

SURGERY OSCE Day 1

1.ENT

Adenotonsillar dx - Post nasal space X-ray, features shown, diagnosis, differentials, complications of Adenotonsillar dx, complications of adenotonsillectomy

2. Ophthalmology

Ocular trauma, photo with hyphaema, grades of hyphaema, when to refer pt, complications

3. Gen surg:Hx taking Acute Appendicitis:

Differentials, investigations, diagnosis

4. Perform General exam:

JACCLOWD and vitals, you are given a digital BP machine, thermometer

5. Intestinal Obstruction

Xray, showing SBO

6. Ortho Instruments

Knail, POP, cortical screw, kwire, creppe bandage

Chemical classification of POP

Name equipment, what is it made of, one indication, one complication

7.SUFE

Xray features, symptoms, signs, definitive management, complications if not managed

8. Chronic Osteomyelitis

Xray features, classification, definitive mx (10 marks), complications during management

9. Anaesthesia

Central venous catheterization:

Sites of cannulation, procedure, indications, care of CVC

10. Surgical skills

Identify: Scalpel, forceps, needle holder.

Mount the scalpel on holder

Demonstrate one - handed reef knot

Two handed surgical knot

11. Communication skills

Patient comes for routine medical check up for insurance. Found with colonic ulcer.

Advice them on diagnosis and future concerns.

SURGERY OSCE DAY 2

1. OPHTHALMOLOGY:

Photo with chemical injury, initial management, between acid and alkali which is worse?

2. ENT:

Tonsillitis, picture of inflamed tonsils with exudate, describe, likely diagnosis, list causative organisms, complications if untreated, complications of tonsillectomy

3. ANAESTHESIA

Station had a patient who came for elective surgery. Task, take a focused anaesthetic history, which drugs would you stop before surgery - you were to ask patient the drugs he was on. He had HCTZ, Atenolol, Metformin.

4. Gen Surg: COMMUNICATION SKILLS

Handing over a post -appendectomy patient who now has low urine output. Hand over to a colleague.

5. Gen Surg: ABDOMINAL EXAMINATION:

There was a registrar who was put on the bed, exposed. The history was of a patient with periumbilical pain, radiating to the right iliac fossa. He was simulating the blumberg sign, obturator sign, pointing sign.

6. Gen Surg: *HISTORY TAKING

Patient with abdominal pain and distension for three days.

7. Imaging

Head CT, both brain window and brain window. Showing, scalp hematoma, skull fracture, intracerebral hemorrhage, epidural hematoma.

8. Surgical Skills:

Reef knot, surgical knot, using instruments

Name, straight and curved artery forceps, needle holder, scalpel holder

9. Ortho:

Gout,

How would you diagnose, mx.

10. Ortho

Do a thorough hand exam.

11. Ortho, photos:

Axillary crutch, skin traction, cervical collar, external fixator, parts of external fixator, back slab, hip prosthesis.

Name and give indication and complication.

DAY 3 SURGERY OSCE

1. ENT:

You are given a plain chest radiograph. AP and lateral view with a coin. (FB Esophagus)

Diagnosis?

Definitive treatment?

Complications of the condition if untreated?

Complications of the surgery.

2. OPHTHALMOLOGY:

You are provided with the photograph of a boy with a proptosis. 14 year old, pain, fever.

Describe the pathologic eye?

What clinical examinations would you do on that eye?

You are then told that the eye has a fixed lateral gaze, dilated pupil, arrested extraocular motility and patient is febrile. Give diagnosis.

How would you differentiate orbital cellulitis and pre-septal cellulitis.

Investigations to do.

What antibiotic would you give?

Would you manage the patient as an inpatient or not?. Give reasons.

Differential diagnoses of a painful red eye.

3. ANAESTHESIA:

You walk in to the room. You are provided with a head. There was a head on the table, three guedel airways, a dis-assembled mackintosh laryngoscope and an ETT.

Task, appropriately size the oropharyngeal airway. Then intubate patient.

Stem of question: Patient in RTA, GCS 7/15, cervical spine injury already ruled out.

a) Detailed steps in securing the airway

b) List five extremely important tools needed for endotracheal intubation.

c) Give three signs of upper airway obstruction

d) Give three causes of airway obstruction in this patient.

4.GEN SURG:

Communication skills: Obtain consent for surgery in a patient with grade 2 intraductal tumor.

5. GEN SURG:

Examination station. Do a full chest exam

Additional question. A patient comes with right tracheal deviation, absent breath sounds on the left, left chest is hyperresonant to percussion. Likely diagnosis?.....Initial management?

6. GEN SURG:

Investigation station. Interpret FHG

How to prepare a patient for blood transfusion.

Essential steps in blood transfusion.

Identifying transfusion reaction and how to manage.

7. UROLOGY

A 60 year old male presents with complaints of a weak stream.

Take a detailed history.

With reasons, what is the most likely diagnosis.

8. ORTHO:

Examination station. Examine the knee.

A registrar was simulating knee symptoms in a 70 year old male. Eg, antalgic gait, fixed flexion deformity, reduced ROM, tenderness.

Give likely diagnosis.

9. ORTHO:

History taking station.

A registrar was simulating an 80 year old man with history of a painful hip for the past three months. Take a detailed history.

10. ORTHO:

Images station

Pelvic fracture, with hip dislocation. Give non-operative management.

Fracture of humeral tubercle with dislocation. Name structure that could be injured. How to treat.

Fracture of a vertebrae in lumbar spine with cord compression.

Picture of a hammock traction, give indication, complication.

Picture of a patella tendon bearing cast, give indication, comment on weight bearing status.

11. SURGICAL SKILL STATION

You are given two sutures. You are to describe them and state one use for each.

Then make three interrupted sutures.

Interrupted suture removal.

SURGERY OSCE Day 5

1.ENT

Foreign body in bronchus, patient presented with difficulty in breathing: describe image, complications, definitive management, what other signs and symptoms to expect

2. Ophthalmology

Congenital cataract: differentials, causes of leukocoria, causes of congenital cataract, when to refer patient

3. Gen surg:Hx taking Obstructive Jaundice:

Differentials, diagnosis

4. Abdominal exam

Reg simulates Murphy's sign,

5. X-ray of Cardiothoracic injury to unrestricted driver.

Vitals given: RR 32, HR 112, BP low

Describe image: haemothorax, flail chest 5 ribs broken,

Initial management: ATLS

Explain how you insert chest tube, remember the triangle of safety

Give Clinical indications to remove chest tube

6. Ortho Instruments

Cancelous screw, POP rolls, hand splint, shoes za CTEV:

Identify, what they are made of, uses, complications, indications to remove POP

Name equipment, what is it made of, one indication, one complication

7. Elbow joint

30y/o tennis player, reports pain on right elbow

8. Metaphyseal #, below knee pop, cast za mikono, Pelvic #

Identity #, classify #, give most probable mechanism of injuries, management.

9. Anaesthesia

Image of monitor and lab values:

~ identity abnormal values from monitor

~ interpret lab values: hyperNa, hyperK, high creatinine, high urea

~appropriate muscle relaxant
~ how you induce anaesthesia on this guy
~ NB he had a cap of milk just before surg, so high risk of aspiration
~

10. Surgical skills

Identify: artery forceps, toothed tissue forceps, needle holder, towel holders,

Demonstrate how you hold them, their use.

Continuous suture

11. Communication skills

Breaking bad news: mildly differentiated adenocarcinoma of prostate diagnosed from biopsy.

1. Abdominal exam, invex, ddx
2. Abdominal x-ray IO AP, lateral decubitus. Diagnosis, features, management, additional views
3. Total hip replacement x-ray and a series of 11 questions about it inclusive of management and follow-up
4. Supracondylar humerus classify, management, complications
5. Spinal injury examine neurological LL, stabilization tests
6. Ophthalmo hypertensive retinopathy with CRVO, investigations, ophthalmo mgt
7. Anaesthesia BGA interpretation and patient mgt
8. Gloving, naming instruments and how to hold them
9. History anterior neck mass(Goitre), invex,
10. Lateral Neck mass, describe the image shown of the mass, DDX, invex, mgmt
11. Consent for inguinal hernia surgery