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2018 SURGERY OSCEs

OPHTHALMOLOGY

- ✓ Ocular trauma
- ✓ Diabetic retinopathy
- ✓ HIV Ophthalmitis- examination, diagnosis and management
- ✓ Corneal laceration, examination, medico legal issues, management and complications
- ✓ Chemical burn in the eye

ENT

- ✓ ENT examination, Adenotonsillitis
- ✓ Neck Mass, history and two differentials
- ✓ Neck mas (repeated); physical examination, investigations, management
- ✓ Foreign body
- ✓ Adenotonsillitis (repeated)
- ✓ Tracheostomy

ANASTHESIA

- ✓ Endotracheal tube on X-Ray, complications
- ✓ BGA
- ✓ Gas cylinders, Airway adjuncts, mannequin to demonstrate bag & mask ventilation, Endotracheal tube (8 parts), complications of ETT
- ✓ Identify spinal needle and epidural kit, complications of spinal anesthesia, classification of local anesthetics and 2 examples in each, antidotal therapy to local anesthetic toxicity, 4 other ways in which local anesthesia can be administered, layers of tissue traversed by spinal needle
- ✓ CPR

ORTHOPEDIC SURGEY

- ✓ Bone tumors, hip examination, Low back pain history taking
- ✓ Patella fracture, Pelvic fracture; History, investigations, management, complications
- ✓ Right leg pain and weakness. Take history. Diagnosis?
- ✓ 70 y/o man. Right knee pain for 2 months. Examine. Osteoarthritis?
- ✓ Orthopedic X-Rays interpretation

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- ✓ DDH plain radiograph. Draw the appropriate lines. What questions would you like to ask the mother?
- ✓ MRI of the spine. TB Spine? Paravertebral abscess? Diagnosis. Other investigations. Complications of the paraplegia.
- ✓ Knee joint plain radiograph. Physical examination.
- ✓ X-Ray shoulder. Rotator cuff. Name the muscles, origins, insertion, innervation and actions.
- ✓ History taking of a patient with inability to abduct.
- ✓ Examine a hand. Determine the abnormalities
- ✓ 7 plain radiographs with short answer questions.

COMMUNICATION SKILLS

- ✓ Communication to a consultant
- ✓ Handing over a patient to your colleague
- ✓ Breaking bad news
- ✓ Get a consent for mastectomy
- ✓ Breaking bad news to a patient with Ca. Colon

GENERAL SURGERY

- ✓ Surgical instruments identification
- ✓ Hand tie a Reef knot
- ✓ Inguinal hernia history
- ✓ General Examination
- ✓ Urinalysis
- ✓ Epidural hematoma
- ✓ Surgical staging of a tumor
- ✓ Abdominal examination and 2 investigations, Upper GIB FBC interpretation, investigations, differentials and management, Identify surgical instruments and hand tie a surgeon's knot.
- ✓ Breast Lump history, focused neurological examination in RTA and 2 investigations, LFTs- obstructive jaundice picture; differentials, investigations, management, surgical skills; identify the suturing technique (vertical mattress stitch)

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- ✓ Surgical skills; identify instruments, their uses and how to hold them, tie surgeon's knot using instruments.
- ✓ 9 month old baby. Read X-Ray (*Intestinal obstruction due to intussusception*) 2 differential diagnoses, lab work, management at casualty
- ✓ RTA; do a focused chest exam and he has pneumothorax. What will you do? Demonstrate on patient.
- ✓ History taking for abdominal pain.
- ✓ Surgical skills; Instruments + gloving and gowning
- ✓ History taking; Testicular torsion
- ✓ General examination; dorsalis pedis pulses, cap refill.
- ✓ CT Scan; Epidural hematoma, acute management.

EXPECTED RESPONSES.

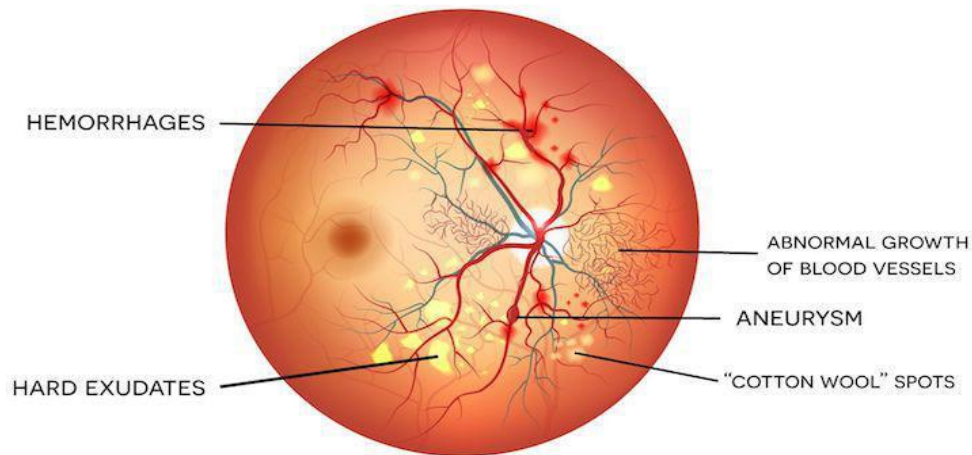
OPHTHALMOLOGY

1. Ocular trauma

- ✓ History: *Mechanism of injury; Time of day/night; Where? – Workplace; surrounding the injury – accident, fight; Company? – who else was there? First aid?; History of previous eye problems – spectacle use, squint, OU; Alcohol (or drugs) intoxication; Medical history; Have the police been informed?*
- ✓ Examination of the eye
- ✓ Conduct an ocular trauma score if charts are available
- ✓ Management: *Eye shield; Tetanus prophylaxis; Antibiotics –Topical - Intravenous antibiotics (Cefazolin, Gentamicin, Clindamycin) –Oral (Ciprofloxacin); Refer to Ophthalmology*
- ✓ Comment on prevention (*protective eyewear, legislations, trauma registry*) and rehabilitation (*career change, disability benefits, trauma and support counselling*)

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2. Diabetic retinopathy



- ✓ Pathogenesis; *Capillary non perfusion, micro aneurysms (leak plasma exudates, bleed and thrombose), capillary fallout, vascular occlusion, retinal ischemia, neovascularization.*
- ✓ Risk factors: *Poor metabolic control (HbA1c), duration of diabetes, type of diabetes, blood pressure, residual beta cell function, insulin resistance, genetic predisposition, pregnancy.*
- ✓ Risk factors for visual loss in DR; *Age, sex, duration of diabetes, type of diabetes, HBA1c levels, proteinuria, hypertension, smoking.*
- ✓ Fundoscopy findings; *hemorrhages, neovascularization, aneurysms, exudates, cotton wool spots (be able to identify each).*
- ✓ Management; *Medical (metabolic control, blood pressure control), Photocoagulation (panretinal/photocoagulative, focal and/or grid {maculopathy}) Surgery (posterior vitrectomy)*
- ✓ Primary prevention; *intensive insulin treatment*

3. Hiv Ophthalmitis

- ✓ Examination;

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GENERAL SURGERY.

Taking the history of a breast lump

History of Lump (apply for any lumps) – Key Questions

1. When and how did you first notice the lump?
 - ✓ Site of the lump?
 - ✓ Incidental / self-examination?
 - ✓ Previous Trauma
2. How has the lump changed since you first noticed it?
 - ✓ Duration since first noticed; *any increase in size from first noticed to now? Any changes in the nipple e.g. retraction*
 - ✓ Overlying skin changes noted: *Erythema, warmth, Dimpling (more prominent hair follicles 2° to dermal edema from blocked lymphatics), Swelling? Any general asymmetry of the breasts noticed?*
3. What symptoms does it cause you?
 - ✓ *Painful or painless?*
 - ✓ *Nipple discharge? If present, what is the color and consistency*
4. Have you got any more or have you had this before?
 - ✓ *Single or multiple?*
 - ✓ *Any other lumps elsewhere – other breast? Axilla? Neck?*
5. Does it come periodically – (i.e. in relation to menstrual cycle / previous pregnancy)
6. What do you think it is?
 - ✓ *To assess patient's anxiety*
7. Assessment of Cancer Risk
 - ✓ Increased risk: (1.5 to 4 folds increase)
 - Early menarche (<12yr) – increased oestrogen exposure
 - Late menopause (>55yr) – increased oestrogen exposure
 - Late age at first full term pregnancy (first birth after 30 a/w doubling of risk as compared to first birth before the age of 18)
 - How many children? (nulliparity increased risk)
 - Hormone Replacement Therapy (0.2% at 5yrs, 0.6% at 10yr & 1.2% at 15yr of continuous HRT) – risk disappear within 5 years of ceasing HRT.
 - Oestrogen based OCP

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- ✓ Protective factors:
 - Whether patient breastfed her children, and if so, for how long
 - Physical activity (healthy lifestyle)
- ✓ Other risk factors for cancer
 - Age
 - Family history (at least 2 generation) of breast cancer or gynaecological cancer
 - Age at diagnosis
 - First degree relative with breast cancer = risk doubles
 - Risk increased if relative had either early onset cancer (<40yr) or bilateral disease
 - Any associated cancers – ovary, colon, prostate, gastric, pancreatic
- ✓ Previous breast disease:
 - Previously treated breast cancer
 - Previous breast biopsy
 - o No increased risk – adenosis, cysts, apocrine metaplasia
 - o Atypical ductal hyperplasia (ADH) or atypical lobular hyperplasia (ALH) carries a 4-5 fold ↑ risk (risk ↑ to 10-fold if there is positive family history)
- ✓ Previous mammogram results
- ✓ Exposure to ionising radiation (i.e. RT for previous breast disease or hodgkin lymphoma)
- ✓ Daily Alcohol intake, especially before age of 30 (link has been shown)

8. Systemic review

- LOA, LOW (constitutional)
- Fever (infective cause)
- Bone pain, SOB (metastasis)