

AVAILABLE In
New UpDate



Jun'2019

OBS & GYNE

vol '1

OSCEs Check List

اطلبها
بأحدث
للماره

Stations

:

1	Labour	
2	Amenorrhoea Osces	
3	Amenorrhoea	
4	PV	
5	Urinary Incontinence	
6	Mid Cavity Obstetric Traction Forceps	
7	CS	
8	Antenatal Risk Factors	
9	Imperforate Hymen	
10	Postmenopausal Bleedign	
11	Turner Syndrome	
12	Lower Abdominal Pain Dysmenorrhoea	
13	CTG	



▶ Student information

Mrs. Dolly is a primigravida, full term, presented to you in the active phase of labour. She had uneventful antenatal records.

Do an obstetric vaginal examination to her and answer the following questions:

Q1. Identify the following:

- ▶ The presenting part of the fetus.
- ▶ The position of the presenting part.
- ▶ Is the presenting part engaged?

Q2. If the cervix is fully dilated, how would you deliver this patient?



▶ Examiner check list

Name of the student:

Q1. The following are the correct findings:

(two marks for any correct answer)

A	Face presentation.	
B	Direct mento-posterior position.	
C	Engaged head	

Q2. Caesarean section. *(two marks)*

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Total Marks | | *Out of 8*

Name of examiner:

Signature:

▶ Student information

Mrs. Hussan consulted you in the gynecological clinic. She brought to you the picture of her 14 years old daughter (*identify the attached photo*). She is worried that her daughter has no menses yet.

Q1. Identify 3 abnormalities that you can see in the picture.

Q2. What is the most likely diagnosis?

Q3. Innumerate 3 investigations that you should arrange for her to confirm the diagnosis.



▶ Examiner check list

Name of the student:

Q1. The student should mention any of the following
(one mark each, total 3 marks):

A	Absent breast development	
B	Webbing of the neck	
C	Cubitus valgus	
D	Short stature	
E	Widening of the space between the two nipples	

Q2. Turner syndrome (two marks).

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Q3. The student should mention any of the following
(one mark each, total 3 marks):

A	Chromosomal study	
B	Hormonal study (FSH, LH)	
C	Ultrasound scan	
D	Laparoscopy	

Total Marks | | **Out of 8**

Name of examiner:

Signature:

▶ **Student information**

Mrs. mohammad, a26 yr old female pt, married, previously healthy, P2+0, presented to u c/o amenorrhea of 6 months duration

Q1. take a relevant history ?

Q2. what are the investigations you will order for her?

▶ **Roleplayer informations**

A26 yr old female, married, P2+0, u have a history of 6 months amenorrhea, previously you have a regular cycles Q 28 days, u also c/o headache & blurred vision of same time duration.



▶ Examiner check list

Name of the student:

Q1. The student should mention any of the following

(one mark each, total 3 marks):

1	Introduce ur self	0.5	
2	Hx of lactation	0.5	
3	Ask about hairsutism, acne	0.5	
4	Hx of recent weight gain or loss	0.5	
5	Headache, blurring of vision	0.5	
6	glactorrhea	0.5	
7	Hx of sterenuous exercise	0.5	
8	Hx of heat or cold intolerance	0.5	
9	drugs	0.5	
10	Method of contraception	0.5	
11	Hx of previous similar problem	0.5	
12	Hx of sever PPH	0.5	
13	Hx of stressfull condition	0.5	
14	Hx of previous uterine surgery	0.5	

Investigations :

(0.5 mark for each)

|1|pregnancy test |2|serum prolactin |3|pelvic u/s

|4|hormonal profile (LH, FSH, E2) |5| TFT |6|pituitary MRI

Total Marks | | **Out of 10**

Name of examiner:.....

Signature:

▶ Student information

Mrs. Dolly is a primigravida, presented to you at term with labour pains. She had uneventful antenatal records. Her abdominal obstetric examination is normal.

You want to perform an obstetric vaginal examination to her:

Q1. Innumerate five pre-request things that you need to perform this type of examination?

Q2. Do the examination and identify the following:

- ▶ The presenting part of the fetus.
- ▶ The position of the presenting part.
- ▶ Is the presenting part engaged?



▶ Examiner check list

Name of the student:

Q1. The student should mention any 5 of the following:
(one mark for any correct answer)

1	A nurse with you.	
2	To describe the procedure to the women.	
3	Gloves.	
4	Antiseptic cream.	
5	Antiseptic solution and swaps.	
6	Drapes to cover the women.	
7	Privacy	
8	The women should empty her bladder.	

Q2. The following are the correct findings:
(one mark for any correct answer).

A	Vertex presentation.	
B	Left occipito- anterior position.	
C	Engaged head	

Total Marks | | **Out of 8**

Name of examiner:

Signature:

▶ **Student information**

Mrs Ahlam is a 44 yrs old lady, medically free, P6+2 (all by NVD) , presented to you with a history of stress urinary incontinence for the last 2 months:

Q1. take a relevant history?

Q2. do relevant physical examination?

Q3. what investigations u will order?



▶ Examiner check list

Name of the student:

History : (0.5 mark for each)

1	Introduce your self	0.5	
2	Ask about hx of dysuria, frequency	0.5	
3	occupation	0.5	
4	Previous difficult deliveries	0.5	
5	Hx of chronic cough	0.5	
6	Hx of constipation	0.5	
7	Hx of use of drugs (<i>diuretics</i>)	0.5	
8	Hx of previous incontinence surgery	0.5	
9	Problems with sexual intercourse	0.5	
10	Menstrual history	0.5	

Examination: (0.5 mark for each)

1	chest examination .	
2	abdominal examination (<i>presence of masses</i>).	
3	speculum examination.	
4	bimanual examination.	

Investigations : (0.5 mark for each)

- |1|urin analysis |2|fluid / volume chart |3|urodynamic study
|4|pelvic u/s.

Total Marks | | **Out of 9**

Name of examiner:.....

Signature:

▶ **Student information**

Have a close look at the instrument in front of you and answer the following questions:

Q1. Identify the instrument.

Q2. What are the landmarks present in the instrument that confirms your identification?

Q3. Mention three indications for the use of this instrument.

Q4. At what station the presenting part of the fetus should be when you apply this instrument.



▶ Examiner check list

Name of the student:

Q1. Mid cavity obstetric traction forceps? (two mark)

Q2. ?? (One mark for each correct answer):

A Presence of pelvic curvature.

B It has a locked axis (*fixed lock*).

Q2. Any three of the following?

(One mark for each correct answer)

Prolonged second stage of labour.

Fetal distress.

Maternal distress (*exhaustion*).

Shortening the second stage of labour

Delivery of after coming head in breech Presentation.

Q4. At station 0 or more? (one mark)

Total Marks | | **Out of 8**

Name of examiner:.....

Signature:

▶ Instructions to student

You are about to see Mrs. Hanan Yousif, a 24 years old. She is G2, P1+0, 24 weeks pregnant now. She is worried that her last pregnancy ended by emergency caesarean section. Take the appropriate past obstetric history, and answer her enquiries

▶ Instructions to Roll-player

- You are Mrs. Hanan Yousif.
- 24 years old.
- You have 1 child and now 6 months pregnant.
- You married in the 1st. of July 2005.
- You got pregnant 3 months after your marriage.
- You used to have a regular antenatal visits.
- During the first 3 months of the first pregnancy, you had no problems apart from vomiting 2 to 3 times daily in the first 2 months.
- From the 4th. to the 6th. month, you had one attack of urinary tract infection treated by antibiotic without admission to hospital.
- During your pregnancy you had ultrasound scan several times that showed a normal fetus with normally situated placenta.
- At the beginning of the 9th. month, you had heavy vaginal bleeding of no obvious cause. Admitted to hospital and urgent caesarean section was done. Both you and the male baby were in good health after the surgery.
- You delivered a healthy male baby weighing 3.5 Kg.
- You had no complications after delivery up to the end of the puerperium.

NOW YOU WANT TO ASK THE DOCTOR THE FOLLOWING QUESTIONS

NOW YOU WANT TO ASK THE DOCTOR THE FOLLOWING QUESTIONS



- Q1. Do you think that the operation was essential?
(Yes/No).
- Q2. Do you think I have more risk to have this event in
the current pregnancy? (Yes/No).
- Q3. Do you think that I should have another caesarean
section in this pregnancy even if this pregnancy
passed without any complications? (Yes/No).



Examiner check list

Name of the student:

No	Items	Mark	Tick
1	Introduce your self	0.5	
2	Explain to the woman your task	0.5	
3	Date of marriage	0.5	
4	Marriage conception period	0.5	
5	Antenatal visits	0.5	
6	Events during the first trimester	0.5	
7	Events during the second trimester	0.5	
8	Events during the third trimester	0.5	
9	History of the bleeding	0.5	
10	Mode of delivery	0.5	
11	History of newborn	0.5	
12	History of puerperium	0.5	
13	Yes	0.5	
14	Yes	0.5	
15	No	0.5	
16	Quality of communication Skill (<i>good, fair, bad</i>)	1.5	

Total Marks | | **Out of 9**

Name of examiner:

Signature:

▶ Student information

Read the following case presentation and identify **FIVE** antenatal risk factors that this woman has.

Mrs. Mohammad is a 32 years old pregnant woman, consulted you in the antenatal clinic for booking visit. She is 14 weeks pregnant. Weight, 80 Kg. Heights, 150cm B.p. 130/80 mmHg.

Obstetric history:

- G 7 P 5 + 1.
- All her deliveries were vaginal. The first 3 deliveries were NVD. The 4th. pregnancy ended by spontaneous delivery of unexplained stillbirth. The last delivery was an assisted vaginal delivery by ventouse extractor due to prolonged second stage of labour. The fetal weight was 3.8 Kg.

Past history: History of urinary tract infection in her last pregnancy.

Family history: Her father is Hypertensive.

Current pregnancy:

- She has a history of vaginal bleeding when she was 8 weeks pregnant. The bleeding stopped spontaneously with out any treatment.
- Her hemoglobin is 11.2 g/dl.
- Her blood group is O +ve, and her husband is B –ve.
- Ultrasound scan shows a healthy 14 weeks twin pregnancy.

N.B. Please write your name and answer the questions in the spaces provided in the answer sheet.



▶ Instructions to examiner & check list

Name of the student:

Please consider the first 5 risk factors that the student will identify. Disregard any further factors after that.

(1 mark for each correct answer)

1	Grand multipara	
2	History of unexplained stillbirth	
3	History of assisted vaginal delivery	
4	History of threatened abortion in current pregnancy	
5	Ultrasound finding of twin pregnancy	

Total Marks | | *Out of 5*

Name of examiner:.....

Signature:



▶ Examination check list

Name of the student:

(1 mark for each correct answer)

No.	Risk factors	Mark
1		
2		
3		
4		
5		

Total Marks | | *Out of 5*

Name of examiner:

Signature:

► Instructions to student

Sixteen years-old girl brought by her mother to the clinic. She is worried that her daughter has no menses yet. On local examination to the vulva, the following feature is seen (*see the attached photo*).



N.B. Please write your name and answer the following questions in the spaces in the answer sheet provided.

Q1. What is the diagnosis.

Q2. Mention TWO most common clinical symptoms that this girl may have.

Q3. What is the treatment?

Q4. Do you think that the secondary sexual characters are well developed in this girl?

Q5. What is the chromosomal sex of this girl?

Q6. Do you think that this girl may have a normal fertility in the future?

▶ Examination check list

Name of the student:

(1 mark for each correct answer)

No.	Answer	Mark
Q1	Cryptomenorrhoea due to imperforated hymen.	2
Q2	1. Cyclical lower abdominal pain.	1
	2. Frequency and possible difficulty with micturition.	1
Q3	Incision of the hymen	1
Q4	Yes	1
Q5	46XX	1
Q6	Yes	1

▶ Examination answer sheet

Name of the student:

(1 mark for each correct answer)

No.	Answer	Mark
Q1		
Q2	1. 2.	
Q3		
Q4		
Q5		
Q6		

Total Marks | | *Out of* _

Name of examiner:

Signature:

▶ Student information

Mrs Mona ,a56 yrs old lady, P3+2, menopause, presented to you c/o post menopausal bleeding of 1 month duration.

1. take history.
2. what investigations you will order for her ?

▶ Role player informations

You are a 56 yrs old lady, P3+2, diabetic on OHA, hypertensive on treatment, menopause for the last 8 years , c/o PMB of 1 month duration, have asister died before 2 years with endometrial cancer.



▶ Examiner check list

Name of the student:

History :

1	Introduce Your Self	0.5	
2	Age Of Menarche	0.5	
3	Age Of Menopause	0.5	
4	Hx Of DM, HTN	0.5	
5	Use Of HRT	0.5	
6	Hx Of Breast Cancer & Tamoxifen Use	0.5	
7	Family History Of Endometrial Cancer	0.5	
8	Hx Of Frequency , Urgency , Dysuria	0.5	
9	Hx Of Anovulatory Cycles (PCOS)	0.5	
10	Obesity	0.5	
11	Recent Weight Loss	0.5	

Investigations :

(0.5 mark for each)

|1| trans vaginal u/s scanning |2| pap smear |3| CBC |4| LFT
|5| out patient endometrial biopsy |6| Dx hysteroscopy |7| D&C

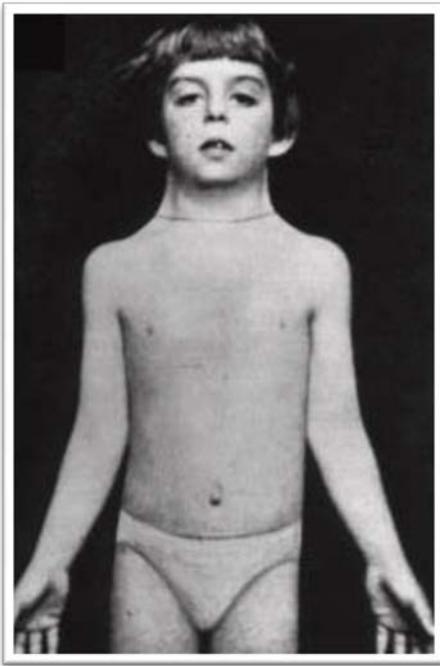
Total Marks | | **Out of 9**

Name of examiner:

Signature:

▶ **Student information**

Mrs. Hussan consulted you in the gynecological clinic. She brought to you the picture of her 14 years old daughter (*identify the attached photo*). She is worried that her daughter has no menses yet.



Q1. Identify 3 abnormalities that you can see in the picture.

Q2. What is the most likely **diagnosis**?

Q3. **Innumerate 3 investigations** that you should arrange for her to confirm the diagnosis.



▶ Examiner check list

Name of the student:

Q1. The student should mention any of the following

(one mark each, total 3 marks)

1	Absent breast development	
2	Webbing of the neck	
3	Cubitus valgus	
4	Short stature	
5	Widening of the space between the two nipples	

Q2. Turner syndrome *(two marks)*.

Q3. The student should mention any of the following

(one mark each, total 3 marks)

1	Chromosomal study	
2	Hormonal study (FSH, LH)	
3	Ultrasound scan	
4	Laparoscopy	

Total Marks | | **Out of 8**

Name of examiner:

Signature:

▶ Student information

Mrs hana , a23 years old lady , medically free , G4P1+2 , GA 28 weeks, presented to ER with lower abdominal pain dysmenorrhea like Q 15 min , for the last 2 hours.

take a relevant history .

what you will do for her ?

▶ Roleplayer informations

Mrs Hana , a23 yrs old lady , medically free, G4P1+2, has a history of previous preterm delivery at GA 30 weeks & 2 second trimester abortions.

You are now 7 months pregnant, singleton, with Mcdonald stich

You are c/o lower abdominal pain dysmenorrheal like Q 15 min for the last 2 hrs, not associated with vaginal bleeding or passage of liqor.



▶ Examiner chick list

Name of the student:

History:

1	Introduce your self	0.5	
2	Ask about last menstrual period	0.5	
3	Previous history of PTL	0.5	
4	Previous history of 2 nd trimester abortions	0.5	
5	Presence of stich	0.5	
6	Urinary symptoms	0.5	
7	Multiple gestation	0.5	
8	Previous history of cervical surgery	0.5	
9	Associated vaginal bleeding	0.5	
10	Vaginal discharge	0.5	
11	Hx of smoking	0.5	
12	Fetal movement	0.5	

Examination & Investigations:

1	Abdominal examination for tenderness	0.5	
2	Fundal hight	0.5	
3	Speculum examination	0.5	
4	Ultrasound examination	0.5	
5	Cervical length assessment	0.5	
6	Vaginal examination to assess stich	0.5	
7	Urin analysis	0.5	
8	Fetal fibronectin	0.5	

Total Marks | | *Out of 12*

| Name of examiner:.....

| Signature:

▶ Student information

Mrs. X, a full term primigravida, was admitted to the Labour room. She had 2 uterine contractions every 10 minutes lasting for more than 20 seconds. On vaginal examination, the cervix is 2 cm.

dilated 50% effaced. After 6 hours from admission the findings on vaginal examination are still the same as before. Attached, is part of her CTG.

Study the **CTG** and answer the following questions

Q1. In regard to the fetal heart monitoring:

- What is the basal fetal heart rate?
- What is the fetal heart variability?
- What is the reaction of the fetal heart to uterine contraction?
- Do you think the fetus is suffering from intrauterine hypoxia (fetal distress)?

Q2. What do you think about her tocography?

Q3. What do you call the condition that Mrs. X has?

Q4. What is your proposed action for this condition?



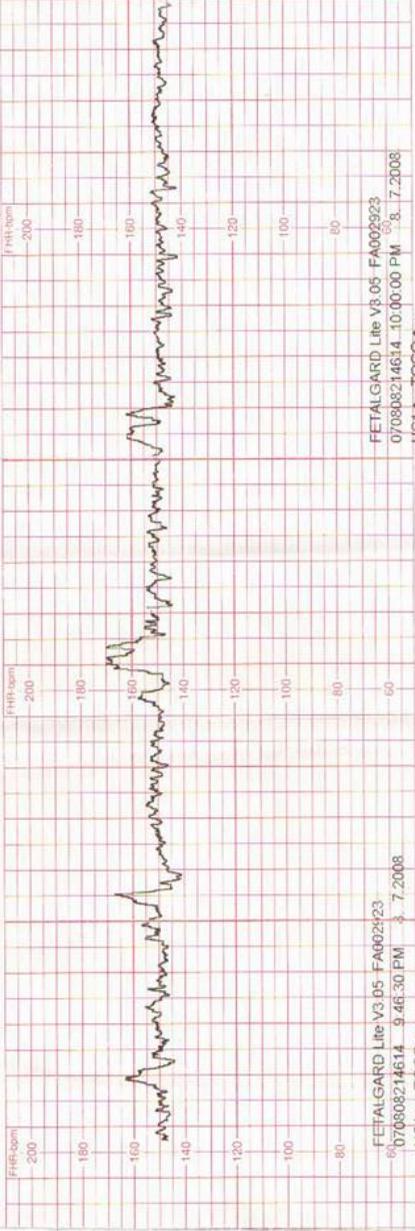
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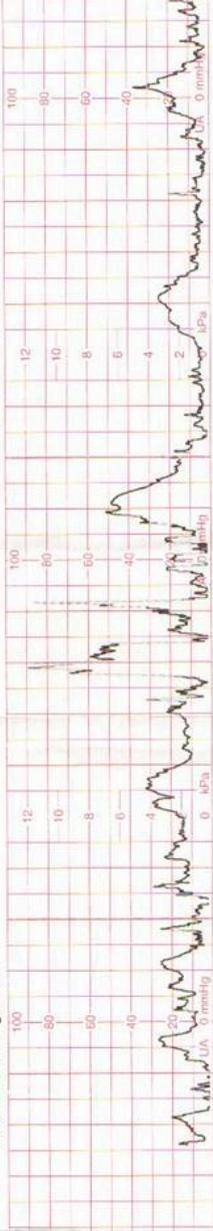


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Examiner chick list

Name of the student:

Q1. (One mark for each correct answer)

Variables	Answer	Mark
Basal fetal heart rate	150 beats / minute	
Fetal heart variability	7 beats / minute	
Reaction of the fetal heart	acceleration	
Fetal distress	No	

Q2. (One mark for each correct answer)

Uterine contractions	Mark
Irregular in intensity	
Irregular in frequency	

Q3. (One mark)

Prolonged latent phase of the first stage of labour

Q4. (One mark)

~~Oxytocic drugs~~
Correction: Oxytocic drugs
oxytocic
ok-sT-tbcsik 🐦

- Hastening childbirth.
- Syn:** parturifacient (2).

Total Marks | | **Out of 8**

Name of examiner:

Signature:

