

## Self-assessment questions

### Questions

#### SBA 1

A GP trainee currently on rotation in gynaecology asks for help with understanding the UK MEC guidance in contraceptive care. Which one of the following statements is accurate regarding the MEC?

- Reflects the effectiveness of contraception in women with medical conditions.
- Category 4 means there are no restrictions to use of the contraception in women with that medical condition or characteristic.
- Relates to the use of the method for contraception and its use in the management of medical disorders.
- Category 3 means the theoretical or proven risks usually outweigh the advantages of using the method.
- Reflects the safety of contraception in women (except those with chronic medical conditions).

#### SBA 2

A 34 year old woman who experienced a VTE following her last pregnancy attends for contraceptive advice. Which of the following statements is NOT true?

- She should not use combined hormonal contraception.
- She can be advised that the safest and most effective method of contraception is IM/SC depot medroxyprogesterone acetate (DMPA).
- She could have an IUD/IUS fitted if she is still taking warfarin.
- She can be advised that the advantages of using the progestogen only implant (nexplanon) generally outweigh the theoretical or proven risks.
- She should be counseled that 18 out of 100 women using male condoms only for contraception will experience an unintended pregnancy by 1 year.

#### EMQ 3

From the options below pick the single most appropriate treatment for each scenario.

- 2 g oral metronidazole
- 500 mg PV clotrimazole
- Nystatin 100,000 units four times per day for 3 weeks
- No treatment required
- Amphotericin 1 mg IV daily for 3 days
- Metronidazole 400 mg orally twice daily for 5 days
- 150 mg fluconazole
- Metronidazole 500 mg IV three times daily
- Dermovate cream once daily for 4 weeks

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Conflicts of interest: none declared.

- A 29-year-old woman presents with a 6-month history of increased thin, clear/white discharge that is most noticeable mid-cycle.
- A 43-year-old presents to her general practitioner with vaginal discharge. A swab is obtained and grows 'prominent clue cells, grade 3BV'.
- A 32-year old, para 2, whose last vaginal delivery was 2 years ago, has a HVS swab obtained as she complains of white discharge. It comes back as positive for *Streptococcus agalactiae*.
- A 23-year old who is currently 18 weeks into her first pregnancy has a swab obtained at her community midwife as she has developed offensive discharge. The swab results confirm the diagnosis of bacterial vaginosis.

#### EMQ 4

From the options below please select the most causative pathology or organism. Options may be used once, multiple time or not at all.

- Staphylococcus aureus*
  - Vulvovaginal candidiasis
  - Candida glabrata*
  - Trichomonas vaginalis*
  - Bacterial vaginosis
  - Atrophic vaginitis
  - Gardnerella vaginalis*
  - Group A streptococcus
- A 42-year old woman attends the sexual health clinic complaining of vaginal discharge. When a diagnosis is reached she is informed that partner notification will be required as part of management
  - Cause of recurrent candidiasis
  - A major cause of post-partum sepsis
  - Associated with an increased rate of preterm birth

#### SBA 5

You are the obstetrician serving as clinical director of a busy hospital maternity unit. A patient has complained to the Chief Executive about her care during labour and delivery and you are asked to investigate and respond to the complaint. The complaint letter refers to cleaning staff entering the labour room without permission while Ms X was exposed, causing her embarrassment. She also reports that while she was pushing during the second stage, the midwife called a doctor as she was concerned about the fetal heart rate. The doctor thought it was normal and the two argued about whether intervention was needed. She felt this behaviour was unprofessional. In the end she delivered normally without complications for her or the baby. Which one of the following options would NOT form part of an appropriate investigation into this complaint?

- Review the case notes to identify any clinical issues
- Confer with your midwifery management counterpart and the manager responsible for housekeeping

- c) Obtain reports from the midwifery and medical staff attending the patient
- d) Review the protocols for non-clinical staff who need to access clinical areas
- e) Initiate disciplinary action against the staff involved

**SBA 6**

Having completed the initial investigation into the complaint outlined in SBA 5, you respond to the complaint. Which one of the following steps would NOT be an appropriate part of your response?

- a) Invite the patient and her partner to meet with you and the midwifery manager.
- b) Offer apology on behalf of the hospital.
- c) Describe the steps taken to avoid a recurrence such as feedback to the staff involved.
- d) Note any additional concerns that the patient or her partner might have about the service.
- e) Explain that as you were not directly involved in the incident you are not best placed to respond to her concerns.

**EMQ 7**

From the options below pick the most appropriate treatment for each scenario. Options can be used once, multiple times or not at all.

- a. 2 g oral metronidazole
  - b. 500 mg PV clotrimazole
  - c. Nystatin 100,000 units four times per day for 3 weeks
  - d. No treatment required
  - e. Repeat swabs in 10 days' time
  - f. Metronidazole 400 mg orally twice daily for 5 days
  - g. 150 mg fluconazole
  - h. Daily application of oestrogen cream for 2 weeks
  - i. Dermovate cream once daily for 4 weeks
1. A 33-year old presents with increased white discharge with associated vulval pruritus. This is her first presentation; she has no other risk factors.
  2. A 19-year old presents with lower abdominal pain and profuse yellow, offensive discharge. On examination there is generalised redness of the cervix and cervical excitation is present. Multiple swabs are obtained including one for wet microscopy; protozoa are seen. She is otherwise systemically well.
  3. A 65-year woman who has recently become sexually active with a new partner complains of vaginal discomfort during and after intercourse, but no discharge.

**SBA 8**

A 34-year old woman attends the infertility clinic with her partner. They have been trying unsuccessfully to conceive for over 2 years. Her periods have never been regular. Both her gonadotrophin and oestradiol levels are very low on testing. Which one of the following is not a possible cause of her infertility?

- a) Sheehan's syndrome
- b) Idiopathic hypogonadotropic hypogonadism
- c) Polycystic ovarian syndrome

- d) Extreme weight loss
- e) Extreme exercise

**EMQ 9**

From the options below pick the most appropriate treatment for each scenario. Options can be used once, multiple times or not at all.

- a) Treat with dopamine agonists and address the underlying cause
  - b) Start treatment with clomiphene citrate
  - c) Start treatment with aromatase inhibitors
  - d) Advise weight loss
  - e) Advise bariatric surgery
  - f) Switch to metformin treatment
  - g) Advise laparoscopic ovarian drilling
  - h) Start treatment with gonadotrophins
  - i) Start treatment with GnRH analogs
1. A 26-year old woman attends the infertility clinic with her boyfriend of 2 years. They have been trying unsuccessfully to conceive. On questioning, the patient is amenorrhoeic and has noted a discharge from both breasts during the last year.
  2. A 30-year old woman attends the infertility clinic with her partner. She reports oligomenorrhoea, hirsutism and acne. Her body mass index is 38. They have been trying to conceive for the last year.
  3. A 36-year old woman with diagnosed PCOS has failed to ovulate during several cycles of clomiphene citrate therapy. She has an extensive past history of bowel resection for Crohn's disease.

**SBA 10**

A 28-year-old woman attends for an elective Caesarean section at 39 weeks for a breech baby. She has hypertrophic cardiomyopathy and has an implantable cardioverter defibrillator (ICD). Which of the following is true regarding her care intraoperatively?

- A) It is important to leave the device active during surgery in case of dysrhythmias
- B) A magnet placed near the device is reliable way of disabling the defibrillator function
- C) Patients require continuous cardiac monitoring post-operatively
- D) The device is normally found subcutaneously in the right pectoral region
- E) Defibrillation ICDs cannot act as cardiac pacing devices

**SBA 11**

A 38-year-old woman who is known to suffer from haemophilia A attends the antenatal clinic to plan delivery. Which of one of the following statements is true about her condition?

- A) It is inherited via an X-linked dominant gene
- B) Haemophilia A results in lower levels of coagulation factor VIII
- C) Haemophilia A is an absolute contraindication to epidural analgesia

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