



CANADIAN OBSTETRICS
AND GYNECOLOGY
REVIEW PROGRAM™

PROGRAMME CANADIEN
DE RÉVISION EN
OBSTÉTRIQUE ET GYNÉCOLOGIE^{MC}

Applied Examination

International Medical Graduates Session

Dr. Kristin Wadsworth
Thursday May 23, 2024



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Applied Examination (OSCE)

- Objective Structured Clinical Examination (done online at a hotel)
 - Oral component of the exam
 - Evaluate higher order thought processes and clinical reasoning
 - 8 stations of 15 minutes each, for a total of approximately 2 hours
 - Examiners won't give feedback but may interrupt to ask questions or "move you along"
 - Likely they will take notes



What topics might be covered?

- 🌐 general obstetrics
- 🌐 general gynecology
- 🌐 ambulatory care
- 🌐 operative care
- 🌐 intrapartum care
- 🌐 pregnancy complications
- 🌐 pre-invasive disease
- 🌐 malignancy
- 🌐 reproductive endocrinology and infertility
- 🌐 urogynecology



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Types of Stations

- **Patient encounter stations**
 - Meet and interact with a standardized patient
 - Patient has a script with standardized answers
 - No interaction with examiner
- **Structured oral station**
 - Candidate asked a series of questions by examiner
 - Questions/scoring are standardized
 - May include critical appraisal
- **Telephone station**
 - Interact with another healthcare professional by telephone to provide consultation and assistance



What skills might be assessed?

- Telephone consultation
- Structured oral encounters
- Providing counselling through an ethical issue
- Providing counselling regarding diagnosis, treatment, long-term management and prognosis
- Description of a focused physical examination
- Interpret results of a physical examination



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What skills might be assessed?

- Obtaining a focused history
- Visual recognition (laboratory reports, illustrations, scans)
- Provide a diagnosis and differential diagnosis
- How to come to a diagnosis
- How to choose the appropriate care
- How to prepare the patient, family, and institution for the appropriate care



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What skills might be assessed?

- How to follow up on the appropriate care
- Describe technical aspects of care including surgical management
- How to guide a patient/family through issues in a particular situation
- A written clinical vignette (with or without images) followed by questions from the examiner including, but not limited to, discussions on diagnostic interventions, therapy and/or natural course of disease.
- Interpret diagnostic imaging studies, laboratory investigations or results of other tests
- Demonstrate decision-making skills based on the case scenario and the interpretation of data
- Demonstrate competency in communication with patients and health team members



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Stem example

Angela is a 65 year old G3P3 with complaints of a vaginal bulge.

- Patient encounter – you will interact with Angela, the patient
- Structured oral – you will answer questions from an examiner about this theoretical patient/topic in general
- Telephone station – you will interact with another ‘healthcare professional’ over the phone regarding this patient



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General Approach

At the start of each question:

- Read the stem....**CAREFULLY**
 - There may be instructions eg. Take a history, describe initial steps of management
 - It will tell you what type of station to expect
- Write bullet points:
 - Key information only
 - History (HPI, Gyne, PMH, Sx, All, Meds) – Physical exam – Lab tests/imaging
 - Things you know you forget



General Approach

Patient encounter

- Pretend it's a real patient, ignore examiner unless they address you
 - Introduce yourself to the patient and take a history
 - If you wrote bullet points when reviewing the station stem, check to make sure you covered everything
 - The patient may prompt you if you've forgotten to ask something
 - You may be asked to describe what physical exam/tests you would do and/or provide counselling



General Approach

Structured oral

- The examiner will ask you standardized questions regarding the stem
- If the stem prompts you to “Take a history”:
 - List off relevant history components, be specific when necessary
 - When finished, examiner will give you info you asked for and will guide the station from there
- You will usually have the opportunity to ‘go back’ to a question if there is enough time (unless the answer has been given to you)



General Approach

Telephone station

- You interact with another healthcare professional by telephone to provide consultation and assistance – questions are standardized
- Get pertinent details regarding history, physical exam, tests
- Person on the other end of the phone will guide you from there



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Stem Example

Angela is a 65 year old G3P3 with complaints of a vaginal bulge.

- Patient encounter station
 - Take relevant history re: prolapse
 - May be asked to describe your physical exam and additional tests
 - Provide counselling re: management options for prolapse



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Stem Example

- **Structured Oral**
 - List the questions you'd ask on history for a patient with a bulge
 - Examiner will provide you with info and will direct station from there
- **Telephone station**
 - Family doctor has the patient with prolapse in office, calling for advice/consultation
 - Ask about relevant patient details and they will direct conversation



How to prepare for the OSCE

Knowledge component:

- Resources as previously presented

Communication skills:

- PRACTICE with another person
- Use the Royal College Objectives/SOGC Guidelines to make up your own 'stems' and marking sheets



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OSCE Etiquette

- ❖ Dress professionally, but comfortably
- ❖ Be nice to the examiner – remember, they aren't allowed to give you feedback
- ❖ Be nice to the patient
- Look at the camera, don't be distracted by anything else around you



Tips

- It is ok to take a minute to pause and collect your thoughts
- If the examiner asks 'anything else' they are letting you know there are additional points – politely ask to move on if you are stuck
- The examiners were once in your shoes – they know you're nervous and want you to do well
- Even if you forget everything about the station, don't panic! Start taking a history – you'll get marks



Now an example. . . .

A 27 year old G0P0 presents to your office with a pap smear showing “At least LSIL, can’t rule out HSIL”. Answer the following questions related to this case.



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How would you explain this pap to the patient?



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Now an example. . . .

A 27 year old G0P0 presents to your office with a pap smear showing “At least LSIL, can’t rule out HSIL”. Answer the following questions related to this case.

How would you explain this pap to the patient?

- LSIL is a HPV related lesion, likely to regress ()
- HSIL is a pre-cancerous lesion ()
- Additional testing is necessary ()



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How would you perform the physical exam?



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- Additional testing is necessary ()

How would you perform the physical exam?

- Repeat pap ()
- Colposcopy of Cervix , possibly Vagina, Vulva with acetic acid ()
- Description of all aceto-white lesions ()
- Two biopsies ()
- +/- ECC ()



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A 27 year old GPO presents to your office with a pap smear showing “At least LSIL, can’t rule out HSIL”. Answer the following questions related to this case.

How would you explain this pap to the patient?

- LSIL is a HPV related lesion, likely to regress ()
- HSIL is a pre-cancerous lesion ()
- Additional testing is necessary ()

How would you perform the physical exam?

- Repeat pap ()
- Colposcopy of Cervix , possibly Vagina, Vulva with 5% acetic acid ()
- Description of all aceto-white lesions ()
- Two biopsies ()
- +/- ECC ()

How would you report your findings according to the IFCCPC standards for reporting colposcopy?



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How would you report your findings according to the IFCPC standards for reporting colposcopy?

- Colposcopy adequate/ not adequate ()
- SCJ seen Yes/no ()
- Type of transformation zone (I, II, III) ()
- Lesion visible yes/ no ()
- Location of lesion ()
- Size of lesion (quadrants) ()
- Grade of lesion (I, II, non-specific) ()



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Colposcopy is adequate and she has a type I transformation zone. She has a large ectropion. There is mild (grade I) AWC within the glandular epithelium and biopsy shows CIN II.



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Colposcopy is adequate and she has a type I transformation zone. She has a large ectropion. There is mild (grade I) AWC within the glandular epithelium and biopsy shows CIN II.

How would you manage this pathology in this patient?

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Colposcopy is adequate and she has a type I transformation zone. She has a large ectropion. There is mild (grade I) AWC within the glandular epithelium and biopsy shows CIN II.

How would you manage this pathology in this patient?

- LEEP or other excisional procedure ()
- Possible pathology review ()



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How would you manage this pathology in this patient?

- LEEP or other excisional procedure ()
- Possible pathology review ()

How would you manage this pathology in a 21 year old?



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Colposcopy is adequate and she has a type I transformation zone. She has a large ectropion. There is mild (grade I) AWC within the glandular epithelium and biopsy shows CIN II.

How would you manage this pathology in this patient?

- Excisional procedure ()
- Possible pathology review ()

How would you manage this pathology in a 21 year old?

- Conservative management ,repeat pap and Colpo ()
- Every 3-6 months ()
- Most lesions regress ()
- Pathology review ()
- Excision if CIN III ()



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You perform a LEEP. The pathology is as follows (give resident sheet with pathology) :

Cervix LEEP:

- Endocervical Adenocarcinoma
- CIN II, moderate dysplasia
- Stromal decidualization consistent with recent gestation

ECC:

Endocervical mucosal fragments with no pathology



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What other information do you need on the pathology report in order to counsel the patient?



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Stromal decidualization consistent with recent gestation

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Endocervical mucosal fragments with no pathology

What other information do you need on the pathology report in order to counsel the patient?

- Grade of tumor ()
- Size of tumor ()
- LVI ()
- Depth of invasion ()
- Margins ()



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What other history would you like from the patient?



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- Grade of tumor ()
- Size of tumor ()
- LVI ()
- Depth of invasion ()
- Margins ()

What other history would you like from the patient?

- LMP ()
- Use of OCP or contraception ()
- Any issues since LEEP (cramping, bleeding, ect) ()



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Tumor:

Size : 2mm X 1.5mm X 1.5 mm

Invasion : 1.5mm

Grade 1/3

No LVI

Margins negative

Pregnancy

6 weeks by LMP, regular cycles no contraception



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Tumor:
Size : 2mm X 1.5mm X 1.5 mm
Invasion : 1.5mm
Grade 1/3
No LVI
Margins negative

Pregnancy
6 weeks by LMP, regular cycles no contraception

<p>What is the stage of her cancer? What is the treatment ? What is the prognosis?</p>	



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 Invasion : 1.5mm
 Grade 1/3
 No LVI
 Margins negative

Pregnancy
 6 weeks by LMP, regular cycles no contraception

<p>What is the stage of her cancer? What is the treatment ? What is the prognosis?</p>	<ul style="list-style-type: none"> • Stage IA1 () • Microscopic tumor () • Early stage has same cure rate as squamous lesions ()
<p>What are three risks of an excisional procedure during pregnancy?</p>	



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 Size : 2mm X 1.5mm X 1.5 mm
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 No LVI
 Margins negative

Pregnancy
 6 weeks by LMP, regular cycles no contraception

What is the stage of her cancer?
What is the treatment ?
What is the prognosis?

- Stage IA1 ()
- Microscopic tumor ()
- Early stage has same cure rate as squamous lesions ()

What are three risks of an excisional procedure during pregnancy?

- Excision during pregnancy risks:
- Miscarriage ()
- Infection ()
- PPRM ()

What follow up would she require during pregnancy? Name two.



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 Size : 2mm X 1.5mm X 1.5 mm
 Invasion : 1.5mm
 Grade 1/3
 No LVI

Pregnancy
 6 weeks by LMP, regular cycles no contraception

<p>What is the stage of her cancer? What is the treatment ? What is the prognosis?</p>	<ul style="list-style-type: none"> • Stage IA1 () • Microscopic tumor () • Early stage has same cure rate as squamous lesions ()
<p>What are the risks of an excisional procedure during pregnancy?</p>	<ul style="list-style-type: none"> • Excision during pregnancy risks: • Miscarriage () • Infection () • PPROM () • LBW ()
<p>What follow up would she require during pregnancy? Name two.</p>	<ul style="list-style-type: none"> • Early U/S for dating () • MFM consult +/- Cervical length () • Gyne-oncology consult () • Colposcopy during pregnancy in each trimester ()



Questions?

Good luck!



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