**DRCOG SBA Template**

Question 1

|  |  |  |
| --- | --- | --- |
| **Author:** |  | **Date:** |
| **RCOG registration number:** |  | |
| **Knowledge domain:** |  | |
| **Reference source:**  (eg: NICE, TOG, BJOG) |  | |
| **Publication reference:**  (Include full reference) |  | |

**Stem (clinical scenario):**

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**Lead-in (short clear question):**

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**Option list (alphabetical order):**

|  |  |
| --- | --- |
| **A** |  |
| **B** |  |
| **C** |  |
| **D** |  |
| **E** |  |

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| --- | --- | --- | --- |
| **Correct answer**  **(A-E)** |  | **Correct answer in *words*** |  |

**Any comments or feedback:**

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Question 2

|  |  |  |
| --- | --- | --- |
| **Author:** |  | **Date:** |
| **RCOG registration number:** |  | |
| **Knowledge domain:** |  | |
| **Reference source:**  (eg: NICE, TOG, BJOG) |  | |
| **Publication reference:**  (Include full reference) |  | |

**Stem (clinical scenario):**

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**Lead-in (short clear question):**

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**Option list (alphabetical order):**

|  |  |
| --- | --- |
| **A** |  |
| **B** |  |
| **C** |  |
| **D** |  |
| **E** |  |

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| --- | --- | --- | --- |
| **Correct answer**  **(A-E)** |  | **Correct answer in *words*** |  |

**Any comments or feedback:**

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Question 3

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| --- | --- | --- |
| **Author:** |  | **Date:** |
| **RCOG registration number:** |  | |
| **Capability:**  (eg: Generic) |  | |
| **Reference source:**  (eg: NICE, TOG, BJOG) |  | |
| **Publication reference:**  (Include full reference) |  | |

**Stem (clinical scenario):**

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**Lead-in (short clear question):**

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**Option list (alphabetical order):**

|  |  |
| --- | --- |
| **A** |  |
| **B** |  |
| **C** |  |
| **D** |  |
| **E** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Correct answer**  **(A-E)** |  | **Correct answer in *words*** |  |

**Any comments or feedback:**

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