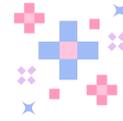




# Family medicine mini osce rawh 2<sup>nd</sup> group



## 01 Dyspepsia

A PATIENT PRESENTS WITH EPIGASTRIC PAIN, POSTPRANDIAL FULLNESS, NECK PAIN, LEFT SHOULDER TINGLING, AND ANEMIA. HE IS CURRENTLY TAKING IRON SUPPLEMENTS AND MEDICATION FOR HIS NECK PAIN.

WHAT IS THE MOST LIKELY DIAGNOSIS AND TWO CONTRIBUTING FACTOR?

- Drug induced dyspepsia
- Due to 1) iron in anemic pt
- 2) NSAID for his neck pain

## 02 upper respiratory tract infection

BASED ON THE IMAGE:

1. WHAT IS THE NAME OF THE SIGN SHOWN?

Thumbprint sign

2. WHAT CONDITION DOES IT INDICATE?

Epiglottitis



## 03 Fatigue

A YOUNG FEMALE COMPLAINS OF INABILITY TO INITIATE NSICAL ACTIVITY TOR MORE THAN 6 MONTHS. SHE ALSO REPORTS UNREFRESHING SLEEP AND GENERALIZED MYALGIA.

LIST THREE BASIC INVESTIGATIONS YOU WOULD ORDER FOR THIS PATIENT.

- TSH
- CK-mb
- CBC





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## 04 Dyslipidemia

A 35-YEAR-OLD PATIENT HAS AN LDL LEVEL OF 195 MG/DL AND AN ASCVD RISK SCORE OF 18%.

1. HOW SHOULD THIS PATIENT BE MANAGED?

lifestyle modification  
high intensity statin

2. WHEN SHOULD THIS PATIENT BE REFERRED TO SECONDARY CARE?

Tg>885  
Cholesterol >290  
intolerance to statins

## 05 Osteoporosis

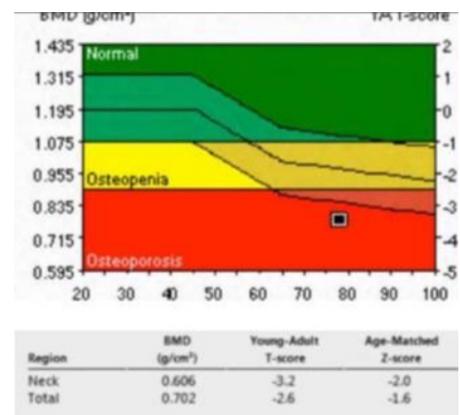
BASED ON THE IMAGE:

1. WHAT IS THE DIAGNOSIS?

Osteoporosis

2. WHAT IS THE FIRST-LINE TREATMENT FOR THIS CONDITION?

Biphosphanate



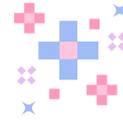
## 06 Intro

LIST FOUR ESSENTIAL SKILLS THAT A FAMILY MEDICINE PHYSICIAN SHOULD HAVE

Communication skills  
Preventive skills  
Therapeutic skills  
Resource management skills



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## 07 Headache

A PATIENT PRESENTS WITH A BILATERAL HEADACHE, DESCRIBED AS A FEELING OF PRESSURE, LASTING FOR MORE THAN 15 DAYS.

1. WHAT IS THE DIAGNOSIS?

Chronic tension headache

2. WHAT IS THE TREATMENT FOR THIS CONDITION?

TCA  
Occipital nerve block  
Physical therapy

## 08 Dizziness

WHAT IS THE NAME OF THIS TEST:

Test of Skew

WHAT IS YOUR DIAGNOSIS BASED ON THIS RESULT?

There is the central cause of vertigo(Stroke)

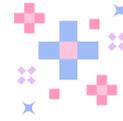
## 09 Abdominal pain

A FEMALE PATIENT WITH A HISTORY OF OVARIAN CYST PRESENTS TO THE EMERGENCY ROOM WITH SEVERE SUPRAPUBIC ABDOMINAL PAIN. LIST FOUR POSSIBLE DIFFERENTIAL DIAGNOSES

UTI.... PID  
Ruptured ovarian cyst  
ovarian torsion



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## 10 Adult health maintenance

A 60-YEAR-OLD MAN WITH A 30-YEAR HISTORY OF SMOKING 1 PACK PER DAY PRESENTS FOR EVALUATION. WOULD YOU SCREEN HIM FOR LUNG CANCER?

He is 60 years old,  
with a 30 pack-year smoking history  
,so YES

LIST FOUR VACCINES YOU WOULD RECOMMEND FOR HIM

1. Influenza vaccine – annually.
2. Tdap
3. herps zoster
4. covid 19

## 11 DM

A 65-YEAR-OLD GENTLEMAN PRESENTS WITH POLYURIA AND WEIGHT LOSS. HIS RANDOM BLOOD SUGAR IS 310 MG/DL. YOU ORDER AN HBA1C, WHICH IS 11%. WHAT IS YOUR FIRST-LINE CHOICE OF DRUG FOR THIS PATIENT

Insulin

MENTION TWO POSSIBLE SIDE EFFECTS FOR THIS DRUG?

hypoglycemia & weight gain

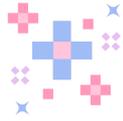
## 12 HTN

A 50-YEAR-OLD MAN HAS NORMAL BLOOD PRESSURE READINGS IN THE CLINIC BUT HOME MEASUREMENTS SHOW ELEVATED BLOOD PRESSURE. WHAT IS THE MOST LIKELY DIAGNOSIS?

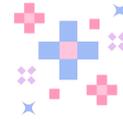
Masked HTN

HOW TO CONFIRM YOUR DIAGNOSIS?

Ambulatory blood pressure  
monitoring



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## 13 Chest Pain

A 45-YEAR-OLD MALE PRESENTS WITH CHEST PAIN THAT IS NOT RELATED TO EXERTION AND IS REPRODUCIBLE ON PALPATION.

WHAT THE NAME OF THIS SCORE?

Marburg score

BASED ON THE SCORE  
WHAT IS YOUR DIAGNOSIS

Non cardiac cause  
musculoskeletal pain

### Score component

Age/gender (female  $\geq 65$ , male  $\geq 55$ )

Known clinical vascular disease

Patient assumes cardiac origin of pain

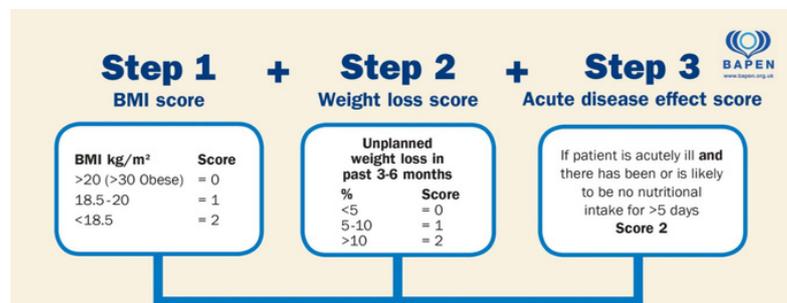
Pain worse with exercise

Pain not reproducible by palpation

## 14 Geriatric health

NAME THIS SCORE ?

MUST score  
for nutritional status



OLD FEMALE PATIENT WITH SCORE 4  
WHAT'S YOUR ENTERPRETATION?

She is at high risk ..  
so treatment is:

### 2 or more High Risk

#### Treat\*

- Refer to dietitian, Nutritional Support Team or implement local policy
- Set goals, improve and increase overall nutritional intake
- Monitor and review care plan  
Hospital - weekly  
Care Home - monthly  
Community - monthly

\* Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.