE NO. 6 JANUARY 2015

TOG: LITIGATION IN GYNAECOLOGY 2014;16:41

TOG: MEDICOLEGAL UPDATE ON CONSENT: 'THE MONTGOMERY RULING' 2016: 18: 171

THE MENTAL CAPACITY ACT 2005

Knowledge requirements under Module 1:

- In the syllabus, two heads of knowledge are required:
- Understanding the important elements in an obstetric and gynaecological history taking

AND

- Understanding the principles and legal issues surrounding informed consent
- However, O&G history will be covered under other areas to be followed
- This module will concentrate on consent and special areas surrounding its ambit. It is a large but important area and a favourite with the exams

The scope of module on consent

At the end of this module you should be able to answer questions on:

- What are the elements of a valid consent i.e.1. capacity. 2. that it is "informed" and 3.that it is given voluntarily and can be withdrawn at any time

Note that for capacity you must know the provisions under the Children Act 1989 for age of consent, Sexual Offences Act 2003 for consent to intercourse and the Mental Capacity Act 2005 that protects a person who is "unable to make a decision for himself". In addition the provisions in common law must be appreciated e.g. Gillick competence and the Fraser ruling. You must also be aware of the administrative officers involved where consent becomes an issue e.g. the Independent Mental Capacity Advocate (IMCA) and Office of the Public Guardian

- Issues of consent in special circumstances e.g. the unconscious patient, the legal standing of an advanced directive (living will), when is it not appropriate to take a consent, when should the consent be retaken
- The elements of a properly informed consent e.g. informing of material risks under the Montgomery principle and the best ways to do so e.g. in terms of 1/10 to 1/100.
- The appropriate action to take when there is a refusal e.g. Jehovah witnesses, parental disagreement
- The issues of consent in situations particular to ObGyn e.g. outpatient hysteroscopy, sterilization, unexpected pathology encountered at laparotomy, consent in labour, for a post-mortem, for images of surgical procedures or for research

Sample SBA

Mrs. X a 36 year old para 2 has been diagnosed with advanced cancer of the ovary. She suffers from intermittent lapses of memory because of a neurological condition. She is determined that in the event she becomes terminal she does not want any form of life–saving measures. However, she fears that at that moment she may not be able to enforce and ensure her request because of lack of capacity. The best option for her is :

- A apply to the Court for a specific performance
- B tell her husband to enforce that request in writing
- C write her signed request down in the clinical notes
- D give an advanced decision in writing and give that power to an attorney
- E write a signed request to the consultant in charge

Answer

Mrs. X a 36 year old para 2 has been diagnosed with advanced cancer of the ovary. She suffers from intermittent lapses of memory because of a neurological condition. She is determined that in the event she becomes terminal she does not any form of life–saving measures. However, she fears that at that moment she may not be able to enforce and ensure her request because of lack of capacity. The best option for her is :

- A apply to the Court for a specific performance
- B tell her husband to enforce that request in writing
- C write her signed request down in the clinical notes
- D give an advanced decision in writing and give that power to an attorney
- E write a signed request to the consultant in charge

This is a provision under the Mental Capacity Act

Module 2: Clinical governance including risk management, audit, medico-legal issues, research and adult education

Sources:

RCOG: Improving patient safety: risk management for maternity and gynaecology. Clinical Governance Advice No.2 2009.
TOG: Dealing with a serious incident requiring investigation in obstetrics and gynaecology: a training perspective 24;16: 109
RCOG: Understanding audit. Clinical Governance No.5 2003
NICE: Principles for best practice in clinical audit. 2002
TOG. Litigation in gynaecology. 2014;16: 51
TOG. Surrogate pregnancy: ethical and medico-legal issues in modern obstetrics 2013; 15: 113
RCOG. Obtaining valid consent: Clinical Governance advice No 6. 2015
TOG. Snowden and Hinshaw. Education: The trainee in difficulty: a viewpoint from the UK 2011;13:239

Knowledge requirements under Module 2

- This is a big area and a problem with those working outside the United Kingdom. What is needed is :
- A working knowledge of the principles of risk management and their relationship to clinical governance, patient safety and complaints procedures
- Understanding audit
- The production and application of clinical standards, guidelines and care pathways and protocols
- The legal provisions for ensuring patient confidentiality in clinical practice and research including the Caldicot principles
- The skills needed to critically appraise scientific literature including clinical trials and observational studies and evaluating a diagnostic test
- The principles of adult learning

Scope for Module 2

- **For Risk management, at the end of this module you should be able to answer questions on:**

- Its definition and purpose i.e. to encourage a culture of safety and openness using a holistic approach i.e. the R.A.D.I.C.A.L Framework
- Serious incidents requiring investigation (SIRIs): the methods for risk identification using the risk score matrix and *know the* steps to take following a SIRI and how to fill a report
- The role of the National Patient Safety Agency (NPSA) and the National Framework for Reporting System (NLRS) that enables NHS staff to report SIRIs and 'near misses' to an anonymised database
- The principles that underpin patient safety e.g. types of human errors, active and latent errors in a system and using a systems approach to the problem e.g. the Swiss Cheese model
- How to do a root cause analysis i.e. a systematic approach to an adverse event and identifying the flaws that can be corrected to prevent the error from happening again by using the "Ishikawa fish tail model"

Scope for Module 2 (cont)

- **For Audit, at the end of this module you should be able to answer questions on:**
- Its definition and the five steps in the audit cycle *i.e. selection of topic, benchmarking, data collection, implement change, assess improvement*
- the areas that are usually audited e.g. provision of health care services, outcome measures
- the features of a successful audit or why audits fail.
- The Statutory provisions that ensures patient confidentiality in Audits and Research: these include the The Freedom of Information Act 2000, The Data Protection Act 1998 and Health and Social Care (National Data) Guardian Act 2018 i.e. (Caldicott Guardian Council)

Scope for Module 2 (cont)

- **For Legal and ethical issues in clinical practice, at the end of this module you should be able to answer questions on:**
- Limitation period before the claimant is time-barred,
- The the legal grounds for negligence e.g. duty of care, standard of care and causation . Important case law and what their dicta is : *Bolum v Frein Hospital Management* (for standard of care) and *Montgomery v Larnakshire Health Board 2015 (*for duty of care to inform)
- The common areas for litigation in ObGyn e.g. birth asphyxia, ureteric and bladder damage, bowel injuries, sterilization
- Legal and ethical issues in surrogacy i.e. it is legal but not an enforceable contract

Scope for Module 2 (cont)

- **For Research, at the end of this module you should be able to answer questions on:**
- Critically appraising scientific literature e.g. levels of evidence and in particular systematic reviews and meta analysis
- Types of research designs: interventional and observational studies, the randomized controlled trial, the PICO model in formulating the research question etc.
- The common pitfalls in research studies e.g. bias, confounding, alpha and beta errors, lack of power
- Common statistical analyses used and their interpretation e.g. odds ratio, the 95% confidence intervals, number needed to treat
- Evaluating a diagnostic test and it validity e.g. sensitivity, specificity, positive predictive value, the area under the curve for an ROC
- Guidelines: their role, how they are formulated and how are they implemented

Scope for Module 2 (cont)

- **For Adult education, at the end of this module you should be able to answer questions on:**
- Understanding the characteristics of adult learners e.g. experience, interaction
- The SMART (specific, measurable, attainable, relevant and time-framed) approach to adult education
- The differences between an appraisal and a performance evaluation
- Types of assessment used e.g. formative and summative
- Process of an Annual review of Competence Progression (ARCP) for trainees and the types of assessment e.g. OSATS, case based discussions
- The Professional bodies involved in education and training and their roles e.g. the Deanery, The National Clinical Assessment Service, the General Medical Council (as regulator)

Sample SBA

“A systematic approach to understanding the causes of an adverse event and identifying system flaws that can be corrected to prevent the error from happening again” This statement describes a:

- A. an interventional study
- B. an audit
- C. a risk assessment
- D. a root cause analysis
- E. a patient safety protocol

Answer

“A systematic approach to understanding the causes of an adverse event and identifying system flaws that can be corrected to prevent the error from happening again” This statement describes a:

- A. an interventional study
- B. an audit
- C. a risk assessment
- D. a root cause analysis
- E. a patient safety protocol

Modules 3 and 4: Core surgical skills and postoperative care

Sources:

NICE: Clinical Guidelines NG174 2016
NICE: Clinical Guideline NG125; 2020
TOG: Surgical risk from obesity in gynaecology. 2011;13: 87
TOG: Abdominal incisions and sutures in Obstetrics and Gynaecology.2014:16: 13
RCOG: Preventing entry-related gynaecological laparoscopic injuries. GreenTop Guidelines 49: 2008

Scope for Module 3&4

- **At the end of this module you should be able to answer questions on:**
- Preoperative care in special circumstances: the obese patient, smoking, myocardial infarction, history of DVT and its prophylaxis, oral contraception, prevention of surgical site infections
- Perioperative care: choice of antiseptic skin preparation, abdominal closure: the technique, appropriate sutures
- Postoperative care: using the Modified early warning systems (MEWS) system to identify the patient at risk, regimes for fluid replacement, the indicators for and the type of fluid regime for the compromised patient
- Dealing with sepsis: the use of The Sepsis 6 Bundle or criteria
- Nosocomial infections: the types, the organisms involved, their sources and the role of antibiotics

Scope for Module 3&4 (cont)

- Types of incisions: transverse (Pffanensteil, Cherney), longitudinal, their advantages and disadvantages
- Closure techniques including choice of sutures and techniques
- Types of sutures available and their characteristics e.g. absorbable and non absorbable
- Safety issues in laparoscopy and their prevention e.g. entry, bowel burns, urinary tract injuries
- Safety issues in hysteroscopy e.g. perforation, fluid overload
- The appropriate use and complications of diathermy (unipolar versus bipolar): its dangers and how to prevent their misuse
- The types of lasers used used e.g. CO2, argon, or YAG; their differences and appropriate use

Sample SBA

Following a Birch colpo-suspension, a patient suffers from bleeding within the retropubic space and develops a hematoma. It needs drainage. The best incision to access the area is:

- A lower midline incision
- B paramedian incision
- C Mallards incision
- D Cherney incision
- E Pffannensteil incision

Answer

Following a Birch colpo-suspension, a patient suffers from bleeding within the retropubic space and develops a hematoma. It needs drainage. The best incision to access the area is:

- A lower midline incision
- B paramedian incision
- C Mallards incision
- D Cherney incision
- E Pffannenstiel incision

NB: In Cherney incision you remove the rectus muscles from its origin to the pubic bone thus giving good access to the retropubic space

Module 5: Antenatal care

Source:

Obstetrics and Gynaecology: an evidence based text for the MRCOG. Luesley D.M and Kilby MD
RCOG. Green Top Guidelines. 2013, 2016
NICE. Antenatal care. No.62, 2008
RCOG. Greentop Guidelines. placenta praevia and placenta accrete: diagnosis and management. 2018
RCOG. Greentop Guidelines. Antepartum haemorrhage. 2011
TOG: Fox and M Kilby : Prenatal diagnosis in the modern era: TOG 2016;18: 213
NICE: Preterm labour and birth. 2015 (updated 2019)
BCSH (British Committee for Standards in Haematology) guideline for the use of anti-D immunoglobulin for the prevention of haemolytic disease of the fetus and newborn. Transfusion Medicine. 2014
RCOG. The investigation and management of the small–for–gestational–age fetus . Greentop Guidelines 31. 2013

Scope for Module 5

- **This is a large area to be covered but at the end of the module you should be able to answer questions on:**

- Antenatal care in the three trimesters: the recommended investigations and their timing; maternal screening e.g. for diabetes, asymptomatic bacteuria; dealing with common maternal concerns e.g. nausea, vomiting, smoking, alcohol and travel, the appropriate schedules for appointments
- Prenatal diagnosis and molecular genetics: Screening for abnormalities by gestational period e.g. triple and quadruple tests and their pick-up rates, nuchal translucency, chorion villous sampling, amniocentesis and the common analytical methods e.g. PCR FISH. karyotyping, microarray techniques
- Antenatal diagnosis of chromosomal defects, inborn errors of metabolism, neural tube defects
- The ultrasound findings of specific abnormalities e.g. anencephaly, microcephaly, encephalocele, hydrocephalus, spina bifida, major heart defects
- The indications and methods for termination of pregnancy and selective fetocide

Scope for Module 5 (cont)

- **Multiple pregnancy:** determining zygosity, its complications including twin-twin transfusion, death of co-twin, the timing and mode of delivery and management in labour
- **Hypertension in pregnancy**: screening for and prophylaxis against pre-eclampsia, surveillance of multi-organ involvement, choice of antihypertensive agents, anticonvulsant therapy and eclampsia, the appropriate timing and mode of delivery and management during labour
- **Antepartum haemorrhage**: **Placenta praevia:** incidence and definitions, antenatal care,timing and mode of delivery and placenta accrete. **Placental abruption:** its diagnosis, initial management and and timing and mode of delivery. Management of **unexplained APH** e.g vasa praevia and local causes

Scope for Module 5 (cont)

- **Preterm labour and preterm premature rupture of membranes**: identifying the mother at risk and her management; preventing preterm labour, management of patient with intact membranes including steroids and magnesium sulphate, cervical cerclage. PPROM: making a diagnosis and management. Management of the mother in established preterm labour and mode of delivery
- **Rhesus isoimmunisation:** When does it occur, How to diagnose and quantify the amount of feto-maternal hemorrhage, the dose of Anti D for prophylaxis and treatment Management of a patient with alloimmunization with D antigen
- **Malpresentations: B**reech. face, brow, shoulder presentations and unstable lie: their management and mode of delivery
- **Small for gestational age and fetal growth restriction**: its diagnosis, the risk factors, its surveillance and its timing and mode of delivery
- **Prolonged pregnancy**: diagnosis, complications and timing and mode of delivery

Sample SBA

A 26 year old primigravida has been diagnosed with monochorionic twins. She is now 25 weeks pregnant. She feels that her babies are not moving so well over the last 24 hours. An ultrasound examination confirms that one of the twins is dead. The appropriate management for her at this stage is:

- A. monitor the middle cerebral artery blood flow of the living twin to assess for anaemia
- B. terminate the pregnancy
- C. laser ablation of the communicating vessels as soon as possible
- D. look for signs of hydrops in the living twin
- E. Repeat the ultrasound examination in 2 weeks time

Answer

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- E. Repeat the ultrasound examination in 2 weeks time

Module 6. Maternal medicine

Obstetrics and Gynaecology: an evidence based text for the MRCOG. Luesley D.M and Kilby M.D.
NICE. Diabetes in pregnancy: management from preconception to the postnatal period. 2015
RCOG: Diagnosis and treatment of gestational diabetes. Scientific impact paper. 2011
TOG. Thyroid dysfunction and reproductive health. 2015;17: 39
RCOG. Green Top guidelines. Thromboembolic Disease in Pregnancy and the Puerperium: Acute Management. 2015
Levinson W. Review of Medical Microbiology and Immunology.
RCOG: Obstetric cholestasis. Green Top Guidelines 43. 2011
NICE: Hepatitis B (chronic): diagnosis and management. 2013
TOG. Sickle cell disease and à-thalassaemia major in pregnancy. 2013; 15: 71
TOG. Postpartum psychosis. 2013;15: 145
NICE: Antenatal and postnatal mental health: clinical management and service guidance CG 192

Scope for Module 6

At the end of the module you should be able to answer questions on the following:

- **Diabetes in pregnancy:**
- The risk factors for gestational diabetes. The oral GTT: interpretation, indications and timing, Stepwise approach to pharmaco-treatment of gestational diabetes (NICE 2015), Glucose monitoring in pregnancy including the role of HbA1C, timing and mode of delivery, management in labour and postpartum care
- **Cardiac disease in pregnancy**
- Assessment of functional status of the mother. Dealing with its complications in pregnancy e.g. pulmonary hypertension, aortic stenosis, mitral stenosis, mechanical heart valves, ischaemic heart disease, hypertrophic cardiomyopathy and peripartum cardiomyopathy, arrythmias and role of endocarditis prophylaxis
- **Thyrotoxicosis**: interpreting thyroid function test, diagnosis and management of hyper and hypothyroidism in pregnancy
- **Autoimmune disorders in pregnancy**
- Systemic lupus erythematosus: its complications in pregnancy. The anti-phospholid (anticardiolipin or lupus anticoagulant) syndrome: its diagnosis, surveillance and management. Drugs used in treating autoimmune disease in pregnancy and its safety issues
- **Thromboembolic diseases in pregnancy:** making a diagnosis, the relevant investigations and its management. Pulmonary embolism: its diagnosis the relevant investigations and its management

Scope for Module 6 (cont)

- **Infections in pregnancy:** the organisms involved, its effect in pregnancy and its management e.g. Rubella, Cytomegalovirus, Parvovirus B19, Varicella, Listeria, Toxoplasma, genital herpes, Syphilis, and HIV in pregnancy, ZIKA virus and Group B strep infection
- **Liver disorders in pregnancy:** Hepatitis B: the various antigens and antibodies present, its effect in pregnancy and management including immunization. Hepatitis C in pregnancy. Cholestasis in pregnancy: its diagnosis, complications and management
- **Haemaglobinopathies:** sickle cell disease and thalassemia: their diagnosis, complications in pregnancy and management
- **Neurological disorders:** Epilepsy: its complications in pregnancy, issues of pharmacotherapy and their effects on the fetus. Multiple sclerosis its prognosis, and management in pregnancy including its pharmacotherapy
- **Mood disorders in pregnancy**
- Psychiatric disorders in mothers entering pregnancy or who are already pregnant e.g. bipolar diorders, depression: their antenatal care, the psychiatric drugs used and their effects on the mother and fetus.
- Post partum related mood disorders: Post partum blues or "baby blues:, puerperal psychosis and postnatal depression: their distinguishing features and management

Sample SBA

A 35 year old para 1, of Indian origin has been diagnosed with mitral stenosis secondary to rhematic carditis. She is in functional Class 2. Her records show that her previous pregnancy was complicated with bacterial endocarditis. Her present pregnancy has been uneventful so far. She has now gone into spontaneous labour at 38 weeks. The appropriate management in terms of her cardiac status is:

- A. start her on IM penicillin and streptomycin
- B. start her on IV cephalosporins and IV metronidazole
- C. start he on oral penicillin
- D. start her on IV Amoxycillin and IV gentamycin
- E. there is no need for antibiotic prophylaxis

Answer

A 35 year old para 1, of Indian origin has been diagnosed with mitral stenosis secondary to rhematic carditis. She is in functional Class 2. Her records show that her previous pregnancy was complicated with bacterial endocarditis. Her present pregnancy has been uneventful so far. She has now gone into spontaneous labour at 38 weeks. The appropriate management in terms of her cardiac status is:

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- B. start her on IV cephalosporins and IV metronidazole
- C. start he on oral penicillin
- D. start her on IV Amoxycillin and IV gentamycin
- E. there is no need for antibiotic prophylaxis

Module 7: Management of labour

NICE: Intrapartum care for healthy women and babies (CG 190). 2017

RCOG. Late intrauterine fetal death and stillbirth. Greentop Guideline No. 55. 2010

RCOG Green top guidelines: Birth after previous caesarean birth. No. 45. 2015

Scope for Module 7

- **At the end of the module you should be able to answer questions on:**
- **Induction of labour:** the counselling points with the mother e.g success rates, complications; Induction of labour in special circumstances e.g previous LSCS, IUGR, breech presentation, prelabour rupture of membranes at term; methods of induction
- **First stage of labour**: Its duration and management, interpreting the partogram; fetal monitoring including the role of CTG, its interpretation and the place fetal blood sampling and fetal ECG
- **Poor progress of labour:** criteria for poor progress, role of amniotomy and oxytocics and indications for Caesarean section
- **Birth asphyxia and intrauterine fetal death:** definitions, their causes, communications skills with parents and the legal implications e.g. criteria for for linking brain injury to intrapartum hypoxia, Investigating the cause of intrauterine death
- **Vaginal delivery after Caesarean section**: its place, the contraindications, the success rates, the counselling points and intrapartum management
- **Pain relief in labour:** the methods, indications, contraindications and complications of Entenox, pethidine, spinal and epidural anaesthesia.

Sample SBA

A 28 year old para 1 is now 36 weeks. She had had a lower segment Caesarean section for fetal distress in her previous pregnancy. There were no complications at that Caesarean section. She realizes that she may have an option of undergoing a successful vaginal delivery this time. What are her chances of a successful vaginal delivery:

- A. 25 %
- B 40%
- C 60%
- D. 75 %
- E 90 %

Answer

A 28 year old para 1 is now 36 weeks. She had had a lower segment Caesarean section for fetal distress in her previous pregnancy. There were no complications at that Caesarean section. She realizes that she may have an option of undergoing a successful vaginal delivery this time. What are her chances of a successful vaginal delivery:

- A. 25 %
- B 40%
- C 60%
- D. 75 %
- E 90 %

Module 8: Management of delivery

Source:

NICE. Intrapartum care for healthy women and babies CG 190. 2017
RCOG. Assisted Vaginal Birth. Green Top Guideline No. 2. 2020
RCOG. The management of third- and fourth-degree perineal tears. Green Top guidelines .No 29. 2015
TOG.Tackling female genital mutilation in the UK .2017. 19.273
NICE: Caesarean birth. NG 192 2021
Obstetrics and Gynaecology: an evidence based text for the MRCOG. Luesley D.M and Kilby M.D.

Scope for Module 8

- **At the end of the module, you should be able to answer questions on:**
- **The second stage of labour:** its duration and the place for intervention e.g. prolonged second stage. the role of episiotomy and prevention of perineal tears
- **Operative vaginal delivery**: the use and complications of forceps, ventouse and manual rotation: medico legal issues that may arise e.g birth trauma,
- Forceps deliveries: classification and the practical points in its use
- Ventouse deliveries: ensuring its safe use and comparison to the forceps
- **Third and fourth-degree perineal tears**: their prevention and appropriate method of repair
- **Breech delivery** (covered in Module 5)
- **Twin delivery** (covered in Module 5)
- **Shoulder dystocia:** Incidence, the associated morbidities, its management and legal issues that may arise
- **Female genital mutilation:** its incidence, legal implications, their classification and management both antenatally or in labour
- **Caesarean section:** its indication, techniques, classification (4 categories) and Caesarean section on maternal request

Sample SBA

A 23 year old primigravida has ben in labour for 8 hours. She now feels like bearing down. On examination the baby's head is just visible and a vaginal examination shows that she is fully dilated. The second stage would be considered delayed and may indicate an assisted delivery if she has not delivered by:

- A. 30 minutes
- B. 45 minutes
- C. 1 hour
- D. 2 hours
- E. 3 hours

Answer

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- A. 30 minutes
- B. 45 minutes
- C. 1 hour
- D. 2 hours
- E. 3 hours

Module 9: Postpartum problems

Sources

RCOG. GreenTop Guidelines: Prevention and Management of Postpartum Haemorrhage. No.52. 2016

TOG. Florio AD, Smith S Ian Jones I. Postpartum psychosis. 2013;15: 145

Obstetrics and Gynaecology: an evidence based text for the MRCOG. Luesley D.M and Kilby M.D.

NICE: Antenatal and postnatal mental healt: clinical management and service guidance CG 192

TOG. Postpartum contraception. 2018; 20: 159–166

MBRRACE-UK - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2016-18 . December 2020

MBRRACE-UK – UK Perinatal Deaths for Births from January to December 2018

TOG: Key messages from the UK Perinatal Confidential Enquiry into term, singleton, intrapartum stillbirth and intrapartum-related neonatal death 2017. 2018;20:75–79

Scope of Module 9

- **At the end of the module you should be able to answer questions on:**

- **The third stage of labour:** its duration, its active management and management of retained placenta
- **Post partum haemorrhage:** its definition, grading, causes and management including the use of drugs, mechanical devices and the surgical options
- **Postpartum collapse:** the causes and recognition and their management e.g. acute inversion, amniotic fluid embolism, cardio-vascular accidents
- **Postpartum mood disorders:** distinguishing between post partum blues, puerperal psychosis and postnatal depression. Their management and use of drugs available e.g. tricyclic antidepressants, SSRIs
- **Postpartum contraception:** special issues for the postpartum woman e.g .breast feeding, periodetc. The UK Medical Eligibility Criteria for Contraceptive Use (UKMEC)for the postpartum woman and the methods available e.g. lactational amenorrhea method, IUD and when to insert, progestogen only pill and COC. Emergency contraception in the postpartum mother and methods of sterilization
- **Resuscitation of newborn:** its algorithm in terms of steps to do and in special situation e.g. the extreme premature baby, TOF, congenital diaphragmatic hernia
- **Common problems of the neonate:** their diagnosis, complications and immediate management e.g. hypothermia, injuries,
- **Perinatal and maternal mortality:** their definition, their causes, incidence and the key lessons learnt from the Confidential enquiries

Sample SBA

A 30 year old primigravida is undergoing an elective Caesarean section for triplet pregnancy and at 37 weeks. She has mild pre-eclampsia. There is concern that she may have a postpartum haemorrhage following delivery. An appropriate management to try to prevent it from occurring after delivery of the triplets is:

- A. give intra-myometrial injection of carboprost
- B. give an intra-myometrial injection of 10 units syntocinon
- C. give an intravenous bolus dose of ergometrine
- D. give a intravenous bolus dose of 5 units syntocinon
- E. use intravenous tranexamic acid in addition to 10 units of oxytocin

Answer

A 30 year old primigravida is undergoing an elective Caesarean section for triplet pregnancy and at 37 weeks. She has mild pre-eclampsia. There is concern that she may have a postpartum haemorrhage following delivery. An appropriate management to try to prevent it from occurring after delivery of the triplets is:

- A. give intra-myometrial injection of carboprost
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- C. give an intravenous bolus dose of ergometrine
- D. give a intravenous bolus dose of 5 units syntocinon
- E. use intravenous tranexamic acid in addition to 10 units of oxytocin

Module 10: Gynaecological problems

Sources

Obstetrics and Gynaecology: an evidence based text for the MRCOG. Luesley D.M and Kilby M.D.
TOG. Understanding precocious puberty in girls. 2012: 14:121
NICE: Heavy menstrual bleeding: assessment and management
UK National Guidelines for the Management of Pelvic Inflammatory Disease . British Association for Sexual Health & HIV (BASHH) 2011
RCOG. Management of Premenstrual Syndrome
Green Top Guidelines. No 48: 2016
Management of women with endometriosis. Guideline of the European Society of Human Reproduction and Embryology. September. 2013
NICE: Menopause: diagnosis and management. November 2015
RCOG.Management of Suspected Ovarian Masses in Premenopausal Women GreenTop Guidelines. No 62. 2011

Scope for Module 10

- **This is a wide but important area and when you complete the module you should be able to answer questions on:**
- **Paediatric and Adolescent Gynaecology**: the child with ambiguous genitalia, diagnosis and management of primary amenorrhea e.g. haematocolpus, Rokitansky syndrome, ovarian dysgenesis. Diagnosis and management of precocious puberty e.g. McCune Albright syndrome, cerebral tumours. The causes of delayed puberty e.g. constitutional delay, hypothalamic hypopituitarism. Menorrhagia and dysmenorrhea in young girls
- **Secondary amenorrhea including:** its definition, its causes e.g. weight related hypothalamic dysfunction, Sheehan's syndrome, premature ovarian failure. hyper-prolactinemia, Ashermann's syndrome. Polycystic ovarian syndrome: its diagnosis, metabolic sequalae, and management including infertility.

Scope for Module 10 (cont)

- **Heavy menstrual bleeding:** coming to a diagnosis and the relevant investigations to do so e.g the role of hysteroscopy and endometrial sampling. Their management e.g. women with no identifiable pathology or with fibroids less than 3 cm in diameter e.g. LNG-IUD
- **Conditions causing heavy menstrual bleeding and dysmenorrhea and pelvic pain**: their causes and management e.g. primary dysmenorrhea, uterine fibroids, adenomyosis, endometriosis and pelvic inflammatory disease including the drugs available and surgical options
- **Premenstrual syndrome:** its diagnosis and management
- **Benign diseases of the vulva**: **The dermatoses**: lichen sclerosis, lichen planus, lichen simplex, Pagets disease, vulval candidiasis and the **vulval ulcers:** Herpes, pemphigoid and pemphigus Bechet's disease, vulval Crohn's disease: diagnosis and management. **Vulvodynia:** its diagnosis and the algorithm in its management
- **The menopause:** treatment options (HRT, clonidine) according to its symptoms e.g. hot flushes, urogenital atrophy. Weighing the risks and benefits of HRT, managing osteoporosis and managing the patient with breast cancer
- **Benign ovarian neoplasms and functional ovarian cysts:** the algorithm in coming to a diagnosis and in its management e.g. tumour markers, ultrasound and computing risk of malignancy.

Sample SBA

A 17 year old girl is brought by her mother because of primary amenorrhea. The child suffers from episodes of recurrent severe pelvic pain. On examination her BMI is 20 Kg/m^2. A mass is palpable and about 2 cm. above the pubis. The most likely diagnosis is:

- A. uterine fibroids
- B. endometriosis
- C. hematocolpos
- D. Rokitansky syndrome
- E. Swyer's syndrome

Answer

A 17 year old girl is brought by her mother because of primary amenorrhea. The child suffers from episodes of recurrent severe pelvic pain. On examination her BMI is 20 Kg/m^2. A mass is palpable and about 2 cm. above the pubis. The most likely diagnosis is:

- A. uterine fibroids
- B. endometriosis
- C. hematocolpos
- D. Rokitansky syndrome
- E. Swyer's syndrome

Module 11: Subfertility

Sources:

NICE: Fertility problems, assessment and treatment. 2013
TOG. Complications of assisted reproductive technology treatment and the factors influencing reproductive outcome: 2018; 17
Obstetrics and Gynaecology: an evidence based text for the MRCOG. Luesley D.M and Kilby M.D.
TOG. Surrogate pregnancy: ethical and medico-legal issues in modern obstetrics 2013.15: 113

Scope for Module 11

- **After completing the module you should be able to answer questions on:**

- **Investigating the subfertile couple**: Tests for ovarian reserve and function and its response to ovulation induction agents, interpreting semen analysis,
- **Tubal factors:** The place of hysterosalpingography, hysteroscopy and laparoscopy
- **Male factor**: management of oligospermia, obstructive and non obstructive azoospermia and the place of ICSI
- **Ovulatory disorders:** management of hypothalamic pituitary failure, polycystic ovarian syndrome and ovarian failure
- **Tubal and uterine disorders:** role of tubal surgery, IVF and hysteroscopic resections
- **Endometriosis**: the role of expectant management, surgery and IVF
- **Treatment** of unexplained infertility and mild endometriosis
- **Intrauterine insemination IVF including ICSI:** their indications, protocols, complications (OHSS) and its management and factors affecting success including their long term safety
- **The place for donor insemination and oocyte donation**
- **Surrogacy:** its place and the legal and ethical issues

Sample SBA

A 28 year old lady is being investigated for subfertility. She has a history very suggestive of pelvic inflammatory disease. The most appropriate method to use as first line to investigate for a tubal factor is:

- A. hysterosalpingography
- B. laparoscopy and dye injection
- C hysterosalpingo-contrast-ultrasonography
- D. hysteroscopy
- E. a 3D ultrasound examination of her pelvis

Answer

A 28 year old lady is being investigated for subfertility. She has a history very suggestive of pelvic inflammatory disease. The most appropriate method to use as first line to investigate for a tubal factor is:

- A. hysterosalpingography
- B. laparoscopy and dye injection
- C hysterosalpingo-contrast-ultrasonography
- D. hysteroscopy
- E. a 3D ultrasound examination of her pelvis

Module 12: Sexual and reproductive health

Source:
Obstetrics and Gynaecology: an evidence based text for the MRCOG. Luesley D.M and Kilby M.D
TOG. Current thoughts on psychosexual disorders in women. 2007;9:217

Scope for Module 12

- **At the end of the module you should be able to answer questions on:**

- **Fertility control methods** e.g. COCs, barrier methods, the IUDs, Long acting reversible contraception (LARC) e.g. injectables and IUDs: their advantages, disadvantages and success rates
- **Post coital contraception**
- **Sterilization:** its methods and counselling issues
- **The UK Medical Eligibility Criteria (UMEC) for prescribing:** the 4 categories in terms of the patient eligibility
- **Termination of pregnancy:** its methods, complications and legal issues on consent
- **Sexually Transmitted Infections including HIV/AIDS:** its transmission, diagnosis, clinical features, management and prevention
- **The human sexual response :** the physiology and the diagnosis and management of common sexual problems

Sample SBA

A 28 year old lady comes to you seeking help after having unprotected sexual intercourse 3 days prior. She gives no history suggestive of pelvic inflammatory disease. The most appropriate treatment for her is:

- A. 1 tablet ulipristal acetate
- B. levonorgestrel 150 mg. as a single dose
- C. 4 tablets of the combined oral contraceptive
- D. the copper IUD
- E. levonorgestrel impregnated IUD

Answer

A 28 year old lady comes to you seeking help after having unprotected sexual intercourse 3 days prior. She gives no history suggestive of pelvic inflammatory disease. The most appropriate treatment for her is:

- A. 1 tablet ulipristal acetate
- B. levonorgestrel 150 mg. as a single dose
- C. 4 tablets of the combined oral contraceptive
- D. the copper IUD
- E. levonorgestrel impregnated IUD

Module 13: Early pregnancy care

Source:
NICE: Ectopic pregnancy and miscarriage: diagnosis and initial management. NG 126; 2019
RCOG: Green Top Guidelines. The management of nausea and vomiting of pregnancy and hyperemesis gravidarum . No.69. 2016
NICE: Ectopic pregnancy and miscarriage: diagnosis and initial management. NG 126; 2019
RCOG. Green Top guidelines: the investigation and treatment of couples with recurrent first-trimester and second-trimester miscarriage. No 17. 2011
RCOG: Green Top Guidelines. Management of Gestational Trophoblastic Disease. No 38. 2020

Scope for Module 13

- **At the end of the module you should be able to answer questions on:**
- The management of early pregnancy complications including miscarriages and **"pregnancy of unknown location"**
- How to classify and manage a patient with either **nausea and vomiting** in pregnancy or hyperemesis gravidarum including the pharmacotherapy
- **Ectopic pregnancy:** its epidemiology, diagnosis and management including its conservative management and surgical options
- **Recurrent miscarriage:** the causes, the appropriate investigations and management of a patient with recurrent miscarriage both, in the first and second trimesters
- Gestational trophoblastic disease: its epidemiology, etiology, diagnosis, classification and management including its surgical options and pharmacotherapy

Sample SBA

A 27 year old para 1 complains of left iliac fossa pain. She says she has missed her periods. Her vital signs are stable. A transvaginal ultrasound reveals a complex left adnexal mass away from the ovary measuring 2 by 3 cm. Free fluid is also seen in the pouch of Douglas. A serum hCG done shows it to be 5000 IU/L. The appropriate action to take is.

- A. start her on methotrexate
- B. repeat the hCG levels in 24 hours
- C. do a left salpingectomy
- D. do a left salpingotomy
- E. admit her and observe her for 48 hours

Answer

A 27 year old para 1 complains of left iliac fossa pain. She says she has missed her periods. Her vital signs are stable. A transvaginal ultrasound reveals a complex left adnexal mass away from the ovary measuring 2 by 3 cm. Free fluid is also seen in the pouch of Douglas. A serum hCG done shows it to be 5000 IU/L. The appropriate action to take is.

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- B. repeat the hCG levels in 24 hours
- C. do a left salpingectomy
- D. do a left salpingotomy
- E. admit her and observe her for 48 hours

Module 14: Gynaecological oncology

Source:

RCOG/British Gynaecological Cancer Society. Guidelines for the Diagnosis and Management of Vulval Carcinoma. 2014
Obstetrics and Gynaecology: an evidence based text for the MRCOG. Luesley D.M and Kilby M.D.
RCOG. Management of endometrial hyperplasia. Green-top Guideline No. 67. 2016
RCOG. Endometrial cancer in obese women. Scientific impact paper. No.32. 2012
RCOG: Green-Top Guidelines. Management of Suspected Ovarian Masses in Premenopausal Women. 62. 2011
RCOG: Green-Top Guidelines. The Management of Ovarian Cysts in Postmenopausal Women. 34. 2016
British Gynaecological Cancer Society (BGCS) Epithelial Ovarian / Fallopian Tube / Primary Peritoneal Cancer Guidelines: Recommendations for Practice. 2017

Scope for Module 14

- **At the end of this module you should be able to answer questions on:**
- **Vulval cancers:** how to screen for, diagnose, stage and manage including surgery, radiotherapy and chemotherapy
- **Vaginal cancers:** the epidemiology, staging and treatment of vaginal cancers
- **Cervical intraepithelial neoplasia (CIN):** its epidemiology, screening for, confirming and managing
- **Cervical cancer:** its epidemiology, staging and management
- **Endometrial hyperplasia:** the risk factors, pathology, classification and management
- **Endometrial carcinoma:** its epidemiology, staging and management
- **Patient with an adnexal mass:** coming to a diagnosis, assessment of risk of malignancy (RMI) and triaging the management
- **Ovarian cancers:** its classification, pathology, staging and management including the place for chemotherapy

Sample SBA

A 45 year old lady has been diagnosed with Stage I B carcinoma of the cervix. The probability that the tumour has already spread to the pelvic nodes is approximately:

- A. less than 1%
- B. less than 5%
- C. 15%
- D. 30%
- E. 45%

Answer

A 45 year old lady has been diagnosed with Stage I B carcinoma of the cervix. The probability that the tumour has already spread to the pelvic nodes is approximately:

- A. less than 1%
- B. less than 5%
- C. 15%
- D. 30%
- E. 45%

Module 15: Urogynaecology and pelvic floor problems

Sources:

Obstetrics and Gynaecology: an evidence based text for the MRCOG. 3rd.Edition. Luesley D.M and Kilby M.D
NICE. Urinary incontinence and pelvic organ prolapse in women: management. No 123 . 2019
TOG. The conservative (non-pharmacological) management of female urinary incontinence . 2014.16: 169
TOG. Management of uterine prolapse: is hysterectomy necessary? 2016.18: 17
TOG. Vaginal mesh in prolapse surgery.2018.20: 49

The scope for Module 15

At the end of this module you should be able to answer questions on:

- How to investigate and manage women presenting with lower urinary tract problems and the place of the relevant investigations e.g. IVU, cystoscopy, three swab test
- The types of **urinary incontinence** seen in clinical practice e.g. stress or urge incontinence and urinary fistulas
- **The initial assessment** of a patient presenting with urinary incontinence and the grounds of referral to a local or regional multidisciplinary team
- **Multichannel cystometry:** the indications for and interpreting of its findings
- **Stress incontinence:** the pathophysiology and management including the surgical options e.g. colposuspension, mid-urethral sling operations etc.
- **Urge incontinence (detrusor hyperactivity):** the diagnosis, pathophysiology and management including the conservative measures, the pharmacotherapy and invasive procedures like botulinum injections or neuromodulation
- **Urogenital prolapse:** its pathophysiology, classification and management in terms of surgical options
- **Vaginal vault prolapse:** its management including the surgical options
- **Urethral diverticular and urethral caruncle:** their diganosis and management
- **Lower urinary tract injuries and fistulas:** the relevant investigations and treatment options

Sample SBA

A 72 year old lady presents with a vaginal vault prolapse. She has had a vaginal hysterectomy at the age of 45. She finds the symptoms distressing and she has tried vaginal pessaries. In her past history she had a myocardial infarction but is now stable. The appropriate action for her is to:

- A. give her intensive pelvic floor exercises
- B. start her on vaginal estrogen creams
- C. to a transvaginal repair using a mesh
- D. offer her a colpocleisis
- E. offer her an abdominal sacralcolpoplexy

Answer

A 72 year old lady presents with a vaginal vault prolapse. She has had a vaginal hysterectomy at the age of 45. She finds the symptoms distressing and she has tried vaginal pessaries. In her past history she had a myocardial infarction but is now stable. The appropriate action for her is to:

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- B. start her on vaginal estrogen creams
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- D. offer her a colpocleisis
- E. offer her an abdominal sacralcolpoplexy

Module 16: Extended matching questions

Section 1: Clinical skills, consent, clinical governance, teaching and research
Section 2: Obstetrics
Section 3: Gynaecology

Sample EMQ 1 Options for question			
A	Bolam test	H	Montgomery principle
B	Chester versus Afshar principle	I	Lord Scarman test
C	Reasonable risk	J	Gillick principle
D	Rogers versus Whitaker test	K	Fraser ruling
E	Material risk	L	Bolitho test
F	Important risk	M	Mandatory risk
G	Inevitable risk	N	Informed consent

For the statements described below, choose the single most likely legal ruling, principle or explanation on consent for treatment or surgery from the above list of options. Each option may be used once, more than once, or not at all.

- **Question 1** Whether, in the circumstances of the particular case, a reasonable person in the patient's position would be likely to attach significance to the risk, or the doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it'.
- **Question 2.** Children under 16 can consent to treatment if they have sufficient understanding and intelligence to fully understand what is involved in a proposed treatment
- **Question 3.** Children under 16 can consent to taking contraception if they have sufficient understanding and intelligence to fully understand what is involved in it

Answers			
A	Bolam test	H	Montgomery principle
B	Chester versus Afshar principle	I	Lord Scarman test
C	Reasonable risk	J	Gillick principle
D	Rogers versus Whitaker test	K	Fraser ruling
E	Material risk	L	Bolitho test
F	Important risk	M	Mandatory risk
G	Inevitable risk	N	Informed consent

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- **Question 1** Whether, in the circumstances of the particular case, a reasonable person in the patient's position would be likely to attach significance to the risk, or the doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it**'. E. Material risk**
- **Question 2**. Children under 16 can consent to treatment if they have sufficient understanding and intelligence to fully understand what is involved in a proposed treatment **J. Gillick principle**
- **Question 3.** Children under 16 can consent to taking contraception if they have sufficient understanding and intelligence to fully understand what is involved in it **K Fraser ruling**

Sample EMQ 2 Options			
A	Observe her	H	Induce labour soon
B	Start her on diet and exercise	I	Do a planned caesarean section soon
C	Strat her on metformin	J	Do a planned induction of labour at 38 weeks
D	Strat her on glibenclamide	K	Do a planned Caesarean section at 38 weeks
E	Start her on rapid acting insulin	L	Do a planned induction of labour at 41 weeks
F	Start her on long acting insulin	M	Do a planned Caesarean section at 41 weeks
G	Stat her on glucagon	N	Await spontaneous labour

For the clinical scenarios on diabetes in pregnancy described below, choose the single most appropriate treatment or therapeutic intervention from the above list of options. Each option may be used once, more than once, or not at all.

Question 1: A 32 year old primigravida comes for her booking at 18 weeks. She gives a history of diabetes in her mother. Her pre-pregnancy BMI was 28 kg/m2. An oral glucose test confirms her to have gestational diabetes. On monitoring her blood sugars her fasting blood sugar is 8 mmol/l. She wants to know what her therapeutic options are.

Question 2: A 30 year old primigravida is now 36 weeks pregnant. She is a gestational diabetic and has been on insulin from 18 weeks. Her blood sugars have been satisfactorily controlled. Her HbA1c levels are 7.5%. The estimated fetal weight is said to be average. She is concerned about how the baby will be delivered

Question 3: A 26 year old year old primigravida comes for her booking at 16 weeks. She volunteers a history of her sister having diabetes in pregnancy. An oral glucose tolerance test shows her to have gestational diabetes. Her fasting blood sugars are 6.5 mmol/l. She wants to know if she needs insulin.

Answers			
A	Observe her	H	Induce labour soon
B	Start her on diet and exercise	I	Do a planned caesarean section soon
C	Strat her on metformin	J	Do a planned induction of labour at 38 weeks
D	Strat her on glibenclamide	K	Do a planned Caesarean section at 38 weeks
E	Start her on rapid acting insulin	L	Do a planned induction of labour at 41 weeks
F	Start her on long acting insulin	M	Do a planned Caesarean section at 41 weeks
G	Stat her on glucagon	N	Await spontaneous labour

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Question 2: A 30 year old primigravida is now 36 weeks pregnant. She is a gestational diabetic and has been on insulin from 18 weeks. Her blood sugars have been satisfactorily controlled. Her HbA1c levels are 7.5%. The estimated fetal weight is said to be average. She is concerned about how the baby will be delivered. Answer: J planned induction at 38 weeks

Question 3. A 26 year old year old primigravida comes for her booking at 16 weeks. She volunteers a history of her sister having diabetes in pregnancy. An oral glucose tolerance test shows her to have gestational diabetes. Her fasting blood sugars are 6.5 mmol/l. She wants to know if she needs insulin. Answer B stat on diet and exercise

Sample EMQ 3 Options

A	Polycystic ovarian syndrome	H	Hypothyroidism
B	Androgen secreting ovarian tumour	I	Pure gonadal dysgenesis
C	Imperforate hymen	J	Klinefelter's syndrome
D	Cushing's syndrome	K	Adult onset congenital adrenal hyperplasia
E	Turners syndrome	L	Swyer's syndrome
F	Ectopic ACTH production	M	Androgen insensitivity syndrome
G	Meyer-Rokitansky-Kuster-Hauser syndrome	N	Kalman's syndrome

Instructions: Each of the case scenarios shown below is that of a patient presenting with primary amenorrhea. For each case scenario, choose the single most appropriate diagnosis from the list of options given above. Each option may be used once, more than once, or not at all.

Question 1: A mother brings her 16 year old daughter because she has not had her menstrual periods yet. She also tells you that she has severe cyclical pain occurring every month. On examination the child appears normal for a 16 year old girl. With well developed breast and normal axillary and pubic hair. A karyotype shows it to be XX.

Question 2. A 17 year old college student consults you because she has not had her menstrual periods yet. She says she feels normal. On examination she appears a normal phenotype for a female with well developed breasts. However her axillary and pubic hair are sparce. Gonads are felt in the inguinal region.

Question 3: A mother brings her 16 year old daughter because of primary amenorrhea. On examination she is tall for her age, has poor breast development but pubic and auxiliary hair are present. An MRI confirms the presence of uterus and vagina but poorly developed ovaries. A karyotype shows it to be XY.

Answer			
A	Polycystic ovarian syndrome	H	Hypothyroidism
B	Androgen secreting ovarian tumour	I	Pure gonadal dysgenesis
C	Imperforate hymen	J	Klinefelter's syndrome
D	Cushing's syndrome	K	Adult onset congenital adrenal hyperplasia
E	Turners syndrome	L	Swyer's syndrome
F	Ectopic ACTH production	M	Androgen insensitivity syndrome
G	Meyer-Rokitansky-Kuster-Hauser syndrome	N	Kallman's syndrome

Instructions: Each of the case scenarios shown below is that of a patient presenting with primary ammenorrhea. For each case scenario, choose the single most appropriate diagnosis from the list of options given above. Each option may be used once, more than once, or not at all.

Question 1: A mother brings her 16 year old daughter because she has not had her menstrual periods yet. She also tells you that she has severe cyclical pain occurring every month. On examination the child appears normal for a 16 year old girl. With well developed breast and normal axillary and pubic hair. A karyotype shows it to be XX. Answer: C imperforate hymen

Question 2. A 17 year old college student consults you because she has not had her menstrual periods yet. She says she feels normal. On examination she appears a normal phenotype for a female with well developed breasts. However her axillary and pubic hair are sparce. Gonads are felt in the inguinal region. Answer: M Androgen insensitivity syndrome

Question 3: A mother brings her 16 year old daughter because of primary amenorrhea. On examination she is tall for her age, has poor breast development but pubic and auxiliary hair are present. An MRI confirms the presence of uterus and vagina but poorly developed ovaries. A karyotype shows it to be XY. Answer L Swyer's syndrome

Well that's it

- You now have two choices:
- you now know the scope of the syllabus, what is required of you and the type of questions you may get and the the relevant sources to help you. You can actually go ahead and study on your own
- But is you need someone who is experienced, who is familiar with the exams, who has done all the reading for you, summarized it for you and presented in a concise yet comprehensive manner and with more than 600 SBAs and EMQs to test your knowledge - then register for USD 80.00

Thank you