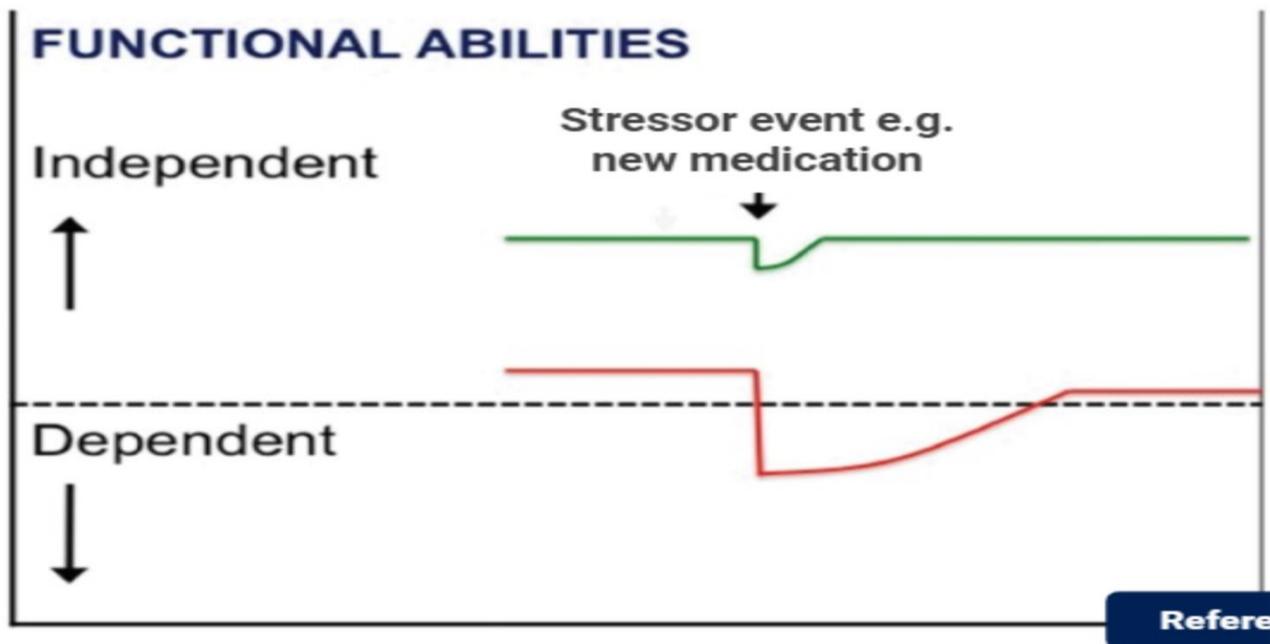


Family Medicine mini OSCE

5th Nov 25

4th group Rauh

Done by Sarah Manasrah



Q1) The figure shows functional ability changes with stressor events and activities of daily living.

1_ Red line indicates? The red line indicates a person living with frailty who becomes dependent after a stressor event (e.g., new medication, illness).

2_ mention 3 interventions:



Q2) T score -3.6

1_ What's the name of this device? DEXA scan

2_ What is your diagnosis? severe osteoporosis

3_First line of treatment? Bisphosphonate

Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

Q3)1_what's the name of this screening test? PHQ-2 Screening Instrument for Depression

2_What is the cutoff score for a positive result? A score of 3 or more is considered a positive result.

Q4) Mention four principles of family medicine:

Holistic care ,Comprehensive care ,Continuity of care , collaboration of care

Q5) mention 3 differential diagnosis of severe epigastric pain:

Stomach Ulcer

Heartburn/ Indigestion

Pancreatitis, Gallstones

Epigastric hernia

Q6) A patient presents with early satiety and postprandial fullness occurring 3 days per week, along with epigastric pain. These symptoms have been ongoing for 6 months. H. pylori testing is negative, and she uses a PPI only as needed.

1_ What treatment would you start for this patient? Empirical proton pump inhibitor(PPI) once daily for 4-8 weeks.

2_ If the initial treatment fails to relieve her symptoms, what would be the next management step? Switch to tricyclic antidepressants (TCA)

Q7) An 85-year-old gentleman has been measuring his blood pressure at home and in the office over the past month. His readings range 160/70, 165/80,167/75 mmHg. He has no other medical conditions, and no laboratory or imaging tests have been done.

What is the most likely diagnosis for this patient? Isolated systolic hypertension

What is the most appropriate initial treatment for this patient? CCB or thiazides

Q8) A 75-year-old gentleman with a history of type 2 diabetes mellitus, chronic heart failure, and chronic kidney disease presents for routine follow-up and history of MI. He is currently adherent to his medications, which include an SGLT2 inhibitor.

1_ Mention 2 adverse effects:

- Increased risk of genital mycotic infections

-Necrotizing fasciitis of the perineum (Fournier gangrene)

2_ mention a reason for accepting a less stringent HbA1c target :
reduce the risk of hypoglycemia



Q9) according to the picture

1_ sign? Thumbprint sign

2_ Dx? Epiglottitis

Q10) A 28-year-old female presents to the clinic with a severe, throbbing headache on one side of her head, accompanied by nausea and vomiting. She also reports sensitivity to light (photophobia) and sound (phonophobia). She has no history of head trauma, fever, or neurological deficits.

Which of the following is the most likely diagnosis?

When suspect a secondary cause of headache? Mention 4:

- Headache starts after 50 of age (temporal arteritis, mass lesion)
- Sudden onset of severe headache (SAH, vascular malformation)
- Headache increasing in frequency and severity although treated

-New onset headache in patients with risk factors for HIV or cancer (brain abscess, meningitis, metastasis)

Headache with signs of -systemic illness (fever, stiff neck, rash)

-Focal neurological signs or seizure (stroke, mass lesion)

-Papilledema (mass lesion, meningitis)

-Headache subsequent head trauma (ICH, subdural hematoma) *

Q11) Patient with TG:600, LDL:100, CE:200, HDL:30

1_ What's the probable diagnosis? Dyslipidemia/ hypertriglyceridemia

2_ What is the most appropriate initial treatment for this patient? fibrate + lifestyle modifications

Q12) A 45-year-old male presents with acute onset of severe vertigo, nausea, and unsteadiness for the past 24 hours.

What is the result of this test that supports the diagnosis of vestibular neuritis?

1. Head Impulse Test: Positive toward the affected side (corrective saccades)

2. Nystagmus: Unidirectional horizontal nystagmus (beats away from the affected ear)

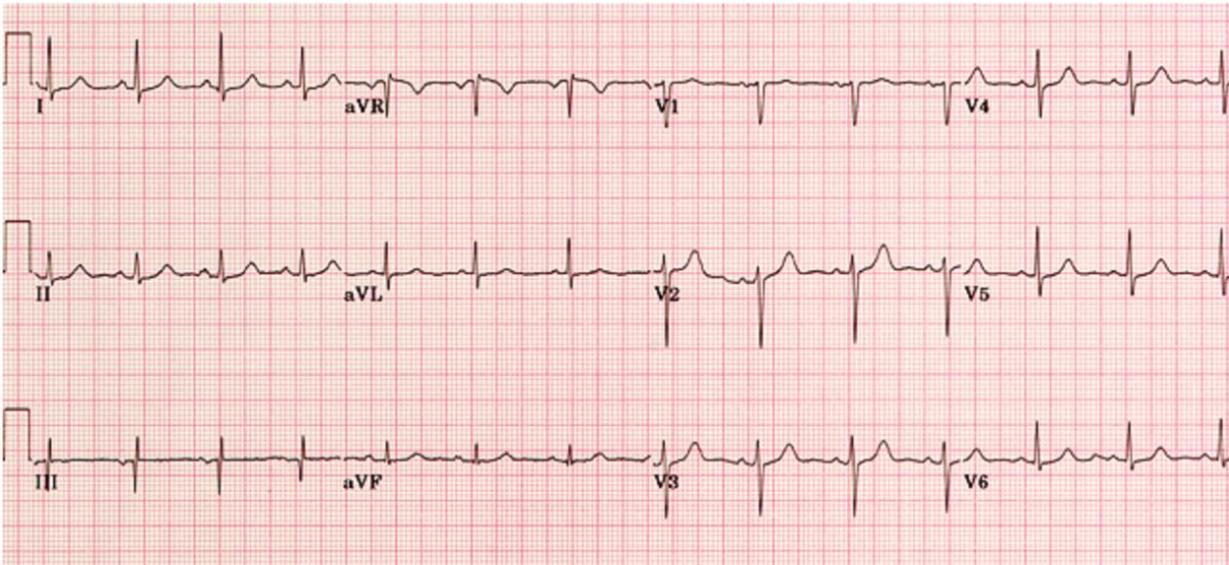
3. Test of Skew: Negative (no vertical ocular misalignment).

Q13) A 35-year-old female presents with generalized tired and unspecific fatigue, severe headache, and diffuse body aches (myalgia) for the past 6 months. She reports that rest and sleep do not relieve her symptoms. She denies any comorbidities. There is no recent travel or sick contacts. She

also reports difficulty performing her daily activities due to profound tiredness.

What's the probable diagnosis?

Mention 4 initial tests for undifferentiated diagnosis:



Q14) A 52-year-old male experienced a 10-minute episode of central chest heaviness with nausea and shortness of breath after strenuous exercise. The episode resolved with rest. He has had similar previous episodes, and cardiac enzymes were reassured.

1_ What's the probable diagnosis ? Stable Angina

2_ What is the NEW YORK HEART ASSOCIATION FUNCTIONAL CLASSIFICATION of this patient? class I