



الطبيب والجراحة



لجنته

Mini- OSCE / Nabed

1st group / Summer course of 2023

1) Dx

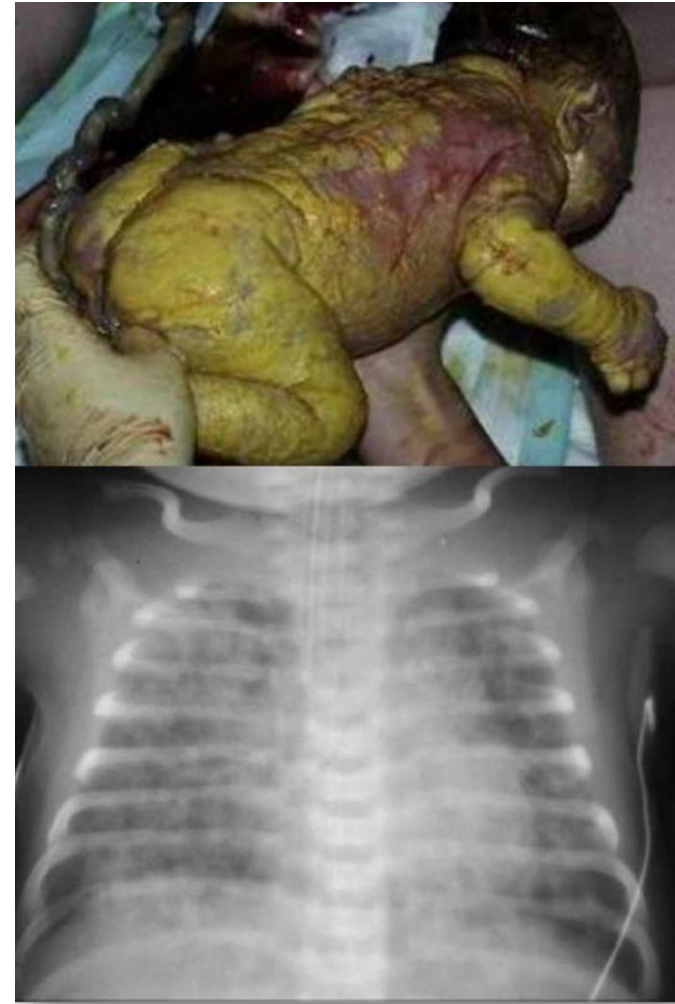
Meconium aspiration

2) Treatment (which was a case of non-vigorous meconium aspiration):

- Use direct laryngoscopy, intubate, and suction the trachea immediately after delivery.
- Suction for no longer than 5 seconds.
- Suction before his first breath

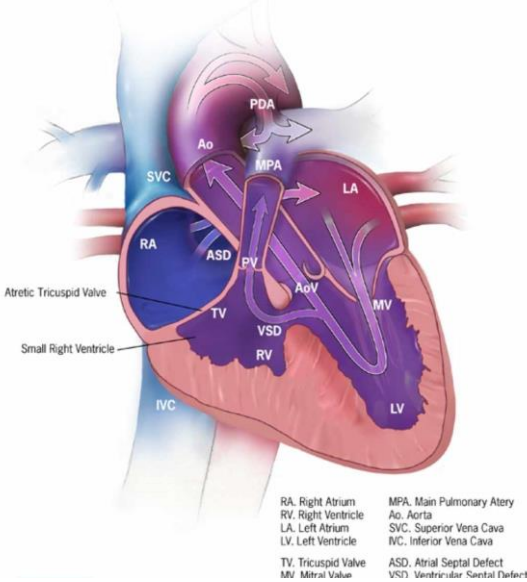
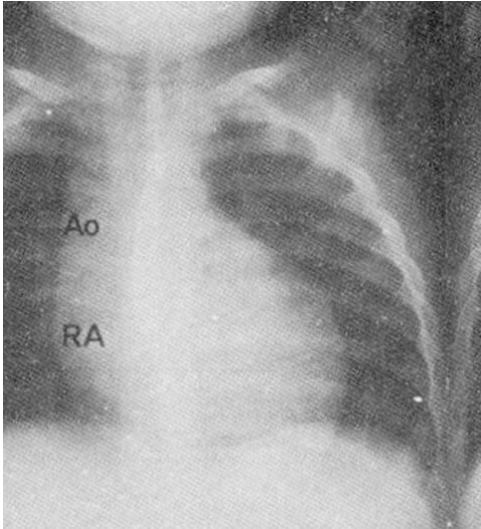
3) 2 Complications:

- Persistent pulmonary HTN
- Pneumothorax



1) Findings on X- Ray:
Cardiomegaly

2) 1st drug to give is?
PGE1



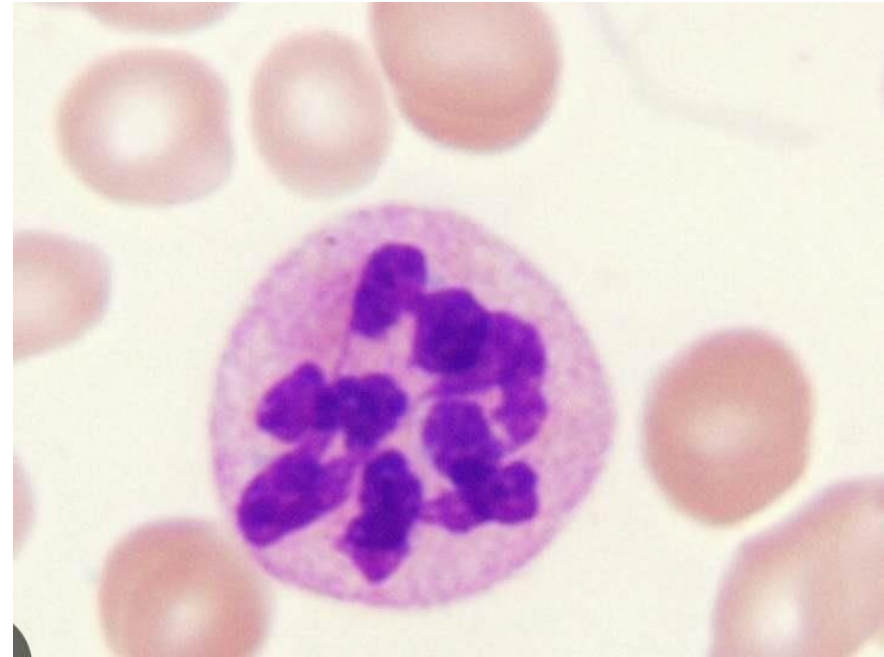
1) This blood film shows?

Hyper segmented neutrophil

2) Give 2 DDx

Vit. B12 deficiency

Folate deficiency



1) Describe what you see in the picture

Swelling in the left knee

2) Give 3 DDx

Hemophilia A, B

Septic arthritis

Trauma



1) Developmental age?

10 months

2) Mention 2 other skills?

Waves 'bye bye'

Mature pincer grip

3) Write vaccines given at this age.

OPV

Measels

Vit. A 100



1) The most prominent feature

Inverted V upper lip

Facial wasting

2) Diagnosis

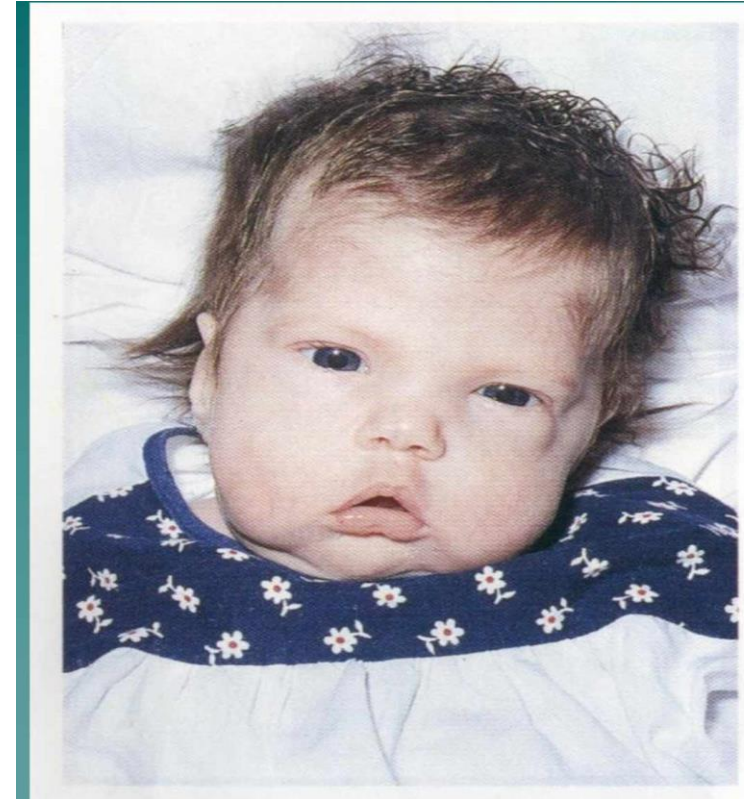
Myotonic muscular dystrophy

3) Inheritance

Autosomal dominant

4) Incidence

1 in 30000



1) Name the test

Tuberculin test

2) When to read?

After 48-72 h

3) When is it considered positive?

>15 mm in healthy individuals

>10 mm in pt. with chronic illness/ less than 4 years...

>5 mm in HIV pt and immunocompromised



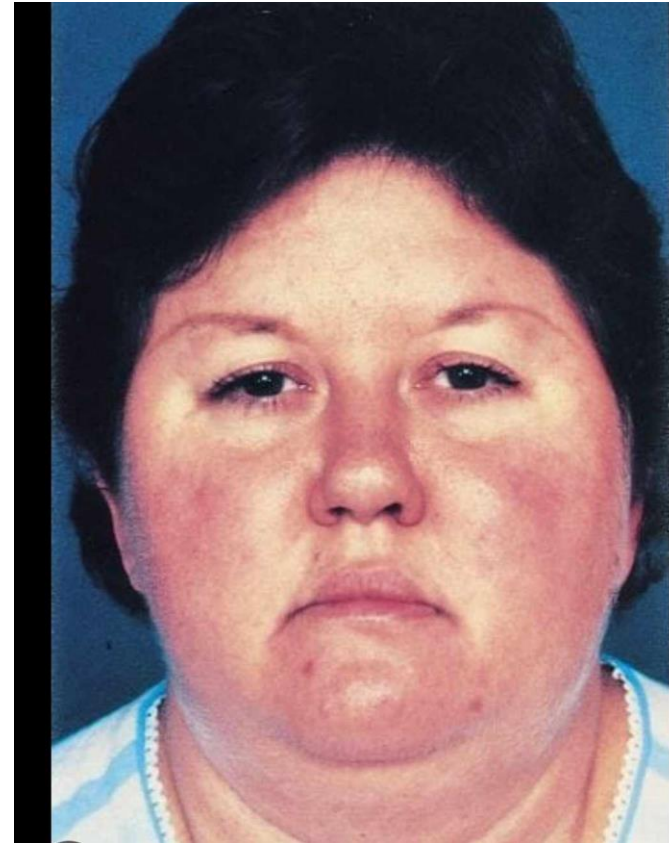
**Nephrotic child, come with this presentation
after 4 months of treatment:**

1) Describe the face

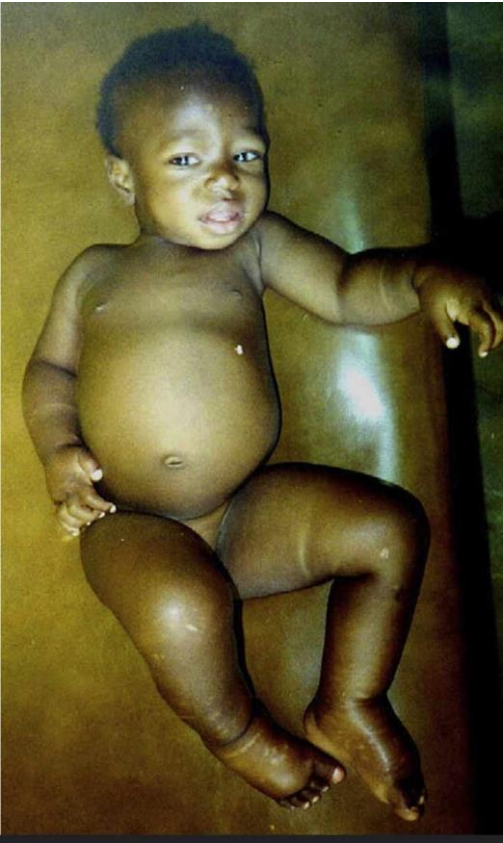
Moon face

2) What is the cause?

Corticosteroids



****Two children with malnutrition:**



1) Dx: Kwashiorkor

2) Main problem: low calorie and protein intake



1) Dx: Marasmus

2) Main problem: low calorie intake

****A picture of two draw man test:**

Calculate the age of each child → by using $3 + (n/4)$

OSCE

Line A:

Case discussion: 10 hours old baby born after membrane ruptured for 24 hours, presented with tachypnea, lethargy, pale.

- 1) Mention 4 tests you would order
- 2) Microorganism?
- 3) Treatment
- 4) Risk factors

Examination: Full RS+ general examination related to RS system

OSCE

Line B:

Case discussion: baby with pharyngitis presented after 2 weeks with hematuria, electrolytes: Na=135/ k= 6.7/ others are normal, glucose=96.

- 1) Your Mx of hyperkalemia
- 2) Investigations to confirm PSGN
- 3) Acute complication
- 4) Other investigation you would order if the hematuria is persistent

Examination: Full GI exam

Mini- OSCE / Nabed

2nd group / 2023

الامتحان 15 سؤال بواقع علامتين لكل
سؤال مهما كانت عدد الافرع موزعة بين
0.5 للفرع او علامة للفرع
الوقت 40 دقيقة

A 28 weeks child with flaring and retractions answer the following

- 1.ABG readings?** Hypoxemia, hypercapnia, metabolic and respiratory acidosis etc
- 2. Functional residual capacity?** Decreased
- 3.Lung compliance?** Decreased
- 4. Best treatment?** Oxygen (intubation), Surfactant, Infection control



1. What is this called? Normal saline
0.9% - Isotonic crystalloid -

2. 2 indications for use?

Bolus in severe dehydration
Burns
Bleeding

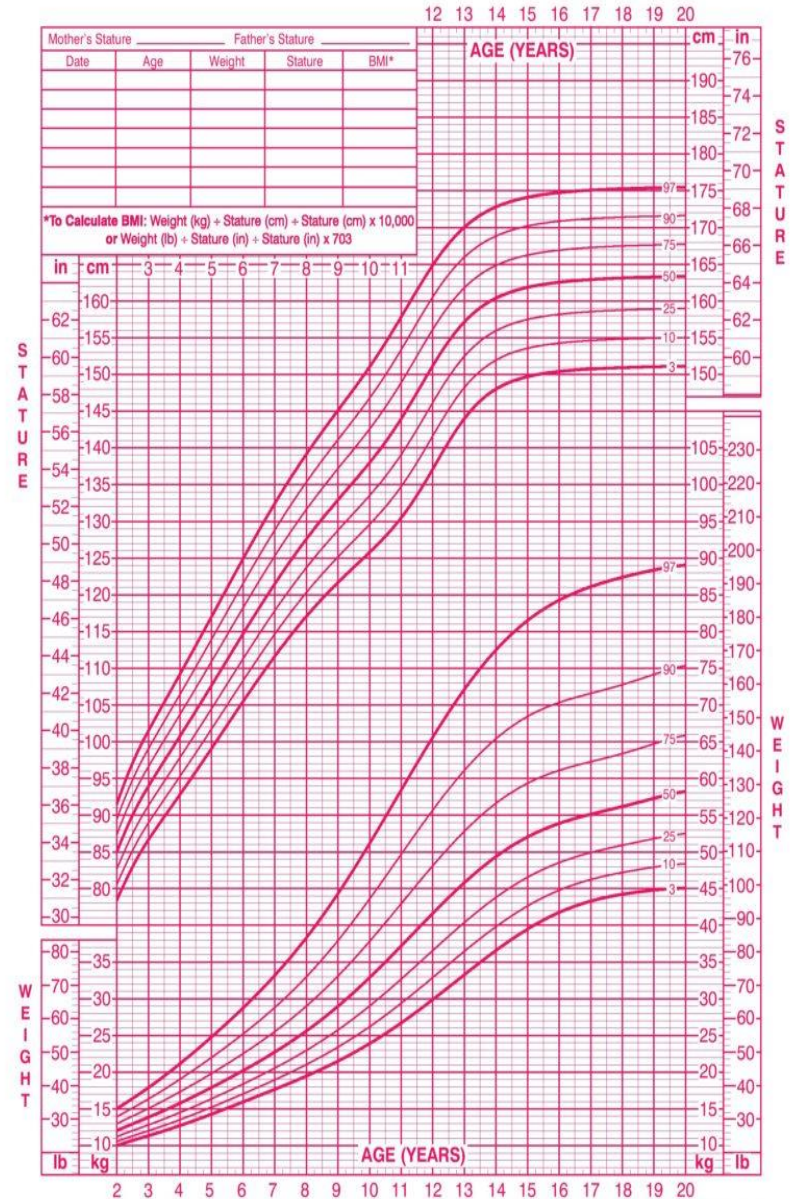


A 3 year old female weight is 10 kgs
height is 85 cm

1. Plot the readings and mention their centile? Height lower than the 3rd centile. Weight lower than the 3rd centile

2. How will the patient present clinically?

Short stature, underweight > stunted.
FFT type 2



Published May 30, 2000 (modified 11/21/00).
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>



1. What is the microorganism causing this image?

Varicella zoster virus

2. what is the treatment?

Cool baths, Calamine, Topical antipyretic,

If immune compromised antiviral, Varicella zoster immunoglobulins

3. Describe the rash?

Polymorphous rash with lesions at different stages of healing and newly formed



A girl came with cough and epistaxis and her cbc shows the following:

Hb: 13.5

platelets : 4000

1.Describe the lesions? Purpuric rash

2.What is the dx? Immune thrombocytopenic purpura

3.What is the treatment?

* Therapy for moderate and severe clinical bleeding, with severe thrombocytopenia (platelet count $<10,000/\text{mm}^3$):

> Prednisone , 2 to 4 mg/kg/24 hours for 2 weeks.

> IVIG, 1 g/kg/24 hours for 1 to 2 days.

> Splenectomy is indicated in acute ITP only for life-threatening bleeding.



A child with respiratory distress symptoms

1. What is the dx?

Diaphragmatic hernia

2. What is the first step in treatment?

Intubation and decompression



A 3 days old child with this clinical picture

1. Give 2 possible causes?

sepsis, cyanotic heart disease (truncus arteriosus, tricuspid atresia, etc)

((RDS is not a cause because RDS presents immediately after birth not after 3 days)))

2. What 2 investigations are possible?

ABGs, Hyperoxia test, Chest x-ray, Echocardiogram



A 3 year old with constipation for 2 years. The x-ray is shown

1. What is the cause?

hirschsprung's disease

2. What is the treatment?

Surgery (Resection and reanastomosis)



The transition zone is in the mid-descending colon.

Complete the vaccines for a 12 month old

1. MMR 1st dose
2. Hepatitis a 1st dose

The Jordanian National Immunization Program				
Recommended Vaccines			Age	
		BCG	First Month	
	IPV	DaPT-HBV-Hib-Rota	61 Days	
OPV	IPV	DaPT-HBV-Hib-Rota	91 Days	
OPV	IPV	DaPT-HBV-Hib-Rota	121 Days	
	OPV	Measles	9 Months	
			12 Months	
Hepatitis A	MMR	OPV (booster)	DaPT (booster)	18 Months
		OPV	Td	6 Years (First Grade)
			Td	15 Years (10 th Grade)

Age for these

The spoon one is 18 months
The fork one is 24 months (2 years)



A child with fever and these are the pictures

1. What are these signs shown?

Erythema marginatum
Subcutaneous nodules

2. What is the dx?

Rheumatic fever



This child came with polyuria and dysphagia

1. Write the criteria for diagnosing dm?

Symptoms of DM + random casual plasma glucose ≥ 200 mg/dL
o Fasting plasma glucose ≥ 126 mg/dL

o 2hr plasma glucose during the OGTT ≥ 200 mg/dL

o HbA1c ≥ 6.5

2. 2 acute complications?

Hypoglycemia, DKA



A girl was eating peanuts then sudden cough and difficulty breathing and this is her xray

1.What do you see on her x-ray? Hyperinflation due to air trapping in the right lung, Flat diaphragm, Mediastinal shift to the other side

2.What are auscultation findings? On auscultation We might hear stridor if the peanut is obstructing an upper airway, A wheeze if it's obstructing a lower airway, Decreased air entry

3.What is the dx? foreign body aspiration

4.What is the treatment? bronchoscopy and removal of the foreign body



Malabsorption and diarrhea

1. What is the dx? Acrodermatitis enteropathica

2. What is the treatment? zinc



A child with seizures

- 1. What is the dx?** Sturge weber syndrome
- 2. What do you see on the ct scan?**
Tram track calcifications



2 years old female came with 40 degrees fever and tonic clonic seizure :

1. What is the common diagnosis
2. What is the most serious diagnosis
3. What is the diagnosis If the LP was 750 WBC 90% PMN , glucose low and protein high ?
4. If the gram stain is positive diplococci what is the organism
5. What is the treatment and dose ?
6. What is the cause If the culture came negative ?
7. What is the most common complication ?
8. What is the most serious electrolyte disturbance ? And why did it happen ?
9. What is the type of vaccines for the organism ?
10. What is the percentage of population that have positive culture for this organism?
يعني نسبة الناس الي عندها البكتيريا كينرومال فلورا
11. What is the percentage of having positive culture in symptomatic patients?
يعني نسبة انه تطلع نتيجة الزراعة صح عند المرضى المصابين
12. Do you give the family members chemoprophylaxis?

OSCE

station 1

Febrile seizure

Meningitis

Bacterial meningitis

Dexamethasone

16 doses

3rd generation cephalosporin
and vancomycin

Partial treated

Conjugated and
polysaccharide vaccine

Hearing loss

HyponatremiaSIADH

80%

5-40%

No need for prophylaxis

**الإجابات مش بنفس ترتيب الأسئلة

٢ تشرين الثاني، ٢٠٢٣، ١٢:٢٢ م

20 months old male
patients comes to ER with
fever 39c with diarrhea
and bad smell urine

Ask about associated symptoms ...

What do you see on physical exam?
(Abdomen)

Investigations (labs+ imaging)?

Diagnosis

Treatment (ممکن تنسألوا عن اسم وجرعة)

2 causes for hydronephrosis?

OSCE

station 2

Miniosce and Osce Nabed (3rd group)

Done by :Bara'ah Qudah

Baby with this presentation of genitalia

What is electrolyte changes in this baby ?

Hyponatremia, hyperkalemia

2-what is the lines of treatment in acute stage ?

Hydrocortisone

,fludrocortisone,spironolactone



**Baby present with hematochezia
,abdominal distension and vomiting**

What is the diagnosis?

Necrotizing enterocolitis

What is the finding in this image ?

Pneumatosis intestinalis

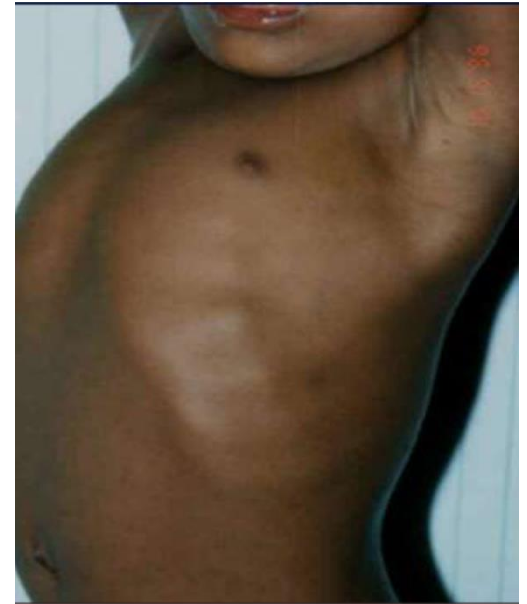


Suspect changes in

1-ALP :High

2-Calcium :low

3-Parathyroid hormones :High



Child presented with symptoms of UTI , his weight 7.5 kg

1-Mention 3 findings in this test

- 1-Leukocyte esterase and nitrite
- 2-wBCs more than 5 (high)
- 3-Ph less acidic

2-What is the amount of maintenance fluid for this child

$100 * 7.5 = 750\text{ml}$ or .75 litre



Disease is Biphasic And has triphasic rash

1-What is the medical name of this disease ?

Erythema infectiosum

2- What is the causative organism ?

Parvovirus B19

3- Mention 2 complications of this disease

1-Aplastic crisis

2-Hydrops fetalis



Fever for 2 days with throat pain and lymphadenopathy without rhinorrhea

1- What is the diagnosis ?

Tonsillitis

2-what is the causative organism?

Group A beta hemolytic strep pneumonia

3- Mention 2 systemic complication for this condition

1-rheumatic fever

2-post strep glomerulonephritis



1-Mention 2 dysmorphic features in this picture

- 1-epicanthal fold
- 2-Upward slant of eye
- 3-Low bridge nose

2_Mention 2 complication

- 1-AML ,ALL
- 2- Endocardial cushion defect

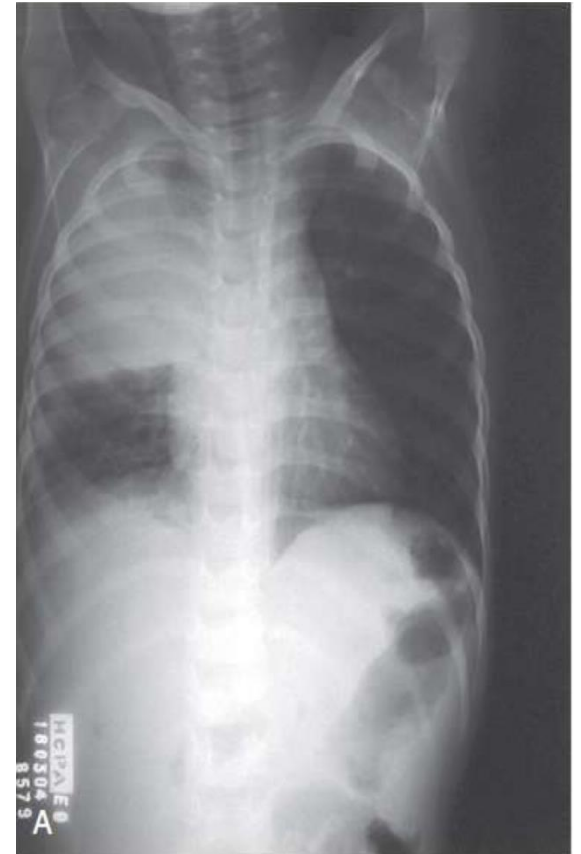


1-Write findings in this Image

Opacification or consolidation in upper lobe of right lung

2-What can you notice in physical examination

Dullness on percussion
Decrease breath sounds
Bronchial breathing



child with recurrent respiratory infections and has finding in this picture

1-What is the diagnosis ?

Cystic fibrosis

2-Mention 2diagnostic test

1-2 reads of sweat chloride more than 60

2-Genetic study (2 mutation of cystic fibrosis)



Child with recurrent Opisthotonus position

1-What is the name of this condition ?

Sandifer Syndrome

2-Mention 3 causes for this position

1-GERD

2-kernicterus

3-Meningitis



Infant of diabetic mother ,,Gestational weight is 4.5kg pr

1- what is the diagnosis ?

Small left bowel syndrome

2-Mention 2 causes of seizure in this infant

1-Hypocalcemia

2-Hypoglycemia



1-Can copy (shape) : circle

2- Can build (cubes) : Bridge

3-How many words can he say?

200 words

4-What type of play ?

Interactive play



**Child of 6 months of age
presented with spasm of flexor
and extensor and still has head
lag**

1-What is the diagnosis ?

West syndrome

2-what is the management ?

Vigabatrine



Diagnosis

Subgaleal Hematoma

Complications

Anemia, Jaundice, seizure



OSCE (2 stations)

Station 1 : Video of baby with stridor and supraclavicular retraction :

1-What is the sound ?stridor

2-Mention three causes for this

Croup ,epiglottitis is,foreign body aspiration

3-If the baby comes with this presentation after 2 days of low grade fever and symptoms of respiratory infection ,what is the diagnosis ?

Croup

4- What is causative organism ?

Parainfluenza virus

5-Management

Dexamethasone,nebulized epinephrine ,supportive

Station 2

Scenario of Chronic diarrhea and you have to ask about it (Celiac)

The examiner asked about management (gluten free diet and giving supplementation of deficient iron and vitamins)

Mini-Osce

Nabed group 4

Done by :

Tamara Al-mahadeen

Jna Al-jaafreh

Naba jehad

Q. 1

1) Dx

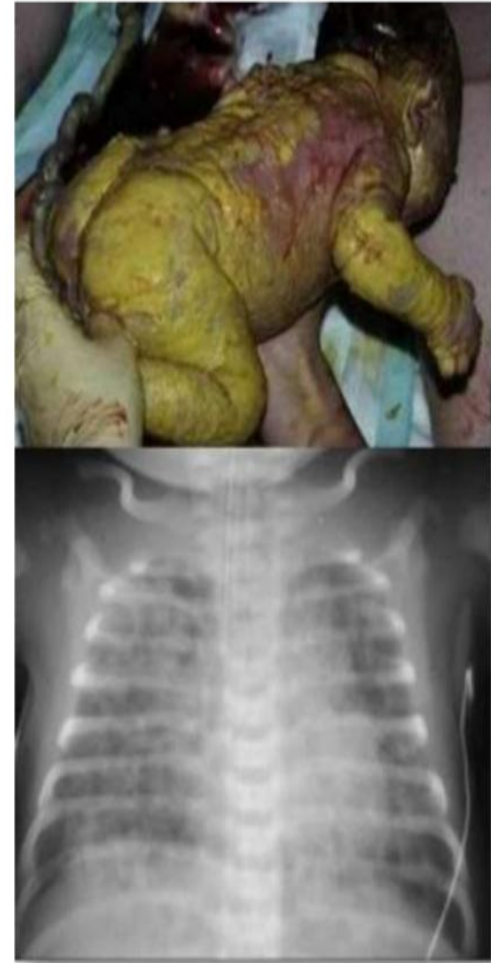
Meconium aspiration

2) Treatment (which was a case of non-vigorous meconium aspiration):

- Use direct laryngoscopy, intubate, and suction the trachea immediately after delivery.
- Suction for no longer than 5 seconds.
- Suction before his first breath

3) 2 Complications:

- Persistent pulmonary HTN
- Pneumothorax



Q. 2

What is his age? **10 months**

What he can do in gross motor?

Stand with support, Walk around furniture

Mention 2 skills in social

Waves bye bye

Plays" peek-a-boo "



Q. 3

Facial nerve palsy due to birth trauma

❖ What are the findings ?

- 1) asymmetrical facies with crying.
- 2) The mouth is drawn towards the normal side,
- 3) wrinkles are deeper on the normal side

❖ What is your diagnosis ?

- Left LMN lesion of facial nerve



Q. 4

Mention the limb abnormality ?

Rocker bottom feet

Overriding of fingers

What is the diagnosis?

Edward's syndrome



Q. 5

What are these?

Inhaler, spacer

Do we use inhaler to children 1 year old? yes

What druge given by inhaler

SABA, inhaled corticosteroids



Inhaler



Spacer

Q. 6

Knee swelling with
prolonged PTT
What are the
diagnosis? **Hemophilia
A, B**

What the type of
inheritance?

x-linked recessive



Q. 7

US picture with history GFR 22
What is the abnormality?

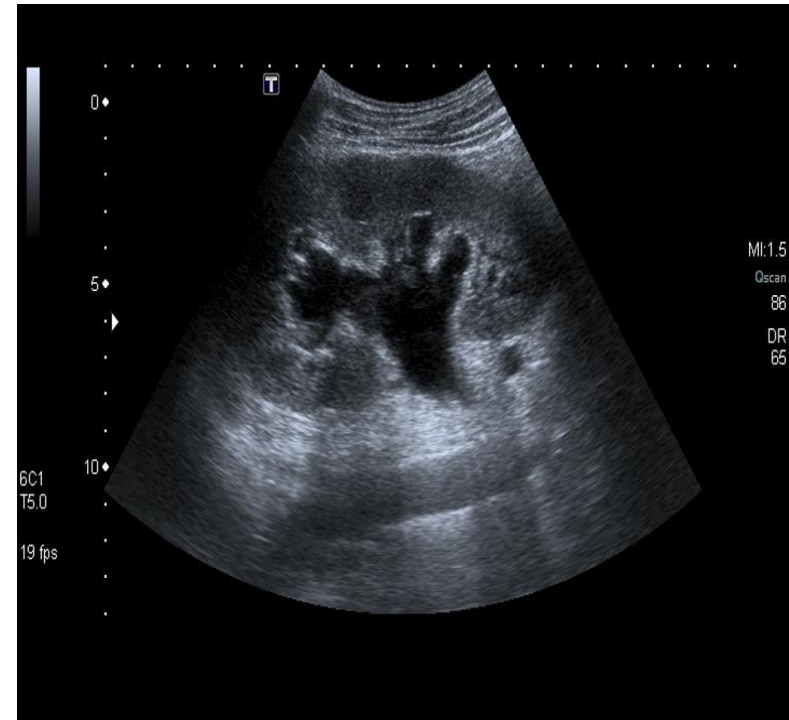
Hydrohephrosis

Which stage of CKD ?

Stage 4

What are the labs of ca,PTH,Po4?

Hypocalcemia,hyperphosphatemia,hyperparathyroid



Q. 8

What are the annual tests for follow up?

Fundoscopy

Kidney function test

What are the modalities of treatment?

Intensive insulin regimen
(MDI , CSII)

Conventional insulin regimen



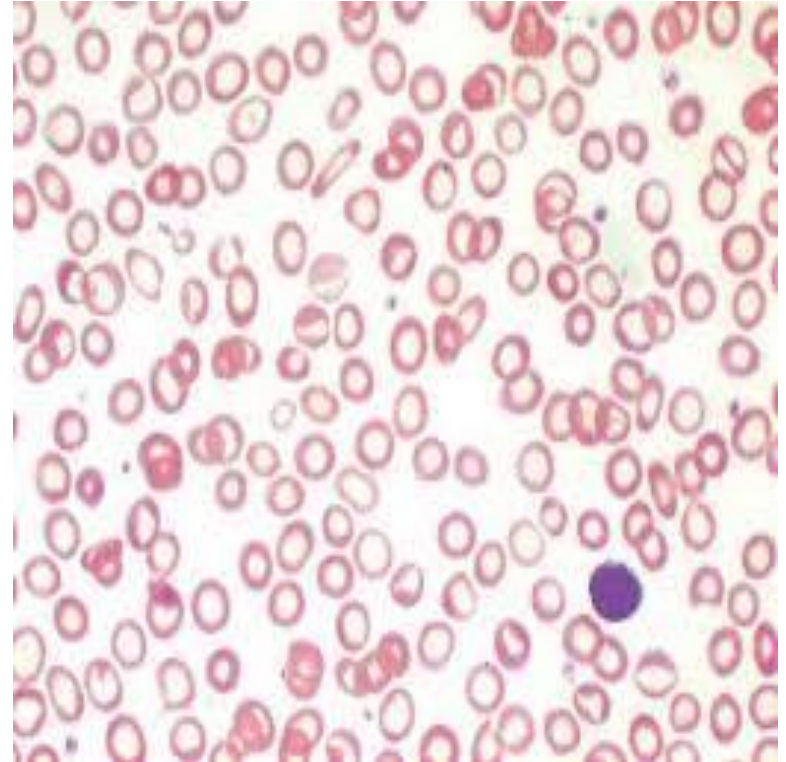
Q. 9

What is the diagnosis?

Microcytic hypochromic
anemia
(iron def anemia)

What the investigation?

ferritin level, RDW , Retic count
Hb electrophoresis



Q. 10

What is the type of rash?

purpuric rash

What you see in lab?

Urine; hematuria

Platlets: normal

Mention 2 complications

1. renal insufficiency

2. scrotal effusion due to
testicular torsion



Q. 11

Mention 2 components of this?

Pulmonary stenosis,
ventricular hypertrophy

If the pt came to ER with hypercyanotic spells what do you do for resuscitation ?

Knee-chest position

Supplemental O₂

Fluid bolus i.v.

Morphine i.v.

NaHCO₃ to correct metabolic acidosis (

Phenylephrin

β-blocker



Q. 12

.pt with sever bleeding, 20kg

Fluids to resuscitation?

20ml/kg=400ml

Fluids been used?

Normal saline in resuscitation

Q. 13

What is the type of rash? **Vesciels**

What is the diagnosis? **Foot hand mouth disease**

What is the organism caused ?

Coxsackie virus A



Q. 14

4 weeks baby

What is organism?

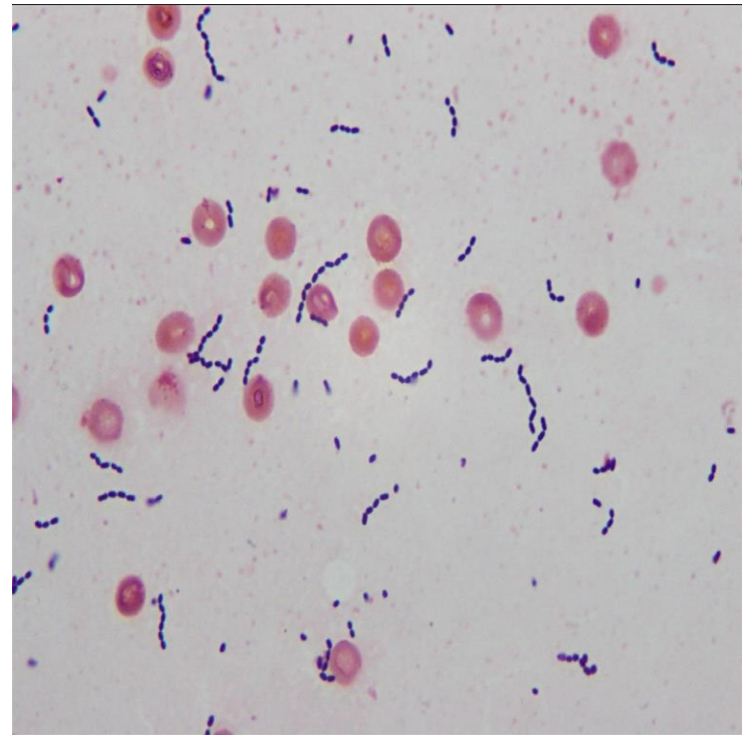
GBS

What is the test called?

Gram stain

Duration of treatment?

14 Days



Q. 15

What is the signe ?

Calf muscle
hypertrophy

Mention 2DDx

Duchenne, becker
muscular dystrophy

What the enzyme?

creatine kinase



Q. 16

Thymus shadow

❖ What's the name of this sign ?

○ Sail Sign of thymus.

❖ What's the most likely Dx. ?

○ Normal X-ray.



History taking: 3 days old baby with
jaundice

Video :

Station 1: west syndrome

Station 2:generalized tonic
clonic seizure

Pediatric Mini OSCE

Group 5

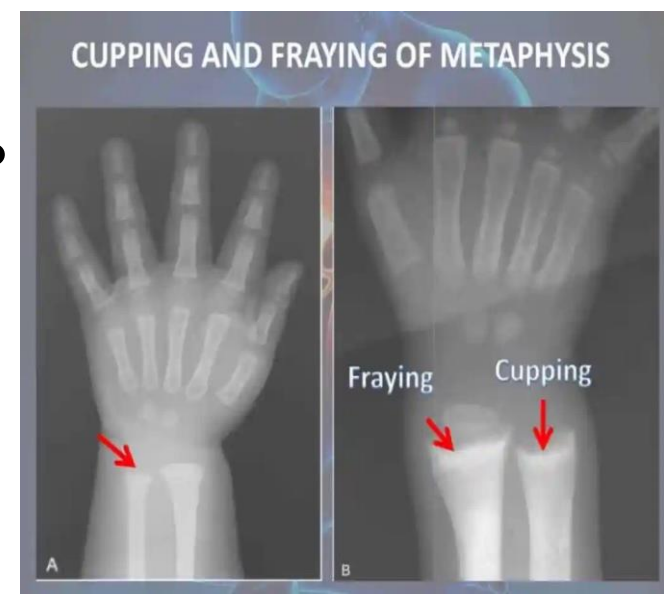
13 questions

30 minutes

Q1) •

A- what is the marker that detect activity of this disease? ALP •

B- mention 2 complications of this disease •



Q2) plotting on growth chart •

A- both height and weight below 5th centile •

B- what we call this? FTT type 2 •

Q3) Term baby to a mother complained of •
polyhydramnios , preeclampsia , and previous
two macrosomic baby:

A-what is this congenital anomaly? Cauda •
equina regression syndrome

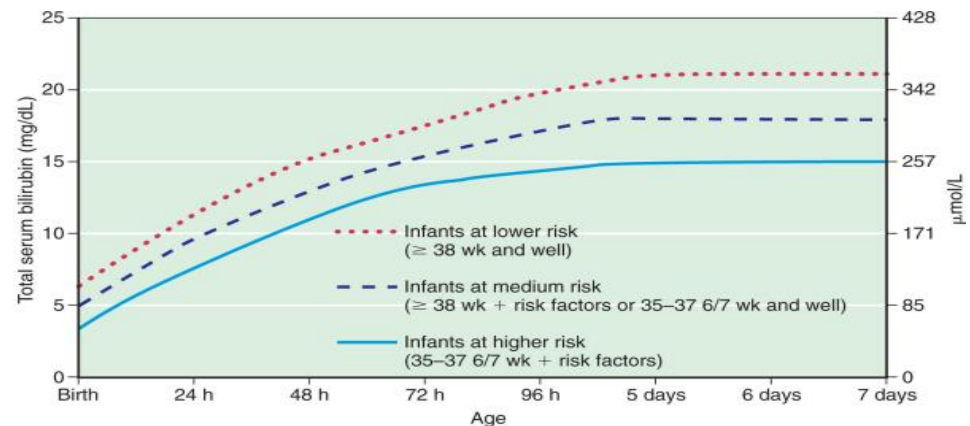
B- what is the cause provided by the history? •
Infant of diabetic mother



Q4) 38 weeks born infant admitted to NICU •
due to sepsis, and neonatal jaundice at 24hr
according to this graph answer the following
questions :

A- what is the risk ? Intermediate risk •

B- when to start phototherapy? Above 10 •
mg/dl



- Use total bilirubin. Do not subtract direct reacting or conjugated bilirubin.
- Risk factors = isoimmune hemolytic disease, G6PD deficiency, asphyxia, significant lethargy, temperature instability, sepsis, acidosis, or albumin < 3.0 g/dL (if measured).
- For well infants 35–37 6/7 wk can adjust TSB levels for intervention around the medium risk line. It is an option to intervene at lower TSB levels for infants closer to 35 wks and at higher TSB levels for those closer to 37 6/7 wk.
- It is an option to provide conventional phototherapy in hospital or at home at TSB levels 2–3 mg/dL (35–50 μmol/L) below those shown but home phototherapy should not be used in any infant with risk factors.

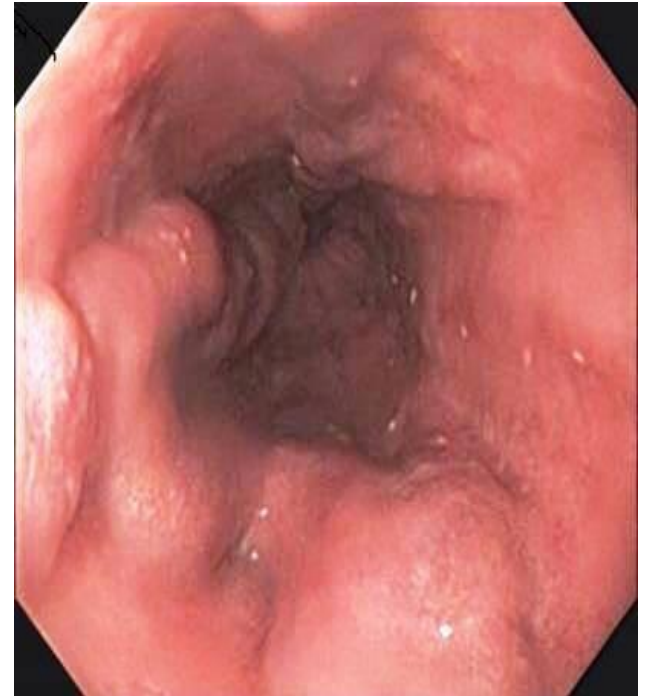
Q5) patient come with massive hematemesis •

A- what is the cause of his bleeding? •

Esophageal varices

B- during endoscopy what can you do to •
immediately stop the bleeding?

ligation, sclerosing agent •



Q6) 13 years old girl complain of abdominal •
pain and other autoimmune diseases:

A-describe what you see : multiple aphthous •
ulcers

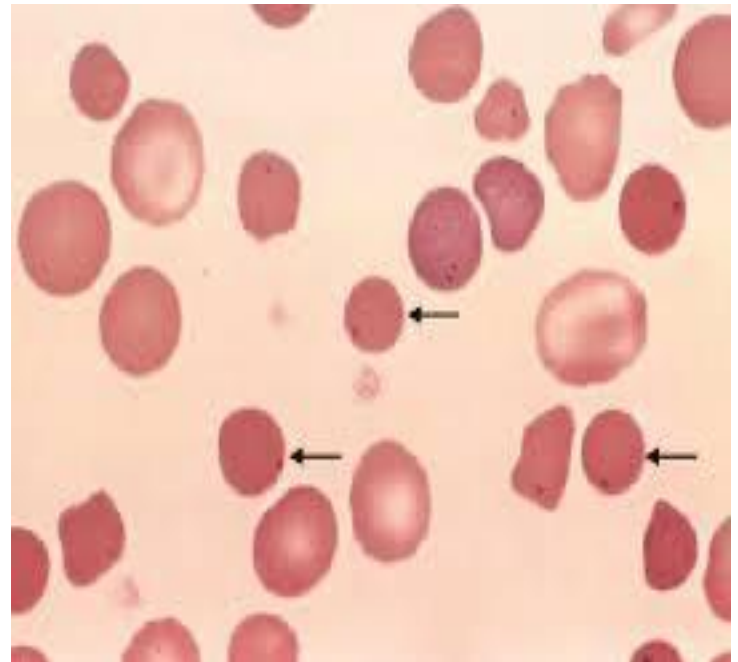
B- single test to confirm you're diagnosis: anti •
ttG



Q7) History of fatigue, splenomegaly, high MCHC :

A- give other test to confirm diagnosis: osmotic fragility test

B- treatment in severe cases: splenoectomy and blood transfusion



Q8) •

A) what is the name of this sign ? Leukocoria •

B- give 2 ddx : retinoblastoma , congenital •
cataract (galactosemia)



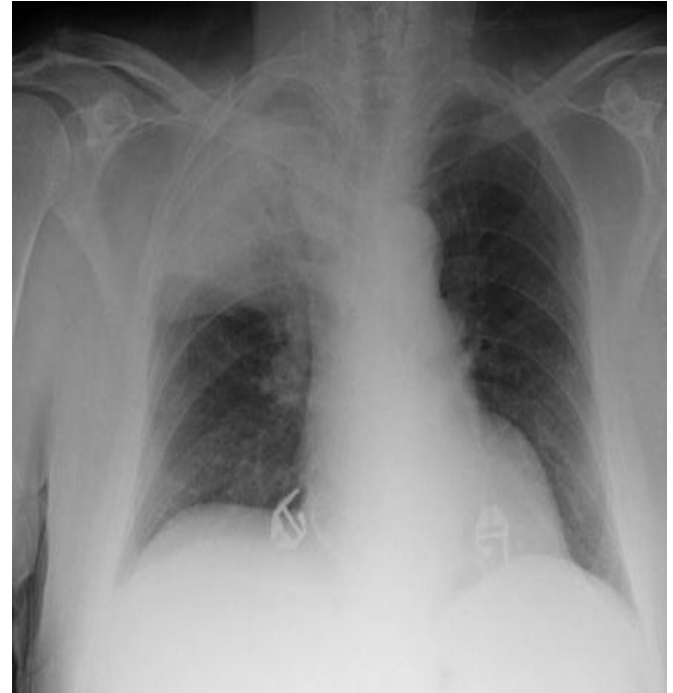
Q9) patient with recurrent chronic cough , •
bronchioectasis, chronic diarrhea:

A- ddx : cystic fibrosis •

B-name two tests : sweat chloride test, •
genetic test



- Q10) patient with high fever and cough: •
- A- what is your diagnosis: RT upper lobe •
pneumonia
- B- most common organism : s.pneumonia •



Q11) patient diagnosed with nephrotic syndrome from 6 months:

A- describe what you see : moon face •

B- possible cause: corticosteroids •

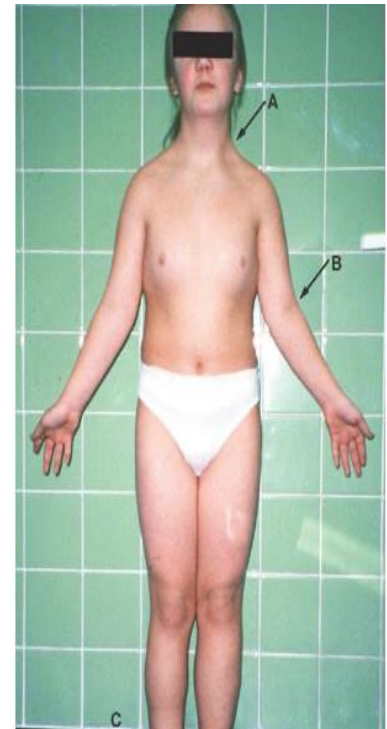


Q12) •

A- give two physical findings : shield chest , •
webbed neck and lymph edema

B- what is the chromosomal abnormality? •

XO 45 chromosomes •





Q13) •

A-Skill of A and B and at what age? •

a : casting object. b : drink from a cup

Both at 12 months •

B- what vaccines should they receive? •

MMR1, HAV •

C- if the patient with 40c fever for 5 days and
pic of C what is your ddx: kawasaki , measles •

OSCE exam

- 2 stations in the same room
- First station : video for child with wheezy chest and respiratory distress signs
- Second station : 9 years old child with red urine for one day (take a history)

Pediatric:

Mini- OSCE/ serotonin 6th year 2023

Asymptomatic bacteriuria and uti station

- Developmental assessment station
- Cystic fibrosis
- بدنا نحكيها ومن خلال الصورة نعرف التشخيص meconium ileus كانت صورة ل
- Most common infection in CF
- vaccine give in CF
-
- صورة cleft lip
- Complications (sucking so failure to thrive , chocking)
- Repair at 3 months
-
- Hypotension in history (case of congenital adrenal hyperplasia)
-
- Case of short stature (primary... Wrist X ray)
- صور ل اسماء أجهزة → سيمينار لأمد
-
- Case of myelomeningocele (percentage to occure in a mum of history of this condition ,, Indication for surgery ,, mode of inheritance)
-
- Hsp case
-
- Case of Duchane muscular dystrophy (mode of inheritance)
-
- Case of transposition of great arteries
- ومن خلالها بدك تعرف التشخيص heart كانت صورة ل
- صورة عادية مش x ray
-
- Blood smear (hypersegmented neutrophils.. dd (folic acid deficiency , B12 deficiency))
-
- Kawasaki criteria
- Chromosomal study → Down syndrome

OSCE:

- 1 station in 10 minutes
- كل شي ممكن ينسأل عنه

Pediatric Mini-OSCE

Wareed 6th year 2024

Done by Laith Najada

Q1: Asthmatic patient

What is the name of the test?

Spirometry (PFT)

2) What is the expected result for this patient?

**FEV1 / FVC ratio < 80%
(Reversible obstructive
pattern)**



Q2: 6-year-old child diagnosed with pneumonia before 5 days and treated with antibiotic, he is presented today with persistent fever and cough.

Describe the x-ray:

Thick-wall cavitary lesion in the right upper lobe with air-fluid level

2) What is the diagnosis?

Lung abscess

3) What is the treatment of choice?

IV antibiotic (clindamycin) for 4-6 weeks

Surgery if not respond to antibiotic



Q3: 10-day-old infant presents to the pediatric emergency department with fever, irritability, and poor feeding. The mother reports that the baby has been irritable since birth and has been feeding poorly. On examination, the infant appears lethargic, with a high fever of 38.9°C (102°F), and multiple vesicular lesions on the scalp.

What is the causative organism of this case?

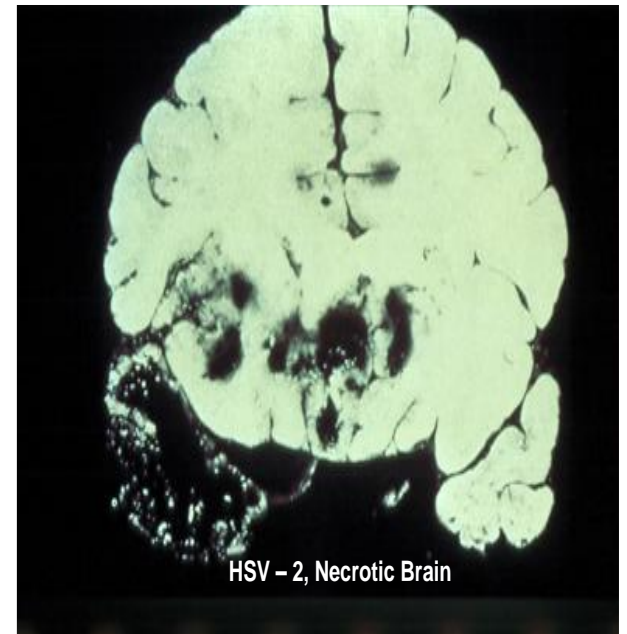
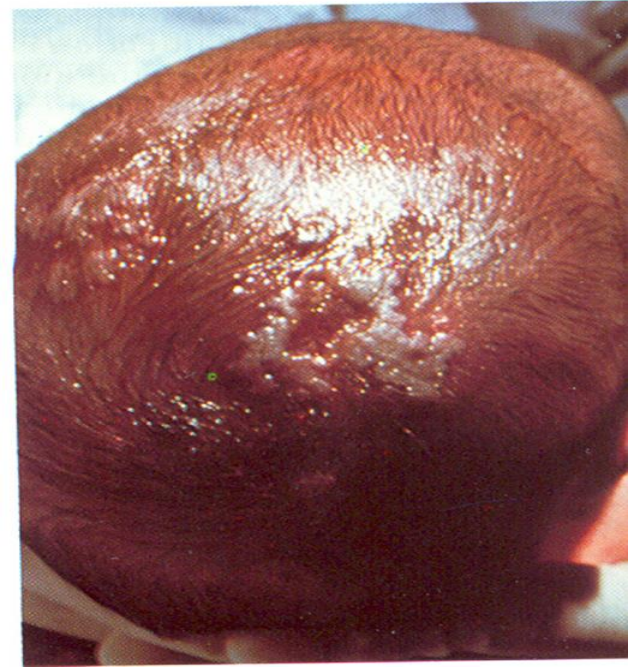
HSV

2) What is the treatment?

IV Acyclovir for 14 to 21 days

3) Mention one precaution before giving the drug:

Ensure adequate hydration to prevent precipitation of drug in kidneys



Q4: 3-year-old child
presented with pallor and
fatigue, Hb: 6 g/dL

Mention one physical and one
radiological finding:

Physical: Chipmunk facies

Radiological: Crew-cut skull

(Hair-on-end)

2) Mention two methods for
diagnosis:

Electrophoresis

Genetic test



Q5: What is the cause for each site:

Ejection systolic murmur:

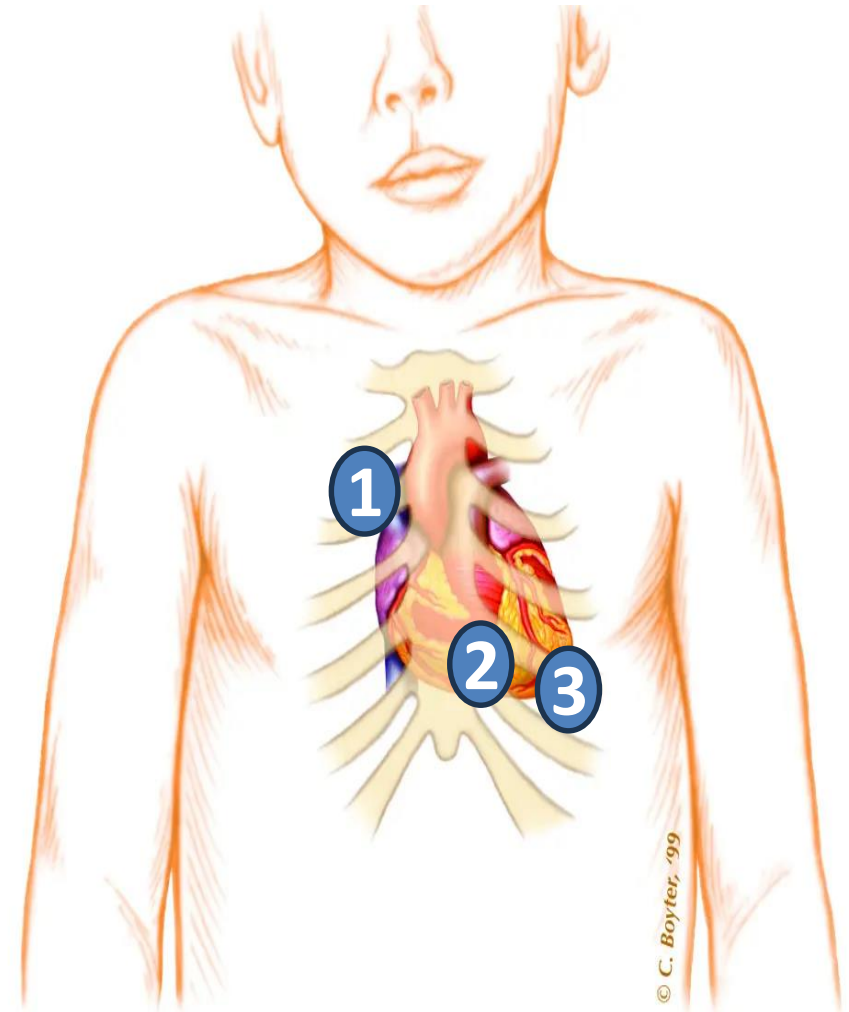
Aortic stenosis

2) Pansystolic murmur:

VSD

3) Ejection systolic murmur:

MVP



Q6: Down syndrome

Mention one complication appears in the neonatal period:

Hirschsprung disease

2) Mention two blood screening test (the question was vague):

CBC

TSH,T4



Q7: A young child presented with chronic diarrhea, abdominal pain, and weight loss.

What is the name of these skin lesions?

Erythema nodosum

2) Mention two things you will see on stool analysis:

Fecal calprotectin

Fecal WBCs and RBCs

3) How to confirm the diagnosis?

Endoscopy and biopsy

The diagnosis for this case is Crohn's disease



NOTE: Erythema nodosum associated mainly with Crohn's disease, but also can present in Celiac patients

Q8: Oncology

Name of this sign:

Raccoon eyes

2) Mention two differential diagnosis:

Neuroblastoma

Child abuse

Basal skull fracture

Leukemic infiltration



Q9: 15-year-old male patient present for evaluation of short stature, 2 years ago he start treatment with GH therapy.

Mention 2 stimulation tests:

Clonidine test

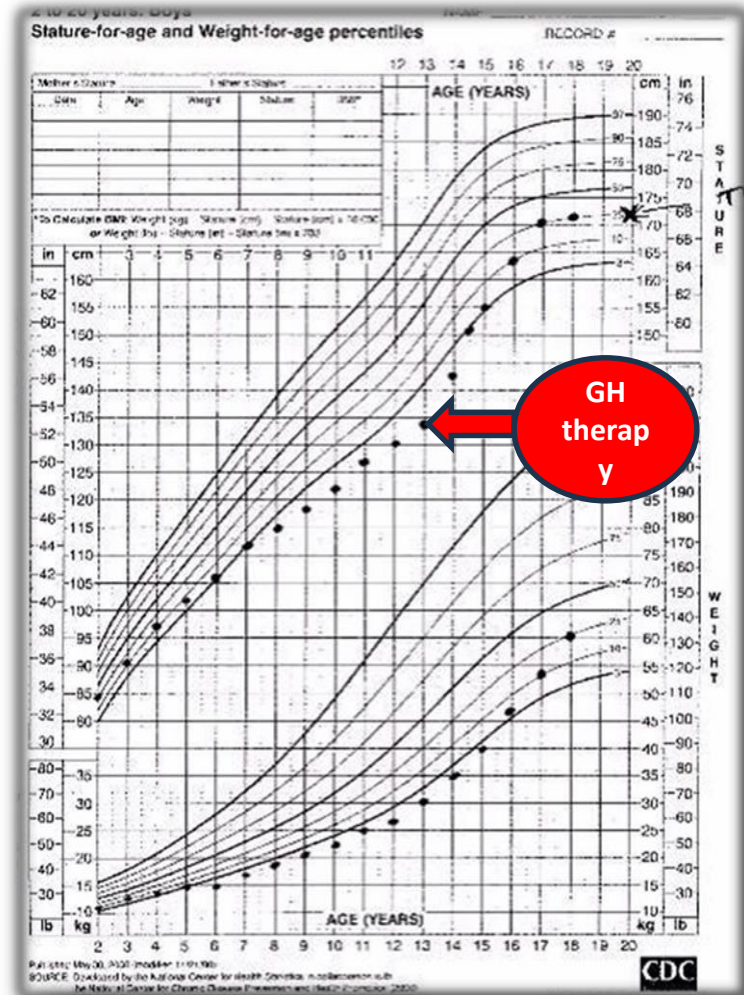
Exercise stimulation test

2) Before initiating treatment, what is the

expected bone age and growth velocity?

Bone age: Delayed

Growth velocity: Decreased



Q10: Developmental assessment

Mention one gross motor skill at this age:

Walk around the furniture

Stand with support

Mention one fine motor skill at this age:

Mature pincer grasp

What vaccines she should takes at this age?

OPV (3rd dose) / Measles vaccine (1st dose)

with vitamin A supplements

4) What vaccines she will take at the next visit?

MMR (1st dose) / Hepatitis A vaccine (1st dose)



**Long
cases**

1) Case of pyelonephritis

2) Case of DKA

فسارع إلى أعالي الهمم فما العُمر؛ إلا
أوقات عاجلة، تمضي كومض البرق
فلا ترى نفسك إلا في سُبُاتها..

فاحمل نفسك على منازل الصبر..
واجعل دُخرك من الأجر؛ أعظم
الدُّخر!
واقبض على شغف؛ يخلق لك تفرداً
مُثمراً..

وقل: يارب.. هذا خطي؛ فالن لي
الطريق!