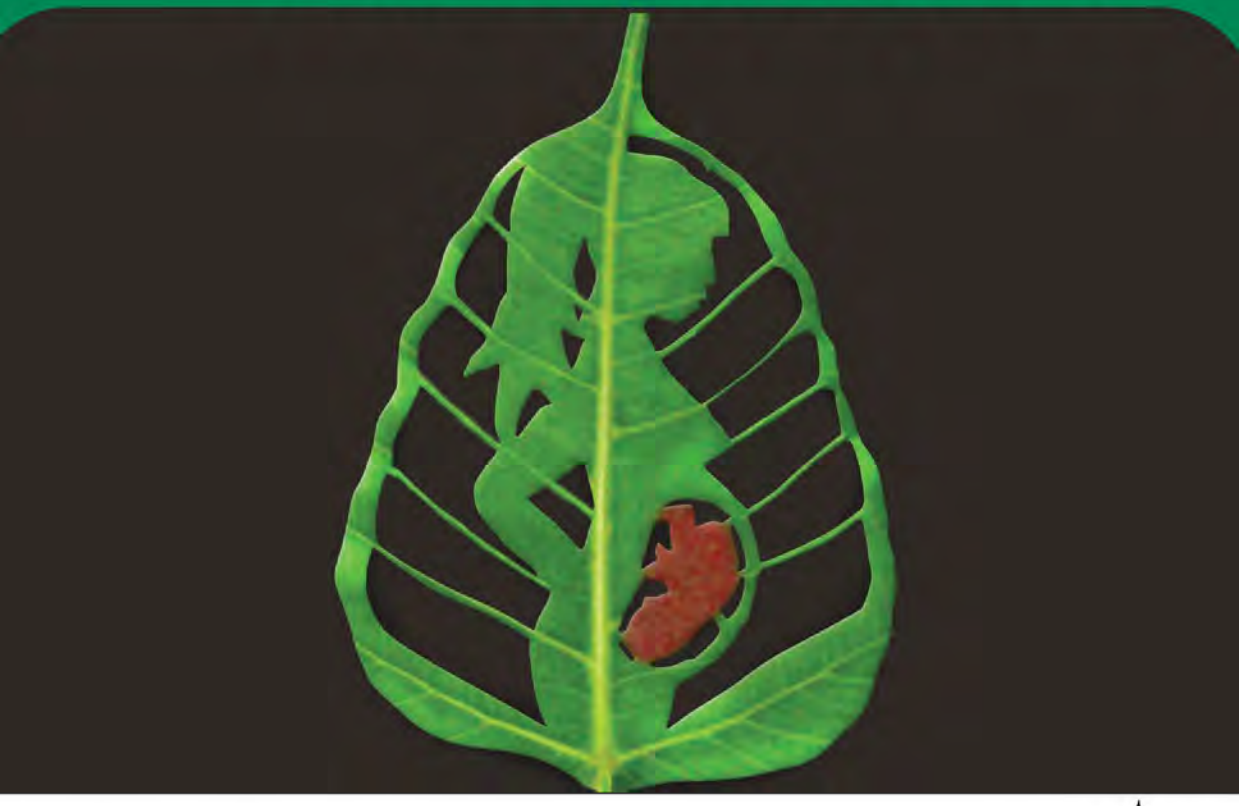
OSCEs in OBSTETRICS & GYNAECOLOGY for MRCOG-3



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CHAPTER

2

Basics of the MRCOG Part 3 Examination

INTRODUCTION

The Part 2 and the Part 3 MRCOG examinations aim at evaluating the skills that are expected of an ST5 (specialist trainee 5), who has completed core and intermediate training, in the clinical practice of obstetrics and gynaecology as practiced in the National Health Service (NHS). To do well in the examination, the candidates just need to perform all their clinical activities as they would have normally done in the clinic, ward, theatre or labour ward as an ST5 trainee. The MRCOG is a licensing examination and the Royal College of Obstetricians and Gynaecologists (RCOG) needs to be sure that the candidate is competent enough to independently practice at a consultant level, following the completion of their training.

It is a criterion-referenced and not a norm-referenced examination. In a criterion-referenced examination, the minimum standard acceptable for passing the examination has already been decided before the test. If you are able to reach that particular standard, you pass. Else, if you get marks below that standard, you fail. As a result, the standard required to pass the MRCOG Part 3 examination remains consistent between examinations irrespective of the relative difficulty of a particular examination.

On the other hand, in a norm-referenced examination, the candidate's performance is evaluated in comparison with the performance of other candidates. Therefore, you may be disadvantaged, if the other candidates attempting the examination are more experienced. Similarly, you may be advantaged, if the other candidates attempting the examination are less experienced.

FORMAT OF MRCOG PART 3 EXAMINATION

Currently, the Part 3 MRCOG examination comprises of 14 tasks, each relating to one of the 14 modules to be assessed by the curriculum of MRCOG

Part 3 examination.[1] Each task is 12 minutes in length. This is inclusive of 2 minutes of initial reading time. At the beginning of each task, candidates are given 2 minutes outside the booth to read the background information and instructions for the task. When the 2 minutes of reading time is over, the buzzer will sound and candidates will enter the booth. They must then start attempting the task. The examiner and the role-player would be inside the booth. For some stations, there may be no role-player, just the examiner. The information exhibited outside the booth will also be replicated inside the booth, usually attached to the desk. Once 10 minutes are over, the buzzer would sound again. This is an indicator for the candidate that the particular station is over and they need to move onto the next station. The sound of the buzzer is also an indicator for the examiner to mark the candidate. This process goes on until the candidate has encountered all the 14 stations. As a result, the duration of examination is approximately 3 hours.

OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE)

To avoid many of the disadvantages of the traditional clinical examination, the model of OSCE has been introduced.[2] In this type of examination pattern, the students rotate around a series of structured stations. The candidates may be required to carry out different tasks at various stations; for example, at one station the candidate may be required to break bad news to the patient; at the second station, they may be required to take a history; at the third one to interpret the provided laboratory investigations in the light of a patient's problem, and so on. At each of these stations, the candidate is required to perform a defined set of tasks. The examiner may also ask the candidate a few questions. The candidate needs to perform the required tasks and provide the answers to the questions asked by the examiner. The examiner marks the candidate at the end of each station using a pre-defined marksheet. Since the marking is carried out in real time, no marks are forgotten, thereby eliminating the possibility of recall bias. Also, this type of examination pattern reduces the possibility for the candidate to go back and check their omissions, which they can do in case of written examination. As a result, the structured clinical examination helps in easily controlling the variables and complexity of the examination, clearly defining its aims and carrying out an accurate assessment of the student's knowledge.

There can be two types of OSCE stations in the Part 3 MRCOG examination: simulated patient or colleague tasks and structured discussion tasks.

Simulated Patient or Colleague Tasks

These are the tasks where the candidate interacts with an actor (role-player). The examiner would be present in such stations in order to assess the candidate. However, they would neither interact with the role-player nor the candidate. The candidate must also not interact with the examiner on these stations. The simulated patient tasks are similar to the cases encountered by ST5 in the NHS wards and clinics.

Role-Players

In the simulated patient or colleague task, the candidates interact with actors who have been trained and instructed about the role they are supposed to play. The actors are provided with all the significant details concerning the case. They are also given some scripted questions to prompt the candidate in case it is required. They have been instructed to display emotions appropriate to the scenario; for example, they may get angry, anxious, or upset depending on the situation. However, they would not demonstrate extreme of emotions such as shouting or swearing. Also, they will not leave the station during the 10 minutes of the examination time. These actors are proficient at improvisation and they would provide clues to the candidates in case they are going in the wrong direction. So, it is important for the candidate to carefully observe the role-player's facial expressions during the task.

The role-player in front of the candidate may not have similar physical and demographic characteristics as the one described in the stated clinical scenario. However, it is important for the candidate to appreciate this aspect. For example, if the role-player does not have raised body mass index (BMI), but the clinical scenario described for a particular OSCE station describes the patient to be having a raised BMI, then the candidate must consider that the BMI of the role-player is raised in the context of that particular OSCE station. Similarly, the candidate may encounter a young role-player playing the character of a woman in her late 50s. Again, the candidate must consider her age as described in the clinical scenario and not on the basis of her physical appearance. Therefore, it is extremely important for the candidate to carefully read the patient's background details provided in the clinical scenario of that particular OSCE station and conduct the task according to the written instructions. The candidates must not go by the apparent physical characteristics of the actor. In case the candidate cannot recall the details they had read before entering the examination booth, they must remember that the similar details of the clinical scenario shall also be affixed to their table inside the examination booth. So they need not panic!

The role-players are given the authority to award up to 2 marks to the candidate depending on their confidence on the doctor and whether they would be prepared to see that doctor (candidate) again in future.

Prior to the examination, there is a detailed training session for the role-players or simulated patients to help ensure that they have fully understood the role they are supposed to play as defined in their instructions. This drill also helps in ensuring that they perform their tasks in standard manner in each circuit in the examination centre so that all the candidates are evaluated in a similar manner.

Role of Examiner

In a simulated patient (or colleague) task, the examiner would be present in the examination booth. However, they will not interact with the candidate or the role-player. They will be observing the candidate with a neutral facial

expression and taking notes. They would be awarding marks to the candidate during each task. The candidate must remember not to interact with them or explain them anything.

Examiners

Candidates can be evaluated by two types of examiners: the clinical examiners and the lay examiners. In at least four of the simulated patient tasks in any single examination there may be both a clinical examiner and a lay examiner.

Clinical Examiners

All the clinical examiners for MRCOG Part 3 examination are fellows or members of the RCOG and in current clinical practice. All these examiners have been formally trained in conducting the examination, evaluating the candidate's clinical skills, and awarding them marks. Prior to each examination, there is a comprehensive meeting where the examiners are given instructions about a particular task. There is a detailed review of the examination scenario, examination instructions, and the marking scheme. This detailed training session ensures that assessment of each candidate is carried out against the same criteria and level of skills, thereby ensuring fairness in marking each candidate. This training also helps in ensuring that the examiner well understands the level of knowledge, skills and competencies, which a ST5 trainee must possess, and the appropriate professional attitudes and behaviours which they must exhibit in order to pass the MRCOG examination. The standard required for the candidate to pass in each of the tasks and domains is decided during the examiner's briefing session, well before the start of the examination.

Lay Examiners

The involvement of lay examiners in the assessment of doctors is based on the contemporary approach to obstetrics and gynaecology in which patients are anticipated to be partners in their own care and expected to be involved in shared decision-making regarding the management of their disease. Persons chosen to act as lay examiners are generally recruited from the general public. They do not have any clinical training or background in order to ensure that they accurately represent the vast majority of patients that obstetricians and gynaecologists encounter on a daily basis. All lay examiners, however, undergo an initial recruitment and selection process as well as an arduous training programme to help understand their role within the Part 3 MRCOG examination.

The task of lay examiners is to mark the communication skills of the candidates while they are interacting with the role-players (patients) and/or their families. Lay examiners also undergo a training sessions for the tasks they will be examining, along with the clinical examiners and actors. Similar to the clinical examiners, the lay examiners award marks in real time during the task and in the 2 minutes at the end of each task after the candidate has left the examination booth.

Structured Discussion Tasks

In the structured discussion tasks, the candidate directly interacts with the examiner. The role-player is not present on these stations. In these cases, the examiner will have detailed instructions about the task. They would also have a list of prompt questions to ensure that the candidate moves in the right direction. The examiner may provide further information (e.g. results of investigations or more clinical details) to the candidate as the scenario evolves and then ask further questions. They may also ask the candidate to explain or further expand on an answer. These tasks may be similar to having case-based discussion with the consultant either on the ward round or while phoning them out of hours. These tasks could also be simulating a handover been given to a colleague or tasks related to the principles of clinical governance. These kind of situations may arise every working day, where information is exchanged and the consultant clarifies details or asks for further information where required.

The examiner's aim is not to fail the candidate, but to ensure that all candidates having the basic knowledge, skills, attitudes, and competencies are able to pass the MRCOG examination. All examiners are trained to ensure that candidates are given adequate opportunity to demonstrate their skills. If the examiner feels that the candidate is not moving on the right track, they may ask them prompt questions to ensure that they are moving in the right direction. This helps in confirming that the candidate is able to cover all aspects of a particular clinical scenario in the time available. This way the candidates get the best chance to demonstrate all their skills.

Linked Tasks

In the Part 3 MRCOG examination, some of the OSCE tasks may be linked to each other. One station may represent a scenario representing a particular module, which may be linked to another station representing another module. For example, there could be a task related to antenatal management (Module 4) in a patient with placenta praevia. This station may evolve into a scenario related to a difficult caesarean delivery. This station would be then related to another module, i.e. Module 7 (Management of Delivery) in this case. This OSCE station is likely to deal with different issues in comparison to the previous station. Therefore, it is important for the candidate to know that although clinical scenarios in two separate OSCE stations may be linked, each of the tasks would be marked independently. Also, the two examiners will not discuss a candidate's performance. Therefore, the candidate needs to be assured that poor performance in the first task is unlikely to influence the marks awarded in the second task.

Marking

The marking of all the stations is structured and thereby objective. This implies that irrespective of which examiner the candidates encounter, they are likely to

obtain a similar score. Through the format of the MRCOG Part 3 examination, the RCOG ensures that each candidate is exposed to the same standard of the examination and all the candidates are evaluated against a similar standard.

Quality Assurance

The RCOG tries to ensure in every way that all parts of the membership examination are developed and delivered in a fair manner in accordance with the latest evidence-based research. In the part 3 examination, particular attention is given towards maintenance of consistency and secrecy between various examination circuits held for the MRCOG Part 3 examination. This is particularly important to ensure that the examination questions asked during a particular circuit do not leak out, thereby giving the candidates who are attempting the examination in the next circuit an unfair advantage. There may be numerous examination circuits for MRCOG examination, running simultaneously in the various centres (London, Singapore, Hong Kong, and Delhi) on each day of the examination.

Consistency is also important between the series of the examination held in May and November each year to ensure that both examination series approach similar level of difficulty. Prior to the examination, there is a careful checking process to ensure that all examination material is accurate, up-to-date, and evidence-based. Prior to the examination, the examiners undergo a training session to ensure that their marking is consistent and standardised for all the candidates. There is also a transparent appeals process for candidates who feel that they were unfairly marked for their performance during the examination.

CORE CLINICAL SKILLS DOMAINS

The five main core clinical skills domains which are tested in the MRCOG Part 3 examination include the following and are discussed briefly next.

1. Patient Safety (for detailed discussion, kindly refer to Chapter 4)
2. Communication with Patients (for detailed discussion, kindly refer to Chapter 5)
3. Communication with Colleagues (for detailed discussion, kindly refer to Chapter 6)
4. Information Gathering (for detailed discussion, kindly refer to Chapter 7)
5. Application of Knowledge (for detailed discussion, kindly refer to Chapter 8).

The candidate must keep in mind all these domains for every OSCE station, which they attempt. Each task is likely to assess a minimum of three core clinical skills domains. For each domain which is assessed, the examiner would be required to evaluate a candidate's performance as pass, borderline or fail. The examiner's judgement is converted into numerical scores, which is then used for calculating the candidate's mark. The candidate needs to understand that no single domain is more important than any other and the MRCOG Part 3 examination lays equal emphasis on the all the five domains.

The syllabus for the MRCOG defines the knowledge level expected for each part of the curriculum. However, some parts of the syllabus, which are commonly encountered in clinical practice, require significantly more in-depth knowledge in comparison to the others.[3] The standard expected for each question or task will be set on the basis of its difficulty level as well as how common it is in clinical practice. For example, the standard for a task relating to the management of common antenatal problem is likely to be higher than that for a task relating to precocious puberty.

CURRICULUM FOR MRCOG PART 3 EXAMINATION

The part 3 examination consists of 14 tasks, linked to one or more of the 14 knowledge-based modules (Table 2.1), which are part of the MRCOG Part 3 curriculum.[3] The candidates will be expected to demonstrate the application of their clinical knowledge of obstetrics and gynaecology through the following abilities:

- The candidates should be able to demonstrate a sound and comprehensive evidence-based understanding of the part 2 MRCOG curriculum in relation to the clinical tasks asked during the Part 3 examination.
- The candidates must be able to justify the investigations and interventions, which they think should be ordered for a particular patient.
- They should be able to critically interpret clinical findings and results of investigations and discuss the management plan.
- To be able to present a balanced view of the risks and benefits of various interventions.

In the part 3 examination, all 14 modules will be represented in every examination. According to changes in MRCOG examination pattern since September 2016, MRCOG Part 3 is an independent stand-alone examination, which tests the candidate's clinical knowledge and their application. In the previous examination pattern (prior to September 2016), the part 2 examination comprised of a written and oral examinations which shared a common outline. However, now as per the latest examination pattern, the part 3 is a stand-alone examination, which is set and marked completely independently. As a result, the candidates on each day of the examination are likely to have no prior knowledge regarding how each module may be tested. Each of the 14 modules will be tested with a separate task, so it is important for the candidates to revise all the required subject areas.

GOOD PRACTICE GUIDELINES

Patients should be able to trust doctors with their lives and health. According to the General Medical Council's (GMC) Good Practice Guidelines (2013), candidates must show respect for human life and make sure their practice meets the standards expected of them in following four domains so that their patients are able to trust them.[4]

TABLE 2.1: Knowledge-based modules in the UK obstetrics and gynaecology curriculum, which are tested in the MRCOG Part 3 examination.[3]

No. of module	*Name of the module*	*Core skills tested*
1	*Teaching*	*Communication with patients and families*: • Ability to demonstrate honesty where there is clinical uncertainty regarding surgical or management options • Using non-directional counselling when advising patients about various management options (including no treatment) *Communication with the colleagues*: • Ability to communicate with the colleague about the patient's clinical and operation notes legibly and with an ordered approach (date, time, patient identification details, etc.). • Demonstration of the ability to teach appropriate skills to other colleagues • Ability to prioritise which cases are urgent and which can be dealt with later or electively *Information gathering*: • Ability to take a concise and relevant antenatal history • Signposting and guiding the antenatal consultation • Ensuring that the patients understand the information provided to them • Ability to describe a clear action plan and the rationale for follow-up based on the discussion in case of an antenatal patient *Patient safety*: • Demonstration of the ability to triage patient to different patterns of antenatal care based on the risk factors • Demonstrating the awareness of safety of investigations and therapeutics during pregnancy (including safe prescribing) • Awareness regarding the issues of drug and alcohol abuse, domestic violence, and safeguarding the woman's rights • Understanding of clinical governance and risk management for women who refuse usual antenatal care *Application of clinical knowledge*: • Knowledge regarding antenatal care including pregnancy-induced hypertension (PIH), intrauterine growth restriction (IUGR), multiple gestation, preterm birth, prolonged pregnancy, vaginal birth after caesarean (VBAC), etc. • Ability to understand the findings and the results of clinical examination in the context of the clinical scenario • Awareness regarding the risks and benefits of various different management options, thereby balancing between the requirements of mother and foetus
2	*Core surgical skills*	*Communication with patients and families*: • Ability to demonstrate honesty where there is clinical uncertainty regarding surgical or management options • Using non-directional counselling when advising patients about various management options (including no treatment)

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No. of module	*Name of the module*	*Core skills tested*
		Communication with colleagues: • Ability to communicate with the colleague about the patient's clinical and operation notes legibly and with an ordered approach (date, time, patient identification details, etc.) • Demonstration of the ability to teach appropriate skills to other colleagues • Ability to prioritise which cases are urgent and which can be dealt with later or electively *Information gathering*: • Demonstration of the understanding of essential pre-operative investigations and significant clinical assessment • Ability to interpret clinical findings and investigations while making decision about surgical technique and approach • Ability to describe a clear action plan including ongoing management plan after a surgical procedure *Patient safety*: • Demonstrates understanding regarding principles of safe surgery including WHO safe surgery checklist • Demonstrates understanding of consent including consent of a child • Ability to assess an individual's mental capacity in relation to consent • Demonstrates the understanding of decision making and consent for patients lacking capacity • Demonstrates an understanding of moving and positioning the unconscious and recovering patient • Recognises limits of their clinical abilities • Demonstrates an understanding of when to call for help and involve senior colleagues and other disciplines *Application of clinical knowledge*: • Knowledge in relation to obstetric and gynaecological surgery including techniques and the risks and benefits of various procedures • Ability to critically appraise medical media in relation to surgical procedures • Is able to weigh up the pros and cons of surgical versus medical management of various clinical conditions • Understanding of the appropriate use of blood products
3	*Post-operative care*	*Communication with patients and families*: • Ability to provide psychological support to the patients and their family • Ability to discuss rehabilitation, discharge planning, recovery after discharge from hospital, return to work and follow-up • Ability to describe a clear and logical action plan and justification for follow-up after surgery *Communication with colleagues*: • Ability to diagnose post-operative complications • Formulating an appropriate post-operative management plan

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No. of module	*Name of the module*	*Core skills tested*
		Information gathering: • Ability to request appropriate investigations and interpret those results • Summarises discussions concisely and checks at appropriate intervals that the patient is able to understand *Patient safety*: • Demonstrates an understanding of risk management and clinical governance processes in relation to post-operative complications • Recognises limits of their clinical abilities • Demonstration of an understanding regarding when to call for help and involve senior colleagues and other disciplines • Demonstrates an understanding of safe prescribing in post-operative care including recognition of drug interaction, allergies, and special circumstances, e.g. renal impairment *Application of clinical knowledge*: • Knowledge of management of the post-operative patient including fluid balance, analgesia, catheter management, and wound healing • Demonstrates understanding of the enhanced recovery programme and issues of post-operative rehabilitation • Demonstrate understanding regarding the early and late complications of surgery and their amendment
4	*Antenatal care*	*Communication with patients and families*: • Ability to tackle difficult or sensitive topics including domestic violence, drug, and alcohol abuse, child protection issues, female genital mutilation, etc. • Demonstration of honesty in cases of clinical uncertainty • Ability to discuss investigations, follow-up, and plan for antenatal care • Ability to concisely summarise discussions with antenatal patient *Communication with colleagues*: • Ability to discuss differential diagnosis or management plan for antenatal patients using a clear and logical approach with the colleagues • Discussing appropriate amount of details to ensure that the management plans are clear and easily understood by colleagues • Ability to communicate with colleagues in primary care GP (general practitioner), other specialties, e.g. obstetric anaesthetics and midwifery colleagues *Information gathering*: • Ability to take a concise and relevant antenatal history • Skills in signposting and guiding the antenatal consultation • Ensuring that the patient is able to understand what she is told and encouraging her to ask questions • Ability to describe to the antenatal patient a clear action plan and the rationale for follow-up based on the discussion

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No. of module	*Name of the module*	*Core skills tested*
		Patient safety: • Triaging the patient to different patterns of antenatal care based on the risk factors • Demonstration of awareness regarding the safety of investigations and therapeutics during pregnancy including safe prescribing • Awareness of issues of drug and alcohol abuse, domestic violence, and safeguarding the patient's interests • Understanding of clinical governance and risk management for women who decline the usual antenatal care *Application of clinical knowledge*: • Knowledge of antenatal care including PIH, IUGR, multiple pregnancy, prolonged pregnancy, VBAC, preterm labour, etc. • Ability to interpret the findings and results of clinical examination and investigations in context of the clinical scenario • Developing awareness regarding the risks and benefits of various management options by balancing the requirements of mother and foetus
5	*Maternal medicine*	*Communication with patients and families*: • Ability to tackle sensitive topics including domestic violence and child protection issues • Demonstration of honesty in cases of clinical uncertainty • Providing information to the patient with coexisting medical disorders regarding both the impact of pregnancy on her pre-existing conditions as well as the impact of those conditions on the foetus *Communication with colleagues*: • Discussing differential diagnosis or management plan using a clear and logical approach for patients with both pre-existing medical disorders and those arising in pregnancy • Communication of adequate details to colleagues to ensure that the management plans are clear and easily understood by them • Communication with the colleagues in primary care (e.g. GP) and within the multidisciplinary team including nurse specialists, physicians, and psychiatrists *Information gathering*: • Ability to take a concise and relevant medical history • Skills in signposting and guiding the consultation • Ensuring that the patient is able to understand what is told to her and encouraging her to ask questions • Ability to describe a clear action plan and the rationale for follow-up based on the discussion to the patient with coexisting medical disorders *Patient safety*: • Demonstration of awareness regarding the safety of investigations and therapeutics during the pre-conception period, during pregnancy, and during the postnatal period including safe prescribing

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No. of module	*Name of the module*	*Core skills tested*
		• Demonstrating an understanding regarding the impact of pregnancy on pre-existing conditions as well as the impact of those conditions on the foetus *Application of clinical knowledge*: • Demonstrating knowledge regarding the pre-conception, antenatal, and postnatal care including the risks of maternal morbidity and mortality related to the medical comorbidity
6	*Management of labour*	*Communication with patients and families*: • Ability to gain verbal or written consent for performing any intervention during labour or for operative delivery *Communication with colleagues*: • Ability to prioritise the cases requiring delivery based on the level of urgency • Demonstrating the understanding of various categories of caesarean deliveries • Ability of formulating an appropriate management plan for delivery • Demonstrates an understanding of the roles of the multidisciplinary team including liaison with laboratory colleagues in dealing with massive obstetric haemorrhage, liaison with neonatal team and other centres • Ability to communicate verbally with the multidisciplinary team including anaesthetists, theatre staff, and neonatologists in an efficient and timely manner • Demonstration of the ability to teach appropriate skills to other colleagues in a logical and coherent manner *Information gathering*: • Demonstration of ability to interpret notes on progress of labour, partogram, cardiotocography, and findings on vaginal examination in order to decide the appropriate management of delivery, both during the second and third stages • Ability to describe a clear action plan for management of delivery *Patient safety*: • Demonstrating the understanding regarding principles of safe surgery for operative delivery (including WHO safe surgery checklist) • Demonstrating appropriate prioritisation depending upon the urgency • Acknowledgment of medical error, omission or poor care. Apologizes, if appropriate • Demonstration of an understanding regarding the risk management and clinical governance processes in relation to management of delivery • Ability to critically appraise management of delivery in presence of complications *Application of clinical knowledge*: • Demonstration of knowledge regarding the management of delivery including pre-term delivery, management of malposition and malpresentation, and multiple pregnancy

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OSCEs in OBSTETRICS & GYNAECOLOGY for MRCOG-3

The book *OSCEs in Obstetrics & Gynaecology for MRCOG-3* aims at enhancing clinical knowledge of all those preparing for part 3 MRCOG (OSCE) examination. The text aptly offers all the required information a specialist registrar or senior house officer requires while preparing for the MRCOG-3 examination. The book comprises of a compilation of nearly 40 OSCE stations commonly encountered during the examination. Each station discusses the issues related to clinical management as well as clinical governance. A separate chapter on clinical governance and working of healthcare system in the UK has been added in order to acquaint the overseas students with the working of NHS, so that they are well prepared for the examination. Besides providing the pattern of training in the field of obstetrics and gynaecology in the UK, the book also offers practical tips and guidance, which would be useful for all students preparing for MRCOG-3 examination.

Richa Saxena was born and raised in New Delhi, India. After successfully completing her graduation in medicine from the prestigious Maulana Azad Medical College, New Delhi, India, she pursued her postgraduation in obstetrics and gynaecology from the Delhi University. She was also involved in WHO sponsored multicentric research study at the eminent All India Institute of Medical Sciences. To further enhance her knowledge in the field of obstetrics and gynaecology, she went to the UK to pursue MRCOG.

She has a profound passion for writing. Other than this book, she has authored several medical books related to obstetrics and gynaecology for both undergraduate and postgraduate medical students. She has written several articles pertaining to healthcare professionals in the indexed journals. She is also the mentor of an e-learning platform (www.crackingmrcog.com), an initiative by Jaypee Brothers for candidates attempting the MRCOG examination. More details about the author and her works can be found at her website, www.drrichasaxena.com.

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ISBN 978-93-5270-381-4