

Washes hands, greets patient introduces himself, explains the procedure and gains consent. (all must be present to get full marks)	0	1
Positions and exposes patient appropriately-mentions prop up bed or does it	0	1
Stands at the correct position –foot of the bed and right side	0	1
Inspection foot of the bed – asymmetry , bulging prechordium	0	1
Right side of the patient – positives –suprasternal hypertrophic scar Hyperactive prechordium	0	1 1
Visible neck pulsations		1
Negatives sternotomy/thoracotomy scars collaterals,pulsations		1
Palpation asks patient if there is any area of tenderness Confirms	0	1
Apex beat correct technique finger pointing and counting using other hand Tapping correct placement of hand Heaving one finger placement Thrills correct placement of hand –systolic thrills radiating to the axilla Palpates neck	0	1 1
Tracheal deviation if apex beat displaced correct ICS	0	1
Parasternal heave	0	1
Palpable P2	0	1
Any palpable thrills anywhere else tricuspid area radiating to the right chest	0	1
Auscultates all 4 areas starting with mitral	0	1
Using bell at mitral area	0	1
Auscultates radiation areas neck left sternal edge and axilla	0	1
Performs accentuation maneuvers lie on left lean forward forced expiration	0	1
Summarizes all positive findings TR/ MR /AR	0	1
Give two differentials	0	1 1
Give two priority investigations that would help in management of your diagnosis above	0	1 1

CRANIAL NERVE EXAMINATION

	Introduction	
	General appearance – comfortable at rest? Obvious facial asymmetry, eye position, ptosis, speech abnormality, signs around the bed like glasses, hearing aids...	
2	Inspect pupils for size, shape, symmetry (anisocoria), large and fixed in a CN III palsy, small and reactive in Horner's syndrome.	
	Visual acuity- Snellen's chart, number of fingers, gross hand movements, light detection.	
	Pupillary reflexes Direct pupillary reflex (afferent CN II, efferent CN III) Consensual pupillary reflex Swinging light test	④
	Accommodation reflex- convergence and constriction	
	Colour vision	
	Visual field- Visual confrontation test, mentions perimetry	
	Fundoscopy	
3,4,6	Eye movements, Observe for restriction of eye movement and note any nystagmus	④
5	Sensory- Assess light touch and pinprick sensation, comparing both sides, first demonstrate the sensation to familiarize the patient to the sensation.	
	Motor- Masseter, temporalis, lateral pterygoids, open their mouth against resistance	
	Jaw jerk (afferent CN V, efferent CN V), Corneal reflex (afferent CN V, efferent CN VII):	
7	Inspection: symmetry, forehead wrinkles, Nasolabial folds, angles of the mouth.	
	Raised eyebrows	
	Closed eyes against resistance	
	Blown out cheeks	
	Smiling	
	Pursed lips/ whistle	
	Closed lips	
	Asses for EAM, hyperacusis, taste anterior 2/3 rd of tongue for taste.	

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Positions and exposes patient appropriately-mentions prop up or does it	0	1
Stands at the correct position –foot of the bed and right side	0	1
Inspection foot of the bed – symmetrical and globally distended with flank fullness (has to mention all no half a mark)	0	1
Right side of the patient – positives –abdominal movements with respiration umbilical everted ,shape distorted and hyperpigmented with umbilical hernia Visible/distended veins Scratch marks Negatives scars ,spider nivea, etc	0	1 1 1 1 1
Offers to inspect the groin area	0	1
Palpation asks patient if there is any area of tenderness Confirms	0	1
Superficial palpation –tenderness on the left lumber,hypochondrium and epigastric region no masses	0	1
deep palpation –tenderness on the left lumber,hypochondrium and epigastric region no masses	0	1
Organomegally by balloting method	0	1
Liver span	0	1
Spleen and demonstrates all features	0	1
Palpates for the kidneys and bladder	0	1
Percussion correct technique	0	1
Fluid thrill ask for your help not the patient no marks if he asks help from the patient	0	1
Shifting dullness	0	1
Demonstrates correct technique	0	0
Correct findings	0	0
Auscultates at the right iliac fossa for bowel sounds presnt and 5-32	0	1
Using bell for renal vascular bruits	0	1
Summarizes all positive findings	0	1
Give two differentials –causes of ascites <i>splenomegaly HSM</i>	0	1
Give two priority investigations that would help in management of your diagnosis above	0	1
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