

OSCE STATION No. ()

HISTORY TAKING

INSTRUCTIONS TO THE **STUDENT**

This middle-aged patient has been admitted through the surgical clinic with recurrent attacks of **abdominal pain** for surgery

Please take a focused history and attempt to make a diagnosis.

After 5 minutes you will be asked

What you think is the **most likely diagnosis?**

What would be the most **useful diagnostic investigations ?**

NB: Allowed time for this station is 8 minutes

OSCE STATION No. ()

HISTORY TAKING

INSTRUCTIONS TO THE SIMULATED PATIENT

Please read carefully the instructions to the student prior to the start of the examination.

Answer questions **based** on the following scenario

Don't volunteer information unless asked

This station tests the student's ability to take a history from a patient.

Six week ago you experienced an acute episode of colicky upper right abdominal pain. This pain was radiating to the back and right shoulder and was associating with vomiting after a heavy fatty meal (kabab of sheep meat). The pain was relieved with some drugs ,scobutyl, Diclofen, and IV fluids after admission to the surgical ward for three days , then you were discharged ,to come back for surgery for the stones in your gall bladder

- You have had previous similar episodes for the last one year mainly after fatty meals
- You have **no history of jaundice** (no discolouration of urine or stool or sclera)
- You had **no** other symptoms in relation to GIT .
- Your **other clinical systemic review** is unremarkable
- You had **past History** of appendicectomy 15 years ago
- You had a history of **RTA** 7 years ago with H/O non-complicated fracture right lower limb and treated only with **POP** cast
- You had **Hepatitis C**, discovered lately when doing the preop. preparation
- **General Health:** You are otherwise fit and well.
- You are a **diabetic** and have been on tablets for 10 years
- You have no complications of diabetes i.e. no eye problems, no high blood pressure, no circulation problems and no nerve problems.
- **Drug History** You take Glucophage 750mg three times daily for your diabetes.
- **Social:**

You are married and having 5 children

You have smoked 20 a day for 20 years

Occupation - bus driver for 20 years

OSCE STATION No. ()

HISTORY TAKING FROM A SIMULATED PATIENT

INSTRUCTIONS TO THE EXAMINER

Please read carefully the instructions to the student and the simulated patient.

Greet the student and give him/her the **written instructions**.

This is a patient with a recurrent attacks of colicky RHC pain, the last is six weeks ago. The student should take a focused history to cover all items of history taking, possible causes of the pain, and try to make a **diagnosis**.

After 5 minutes stop the student and ask

What they think is the most likely **diagnosis** ?

What would be the most useful **investigations** in preparation **for surgery** . ?

These **include**:

- CBC. Blood group
- Blood chemistry; LFTs, Amylase, creatinin, urea..., Electrolytes,.....
- Blood serology for Hepatitis; B, C,..
- Ultrasound scan of abdomen including biliary tree
- ? CxR,...? ECG

Complete the marking as in the mark sheet, please.

EXAMINER'S NAME..... STUDENT NAME

Greet the student and give him/her the written instructions.

Please encircle the appropriate mark for each criterion.

Criterion	Performed competently	Performed but not fully competent	Not performed or incompetent
Initial approach to the patient (introduces him-herself, explains what he/she will be doing)	2	1 0.5	0.5
Complaint: (Pt's own words)	1	0.5	0
HPC:			
Abdominal Pain:			
Characters:			
Periodicity , duration	1	0.5	0
Previous episodes			
Single or multiple			
Radiation	1	0.5	0
Nature			
Preceptitated by , Relieved by	1	0.5	
Other characters			0
Associated symptoms	1	0.5	
Vomiting jaundice (sclera,urine discoloration)	1		0s
Other GIT symptpms		0.5	
Other systemic review			
Past History: (Hepatitis C)			
Appendicectomy	1		0
RTA		0.5	
Social history			
Smoking	1		0
Occupation		0.5	
Diagnosis			
Chronic calculus Cholecystitis	2	1.5 1	0.5 0
Investigations			
CBC, Grouping			
Blood serology for Hepatitis B,C,	3	2 1 1.5s	0.5 0
Creatinine, U & Es, LFTs, amylase			
Imaging : Abdominal (biliary)			
U/S, CxR			
Overall approach to task	5 4	3 2	1 0
Total (max 20)			
Overall rating of station	Clear pass >12	Borderline 10-12	Clear failure <10

Name..... Signature..... Date.....

OSCE STATION No. (3)

Time 10 Min

STATIC STATION

SURGICAL INSTRUMENTS

STUDENT NAME:.....

STUDENT No:.....

INSTRUCTIONS TO THE STUDENT

The following surgical instruments were used to operate on an 18 year old young lady because of right iliac fossa pain that started periumbilical 12 hours before admission. She had leucocytosis with no urinary or gynaecological problems. Her pelvis and abdominal ultrasound showed minimal fluid in RIF.

1. *What is the most probable diagnosis of this patient? And what was the surgery done for her?* (5)

.....

2. *What is this instrument No. 1 And where it is expected to be used during this surgery?* (5)

.....

3. *What is this instrument No. 2 And where it is expected to be used in this surgery?* (5)

.....

4. *Mention three complications of this surgery.* (5)

1)
 2)

OSCE STATION No. (3)**INTERPRETATION OF X-RAYS**

STUDENT NAME:..... STUDENT No:.....

INSTRUCTIONS TO THE STUDENT

The following surgical instruments were used to operate on an 18 year old young lady because of right iliac fossa pain that started periumbilical 12 hours before admission. She had leucocytosis with no urinary or gynaecological problems. Her pelvis and abdominal ultrasound showed minimal fluid in RIF.

- 2. What is the most probable diagnosis of this patient? And what was the surgery done for her? (5)**

.....Acute...appendicitis.....

.....Appendicectomy.....

- 2. What is this instrument No. 1 ? And where it is expected to use during this surgery? (5)**

Babcock, soft tissue clamp

To hold soft tissues eg. Appendix; base, tip & cecum .

- 3. What is this instrument No. 2 ? And where it is expected to use in this surgery? (5)**

Toothed forceps

To hold tough tissues eg fascia, external oblique aponeurosis .and..

.Skin ; during suturing the skin.....

- 4. Mention three complication of this surgery. (5)**

1). Wound infection.....

2) Pelvic abscess..

3) Fecal fistula.....

INTERPRETATION OF X- RAYS

STUDENT NAME:..... STUDENT No:.....

INSTRUCTIONS TO THE STUDENT

This patient with a history diffuse abdominal pain, vomiting and constipation of 12 hours duration and was admitted as an emergency. He had history of exploratory laparotomy due to penetrating abdominal gunshot wound during the last war on Gaza. This X-Ray was taken.

1. What the important abnormal features are present on this X-Ray? (5)

- 1)
- 2)
- 3)

2. What is the most likely diagnosis by these features ? (2.5)

.....

What other investigations you may request to help in diagnosis & management ? (2.5)

.....

.....

3. What other conditions which may cause similar picture? (5)

- 1)
- 2)
- 3)

4. Mention two options of treatment of this condition and the indication of each option (5)

- 1)
.....
- 2)

OSCE STATION No. (8)

INTERPRETATION OF X-RAYS

STUDENT NAME:..... STUDENT No:.....

INSTRUCTIONS TO THE STUDENT

This 53-year-old man with a history diffuse abdominal pain, vomiting and constipation of 12 hours duration and was admitted as an emergency. He had history fo exploratory laparotomy due to penetrating abdominal gunshot wound. This X-Ray was taken.

1. What the important abnormal features are present on this X-Ray? (5)

- 1) Air and fluid levels 2
 2) Dilated small bowel (jejunum) 2
 3) (mild scoliosis)..... 1

2. What underlying condition is indicated by these features? (2.5)

Small bowel obstruction

What other investigations you may request to help in diagnosis? (2.5)

- CBC..... . 1
 Supine abdominal X-ray..... 1.5

3. Give the three most likely diagnoses, which could cause this condition? (5)

- 1) Small bowel adhesive obstruction 3
 2) Ileus secondary to bowel perforation 1
 3) Mechanical obstruction of small bowel by a tumour 1

4. Mention two options of treatments of this condition But the indication of each option (5)

- 1) Conservative. Drip and suck 1.5
 Indicated in early obstruction..... . 1
 2) Surgery, exploratory laparotomy and treat the cause 1.5
 Indicated if conservative management failed.....

OSCE STATION No. (2)

COMMUNICATION SKILL STATION

INSTRUCTIONS TO THE STUDENT

This patient underwent open cholecystectomy , 3 days ago for symptomatic gallstones.

The surgery was smooth and the postoperative course was uneventful. His skin incision was closed with an absorbable subcuticular stitch. He is tolerating free fluids orally . He is hypertensive on co-diovan 80 mg / day and diabetic on Daonil 5 mg tabs twice daily. He is due to go home today.

Instruct the patient what to do on discharge.

NB :This 10 minutes station

OSCE STATION No. (2)
COMMUNICATION SKILL STATION

INSTRUCTIONS TO THE **SIMULATED PATIENT**

You were **operated 3 days ago** and open cholecystectomy was done.

The post operative course was smooth and no complications so far!

- You are hypertensive on Co-diovan 80 mg /day and diabetic on Daonil 5 mg tabs twice daily
- You are due to go home (be discharged) today.
- Listen to the student carefully.

Never volunteer to give other information apart from following his/her instructions and answering related questions (على قد السؤال بس)

- **Ask the following questions if not mentioned by the student:**
 - When and to eat normally
 - When to come back to hospital (emergency, outpatient,..
 - When to remove the stitches,
 - What physical activities are allowed for me?
 - Shall the wound be dressed daily ?
 - When to have a shower (bath) ?
 - Any complication expected to have while being at home ? and what to do if any ?

If the student's advice and instruction are clear

Don't ask for clarification

OSCE STATION No. (2)

COMMUNICATION SKILL STATION

INSTRUCTIONS TO THE EXAMINER

Please read carefully the instructions to the **student** and to the **simulated patient**.

Greet the student and give him/her the ***written instructions***.

Observe the interaction between the student and simulated patient and complete the mark sheet.

Please DO NOT interact with the student or simulated patient during or after completion of the task.

The purpose of this station is to assess the student's ability to instruct and communicate with the patient on discharging him post-operatively

OSCE STATION No.(2)

COMMUNICATION SKILL STATION

STUDENT NAME.....EXAMINERS NAME

*Greet the student and give him/her the written instructions.**Please encircle the appropriate mark for each criterion.*

Criteria	Performed competently	Performed but not fully competent		Not performed or incompetent	
Initial approach to the patient (introduces him/herself, explains what he/she will be doing)	2	1		0	
Explanation of rationale of food intake	2	1		0	
Explanation of physical activities allowed	2	1		0	
Explanation how to care of wound	3	2	1	0	
Explanation of when to come back (to ER or OPD)	3	2	1	0	
Explanation of possible complications post-cholecystectomy	4 3	2	1	0	
Overall approach to the task	4	3	2	1	0
Total (max 20)					
Overall rating on station	Clear pass>12		Borderline10-12		Clear failure <10

Name Signature..... Date.....