

Midwives Council of Hong Kong

Instructions to Candidates for Midwives Council Examination

(Applicable for Midwives Council Examination to be held **FROM April 2020 onwards**)

I. INTRODUCTION

The Midwives Council Examination is divided into two parts: the written examination and the Objective Structured Clinical Examination (“OSCE”).

II. WRITTEN EXAMINATION

The written examination covers multiple choice questions and essay-type questions.

A. BEFORE THE EXAMINATION

1. Candidates should report to the examination venue 15 minutes before the starting time of the examination.
2. A candidate who arrives late will be asked to give a satisfactory explanation to the Presiding Invigilator. Except under exceptional circumstances, any candidate who is more than half an hour late will not be admitted.
3. No candidate will be admitted to the examination venue without valid identity proof (i.e. the original Hong Kong Identity Card or passport) and Notice of Examination Arrangements bearing his/her Candidate Number.
4. Candidates should bring their own stationery. Candidates are not allowed to write their answers in pencils, except in multiple choice questions or otherwise specified.
5. Mobile phones, electronic/communication devices must be switched off. Candidates found using these devices during examination will be disqualified from the examination. All possessions brought into the room must be left at the places as specified by the Midwives Council of Hong Kong (“the Council”) assistant.

B. DURING THE EXAMINATION

1. No candidate is allowed to leave the examination room within the first half an hour and within the final 15 minutes of the examination.
2. Candidates should pay attention to any instructions given on the front sheet of the examination paper and answer book, and also listen carefully to the Presiding Invigilator’s announcements.
3. Read the questions very carefully. No marks will be given to irrelevant answers.
4. Write the Candidate Number clearly in the space provided on the answer book cover. Do not write your name or initial on the cover or on any sheet.

5. The question should not be copied out, but the number of the question must be written at the margin of each page. Use a new sheet for a new question.
6. Candidates may answer the questions in Chinese or in English. However, candidates should use the same language for the written examination and the OSCE.
7. The questions may be answered in any order. Sketches and diagrams may be written in pencil. Write clearly and legibly.
8. Drafts written in the answer book should be crossed out if they are not intended to be part of the answers.
9. A candidate requiring more paper or requesting any assistance from the invigilators should put up his/her hand while remain seated.
10. Candidates must put down their pens immediately when the examination finishes. Candidates who fail to do so may be disqualified.

C. AFTER THE EXAMINATION

1. At the end of the written examination, candidates must remain in their seats until they are told to leave by the Presiding Invigilator.
2. Candidates must hand in all the answer books with their Candidate Numbers filled in, even if no work has been attempted. They must also return to the invigilators the question papers and any paper given to them at the examination, whether used or unused.
3. Candidates should leave the examination room and the premises adjacent to the hall quietly. No loud talking will be allowed.

III. OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE)

A. GENERAL

1. OSCE is an objective structured clinical examination to assess clinical competence. It consists of two stations, and candidates must attempt both stations.
2. Contents of the OSCE focus on midwifery and obstetric skills. It may include assessment skills, counselling skills, interpretation of investigation results, and management of complications or emergencies, etc.
3. Each station is conducted by an examiner, with or without a role player. Candidates will be asked to handle a situation and answer related questions raised by the examiner, or to perform a task.
4. The time for each station is 15 minutes, and the total time for the examination is 30 minutes.
5. Candidates are not allowed to take away any materials from the stations.

B. BEFORE THE EXAMINATION

1. Candidates should report to the examination venue 15 minutes before the time printed on the Notice of Examination Arrangements. **No candidate will be admitted after the examination has started.**
2. No candidate will be admitted to the examination venue without valid identity proof (i.e. the original Hong Kong Identity Card or passport) and Notice of Examination Arrangements bearing his/her Candidate Number.
3. Candidates should bring their own stationery.
4. Candidates are NOT allowed to carry anything in the nature of books, papers or electronic/communication devices into or out of the examination room (including the waiting room). Any other possessions brought into the room must be left at the places as specified by the Council assistant. Candidates found using these devices during the examination will be disqualified from the examination.

C. DURING THE EXAMINATION

1. Candidates may be required to start from any station and attend the subsequent station in sequence.
2. A signal will be given at the start of each station and when time is up for the station. After the starting signal, the candidate should proceed to answer the questions and may not leave the station until he/she hears the signal to end the station.

D. AFTER THE EXAMINATION

1. On completion of the examination, candidates may be required to stay in a waiting room until they are informed to leave the examination venue.

IV. GENERAL REMINDER

1. Do not leave any answer sheet which you have finished in such a position that other candidates can read it. Any candidate who is found giving, or attempting to obtain help, or who is found to be acting dishonestly in any way, will be reported and may be dismissed from the examination room or disqualified.
1. Personnel at the examination center should not be held responsible for candidates' belongings.

V. EXAMINATION ARRANGEMENTS DUE TO BAD WEATHER WARNINGS AND OTHER UNPREDICTABLE EVENTS

1. As a general rule, examination will be held as scheduled when the Typhoon Signal No. 3 or below is hoisted, or the Amber or Red Rainstorm Warning is issued, but will be postponed when the Typhoon Signal No. 8 or above is hoisted or the Black Rainstorm Warning is issued. **You are advised to listen to the radio, watch the television or check out the Council's website for the Council's announcement. Under normal circumstances, the Council's announcement of the postponement/cancellation of an examination will be made at least two hours before the examination.** However, once the examination has commenced, candidates are expected to sit through the examination even though the Typhoon Signal No. 8 or above, or the Black Rainstorm Warning has been hoisted / issued.
2. In case of bad weather / unpredictable event that the examination(s) have to be postponed/ cancelled, the Council will post the notice onto the Council's website and inform the candidates via e-mails/letters the arrangement of the rescheduled examination **within 14 working days.**
3. All postponed examination(s) will be rescheduled **within four to twelve weeks** after the original examination date, subject to the availability of the examination venue(s).
4. For the postponement of the examination(s), candidates can choose:
 - (i) to take the examination(s) on the rescheduled date; or
 - (ii) to postpone the examination to the subsequent round of examination.

No refunds on the examination fee are applicable.

5. Candidates must reply to the Council on or before the prescribed date in any of the above mentioned circumstances. If failing to reply to the Council on or before the prescribed date, the Council will by default to defer their examination(s) to the subsequent round of examination.
6. All candidates should check their emails and/or enter the Council's website from time to time to check for any update on the arrangements for postponement/cancellation of the examination.

VI. SAMPLE QUESTIONS ON ESSAY-TYPE QUESTIONS

QUESTION 1

Choose the single most appropriate answer from below. Each answer can be used once, more than once or not at all. (4 marks)

- A Gynaecoid pelvis
- B Android pelvis
- C Anthropoid pelvis
- D Platypelloid pelvis

	Answer
1. The shape of brim is kidney shaped	
2. The pelvis is funnel shaped	
3. The ischial spine is blunt	
4. Type(s) of pelvis favor(s) OP position	
5. The sacrum is well-curved	

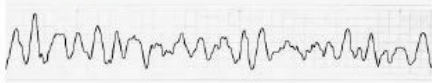
6. Give four landmarks of an obstetric outlet. (2 marks)

7. Give four features of an adequate pelvis. (4 marks)

QUESTION 2

1. The following diagrams show the ECG stripes, please circle the correct answer: (2 marks)

Ventricular fibrillation



1. Shockable rhythm / Non-shockable rhythm

Pulseless ventricular tachycardia



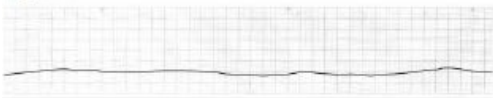
2. Shockable rhythm / Non-shockable rhythm

Pulseless electrical activity



3. Shockable rhythm / Non-shockable rhythm

Asystole



4. Shockable rhythm / Non-shockable rhythm

2. Give four causes of maternal collapse associated with pregnancy. (2 marks)
3. Briefly describe four important components on high-quality Cardiopulmonary Resuscitation (CPR) for a pregnant woman. (6 marks)

QUESTION 3

A 42 year-old primiparous has delivered a male baby with birth weight 3.0 kg by caesarean section. She has breastfed her baby exclusively since baby was born. On postpartum Day 3, the baby's transcutaneous bilirubin is raised and the serum bilirubin is checked to be 280 $\mu\text{mol} / \text{L}$. He also has weight loss to 2.76 kg. The mother is informed that her baby is confirmed to have G6PD deficiency.

1. What assessments are required for the mother and baby? (2 marks)
2. State the management and care for the baby. (4 marks)
3. Briefly describe the education and counseling that should be offered to the mother. (4 marks)

QUESTION 4

Mrs Ho, a primipara, has had an OGTT done at 28 weeks of gestation. The result shows a fasting blood sugar of 5.4mmol/L and 2 hours postprandial of 8.7mmol/L. You are the midwife counselling her.

1. Give dietary advice to Mrs Ho regarding her result. (5 marks)
2. Explain the maternal complications of her condition. (5 marks)

VII. SAMPLE QUESTIONS ON OSCE

QUESTION 1

You will have **2 minutes** to read the following information.

Mrs. Wong, a 30-year-old parity 1 lady comes to your Breastfeeding Clinic on Day 4 after her normal vaginal birth. Her baby had 2 times of bowel movement and 2 “just moist” diapers in the past 24 hours. Mrs. Wong breastfeeds her baby every 3-4 hours and she complains of sore nipples. She cries and worries about her baby.

Baby’s body weight

At birth	Day 4
3.0 kg	2.73kg

Questions will be asked by the examiners:

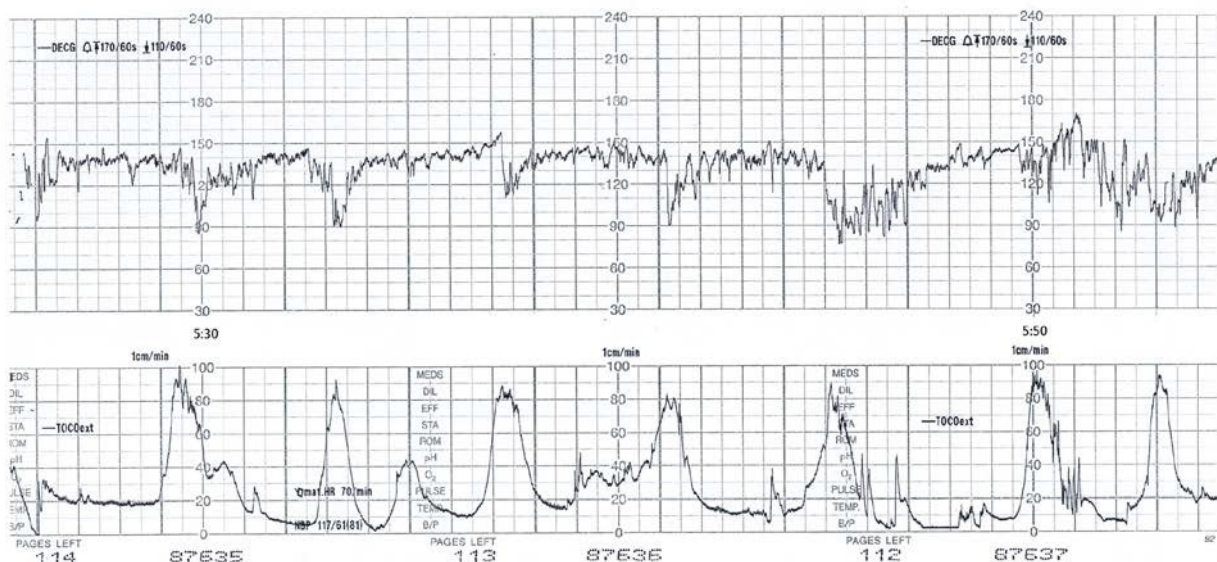
You are the midwife seeing Mrs. Wong at the breastfeeding clinic.

1. What are the problems of Mrs Wong and her baby? (3 marks)
2. Demonstrate and explain two counseling skills to build up the mother's confidence. (4 marks)
3. What assessment will you carry out for Mrs. Wong? (4 marks)
4. Demonstrate a proper positioning for breastfeeding. (4 marks)
5. What are the signs of good latching on? (6 marks)
6. How will you advise Mrs Wong regarding her sore nipples? (5 marks)
7. Demonstrate how you will teach mother to express breastmilk. (6 marks)
8. Demonstrate how you will teach the mother to cup-feed the baby. (4 marks)
9. Mrs Wong: How can I tell if my baby is getting enough breastmilk?
How will you advise her? (4 marks)

QUESTION 2

You will have **5 minutes** to read the following information and interpret the CTG.

Mrs. Wong, a gravida 1 parity 0 lady, is diagnosed with polyhydramnios and high head at term. At 38 weeks' gestation, Mrs. Wong has a spontaneous onset of labor with cervix dilated to 3 cm one hour ago. Upon transfer to labor ward, cardiotocography(CTG) is performed. Suddenly, she complains of rupture of membranes with thick meconium-stained liquor noted, and the CTG tracing is shown below.



Questions will be asked by the examiners:

1. Interpret the CTG tracing from 5:30 to 5:50. (5 marks)

Baseline fetal heart rate	_____
Variability	_____
Acceleration	_____
Deceleration	_____
Uterine contractions	_____
Overall comment	_____

2. As a midwife, what is your immediate management? (4 marks)
3. Cord prolapse is confirmed upon examination. What are 2 risk factors for Mrs. Wong? (2 marks)
4. What are your immediate actions for cord prolapse? (7 marks)
5. What will be your management if cervix is fully dilated? (2 marks)
6. Baby is born flaccid at birth. What will be your immediate newborn assessment? (3 marks)
7. Demonstrate your initial neonatal resuscitation. (4 marks)
8. Baby remains flaccid, apneic and heart rate is 90 bpm, what will be your next step of resuscitation? Please demonstrate the bagging technique & SpO2 monitoring. (6 marks)
9. Baby is still apneic and now heart rate drops to 50 bpm. Please demonstrate your actions. (7 marks)

(Last updated: January 2020)