**2019 OSCE JULY 2019**

**Day 1**

**Each station is allocated 5 minutes , 8 questions in total , each system is tested**

**Question 1 ( GIT)**

Palpate the abdomen ... distribution of marks

 Make sure pt is comfortable in bed (2 mks)

Expose waist up …. lower to be done later to avoid embarrassing the patient

General exam done at the foot of the bed

Stand on the right side of the patient

Start palpating at the furthest point of the abdomen

Systematic palpating of 9 segments of the 9 segment … start with rt ,lt flank them rt,lt iliac fossa , umbilical area ,epigastric ,suprapubic

Superficial palpation .. use 1 hand , place the hand flat , flex at the metacarpophalangeal joint ……….. note if the abdomen is soft/tender ? … is the child showing pain on the face , comment on any masses

Deep palpation … rt iliac fossa moving superiorly to the rt hypochondriac region .. press upwards with the patient’s breathing

Palpate for spleen from the right iliac fossa press outwards the lt hypochondriac region you could ask pt to lie laterally to support rib cage.

For kidney put the hand at the bottom and top …. just read examination of each system from Hutchinson’s

**Question 2 (CNS)**

Examine cranial nerves 3, 4,5,6 … examine for eye movements( Remember the H movement) , direct pupillary reflex , consensual reflexes and accommodation

Examine for trite I also nerve ... sensory (V1,V2,V3), jaw jerk reflex , check for masseter

**Question 3 ( lab specimen)**

A 24 month year old child presents with ; fever , seizure episode less than 2 minutes , a cough and has had an episode of seizures in the past

The lab results of CSF analysis is as follows : ( make sure you know all lab reference ranges )

Glucose in mmol/L - 4.1

Protein in g/L - 0.2

Cell count - 3 cells

Serum glucose - 6.2

1. Comment on each lab results… give an interpretation? Lab reports are normal
2. Explain to the patient the possible diagnosis? from history ….. history of fever , 1 episode of fever lasting less than 2 minutes , 24 month old ( usually febrile fevers occur at this age) , the child currently looks well therefore febrile seizure is the cause …. 6 months to 6 years
3. Risk factors and management of prevention? ..

 Family history of febrile seizure

 Careful search for cause of fever

 Active measure of management of fever such as antipyretics and antibiotics if indicated

 Indicate appropriate use of anticonvulsants …. phenobarbital???

 Indicate prognosis

 Tell patient in the importance of controlling fever

**Question 4 ( CVS)**

A child who has been unwell since birth has the following Blood pressures 100/70 on the upper limb and 50/35 on the lower limbs

Examine child’s pulses and state findings as check for a pulse … also state most likely diagnosis from the information given? …….. **coarctation of the aorta**

Note how examine the pulses

Radial pulses on both sides

Brachial pulses on both sides

Carotid pulses on both sides …. not @ the same time

Femoral pulses

Popliteal pulses

Dorsalis pulses …check for pulses contralaterally

Appreciate and comment on the rate , volume , character , feel for brachial -brachial delay , check and fell for radio femoral delay

Compare the right and the left pulses on the upper and lower limbs

**Question 5 ( child health)**

This is a counseling station ,A mother of a 6 month old on appropriate complementary for a child age 6-8 months who is breastfeeding outline the key messages you’ll tell the mother under the following headings

1. Frequency of food ? 2 -3 meals plus breastfeeding on demand , 1-2 snacks may be offered depending on children’s appetite
2. Amount of food /feed? 2-3 tablespoons gradually increased to ½ of the 250ml cup.
3. Food consistency? Mashed , puréed or semisolid … not don’t blend to promote development of teeth
4. Food variety ? Minimum of 4 out of 7 food groups as recommended by WHO
5. Food hygiene ? Washing of Hands by caregiver and child before food prep and eating , freshly prepared food @ each time and serve immediately after feeding, use clean utensils, completely avoid using feeding bottles
6. Appropriate feeding during illness ? Increase fluid intake , breastfeed more frequently and give soft appetizing food

**Question 6 ( imaging )**

Quality of radiological image [https://www.radiologymasterclass.co.uk/tutorials/chest/chest\_quality/chest\_xray\_quality\_rotation]

Introduce the X Ray eg this is a chest x Ray for pt x AP view and it belongs to patient X ….. yrs ……. sex etc

Taken on date

Taken in good inspiration?

Is it rotated?

When in inspiration count the anterior ribs on the rt and anterior ribs above the diaphragm

Check if x Ray is rotated? Use clavicle and spinous process … different for neonate measure the distances from the 4th ribs lateral border to the center of the spine (upper)

measure the distances from the 8th ribs lateral border to the center of the spine (lower)

Reference: <https://radiopaedia.org/articles/neonate-chest-supine-view>

For penetration ? Normal , under penetrated, over penetrated look @ intervertebral disc in the lower thoracic spine or identity pulmonary vessels past the heart or the if visible , comment on penetration

Evaluate lung fields , airways , describe your findings what is your diagnosis

Lung Fields , rt lung, lt lung , pleural borders , costophrenic angle , Hilary regions and ribs … comment and give diagnosis

**Question 7 ( Neonatology)**

Neonate admitted due to jaundice , examine pt by observation only . Asses the therapy that the patient has been given and asses the effectiveness

Describe if pt is covered or exposed .?

Describe the level of activity ? Is pt asleep or awake … crying ,lethargic .

???

Describe the posture ?

Describe observable color?

Assess effective phototherapy ?

.. count number of tubes … is it blue / white light

Measure the distance between patient and light

Check the light time counter ( the time since the last tube was changed )

Comment on the dose / strength required for effective phototherapy

**Question 8 ( respiratory system )**

Pt presents with cough and fever for 3 days and DIB for 1/7

Do a general exam relevant to the respiratory system

State likely diagnosis and differential diagnosis from the history

Gen exam for resp …

Bedside manner / etiquette … explain to the pt/ child( parent or guardian) what you are about to do , Practice hand hygiene and take resp rate for a full minute

Check for the following central cyanosis , pallour, finger clubbing, head nodding , added breathe sounds such as wheeze , stridor, Cohn ,grunting, nasal flaring , any other features of distress … using the accessory ms of respiration

Request for Oxygen saturation levels

Look at the lymph nodes

Edema

Pallor

Nutritional status

General status

Dx…. pneumonia ...classify

DDx…. asthma, TB , aspiration pneumonia, foreign body , bronchitis , bronchiectasis

**Day 2**

**Question 1 ( GIT/abdomen)**

Palpate abdomen and describe the findings… same as day 1

**Question 2 ( CNS)**

Examine the motor functions in the upper limbs in this patient

Inspection…… position patient with arms exposed , asses muscles of the hands, arms and the shoulder girdle

Asses for size, shape and symmetry

Then go through Tone, Power and reflexes

Tone - test tone by holding the patient’s hand and simultaneously pronating and supinating the forearm . Flexing and extending @ the shoulder elbow and wrist.

Power- test for shoulder abduction , elbow flexion and extension , wrist flexion and extension , finger flexion and extension , thumb abduction and opposition …compare the power contralaterally , do reflex test for biceps , triceps and supinator

**Question 3 ( GIT )**

6 year old presents abdominal pain for 1/12 , passing stool once a day ...5/7 with hard pallets

Take additional hx and give a possible diagnosis

Does child soil pants lately? , any pain while passing stool? , any blood on the surface of hard stool, any vomiting, abdominal swelling, water and dietary intake in relation to high fiber food ,similar family hx, social hx… any change in psychosocial changes in school, any allergy to cow's milk

Management: plenty of fluids , plenty of fiber food with vegetables ,encourage child to be physically active , give a laxative and also ask about toilet training

F- fluids

T- toilet training

E - exercise

D - diet

Note this advise parents the parents to stay calm and address underlying psychosocial issues eg dirty toilet

**Question 4 ( CVS)**

Child has unwell since birth

Presenting complaints including cough, DIB , dusky color on lips and fingers

Do a general exam relevant to the CVS based on the given hx and give a diagnosis and differential diagnosis on signs and symptoms

Exams

Breathing, scars, any dysmorphic features , feels hands and feet for temperature gradient, feel hands and feet for cap refill time, look for cyanosis central and peripheral, finger clubbing, pallor … both conjunctival and palmar, Jane way lesions , Osler nodes , radial pulse comment on rate and rhythm , check and feel for brachial ...brachial delay and radiofemoral delay , ask for Bp , temperature and respiratory rate

Check nutritional and general state of the child

Diagnosis: cyanotic CHD

Differential diagnosis: tetralogy of fallot, truncus arteriosus, pulmonary hypotension, Eisenmenger syndrome

**Question 5 ( child health)**

Identify the vaccine provided and answer the following questions

1 list antigens contained in this vaccine and antigen type

2 Administration schedule

3 route of administration

4 site of admin

5 dose

6 storage temperature

7 contraindications

The DDT

**Question 6 (X Ray)**

Radiological … quality, lung fields , diagnosis etc like the day 1

**Question 7 ( Neonatology)**

Neonate has inability to feed and fever

Examine the patient by observation only : assess the temperature in place for this patient and describe MOA including the observation and review the chart provided

Is the child covered or exposed

Level of activity

Colour of the child

Assessing thermoregulation …

 windows and doors are closed to prevent heat loss via convection

The baby is wrapped in linen and a hat to prevent heat loss by conduction

The radiant warmer to provide heat via radiation

Check monitor and check to chart

Describe the objective of temperature ... continued

Maintain the normal temperature of 36.5 - 37.5 degrees Celsius

Achieve a thermal environment…….. maintain the environmental temperature @ which BMR of the baby

Oxygen saturation @ minimum and baby maintains a normal temperature

**Question 8 ( resp system )**

A previously well child with Fever was triaged @ emergency because breathing was labored

Inspect and auscultate the child’s anterior chest … specific for resp

Procedure;

Ask for consent , wash your hands( sanitize) and warm hands

Take Respiratory rate , check chest symmetry, skin findings, movement and chest expansion and indrawing

Auscultation ... breath sounds - location bilateral and compose , added sounds

Diagnosis : Pneumonia ( must classify)

Differential diagnosis: TB, foreign body, Asthma

**Day 3**

**Question 1 ( abdomen )**

**Question 2 ( CNS)**

Cerebellum function of the patient

 **Question 3 ( resp )**

3/7 of cough , asses the signs of resp distress through inspection, inspecting anterior chest of the child , Auscultate anterior chest of the and state findings

Do resp rate for a full minute

Use accessory muscles of respiration … LCWI , head nodding , nasal flaring .