

Family Medicine Archive

***Family medicine
Mini-OSCE
Archive
Group 3***

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Q1 Fatigue :

A patient complains of inability to initiate physical activity for more than 6 months. He also reports unrefreshing sleep and generalized myalgia.

A) What is the most likely diagnosis?

Chronic Fatigue Syndrome

B) List three basic investigations you would order for this patient ?

- TSH*
- cbc*
- ck-mb*



Q2 dyslipidemia :

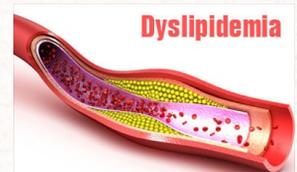
A 45-year-old patient has an LDL level of less than 165 mg/dL and an ASCVD risk score of 10%.

A) How should this patient be managed?

- lifestyle modification*
- moderate intensity statin*

B) When should this patient be referred to secondary care?

- suspected familial hypercholesterolemia*
- Intolerance to statin*





Q3 URTI :



Based on the image:

1. What is the name of the sign shown?

-Thumbprint sign

2. What condition does it indicate?

-Epiglottitis

Q4 Dyspepsia :



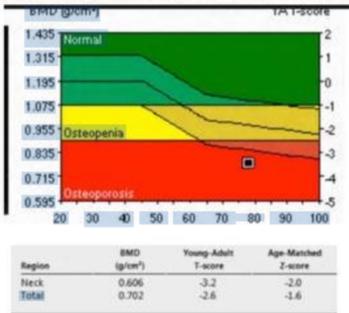
A patient presents with epigastric pain, postprandial fullness, neck pain, left shoulder tingling, and anemia. He is currently taking iron supplements and medication for his neck pain .

A)What is the most likely diagnosis ?

Drug induced dyspepsia

B)one contributing factor? *Due to 1)iron And 2)NSAID for his neck pain*





Q5 osteoporosis :



Based on the image:

A) What is the diagnosis?

Osteoporosis

B) What is the first-line treatment for this condition?

-bisphosphanate

Q6 Headache :



A patient presents with a bilateral headache, described as a feeling of pressure, lasting for more than 15 days.

A) What is the diagnosis?

-Chronic tension headache

B) What is the treatment for this condition?

Chronic treatment:

-TCA

-Occipital nerve block



Q7 Intro :

LIST FOUR ESSENTIAL SKILLS THAT A FAMILY MEDICINE PHYSICIAN SHOULD HAVE :

Communication skills

Preventive skills

Therapeutic skills

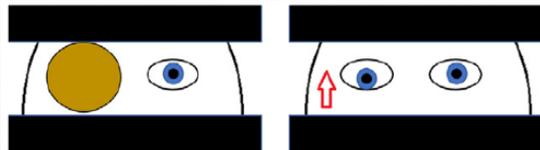
Resource management skills



Q8 Dizziness :



Positive Test of Skew
Vertical corrective movement



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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)





Q9 Abdominal pain :



A female patient with a history of an ovarian cyst presents to the emergency room with severe suprapubic abdominal pain. List four possible differential diagnoses?

UTI

PID

Ruptured ovarian cyst

ovarian torsion

Ectopic pregnancy

Q10 Adult health maintenance :

A 60-Year-Old Man with a 30-Year History of Smoking 1 Pack Per Day Presents for Evaluation. A)Would You Screen Him for Lung Cancer?

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

B)List Four Vaccines You Would Recommend for Him

1. Influenza Vaccine - Annually

2. Tdap

3. Herpes Zoster

4. COVID-19



Q11 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%.

A)What is your first-line choice of drug for this patient?

Insulin

B)Mention two possible side effects for this drug?

hypoglycemia & weight gain



Q12 HTN :

A 50-year-old man has normal blood pressure readings in the clinic, but home measurements show elevated blood pressure.

A)What is the most likely diagnosis?

Masked HTN

B)How to confirm your diagnosis?

Ambulatory blood pressure monitoring



Q13 Chest pain :

Score component	Assigned points
Age/gender (female ≥ 65 , male ≥ 55)	1
Known clinical vascular disease	1
Patient assumes cardiac origin of pain	1
Pain worse with exercise	1
Pain not reproducible by palpation	1

1 point is assigned for each score variable. 3 different risk categories are derived:

low risk = 0-2 points; intermediate risk = 3 points; high risk 4-5 points.



A 45-year-old male presents with chest pain that is not related to exercise and is reproducible on palpation.

A) What is the name of this score?

Marburg score

B) Based on the score, what is your diagnosis?

Non-cardiac cause musculoskeletal pain

Q14 Geriatric health maintenance :

A) What is the name of this score?

Must score for nutritional status

B) Old Female Patient With Score 4. What's Your Interpretation?

She is at high risk.

so treatment is:

1. Refer to dietitian, Nutritional Support Team or implement local policy

2, Set goals, improve and increase overall nutritional intake

*3. Monitor and review care plan. Hospital - weekly
Care Home - monthly. Community - monthly*

