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TIPS for MRCOG Part II Examination

MRCOG is a UK based exam. You need to read their books and guidelines and answer questions as if you are in a UK hospital. Some situations may be peculiar to that part of the world and one should accept and prepare oneself accordingly.

Enroll in 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 familiarises the student with the important course content 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, and at various stages of malignancies can be prepared. Keep this list handy and refer to it frequently so that it can be used in essay questions to support your arguments and in multiple choice questions.

It helps to stay calm. Practice some kind of meditation, deep breathing or exercise regimen.

At least two weeks prior to the examination date, set your body rhythm according to the examination timetable in your country. In India the exam usually starts at noon and goes on till late evening. Practice the essays, MCQs and EMQs as if in actual exam situation.

Learn to incorporate certain terms in your essays, the politically correct words as they say;

- Multidisciplinary treatment
- Information leaflets/ written information to the woman
- Additional counselling whenever the couple requires
- Informed decision by the woman, sympathetic and non-judgmental attitude
- Anti-D whenever applicable in a nonsensitised rhesus negative woman
- Treatment according to hospital protocols
- Refer to specialist care or tertiary set up, involve support groups

- Some women may be normal with a given condition and may require only reassurance.
- Clear documentation of the counselling session/procedure/woman's wishes in the case notes whenever the question demands.
- Folic acid to be started.
- Breastfeeding is not contraindicated (except HIV, phenylketonuria, lactose intolerance in baby)
- Skills and drills in all obstetric emergencies with continued professional development.
- Pregnancy test wherever relevant.
- Always try and add the 3 C.... *Chlamydia* screening, cervical smear, contraception advice.

I would like to recommend that the student just scribbles these phrases onto the rough sheet and add whatever is required in each question according to the situation. This may add a few extra marks and thus prove invaluable to the borderline candidates.

Additional tips for formulating the short essays...

Read the question 2-3 times and establish what is being asked. Do not be in a hurry to show your expertise on the topic. Underline the key words if you like. Remember that these details especially the ones about age, parity and life-style are there for a reason and plan your answers accordingly. Pain abdomen in the early first trimester, i.e. 6 to 8 weeks is more likely to be ectopic, 24 weeks is the legal age of viability in UK, 25 years is the start of cervical screening programme in UK, 34 weeks after which antenatal steroids are no longer recommended, 38 weeks is fetal maturity, 41 weeks at which induction of labour is beneficial. Ask yourself why this information is there and what is more likely to happen 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 the 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 examiner. Usually there are no hidden complexities in a question. If the question asks about the management of premature rupture of membranes, do not waste space by trying to establish whether leaking is actually present or not. Assume it is the correct diagnosis. If you feel very strongly about first establishing the correct diagnosis, you may mention in a line that you would like to reconfirm the diagnosis and then start the answer.

Plan your answer and jot down important points that you will incorporate in a rough sheet. Jot down whatever comes to your mind regarding that scenario and then finally select while writing the final answer. Sometimes even fleeting

thoughts are important and if we do not put it in a rough sheet we forget it later because of the exam stress.

Never leave a question unanswered. One short answer question is likely to be out of the blue but remember it is difficult for everyone. Do not panic and think how you can maximize your scores. Even if you mention a few important points, you may score a few marks which can make a difference for the borderline candidates.

One can ask for extra rough sheets during the exam but not the actual answer sheets. So use the space judiciously. People with big print handwriting may have a disadvantage.

Write in short, simple sentences with legible handwriting. You will not get marked, if the examiner cannot read what you have written. Usually there is no need for underlining. Avoid repetitions in various forms. Do not get sidetracked while writing and start adding subheadings to the highlighted point. It is important to give the global picture and incorporate all the important points before one runs out of space.

The space provided for the answers is limited, so memorize some space savers like;

- Medical optimization prior to surgery
- A risk and need assessment at booking with individualized flexible care plan
- Woman's wishes and her viewpoints should be considered, etc.

When there is a question about counselling, describe the risks and benefits of your options. Informed consent from the patient is essential.

Diagnosis usually involves history, examination and appropriate investigations. Management involves diagnosis, medical, surgical and supportive treatment.

Plan of care for a pregnant woman starts with antenatal assessment (including foetal and maternal monitoring), and includes intrapartum management (including mode of delivery); postpartum care (including advice on breastfeeding- if relevant), contraception and preconception counselling for the next pregnancy. Start from head to toe and from start to finish for a procedure.

Revise your answers towards the end when you are in a more balanced state of mind.

Time table for the MRCOG Part II exam

Short Answer Question (SAQ)	4	30% of total marks
Multiple Choice Question (MCQ)	240	30% of total marks
Extended Matching Question (EMQ)	90	40% of total marks

The revised format will entail candidates sitting three papers on the day of the Part II written examination:

Paper 1 (4 SAQs) – 105 minutes

Paper 2 (120 MCQs, 45 EMQs) – 135 minutes

Paper 3 (120 MCQs, 45 EMQs) – 135 minutes