



General Surgery



OSCE GUIDE

General Surgery scenarios with Checklists

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Surgery History Taking

***FIRSTLY: You have to maintain privacy by closing the door, wash your hands with Alcohol then introduce yourself to the patient, do hand shaking with the patient(All of these should occur SIMULTANEOUSLY).**

***Ask for a chaperone .**

- **Patient Profile:**

1- Name

2- Age

3- Marital status

4- Occupation

5- Address

6- **Way of presentation:** How did you come here today? ER or OPT ?

-When have you been admitted here ? (date and time)

- **Chief Complaint:**

1- **Symptoms:** What brings you here ?

2- **Duration:** For how long did you have these symptoms?

3- Is there any other complaint ? For which complain you came here ?

- **History of presenting complaint :** this will be according to the scenario (check the next pages) .

Systemic Review :

CVS: no orthopnea, no proximal nocturnal dyspnea, no pitting edema , no . palpitations, no chest pain

RS: no dry cough ,no difficulty breathing , no sputum ,no hemoptysis , no .wheezes

GIS : no nausea , no vomiting , no abdominal flatulence and pain , no diarrhea , .no constipation

MSS: no joint pain, no skin rashes, no muscle weakness or pain, but there's .generalized fatigue

CNS: no confusion, tingling on her right hand , no visual disturbances, no .dizziness on standing up, no loss of consciousness, no numbness

GU: no pain on urination, no frequency ,no oliguria, no urgency, no hesitancy, .no incontinence

ES: no heat intolerance, no cold intolerance, no neck masses, no sweating

-
- **Past Medical History:** start by (I'm going to ask you some questions about your past medical history) :

1-Do you have chronic disease like Hypertension , DM ?

2- When were you diagnosed ?

3- How do you keep your disease under control?

4- Did you visit a doctor recently for any infection?

5- Have you had any previous surgery ?

6- what is it ? why did you take the surgery ? at which hospital ? how long did you stay at hospital ? how were you diagnosed ?

7- Did you have any complications during or after the surgery ?

8 – Have you been admitted to the hospital before ? is it for the same reason or different reason ?

9- Have you been exposed to Radiation before ?

- **Drug History :**

1- Do you take any over the counter or prescribed drug ?

2- Why did you take that drug ?

3- What the dose of it ? **Are you committed to it ?**

4- How many times do you take the drug per a day ? (this is called **Frequency**)

5- For how long have you been taking this drug ?

6- Did you have any side effects or complications of the drug ?

- **Family History :**

1- Are your parents alive ?

2- Is there any member of your family who died from inherited disease ?

3- Is there any history of **cancer** in your family ?

4- Is there any history of **autoimmune** diseases ?

- **Social History :**

1- Smoking : Do you smoke ? How much ? For how long ?

2- Alcohol : Do you drink Alcohol ? For how long ?

3- Recent travel : Have you ever travelled anywhere recently ? where ?

4- Drug Abuse : Have you ever used any illegal drug ? For how long ?

5- Allergies : What are you allergic to ? What are the symptoms ?

6- Diet: what type of food do you often eat ? such as: salty food ,licorice and iodine.

7- Insurance : Do you have health insurance here in our hospital ?

8- Ventilation : Are you living in good ventilated home ?

9 – Economic state : Are you living in a rented house or owned house?|

10- Pets : Do you have any pets ?

HOPI for Bleeding per rectum : very important !

***Ask about the following :**

- Onset** (sudden or gradual) / **Timing** (continuous or episodic) .
- Character** (mixed with blood or not) .
- Manner** (How did you notice it) ?
- Amount** .
- Consistency** (is it thick or thin bleeding ?)
- Anal pain** / **Anal discharges** .
- **Anal Lump** : Do you feel a mass at your anal region ?
- Abdominal pain** / **Abdominal distension** .
- **Clots** or **mucous** .
- Tenesmus** : do you feel incomplete emptying of your bowel ?
- Itching**
- Change in bowel habits** :did you keep alternating between diarrhea and constipation?
- **Relation to defecation** : Do you always bleed when you defecate ?
- **Color** of blood or stool and its odor
- Melena** : do you have black sticky stool that is hard to flush or clean ?
- Hematemesis** : have you ever vomited blood ? does it have coffee like clots ?
- Fresh or old blood** : did you pass fresh or old blood ?
- Shape and caliber of feces** : were the feces shape and size normal ?
- Bleeding from other sites** .
- Bleeding without defecation** : do you have spontaneous bleeding ?
- Trauma or recent colonoscopy** : did you do colonoscopy recently ?
- Dysphagia , mouth ulcers , abdominal swelling .
- Previous Attacks** .
- Constitutional symptoms for malignancy** : fever , rigors , night sweating , weight loss, loss of appetite , rashes and joint pain .

* **Suggested Investigations** : CT angio , colonoscopy , barium enema ,radio-isotope-scan.

* **Suggested DDx**: Diverticulitis , IBD, colon cancer.

***NOTES :**

*In the drug history of this scenario , ask about aspirin use.

*In systemic review of this scenario , ask about Loss of consciousness ,tachycardia and jaundice .

HOPI for Dysphagia

***Ask about the following :**

-Onset (sudden or gradual) .

Timing (continuous or episodic) .

-Progression : Does it get worse by time ?

-Exacerbating and Reliving factors .

- **Nature** : Do you have dysphagia for solids or liquids or both ?

-Pain on swallowing .

-Hoarseness of voice .

-Early satiety .

-Level of sticking of food .

-Aspiration : do you aspirate food or fluids to your lungs ?

-Indigestion /Heartburn / Abdominal pain .

-Melena : do you have black sticky stool that is hard to flush or clean ?

-Hematemesis : have you ever vomited blood ? does it have coffee like clots ?

-Fatigue /cough / wheezes and chest pain .

-Ptosis and diplopia : do you feel drooping of your upper eyelid or double vision ?

- Skin tightness or discoloration .

-Halitosis : do you have bad breath odor ?

-Previous Attacks .

-Constitutional symptoms for malignancy : fever , rigors , night sweating , weight loss, loss of appetite , rashes and joint pain .

* **Suggested Investigations** : Labs : CBC

imaging : CT or MRI, barium swallow ,endoscopy.

* **Suggested DDx**: -plummer Vinson syndrome, PUD, malignancy.

HOPI for Constipation

***Ask about the following :**

- Meaning of constipation** : Is it decrease frequency of defecation or hard defecation ?
- Onset** (sudden or gradual).
- Character of stool** : colour, odor , consistency .
- Frequency of defecation** : how many times do you go to the bathroom normally ?
- Tenesmus** : do you feel incomplete emptying of your bowel ?
- Obstipation** : you have difficulty for passing stool only or with gases as well ?
- **Anal pain** .
- Abdominal distension** / abdominal **pain** .
- Mucous or blood in stool** : amount , color , clot or mixing stool with them .
- Diet** : do you eat low fiber diet ?
- Recent operations**.
- Immobility of patient** .
- Decrease oral intake of fluids** : do you drink much water ?
- vomiting, anorexia , increase of bowel sounds , pallor weakness .
- Signs of hypothyroidism** : weight gain , cold intolerance etc .
- Signs of Hypocalcemia** : taking Ca , facial twitching, slow heartbeat....etc
- Previous Attacks** .
- Constitutional symptoms for malignancy** : fever , rigors , night sweating , weight loss, loss of appetite , rashes and joint pain .

*** Suggested Investigations** : Labs : CBC, TFTs, PTH

imaging : X-ray, barium enema , colonoscopy . .

*** Suggested DDx**: Intestinal obstruction , Paralytic ileus, intestinal cancer.

***NOTES :**

*In the drug history of this scenario , ask about Calcium intake , antidiarrheal drugs use and painkillers.

HOPI for Diarrhea

*Ask about the following :

- Meaning of Diarrhea** : Is it increase frequency of defecation or loose defecation ?
- Onset** (sudden or gradual).
- Character of stool** : color, odor , consistency .
- Frequency of defecation** : how many times do you go to the bathroom normally ?
- Tenesmus** : do you feel incomplete emptying of your bowel ?
- **Anal pain** .
- Abdominal distension** / abdominal **pain** .
- Mucous or blood in stool** : amount , color , clot or mixing stool with them .
- Oral Ulcers and eye problems** .
- Fluid overload** : do you drink much water ?
- Hx of immunization** : **did you take any recent vaccines ?**
- Recent infections**
- Heartburn , vomiting .
- Regurgitation and hematemesis** : do you regurgitate food ? do you vomit blood ?
- Hx of ulcers** : do you have any ulcers ?
- Signs of hyperthyroidism** :weight loss, heat intolerance Etc
- Previous Attacks** .
- Constitutional symptoms for malignancy** : fever , rigors , night sweating , weight loss, loss of appetite , rashes and joint pain .

* **Suggested Investigations** : Labs : CBC, TFTs, ANA.

imaging : X-ray, barium enema , colonoscopy ,endoscopy.

* **Suggested DDx**: IBD , Infectious or traveler's diarrhea , Hyperthyrodism.

***NOTES** :

*In the drug history of this scenario , ask about laxatives , thyroxine,antibiotcs .

HOPI for Jaundice :VERY IMPORTANT

***Ask about the following :**

- Onset** (sudden or gradual).
- Manner** : how did you notice it ?
- **Progression** : Does it get worse by time ?
- Hx of blood transfusion.**
- Pale stool / Tea colored(dark) urine / Itching .**
- RUQ pain and fever .**
- Loss of appetite**
- Previous blood transfusion and IV drug abuse .**
- Previous Hepatitis Immunizations .**
- Weight loss and anorexia .**
- Steatorrhea** : do you have sticky stool that is floating and hard to flush or clean ?
- Melena** : do you have black sticky stool that is hard to flush or clean ?
- Hematemesis** : have you ever vomited blood ? does it have coffee like clots ?
- Diarrhea / Constipation / Tenesmus** (previously mentioned).
- Nausea** without vomiting .
- Change in bowel habits** (previously mentioned).
- Abdominal distension/pain.**
- Contact with sick people .**
- Previous Attacks .**
- Constitutional symptoms for malignancy** : fever , rigors , night sweating , weight loss, loss of appetite , rashes and joint pain .

*** Suggested Investigations** : Labs : CBC, Bilirubin ,LFTs .
imaging : RUQ US, Ct abdomen .

*** Suggested DDx**:Obstructive Jaundice , Malignancy , cholangitis ,hepatitis .

***NOTES :**

*Ask about previous Lap Chole for Gallbladder stones in surgical hx.

*Ask about NSAIDS in drug history .

*To confirm obstructive jaundice : do ALT , AST, ALP , GGT , Bilirubin

HOPI for Ulcer

*Ask about the following :

- Time** : when did you notice it ?
- Progression** : Is it getting worse or good ?
- **Manner** : How did you notice it ?
- Size , Site ,Changes of ulcer .**
- Disappearance.**
- Other ulcers .**
- Painful or painless .**
- Itching .**
- **Discharges**
- Redness , hotness , swelling , fever .**
- Skin discoloration .**
- Trauma** or previous surgery .
- heating or liquid **injury** .
- Claudication or rest pain .**
- Hair loss .**
- Ankle swelling**
- Fever , redness ,hotness, enlarged lymph nodes .**
- Previous Attacks ?** on the same site ?
- Constitutional symptoms for malignancy** : fever , rigors , night sweating , weight loss, loss of appetite , rashes and joint pain .

* **Suggested Investigations** : Labs : CBC, KFTs , HBA1C ,free blood sugar .

imaging : US, CT abdomen ,Doppler US then biopsy

* **Suggested DDx**: Cellulitis , Diabetic ulcer ,PVD .

*NOTES :

*In the PMH , ask about hx of DVT , DM , varicose veins ,HTN , IHD ,TIA

HOPI for Hematemesis

***Ask about the following :**

- Onset** (sudden or gradual).
- Duration of each episode .**
- Exacerbating or relieving factors .**
- Forceful vomiting:** Do you vomit forcefully ?
- Progression :** Does it get worse by time ?
- Frequency:** Do you always vomit blood ?
- Nature :** Fresh blood or occult ?
- Clots ? Coffee ground ?**
- Color of blood ?**
- Melena :** do you have black sticky stool that is hard to flush or clean ?
- Painful or painless** vomiting .
- Dysphagia** , for solids or liquids
- **Bleeding from other sites .**
- Indigestion , Heartburn .
- Previous Attacks .**
- Constitutional symptoms for malignancy :** fever , rigors , night sweating , weight loss, loss of appetite , rashes and joint pain .

* **Suggested Investigations** : Labs : CBC, Coagulation profile , urea breath test .
imaging : endoscopy , angiography ,CT or MRI .

* **Suggested DDx:** PUD , esophageal varices , Mallory –Weiss tearing (In alcoholics) .

***NOTES :**

- *Ask about Jaundice , Clubbing , SOB, palpitation , Dizziness in systemic review .
- *Ask about warfarin , heparin and aspirin in drug history .
- *In social Hx, ask about alcohol.

HOPI of Anorectal pain

***Ask about the following :**

-do **SOCRATES** .

-**progression** .

-Relation to defecation .

-pain free intervals

-Diarrhea or constipation .

-bleeding per rectum

-Mucous discharges (if yes , analyze it)

-Tenesmus , Itching

-Fecal incontinence .

-Mouth or perinal ulcers

-swelling in perineum : do you feel any mass at your anal region ?

-Recent trauma , or colonoscopy

- **Previous Attacks** ? on the same site ?

-**Constitutional symptoms for malignancy** : fever , rigors , night sweating , weight loss, loss of appetite , rashes and joint pain .

* **Suggested Investigations** : CBC , sigmoidoscopy , endo anal US.

* **Suggested DDx**: fissures , perianal abscess,trauma , ulcers

HOPI for Epigastric Abdominal Pain

***Ask about the following :**

-do SOCRATES

-Indigestion

-Heartburn

-Jaundice

-Fever

-RUQ pain

-SOB

-Diaphoresis.

-Previous Attacks .

-Constitutional symptoms for malignancy : fever , rigors , night sweating , weight loss, loss of appetite , rashes and joint pain .

*** Suggested Investigations :** Labs : CBC, Bilirubin ,LFTs .

imaging : US, CT abdomen , endoscopy .

*** Suggested DDx:** Pancreatitis, Malignancy , Lower lobe MI .

HOPI for RIF Abdominal Pain

***Ask about the following :**

-do SOCRATES

-Where did you first notice the pain ? where did it go ?

-Anorexia , Fever, Vomiting

-Oral Ulcers , back pain , Blood with stool., changes on bowel habits

-Urine color ,blood in urine , pain on urination.

-Heartburn , Epigastric pain ,pain in relation to food .

-Vaginal bleeding, vaginal discharge , pain related to menstrual cycle (for female)

-lumps in groin groin area, previous UTIs

-stool characters

-Previous Attacks .

-Constitutional symptoms for malignancy : fever , rigors , night sweating , weight loss, loss of appetite , rashes and joint pain .

*** Suggested Investigations :** Labs : CBC, Bilirubin ,LFTs , B-HCG(for female)
imaging : US, CT abdomen , colonoscopy,X-ray .

*** Suggested DDx:** Crohn's disease, Appendicitis ,perforated peptic ulcer.

HOPI for Gastric Outlet obstruction(C.C is vomiting)

***Ask about the following :**

- Onset** (sudden or gradual).
- **Progression** : Does it get worse by time ?
- Character** : color , amount , mucous or blood in it , component .
- Time** : when does it occur ? before meals or after meals ?
- Anorexia** ?
- Indigestion or bloating** ?
- Epigastric pain** ?
- Weight loss** ? since when ?
- Hematemesis** ?
- Abdominal **distension** ?
- **Previous Attacks** ? on the same site ?
- Constitutional symptoms for malignancy** : fever , rigors , night sweating , weight loss, loss of appetite , rashes and joint pain .

* **Suggested Investigations** : CBC, CT , barium study , X-ray.

* **Suggested DDx**: Malignancy, PUD , Pancreatitis, Large gastric polyps.

NOTES :

In PMH , ask about previous PUD .

HOPI for Leg pain

*Ask about the following :

-do SOCRATES

-Unilateral or bilateral .

-Does the pain interfere with your daily life ?

-Skin discoloration ,Hotness ,paralysis , paresthesia ,rest pain .

-Ulceration ? Unilateral or bilateral .

-Claudication pain : Do you feel pain when you walk ?

-Joint swelling , stiffness, any deformities .

-Swelling , redness, fever ,malaise ,hotness, itching,hx of long travel .

-Hx of trauma or fracture .

-Fecal or urinary incontinence .

Previous Attacks .

-Constitutional symptoms for malignancy : fever , rigors , night sweating , weight loss, loss of appetite , rashes and joint pain .

* **Suggested Investigations** : Labs : CBC, Uric acid ,RF.

imaging : US, CT, Doppler. .

* **Suggested Ddx**: DVT,neurological causes ,vascular causes .

*NOTES :

If was female pt , ask about OCs in the drug hx .

HOPI for Neck Lump

***Ask about the following :**

- Time** :When did you notice it ?
- Manner** : How did you notice it ?
- Size** (when you noticed it) , **changes to size** .
- Disappearance**: does it disappear ?
- How big it is ?
- Shape**
- Mobility** : does it move with eating or swallowing ?
- Other lumps** .
- Painful or painless** .
- Skin changes , ulceration.**
- Compressive symptoms** :
Dysphagia , dyspnea , hoarseness of voice , wheezes and stridor , limitation of neck movement
- Pulsatile or not** : do you feel any pulsation on the lump ?
- headache , dizziness .
- Trauma** .
- Increase size after eating, choking when lying down .
- Hemoptysis , insect bites .
- Eye changes** .
- Relation to food** , upper limb weakness .
- Symptoms of Hypo and Hyperthyroidism** : weight gain or loss, heat or cold intolerance..... etc
- Previous Attacks** ? on the same site ?
- Constitutional symptoms for malignancy** : fever , rigors , night sweating , weight loss, loss of appetite , rashes and joint pain .

* **Suggested Investigations** : Labs : CBC, TFTs , thyroid Antibodies .

imaging : US, CT abdomen ,X-ray also you can do Biopsy .

* **Suggested DDx**: Lymph node enlargement , Malignancy ,pharyngeal pouch.

HOPI for Breast Lump

*Ask about the following :

If the patient has pain , Do SOCRATES then proceed in the history .

If not , proceed in the history .

*Lump History :

- Time** : When did you notice it ?
- Manner** :How did you notice it ?
- Size** : How big it is ?
- Change to size** .
- Disappearance**: Does it disappear or not ?
- Shape** .
- Mobility** : Is it mobile or not ?
- Other lumps**
- Painful or painless**.
- Skin changes** ? Ulceration ? Skin **thickening** ?

*Nipple Hx : (7 Ds)

- Discoloration** .
- Destruction** (changes in shape) .
- Displacement** (changes in site) .
- Discharge** : amount , color ,consistency ,spontaneous , from nipple or beside it ,other nipples .
- Deviation** (changes in projection) .
- Depression**(Inversion)
- Duplication** .

*Areola Hx :

Changes in :

- Color**
 - Shape**
 - Discharges**
 - Ulcers**
-

***Menstrual Hx :**

- Age of menarche** (if menopause , age of menopause).
- Last menstrual period** ? How long does it last ? Is it regular or not ?Amount of blood ?
- do you have **Children** ?
- When** was the 1st child ?
- Contraceptives usage**
- Size change** of lump in relation to menstruation .
- Breastfeeding** ? for how long ?
- Previous Attacks** ? on the same site ?
- Constitutional symptoms for malignancy** : fever , rigors , night sweating , weight loss, loss of appetite , rashes and joint pain .

*** Suggested Investigations** : Hx and PE.

Us and mammogram
FNA +core Biopsy
CT scan + BRCA2 mutation

*** Suggested DDx:**

If **Painful** :Inflammatory CA, periductal mastitis, Abscess .
If **Painless** :Fibroadenoma , cyst ,fibrocystic changes

HOPI for Nipple Discharge

***Ask about the following :**

***Discharge History :**

- Time** : when did you notice it ?
- Manner** : How did you notice it ?
- Changes in discharges** ?
- Disappearance** : Does the discharges disappear ?
- Pervious Discharges** ?
- Unilateral or bilateral discharges** ?
- Color** ?
- Amount?**
- Consistency**: are they thin or thick discharges ?
- Spontaneous or not** : does you discharge spontaneously or not ?
- From nipples or beside it** ?

***Nipple Hx :**

ask about 7Ds

***Other Hx:**

- weight changes .
- Nausea and vomiting
- headache , anorexia , weakness
- constipation
- Last menstrual period , oral contraceptive uses , Amenorrhea , milky discharges ?
- Amenorrhea
- Previous Attacks** ? on the same site ?
- Constitutional symptoms for malignancy** : fever , rigors , night sweating , weight loss, loss of appetite , rashes and joint pain .

*** Suggested Investigations** : Labs : TFTs , B-HCG .

imaging : Swab , FNA , mammography

*** Suggested DDx:** prolactinoma , malignancy ,pregnancy, puberty

HOPI for Breast pain (Mastalgia)

***Ask about the following :**

-do **SOCRATES** .

-**Lumps** :is there any lump ?

-Skin **changes** ? **discoloration** ? **hotness** at your tender breast ?

-Nipple **discharges** or **changes** ?

-**Relation** of pain to Menstrual period ? last menstrual period ?

-Trauma ?

-**Pain on other sites** ? relation to activity ?

-**Previous Attacks** ? on the same site ?

-**Constitutional symptoms for malignancy** : fever , rigors , night sweating , weight loss, loss of appetite , rashes and joint pain .

* **Suggested Investigations** : Labs : ,CBC, TFTs , B-HCG ,prolactin.

imaging : US , FNA , mammography

* **Suggested DDX:**

if pain is related to menstruation → cyclic mastalgia ,fibrocystic changes .

if pain isn't related to menstruation → mastitis , ductal ectasia ,inflammatory breast cancer .

***NOTES :**

If the patient has LUMP or Nipple discharges you have to analyze it !!

Checklists

Hashemite University
End of Surgery Rotation Clinical Examination (OSCE)
6th year / 2016- 2017
29/03/2017
Station (History Taking)
Simulated patient Sheet
Gastric Outlet Obstruction

Patient Data:

- Mr. Ali is a 57 year old man presented to the Emergency Department with the complaints of vomiting for the last 3 days
- The vomitus is undigested food with no yellowish discoloration
 - The vomiting is usually 1 hour after each meal
 - Anorexia for the last week
 - Bloating and indigestion for the last week
 - Epigastric abdominal distension
 - Weight loss from 80-70 kg in the last 6 months
 - No hematemesis
 - History of vague epigastric pain for the last 4 months
 - No history of previous attacks
 - No history of diagnosed PUD
 - No past medical history
 - No past surgical history
 - Not on medication
 - Father died of gastric cancer
 - Smoker, doesn't drink alcohol

Hashemite University
End of Surgery Rotation Clinical Examination (OSCE)
6th year / 2016- 2017
29/03/2017
Station (History Taking)
Candidate Sheet

QUESTION: A 57 year-old-male patient presented to the emergency department complaining of **vomiting**.

- (1) Take a focused history
- (2) Give three possible causes
- (3) Give two diagnostic investigations
- (4) What's your initial management plan for the acute condition?

Hashemite University
End of Surgery Rotation Clinical Examination (OSCE-1)
4th year / 2017-2018
3/12/2017

- 53 year old male patient
- C/O: Yellow discoloration of eye of 2 weeks duration
- No abdominal pain
- Nausea but no vomiting
- Weight loss 8 kg over the last month
- Loss of appetite
- Dark urine
- Pale stool
- itching
- no abdo distension
- loose bowel movement
- No fever, Chills or rigors
- Drinks alcohol 3 units per week
- Not a smoker
- no recent Hx of travel
- No Hx of Drug abuse / injection
- No previous blood Transfusion
- No recent Hx of contact with sick people
- PMHx: Lap Chole 2 years ago for Gallstones



The Hashemite University
 End of Surgery Rotation Clinical Examination (OSCE-1)
 6th year Group A / 2017- 2018
 22/11/2017 - Prince Hamzah Hospital

Acute PR Bleeding

Student name:

University Number:

I-Introduction and consent: (Introduction and permission, Privacy, Position)	0.5	
II-Chief complaint. Ask about chief complaint and duration	0.5	
III-PR bleeding characters	0.5	
Old dark blood not fresh	0.5	
Blood mixed with stool not separate	0.5	
Amount of blood 3 cups	0.5	
Previous similar episode 2 months ago	0.5	
No clots	0.5	
No melena	0.5	
No hematemesis or coffee ground vomiting	0.5	
No anal Pain	0.5	
No tenesmus	0.5	
No anal lumps	0.5	
Shape and caliber of faces	0.5	
Change of bowel habits: constipation but no diarrhea	0.5	
No abdominal pain	0.5	
No weight loss	0.5	
No Abdominal distension	0.5	
No jaundice	0.5	
No dizziness or loss of consciousness	0.5	
Takes aspirin but no warfarin	0.5	
Mention 3 differential diagnoses Colonic tumour, diverticular disease, angiodysplasia, anorectal conditions	1.5	
Diagnostic Tests to locate the bleeding CT angio, angio, radio isotope scan, colonoscopy	1.5	
Approach and Organization	2	
Total mark (number and written)	15	
Examiner 1 name and signature:		
Examiner 2 name and signature:		

Bleeding per rectum Hx

Bleeding per rectum :

54 years-old Patient came to ER complaining of bleeding PR take History :

.1	History	Student
.2	Introduce your self	
.3	Permission	
.4	Patient ID	
.5	Chief complain and the duration	
.6	bleeding analysis:	
	Onset	
	frequency	
	amount	
	color	
	clots	
	mucus	
	Relation to defecation (mixed , end or on toilet paper)	
.7	Stool analysis :	
	Change in bowel habit	
	frequency	
	consistency	
.8	color ,odor	
.9	poor caliber straining	
10	mass prolapsed	
.11	anal discharge	
.12	Itching tenesmus	

13	Other symptoms:	
	Fever,nausea,vomilting	
	bleeding from other sites	

	brusing (hematamesis,hematuria,hemoptysis)	
	dysphagia,odenophgia,mouth ulcers ,heartburn	
	distention,swelling in the abdomen	
	weight loss,anorexia.	
14	symptoms of anemia	
15	Past medical history	
16	Family history	
17	Social history	
18	Drug history	

Question to be asked after taking this history:

1. Give 3 differential diagnoses? _____, _____, _____
2. What other things would you like to do to confirm a diagnosis?
Physical examination, lab test, imaging and biopsy
3. Lab tests and imaging modalities which are needed to confirm your diaenosis?

Student name:

History Station – Dysphagia	Total Score: /20	
1 point each	Check	score
1. Proper introduction.		1
2. Solid, fluids or both.		1
3. Onset and duration.		1
4. Pain on swallowing.		1
5. Progression.		1
6. Indigestion, heart burn, abdominal pain.		1
7. Early satiety.		1
8. Fever, weight loss, anorexia.		1
9. Hoarseness of voice.		1
10. Chest pain, cough, wheezes.		1
11. Discoloration of the limbs, skin tightness.		1
12. Fatigue, ptosis, diplopia.		1
13. Past medical and surgical history.		1
14. Drug history.		1
15. Social history: smoking and alcohol.		1
16. Family history of any illness.		1

Q2: mention 2 possible diagnoses (2 points).

1. Esophageal CA.
2. Achalasia.
3. GERD.
4. Hiatal hernia.

Q3: mention 2 investigations you want to do (2 points).

1. Endoscopy.
2. Barium swallow.
3. CT. MRI. Esophageal manometry. 24 hour PH monitoring.
4. CBC.

Hashemite University
 End of Surgery Rotation Clinical Examination (OSCE-1)
 4th year / 2017- 2018
 3/12/2017

Obstructive Jaundice

Student name:

University Number:

I-Introduction and consent: (Introduction and permission, Privacy, Position)	0.5	
II-Chief complaint.		
Ask about chief complaint and duration	0.5	
III-History of present illness		
Dark urine	0.5	
Pale stool	0.5	
itching	0.5	
Nausea but no Vomiting	0.5	
Change of bowel habits: loose	0.5	
Weight loss 8 kg / one month	0.5	
Loss of appetite	0.5	
No abdominal pain	0.5	
No Fever and chills	0.5	
No Abdominal distension	0.5	
Drinks acohol 3 units per week	0.5	
No smoking	0.5	
Lap chole for GS	0.5	
No recent Hx of travel	0.5	
No recent Hx of contact with sick people	0.5	
No Hx of Drug abuse / injection	0.5	
No previous blood Transfusion	0.5	
Mention 3 differential diagnosis(each 0.5 mark)		
Peri-ampulary tumors, CBD stones, CBD stricture	1.5	
Mention 2Blood tests to confirm obstructive jaundice(each 0.5 mark)		
ALT, AST, ALP, Bilirubin, GGT	1	
Mention 2Imaging Diagnostic Tests(each 0.5 mark)		
AbdoASS, CT scan, MRCP	1	
Approach and Organization	2	
Total mark (number and written)	15	
Examiner 1 name and signature:		
Examiner 2 name and signature:		

History of jaundice:

1)introduce yourself	
2)gain consent or ask for permission	
3)ask about pt.'s name ,age, occupation ,and marital status	
4)ask about chief complaint and duration	
*History of CC:	
5)ask about course(intermittent ,progressive...)	
6)ask about RUQ pain	
7)pale stool/tea colored urine	
8)itching	
9)weight loss/anorexia	
10)nausea ,vomiting ,fever	
11)steatorrhea , diarrhea, constipation ,tenesmus	
12)melena/hematamesis/bleeding per rectum	
13)Hx of same condition	
14)history of blood transfusions ,IV drug abuse, alcohol, and sexual Hx	
*systems review (palpitations ,SOB ,numbness ,depression ,fatigue...)	
*Past medical/surgical:	
15)Hx of Hep. vaccine	
16)Hx of biliary system surgeries or any surgery	
17)chronic illness (DM, HTN...)	
*Family history:	
18)any family member had the same condition(hepatitis ,jaundice ,liver disease)	
19)family Hx of blood disorder	
*Drugs/Allergies:	
20)pt.'s drugs (esp. NSAID's, acetaminophen ,Sulfanomides)	
21)ask about allergies	

History of Lower quadrant pain :

20year-old female, presented to ER complaining of RLQ pain of less than 1 day duration. Take a focused history.

1.	Introduce your self	Student
2.	Take a permission	
3.	Privacy	
4.	Patient ID	
5.	Chief complain and duration	
6.	Pain	Site
		Shifting
		Onset
		Radiation
		Timing
		Severity
		Reliving Aggravating factors
	Associated symptoms :	
7.	Fever, chills, rigors	
8.	Anorexia	
9.	Weight loss	
10.	Change in Bowel habits	
11.	Stool character	
12.	Abdominal distention	
13.	Heart burn or regurgitation	
14.	Dysphagia, odynophagia	
15.	back pain , arthralgia (crohn's)	
16.	signs of anemia (CCA)	
17.	urology symptoms (renal colic)	
18.	Gynecological symptoms	
19.	Previous attacks	
20.	Past medical history	
21.	Family history	
22.	Social history	
23.	Drug History	

Question to be asked after taking this history:

1. Give 3 differential diagnoses
Appendicitis, chrohn's, gynecological causes
2. What other things would you like to do to confirm a diagnosis? Physical examination, lab test, imaging and biopsy
3. Lab tests and imaging modalities which are needed to confirm your diagnosis?
4. If the lab results were (-----) what is your Final diagnosis?

History of Neck Swelling

46 year-old male patient, presented to ER complaining of neck swelling. Take a focused history.

			Student
1	Introduce yourself		
2	Take a Permission		
3	Patient ID	Name	
		Age	
		Occupation	
		Marital status	
4	Chief complain and the duration		
3	Swelling assessment	When	
		Pay attention	
		Site	
		Size (changes)	
		Ever disappear	
		Other swellings	
		Painful/Tenderness	
		Discharge ?	
4	Uncomfortable swallowing		
5	Dyspnea, stridor		
6	Horseness of voice		
7	Limitation of neck movement		
8	Symptoms of hyperthyroidism or hypothyroidism	CVS	
		Nervous	
		Metabolic(sweating , Trembling)	
		Bowel habits	
		MSS	
9	Eye changes		
10	Relation to eating (regurgitation)		
11	Relation to mastication		
12	Upper limb claudicating, numbness		

13	Dizziness, headache		
14	Hx of previous RS infection		
15	Constitutional symptoms		
16	Bone pain		
17	Hx of trauma		
18	Hx of radiation		
19	Past med. Hx		
20	Past surgical Hx		
21	Drug Hx	Iodine intake allergy	
22	Social Hx		
23	Family Hx		

Question to be asked after taking this history:

1. Give 3 differential diagnoses?
-----, -----, -----
2. What other things would you like to do to confirm a diagnosis?
Physical examination, lab test, imaging and biopsy
3. Lab tests and imaging modalities which are needed to confirm your diagnosis?
4. If the lab results were (-----) what is your Final diagnosis?

Ulcer History:

61 year-old male patient, presented to ER complaining of ulcer in the left foot. Take a focused history.

1.	Introduction	
2.	Permission	
3.	Privacy	
4.	Patient profile	
5.	CC & duration	
6.	Site	
7.	When was first noticed	
8.	What brought the attention	
9.	What does it effect	
10.	Progression/ change in (size, shape, pain, discharge and bleeding)	
11.	The cause(trauma)	
12.	Previous attacks (other limb)	
13.	Fever, chills and rigors	
14.	Weight loss	
15.	Anorexia	
16.	controlled	
17.	Since when	
18.	Retinopathy	
19.	Neuropathy	
20.	Nephropathy	
21.	Parasthesia	
22.	Numbness	
1.	MI	
2.	TIA	
3.	IHD	
4.	Hypertension	
5.	Smoking	
6.	Claudication	
7.	Weakness in the limbs	
8.	Rest pain	
9.	Palpitation	
10.	Chest pain	
11.	Dyspnea	
12.	Ankle swelling	

13.	DVT	
14.	Varicose veins	
15.	Pigmentation	
16.	Infective (cough, hemoptysis)	
17.	DDx	
18.	ischemic	
19.	Neuropathic	
20.	trauma	
21.	Venous	
22.	infective	

History of intestinal obstruction

a 35 year old female pt , comes to the ER C/O central abdominal pain and vomiting , take a focused history

		Student
1)	Introduce yourself	
2)	Take permission	
3)	Insure the pt. name	
4)	Privacy	
5)	Chief complain , Duration	
6)	pain :	
		site
		onset
		character
		radiation
		associated symptom , Fever ...
		time\ progression \ if continuous
		exacerbating and reliving factor
7)	Vomiting :	
		amount
		color and content
		frequency
		Timing, immediate after eat or after few hours
		contain blood, mucus
		if it is associated with the pain
		its effect on the pain

		preceded by Nausea Hx of headache, vertigo, dysphasia, odynophagia	
8)	Distention		
9)	Constipation (last defecation, pass flatus)		
10)	Painful anus(fissure, abscess)		
11)	Malignancies symptoms :Wt loss, anorexia, fatigue		
12)	Gall stone symptom :RUQ pain, jaundice, fatty meal		
13)	TB contact		
14)	Spinal surgery or fracture(retroperitoneal hemorrhage)		
15)	Last menstrual cycle		
16)	Past history :Surgeries , same attacks		
17)	Drug History		
18)	Family History: of abdominal malignancy		
19)	Social history : smoking , alcohol		

Question to be asked after taking this history:

1. Give 3 differential diagnoses?
 - Intestinal obstruction
 - Paralytic ileus
 - Tumors
 - Gall stone ileus
 - Retroperitoneal hemorrhage
 - Painful anus
2. What other things would you like to do to confirm a diagnosis?
 - Physical examination
 - lab test
 - imaging
3. Lab tests and imaging modalities which are needed to confirm your diagnosis?
 - Plan abd. X-ray
 - Barium enema
 - Colonoscopy
 - CT scan
4. If the lab results were (-----) what is your Final diagnosis?