

AVAILABLE In  
New UpDate



Jun'2019

# OBS & GYNE

Vol'2

OSCEs Check List

اطلبها  
بأحدث  
للماره

# Stations

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1	Missed abortion 16 wk	
2	Postpartum hemorrhage OSCE	
3	PET	
4	POLY-scenario	
5	pre-request US	
6	misscarriage	
7	Contraceptive advice	
8	Instruments-Cusco's speculum	
9	pet	
10	infertility	
11	Patient's Profile	
12	Polyhydramnios - Lower abdominal pain and tightness	
13	Postpartum hemorrhage	
14	Cusco's speculum	
15	Instruments	
16	Instruments	
17	CTG	
18	fibroid	

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## ▶ Student information

Mrs. Ali presented to you when she was 17 weeks pregnant. She is para 2+0. After full examination you diagnosed her as a case of missed abortion. The uterus size was 16 weeks in size. You advised her for termination of pregnancy but she refused that. She came back to you after 5 weeks; she is still pregnant asking for termination. Apart from slight vaginal bleeding, she has no other symptoms.

Q1. What are the essential investigations that you will arrange for her prior to termination of pregnancy?

Q2. What is the method of termination that you will arrange for her?

Q3. Mrs. Ali's blood group is A Rh –ve. What is your plan of action in regard to this finding?



## ▶ Examiner check list

Name of the student: .....

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**Q1. Five marks** (*One mark for each correct answer*)

Investigations	Mark
Complete blood Count	
Blood group & Rh.	
Clotting profile	
Fasting blood sugar	
General urine exam.	

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**Q2. Medical termination by prostaglandins Which may be followed by surgical evacuation if indicated.** (*Two marks*).

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**Q3. Three marks** (*One mark for each correct answer*)

Plan of action	Mark
Arrange for blood group & Rh of husband	
If husband is Rh+ ve , Do indirect comb's test	
If indirect comb's is – ve, give anti-D immunoglobulins.	

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Total Marks | ..... | **Out of 8**

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Name of examiner: .....

Signature: .....

## ▶ Student information

Mrs X is a 30 year old lady, admitted to the delivery room in labour at 39 weeks of gestation. She had a vaginal delivery and transferred to the recovery room. One hour later you were called because started to have heavy vaginal bleeding.

1. What important points in the history you want to ask that predispose to the development of this condition?
2. what are the important steps in the management you want to take.



## ► Examiner information

Mrs X is a 30 year old lady, admitted to the delivery room in labour at 39 weeks of gestation. She had a vaginal delivery and transferred to the recovery room. One hour the student was called because she started to have heavy vaginal bleeding. He was asked the following questions:

1. What important points in the history you want to ask that predispose to the development of this condition.
2. What are the important steps in the management you want to take?

		0	1
1	Parity		
2	multiple gestation/polyhydramnios		
	Pre-eclampsia		
	Previous history of PPH		
	Previous C/S		
	Prolonged labour		
	Prolonged third stage		
	Instrumental delivery		
	Augmentation of labour		
	If the placenta is complete		
	Call for help		
	ABC		
	Two large-bore IVS		
	Cross matching		

Palpate uterus/message		
Perform vaginal examination		
Oxytocics		
Check for laceration		
Consider transfusion		
Surgical intervention		

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## ▶ Student information

Mrs. Ahmad is a 20 years old primigravida. She was quite normal in her booking antenatal visit. She attends the clinic for a routine visit at 32 weeks gestation. You noticed from the records that she gained 6 Kg since her last visit which was at 28 weeks gestation. Her blood pressure was measured by the nurse half an hour ago and it was 160/100 mmHg. She complains of headache and blurred vision.

Q1. What do you think the problem here?

Q2. List 3 maternal clinical signs that you should examine for.

Q3. What is your action?

Q4. List 4 essential investigations that you will order for her?



## ▶ Examiner check list

Name of the student: .....

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### Q1. Preeclampsia. 2 marks

Fasting blood sugar	
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### Q2. Any 3 of the following (one mark for each correct answer)

Examine for generalized oedema	
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Examine for hyper-reflexia	
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Fundoscopy for papilloedema.	
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Examine for liver tenderness.	
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### Q3. Admission to hospital ( one mark)

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### Q4. Any 4 of the following (one mark for each correct answer)

Urine for protein	
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Complete blood count mainly platelet count	
--	--

Blood urea and serum creatinine.	
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Serum uric acid	
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Liver function test	
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Ultrasound scan for fetal wellbeing	
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Total Marks | ..... | **Out of 10**

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Name of examiner: .....

Signature: .....

## ▶ Student information

Mrs. Fatema was referred to you From Al-Mazar Health center for further antenatal care. She is G4 P2+1, 33weeks pregnant. Attached, is her antenatal records in Al-Mazar antenatal clinic. She is complaining of lower abdominal ache and tightness. You did an ultrasound scan for her and you find that the amniotic fluid index is 30, Study her records then answer the following questions:

Q1. What is the likely clinical problem that this patient has?

Q2. How would you investigate her to reach the cause?

Q3. List four complications that you expected to occurs during labour and delivery.



## ▶ Examiner check list

Name of the student: .....

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### Q1. Polyhydramnios. 2 marks

Fasting blood sugar	
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### Q2. One mark for each correct answer

Investigations	Mark
Glucose challenge test or GTT	
Blood group & Rh.	
Ultrasound scan to exclude fetal anomalies.	

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### Q3. Any four of the following (one mark for each correct answer)

Complications	Mark
Abruptio-placenta	
Preterm labour	
Malpresentation	
Cord prolapse	
Post partum haemorrhage	
Increase risk of abnormal deliveries	
Increase risk of fetal mortality & morbidity	

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Total Marks | ..... | **Out of 9**

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Name of examiner: .....

Signature: .....

▶ Student information



Q1. Innumerate five pre-request things that you need to perform this type of test

1. ....
2. ....
3. ....
4. ....
5. ....

Q2. What are the findings in this test that may increase the risk of preterm birth ?

Q3. At what week gestational sac first appears ?



## ▶ Examiner check list

Name of the student: .....

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### Q1. The student should mention any 5 of the following

(one mark for any correct answer)

1	A nurse with you.	
2	To describe the procedure to the women.	
3	Use Ultrasound Gel	
4	Drapes to cover the women.	
5	Privacy	

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### Q2. The student should mention any 4 of the following:

(one mark for any correct answer)

1	IUGR	
2	Multiple gestation	
3	Placenta previa / abruption	
4	Congenital abnormalities	
5	polyhydrominous	

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### Q3. (one mark)

After 6 week	
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Total Marks | ..... | **Out of 10**

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Name of examiner: .....

Signature: .....

## ▶ Student information

Mrs. Ali presented to you when she was 17 weeks pregnant. She is para 2+0. After full examination you diagnosed her as a case of missed abortion. The uterus size was 16 weeks in size. You advised her for termination of pregnancy but she refused that. She came back to you after 5 weeks; she is still pregnant asking for termination. Apart from slight vaginal bleeding, she has no other symptoms.

Q1. What are the essential investigations that you will arrange for her prior to termination of pregnancy?

Q2. What is the method of termination that you will arrange for her?

Q3. Mrs. Ali's blood group is A Rh –ve. What is your plan of action in regard to this finding?



▶ **Examiner check list**

Name of the student: .....

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**Q1. Five marks** *(One mark for each correct answer)*

Investigations	Mark
Complete blood Count	
Blood group & Rh.	
Clotting profile	
Fasting blood suger	
General urine exam.	

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**Q2. Medical termination by prostaglandins Which my be followed by surgical evacuation if indicated** *(Two marks).*

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**Q3. Three marks** *(One mark for each correct answer)*

Plan of action	Mark
Arrange for blood group & Rh of husband	
If husband is Rh+ ve , Do indirect comb's test	
If indirect comb's is – ve, give anti-D immuno-globulins.	

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**Total Marks** | ..... | **Out of 10**

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Name of examiner:.....

Signature: .....

## ▶ Instructions to student

You are about to see Mrs. Hanan Yousif, a 24 years old. She is P1+0. Her last delivery was 3 months ago. She came to you asking for contraceptive advice.

Take the relevant history, and answer her enquiries.

## ▶ Instructions to Roll-player

- You are Mrs. Hanan Yousif.
- 24 years old teacher.
- You have 1 child delivered by NVD.
- Your last menstrual period was 2 weeks ago.
- You are bottle feeder.
- Your intension is not to get pregnant for 2 years and you are asking for contraceptive advice.
- Your intension is to use contraceptive pills.
- Your inquiries are:
  - What type of contraceptive pills is more effective?
  - Is it safe to use these pills for me?
  - How should I use them?
  - What are the side effect that you my have from these pills?



## ▶ Examiner check list

Name of the student: .....

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No	Items	Mark	Tick
1	Introduce your self	0.5	
2	Ask about the patients inquiry	0.5	
3	Ask about last menstrual period	0.5	
4	Is she breastfeeding?	0.5	
5	Ask about past obstetric history	0.5	
6	Ask about past menstrual history	0.5	
7	Ask about the intended period of contraception	0.5	
8	Ask about (any 4): <ul style="list-style-type: none"><li>● Hypertension and other cardio-vascular diseases.</li><li>● Smoking.</li><li>● Weight.</li><li>● Diabetes.</li><li>● Thrombo-embolic diseases.</li><li>● Migraine.</li></ul>	2	
9	Combined pill is more effective	0.5	
10	One tablet daily from the fifth day of menstrual cycle.	1	
11	Expected side effects (any 4): <ul style="list-style-type: none"><li>● Nausea and vomiting.</li><li>● Acne.</li><li>● Breakthrough bleeding.</li><li>● Breast tenderness.</li></ul>	2	

	<ul style="list-style-type: none"> <li>● Weight gain.</li> <li>● Depression.</li> </ul>		
12	Quality of communication Skill (good, fair, bad)	1	

Total Marks | ..... | *Out of 10*

| Name of examiner:.....

| Signature: .....



## ▶ Student information

Identify the instrument in front of you.

Answer the following questions:

Q1. List three pathologies that you may be able to see in the cervix with the use of this instrument.

Q2. List four minor types of interventions that you can do by the use of this instrument.

N.B. Please write your name, and answer the questions in the spaces provided in the answer sheet.



## ▶ Examiner check list

Name of the student: .....

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Cusco's speculum (1 mark).

**Q1. Any three of the following** (one mark for each correct answer).

Types of pathology		Mark
1	Cervical ectropion	
2	Cervical polyp	
3	Carcinoma of the cervix	
4	Pedunculated fibroid or endometrial polyp	
5	Examination for IUCD thread.	

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**Q2. Any three of the following** (half mark for each correct answer).

Types of interventions		Mark
1	HVS &/or endocervical swab.	
2	Cervical smear.	
3	Cervical cautery.	
4	Application of IUCD.	

---

Total Marks | ..... | **Out of 8**

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Name of examiner: .....

Signature: .....

## ▶ Student information

Mrs. Ahmad is a 20 years old primigravida. She was quite normal in her booking antenatal visit. She attends the clinic for a routine visit at 32 weeks gestation. You noticed from the records that she gained 6 Kg since her last visit which was at 28 weeks gestation. Her blood pressure was measured by the nurse half an hour ago and it was 160/100 mmHg. She complains of headache and blurred vision

Q1. What do you think the problem here?

Q2. List 3 maternal clinical signs that you should look for to confirm your diagnosis.

Q3. What is your action?

Q4. List 4 essential investigations that you will order for her?



## ▶ Examiner check list

Name of the student: .....

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### Q1. Preeclampsia. ( 2 marks)

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### Q2. Any 3 of the following (one mark for each correct answer)

Types of interventions	Mark
Repeat the blood pressure measurement	
Examine for generalized oedema	
Examine for hyper-reflexia	
Fundoscopy for papilloedema.	
Examine for liver tenderness.	

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### Q3. Admission to hospital ( one mark).

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### Q4. Any 4 of the following (one mark for each correct answer)

Urine for protein	
Complete blood count mainly platelet count	
Blood urea and serum creatinine.	
Serum uric acid	
Liver function test	
Ultrasound scan for fetal wellbeing	

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Total Marks | ..... | **Out of 10**

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Name of examiner: .....

Signature: .....

▶ **Instructions to student**

You are about to see Mrs. Majeda, 26 years old, newly married for 6 months. She is complaining of inability to conceive.

Take only the relevant gynaecological history of this patient.

**Q. What abnormalities could you identify from this history? (Mention 2 only).**



## ▶ Instructions to Roll-player

- You are Mrs. Majeda
- 26 years old house wife.
- You have not been pregnant before.
- Married for 6 months.
- Attending the clinic because of inability to conceive.
- Your last menstrual period was 8 days ago.
- Your menstrual cycles are regular every 28 days with normal amount of blood loss lasting for 6 days.
- Your menses preceded by gradually building up lower abdominal pain 1 week priors to menses. The pain usually continues over the first 3 days of the bleeding. The pain is usually severe that needs pain-killer.
- You used to have the same cycles before but usually they were painless.
- You have no inter-menstrual or post-coital bleeding.
- Complaining of white-mucoid discharge mostly priors to menses, odorless, not associated with soreness, irritation or itching.
- You have deep painful intercourse since marriage.
- You did not use any forms of contraception before.
- You had no previous gynaecological disease or operation.



## ▶ Examiner check list

Name of the student: .....

No	Items	Mark	Tick
1	Introduce your self and communication skills	1	
2	Confirm chief complains and duration	0.5	
3	Ask about LMP.	0.5	
4	Ask about menstrual history: Regularity. Duration of cycles. Duration of bleeding. Amount of bleeding.	2	
5	Ask about dysmenorrhoea: Onset of pain. Duration of pain in association with menses. Severity of pain.	1	
6	Associated symptoms with the cycle: Inter-menstrual or post-coital bleeding Vaginal discharge. Deep dyspareunia.	1.5	
7	History of previous contraceptive method	0.5	
8	History of previous gynecological diseases	0.5	
9	History of previous gynecological operations	0.5	
10	Abnormalities in the gynecological history: Congestive dysmenorrhoea. Deep dyspareunia.	2	

Total Marks | ..... | **Out of 10**

Name of examiner: .....

Signature: .....



▶ **Instructions to student**

Take the patient profile from the lady sitting in front of you.

Identify the following:

1. Her gravity, parity, and number of abortions that she had.
2. Calculate her EDD and duration of amenorrhea.



## ▶ Instructions to Roll-player

- You are Mrs. Su'ad Mansor.
- 32 years old.
- A house wife.
- Living in Al-Karak city.
- Your husband name is Mohammad Al-Tarawna.
- He is a teacher.
- Your blood group is A Rh. –ve.
- Husband blood group is B Rh. +ve.
- You have 3 children delivered at 9 months and two pregnancies ended at 3 and 2 months of pregnancy
- Your last pregnancy ended by operation for ectopic pregnancy one year ago.
- Your first day of last menstrual period was on 26/11/ 2008
- Now you are pregnant diagnosed by pregnancy test.



## ▶ Examiner check list

Name of the student: .....

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No	Items	Mark	Tick
1	Introduce your self	0.5	
2	Explain to the woman your task	0.5	
3	Patient's name	0.5	
4	Age	0.5	
5	Occupation	0.5	
6	Address	0.5	
7	Husband' name	0.5	
8	Occupation of the husband	0.5	
9	Patient's blood group & Rh.	0.5	
10	Husband's blood group & Rh.	0.5	
11	No. of gravity	0.5	
12	No. of Parity	0.5	
13	No. of abortions	0.5	
14	L.M.P.	0.5	
15	E.D.D.	0.5	
16	Duration of amenorrhea	0.5	

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Total Marks | ..... | **Out of 8**

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Name of examiner: .....

Signature: .....



## ▶ Student information

Mrs. Fatema Al-Tarawna was referred to you From Al-Mazar Health center for further antenatal care. She is G 3 P2+1, 33weeks pregnant. Attached, is her antenatal records in Al-Mazar antenatal clinic. She is complaining of lower abdominal ache and tightness. Study her records then answer the following questions:

Q1. List three differential diagnoses of her problem?

Q2. How would you investigate her to reach the diagnosis?

Q3. The Amniotic fluid index was 30 cm. List four complications that you expected to occurs during labour and delivery.



## ▶ Examiner check list

Name of the student: .....

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**Q1. Any three of the following** (one mark for each correct answer)

differential diagnoses	Mark
Polyhydramnios	
Undiagnosed multiple pregnancy	
Macrosomia	
Full bladder and rectum	

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**Q2.** (one mark for each correct answer)

Investigations	Mark
Glucose challenge test or GTT	
Blood group & Rh.	
Ultrasound scan	

---

**Q3. Any four of the following** (one mark for each correct answer)

Complications	Mark
Abruptio-placenta	
Preterm labour	
Malpresentation	
Cord prolapse	
Post partum haemorrhage	
Increase risk of abnormal deliveries	
Increase risk of fetal mortality & morbidity	

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Total Marks | ..... | **Out of 10**

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Name of examiner: .....

Signature: .....

## ▶ Student information

You are a first year resident doctor in the labour room when

Mrs. X, a healthy 30 year old lady was admitted to the delivery room at 39 weeks of gestation. She had a spontaneous vaginal delivery supervised by the midwife and transferred to the postnatal ward. One hour later, you were called because she started to have heavy vaginal bleeding.

Q1. What is the most likely cause for her bleeding?

Q2. Mention the predisposing factors that may attribute to this bleeding.

Q3. What are the most important immediate steps in the management that you should take?



## ▶ Examiner check list

Name of the student: .....

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Answer and marks		Mark
Q1	Uterine atony + retained piece of placenta and membranes? <i>(2 marks)</i>	
Q2	Predisposing factors: <i>(0.5 mark for each correct answer. Total marks 4)</i> <ul style="list-style-type: none"><li>● Multiparity.</li><li>● Multiple pregnancy.</li><li>● Polyhydramnios.</li><li>● Fetal macrosomia.</li><li>● Prolonged labour.</li><li>● Full bladder.</li><li>● H/O postpartum haemorrhage.</li><li>● Prolonged third stage of labour</li></ul>	
Q3	Steps in the management: <i>(0.5 mark for each correct answer. Total marks 4)</i> <ul style="list-style-type: none"><li>● Call for help.</li><li>● Two IV lines.</li><li>● Start resuscitation.</li><li>● Cross match and consider transfusion.</li><li>● Give utero-tonic drugs.</li><li>● Immediate massage to the uterus.</li><li>● Consider urinary catheterization.</li><li>● Inspection of the placenta and membranes.</li></ul>	

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Total Marks | ..... | **Out of 10**

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Name of examiner: .....

Signature: .....

▶ **Student information**

1. Identify the instrument
2. Show the examiner the principles of its application on the model provided.

Answer the following questions:

- Q1. List three pathologies that you may be able to see in the cervix with the use of this instrument.
- Q2. List four minor types of interventions that you can do by the use of this instrument.



## ▶ Examiner check list

Name of the student: .....

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- Cusco's speculum (*1 mark*).
- **Methods of application** (*half mark for each step*)

Steps of application		Mark
1	The instrument should be applied under full aseptic conditions.	
2	The instrument should be lubricated	
3	Introduce the instrument in the lateral position through the vaginal opening.	
4	Turns the handles upward.	
5	Fix it in self retained position.	

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**Q1. Any three of the following** (*one mark for each correct answer*).

Types of pathology		Mark
1	Cervical ectropion	
2	Cervical polyp	
3	Carcinoma of the cervix	
4	Pedunculated fibroid or endometrial polyp.	
5	Examination for IUCD thread.	

Q2. Any three of the following (half mark for each correct answer).

Types of interventions		Mark
1	HVS &/or endocervical swab.	
2	Cervical smear.	
3	Cervical cauterly.	
4	Application of IUCD.	

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Total Marks | ..... | **Out of 8**

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| Name of examiner:.....

| Signature: .....



## ▶ Student information

You are about to do a diagnostic curettage. Check the following instruments on the table. Identify and name each of the following:

1. Instrument used to visualize the cervix when you are doing a diagnostic curettage.
2. Instrument used to fix the cervix in position.
3. Instrument used to measure the length of the uterine cavity.
4. Instrument used to dilate the cervix.
5. Instrument used to explore the cavity of the uterus.
6. Instrument used to take endometrial biopsy.



## ▶ Examiner check list

Name of the student: .....

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*(one mark for each correct answer)*

	Type of instrument	Mark
1	Sim's speculum	
2	Vollesulum forceps	
3	Uterine sound	
4	Hegar's dilators	
5	Sponge forceps	
6	Uterine curette	

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Total Marks | ..... | *Out of 6*

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Name of examiner:.....

Signature: .....

## ▶ Student information

Have a close look at the instrument in front of you and answer the following questions:

Q1. Identify the instrument.

Q2. What are the landmarks present in the instrument that confirms your identification?

Q3. Mention four indications for the use of this instrument.

Q4. At what station the presenting part of the fetus should be when you apply this instrument.



## ▶ Examiner check list

Name of the student: .....

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### Q1. Mid cavity obstetric traction forceps. (One mark)

Complete blood Count	
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### Q2. (One mark for each correct answer).

Presence of pelvic curvature.	
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It has a locked axis (fixed lock).	
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### Q3. Any four of the following (One mark for each correct answer).

Prolonged second stage of labour.	
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Fetal distress.	
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Maternal distress (exhaustion).	
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Shortening the second stage of labour	
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Delivery of after coming head in breech Presentation.	
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### Q4. At station 0 or more (one mark).

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Total Marks | ..... | **Out of 8**

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Name of examiner: .....

Signature: .....

## ▶ Student information

Mrs. X, a full term primigravida, was admitted to the Labour room. She had 2 uterine contractions every 10 minutes lasting for more than 20 seconds. On vaginal examination, the cervix is 2 cm. dilated 50% effaced.

After 6 hours from admission the findings on vaginal examination are still the same as before. Attached, is part of her CTG.

Study the CTG and answer the following questions:

### **Q1. In regard to the fetal heart monitoring:**

- What is the basal fetal heart rate?
- What is the fetal heart variability?
- What is the reaction of the fetal heart to uterine contraction?
- Do you think the fetus is suffering from intrauterine hypoxia (fetal distress)?

### **Q2. What do you think about her tocography?**

### **Q3. What do you call the condition that Mrs. X has?**

### **Q4. What is your proposed action for this condition?**



## ▶ Examiner check list

Name of the student: .....

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**Q1.** (One mark for each correct answer)

Variables	Answer	Mark
Basal fetal heart rate	150 beats/ minute	
Fetal heart variability	7 beats/ minute	
Reaction of the fetal heart	acceleration	
Fetal distress	No	

---

**Q2.** (One mark for each correct answer).

Uterine contractions	Mark
Irregular in intensity	
Irregular in frequency	

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**Q3.** (one mark).

Prolonged latent phase of the first stage of labour	
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**Q4.** (one mark).

Oxytotic drugs	
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Total Marks | ..... | **Out of 8**

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Name of examiner: .....

Signature: .....

## ▶ Student information

Mrs. Sundus Ajram is a 32 year old newly married woman. She had a laparotomy for pelvic mass. The attached photograph shows the finding on Laparotomy. Study the photograph and answer the questions.

Q1. What is the abnormality that you can see in the uterus?

Q2. List four clinical presentations for this condition.

Q3. What would you do if your are the surgeon ?



## ▶ Examiner check list

Name of the student: .....

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	Answer	Mark	Tick
1	Multiple fibroids	2	
2	Any 4 of the following: 1. A symptomatic, discovered on routine clinical examination 2. Menorrhagia. 3. Pressure symptoms on bladder. 4. Lower abdominal heaviness or ache. 5. Acute abdominal pain (red degeneration). 6. Lower abdominal distension or mass	4	
3	Myomectomy operation	2	

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Total Marks | ..... | *Out of 8*

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Name of examiner:.....

Signature: .....

