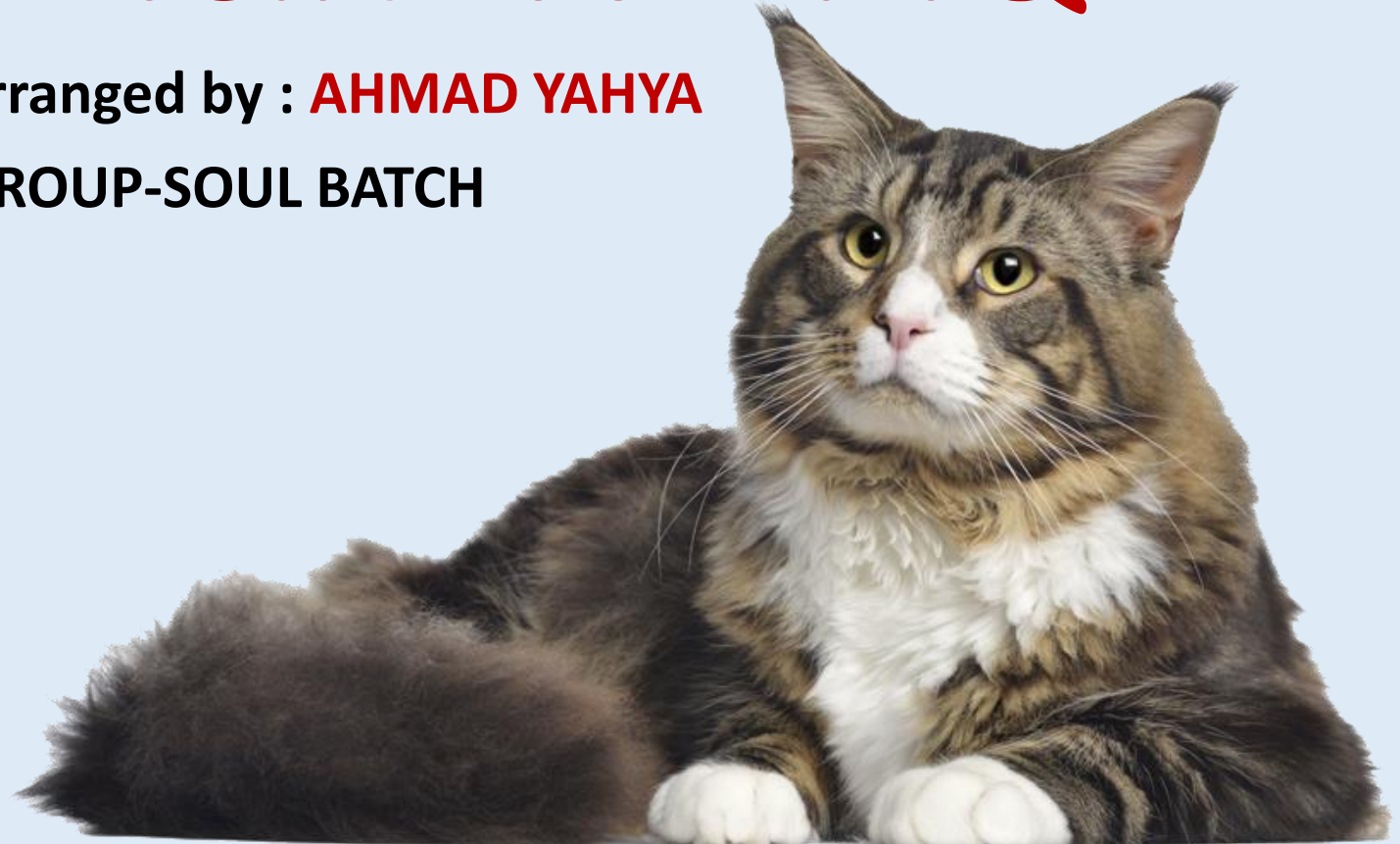




# FAMILY MEDICINE ALL PYQ

Edited & Rearranged by : **AHMAD YAHYA**

**D2 GROUP-SOUL BATCH**



# **CONTENTS :**

<b>-BEFORE EHSAN</b>	<b>003-211</b>
<b>-EHSAN</b>	<b>212-279</b>
<b>-PULSE</b>	<b>280-344</b>
<b>-AWN</b>	<b>345-392</b>
<b>-SOUL</b>	<b>393-435</b>



## Family Medicine Mini-OSCE

Thanks to “Ethar Hazaimah” for her efforts to re-arrange the slides according to their topics  
- SAMA and Hope Questions are added at the end 😊

# INDEX

1. Respiratory System
2. Cardiovascular System
3. Hematology
4. Thyroid
5. Liver
6. Renal System
7. Rheumatology
8. Osteoporosis
9. Infections
10. Signs and Conditions
11. SAMA past year
12. HOPE past year



# Respiratory System

**Q1:** Pulmonary function test results,  $FEV1 < 80\%$  ,  
 $FVC < 80\%$  ,  $FEV1/FVC < 70\%$  .

**-Mention 2 DDX ?**

**Asthma / COPD**

- If  $FEV1/FVC > 70\%$  .... Normal (FVC normal )or restrictive (if FVC decreased)
- If  $FEV1/FVC < 70\%$  .... Asthma or COPD , by FEV1 if we give salbutamol and the improvement more than 15% then its Asthma

## Q2: This Pulmonary Function Test .

Gender: Male			Date: 03/21/07					
Age: 49		Race: Caucasian		Temp: 20		PBar: 712		
Height(in): 70		Weight(lb): 211		Physician: D.Musa Malkawi				
Any Info:				Technician: R.T RAED BASHTAWI				
Spirometry		(BTPS)	PRED	PRE-RX		POST-RX		% Chg
				BEST	%PRED	BEST	%PRED	
FVC	Liters		4.57	4.52	99	4.59	100	2
FEV1	Liters		3.70	2.34	63	2.75	74	17
FEV1/FVC	%		78	52		60		
FEF25-75%	L/sec		4.03	1.07	27	1.56	39	46
FEF50%	L/sec		4.84	1.34	28	1.84	38	37
PEF	L/sec		8.93	4.61	52	5.92	66	28
MVV	L/min							

- Give Two DDx ?  
**Asthma / COPD**

**Q3:** Case of respiratory acidosis (they mentioned PH and  $\text{HCO}_3^-$  values) :

**1- What is your diagnosis ?**

**Respiratory Acidosis**

**2- Two causes for these findings ?**

**Asthma , COPD**

**Q4:** A 50-year old patient with metastatic lung cancer had the following investigations :

- Creatinine: 3.5 mg/dl (Normal: 0.5-1.5)
- **ALP: 200 U/L**
- Albumin: 3.2 g/dl (Normal: 3.5-5)
- **Calcium (high!)**

• **Mention two possible Diagnoses?**

**-Bone Mets**

**-Paraneoplastic hormonal syndrome (PTH-like hormone secretion)**

**Q5: Give two findings in this picture?**

**Increase of lucency in right lung .**

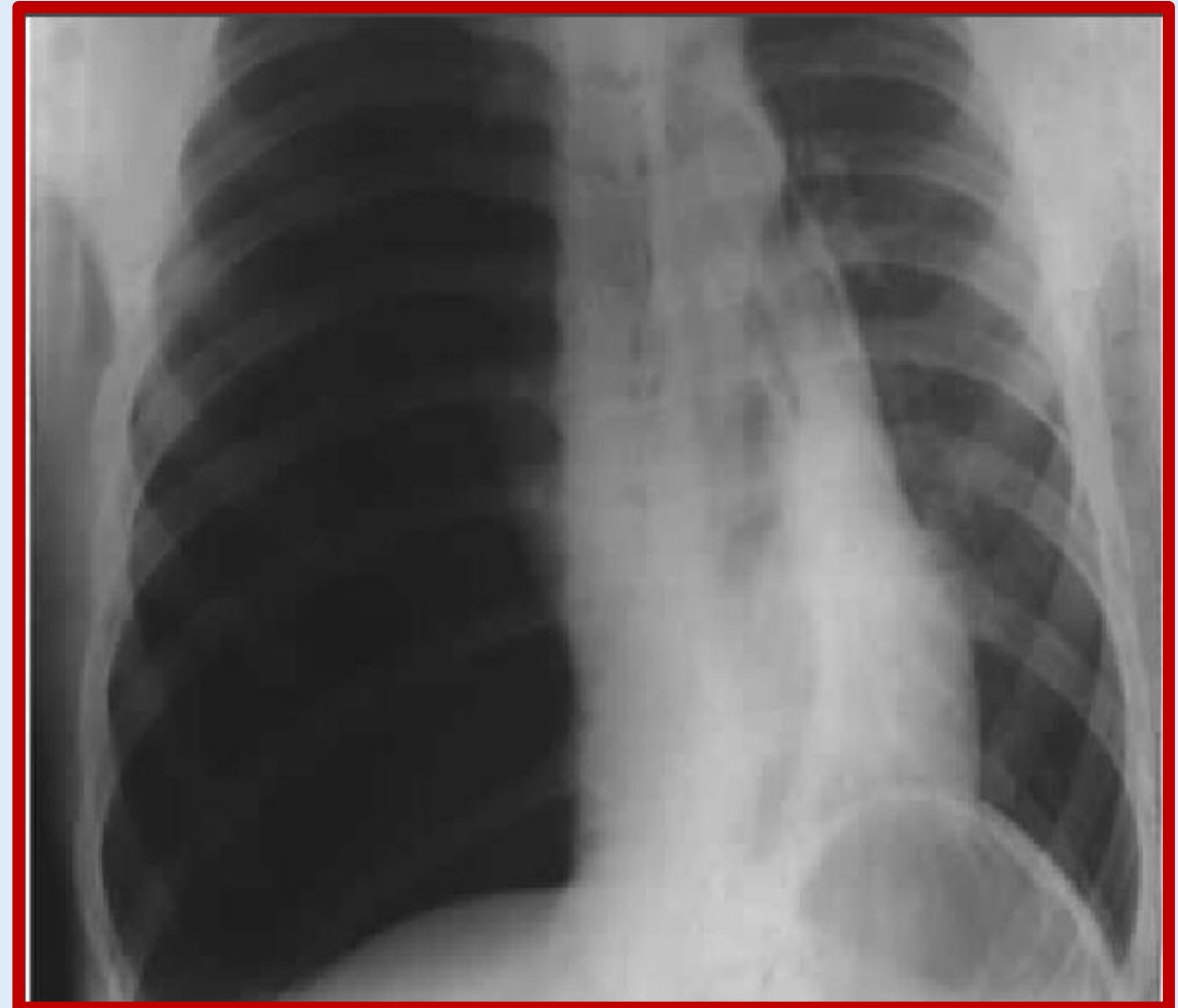
**Mediastinum shifting to left side .**



**Q6:**

**Mention one abnormal radiological finding in this CXR.**

- Hyperlucency in the right side with mediastinal deviation to the left**
- What is your Dx ?**
- Right-sided tension pneumothorax**



**Q7:**

**1-Describe :**

**-Diffuse Bilateral Pulmonary  
Infiltrate**

**2- Dx :**

**-Pulmonary Edema .**





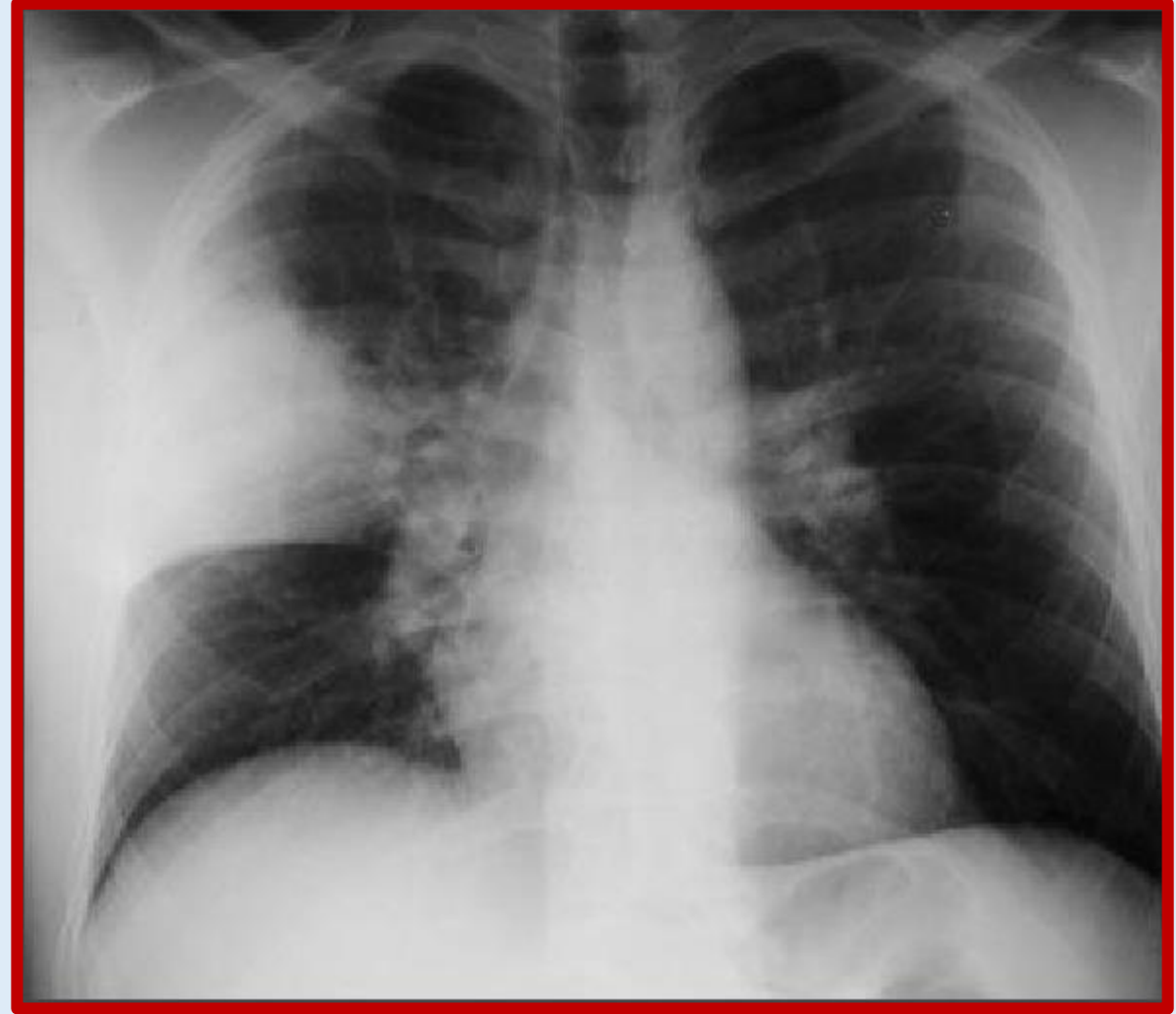
**Q8:**

**1- Give one findings.**

**Right middle and upper lobe  
infiltration**

**2- What is the diagnosis ?**

**Right middle and upper  
lobe Pneumonia.**



**Q9:** X-ray of a 60 year old male complaining of dyspnea.

**1-What is your finding?**

**-Left sided pleural effusion**

**2-Mention 2 causes.**

**-Malignancy, pneumonia .**



## Q10:

1- What's the finding?

**-Bilateral Hilar Lymphadenopathy.**

2- Mention 2 causes.

**-Sarcoidosis / TB**



## Q11:

**1- Identify this condition ?**

**Clubbing**

**2- Give three causes .**

Lung cancer, interstitial lung disease,

Any disease featuring chronic hypoxia,

Subacute bacterial endocarditis,

cirrhosis, crohn' disease,

hyperthyroidism



## Q12:

- What is the diagnosis ?
  - Finger clubbing
- Give 3 causes ?
  - Infective endocarditic
  - lung CA
  - bronchiectasis
  - cyanotic heart disease



**Q13:**

**1-What's this?**

**-Clubbing**

**2-Give three causes of it ?**

- infective endocarditis**
- Lung cancer**
- interstitial lung diseases**



## Q14

**What is the diagnosis ?**

**-Finger clubbing**

**Give 3 causes ?**

**-Infective endocarditic**

**-lung CA,**

**-bronchiectasis**

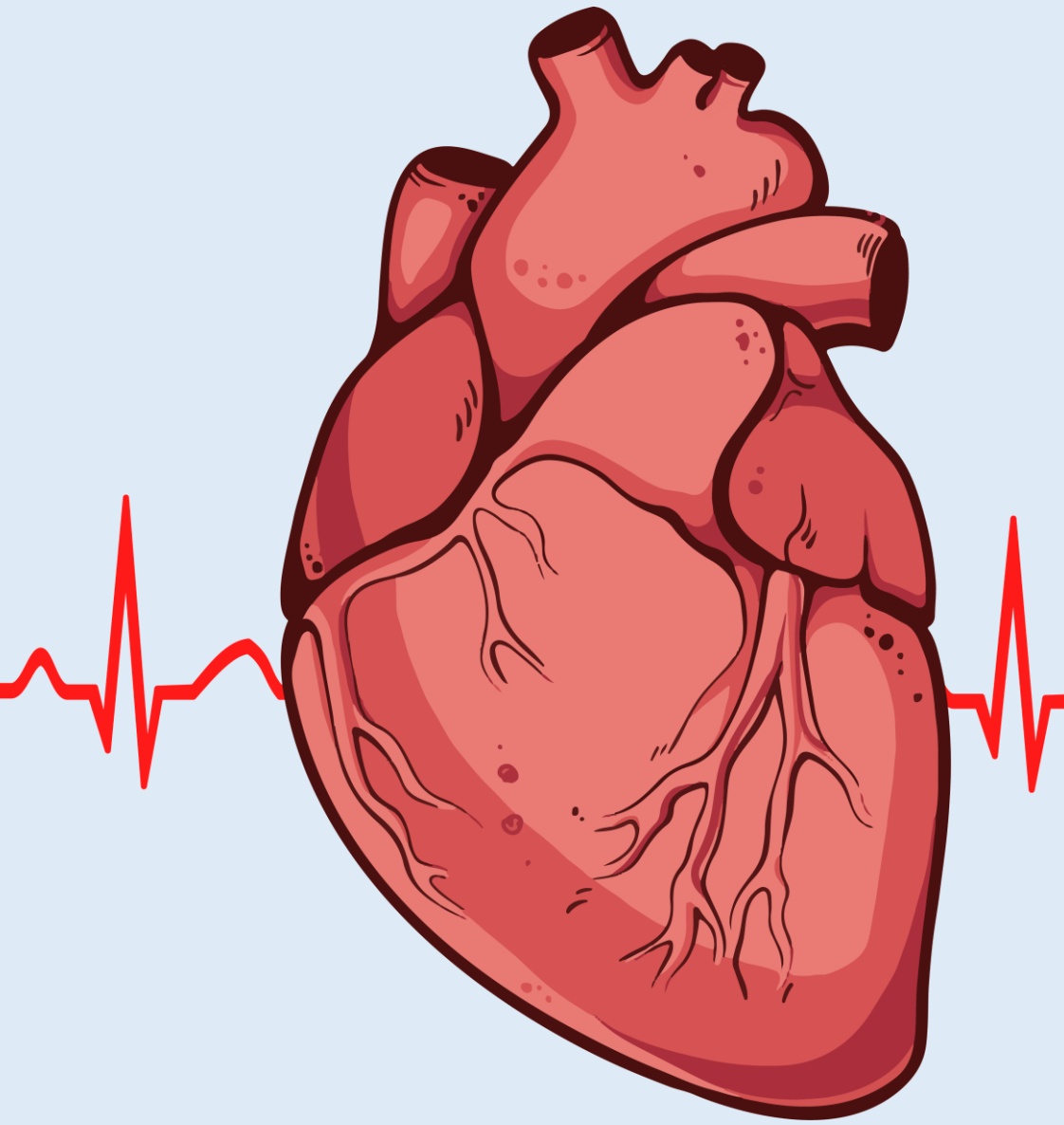
**-cyanotic heart disease .**



# Classification of Asthma Severity (EXTRA)

	Days with symptoms	Nights with symptoms	PEF or FEV1	PEF Variability
Mild Intermittent	≤2x/week	<2x/month	≥80%	<20%
Mild Persistent	3-6x/week	>2x/month	≥80%	20-30%
Moderate Persistent	Daily	>1x/week	>60-<80%	>30%
Severe Persistent	Continuous	Frequent	≤60%	>30%





# Cardiovascular System

Contain HTN , CXR , ECG

**Q1: Give Two findings :**

- Cardiomegaly**
- Pulmonary Congestion**



**Q2 : 26 year old Patient 26 year old .**

**1-What is the finding in this chest X-Ray ?**

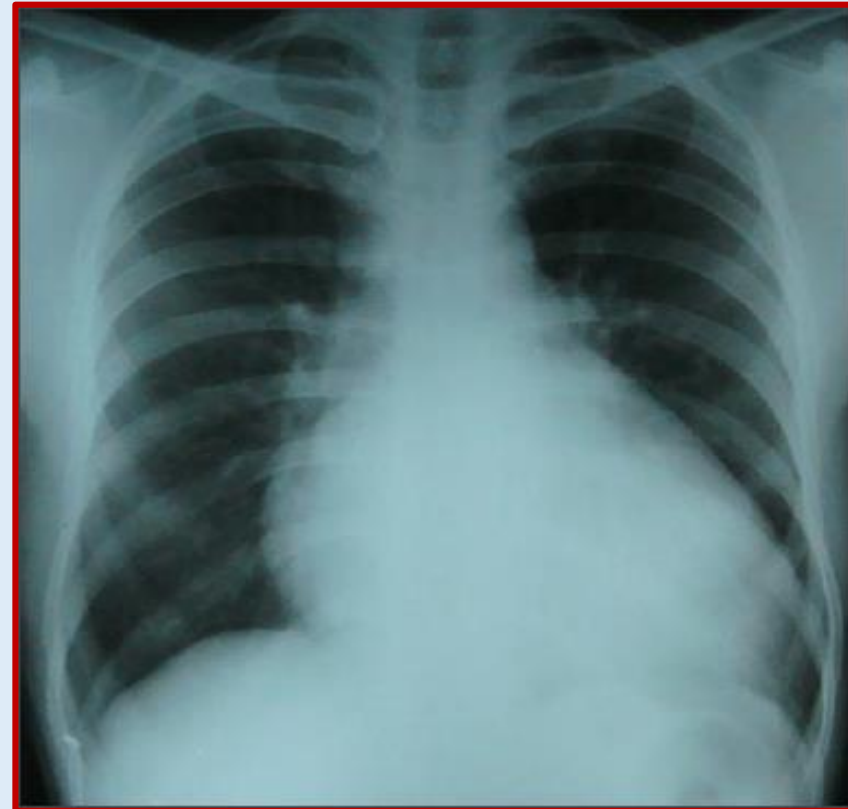
**Cardiomegaly .**

**2-Two causes for this finding in this age?**

**Cardiomyopathy "LVH" =Lt. Ventricular Hypertrophy**

**(because the pt is young adult )**

**\*NOTE That Congestive heart failure "CHF" (in ELDERLY Pt.)**



**Q3:** A 65 years old male complaining of SOB this is his CXR:

- Two findings in the CXR .

- Cardiomegaly

- Kerly B lines

- What is your diagnosis?

- Left side heart failure



**Q4:** He Had An MI , And Now He Have Elevated Creatine Kinase .

•What is the Cause ?

-Statin Use



**Q5:** Electrolyte of patient show hypokalemia , normal Na , high HCo<sub>3</sub> .

• Give 3 DDx ?

-Cohn's ,

-Addison (HYPERKALEMIA)

-Diuretic Use ?! .

My answer:

1. Metabolic alkalosis
2. Cushing's
3. Hyperthyroidism
4. Conn's , diuretic (not sure bcz Na is normal)



**Q6:** 65 year.old male, was diagnosed with DM (for 15 years), HTN ( for 10 years), he is taking atenolol and glimepiride, his blood pressure in sitting is 130/ 85, and in standing is 110/70, in the last month he developed dizziness.

•1. What is the cause of the dizziness?

**Postural hypotension**

•2. Mention two causes for this condition

**-Side effect of bata blocker drugs**

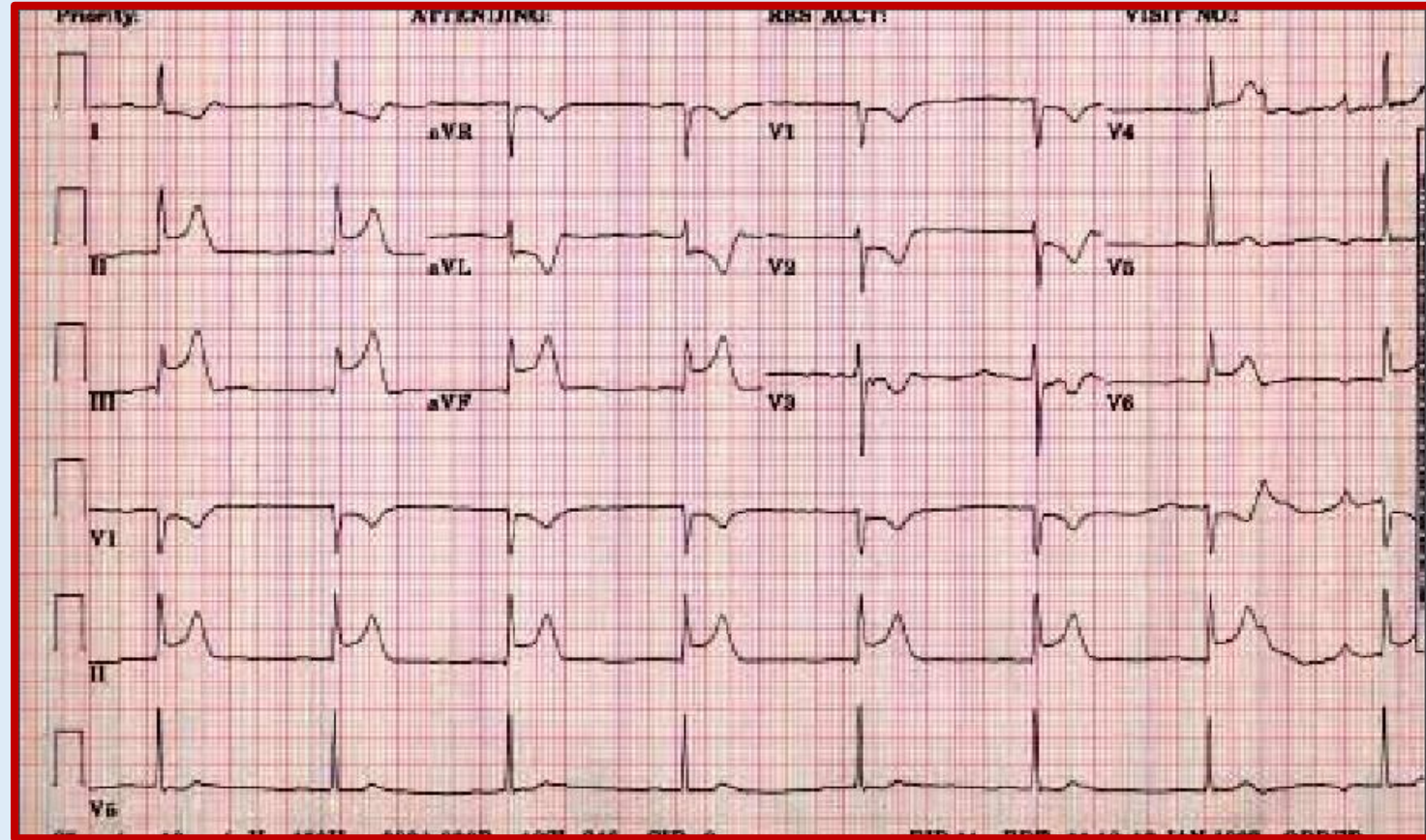
**-Autonomic neuropathy due to diabetes**





## Q7: Mention 2 findings.

- 1- ST elevation  
on leads II, III, & aVF.
- 2- Hyperacute T wave  
(The ECG we had in the  
exam had T inversion).





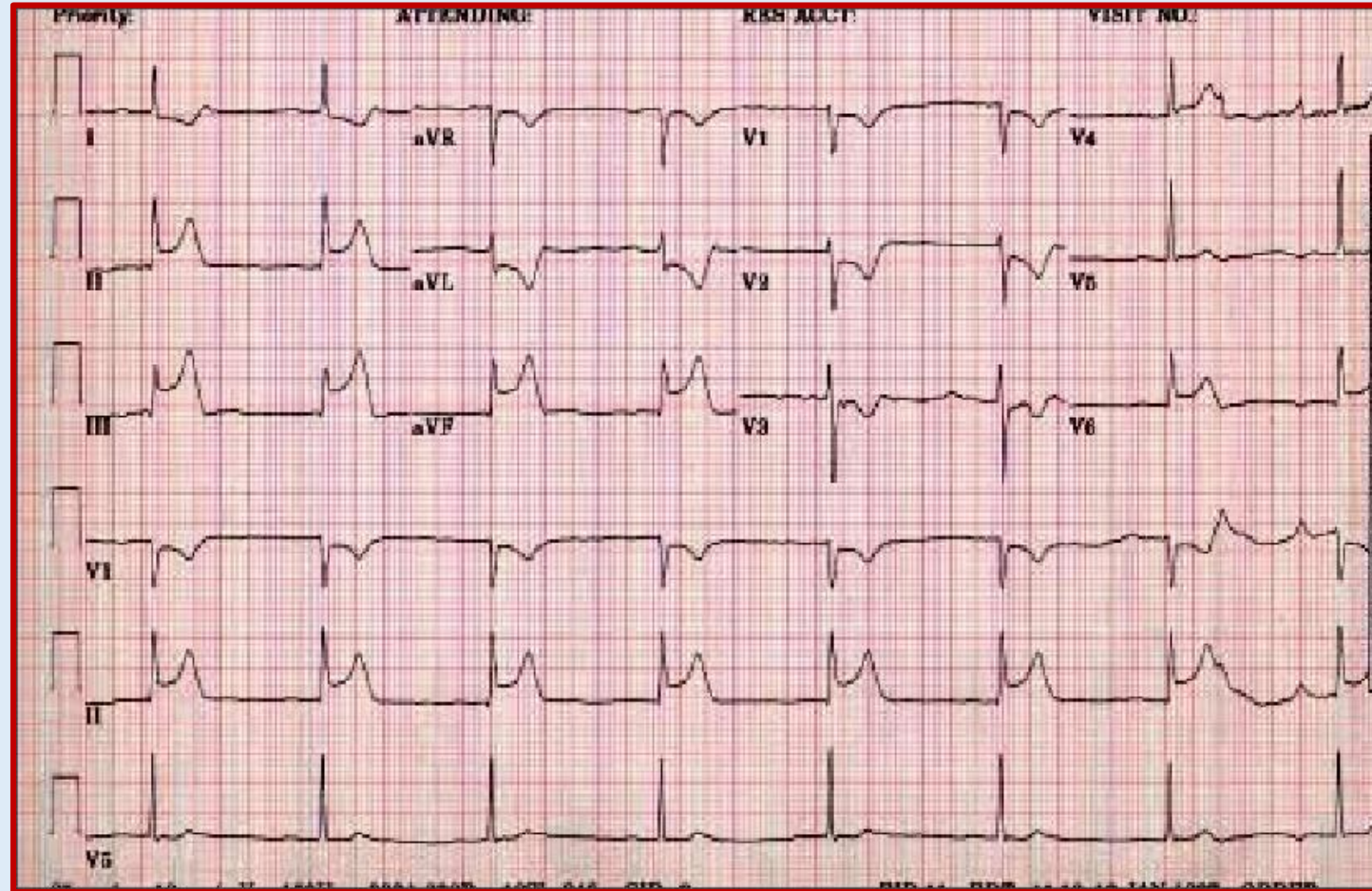
**Q8: 1-Mention two abnormalities in this ECG.**

**2-Your Diagnosis?**

**1- ST elevation in leads II, III and aVF**

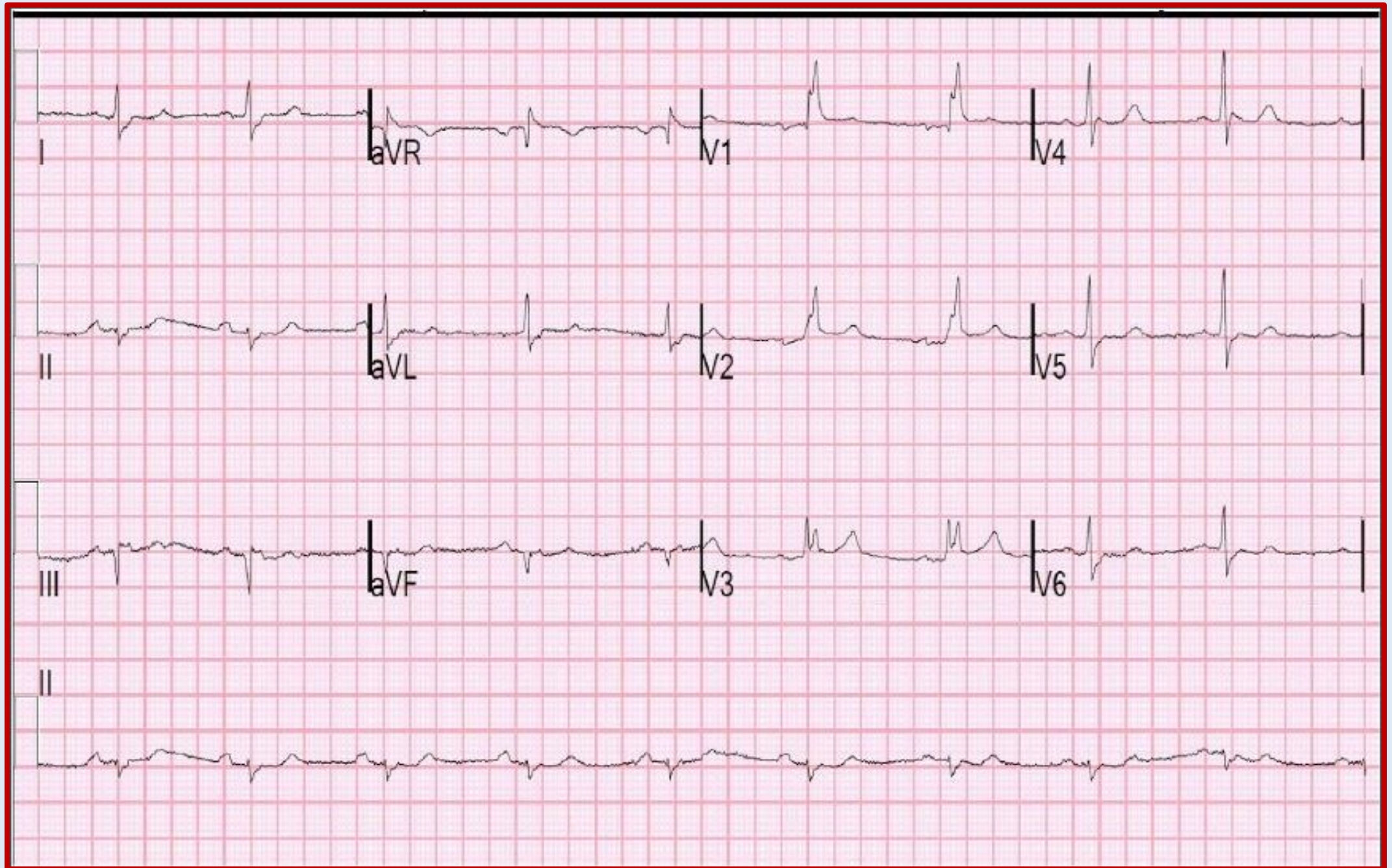
**-Hyperacute T wave in leads II, III, aVF**

**2- Acute Inferior wall STEMI**





Q9:



**This ECG is for a 60 years male without any recent complains.**

**•Mention two pathological findings on the ECG .**

- T wave inversion in lead 2, 3, aVF .**
- Pathological Q waves in lead 2, 3, aVF .**
- RBBB .**

**•What is your diagnosis?**

**-Old inferior MI**





**Q10:**

**-What Is The Dx .  
Sinus Tachycardia .**

**-Give 3 Causes .**

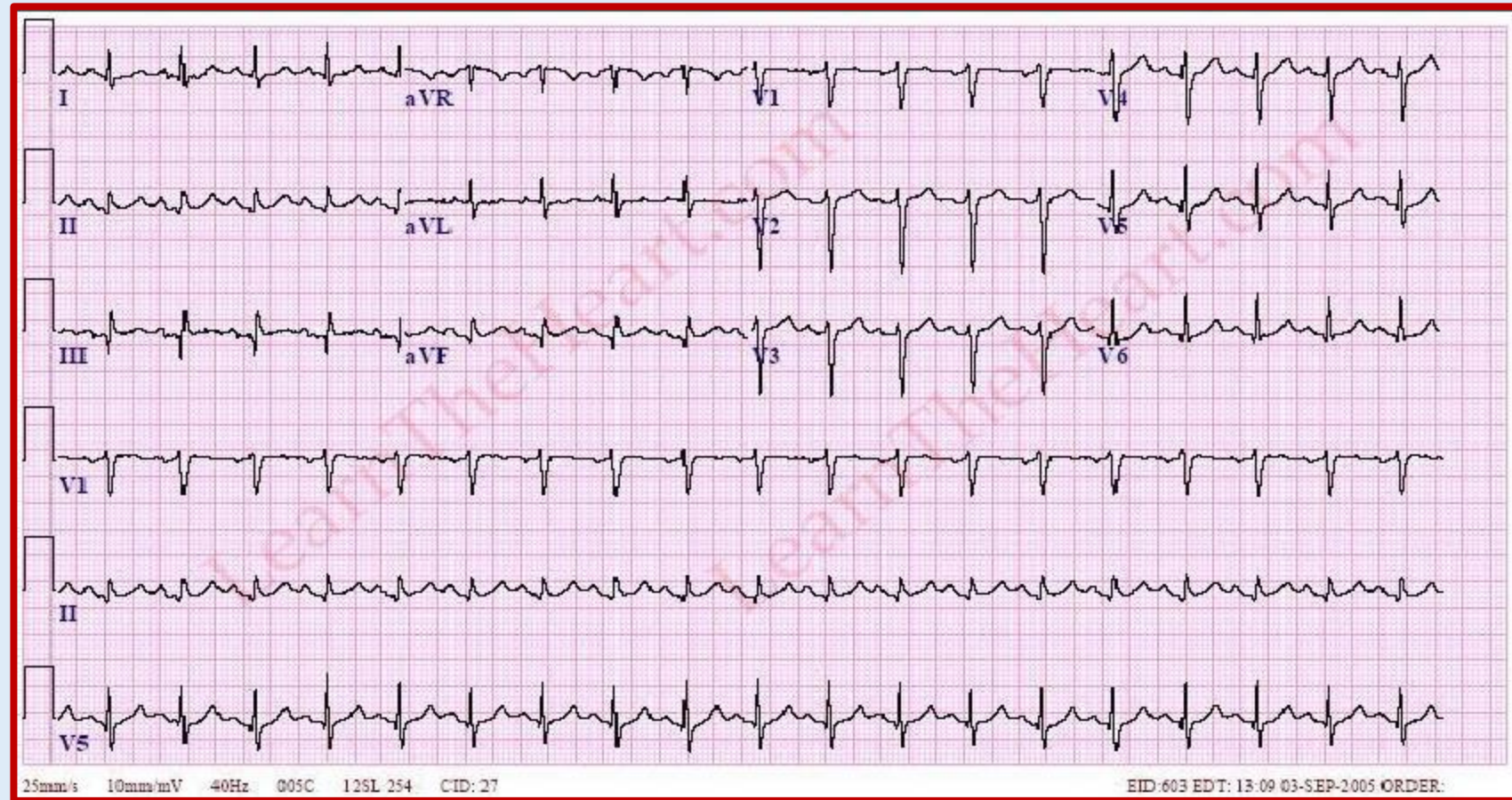
**Pain**

**Fever**

**Anxiety**

**Dehydration**

**Malignant hyperthermia**



**Q11:**

**-What is diagnosis?**

**Bradycardia**

**-Give 3 causes**

**Hypothyroidism**

**Patient on  $\beta$  blocker**

**Obstructive jaundice**

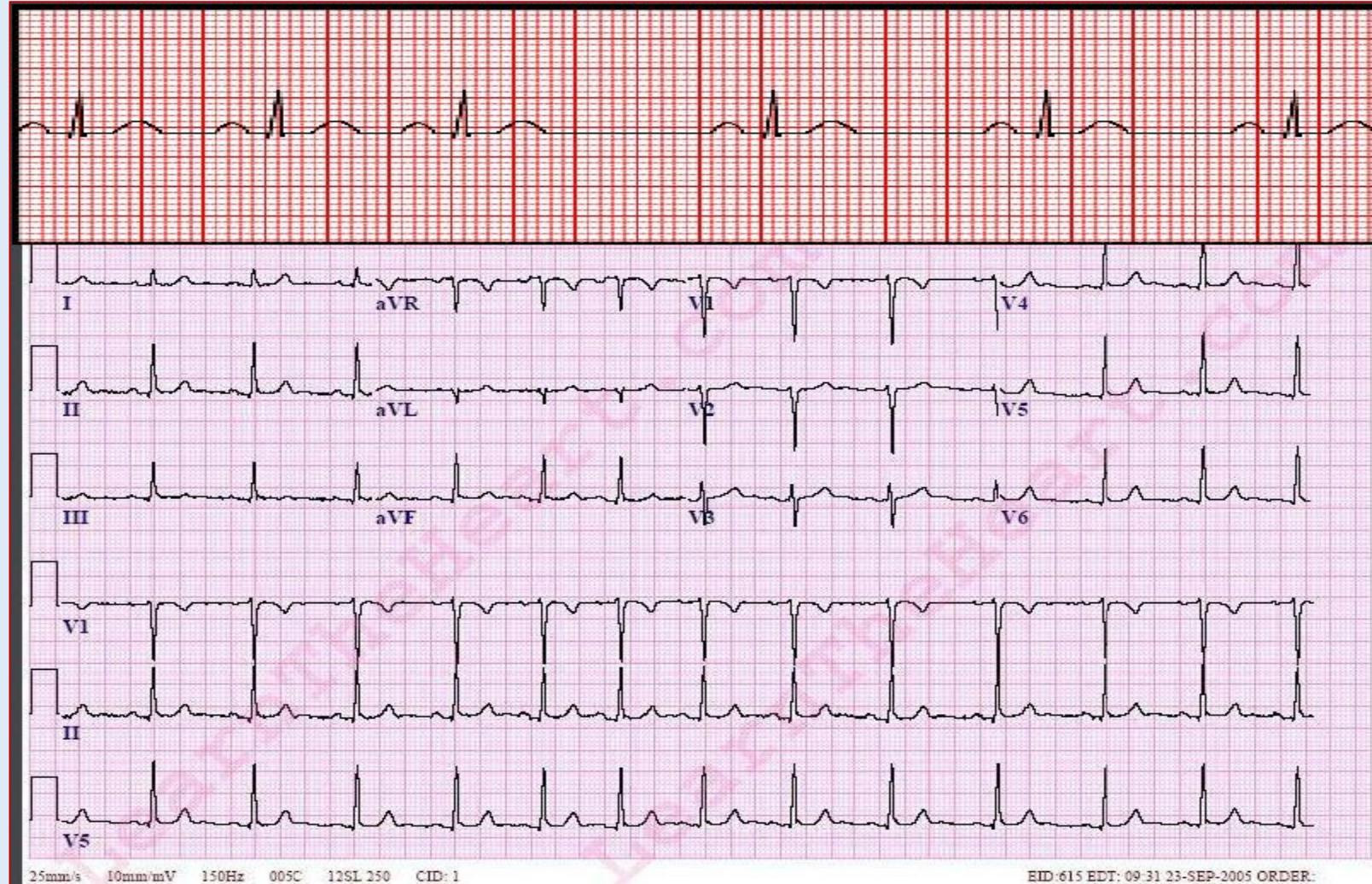
**Athletes**





**Q12: What is your diagnosis ?**

**Sinus Arrhythmia**





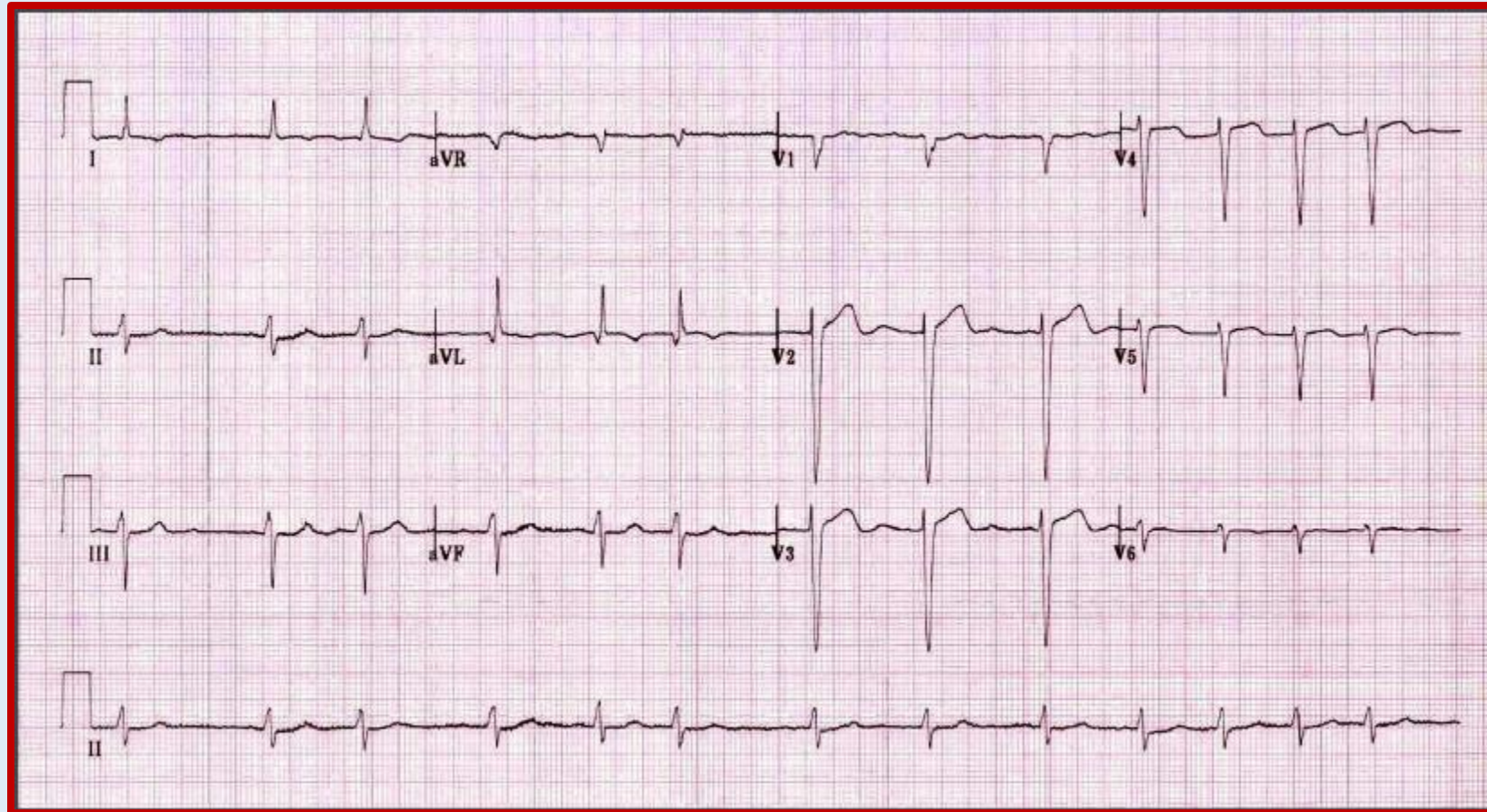
**Q13:**

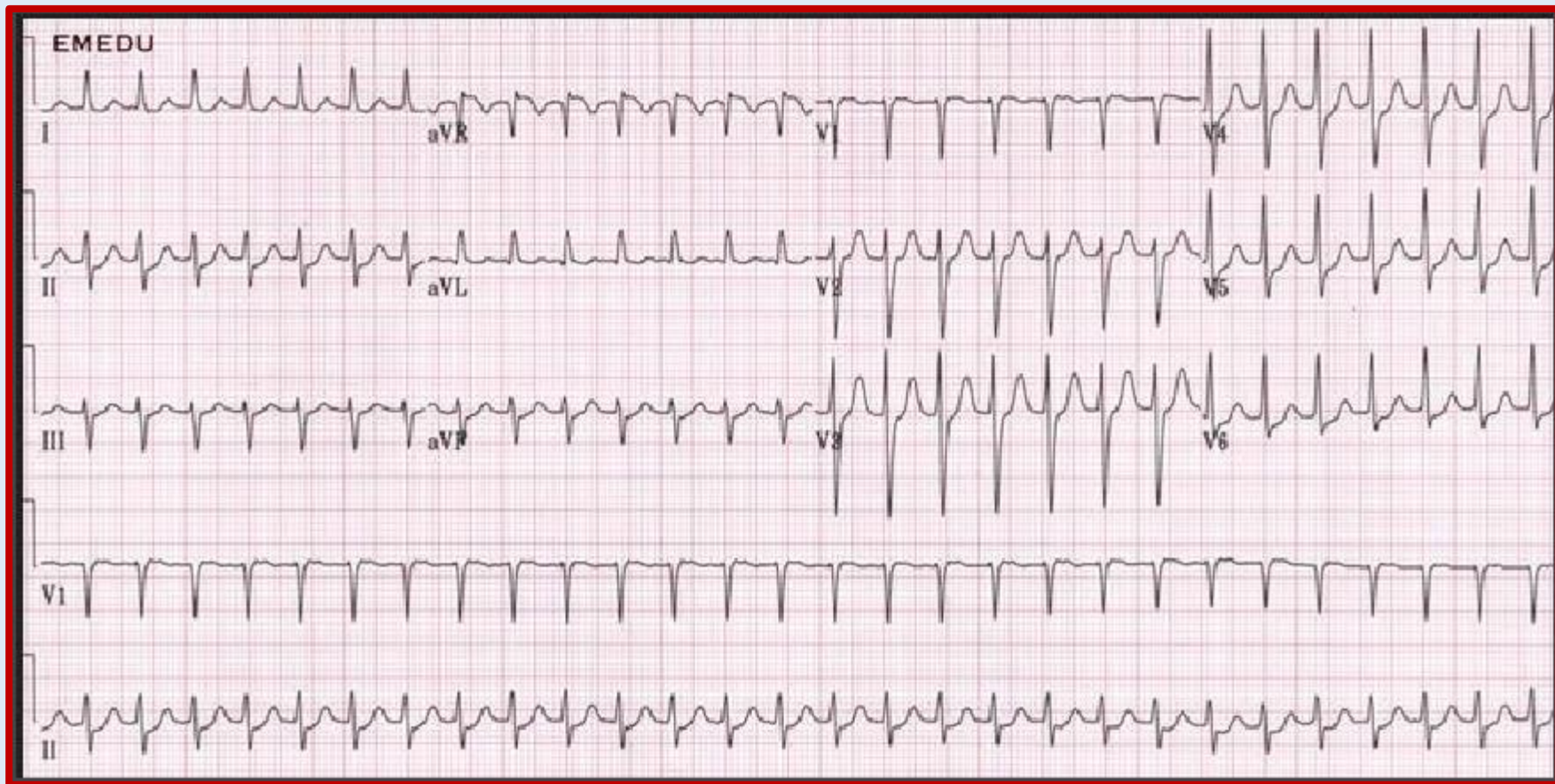
**A)What is your diagnosis? Atrial Fibrillation (AF)**

**B)Mention 2 causes?**

**-Hypertension**

**-Hyperthyroidism**





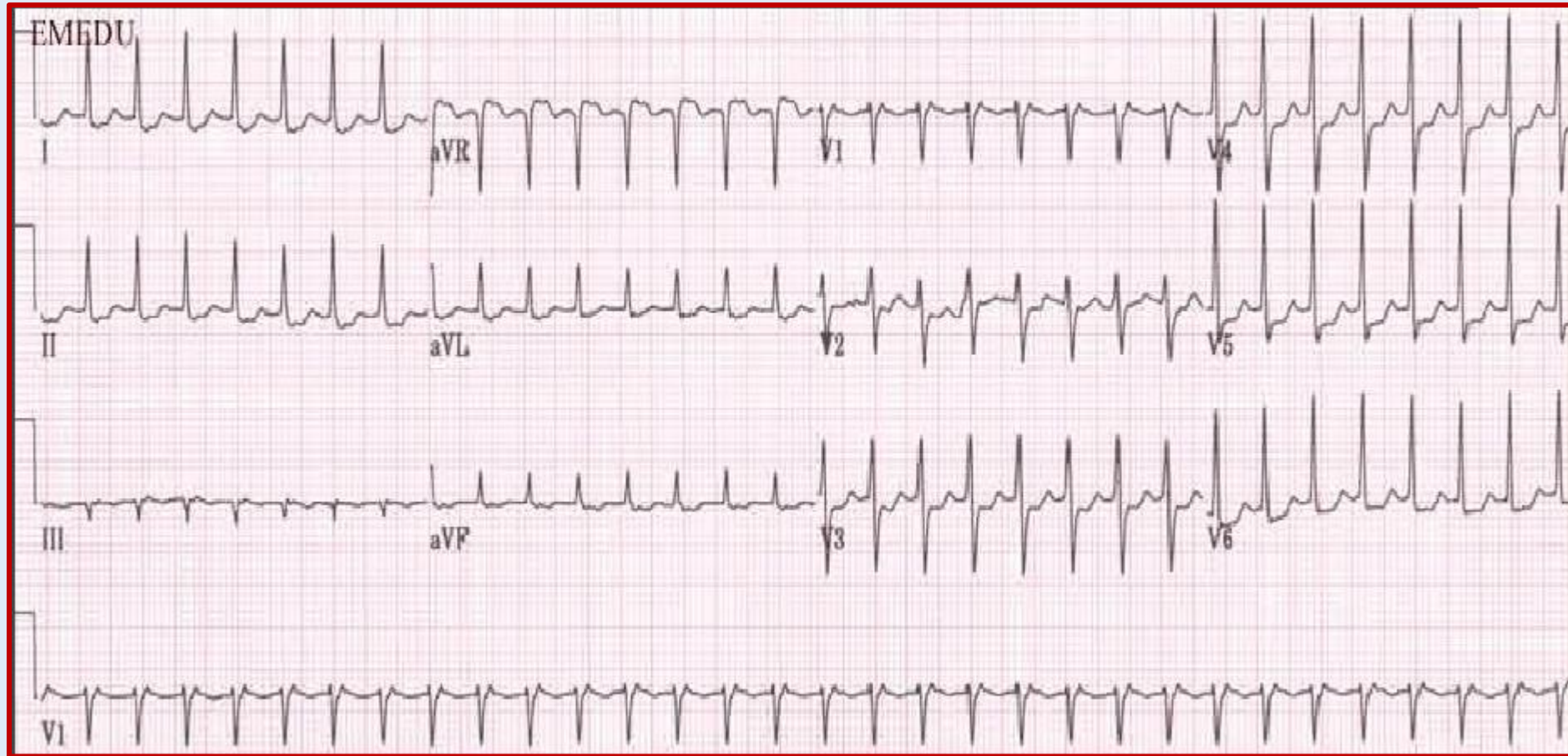
**Q14:**

**1-DDX ? Supraventricular tachycardia**

**2-Treatment ? Adenosine push**



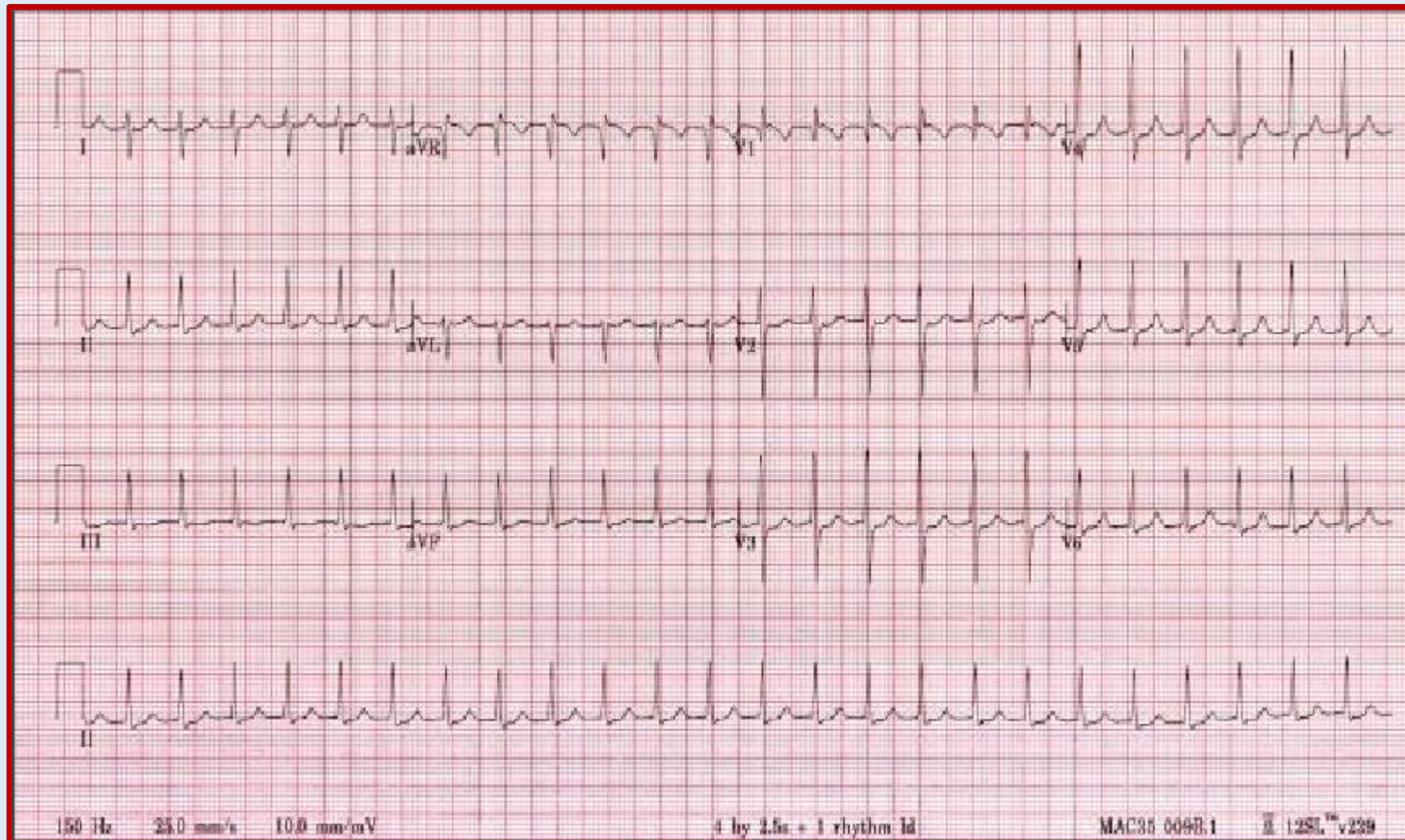




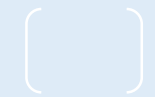
**Q15: ECG**

**DX? Supra-ventricular Tachycardia**





**Q16: What is Your Diagnose?**  
**Supraventricular Tachycardia**



# HEMATOLOGY

**Q1: Case about vitiligo with blood film result Low Hb and High MCV with hyper segmentation .**

**1- DDX ?**

**Megaloblastic anemia (pernicious anemia)**

**2- Other 2 lab tests ?**

**Serum B12 level , RBC Folate level**





**Q2:** Pallor and Vitiligo Patient came to Your clinic with This CBC result : Hb : 10 , MCV : 110

**1- Most likely dx ?**

**Megaloblastic anemia** (pernicious anemia)

**2- What other 2 tests you order to confirm the Dx ?**

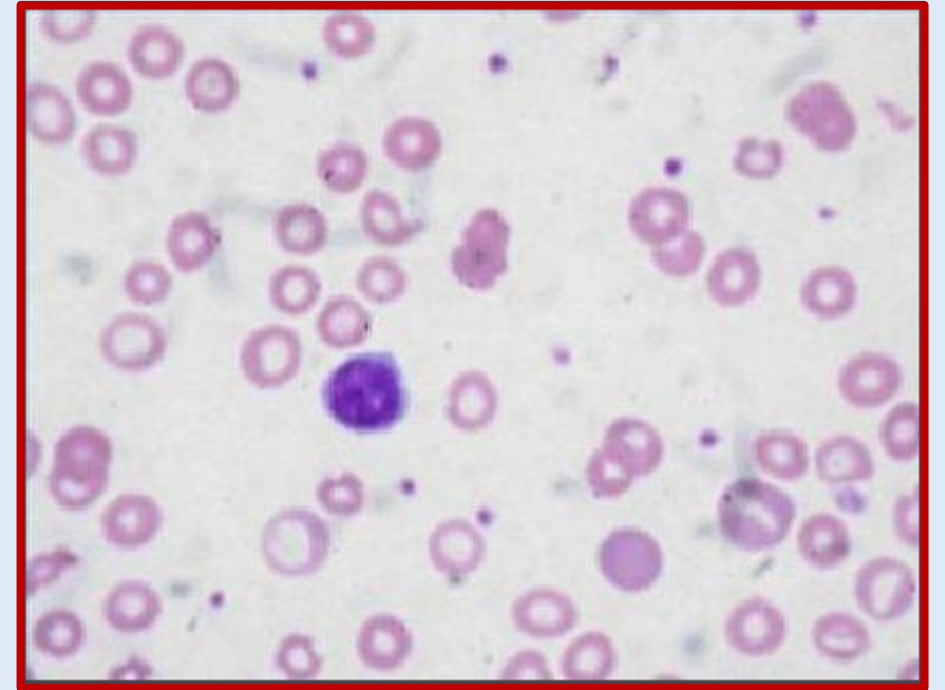
**Serum B12 level , RBC Folate level and Blood Film**



**Q3:** A 4 years old boy with anemia and he is of low socioeconomic status with this blood smear :

•What is your diagnosis?

**IDA**



•What is the first lab test that you would do?

**CBC**



**Q4:**

- What is the name of this Physical Finding ?

**Koilonychia (spoon-shaped nails)**

- What is the most probable Diagnosis?

**Iron deficiency anemia**



## Q5:

• A CBC was done for a 29-year old male for the sake of **premarital screening** and the results were:

➤ Hb: 10 g/dl

➤ MCV: 58 fl

**1- What is the most probable Diagnosis?**

**Beta-thalassemia minor**

**2- What is your next step in the work-up?**

**Hemoglobin electrophoresis**





**Q6: 6 Years Old Child, Hb=8,complaining Of Jaundice.**

**1- What Is Your Diagnosis?**

**Hemolytic Anemia (Maybe G6PD)**

**2- Mention One Microscopic Finding?**

**Spherocytes , Schistocytes**



## **Q7: Case Of RA With Chronic Anemia :**

- **Mention 3 Causes:**

- 1- Chronic Disease**

- 2- NSAID – GI Bleeding**

- 3- Methotrexate**

- 4- Hemolytic Anemia (Autoimmune Hemolytic Anemia)**

**( I Think Corticosteroid Is Not A Cause Of Anemia At Least In This Case, Actually It's Used To Treat Hemolytic Anemia Caused By RA) .**

**Q8. A 40 years old male with RA presented with anemia .**

**• Mention 3 causes for his anemia ?**

**1- Chronic Disease**

**2- NSAID – GI Bleeding**

**3- Methotrexate**

**4- Hemolytic Anemia (Autoimmune Hemolytic Anemia)**

**( I Think Corticosteroid Is Not A Cause Of Anemia At Least In This Case, Actually It's Used To Treat Hemolytic Anemia Caused By RA) .**

**Q9:** A 53 year old female patient known to have RA for 22 years presented with Hb 9 .

•Give 3 causes for her anemia ?

-Anemia of chronic disease

-Steroid, NSAID

-Methotrexate

-B12 deficiency

-Folate deficiency



**Q10:** A 60 years old male with this skull X –ray Film :

- What is your Diagnosis?

**Multiple myeloma**

- Two lab findings?

- **Hypercalcemia**

- **Hyperuricemia**

- **Proteinuria**



**Q11: Child With Rash On His Arm , Lab Showed 1200 Platelets .**

**•What is the Diagnose ?**

**Idiopathic thrombocytopenic purpura**



# Thyroid

Normal TSH 0.5 – 4.5

**Q1: Asymptomatic 25 year-old male, T3 is normal, T4 is also normal, but TSH is 6.4 .**

**1-What's your diagnosis?**

**Subclinical hypothyroidism**

**2-What's the management?**

**We only monitor the patient & follow him up**

(as long as his TSH is below 10, no need for thyroxine except if anti thyroid antibody for hashimoto is positive we start it even TSH below 10, or elderly complains from unusual complains )



**Q2:** Asymptomatic 25 year-old male, T3 is normal, T4 is also normal, but TSH is 9.

•1- What is the diagnosis?

**Subclinical hypothyroidism**

•2- What is the management?

**while the TSH remain below 10, monitor the patient and do T3, T4, TSH test once every year. If TSH becomes more than 10, the patient become symptomatic, infertile or has goiter; give Levothyroxine (LT4)**

**Q3:** Patient with the following lab results :  
T3 normal , T4 normal , TSH =9 ( elevated ) .

**1- What is your diagnosis ?**

**Subclinical hypothyroidism**

**2- What Is the next step ?**

**Thyroxin**

**Q4:** patient has normal T3 , T4 but TSH : 15

**1- What is your diagnosis ?**  
**Subclinical hypothyroidism**

**2- How do you treat ?**  
**Thyroxin**

## **Q5: What is your spot diagnosis? Graves' disease**

- **Mention two lab investigations to support it.**

- **Thyroid function test**

- **Radioactive iodine uptake**

- **Anti-TSH (thyrotropin )receptor antibodies**



**Q6: Case About A Female Increase In Weight And Decrease The Activity She Had , T3 T4 Normal , TSH Elevated .**

**-What is the Diagnose ? Subclinical hypothyroidism**

**Q7:** Patient Came To Your Clinic And The TFT Was :

**TSH= 100**

**T3= Raised**

**T4= 0 Normally 4.6-12 (or T4 Raised And T3 =0) .**

**1- What Is The Dx ? Hypothyroidism**

**2- What Is The Treatment ? Thyroxine**

**LIVER**

**Q1:** A dentistry student presented to you for HBV testing, His HBsAg was negative & HB antibodies were zero.

**1- How will you interpret these results?**

**He doesn't have the infection & he's not immunized.**

**2- What will you do for him?**

**I'll give him the vaccine**





**Q2:** Patient in twenties with jaundice and epigastric pain .  
ALP- high    AST- high

1- What is the most likely Dx ? **Hepatitis A**

2- What other 2 tests you order to confirm the Dx ?

- **LFT**

- **SEROLOGY for Hepatitis A**



**Q3:** A 40 years old female with abdominal distention, mild weight loss, MCV 110, albumin level 3.2 (normal is 3.5-5.4 mg/dl) :

•What is your diagnosis?

- liver cirrhosis (my answer)
- Celiac disease (resident answer)

•One lab investigation you will do?

- Liver function test (if cirrhosis)
- Anti-Ttg antibodies or antiendomysial antibodies (if celiac disease)



**Q4:** Two Years boy present in the health center for regular screening test, this is his lab results :

**Ca : normal , phosphate : normal , ALP mild elevation .**

- What is your diagnosis ?**

**The child is normal, it's normal to see elevated ALP in young children**



**Q5:** 20-yearold student who was found to be icterus following upper respiratory infection.

There was lab results with numbers :

Elevated bilirubin, Elevated unconjugated bilirubin

Normal liver enzymes , Hb=15 .

What is your diagnosis ? **Gilbert's syndrome**

What is the treatment ?

**Gilbert's syndrome usually does not need any treatment** [ ]

**Q6:** 21 year old male developed mild jaundice, the total bilirubin was (3mg/dl) high, Hb. = 9, liver enzymes was normal.

• Mention two differential diagnoses.

- Gilbert syndrome
- Hemolytic anemia
- Healing hematoma.



# Renal System



**Q1:** Patient came to Your Clinic with proteinuria and hypoalbuminemia .

- What is Your Diagnosis ? **Nephrotic syndrome**



**Q2:** Patient with polyurea and fatigue other symptoms .

Lab results:

Decreased calcium , Elevated urea , Elevated phosphate .

What is your diagnosis ? **Chronic renal failure**



**Q3:** Urine analysis :

Every thing was negative except for RBCs (**hematuria**)

What's Your diagnosis? **Glomerulonephritis**



**Q4:** Diabetic patient for the past 10 years , on follow-up visit there was micro- albuminurea = 150 .

**1- What is your diagnosis ?**

**Micro-albuminurea ( diabetic nephropathy )**

**2- What is the next step ?**

**24-hour urine collection and to Exclude other causes do urine culture**



**Urine culture to exclude UTI if normal then repeat the test**

**Q5:** Diabetic patient presented to you with micro-albuminurea of 100 mg .

**1- What is your next step?**

Urine culture to rule out UTI then repeat. Or we think about Diabetic nephropathy so we do 24-Hour Urine Collection Test

**2- What is the drug you can give ? ACE inhibitors**



# Rheumatology



**Q1:**

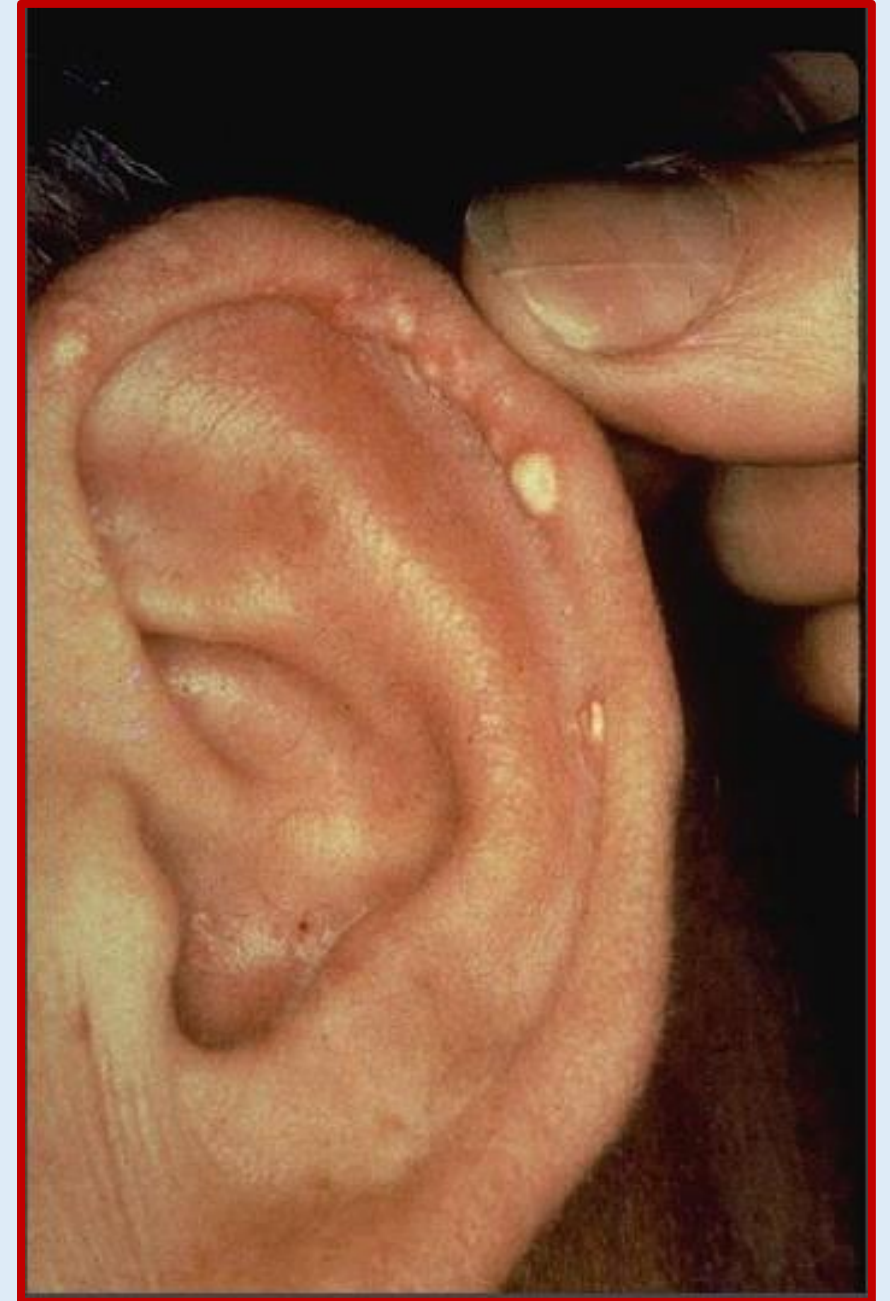
**Identify the condition above.**

**Tophi**

- **What is the main pathology ?**

**Gout**

**(monosodium urate crystals)**



**Q2:** Patient with heart failure 10 years ago on treatment, came with acute left knee pain , no Hx of trauma :

**-Dx ? Acute Gout**

**-Cause? Furosemide Diuretic**



**Q3:**

**1- Describe the abnormality.**

**Swelling & redness around the first metacarpophalangeal joint.**

**2- What's your primary diagnosis?**

**Acute gout (podagra).**



**Q4:** This is a pic. for a patient with renal colic .

1- Write three abnormal findings in the hand?

-Joints deformities      -Swelling      -Tophi

2- What is the diagnosis? **Gout**



[ ]

## Q5:

1- What is Your Diagnosis ? **Rheumatoid Arthritis**

2- Mention Three Signs .

-**Ulnar deviation , MCP JOINT**



(Metacarpopharyngeal)

-**Swelling , PIP Joint Swelling**



(proximal interphalangeal)



**Q5:** A 40 years old male with RA presented with anemia .

- **Mention 3 causes for his anemia ?**

**1- Chronic Disease**

**2- NSAID – GI Bleeding**

**3- Methotrexate**

**4- Hemolytic Anemia (Autoimmune Hemolytic Anemia)**

( I Think Corticosteroid Is Not A Cause Of Anemia At Least In This Case, Actually It's Used To Treat Hemolytic Anemia Caused By RA) .





# OSTEOPOROSIS

# Q1:

The following investigations were done for a 60-year old female who had a history of hip fracture 6 months ago, take a look at the results and answer the questions below:

- ALP: 45 U/L (Normal: 39-117 U/L)
  - Ca: 2.5 mmol/L (Normal: 2.20-2.67)
  - Phosphate: 1.0 mmol/L (Normal: 0.5-1.5)
  - ESR: 35 mm/h
- 

1- What is your diagnosis? **Osteoporosis**

2- Mention two Drugs used in the management.

- **Bisphosphonates (e.g. Alendronate, Risedronate)**

- **Tamoxifen**

- **Teriparatide (PTH)**

- **Calcium and Vitamin D**

- **HRT**



**Q2:** 12 Year child can't walk , lab showed normal Ca , all normal , elevated alkaline phosphatase .

**1- What is your DDX ? Rickets**

**2- What investigation you want to do next ?**

**-Serum calcium may show low levels of calcium**

**-Serum phosphorus may be low**

**-Serum alkaline phosphatase may be high from bones or changes in the shape or structure of the bones.**

**-Bone biopsy is rarely performed but will confirm rickets .**



**Q3: Case about recurrent falling down of a child 18 months . Labs : ALP and Calicum .**

**-DDX ? Rickets**

**-Next lab test ?**

**-Serum calcium may show low levels of calcium**

**-Serum phosphorus may be low**

**-Serum alkaline phosphatase may be high from bones or changes in the shape or structure of the bones.**

**-Bone biopsy is rarely performed but will confirm rickets .**

# Infections

**Q1:** 10 year old child presented with this painful lesion >>>

**A)what's the lesion? Herpes labialis**

**B)what's the virus that is cause this lesion?**

**Herpes simplex virus 1**

**(and maybe 2)**





**Q2:** A patient came with flu ; after one week developed this lesion .

1- What is the dx ? **Herpes labialis**

2- What causes it ?

**Herpes simplex virus**



# Q3:

## Findings?

Small blisters form during the initial stage of shingles (left) followed by a full skin rash resembling chickenpox lesions (right).

## DDX?

-Caused by varicella zoster



**Q4:**

**- What Is Your Dx ?**

**Shingles**

**- What Is The Treatment ?**

**Acyclovir**



**Q5:** • Urinalysis results:

-WBC: 12/hpf

-RBC: 2/hpf      -Nitrite positive.

•Urine culture was negative.

---

1- Name this condition ? **Sterile pyuria**

2- Mention three possible diagnoses ?

**Prostatitis...partially treated UTI (taking antibiotics)...**

**atypical microorganisms as chlamydia or TB ...interstitial nephritis**

Sterile pyuria is the presence of elevated numbers of white cells ( $>10$  white cells/mm<sup>3</sup>) in urine which appears sterile using standard culture techniques.

**Q6:** Patient presented to you with this urine analysis results  
WBC : 12-14 , no bacterial or protein , RBC within normal .

1- What is your diagnosis ? **Sterile pyuria**

2- Give 3 causes ?

- **Partially treated UTI**
- **Atypical microorganism like Chlamydia**
- **Atrophic vaginitis, BPH**





**Q7:**

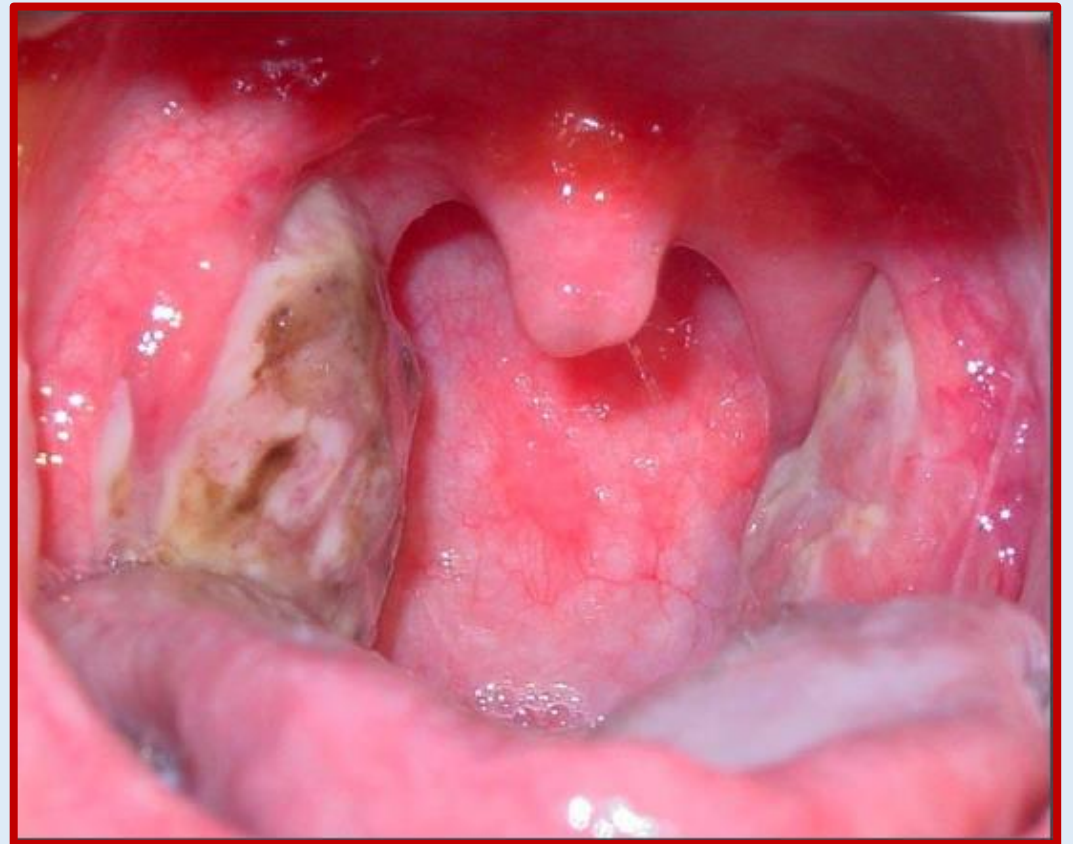
**What is your finding and what is the most Common cause**  
(there was history of lymphadenopathy, and fever) ?

**Exudative tonsillitis by group A beta- hemolytic streptococcus**

**How to treat this patient?**

**-Antibiotics** (amoxicillin , erythromycin )

**-NSAIDs** ( paracetamol)



**Q8:**

**6 years old child admitted to the ER complaining of headache, fever, and skin rash**

**1- What is the causative organism?**

**Neisseria meningitides**

**2- What is your next step?**

**Lumbar puncture (LP)**





**Signs / Conditions**

**Q1:**

- What is this sign ? **Xanthelasma**
- What is the cause ? **Hyperlipidemia**



[ ]

**Q2:**  
**What we call this lesion?**

**Tuberous xanthoma**



**Q3:** This picture for a patient with dyslipidemia Who recently developed pancreatitis.

What is your finding? **Xanthylomata**

Mention one other finding.

**Xanthelasma , corneal arcus**



**Q4:**

- **Whats your Dx ?**  
**palmar erythema**
- **Mention 2 Causes?**
  - Polycythemia**
  - Liver cirrhosis**
  - pregnancy**
  - Hyperthyroidism**





**Q5:**

**1- Identify this condition ? Dupuytren's Contracture**

**2- Give three causes .**

- Trauma
- Diabetes
- Alcoholism
- Liver disease
- Epilepsy therapy



## Q6:

- What is your diagnosis ? **Dupuytren's contracture**
- Give 2 causes for this condition .
  - **Diabetes mellitus**
  - **Seizure disorders** (epilepsy)
  - **Alcoholism**





**Q7:**

**What is your finding? Angioedema**

**Mention two causes.**

**-ACE inhibitors**

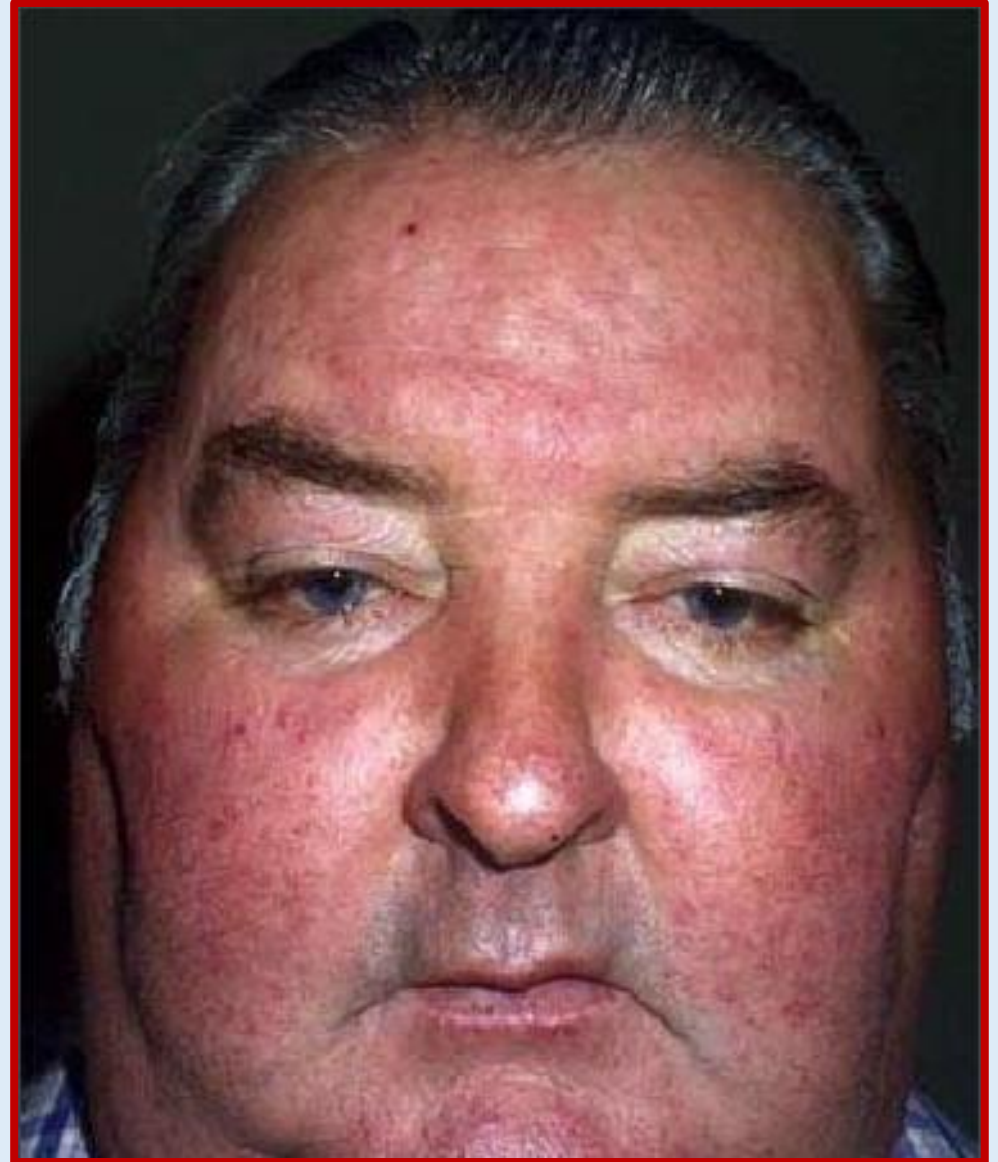
**-Wasp sting**



**Q8:**

**What is the diagnosis ?**

**Cushing syndrome**



**Q9:** 25 years old Patient presented with this rash after a history of URTI 10 days ago and he has swelling in his legs and hand ( hint: patient also have blood in urine),

- What is the diagnosis?

**HSP (Henoch–Schönlein purpura)**



**Q10:** Young child presented with high fever for more than 7 days duration:

- What is your diagnosis? **Kawasaki disease**
- What is a major complication?  
**Coronary artery aneurysm**





**Q11:**

**1- What is your diagnosis ?**

**Intestinal obstruction**

**2- Give 3 causes ?**

- Adhesions**
- Hernia**
- Volvulus**



**Q12:**

**A 35 years adult smoker present with this finding .**

- **What is your diagnosis?**

**Burger's disease**



**Q13:**

**1- Identify this condition. Carpopedal spasm**

**2- What's the cause? Hypocalcemia**





**Q14:**

**1- What's the finding? Gengival hypertrophy**

**2- Mention 2 causes.**

**-Drugs**

(Ca channel blockers, Anticonvulsants)

**-Pregnancy**

**-Leukemia.**

[Those answers are from Wikipedia]



**Q15:**

**1- What's the diagnosis? Subconjunctival hemorrhage**

**2- What's your management?**

**It's self limiting & requires no treatment**





**Q16: Findings ? Ptosis  
DDX ?**

- 3<sup>rd</sup> cranial nerve palsy “oculomotor”
- Brain Tumor - Pancoast Tumor (Apex Of Lung) .
- Horner Syndrome - Myasthenia Gravis .

## Q17:

1- What is the finding ? **Ptosis**

2- Mention 2 causes ?

- **3<sup>rd</sup> cranial nerve palsy** “oculomotor”
- **Brain Tumor**
- **Pancoast Tumor** (Apex Of Lung)
- **Horner Syndrome**
- **Myasthenia Gravis**



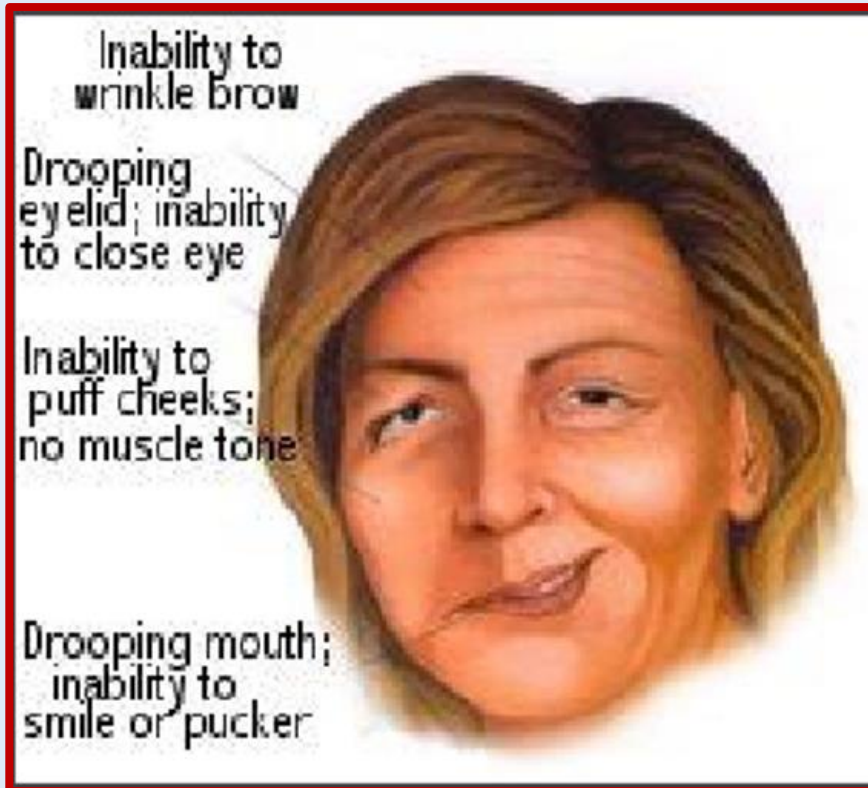


**Q18:**

**-Dx:**

**Bells Palsy**

**-Mention 2 Signs :**



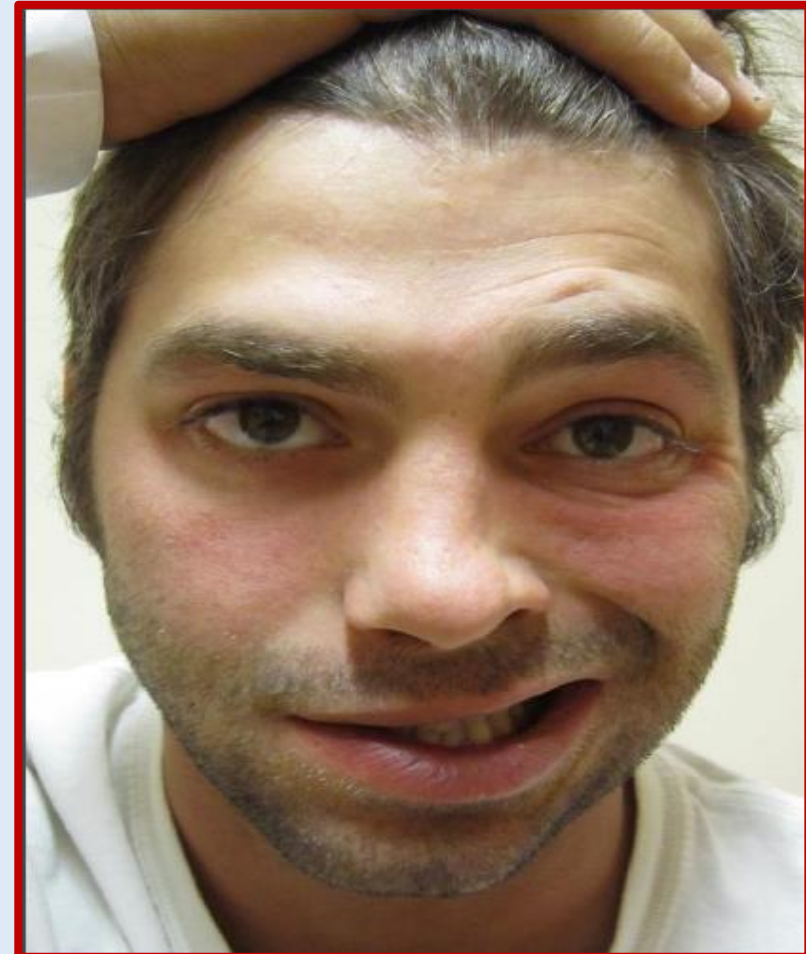
## Q19:

- What is your diagnosis? **Bell`s palsy**
- Give 3 causes or risk factors for this condition?

**DM**

**pregnancy**

**previous bell`s palsy**



## **Q20:**

**1- Give 2 findings.**

**2- What is the diagnosis?**

Note: in the exam it was different picture and there was a controversy between students if it is horner's syndrome or thyrotoxicosis.

**If it is horner's syndrome the findings are:**

- 1. ptosis**
- 2. myosis**

**If it is thyrotoxicosis the findings are:**

- 1. Lid retraction**
- 2. Exophthalmos**





## **Q21:** **Findings ? Leukonychia**

**DDX ?**

- Hypoalbuminemia**
- Cirrhosis of liver**
- Zinc deficiency**
- Alcoholic liver failure**
- Protein-losing enteropathy**



**Q22:**

**“Describe” the lesion above.**

**An ulcer on the medial aspect of the ankle with sloping edges**

**Most probable Diagnosis.**

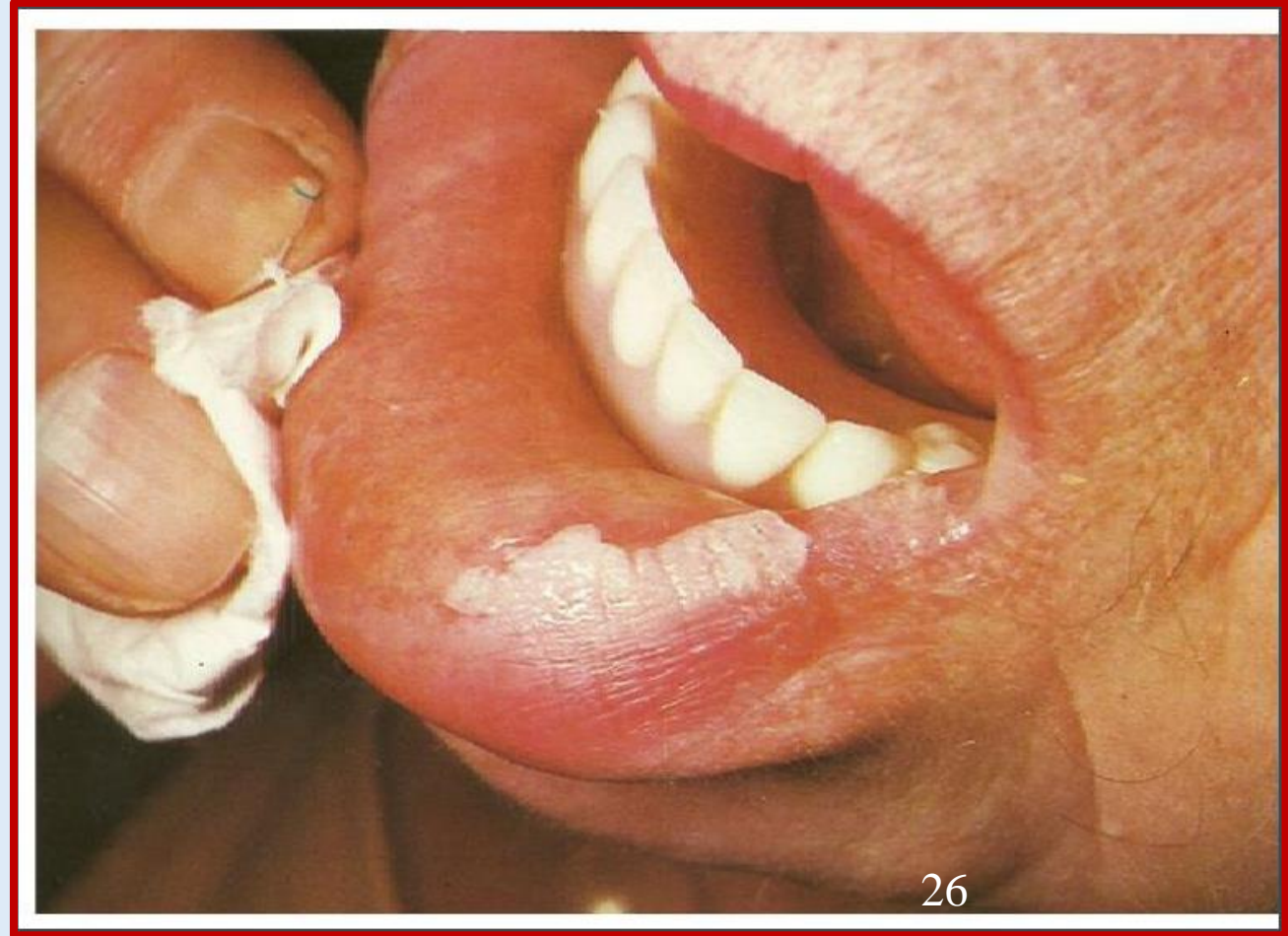
**Venous ulcer**



**Q23:**

**70-yearold, smoker....What's this lesion?**

**Leukoplakia**



## Q24:

1- What is your diagnosis ? **Acanthosis Nigricans Of The Neck**

2- Give three causes .

- Obesity,
- Insulin Resistant Diabetes
- Cushing's Disease
- Hyper OR Hypothyroidism
- Acromegaly
- Polycystic Ovary Disease.



## Q25:

Young adult who have this skin rash:

-What is your Diagnosis?

**Pityriasis rosea**

-What is the treatment?

**-No treatment is usually required**

(self limiting)

**-but you may consider topical steroids  
Or oral anti-histamine**





**Q26:** This Pregnant Women ,

-What is Your Diagnose ? **Melasma**

-What is the cause ?

**Due to estrogen and progesterone  
that produce more melanin  
pigments when the skin exposed  
to sun**





**Q27:**

**20 Years Old Female ,**

**What's Your DDX :**  
**Acne**



[ ]

**Q28:**

**Recurrent nasal discharge..**

**Findings ?**

**Right Maxilla bone Sinus filled of pus “Hyperlucency”**

**DDX ?**

**Sinusitis**



**Q29:**

**65 Year Old Female, What Is Your DDX?**

**Colles' fracture**



**Q30:**

**X-ray of a 20 year-old patient.**

**1- What is your finding?**

**Supracondylar fracture**

**2- Mention three complication?**

- Neurovascular injuries**
- Instability**
- Myositis ossificans**



**Q31:**

**Patient got X-ray after a fight ,**

**What is your diagnosis ?**

**Fracture in the fifth metacarpal bone**



**OTHERS**



**Q1:** A female patient presented with pain in the lower limbs & weakness in the upper limbs, her lab results [Vitamin D3 (decreased), Ca (normal), PTH (elevated)] .

1-What's your diagnosis? **Vitamin D3 deficiency**

2-What's the management? **Vitamin D3 supplementation**



**Q2:**

**20 year-old female found a breast mass during clinical breast examination , the mass was mobile :**

**1- what is your next step in diagnosis?**

**Ultrasound**

**2- what is the most likely diagnosis?**

**Fibroadenoma**



### **Q3:**

**5 days old child had jaundice since the second day of his life, he didn't awaken to breast feeding , and will good general activity :**

**1- Dx : Breast Feeding Jaundice**

**2- Treatment : Recommended Breast Feeding**



**Q4:**

**30 year-old female complained of sore throat, she take amoxicillin. After one day of medication she developed skin rash.**

- **Give two causes .**

- 1- Allergy to penicillin**

- 2- Infectious mononucleosis (typical history)**

- 3- rubella infection**



## **Q5:**

**A 45 year old male farmer ( spent yesterday working in his farm) presented with swelling in his right leg with hotness and redness .**

**•Give 3 possible causes ?**

**DVT**

**Cellulitis**

**Ruptured baker's cyst**

**Fracture**



**SAMA PAST YEAR Q**



# Groups A3+A4

## Case 1

**FEMALE with HB 9.0 g/dl and MCV = 102**

**\* What is the diagnosis?**

**Macrocytic anemia**

**\* 3 causes?**

**B12 deficiency, folic acid deficiency, liver diseases, alcohol**

## Case 2

- Female, TFT shows low TSH, low T3, low T4

\* Diagnosis?

**Secondary hypothyroidism**

\* 2 causes?

**Hypopituitarism, Sheehan syndrome**

## Case 3

- Male with mitral valve replacement, with INR = 5, prolonged PT, normal PTT

\* What do you think the cause is?

**Warfarin overdose**

\* Give 2 other causes.

**Liver failure, Vit K deficiency . DIC**

## Case 4

- 35 years old male with uncontrolled hypertension 160/110, low potassium, protein +1

\* Give 2 causes?

**Conn's syndrome, Cushing syndrome, diuretics use**

# ECG

- Picture with no P-waves, irregular rhythm, normal QRS.

\* Diagnosis?

**Atrial fibrillation**

\* 3 causes?

**Hypertension, hyperthyroidism, valvular heart diseases  
(e.g. mitral stenosis)**

**Q: Diagnosis?**

**Right middle lobe pneumonia**





**Q: Child with fever, groin pain, and this facial lesion. Diagnosis?**

**Mumps**



**Q:** This picture, his father has the same problem.  
**What is the diagnosis?** **Dupuytren's contracture**



**Q: One finding and the diagnosis?**

**Finding: tophi**

**Diagnosis: Gout**



# GROUPS A1+A2

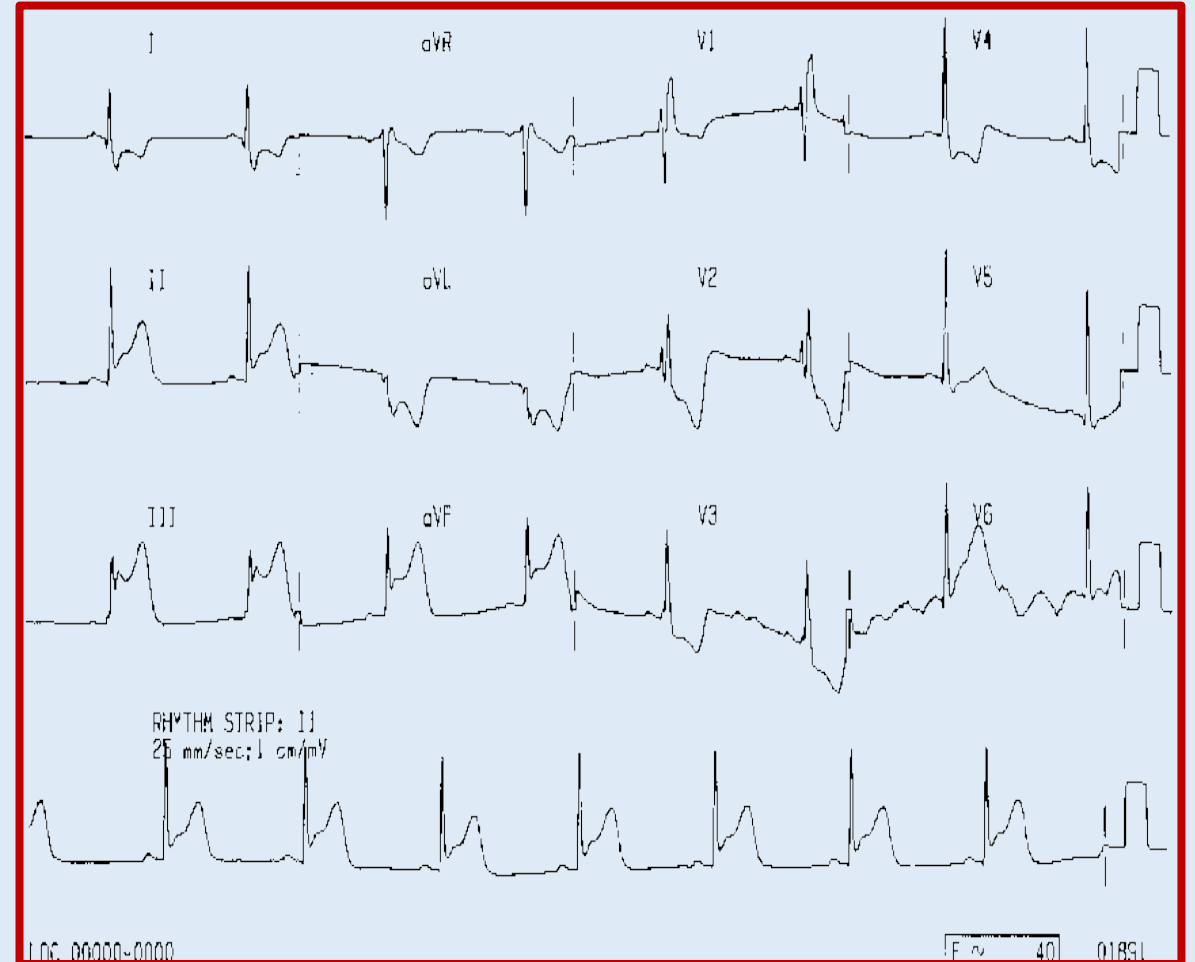
Name ONE cause for this condition

**iron deficiency anemia.**



# What is your diagnosis?

**Acute inferior wall STEMI**





# Name 3 findings in this picture:

- 1- Cardiomegaly
- 2- Redistribution of blood flow to the nondependent portions of the lung and the upper lobes  
(this is what the dr said)
- 3- Pulmonary edema (bilateral diffuse pulmonary infiltrate)
- 4- Kerly B lines was also correct.



**Name 2 causes for this finding:**

- 1- Hyperventilation syndrome.**
- 2- Hypocalcemia.**





**Q**

**What is this condition?**

**Angioedema.**

**Name 2 causes?**

- **Side effect of ACE inhibitors.**
- **Wasp sting**



**Name 3 causes for this sign?**

- 1- cystic fibrosis.**
- 2- Cyanotic heart disease.**
- 3- Liver cirrhosis.**



- A known case of DM and HTN, developed ankle pain and swelling with a WBC count of 10,000, he previously had a similar previous attack.

**Name 2 causes?**

**1- Acute GOUT.**

**2- septic arithritis.**

**Trauma was also correct**

- A 26 year old female pt had a decreased MCV and low hemoglobin,

**Mention 3 DDx?**

- 1- iron deficiency anemia.**
- 2- beta- thalassemia minor.**
- 3- sideroblastic anemia.**
- 4- anemia of chronic illness.**

- A young female pt complains of recurrent attacks of jaundice, her lab results revealed elevated serum unconjugated bilirubin, and a normal liver function test.
- What is your diagnosis?  
**Gilbert syndrome**

- A 21 year old patient suddenly developed SOB, blood gases showed :
- PH= 7.5
- P<sub>CO2</sub>= decreased.

**Name 2 causes ?**

**1- asthma attack (not sure)**

**2- Hyperventilation syndrome (panic attack)**

**3- PE (embolism)**

## GROUP C1+C2

**Q1:**

**What your spot diagnosis**

**Graves Disease**





## Q2:

- 20 year old female pt complaining of menorrhagia come with this:

1- what is this?

**Angular stomatitis**



2- what is the investigation of choice?

**CBC / Ferritin**

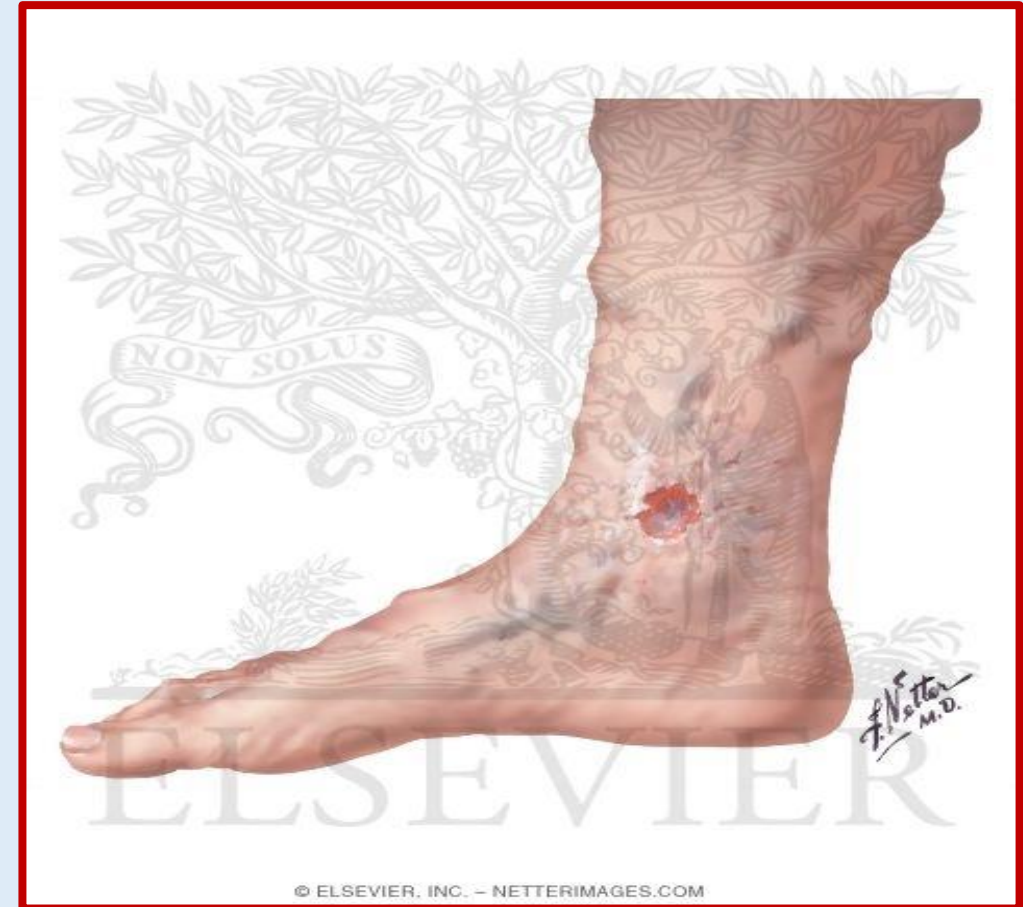
# Q3:

**1- describe what u see**

**large dilated veins**

**2- what is the treatment?**

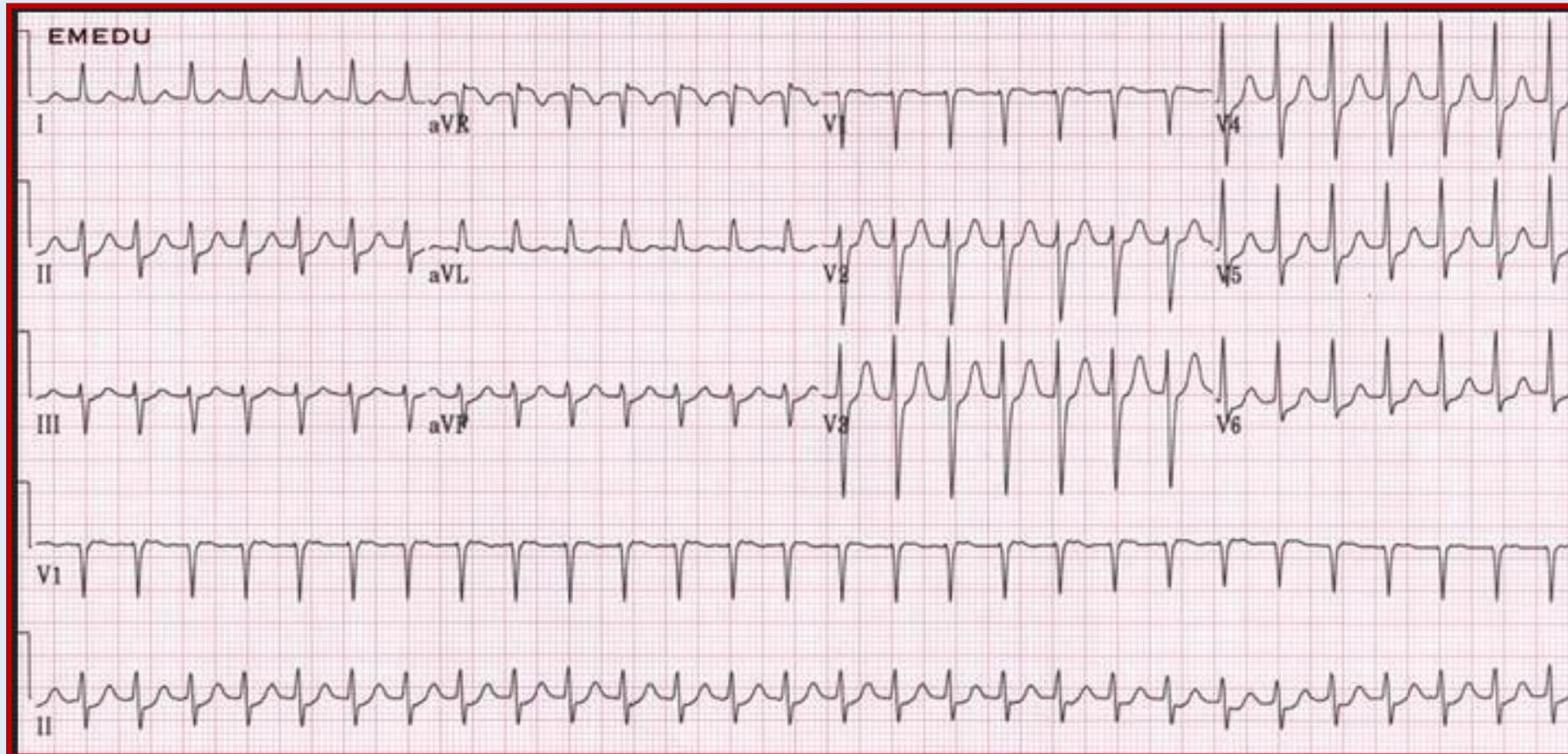
**Any type of surgery is true (ligation)**



**Q4:**

**1- What is Your diagnosis ? SvT**

**2- what is the treatment ? Adenosine push**



**Q5:**

**1- what is the finding**

**Bilateral hilar lymphadenopathy**

**2- give 2 possible causes**

**saroidosis /TB**



## Q6:

- A 6 year old coming complaining of daily daytime coughing, and nocturnal symptoms more than 2 per week that didn't relieved except by the reliever drugs!
- What is your classification for his asthma?

**Intermediate persistent**

# Classification of Asthma Severity

	Days with symptoms	Nights with symptoms	PEF or FEV1	PEF Variability
Mild Intermittent	$\leq 2$ x/week	$< 2$ x/month	$\geq 80\%$	$< 20\%$
Mild Persistent	3-6x/week	$> 2$ x/month	$\geq 80\%$	20-30%
Moderate Persistent	Daily	$> 1$ x/week	$> 60$ - $< 80\%$	$> 30\%$
Severe Persistent	Continuous	Frequent	$\leq 60\%$	$> 30\%$

## Q7:

**A pt have the following serology**

**For Hepatitis A>>> IgG +ve**

**For Hepatitis B>>> HBsAb +ve**

**For Hepatitis C>>> nothing +ve**

**What is Your diagnosis ?**

- He had hepatitis A in the past**
- He is immunized against hepatitis B**



**Q8:**

- A pt with Hb 10,5 and MCV of 74:

**What is your dx and your tt ?**

**IDA ,, Oral iron supplement**

## Q9:

- 16 year old boy first complaining of polyurea & polydipsia, then nausea and vomiting ending with coma
- His sugar was 365, PH 7.15, with ketone body in the urine
- What is your Dx? **DKA**

**Q10:**

**A back of Diabetic pt..**

**What is this sign?**

**Acanthosis Nigricans**



# GROUPS C3+4

- **1-** The thyroid function test to a pt is :  
TSH 0.1 T3 o T4 normal
- 1) Diagnosis: **subclinical hyperthyroidism**
- 2) Management:  
**No symptoms: we do recheck after 6 months**  
**Symptoms: anti thyroid therapy**

- **2-** Fasting blood sugar to a pt is 110

1) Name of condition: **Impaired fasting glucose**

2) What to do next: **OGTT**

- **3-** 50 years old male, complaining of knee pain, and redness, tenderness and maybe hotness,
- give 3 DDx:  
**I wrote :**
  - **Gout**
  - **Ruptured baker's cyst**
  - **Trauma**

- **4- Female patient, the urine test was like this :  
+ protein , negative nitrates, WBCs 18, RBCs normal  
(I forgot the numbers ), negative culture**

**1) Name of this condition: Sterile pyuria**

**2) Two causes:**

- Partially treated UTI**
- Atypical MOs, eg: Chlamydia**
- Atrophic vaginitis**

- **5- ECG: Inferior MI**  
**two abnormalities: ST elevation and T inversion in leads II, III and aVf**

**Note: the dr wrote on the ECG HR=50 bpm so I answer inferior MI with bradycardia , I don't know if it's true or not**



**Q6: A pic like this one ,**  
**Write two abnormalities and the condition**  
**SWOLLEN JOINT , HOTTNES AND REDNSS**



**Q7:**

**Write two abnormalities and the condition ,  
ingrown toe nail , inflammation**



**Q8-** A pic for Acne vulgaris and the dr asked to describe the rash

**Q9-** a pic for Bell's palsy and the dr want two abnormalities and which side ..

-Smoothing of the forehead / dropping of the eyelids and corner of the mouth

**Q10-** X- ray, what's the abnormality and the name of the condition

**Colles fracture**



## EXTRA : FOR Q8

- 8- a pic for Acne vulgaris and the dr asked to describe the rash \* It depend on the image , cause there is diff stages \*

- Open and closed  
inflamed comedones (blackh  
eads and whiteheads)



OPEN COMEDONES



CLOSED COMEDONES

- Inflamed papules and pustules



- In severe acne, nodules and  
pseudocysts



# GROUPS D1+D2

- **Q1-** 65 y/o male ,smoker, hx of leg thrombus , admitted with headache , his Hb is 18.5 and ESR= 0
- What is the diagnosis?  
**polycythemia rubra vera**
- **Q2-** 73 y/o male complaining of lower back pain his investigations showed high PSA
- What is your diagnosis?  
**prostate cancer with metastasis**

- **Q3-** 20 y/o male with hx of URTI came to the hospital complaining of jaundice that appear upon stress his lab results showed normal ALP-AST high unconjugated bilirubin
- what's your diagnosis ?

**Gilbert disease**

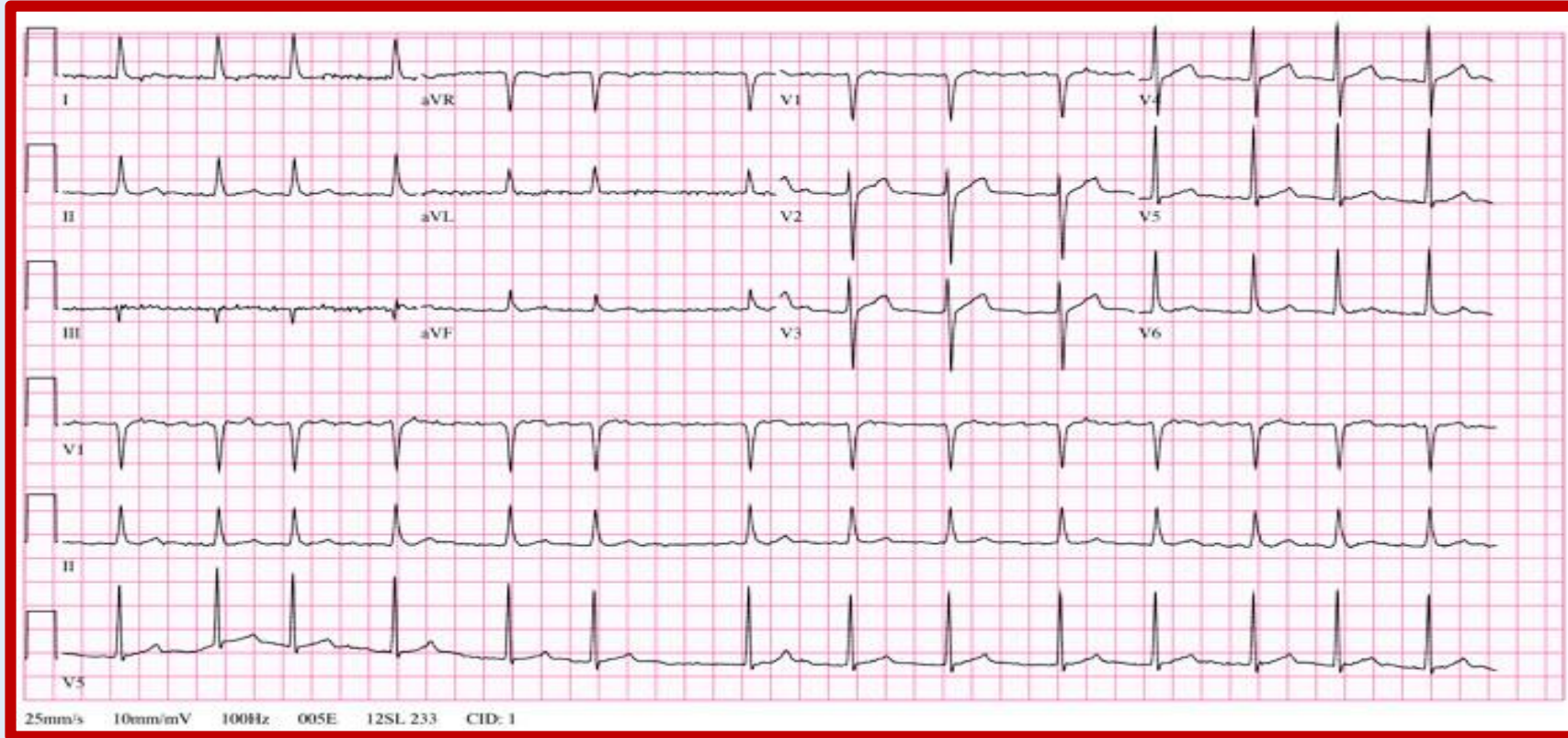
- **Q4-** young male with Hb of 11.2 , MCV 63 and fatigue
- what's your next step ?

**Serum ferritin , Hb electrophoresis**



## Q5- ECG pic

What's your diagnosis and mention 3 changes ?



**DX : AF**

**CHANGES : ST depression in lead .... – abnormal q wave –bradycardia )) those abnormalities were in the exam pic but not this**



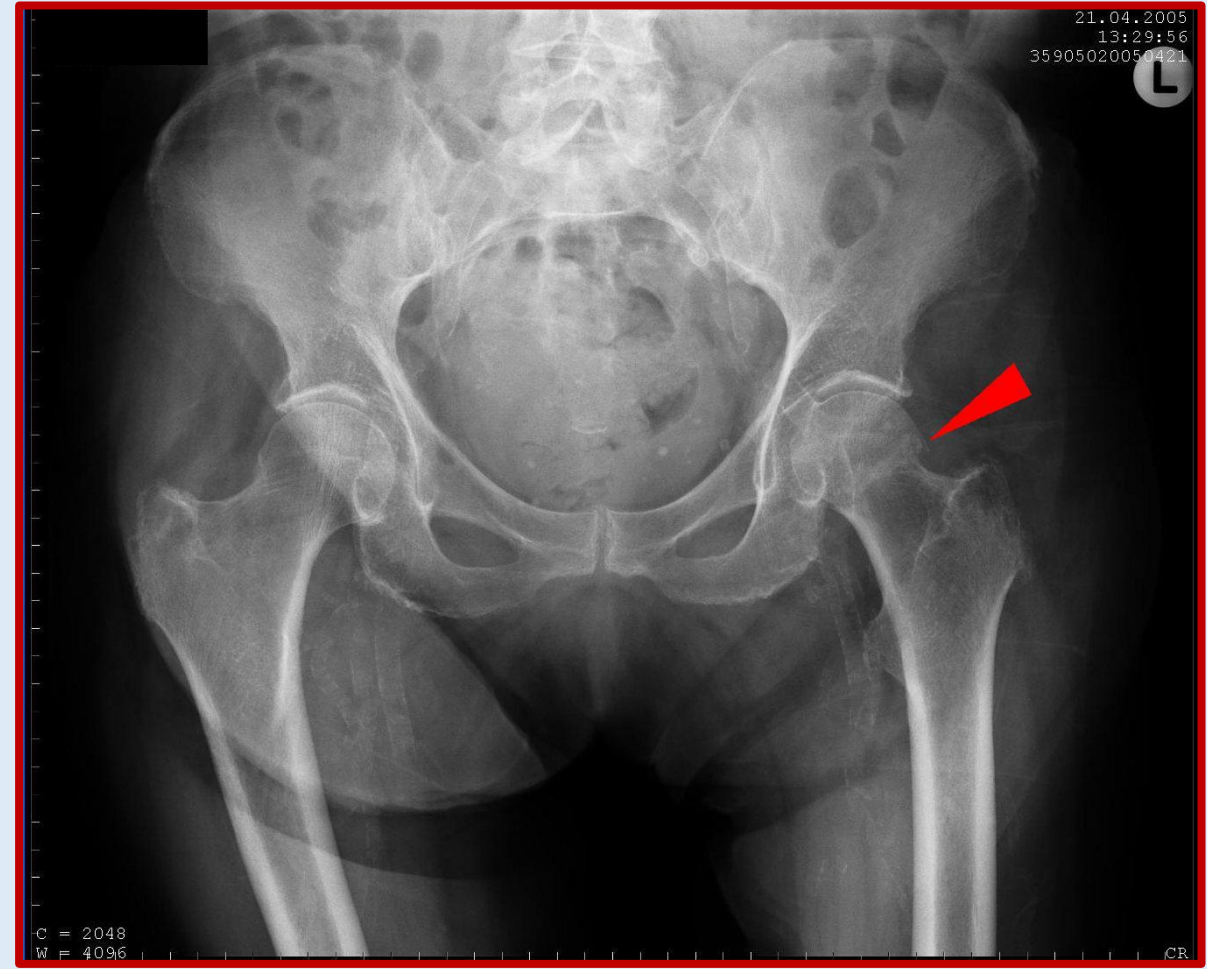
**Q6- pic of rash that is burning in sensation?**

**Answer :shingle infection**



**Q7** - x-ray of old woman  
What's your diagnosis ?

**Femur fracture (osteoporosis)**



**Q8**-obese and hypertensive old male pic, sleeping and a device in his nose  
what's your diagnosis and what's the name of the device?

**Sleep apnea- CPAP**



## Q9-whats your diagnosis ?

venous ulcer –  
on the medial aspect of the leg





**Q10:**

**Diagnosis ?**

**Exudative tonsillitis**



**HOPE PAST YEARS**

# Group A3 & A4

## Q1:

Patient on atorvastatin presented with muscle pain, CK = 1200

- Your diagnosis?

**Myositis (NOT Myalgia or Rhabdomyolysis up to 100,000)**

- The cause of his symptoms?

**Side effect of statin**



## Q2:

Pregnant woman, suffering from fatigue

TSH = 7

FBG = 90      Hb = 11.5      T3, T4 normal

- The cause of fatigue ?

**Subclinical Hypothyroidism**, “other values are normal for pregnant woman”

- Next step ?

**Give thyroxine** (one of the indications to give thyroxine in subclinical hypothyroidism is pregnancy)

**Q3:**

**A patient who had pulmonary TB one year ago, presented with hyponatremia, hyperkalemia, hypoglycemia**

- **Your diagnosis ?**

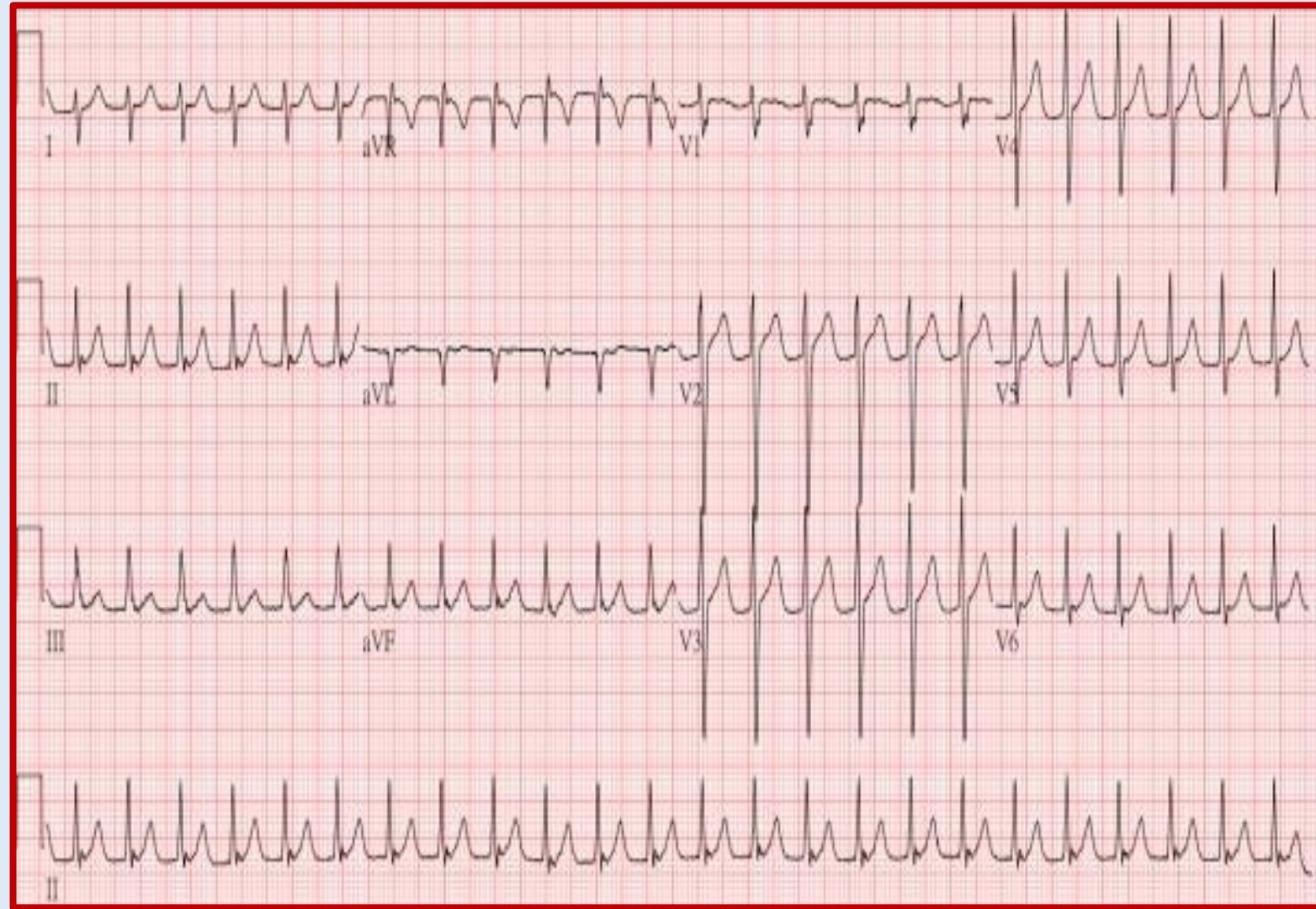
**Addison's disease**

- **One test to your diagnosis**

**ACTH stimulation test**

## Q4: ECG

**Supraventricular tachycardia**



## Q5:

- 65 year old woman, presented with this fracture.

- Colle's fracture



## Q6:

- 5 year old Child with fever and sore throat,
- describe these lesions

**Petechiae**





## Q7:

- The type of suture  
**5-0 suture**
- When to remove  
**3-5 days**



## Q8:

- Finding

mydriasis, ptosis, the eye displaced downward and outward

- Your diagnosis

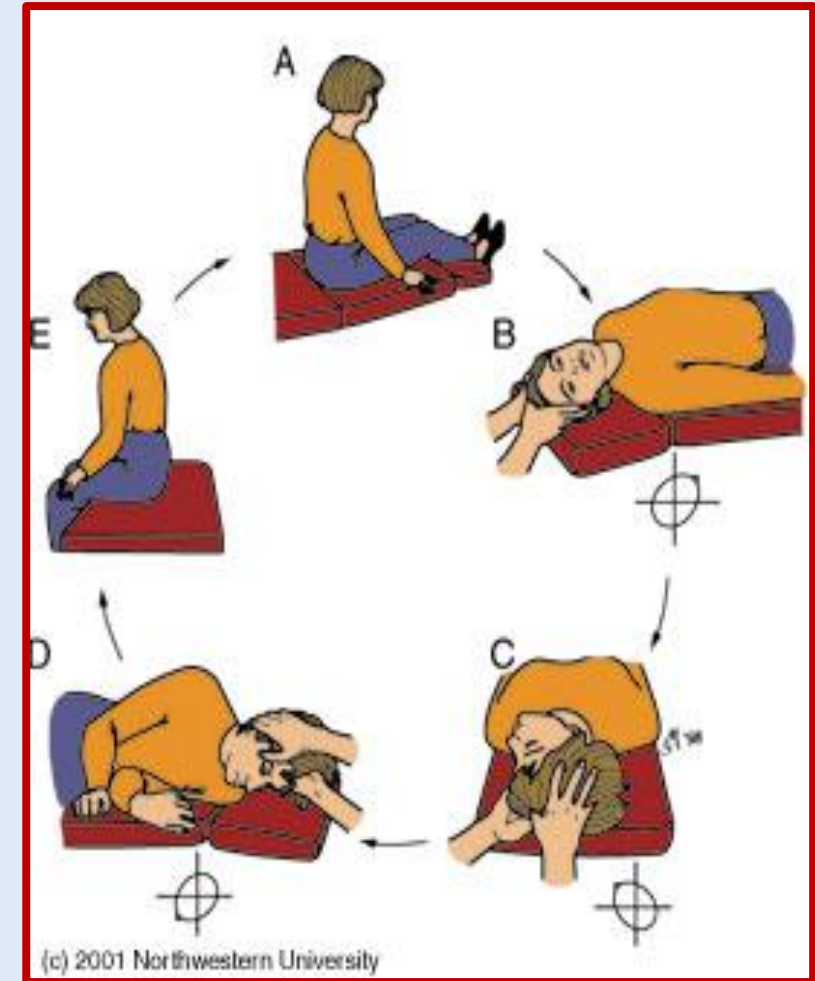
**Oculomotor nerve palsy**





# Q9:

- The name of the test ? **Epley's test**
- Used for ?  
**Benign paroxysmal positional vertigo**



## **GROUPS C3+C4**

**Q1:**

**Um Hani, a 70 year old female presented with a severe (strong or some other word was used) headache, muscle and joint aches and had an ESR of 100 mm/hr.**

**\*Give 2 differential diagnoses**

**1- Temporal Arteritis (Giant cell arteritis)**

**2- Nobody could agree on the second answer, some people suggested rheumatoid arthritis, others went for infectious causes such as influenza, meningitis etc..**

**Q2:**

**The CBC results of a 20 year old male revealed the following  
Hb: 11.0 mg/dl MCV: 53**

**1- What is your diagnosis ? Beta-Thalassemia Minor**

**2- Name the confirmatory test for your diagnosis  
Hemoglobin Electrophoresis**

**Q3:**

**The following are the test results of a patient**

**T4: Low**

**T3: Low**

**TSH: 0.1**

**What is your diagnosis? Secondary Hypothyroidism**

**Q4:**

**An 11 year old patient presented with.....**

**His blood sugar was 350 mg/dl. His pH 7.1 and his bicarbonate level was 12.**

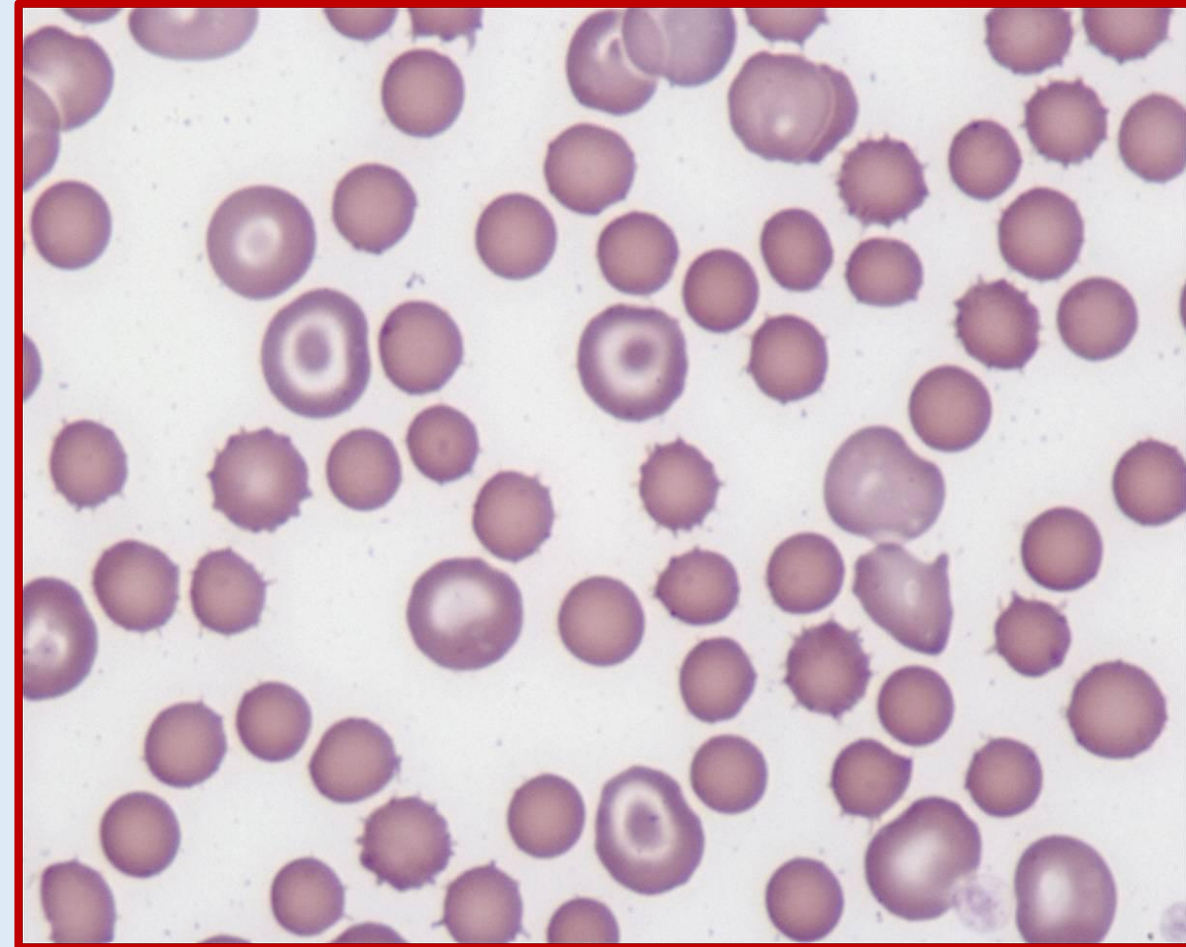
**What is your diagnosis? Diabetic Ketoacidosis (DKA)**

**Q5:**

**Name 2 possible causes for the finding in this peripheral blood smear**

- 1- Beta-thalassemia**
- 2- HbC disease**
- 3- Anemia of Chronic Disease**
- 4- Iron Deficiency Anemia**

(The major abnormality is the presence of target cells which are found in the conditions mentioned before)



**Q6:**

**A 60 year old male who has knee pain and was diagnosed with osteoarthritis has the following finding.**

**-Name this finding?**

**Heberden's Node**





**Q7:**

**Diagnosis ?**

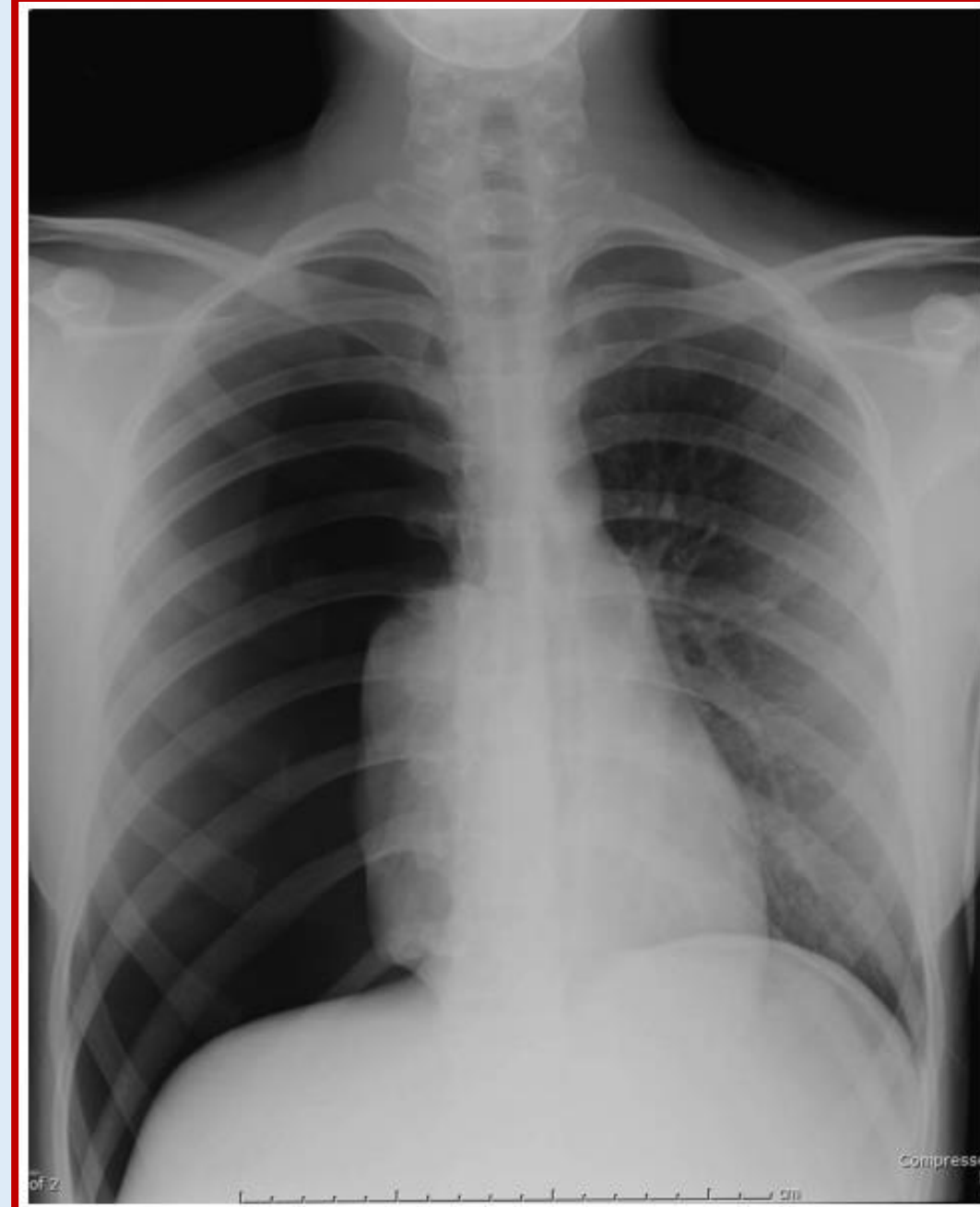
**Ganglion Cyst**



**Q8:**

**A 20 year old patient Presented with a Sudden onset of Shortness of breath**

**-Name the finding seen**  
**Tension Pneumothorax**



**Q9:**

**Your diagnosis?**

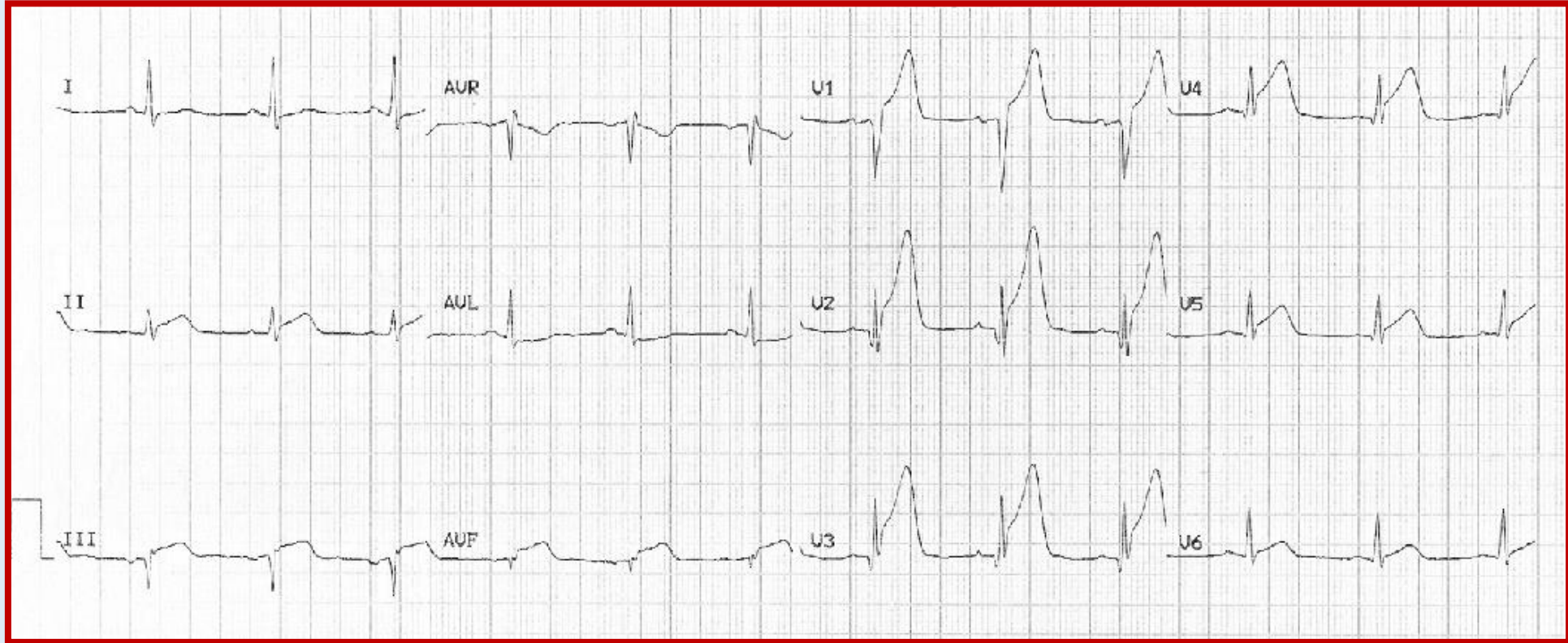
**Follicular Tonsillitis/  
Streptococcal Pharyngitis/  
Tonsillitis with exudates**

**Not sure which one was the one  
needed by the marking scheme  
but I guess all are possibly correct**



**Q10:**

**Your diagnosis ? Acute Anterolateral STEMI**



**The ECG in the exam was printed on the last page of the exam so it was clearer than the image but had 'similar' findings**

## Group A1+A2

### Q1:

- A 23 year old male patient , his hemoglobin was 11.5 , MCV 60
- What is the most likely diagnosis ? **Beta thalassemia minor**
- What is the confirmatory test ? **hemoglobin electrophoresis**

## Q2:

- A 55 year old male patient come to clinic for periodic medical examination,
- Mention 4 tests you will do for him.
  - Blood suger
  - Lipid profile
  - CBC
  - BP
  - PSA 40
  - Fecal occult blood test 50

### Q3:

- A 50 year old male with History of diabetes , he was found to have microalbuminurea
  - What will you do next ?
    - 1 Repeat the test after 6 weeks
    - 2 Urine culture

### Q4:

- A patient had a cut wound over the knee which needed a suture
  - Which type of suture ? 0-3/0-4
  - When will you remove it ? After two weeks (14 days)



**Q5:**

**Mention three causes :**

**This is pleural effusion**

- 1- heart failure**
- 2- malignancy**
- 3- pneumonia**
- 4- TB**
- 5- Renal failure**



**Q6:**

**What is your spot diagnosis ?**

**Aphthous ulcer (notice that he is a child)**



**Q7:**

**-What is your spot diagnosis ?**

**Abdominal stria**

**-Mention three causes ?**

**1- cushing syndrome**

**2- exogenous steroids intake**

**3- pregnancy**



# Q8:

**-What is your Diagnosis?**

**Right facial nerve palsy (bell's palsy)**

**-Mention one line of treatment**

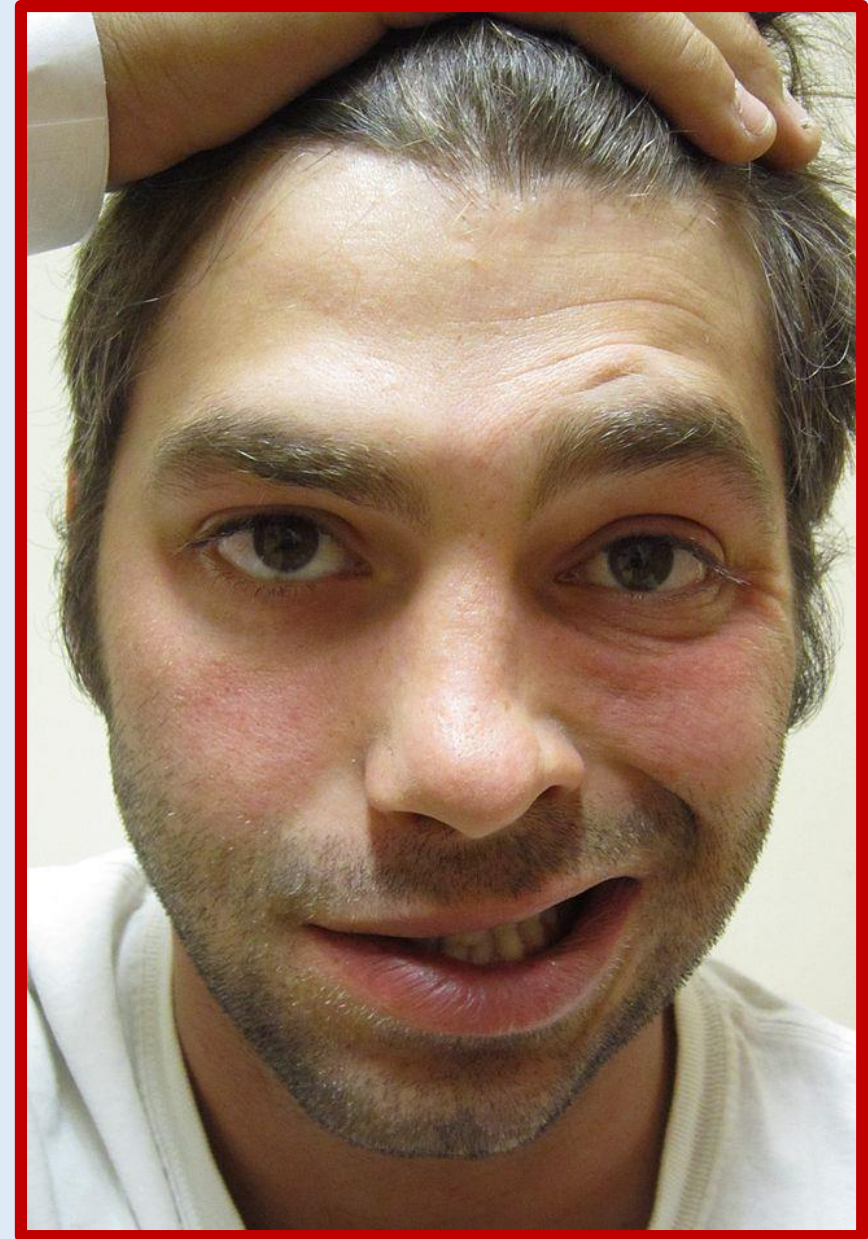
Any of these is right

**-Self limiting**

**-Steroids**

**-NSAID**

**and also there are other answers considered right**



**Q9:**

A **diabetic** patient came with this lesion..

What is the name of this lesion ?

**Necrobiosis lipodica**

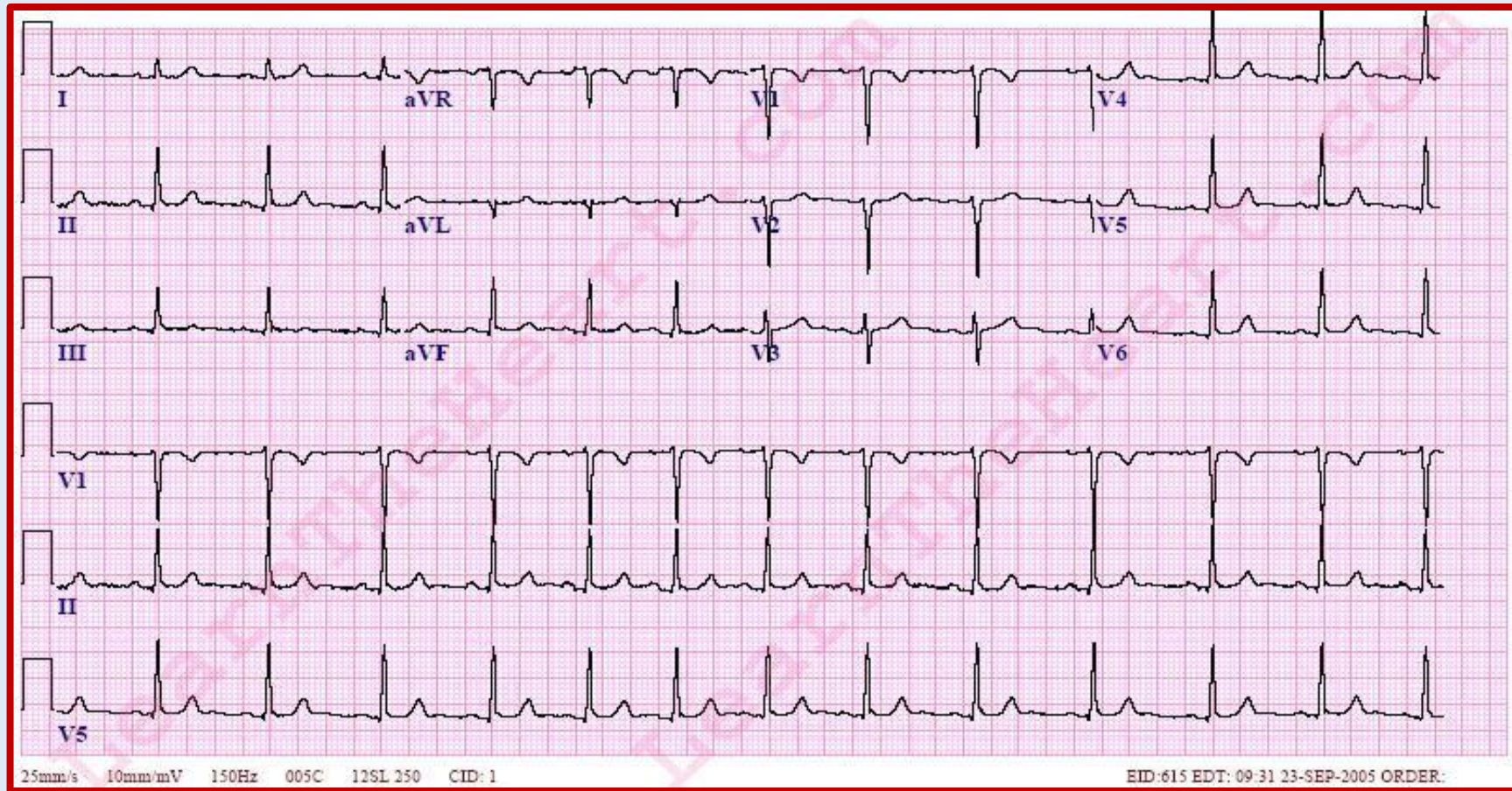




**Q10:**

**Mention the abnormality/abnormalities ?**

**Sinus arrhythmia (the most important is to mention it is a sinus rhythm )**



# Groups C1+C2

**Q1:** A man did a lipid profile test and LDL was 120, not smoker and no family history of dyslipidemia.

- Interpretation : **Normal**
- Follow up : **after 5 years**

**Q2:** A man who's blood pressure was 160/100 and with hypokalemia, give 2 DDx:

- Cushing's disease**
- Conn's syndrome**
- Diuretic**



### Q3:

A man did thyroid function test, TSH = 11, T3 and T4 were normal:

-Condition name ? **Subclinical Hypothyroidism**

-Treatment ? **Thyroxine**

### Q4:

A student who sere jaundiced in sclera and skin with slightly elevated bilirubin and normal liver enzymes

- -DX ? **Gilbert's disease**

**Q5:**

**2 months old child presented with this lesion (similar picture):**

**-BCG vaccine reaction**



**Q6:** A man presented with fever and cough and this X-ray:

- Dx: **Pneumonia**
- Tx : **Antibiotic**



## Q7:

- A 20 years old female presented to you with this lesion:
- Dx: **Herpes labialis**



**Q8:**

- Name this deformity :  
**Swan neck deformity**



**Q9:**

- Name : **Xanthelasma**
- Cause : **Hyperlipideamia**



# **Ehsan Group Family Medicine OSCEs**

**Starting 2015/2016, the mini-OSCE was integrated to the OSCE as one station of 6 (History, PE, counselling and mixed discussion, clinical task, portfolio, and mini-OSCE)**

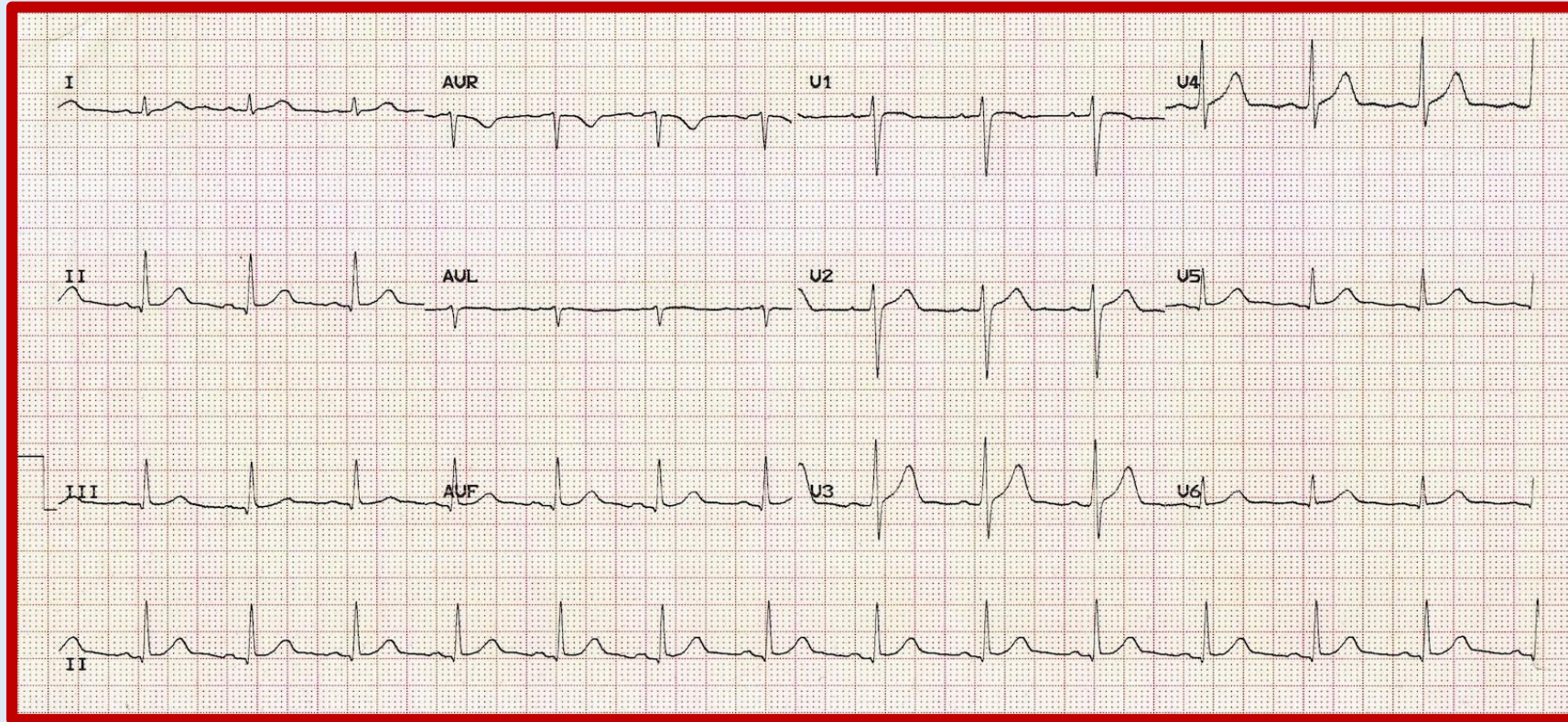
# Groups B3+4

## OSCE

- 1. Hx: Mrs Muna presented to the clinic with her 2 year old girl with diarrhea, take a relevant history.
- 2. Clinical task: Mrs. Samia is a 47 year old lady, she feels dizzy when she stands up, please measure her blood pressure appropriately.
- 3. Portfolio: discussion of classical presentations of cases in your portfolio.
- 4. PEx: Mr. Zaki is 47 year old gentleman, he is at your clinic for comprehensive diabetic foot examination.
- 5. Counselling: Mr. Ali is a 52 Year old gentleman who has been recently diagnosed with grade 1 hypertension, and now he is at your clinic, please address his concerns and council him about his options.
- 6. Mini-OSCE: next slides



# Q1: Diagnosis?



- Normal ECG, or sinus tachycardia (We had a debate, both answers were accepted, though the more accurate answer is “normal ECG”)

# Q2: What is the name of this form?

- Mini Mental State Exam

Patient _____ Examiner _____ Date _____	
Maximum	Score
5	( )
5	( )
3	( )
5	( )
3	( )
2	( )
1	( )
3	( )
1	( )
1	( )
1	( )


**Orientation**  
What is the (year) (season) (date) (day) (month)?  
Where are we (state) (country) (town) (hospital) (floor)?

**Registration**  
Name 3 objects: 1 second to say each. Then ask the patient all 3 after you have said them. Give 1 point for each correct answer. Then repeat them until he/she learns all 3. Count trials and record.  
Trials \_\_\_\_\_

**Attention and Calculation**  
Serial 7's. 1 point for each correct answer. Stop after 5 answers.  
Alternatively spell "world" backward.

**Recall**  
Ask for the 3 objects repeated above. Give 1 point for each correct answer.

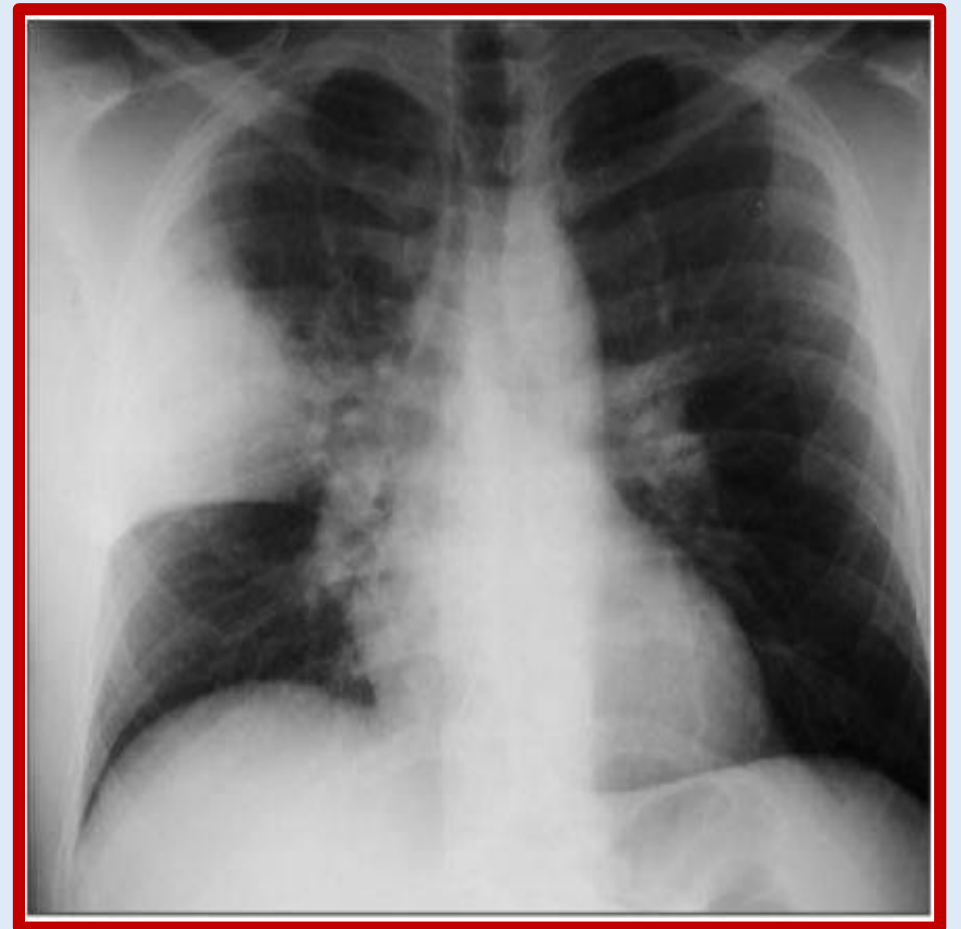
**Language**  
Name a pencil and watch.  
Repeat the following "No ifs, ands, or buts"  
Follow a 3-stage command:  
"Take a paper in your hand, fold it in half, and put it on the floor."  
Read and obey the following: CLOSE YOUR EYES  
Write a sentence.  
Copy the design shown.



\_\_\_\_\_ Total Score  
ASSESS level of consciousness along a continuum: \_\_\_\_\_  
Alert Drowsy Stupor Coma

## **Q3: What is the pathology seen in this X-ray ?**

- **Right middle (and upper) lobe pneumonia**



## Q4:

- Mohammad is 25 year old gentleman who presented to the clinic with sore throat, he felt fever but did not measure his temperature, on examination his tonsils are exudative but he has no swollen lymph nodes, he denied cough and other symptoms.

- A- What is his Centor Score? (It is the same as Strep score)

**2**

0 for age, 1 for tonsils, 1 for absence of cough, 0 for no documented fever, and 0 for no swollen LNs

- B- What is your next step in managing this patient ?

**Rapid Strep antigen test**

## Q5:

- Sami Had a Fasting serum glucose result of 108
- What is your diagnosis? **Impaired fasting glycemia**
- What is your next investigation? **OGTT**



# Q6:

A. What is this condition? **Acne (vulgaris)**

B. Write down 2 options for treatment:

- **doxycyclin**
- **Isotretinoin**



# Groups B3+4

## OSCE

- 1. Hx : Ahmed 2 and a half months old present with fever for the past 24 hours , take a relevant history
- 2. Clinical task : Mrs Jones is a 45 year old lady , feels dizzy when she stands up, measure her blood pressure
- 3. PEx : A 34 year old man presents with lethargy , examine him for anemia
- 4. Counselling : Sara a 45 year old lady comes to your clinic with these lab results
  - FBS 8.5
  - HbA1c 6.9
- counsel her about diabetes
- 5. portfolio
- 6. Mini-OSCE (next slides)



## Q1:

- Hb 10 MCV 58 RDW 12
- what's your diagnosis & how to confirm it ?

**b thalassemia minor , it's confirmed by hemoglobin electrophoresis**

## Q2:

A. What's the name of this sign ?

**Pitting nail**

B. At which disease you see it ?

**Psoriasis**

C. Does it appear in early stage or late stage ?

**Late stage**

(A dermatology specialist said it appears in both stages, but if she had to choose she would go with late)



# Q3:

- diabetic patient with lipid profile of
- HDL :
- LDL:
- TG:
- total cholesterol :

What's your goal for each value ?

- LDL < 100  
HDL > 60  
TG < 150  
TC < 200
- (Not quite sure)

**Q4:**

**-What is the name of this maneuver ?**

**Dix-Hallpike maneuver**



**-For the diagnosis of which disease is it used ?**

**Used to diagnose BPPV " Benign paroxysmal positional vertigo**

**Q5:**

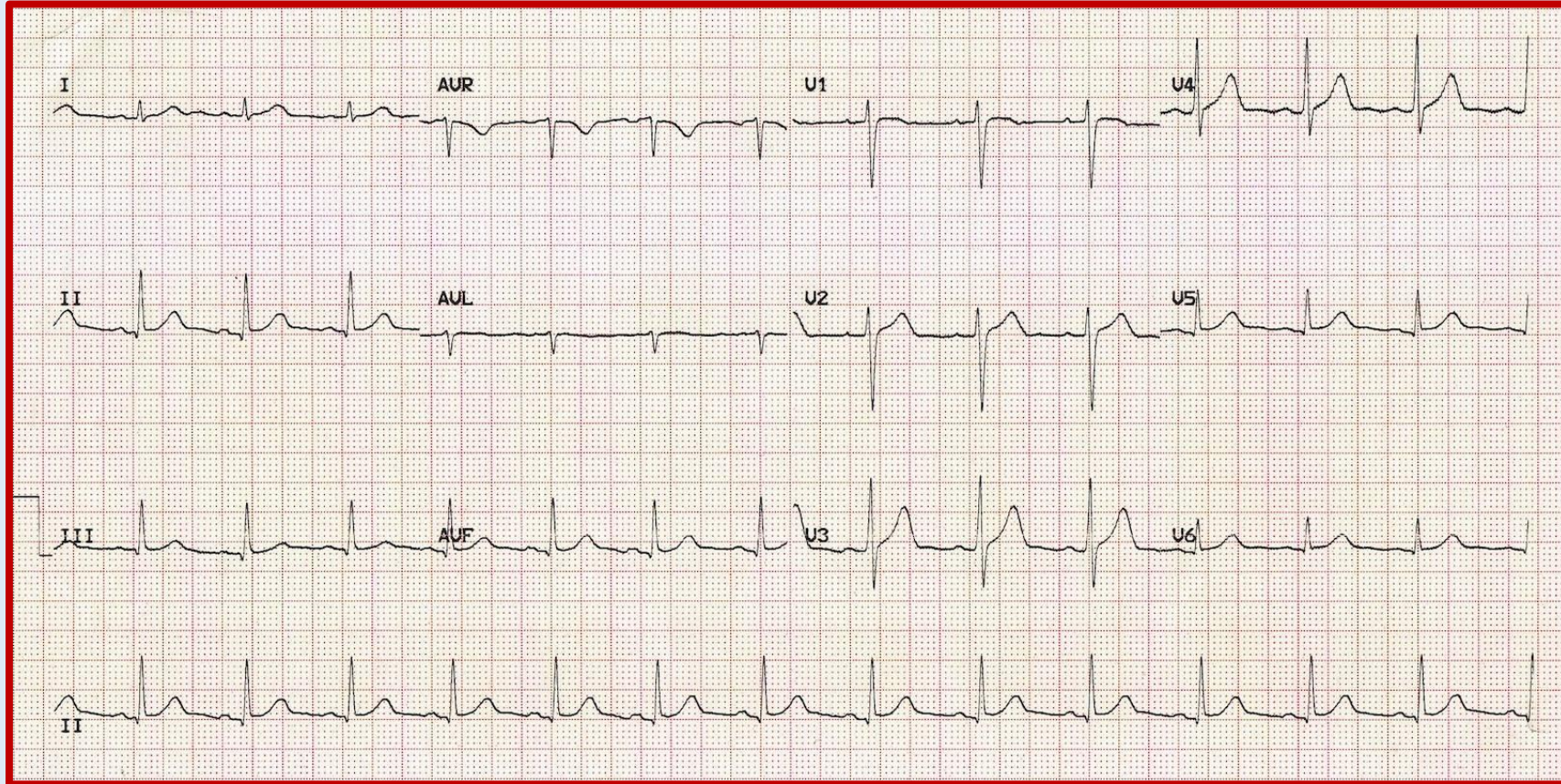
**What's your diagnosis ?**

**Spine fracture** (Compression fracture)





## Q6: Diagnosis?



- Normal ECG, or sinus tachycardia (We had a debate, both answers were accepted, though the more accurate answer is “normal ECG”)

# Group C3 + C4

## OSCE

- 1- clinical task : BP measurement ..
- 2-obesity counseling
- 3-hx vomiting : gastroenteritis in children
- 4-examination LBP
- 5-mini OSCE "past year"
- 6-portfolio



**Q1: 26 y/o Female Patient presented with this cbc**

- Hb = 9
- MCV = 70

• **Give 3 ddx**

**Iron deficiency anemia**

**Thalassemia**

**Lead poisoning**

**Q2:** Diabetic and hypertensive patient presented with ankle swelling and pain . And his cbc show leukocytosis (10000). He had the same symptoms previously .

- Most likely dx ? **GOUT**
- Two ddx ?
  - **Septic arthritis**
  - **Osteoarthritis**
  - **trauma**

**Q3: Identify this sign**  
**Xanthelasma**



# PHQ9

## PATIENT HEALTH QUESTIONNAIRE (PHQ-9)



NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?  
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

add columns: \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.)

TOTAL: \_\_\_\_\_

10. If you checked off *any* problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all \_\_\_\_\_  
Somewhat difficult \_\_\_\_\_  
Very difficult \_\_\_\_\_  
Extremely difficult \_\_\_\_\_

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at [rls8@columbia.edu](mailto:rls8@columbia.edu). Use of the PHQ-9 may only be made in accordance with the Terms of Use available at <http://www.pfizer.com>. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

**Q5:**

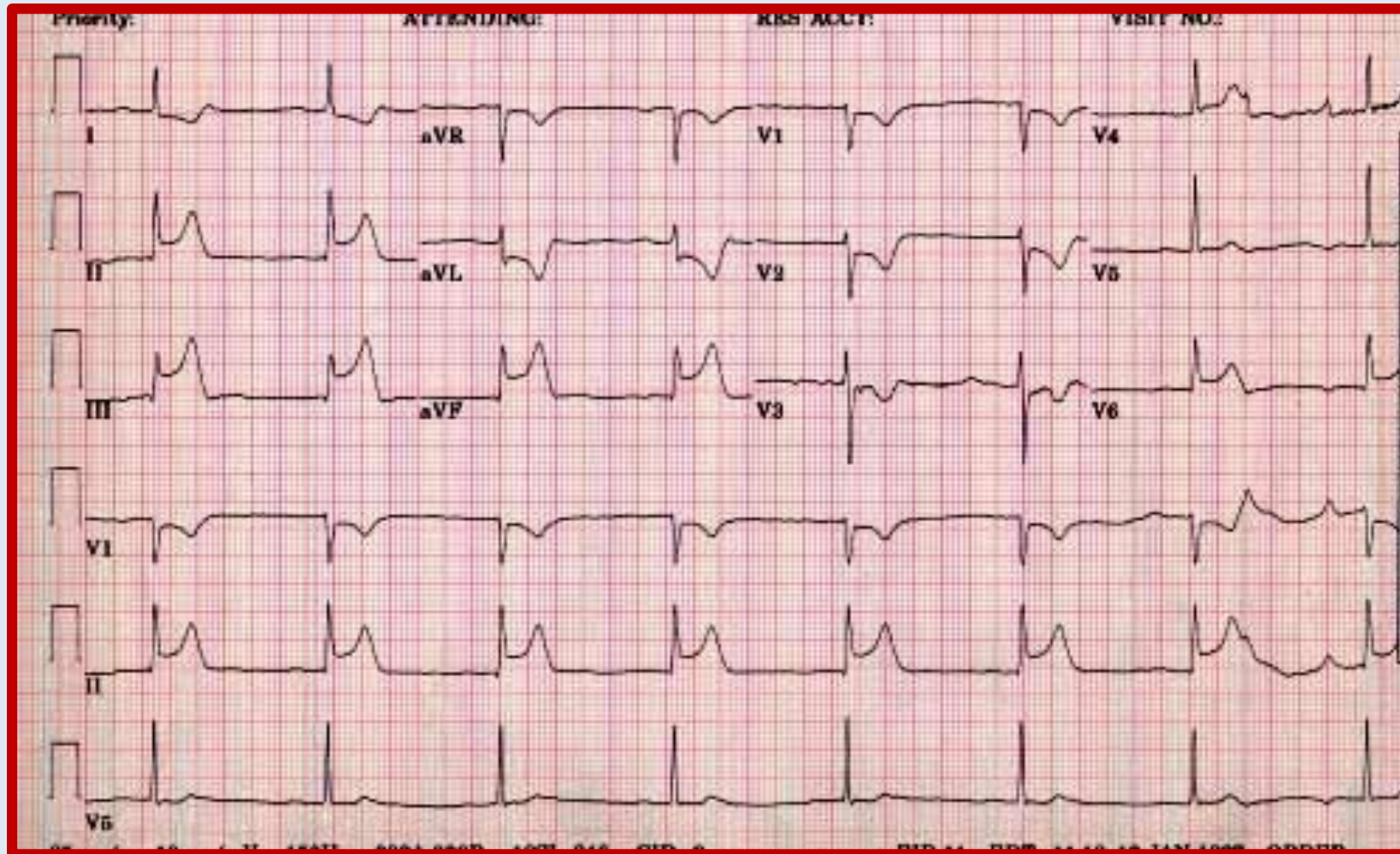
**X ray for rest fracture**

- **We were in doubt is it colles or smith**



**Q6:**

**Dx ? Inferior ST elevation MI**



- **16-17/12/2015**
- **1-Hx LBP**
- **2-Px CTS**
- **3-counseling : gastroenteritis ,ORS instruction and content , is there any need antibiotic, red flag.**
- **4-Compund : Hx, causes of UTI ,,urine analysis and culture interpretation, treatment and counseling**
- **5-Portfolio**
- **6-miniosce**



**Q:** X-ray of a 60 year old male complaining of dyspnea.

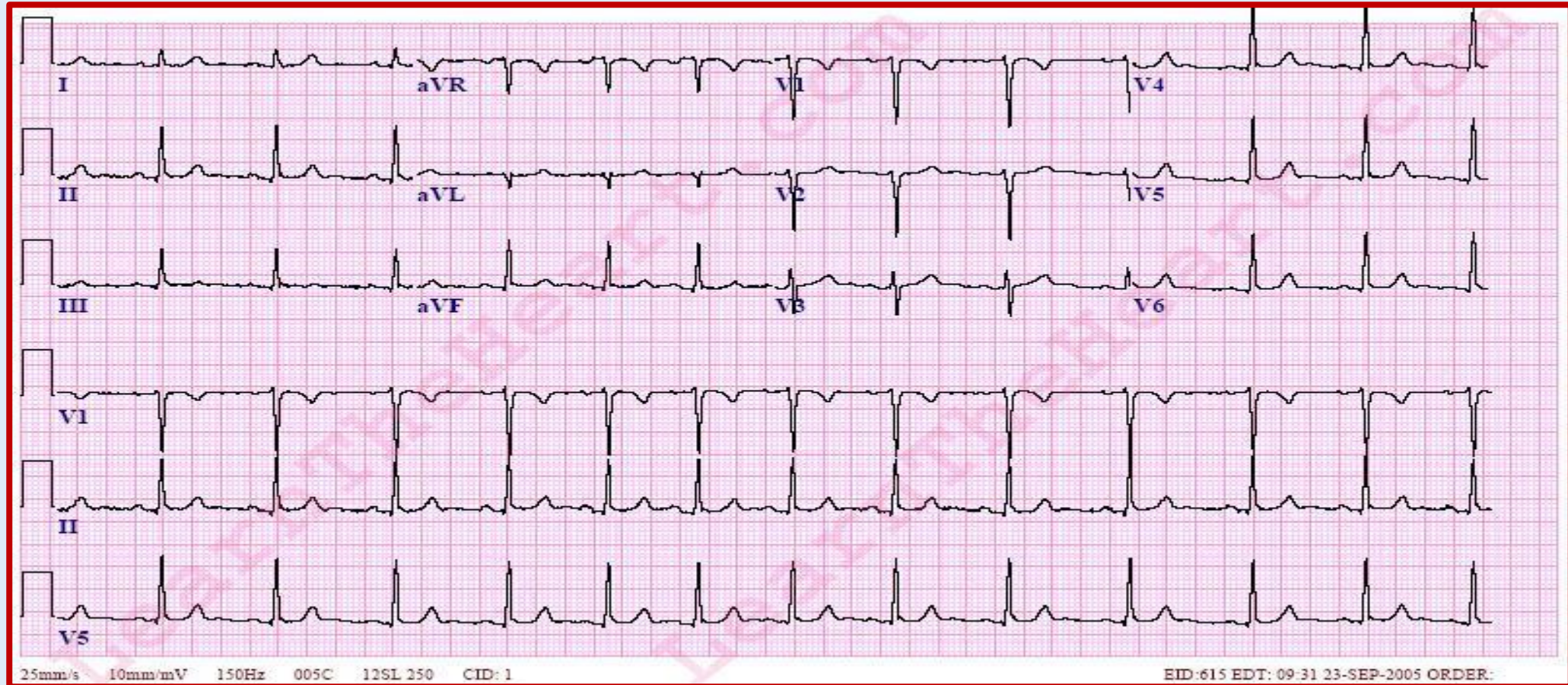
-What is your finding? **Left sided pleural effusion**

-Mention 2 causes.

**Malignancy , pneumonia**



**Q: Mention the abnormality/abnormalities ?**



**Sinus arrhythmia (the most important is to mention it is a sinus rhythm )**

**Q:**

**1. What is this condition? **Angioedema****

**2. Name 2 causes?**

**A- Side effect of ACE inhibitors.**

**B- Wasp sting**



# **Q: Case Of RA With Chronic Anemia :**

- **Mention 3 Causes:**

**1- Chronic Disease**

**2- NSAID – GI Bleeding**

**3- Methotrexate**

**4- Hemolytic Anemia (Autoimmune Hemolytic Anemia)**

**( I Think Corticosteroid Is Not A Cause Of Anemia At Least In This Case, Actually It's Used To Treat Hemolytic Anemia Caused By RA) .**





**Q:What is the vaccine ?**

**BCG**



**Q:**

**20-year old student who was found to be icterus following upper respiratory infection.**

**There was lab results with numbers :**

**Elevated bilirubin, Elevated unconjugated bilirubin,**

**Normal liver enzymes , Hb=15 .**

**What is your diagnosis ? **Gilbert's syndrome****

**What is the treatment? **Gilbert's syndrome usually does not  
need any treatment****

# Group C1 & C2 •

1. Hx = 24 year old female Presented with fatigue for 6 months duration •

Take hx •

2. Physical exam = same is 32 year old presented with facial asymmetry , do facial nerve exam , •  
then the dr asked me to name the branch that innervate 2/3 of the tongue (corda tympani ) , name  
the muscle in middle ear that innervated by facial (stapedius )

3. Counseling = vaccination •

- tell the jordanian national program

- tell other vaccine that given optionally

- tell me the side effect of the following vaccine (each student has been asked differently )

4. Combined cases = a female 36 year old presented HTN for 6 weeks , give me lab investigation you •  
should ordered .

- if she thinks to be pregnant at any time what drug u should give

- what drug you should give her IF she did not think about pregnancy

- 5. port folio = read the related seminars



## •Q1

**Case of hyperlipidemic 35 yrs pt with no hx or family hx of medical illnesses ... LDL= 120**

- **1) What's your interpretation ?**

**Normal**

- **2) Next measurement for LDL ?**

**After 5 years for follow up (I don't know if it is correct)**

**Q2:**

**Dx ?**

**Right tension pneumothorax**



**Q3:**

**Dx? Shingles**

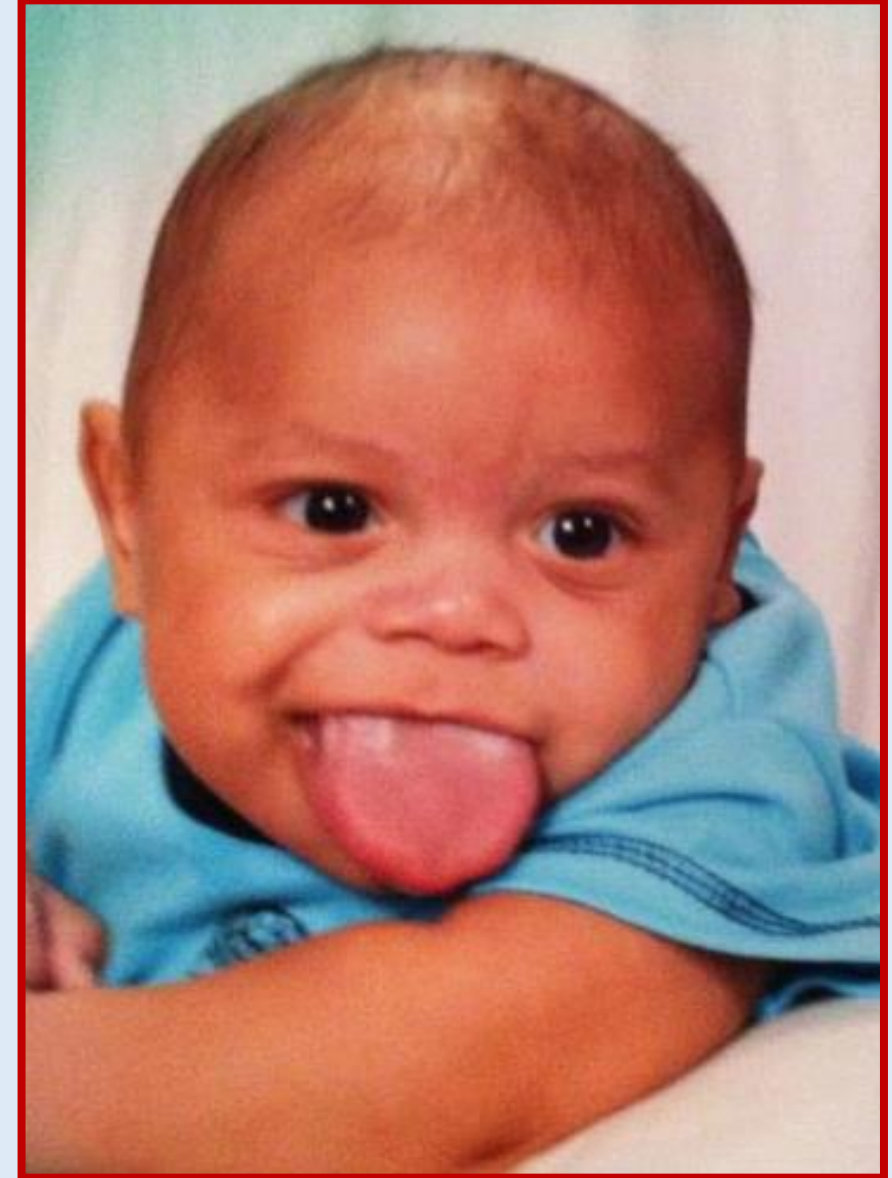


**Q4:**

**Mention 2 causes for this sign ?**

**Macroglossia**

**causes : Acromegaly, Hypothyroidism**



# Q5:

**Case : 26 yr old pt .. blood pressure 160/110 (or something) with hypokalemia**

- **Mention 2 possible causes**

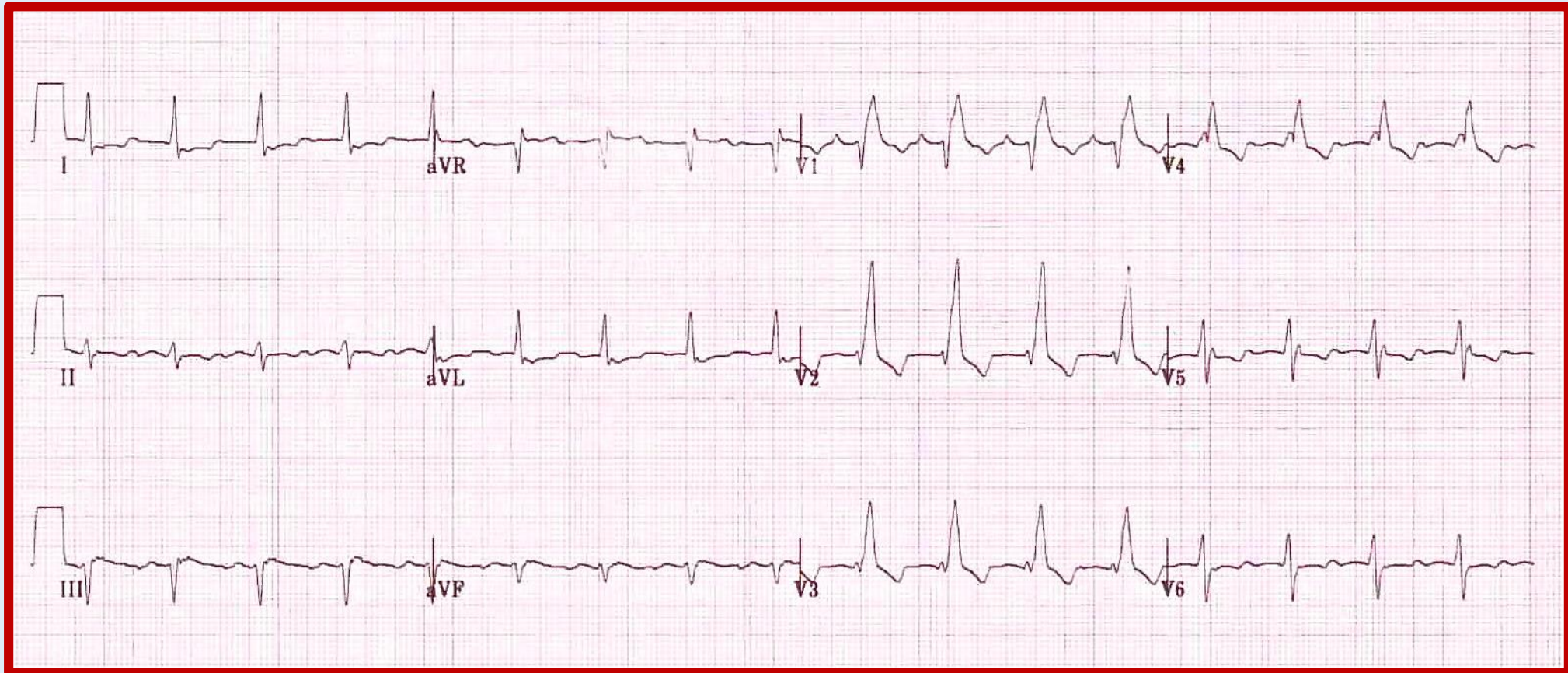
**1- primary hyperaldosteronism**

**2- cushing disease**



**Q6:**

**Dx? RBBB**





- **14/1/2016 OSCE**

- **1.History : headache**

- **2.physical examination : Diabetic foot**

- **3.management : asthma (long case of asthmatic patient , came with acute exacerbation of moderate severity , manage him )**

- **4.counseling : Statin**

- 

- **5.portfolio : read the related seminars**

**Q1 :**

**A pregnant women , TSH :8 , T3, T4 are normal .**

**1) What's Your dx?**

**Subclinical hypothyroidism**

**2)What's your management?**

**Levothyroxin because she is pregnant**

## Q2:

A long case of patient with hx of TB infected , now he is having hyperkalemia & hypoglycemia and normal Na

1- Dx ? : **Addison disease**

2- Next step : **ACTH stimulation test**

**Q3:**

**Dx:**

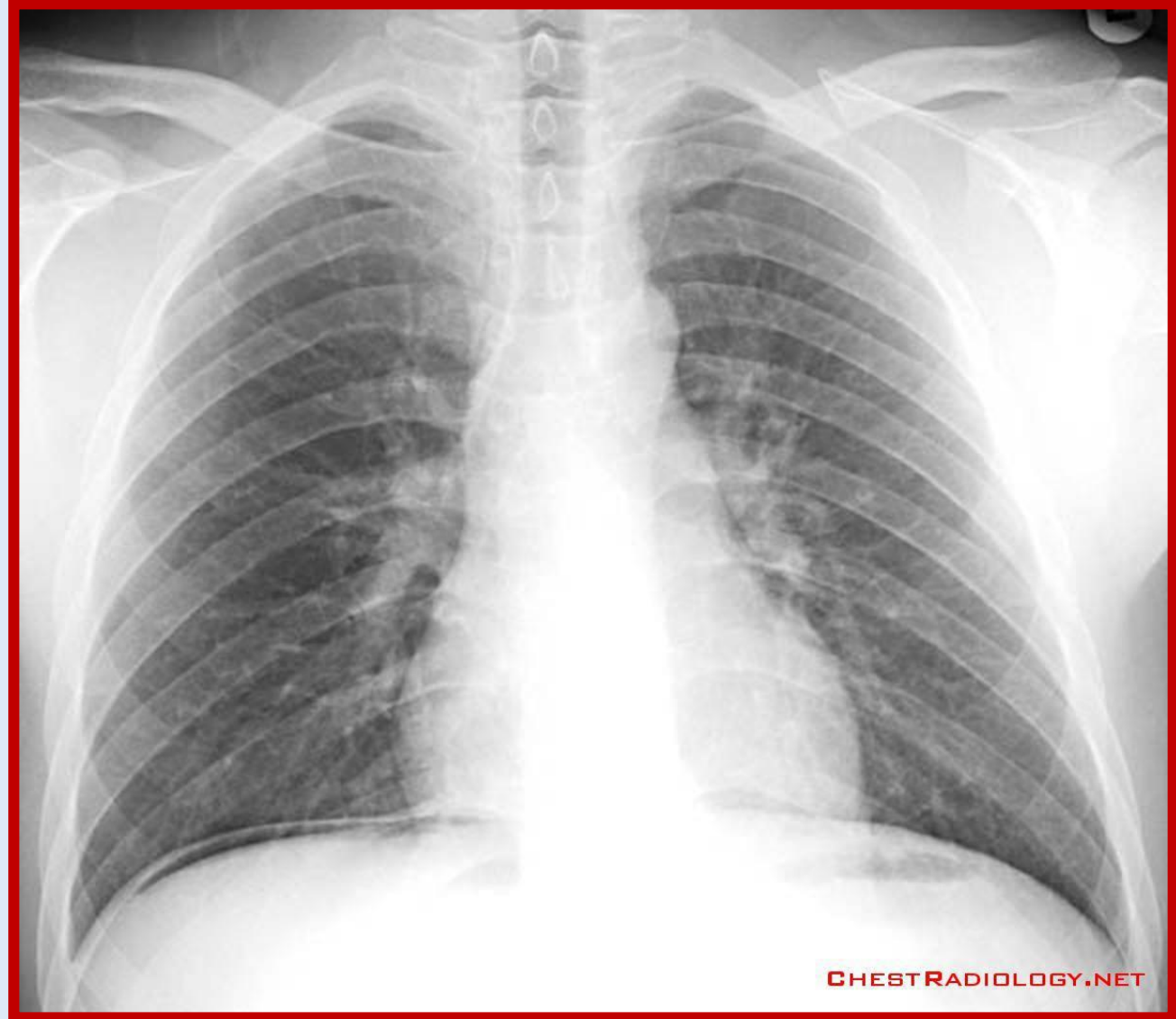
**Charcot Joint**



**Q4:**

**Dx ?**

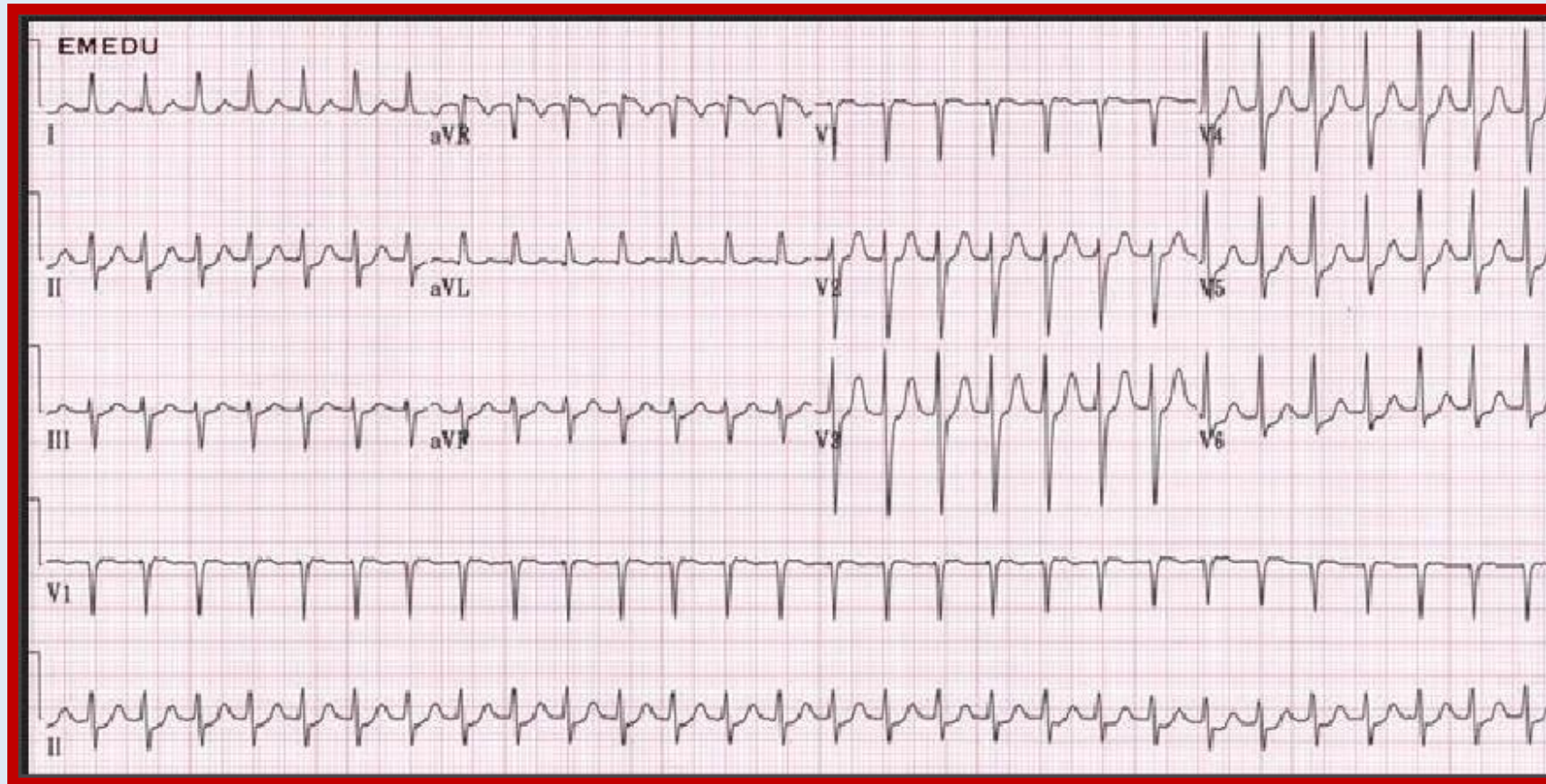
**Perforated viscous**



# Q5:

Dx?

## Supraventricular Tachycardia





**Q6:**

**Sign ?**

**Heberden's nodule**



# **D3+D4**

## **Wednesday OSCE**

1. **History:** A 53 year old male presented with Chest pain, take relevant Hx
2. **Physical examination:** Rheumatoid arthritis
3. **Counseling:** Ahmad is a 23 year old student who came to check his B12 level. It turned out to be normal but he is also concerned about his weight. Counsel him regarding obesity.
4. **Management:** Advise an asthmatic young adult on how to use his medication (Inhaler”salbutamol” & Disc “salmeterol+ fluticasone”)
5. **MiniOsce ... Next slides**
6. **Portfolio**

**Q1** : A 20 year old female. Hb: 9 // MCV: 70

a. Your interpretation? **Microcytic Anemia**

b. Mention 2 causes? **IDA, thalassemia, sideroblastic anemia, lead poisoning**

**Q2** : A 22 year old pt. pH 7.5 // pCO<sub>2</sub> low

a. Mention 2 causes? **Hyperventilation, aspirin toxicity, pneumonia, PE**

**Q3** : These images refer to what disease? **Grave's disease**

B. What is your first blood test? **TSH**



**Q4-** This device is used in?

Spacer used in Asthma (for children mainly)



**Q5-** If associated with lesions on the hands & foot, what is the cause?

-Hand-foot-mouth disease

-Coxsackievirus Type A )



**Q6:**

**A: Mention the abnormality? Open pneumothorax**

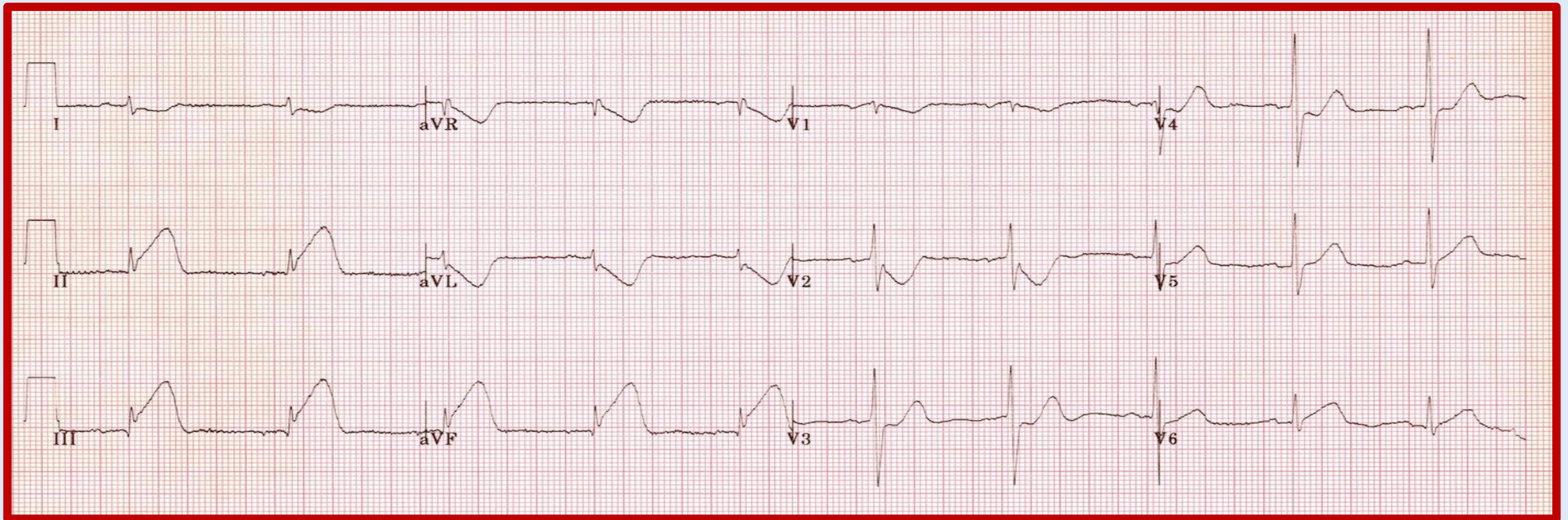
**B: 2 causes? COPD, Lung CA, TB**





**Q7:**

**Your Dx? Acute inferior wall STEMI**





**Q8:**

**Mention 2 of its components?**

**Cations:**

**Na(90)**

**K(20)**

**Anions:**

**Cl (80)**

**Sodium citrate (10)**

**Glucose (110)**



# Thursday OSCE

1. **History:** 45 year old Male patient, came with a chief complaint of back pain.
2. **Physical examination:** Stigmata of chronic liver disease
3. **Counseling:** 2 year old with gastroenteritis + Moderate Dehydration. Counsel the mother on management (ORS).
4. **Combined case:** Case of UTI. Take a Focused Hx. Interpreting the results of a Urine Test. Choosing the best Antibiotic from multiple choices on the basis of their MIC (Minimum Inhibitory Concentration).
5. **MiniOsce ... Next slides**
6. **Portfolio**

# Mini Osce

**Q1 :** Fasting blood sugar 115 mg/dl?

a. Your interpretation? **Impaired fasting glucose**

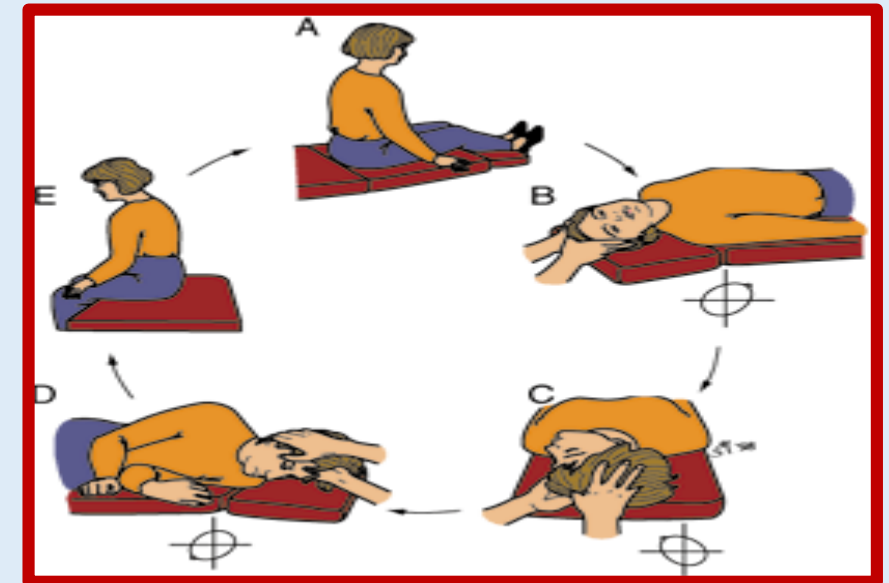
b. Next step? **OGTT**

**Q2 :** BI-RADS 2 classification means? **Benign breast cyst (NO CANCER)**

**Q3 :**

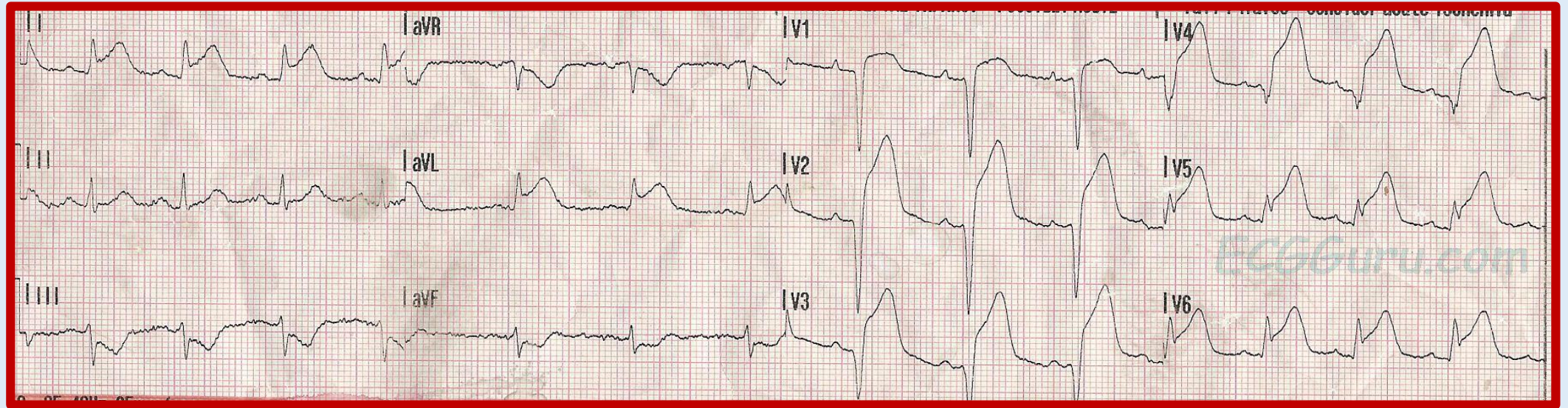
A: What is this? **Epley's maneuver**

B: Used to treat? **BPPV**





#### Q4: Dx? **Acute Antero-lateral STEMI**



#### Q5:

A: Your Dx? **Meningococccemia**

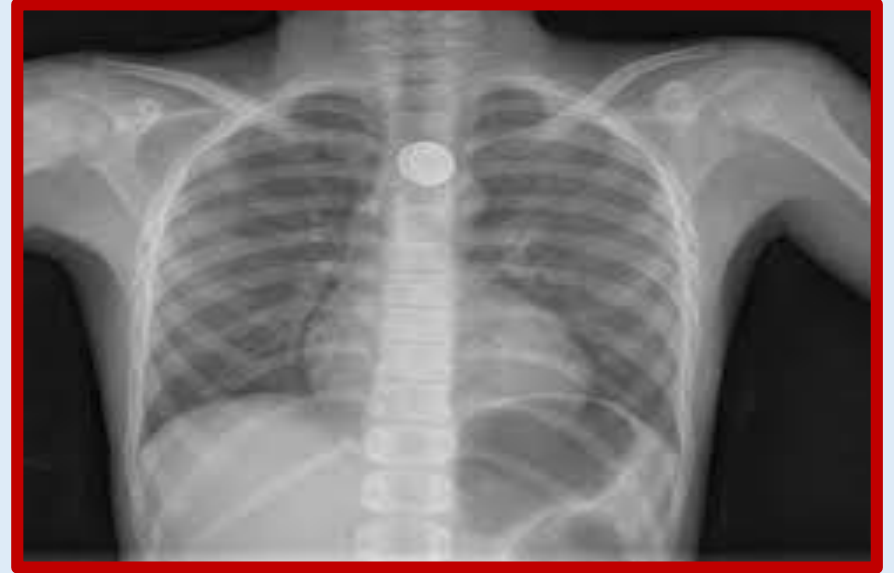
B: Next step? **IV Antibiotics or LP**

(both are correct)



**Q6: Findings?**

**Foreign body aspiration/ingestion**



**Q7: Dx? Neuropathic ulcer**



**Q8:**

**Dip-stick interpretation? Leukocytosis**





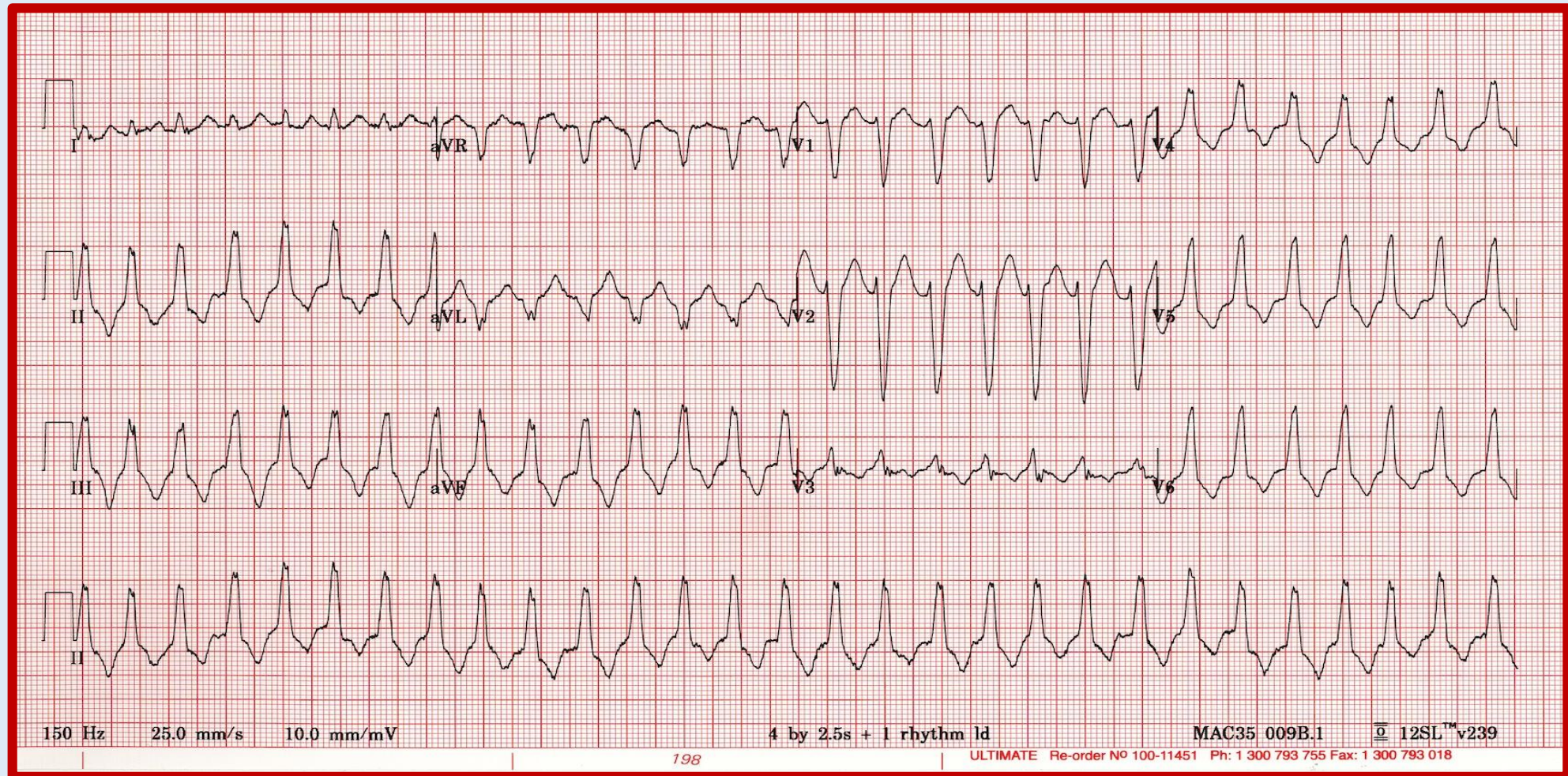
# **• GROPUS D1+2**

## **• SESSION 1 OSCE**

- 1-58 y/o female diagnosed with osteoporosis ( DEXA= -2.6) ,she ask why she got it , take a history . ( with risk assessment)**
- 2- 50s old diabetic male , develop tingling in his feet , do complete diabetic foot examination .**
- 3-23 y/o medical students , came to check his B12 lvl, it was normal . he is obese and want to decrease his weight . counsel and manage him about obesity.**
- 4- 20 y/ male, complain from epigastric pain and burning , that increase with spicy food , take a focused history , do examination , what is the management . ( combined case )**
- 5-portfolio**
- 6- mini-OSCE**

• **Q1:** what is the diagnosis ?

**SVT**





- **Q2: What is abnormal ?**  
**hyperinflated**
- **Cause ?**  
**COPD , Asthma ..**



**Q3: Skin rash with thoracic pain ,**

**Dx ?**

**Herps zoster**



**Q4:** First step in behavioral change model ?

**Precontemplation**

**Q5:** What is the finding ? **Peritonsillar abscess .**



- **Q6:** CBC for 20 y/o male , HB =10  
MCV = 52  
RDW = 12 %

**Diagnosis ? Investigation to confirm ?**

**Beta Thalassemia minor , Hb electrophoresis .**



# SESSION 2 OSCE

- 1- History: 2 and a half month old female came with fever Take a relevant history
- 2- Examination: a patient with graves disease examine him, mention the signs and symptoms you can find in a such patient
- 3- Counselling: smoking cessation (convince the client to quit smoking, talk about complications, methods that would help and pharmacological drugs)
- 4- Combined case: patient with psoriasis talk to him about comorbidities, and which investigations would you like to do in order to check for these comorbidities
- 5- Portfolio
- 6- mini-OSCE

**Q1:**

**in urine analysis result; wbc count was 15, nitrate negative, culture was negative, what's your diagnosis:**

**-Sterile pyuria**

**Q2:**

**ECG what's your interpretation?(same pic. was in past year q)**

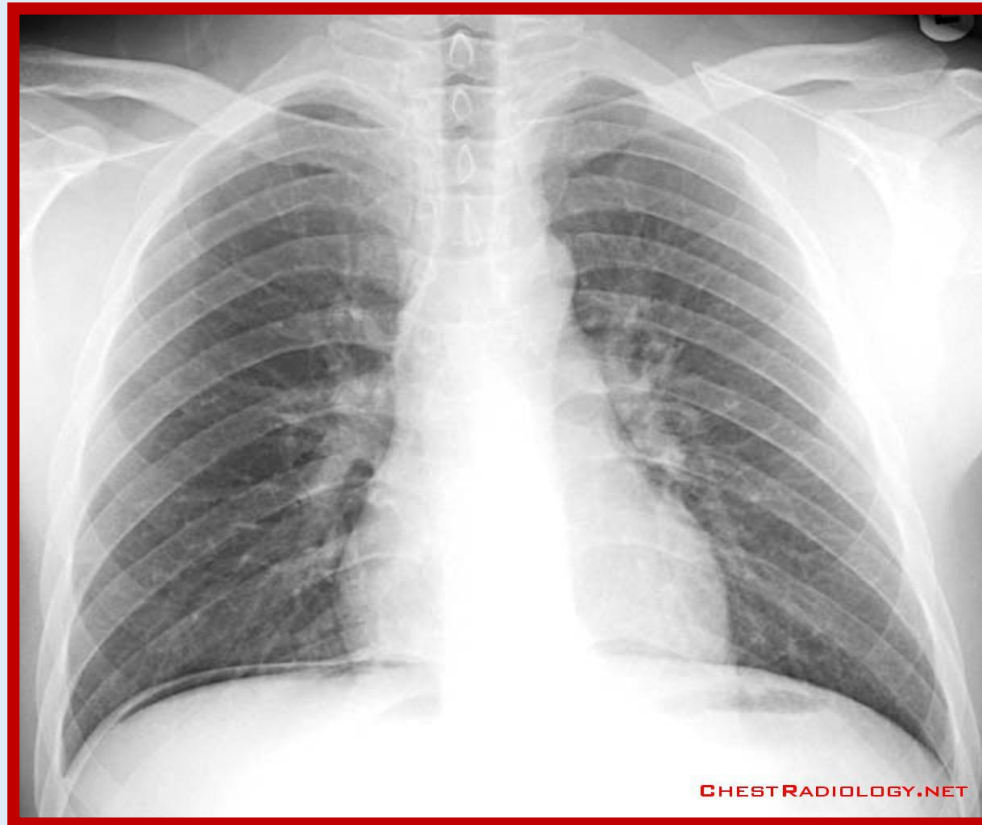
**-Sinus arrhythmia**

**Q3:**

**What's the most dangerous pathology in this x-ray?**

**Air under the diaphragm in the right side**

**(not sure if it was lymph node enlargement)**

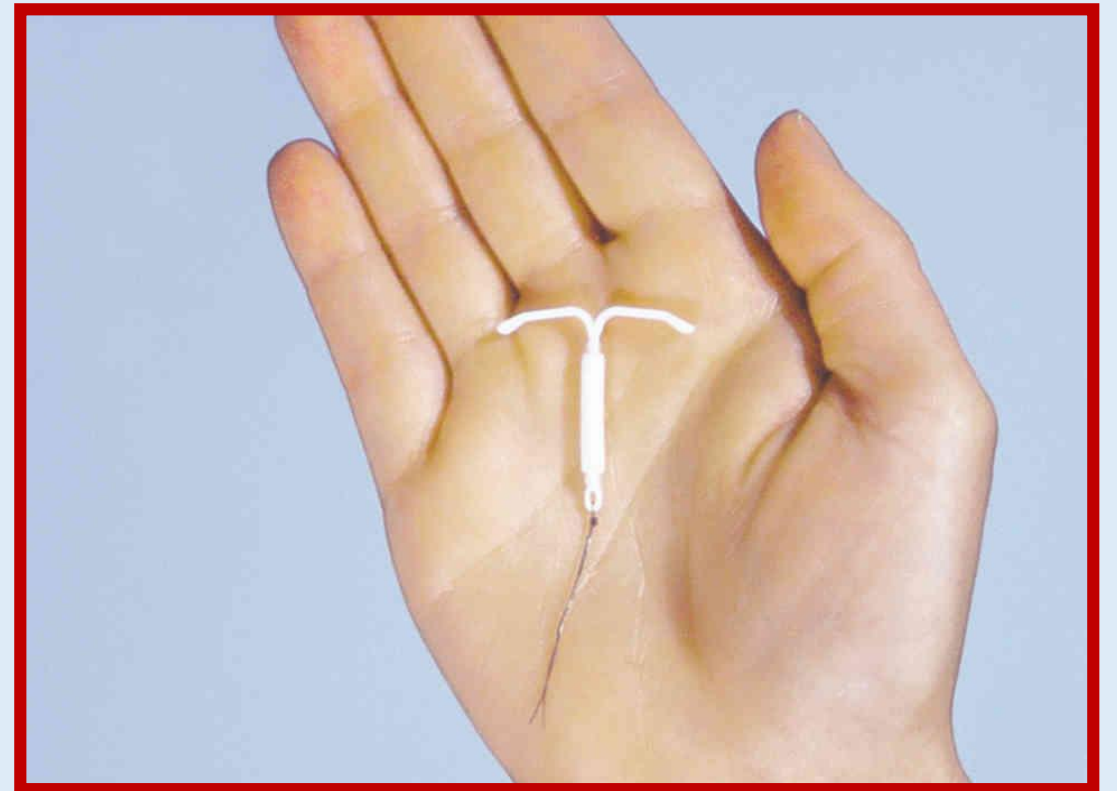


**Q4:**

**What's this?? Give one contraindication?**

**IUCD (mirena),**

**CI: - infection (PID) within the past 3 months**  
**-pregnancy**



## Q5:

-What's your diagnosis? give 2 ways of management

**Osteoarthritis,,**

**Management:**

- surgery**(Joint replacement surgery, or arthroplasty),
- Physical and occupational therapy**
- Pain relievers and anti-inflammatory drugs**



**Q6:**

**Fasting blood glucose=113.. HA1C=8,**

**Your interpretation?**

**The patient is diabetic (DM)**



**Q7-** (Not the same pic )  
**What's this? Visual aura**  
**What's the cause?**  
**-Classic migraine**



## Group A4 OSCE

- Family Medicine OSCE:
- PE : Anemia / Back pain / Chronic liver disease / Hashimoto Thyroiditis  
Hx: 2 years old with diarrhea and jaundice / 45 year-old with back pain of 2 weeks duration  
Counseling : Lab investigations for recently diagnosed DM / Smoking cessation  
Clinical skills : HTN / Combined case: UTI (Dx / Investigations / Management: drugs and advice)
- Mini-OSCE: Past year questions

**PULSE BATCH**

# Group C3+C4

**Q1:**

Afebrile, active, no complain,  
What is Your Dx?

- **Atopic dermatitis**



**Q2:**

**-Describe what u see**  
**Venous ulcer**

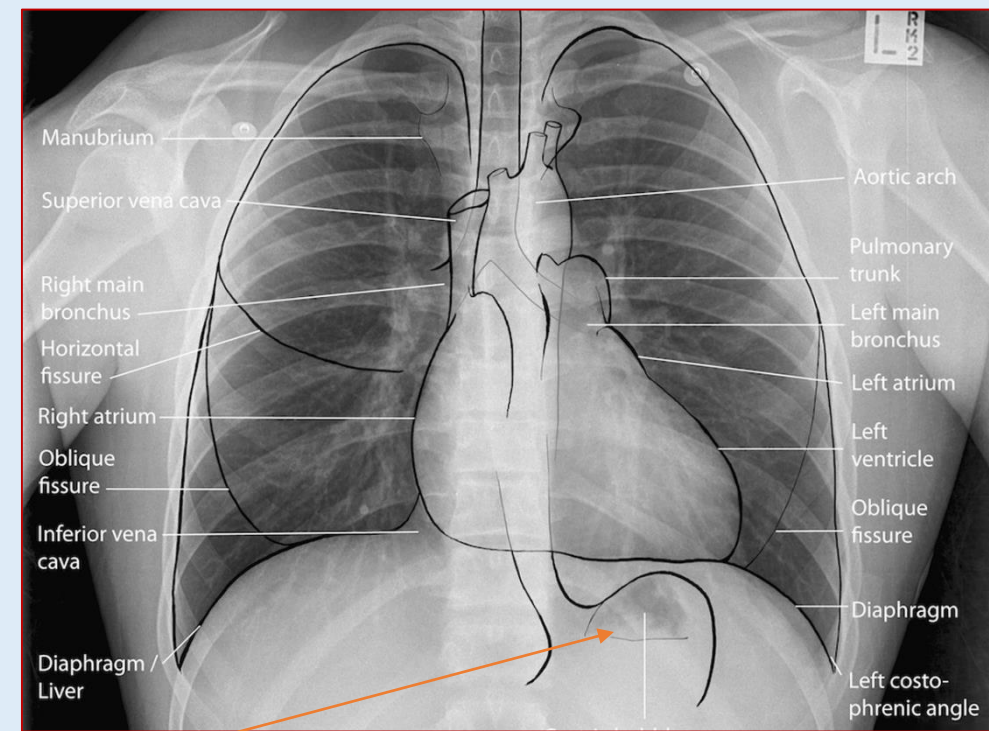




# Q3:

## Dx?

## Normal CXR



This what is called gastric bubble  
it is normal not perforated viscus





# Q4:

**Dx?**

## Smith's fracture

Know the difference b/w collie's and smith's fracture



**Q5:**

**Case of jaundice and hemolytic anemia with normal LFT  
What is your diagnosis ?**

**Gilbert syndrome**

Gilbert's syndrome produces an elevated level of unconjugated bilirubin in the bloodstream

**Q6:**

**CBC result (microcytic hypochromatic anemia)**

**Give 3 DDx**

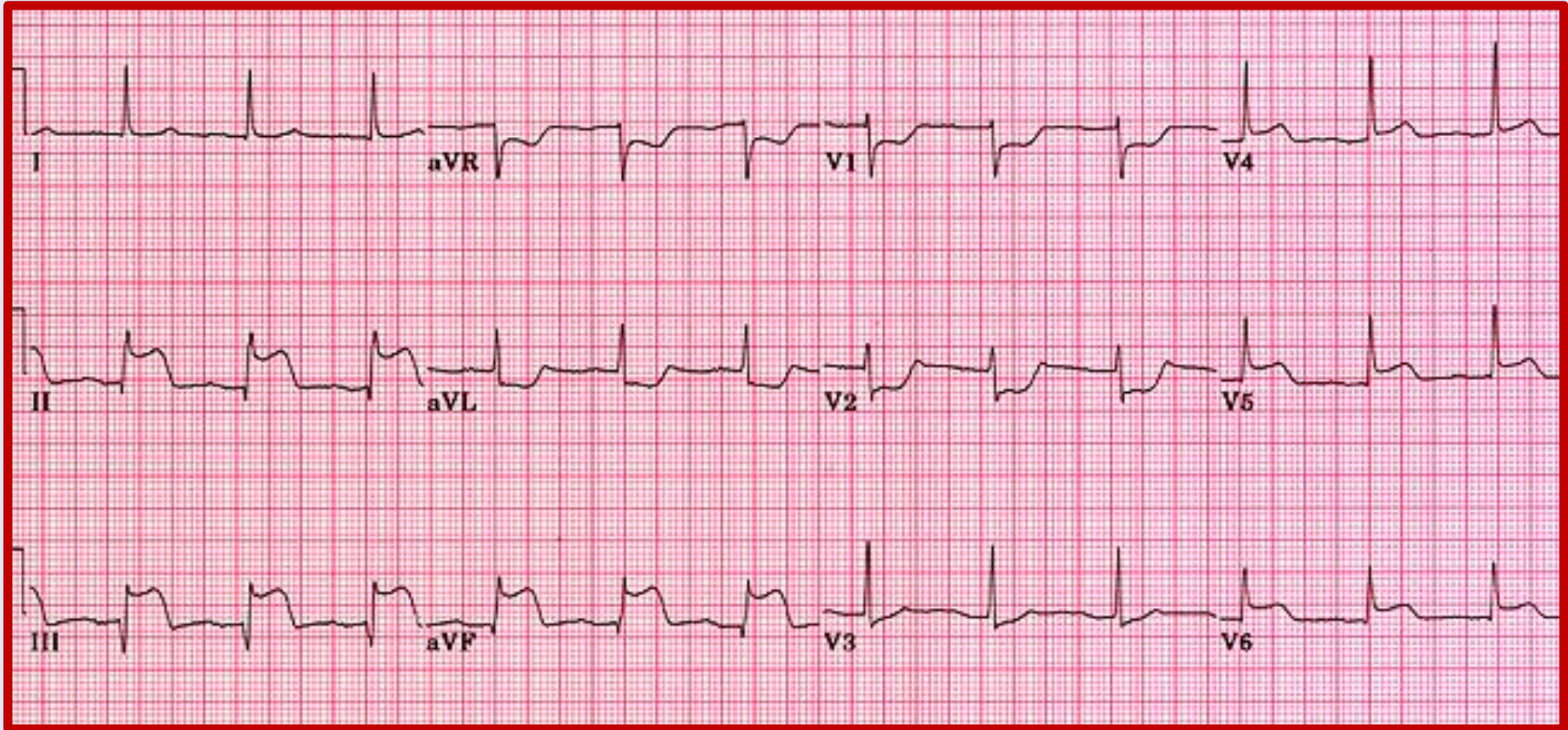
**1- IDA**

**2- Thalassemia**

**3- sideroblastic anemia**

## Q7: DX?

### Inferior STMI





**Q8:**

What is the name of this sign ?

**Xanthelasma**



# Q9:

what is the name of this questionnaire and when we use it?

- PHQ-9

- To Screen pt For depression

PATIENT HEALTH QUESTIONNAIRE -9												
Over the <u>last 2 weeks</u> , 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								
1. Little interest or pleasure in doing things	0	1	2	3								
2. Feeling down, depressed, or hopeless	0	1	2	3								
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3								
4. Feeling tired or having little energy	0	1	2	3								
5. Poor appetite or overeating	0	1	2	3								
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3								
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3								
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3								
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3								
<div><p style="text-align: right;"><i>FOR OFFICE CODING</i></p><p><u>0</u> + _____ + _____ + _____ =Total Score: _____</p></div>												
<p>If you checked off <u>any</u> problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?</p> <table><tbody><tr><td>Not difficult at all</td><td>Somewhat difficult</td><td>Very difficult</td><td>Extremely difficult</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>					Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
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## Q10:

What is the name of this condition and what is the most micro organism?

**Exudative tonsillitis**

**- GABH- streptococcus**

**“ according to past- year”**



# OSCE

Station	1 <sup>st</sup> day	2 <sup>nd</sup> day A	2 <sup>nd</sup> day B
Hx	headache	Fever – they ask about Dx	Fever
Write the Hx	-- the ask u to write 3 DDx		
Examination	Facial nerve palsy	CTS	Neck mass
Counseling	GERD	Basic investigation of HTN	Basic investigation of HTN
Portfolio	This depends on ur cases, the doc asks general questions		

The exam will take about 30 mins

## GROUPS C1+C2

**Q1:** This patient has also amenorrhea, name three causes:

- Pcos
- Cushing
- Prolactenima



**Q2:**

- What's this ? **Gingival hypertrophy.**
- Name three causes ?
  - Drugs**  
(Ca channel blockers, Anticonvulsants)
  - Pregnancy**
  - Leukemia.**

[Those answers are from Wikipedia]



**Q3:**

- What is this? **Bilateral Hilar Lymphadenopathy**
- Write three causes!

**Sarcoidosis**

**TB**

**lung carcinoma**

**Scleroderma**



**Q4:** Question was about osteoporosis, old female with T score 3 SD below the mean ..  
Write the management for this patient.

**Q5:** Man we took for him a single reading for blood pressure and it was 140/100 and he was medically free,  
What's your next step ??

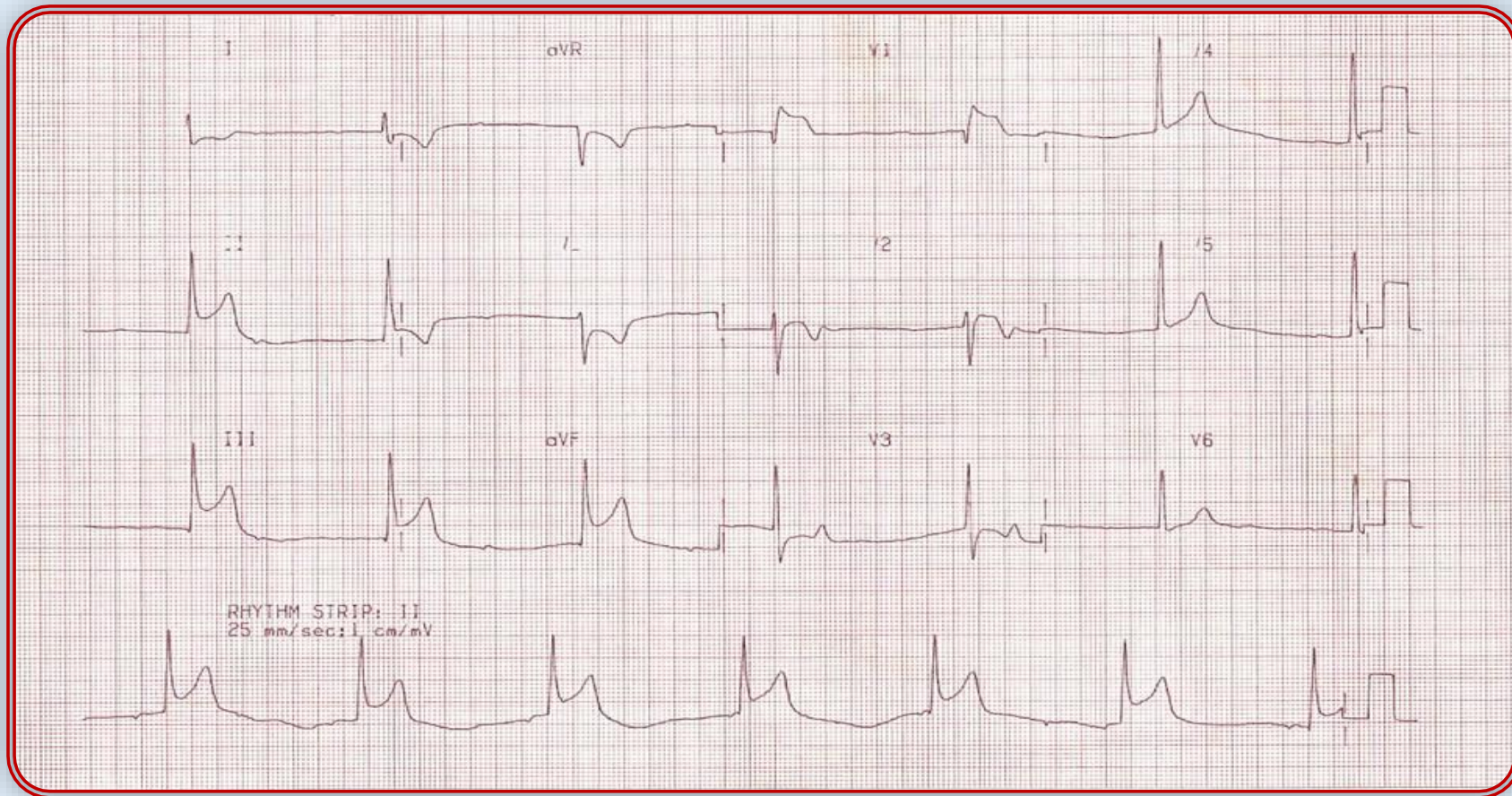
**Q6:** Q about hepatitis B .. dentist had a needle stick injury from a patient have hepatitis B, and his hepatitis titer was 8 .. What's your next step ?

**Q7:** Q about B thalassemia trait for check before marriage ..  
And the diagnostic method : **HB electrophoresis**



**Q8:**

**What is your initial management for this patient ?**



## Group A3 & A4

**Q1:**

**A patient has PSA=5.2, mention 3 reasons  
(write them starting with the most common ones first)**

**1-BPH**

**2- prostatitis**

**3-prostate cancer**

**Q2:**

**-A patient has mild jaundice and normal LFT,  
Mention 2 possible causes**

**Hemolytic anemia and Gilbert Syndrome**

**Q3:**

## A question about asthma classification

**The answer was intermediate persistent**

	Days with symptoms	Nights with symptoms	PEF or FEV1	PEF Variability
Mild Intermittent	$\leq 2x/\text{week}$	$< 2x/\text{month}$	$\geq 80\%$	$< 20\%$
Mild Persistent	3-6x/week	$> 2x/\text{month}$	$\geq 80\%$	20-30%
Moderate Persistent	Daily	$> 1x/\text{week}$	$> 60\text{-}< 80\%$	$> 30\%$
Severe Persistent	Continuous	Frequent	$\leq 60\%$	$> 30\%$

- A pt have the following serology
- For Hepatitis A>>> IgG +ve
- For Hepatitis B>>> HBsAb +ve
- For Hepatitis C>>> nothing +ve
- What is ur diagnosis

Either he was infected with Hepatitis A & infected with hepatitis B OR vaccinated against Hepatitis A and infected with hepatitis B ( this is totally **wrong** )

**Correction :**

- He had hepatitis A in the past
- He is immunized against hepatitis B

	HBsAg	Anti-HBs	HBeAg	Anti-HBe	Anti-HBc
Acute HBV	✓		✓		IgM
Window				✓	IgM
Chronic HBV (high infectivity)	✓		✓		IgG
Chronic HBV (low infectivity)	✓			✓	IgG
Recovery		✓		✓	IgG
Immunized		✓			



**Q5:**

**a secretary had this painful nodule on her index finger,  
What is your diagnosis**

- ( I can not find the same picture but it was a nodule on the distal interphalangeal joint of the index finger)
- Dr Wael said the answer is **septic arthritis**

**Q6:**

**A 7 year old boy had fever, exudative tonsils, anterior cervical lymph node enlargement, no cough.  
How to treat him?**

**-Paracetamol and amoxicillin**



**Q7:**

**What do you see in the picture?**

**Abrasion**

**How do you manage it ?**

- Skin irrigation and removal of foreign bodies
- topical antibiotic
- occlusive dressing

aggressive injuries may require topical and oral antibiotics and consultation with plastic surgeon for skin grafting.



**Q8:**

**A 16 year old boy with these skin lesions,  
What is your diagnosis? **Acne****

**Mention 2 ways of treatment:**

- **Antibiotics( doxycycline, clindamycin)**
- **Vitamin a topical or oral (isotretinoin)**



**Q9:**

**What is the type of this headache? TENSION !!**

**Mention one way of prophylaxis**

- **Tricyclic antidepressants**

(amitriptyline where sleep disturbance is a prominent feature and imipramine where sleep does not pose a problem).

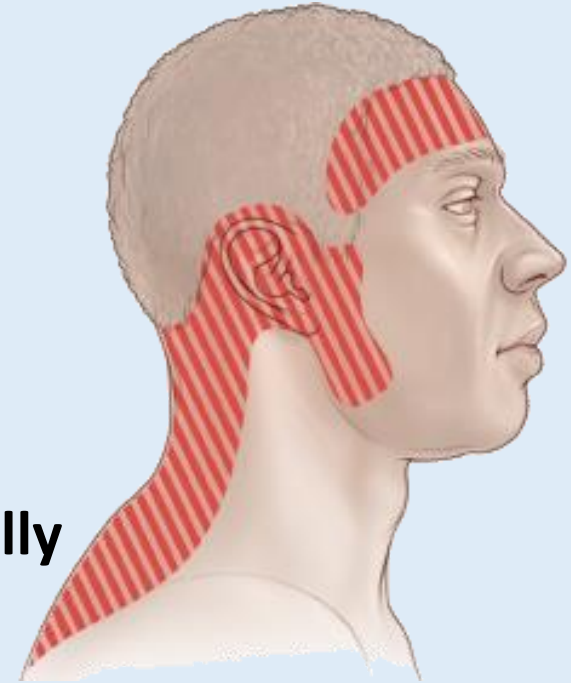
- **Selective serotonin reuptake inhibitors –SSRIs**

(paroxetine, venlafaxine and fluoxetine): fewer side effects but generally less effective.

- **beta-blockers** (propanol)

- **NSAIDs.**

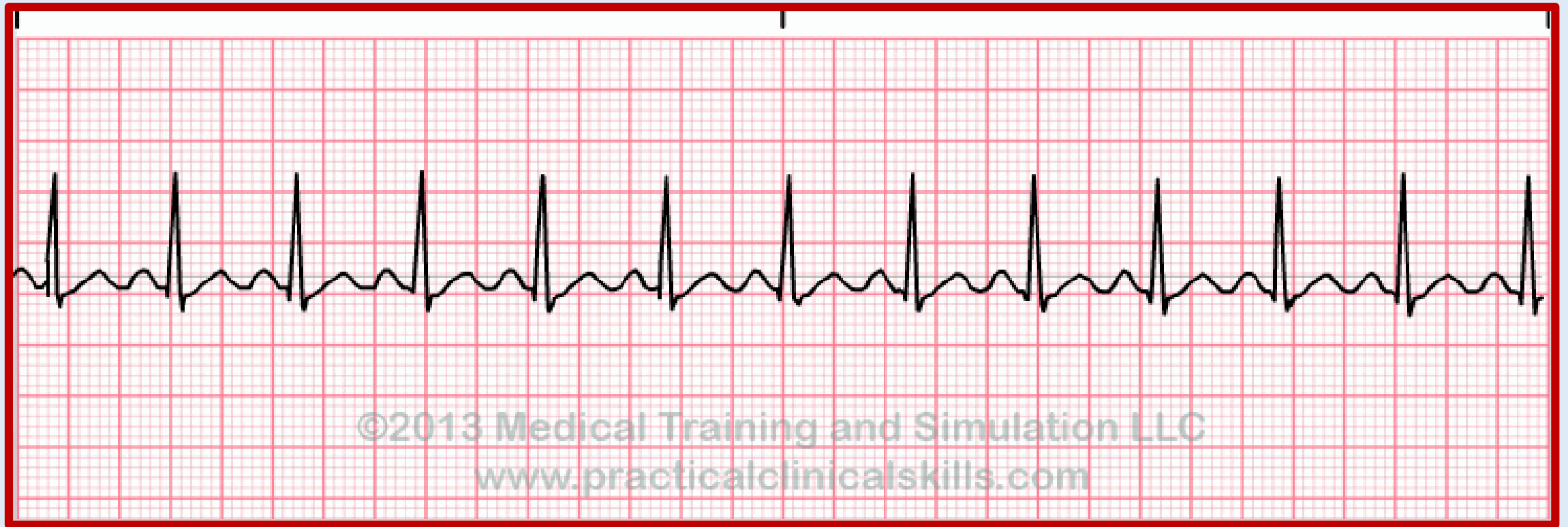
- **Others like anticonvulsants and muscle relaxants may be used**



This answer is from the seminar but I am not sure if all these answers were accepted in the exam

**Q10:**

**DX ? Sinus tachycardia**



## GROUPS A1+A2

**Q1:** 35 Y/O Pregnant woman, suffering from fatigue for 2 month

TSH = 9

FBG = 110

Hb = 11.5

T3, T4 normal

**1-diagnosis ?**

**Subclinical Hypothyroidism**

**2-treatment ?**

**Give thyroxine** (one of the indications to give thyroxine in subclinical hypothyroidism is pregnancy)

**Q2 :**

**Case Of RA With Chronic Anemia , give 4 causes ?**

**1- Chronic Disease**

**2- NSAID – GI Bleeding**

**3- Methotrexate**

**4- Hemolytic Anemia (Autoimmune Hemolytic Anemia)**



**Q3:**

**1-Diagnosis?**

**Raynaud phenomenon**

**2- 2 causes?**

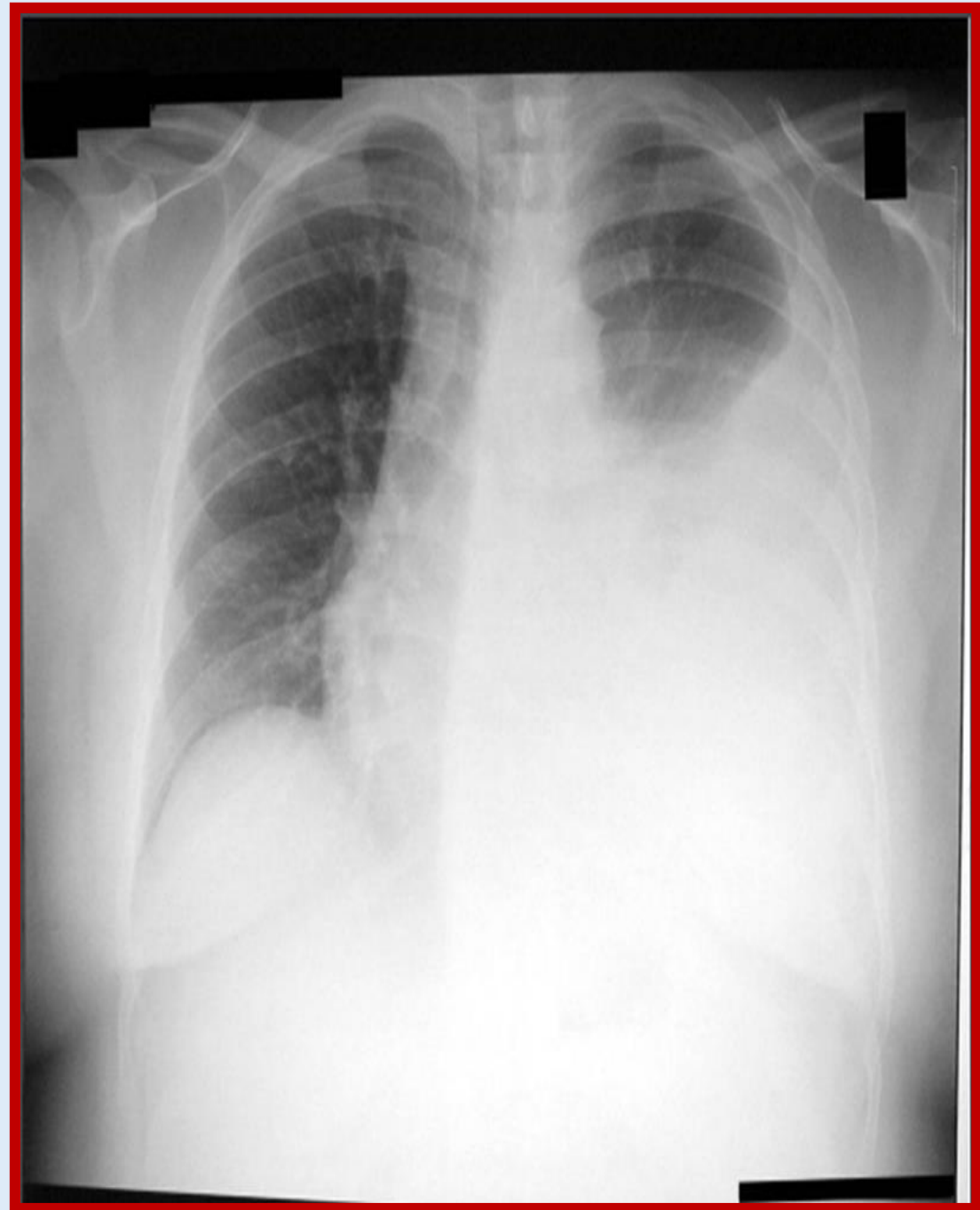
**SLE /Ra/Sceloderma**



**Q4:**

**Diagnosis ?**

**Left sided pleural effusion**



**Q5 :**

**Type of rash or diagnosis?**

**Shingle infection**



**Q6:**

**1-What is this condition?**

**Angioedema.**

**2-Name 2 causes?**

- Side effect of ACE inhibitors.
- Wasp sting



**Q7:**  
**what is azooz age ?**  
**3 y/o**





**Q8:**

**Name 2 causes for this finding?**

- 1-Hyperventilation syndrome.**
- 2-Hypocalcemia.**



**This is CARPOPEDAL SPASM**



**Q9 :**

**Give 2 causes ?**

**1-Obesity**

**2-Insulin-Resistant Diabetes**

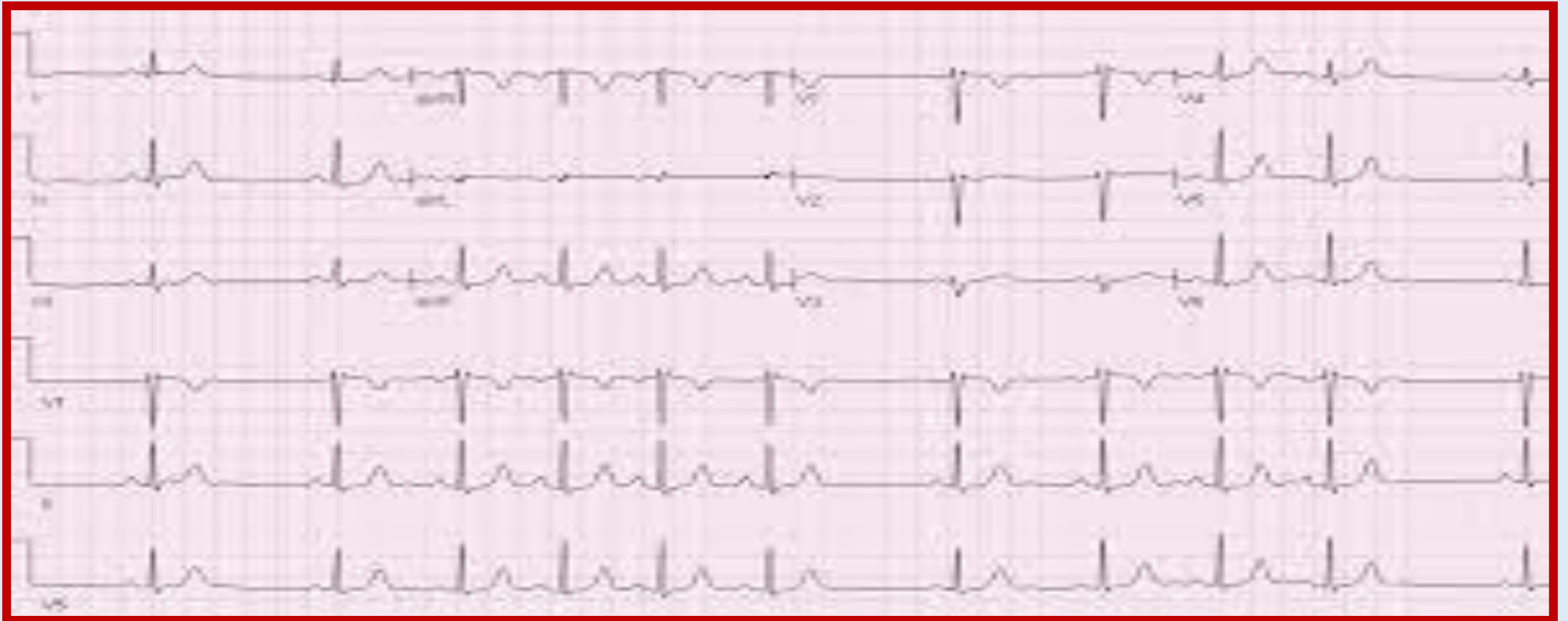
**3- Cushing's Disease,**



**Q10 :**

**Diagnosis or abnormality ?**

**Sinus arrhythmia**



# **GROUPS B1 and B2**

**Q1:**

**Patient with cardiovascular disease, his LDL is 80 what to do next?**

**Q2:**

**Medical worker get needle stick injury from a patient who has hepatitis B infection , his titter was 8**

**what to do next??**

**Q3:**

**Gilbert syndrome "Past year question"**

## Q4:

Urine analysis with high WBC and no bacterial growth

-DX ? **Sterile pyuria**

-causes??

- **Partially treated UTI**
- **Atypical MOs, eg: Chlamydia**
- **Atrophic vaginitis**

**Q5:**

**Your diagnosis?? Scoliosis**



**Q6:**

**Your diagnosis?? “no history”**

**Chicken pox**





**Q7:**

**Your diagnosis?? “no history”**

**Contact dermatitis “house wife eczema”**



Q8:

ECG- DX? STEMI

Q9:

What is this?? PHQ9

- Used for depression screening

PATIENT HEALTH QUESTIONNAIRE -9				
Over the <u>last 2 weeks</u> , 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
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
		<i>FOR OFFICE CODING</i> 0 + _____ + _____ + _____ =Total Score: _____		
If you checked off <u>any</u> problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?				
Not difficult at all <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>	
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**Q10:**

**What is this??**

**Give 2 causes??**



# **OSCE**

## **DAY 1**

**Station 1: history**

**Weight loss for 6 weeks “thyrotoxicosis”**

**Station 2: history writing**

**Station3 : physical exam**

**BP measurement “ pt had URTI and took OTC drug for it ??? Does it affect the reading?**

**Station 4: portfolio**

**Station 5: counseling vaccine**

## **DAY 2**

**Station 1: history**

**Weight loss for 6 weeks “cancer”**

**Station2 : management**

**Pt with pulmonary edema**

**Station 3: portfolio**

**Station 4: counseling vaccine**

## GROUPS B3 & B4

**Q1:**

**Your diagnosis?**

**-PCOS**

**Give three drugs used to treat this condition?**

**1- COCP**

**2- Metformin (Glucophage)**

**3-spiroinolactone (Aldactone)**





**Q2:**

**1- Name this sign?**

**Atrophic glossitis**

**2- Give two causes?**

**Iron-deficiency anemia**

**Vitamin B deficiencies**

**Alcoholism**



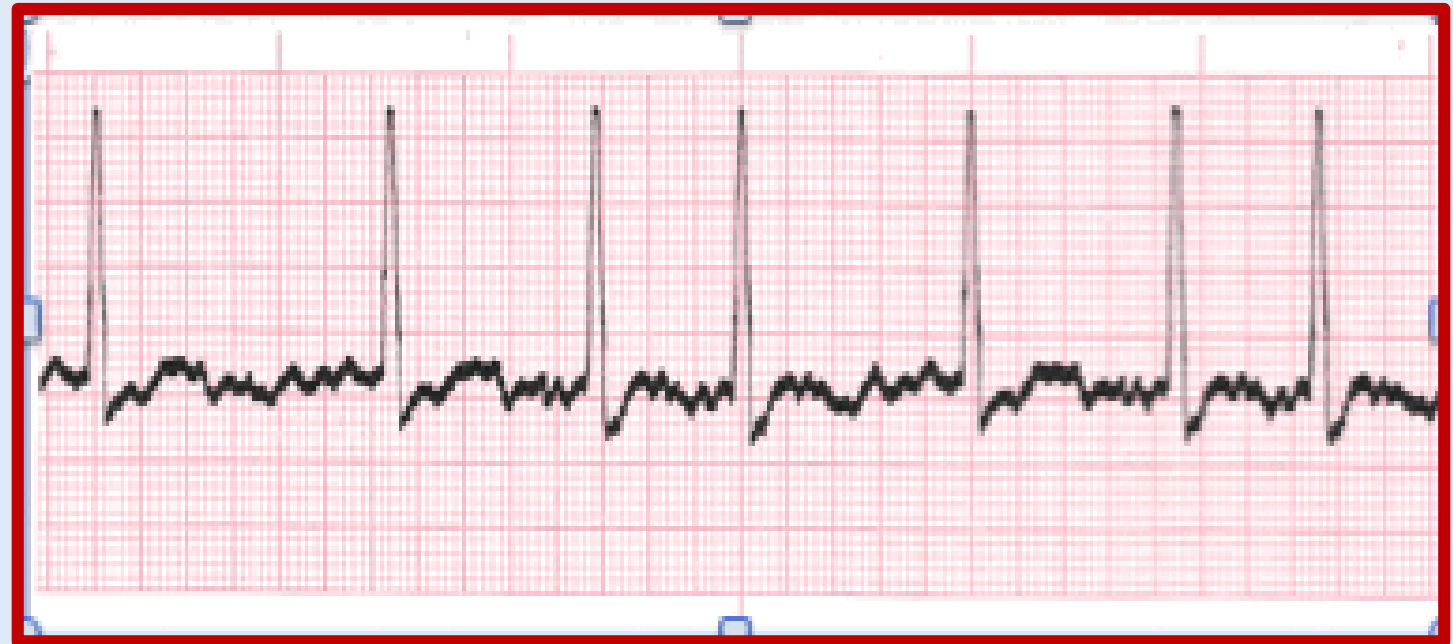
# Q3:

1- Your Diagnosis?

- **Atrial Fibrillation**

2- give two causes ?

- **Hypertension**
- **Hyperthyroidism**
- **Lung diseases**
- **Previous heart surgery**



**Q4:**

**1- Name this finding?**

**- Xanthelasma**

**2- What you will do investigation?**

**- Fasting lipid profile.**



**Q5:**

**Your Diagnosis?**

- **Compression vertebral fracture**



**Q6:**

**- What is your diagnosis?**

**Viral conjunctivitis**



## Q7:

Case of hyperlipidemic 35 yrs. pt. with no hx or family hx of Medical illnesses ... LDL= 145 mg/dl

1) What's your interpretation ?

**Normal**

2) Next measurement for LDL ?

**After 5 years for follow up**



**Q8:**

**Man we took for him a single reading for blood pressure and it was 159/109 and he was medically free,**

**What's your next step ??**

**Take another reading after 1 week duration**

**Or take 2 reading apart 5 min in between and take the average reading**

## Q9:

**Hx of patient with injury he never vaccinated with Tetanus, How will treat him?**

<b>Previous doses of tetanus toxoid</b>	<b>Clean and minor wound</b>		<b>All other wounds</b>	
	<b>Tetanus toxoid- containing vaccine</b>	<b>Human tetanus immune globulin</b>	<b>Tetanus toxoid- containing vaccine</b>	<b>Human tetanus immune globulin</b>
<b>&lt;3 doses or unknown</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>Yes</b>
<b>≥3 doses</b>	<b>Only if last dose given ≥10 years ago</b>	<b>No</b>	<b>Only if last dose given ≥5 years ago</b>	<b>No</b>

**Q10:**

**A student done CBC with Hb= 13.9 MCV= 56?**

**-Your diagnosis?**

**Beta thalassemia minor**

**-How do you confirm your diagnosis?**

**Hb electrophoresis**

# GROUPS D3 and D4

**Q1:**

Case :

**Asymptomatic** male ,TSH :8

What's your management?

**Q2:**

Man we took for him a single reading for blood pressure and it was 140/100 and he was medically free, What's your next step ??

**Q3:**

Hypertensive patient ,asymptomatic ,his serum uric aside is slightly elevated

What's your management?

**Q4:**

**BI-RADS 2 classification means? Benign breast cyst (NO CANCER)**

(Category 2 is a definitive benign finding and a routine screening. That is, there is something abnormal on mammogram but it is not breast cancer or malignant in any way) FROM GOOGLE

**Q5:**

**Your diagnosis?? 2 FINDINGS ?**

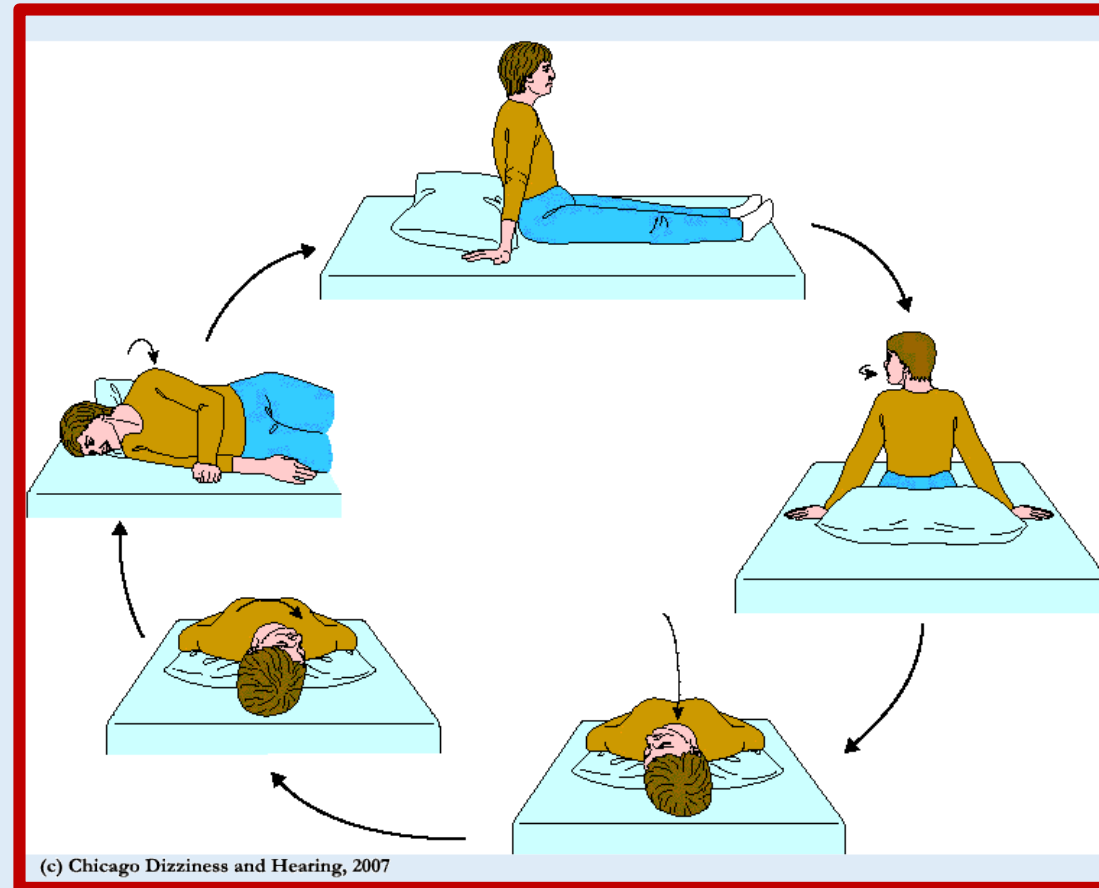




**Q6:**

-What is the name of this maneuver?? **EPLEYS**

-It is used for ? **BPPV**



**Q7:**

**Your diagnosis??**

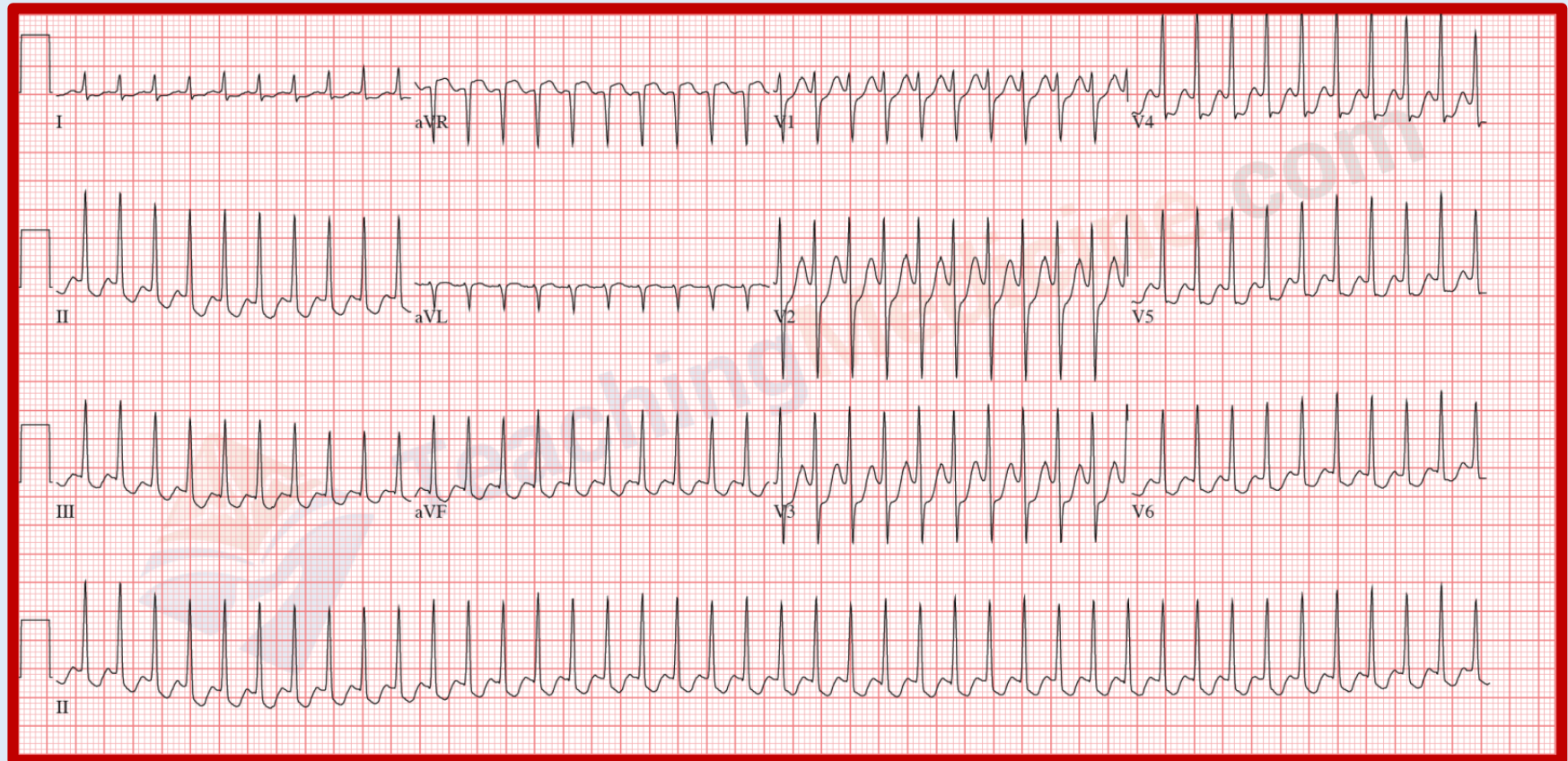
**ischemic gangrene**



**Q8:**

**ECG- DX ?**

**SVT**

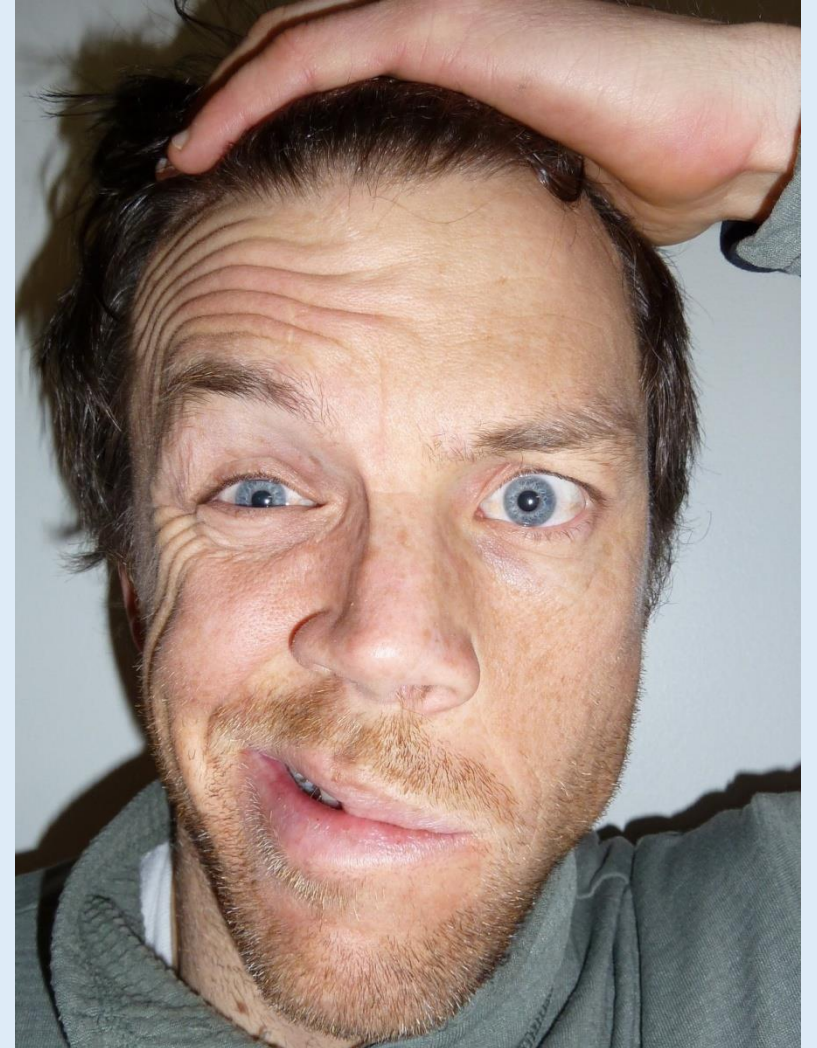


**Q9:**

**What is this ? Bell`s palsy**

**Most common cause ?**

**2 findings?**





**Q10:**

**-What is this?? herpes labialis**

**-Describe the lesion?**



# **OSCE**

## **DAY 1**

**Station 1: history**

**Jaundice for 2 days (10 year old male) “g6pd deficiency”**

**Station 2: history writing (you have to write three differential diagnosis also)**

**Station3 : physical exam**

**Diabetic foot exam**

**Station 4: portfolio**

**Station 5: counseling patients with newly diagnosed hypertension**



## DAY 2

Station 1: history

Jaundice(30 year old female)

Station 2: history writing

Station3 : physical exam

Patient with RA ,Hand Examination

Station 4: portfolio

Station 5: counseling patients with **newly diagnosed diabetes**

**AWN BATCH**

# GROUPS B1 & B2

**Q1: Your diagnosis?**

- **PCOS**

**Give three drugs used to treat this condition?**

**1- COCP**

**2- Metformin (Glucophage)**

**3- Cypironolactone (Aldactone)**



Combined oral contraceptive pill = COCP

**Q2:**

**Name this sign?**

**Atrophic glossitis**

**2. Give two causes?**

**Iron-deficiency anemia**

**Vitamin B deficiencies**

**Alcoholism**



# Q3:

1- Your Diagnosis?

**Atrial Fibrillation**

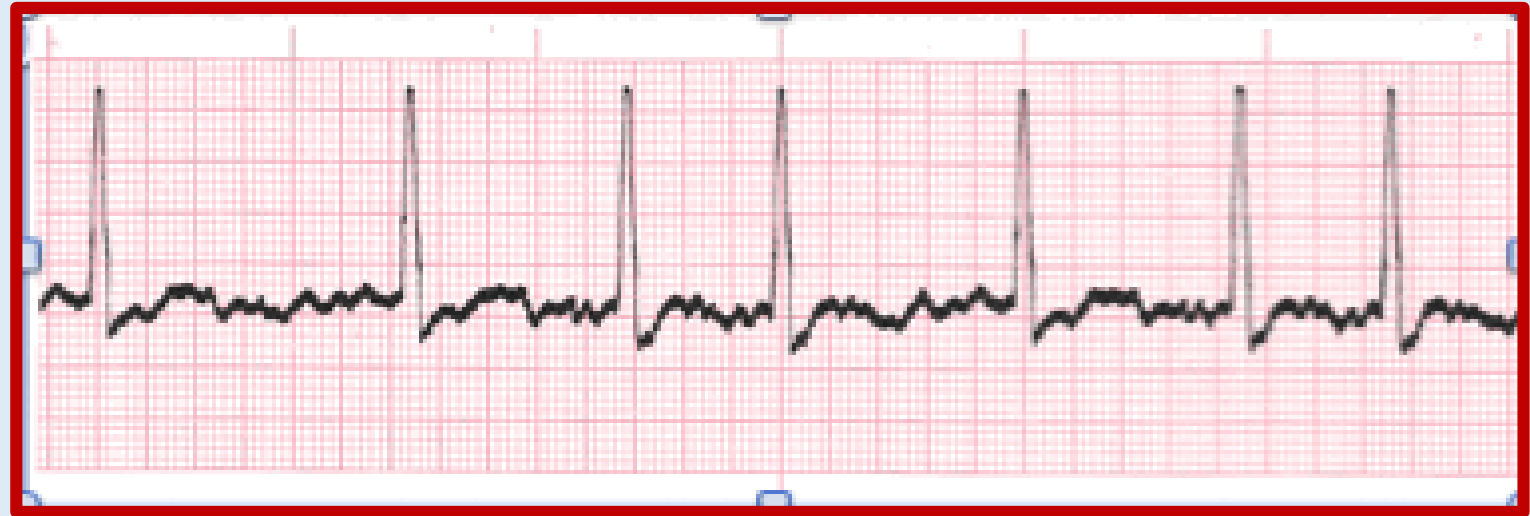
2- give two causes ?

**Hypertension**

**Hyperthyroidism**

**Lung diseases**

**Previous heart surgery**



## Q4:

1- Name this finding?

- **Xanthelasma**

2- what you will do investigation?

- **Fasting lipid profile.**





**Q5:**

**1- Your Diagnosis?**

**- Compression vertebral fracture**



## **Q6:**

**Case of hyperlipidemic 35 yrs. pt. with no hx or family hx of medical illnesses ... LDL= 145 mg/dl**

**1) What's your interpretation ?**

**Normal**

**2) Next measurement for LDL ?**

**After 5 years for follow up**

## Q7:

**Hx of patient with injury he never vaccinated with Tetanus?**  
**How will treat him?**

Previous doses of tetanus toxoid	Clean and minor wound		All other wounds	
	Tetanus toxoid-containing vaccine	Human tetanus immune globulin	Tetanus toxoid-containing vaccine	Human tetanus immune globulin
<3 doses or unknown	Yes	No	Yes	Yes
≥3 doses	Only if last dose given ≥10 years ago	No	Only if last dose given ≥5 years ago	No

**Q8:**

**A student done CBC with Hb= 13.9 MCV= 56?**

**Your diagnosis?**

**Beta thalassemia minor**

**2. How do you confirm your diagnosis?**

**Hb electrophoresis**

# Q9:

Obese and hypertensive old male pic, sleeping and a device in his nose

What's your diagnosis and what's the name of the device?

**Sleep apnea- CPAP**



## Q10:

Mohammad is 25 year old gentleman who presented to the clinic with sore throat, he felt fever but did not measure his temperature, on examination his tonsils are exudative but he has no swollen lymph nodes, he denied cough and other symptoms.

- What is his Centor Score? (It is the same as Strep score)

**2**

0 for age, 1 for tonsils, 1 for absence of cough, 0 for no documented fever, and 0 for no swollen LNs.

- What is your next step in managing this patient ? **Rapid Strep antigen test**



## Group B3+B4

**Q1:** 34y old male pt (abu ali) medically free his FBG= 120 ,  
What is your next step in management ?

Impaired fasting glucose (not pre diabetic)

- Order OGTT or HbA1c

**Q2:** pt medically free , with first time reading of

**BP 210/125,**

**WHAT IS UR NEXT STEP ?**

**Start treating :**

**ABC emergency**

**Ca channel blocker**

**ACE inhibitors**

**b-blockers**

**Note: This is a top emergency , no need to get another reading , if left UNTREATED it will cause end organ damage**

**Q3:** female pt 30y , asymptomatic , her TSH=8

T3 T4 normal , your next step in management?

**A picture of subclinical hypothyroid**

**No treatment needed , just observation , recheck TSH after 3 months**

Note: if the TSH was above 10 we give thyroxin , or any indication to give like (pregnancy)

**Q4:** (Mrs.Rahma) 24Y old with cbc results of MCV= 75

**HB = 11** Note: the gender was not clear so keep that in mind and check the small details like (Mr , Mrs ,.. )

**What is your diagnosis ? Iron deficiency anemia**

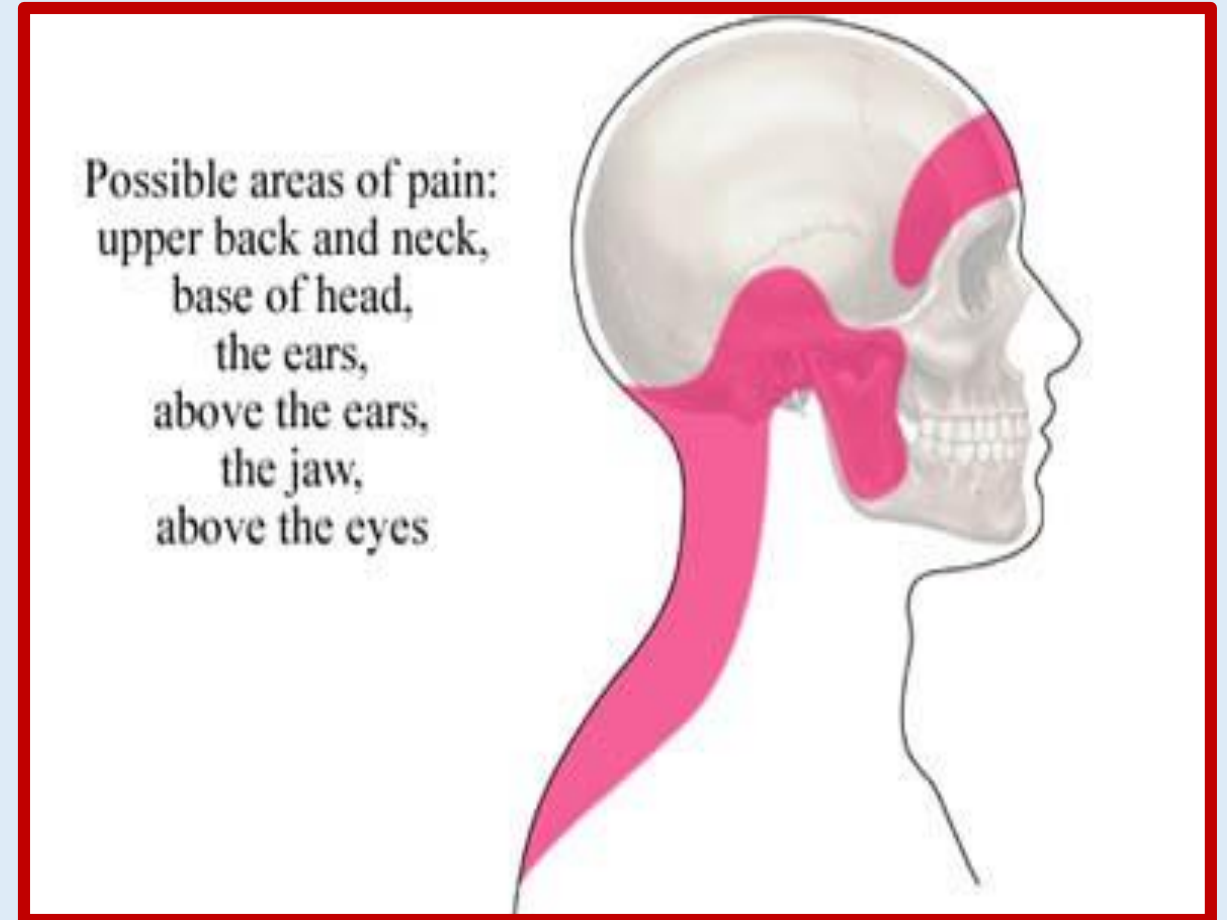
**Note :** in a picture like this the gender is very imp...males may come with thalassemia scenario.

**Q5: Name this condition and give one prophylactic drug**

**Tension headache**

**Prophylactic drugs :**

**( TCA , NSAID , B-Blockers )**



**Q6: your spot diagnosis ? Colles fracture**



**Q7:** A prior Hx of URTI, and now came with this complain ,  
What's your Dx ?

**Viral conjunctivitis**





**Q8: young adult with this picture, your Dx ?**

**Acne vulgaris**

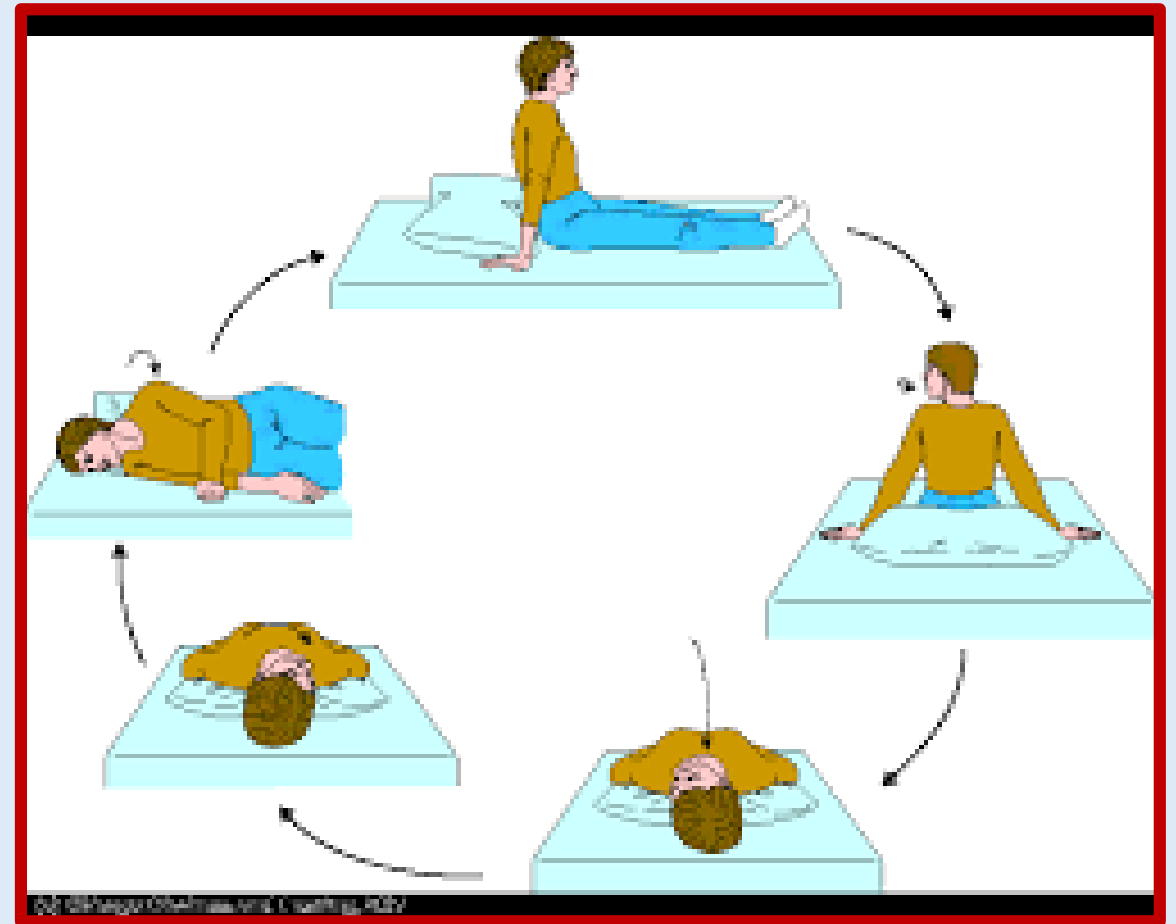


# Q9: NAME THIS MANUEVER , AND WHAT FOR ?

-Epley's maneuver

-For BPPV

( Benign paroxysmal positional vertigo)

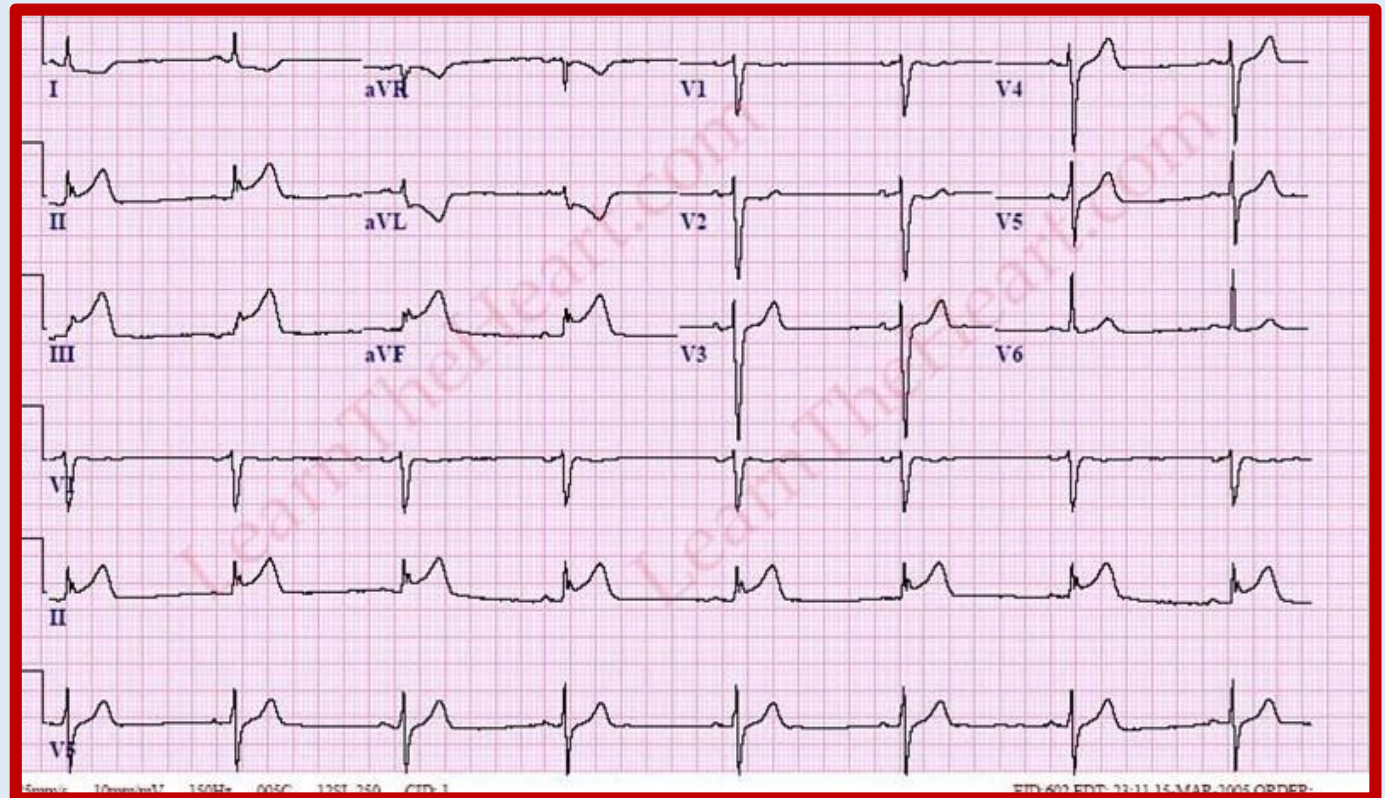


# Q10: your Dx for this ECG

**ACUTE inferior wall ST elevation myocardial infarction**

**NOTE : write it like this .  
Severity , location , finding**

**STEMI alone is wrong**



- **OSCE**

- **Group 1 – Wednesday**

**-Station 1: (Hx) a female with Hb:10 ,, MCV: 74 ,, in 20's  
Dr. wail**

**-Station 2 : (written Hx) write down the history you have just taken**

**-station 3 : (council) IBS ,, Dr. mosa**

**-station 4: (PE) BP measurement ,, Dr.thkrayat**

**-station 5: (portfolio) from the 10 cases u submitted ,, Dr.ola**

- **Group 2 – Thursday (A)**

- Station 1: (Hx) a 8y female with fever(40) + RT. Abdominal pain ,, Dr. wafa

- station 2 : (written Hx) write down the history you have just taken

- station 3 : (council) GERD ,, Dr. othman

- station 4: (PE) diabetic foot examination ,, Dr. odai

- station 5: (portfolio) from the 10 cases u submitted ,, Dr. carina

## • **Group 2 – Thursday (B)**

- Station 1: (Hx) a 2.5m female with fever ,, Dr. wafa**
- station 2 : (written Hx) write down the history you have just taken**
- station 3 : (council) Osteoporosis ,, Dr. othman**
- station 4: (PE) RA examination ,, Dr. odai**
- station 5: (portfolio) from the 10 cases u submitted ,, Dr. carina**



- **Notes about OSCE**

- **Bring all necessary tools for examination (hammer , stethoscope )**
- **don't skip neuro exam !!**
- **try to submit easy cases for portfolio**
- **be very fast in written Hx**
- **focus on drugs interactions , drugs S/E in council**
- **no English in council , should be in Arabic**

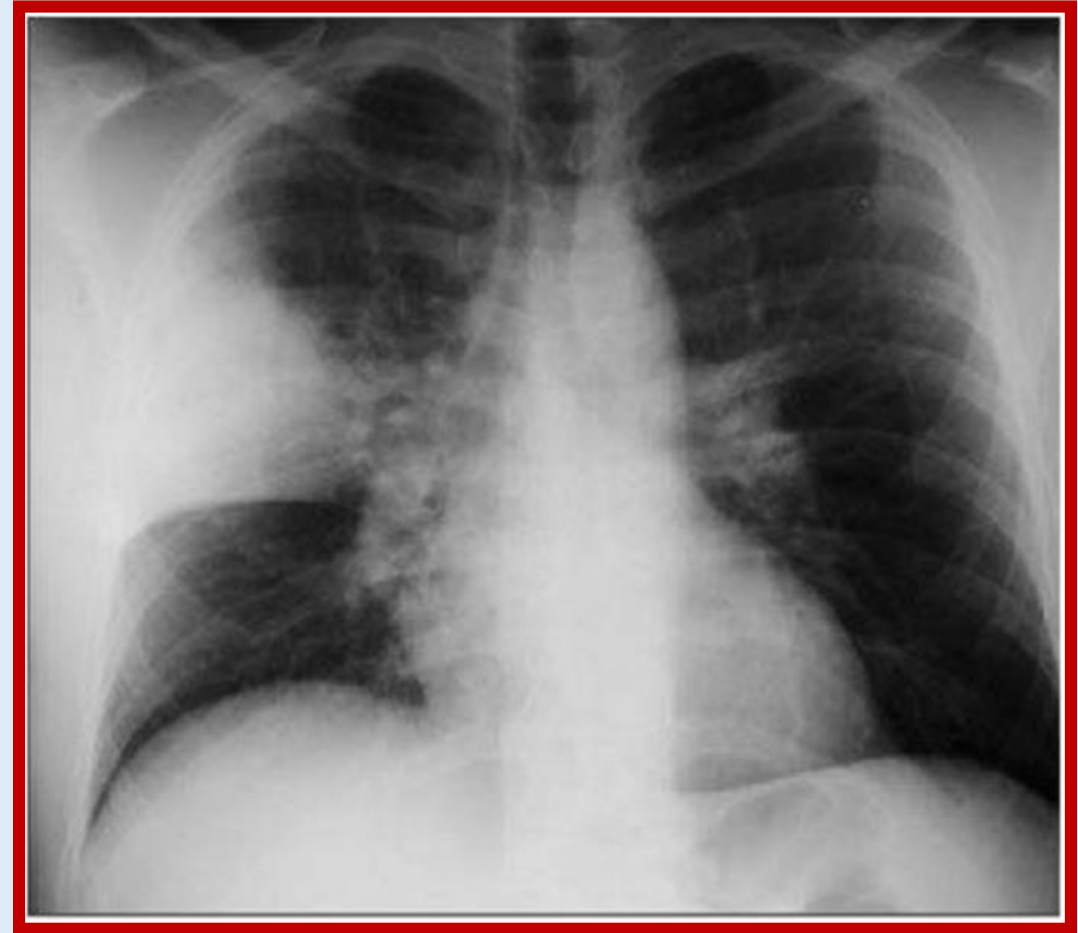
# Groups C1 and C2

**1- What is the diagnosis?**

**Right middle zone pneumonia**

**2- Mention one auscultatory finding?**

**Decrease breathing sound and crackles.**



- **A 30 years old female comes with chronic fatigue her Hb is 11 g/dl and MCV is 70 fl.**

**1- What is your diagnosis?**

**Iron deficiency anemia**

**2- Mention one CBC findings support your diagnosis?**

**Low MCV, low, MCH, high RDW, and Low RBC count**

- A 20 years old female comes with dysuria and lower abdominal pain for 2 days duration. No fever, nausea or vomiting.
- Mention two DDx?  
**Simple cystitis, urethritis**

- **What is your diagnosis?**

**Grave's disease (causes ophthalmopathy).**



- **What is your management?**

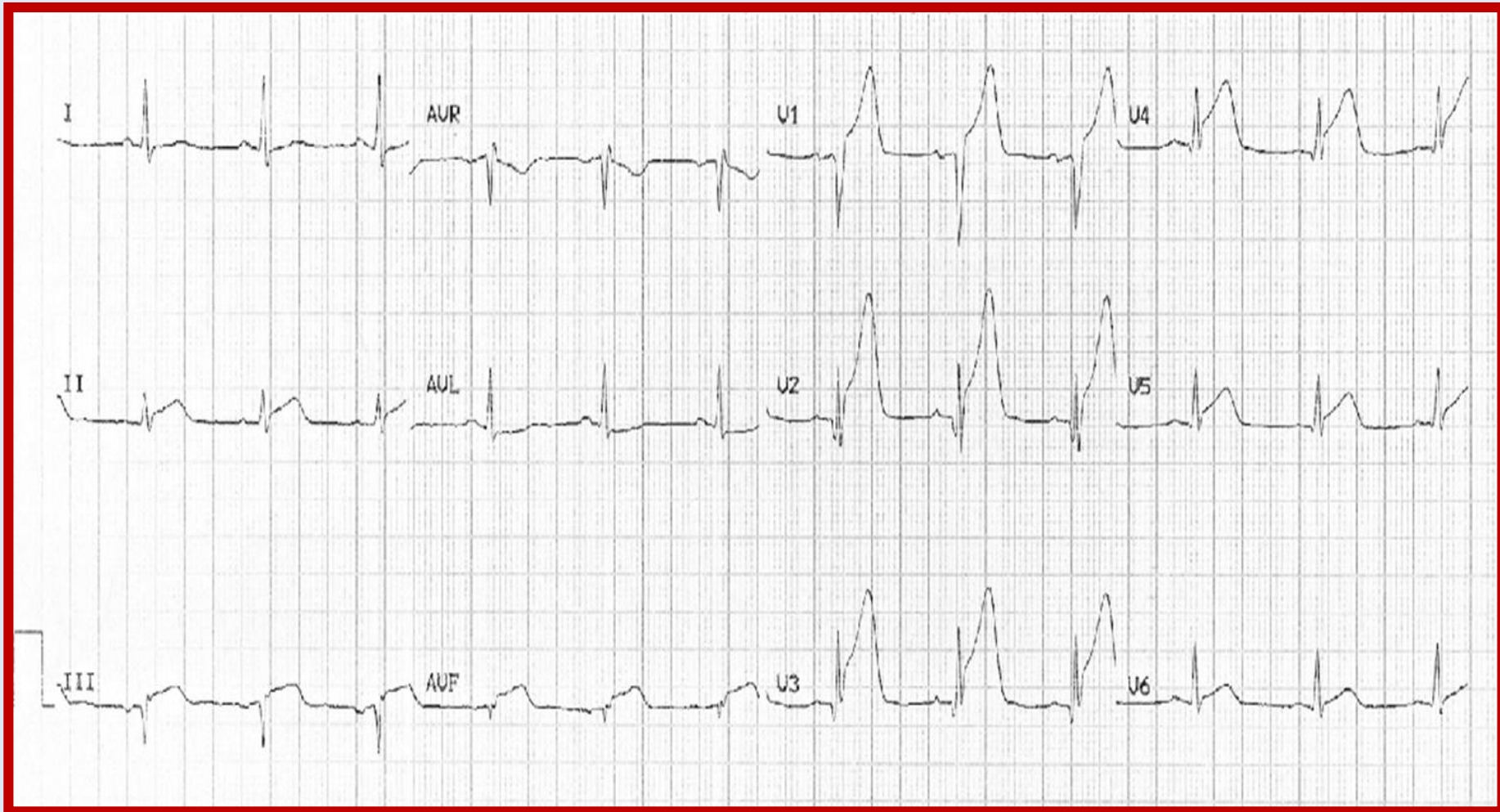
**This is subconjunctival hemorrhage which is a benign self limiting condition so only reassurance.**





- What is your diagnosis?

**Acute inferior and anteroseptal STEMI**



- A 55 year old male patient come to clinic for periodic medical examination.

**Mention one test you want to request?**

**Fasting blood glucose**

**Mention one vaccine can be benefit for this patient?**

**Annual infleunza vaccine.**

**-Mention two investigations you will request for this patient?**

**1- fasting blood glucose**

**2- serum lipid profile**



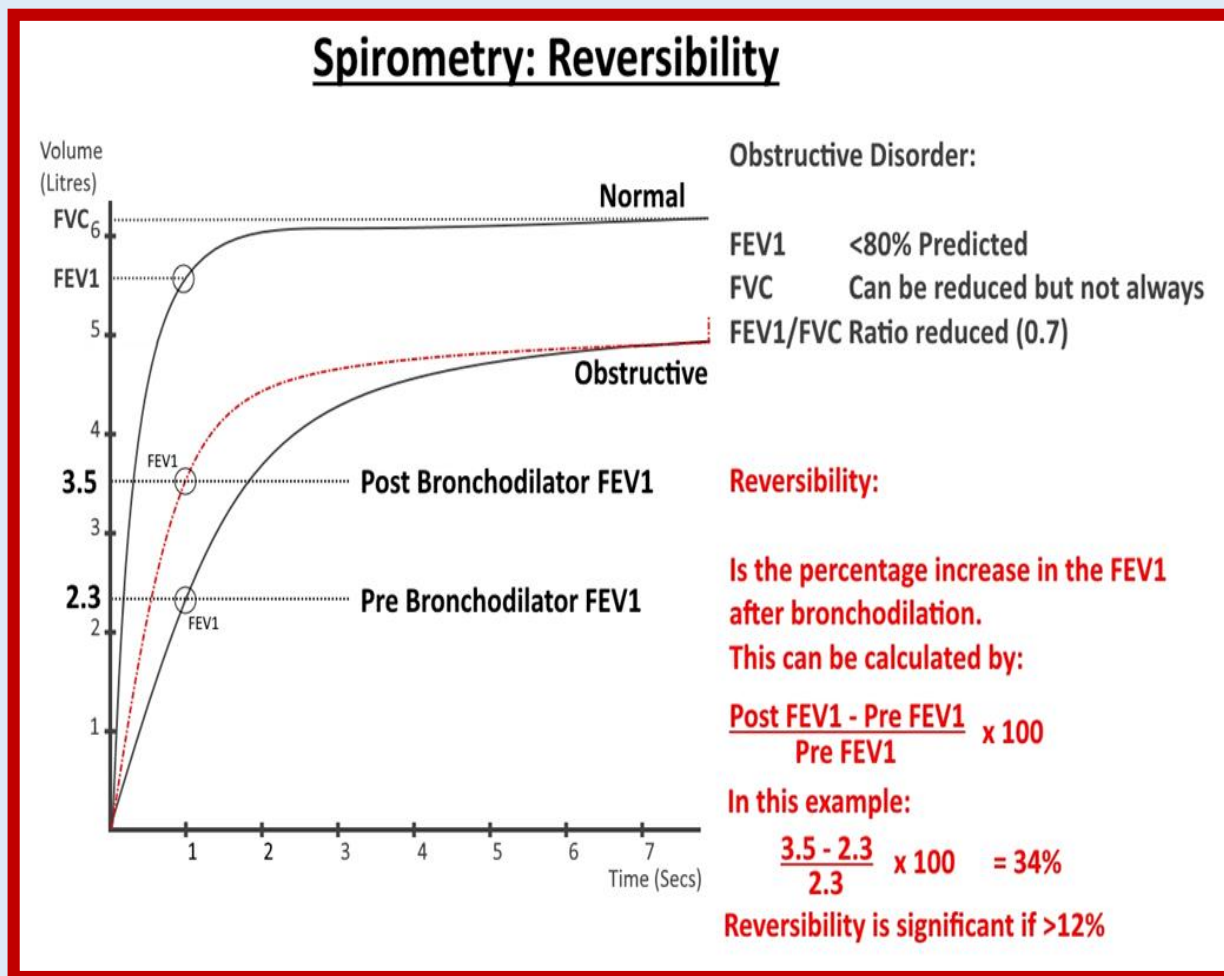
- **Diabetic patient diagnosed with DM from 10 years duration.**

**Mention two goals should be achieved by this patient.**

- 1- fasting blood glucose < 130 mg/dl**
- 2- postprandial glucose < 180 mg/dl**
- 3- HbA1c < 7**

- When to consider the obstruction reversible?

If there is change in FEV1 15% or more after giving bronchodilator.



# OSCE

- **History:**

1- dysuria 2- headache

- **Physical examination:**

1- facial nerve palsy 2- anemia 3- hyperthyroidism  
4- hypothyroidism 5- rheumatoid arthritis

- **Counseling:**

1- osteoporosis 2- iron deficiency anemia 3- hypertension



# Group A3 + A4

**Q1:** A 65 year old male is diabetic for the last 10 years, mention 2 goals in controlling his diabetes.

**HbA1C < 7**

**FBS < 130**

**Post prandial < 180**

**Q2:** A 45 year old female, she has both HTN & Asthma (well-controlled), she presented to you with hx of dyspnea of 1 day duration.

**Give two possible causes other than exacerbation of asthma.**

- **S/E of her Anti-HTN medications (B Blockers)**
- **PE (It's correct acc to the dr even though it's for a whole one day)**
- **Use of NSAIDs**

**Q3:** A 50 year old female presented to the health center asking for the preventive measures that can be done as a part of women health.

- Pap smear (cervical CA screening)
- Mammography (Breast CA screening)
- Osteoporosis screening

**Q4:** A 20 year old female presented with fatigue for several months, Her labs :  
Hb : 10            MCV : 70.

1-What is the most probable dx ? **Microcytic anemia (IDA)**

2-Mention 2 things found in CBC that will support this dx.

**Increased RDW, Low MCH , Low MCHC, Low RBCs**

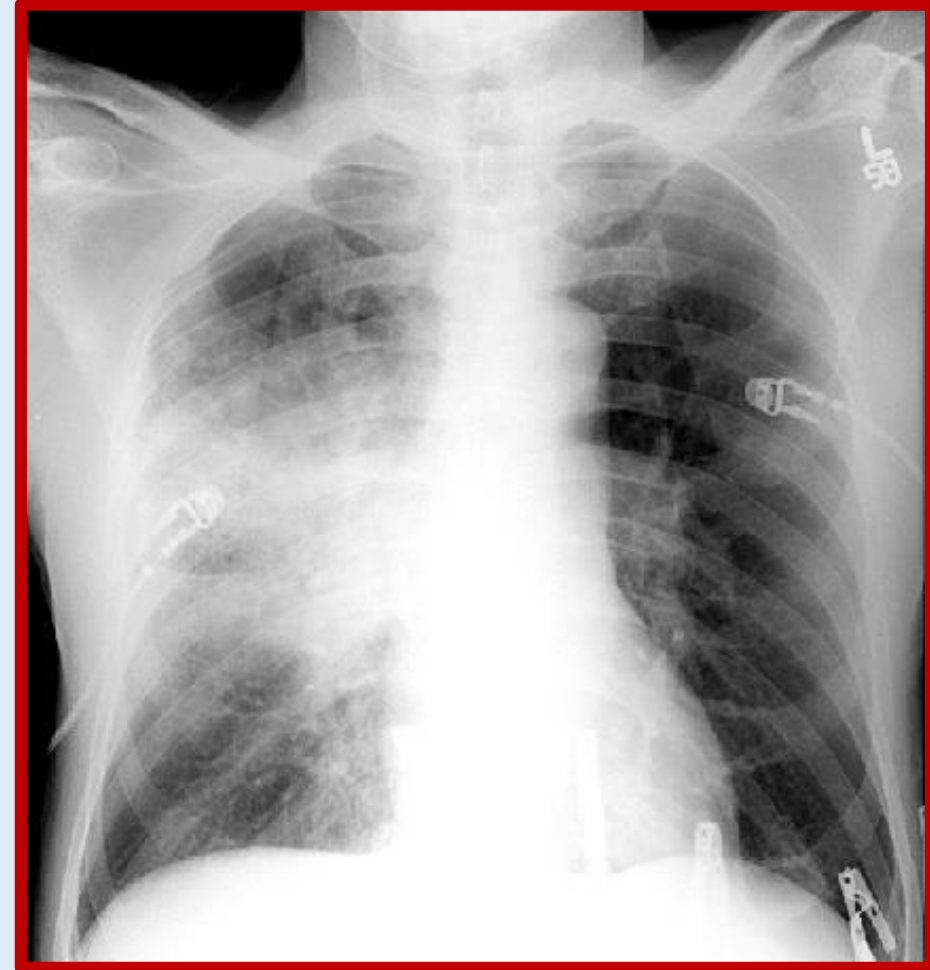
**Q5:** This pt presented to you,  
Mention 2 labs you will order.

- 1- Fasting Lipid profile
- 2- Fasting Blood sugar



**Q6:** This patient presented with cough and fever,  
Mention 2 auscultatory findings.

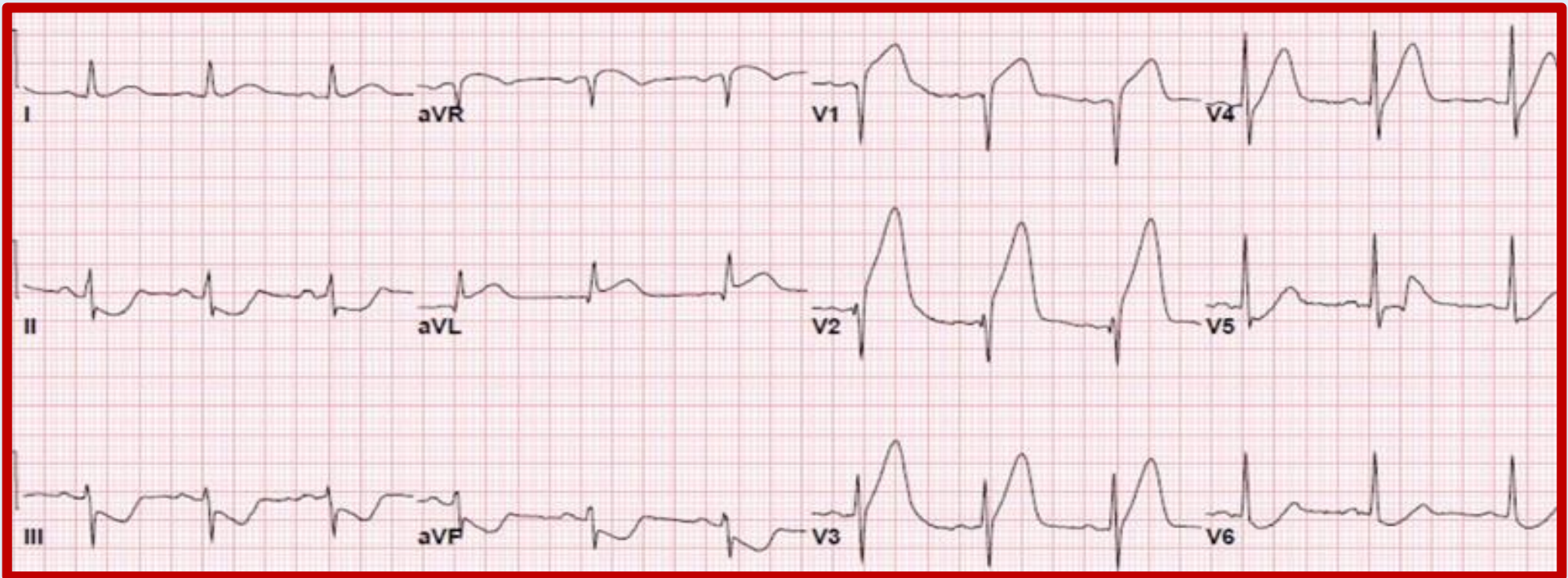
- 1- Decreased air entry on the right side.
- 2- Crackles





## **Q7: write 2 abnormalities or give the Dx.**

- **Anteroseptal STEMI**
- **ST elevation in (V1, V2, V3, V4) + Hyper acute T wave.**



**Q8:** This patient is diagnosed with chronic liver disease,  
**What is this lesion? (If you know that those lesions are found  
only in the upper limbs)**

**-Spider Angioma**

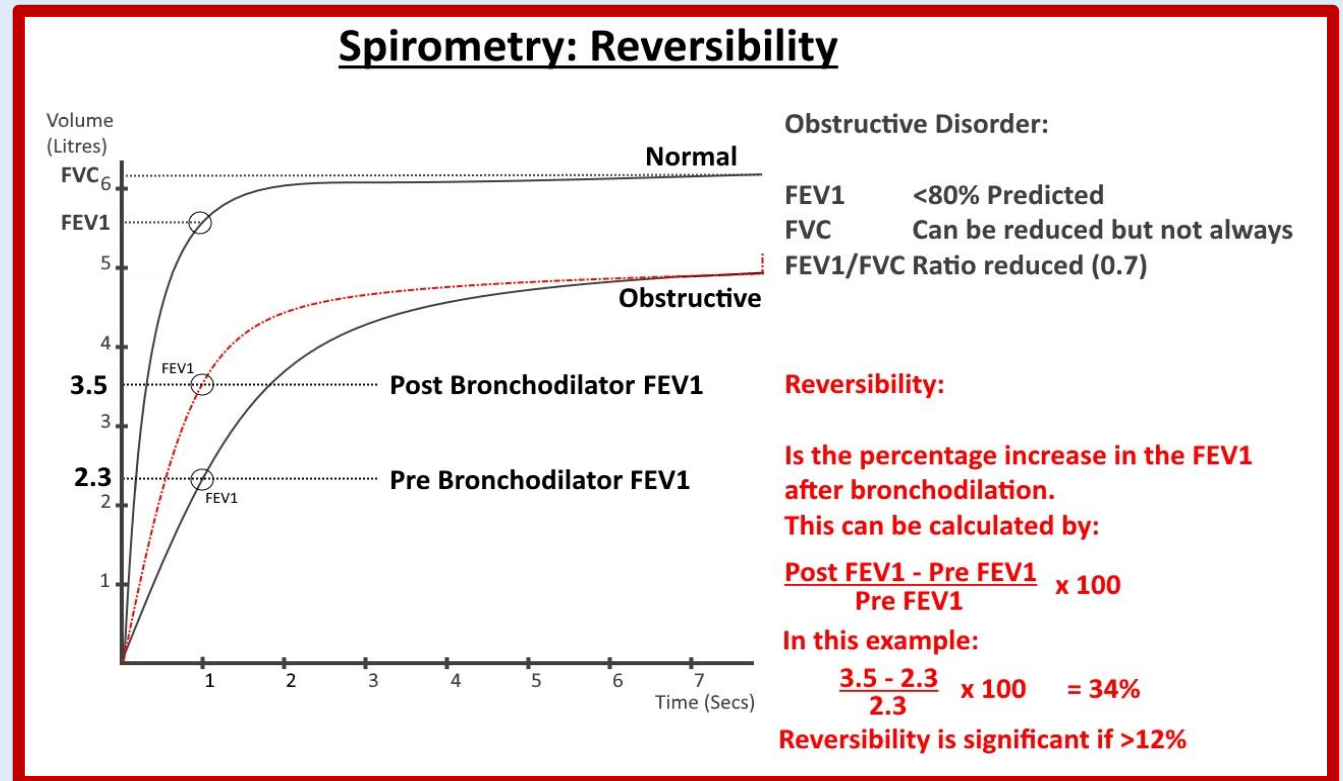


Q9:

1- What is the name of this test ? **Spirometry**

2- How much should the FEV1 changed to consider the disease as Asthma.

**15%**





# GROUP D

Patient has hypertension with high uric acid ,, whats your management ?

Patient with sore throat , strep score =0 , management ?

Patient with HBsAg positive, Hepatitis A IgG positive, interpretation ?

Patient asymptomatic, tsh= 8 , management?

Picture of contact dermatitis

Picture of abrasion and treatment ( not sure )

X-ray of a 65 years old female ,, diagnosis? Femur neck fracture in patient with osteoporosis

Picture of Tension headache and needs prophylactic medications

Picture of viral conjunctivitis needs definite diagnosis and 2 ddx

Ecg picture of patient with longstanding htn

Normal ( left ventricular hypertrophy )

Collected by :deema bany younes

1) a 21 year student came to primary clinic to know whether if he is immunized to Hepatitis B or not , what should you do to him?

**Ans: Hepatitis B antiobodies titer “Serology test”**

\*\*\*\*\*

2) a 20 year female patient had URTI last week then came to you as the following picture , what's your Diagnosis?

Ans: **Sub-Conjunctival Hemorrhage.**



\*\*\*\*\*

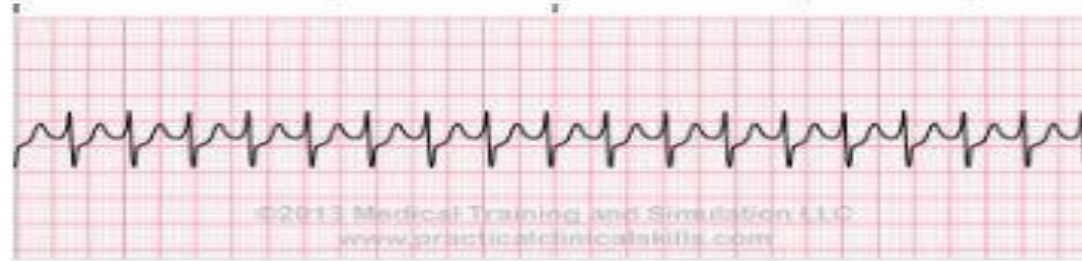
3) a patient come to you complaining of sever chest pain , after ECG , he had STEMI at V1-V4 leads , give 2 medications , which one decreases mortality in this patient?

ANS: **Aspirin , Clopidogrel.**

**Aspirin decrease mortality in MI patient.**

\*\*\*\*\*

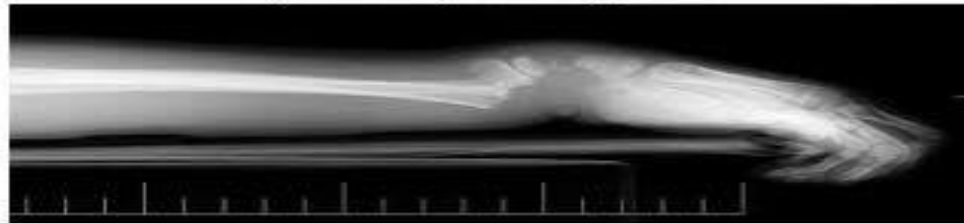
4) name 1 finding in this ECG and what's your diagnosis?



Ans: **Short R-R interval , Diagnosis: SVT.**

\*\*\*\*\*

5) what's your diagnosis?



ans: **Colles Fracture.**

\*\*\*\*\*

6) a patient has HbA1C = 6 ,what's your management?  
Lifestyle modification + Metformin → he is prediabetic Patient.  
“may be also Lifestyle modification”not sure”

\*\*\*\*\*

7) PFT : FEV1 = 52 , FEV1/FVC = 60

what's your diagnosis?

**-Obstructive lung diseases “Asthma , COPD “**

\*\*\*\*\*



8) what's your diagnosis?  
give another DDx?



Ans: **PCOS , Cushing Disease.**

\*\*\*\*\*

9) Urine analysis with high WBC and no bacterial growth .  
what's your diagnosis? And give 2 causes?

**Sterile Pyuria , causes : Viral infection, Vaginitis , prostatitis**

\*\*\*\*\*

10) What's your spot diagnosis?



Ans: Obstructive sleep Apnea (The device is : CPAP).

**SOUL BATCH**



# **SOUL FAMILY MINI OSCE EXAMS**

**Done by : Fahad almutairi**

**EDITED BY : AHMAD YAHYA**

**Q:50 years old male, known case of DM. presenting to your clinic to refill his monthly medication.**

**Write the target goals for his fasting blood sugar and LDL level.**

**FBG < 130**

**LDL < 100**

**Q:65 years old male, known case of DM.  
presenting to your clinic to refill his monthly  
medication.**

**Mention 2 goals you want to control.**

**FBG <130**

**A1C < 7**

**LDL < 100**

**2h post prandial < 180**

**Q:28 years old female, presenting with fatigue of six months duration. Her HB: 10.5, MCV: 70.**

**What is the diagnosis? IDA**

**Mention other two findings in the CBC, that favor the diagnosis**

**MCV – RBCs – MCH —> low**

**RDW —> high**



**Q: 20 year's old medical student received the full series of hepatitis B.**

**How would you confirm his immunity status?**

**Anti hepatitis B antibodies**

**When is the right time to do it?**

**1-2 month after the last Dose**

**Q:** A patient have the following serology :

For hepatitis A : IgG +ve

For hepatitis B : HBsAB +ve

For hepatitis C : nothing +ve

**What's your diagnosis?**

**He had hepatitis A in the past**

**He is immunized against hepatitis B**

**Q:What are the screening tests would you ask for a 45 year old man without any chronic medical illness?**

**Mention three**

**FBG / fasting lipid profile/ BP**

**Q: This patient is asking for drug to loose his weight.**

**Write two indications to give him a medication?**

- 1- Other methods of wt loss haven't worked**
- 2- BMI 30 and greater**
- 3- BMI  $\geq$  27 with DM or hypertension or sleep apnea**



**Q: Write two basic investigations to investigate of this patient obesity?**

**FBG / fasting lipid profile**



**Q: What is the name of this device?**

**Incentive spirometer**





**Q:12 years old child complained of high grade fever, sever fatigue and sore throat. His neck picture below. Abdominal exam: splenomegaly.**

**Give two possible 2 causes**

**Infectious mononucleosis ( EBV ) / ALL ? / strep throat infection**



**Q: Mention 2 abnormalities in the pictures below.**  
**This patient HB: 10 g/dL , MCV: 70**

**Pallor conjunctiva / koilonychia**



**Q:What screening tests would you ask for a 50 year old women without any chronic medical illness?**

**Mention three (one is specific for Female)**

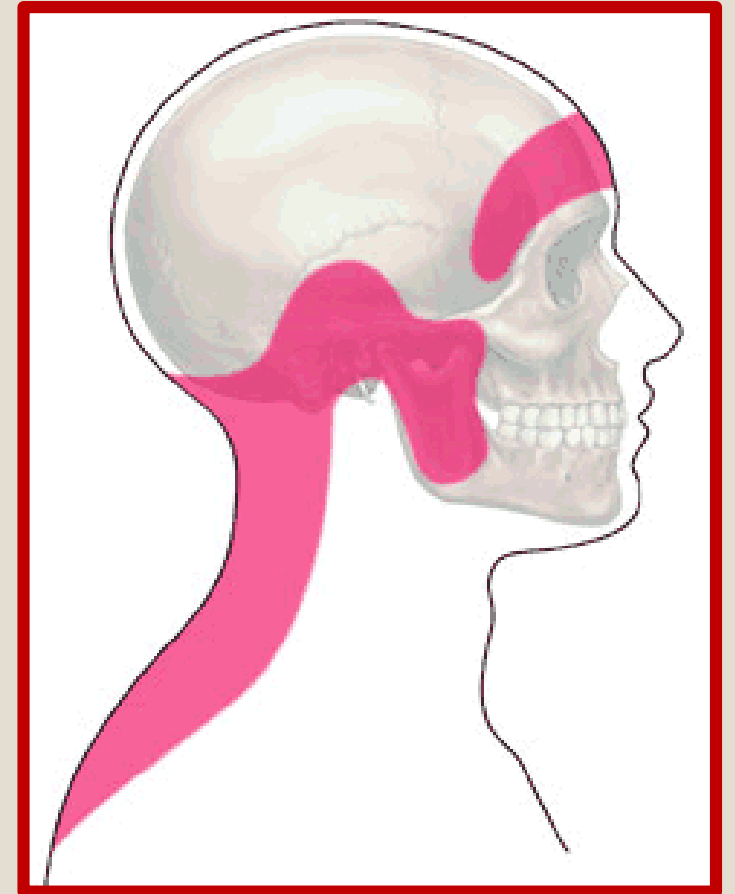
**FBG / mammogram/ Pap smears/ fasting lipid profile**

**Q: What is the type of headache?**

**Tension headache**

**Q: Mention one prophylaxis drug :**

**TCA**



**Q: What is your diagnosis?**

**Viral conjunctivitis**



**Q:**What's your diagnosis?

**Compression vertebral fracture**





**Q: 34y old male pt medically free his FBG= 120 ,  
What is your next step in management ?**

**OGTT and start metformin**

**Q: A man did thyroid function test, TSH = 11, T3 and T4  
were normal .**

**What is the next step ?**

**Start Thyroxine**

**Q: Ahmed had a cut dirty wound at his right hand. He did never have Tetanus vaccination.**

**How would you manage regarding tetanus prophylaxis?**

**Give Tetanus toxoid and prophylaxis tetanus IgG**

**Q: 20 year's old female. Her lab tests showed the following: TSH: 0.2(4-4.5), T3: normal, T4: normal.**

**Give two differential diagnosis for this case?**

**Subclinical hyperthyroidism / pregnancy**

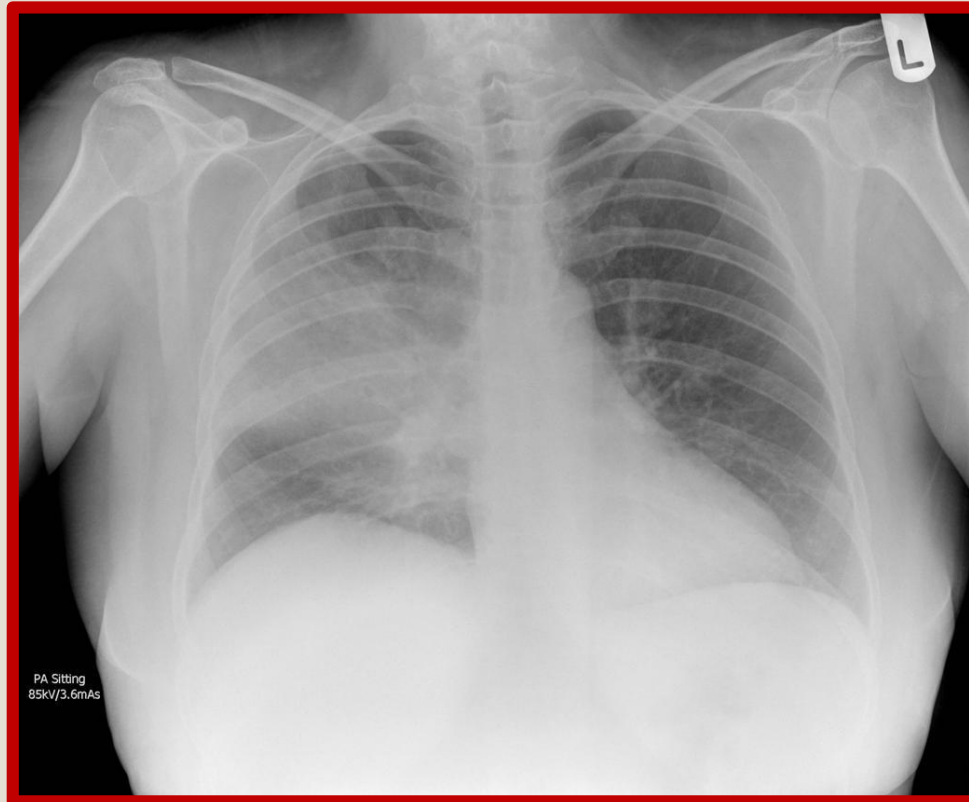
**Q: 60 year's old male presented to the emergency room with typical chest pain. ECG showed ST segment elevation in V1-V4. Write two medications,**

**Which will decrease the mortality of this patient?**

**Aspirin/ clopidogrel / o2 mask**

**Q: Mention 2 findings while auscultating the chest of this patient?**

**Decrease air entry on Rt side and crackles**



**Q: What is the Diagnosis?**  
**Pretibial myxedema**



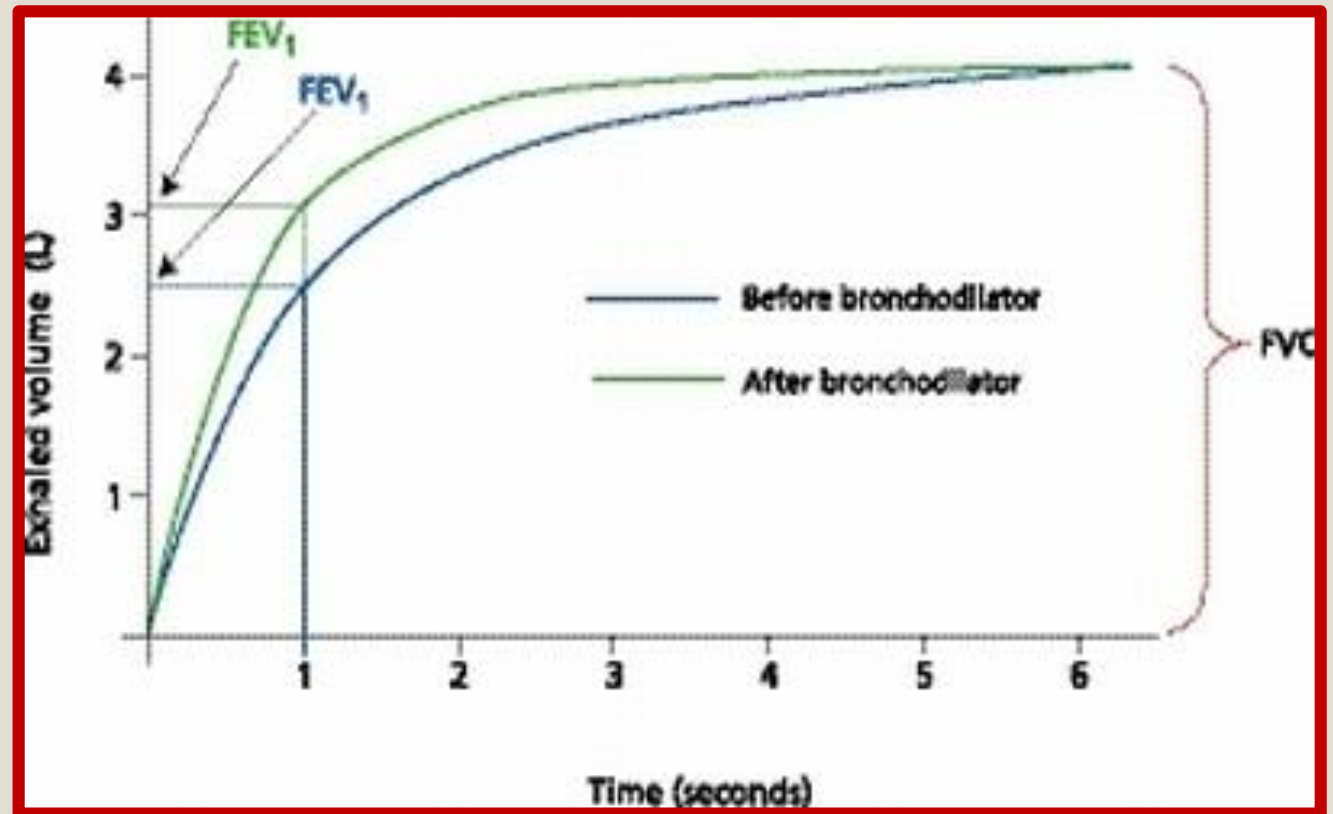
**Q:What is the diagnosis?**  
**Ingrown nail**





**Q: How much should be the difference of FEV<sub>1</sub> after giving bronchodilator to indicate asthma disease?**

**More than 15%**



**Q:**A 65 year old hypertensive man, found to have the serum uric acid value of 500 (normal up to 420  $\mu\text{mol/L}$ ).

he has no symptoms.

**How would you manage?**

**Stop diuretic and use another anti hypertensive drugs (allopurinol)**

**Q:** This patient needs this machine for a healthy sleep.

What is the name of his medical problem?

**Obstructive sleep apnea**

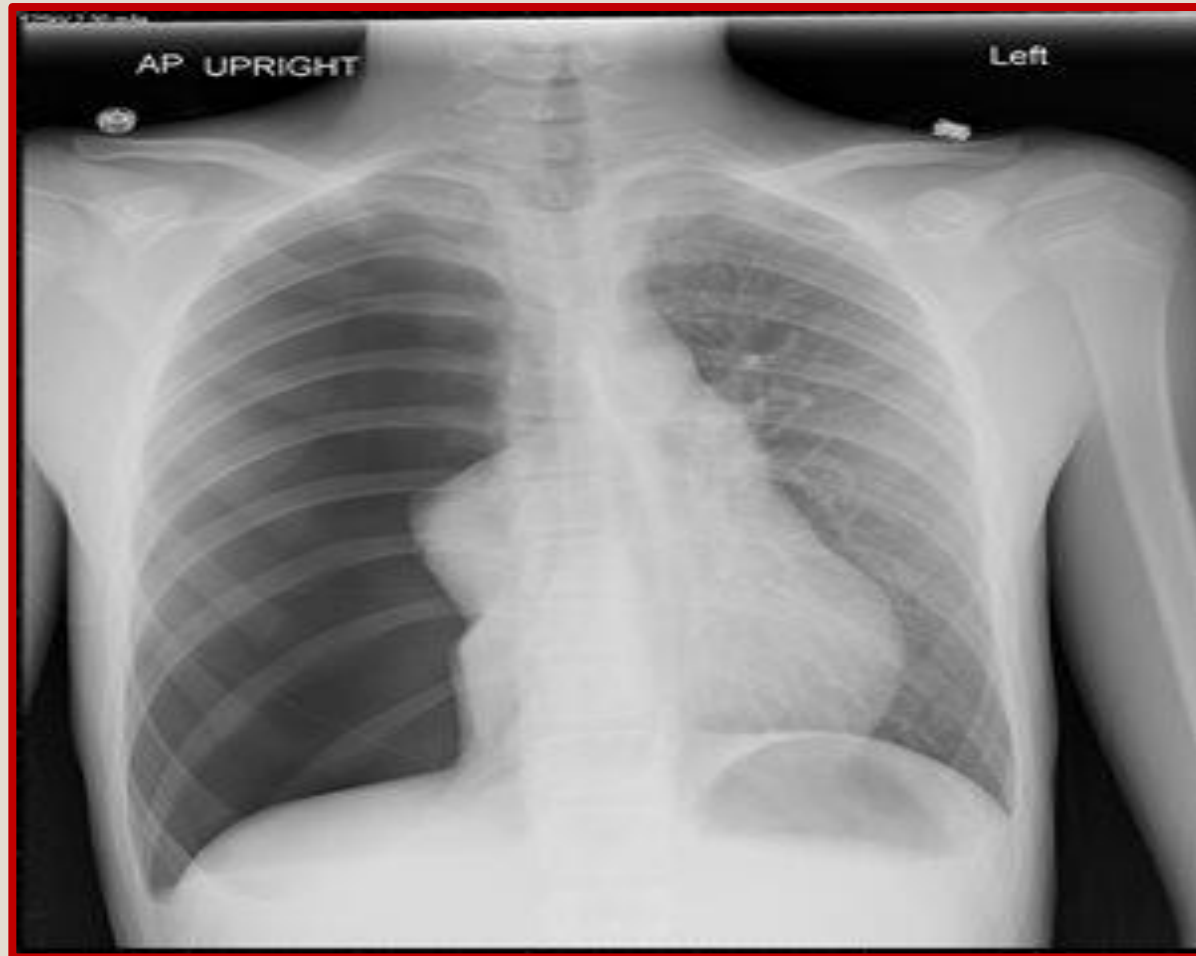
Mention another complication of his medical condition?

**Hypertension**



**Q: What is the diagnosis?**

**Rt sided tension pneumothorax**

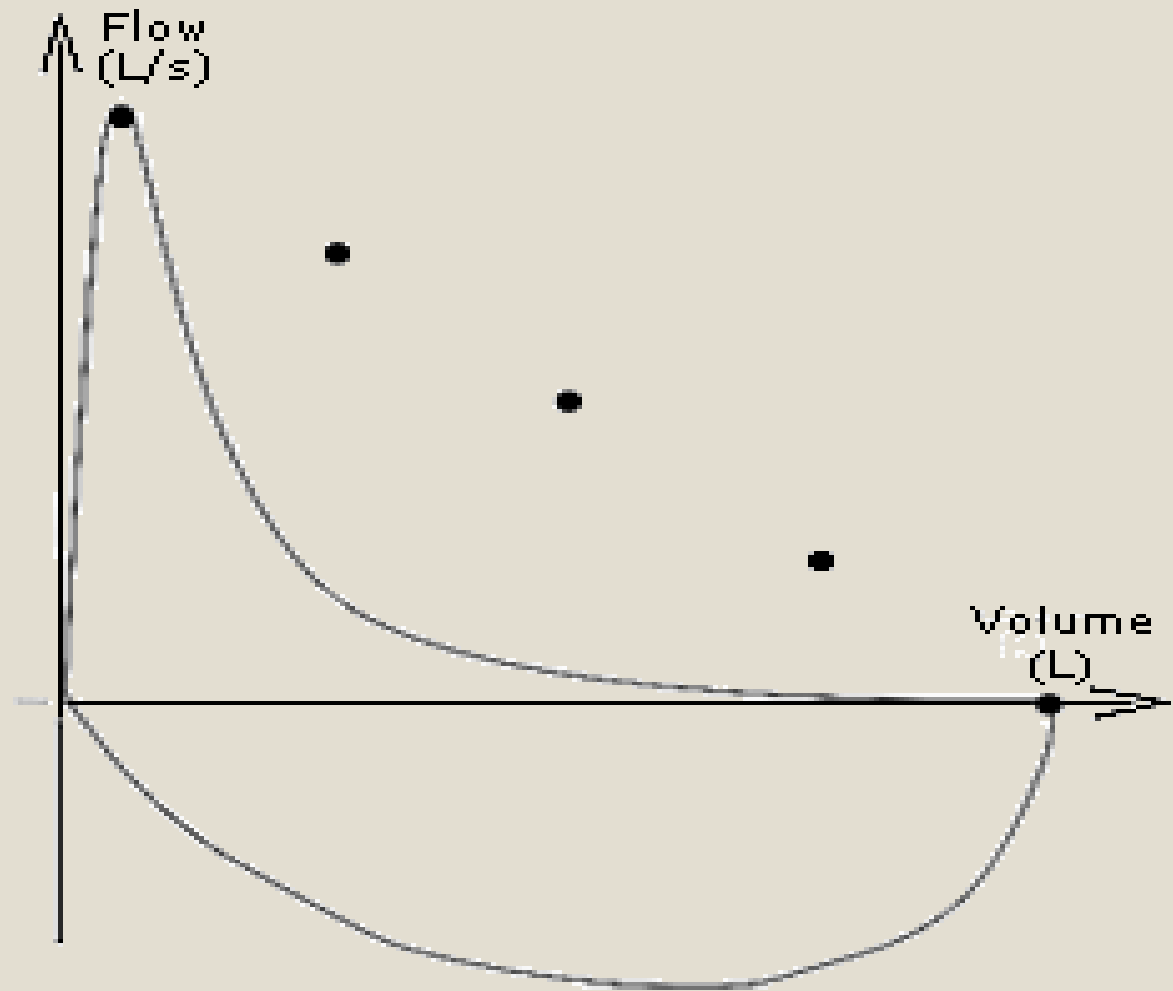


**Q: Give 2 differential diagnosis causing this lesion?**

**Hyperthyroidism**  
**chronic liver disease**

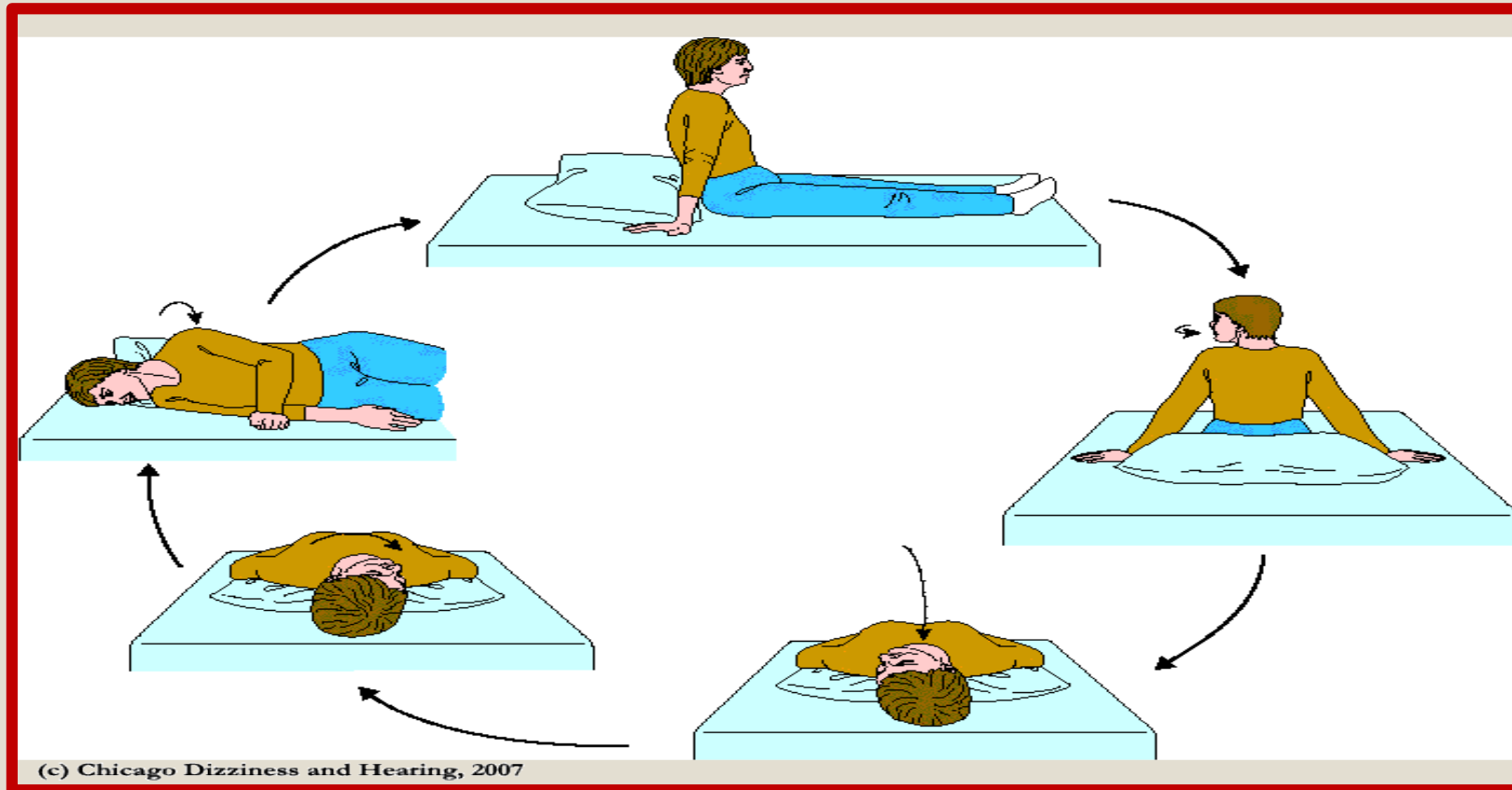


Q:What is the pattern of this respiratory disease?  
**Obstructive pattern**





**Q: What is the name of this procedure?**  
**Epley's maneuver for BPPV**



Q:

**Mention 2 findings in this picture**

inability to smile

Can't raise eyebrows

Inability to close eye at affected site  
( facial nerve palsy)



**Q:** 70 year old female presented with history of falling down on her arm.

**What is the name of this fracture?**

**Colles fracture**



**Q: 10-year-old boy presented with sore throat for one-day duration, Strep score was two.**

**How would you manage?**

**Do rapid Antigen strep Test**

**The next slide is very important!**

## Streptococcal Score Validated in Adults and Children

<u>Symptom</u>	<u>Points</u>
Fever (subjective or measured in office)	1
Absence of cough	1
Tender anterior cervical adenopathy	1
Tonsillar swelling or exudates	1
Age	
Younger than 15 years	+1
15 to 45 years	0
Older than 45 years	-1

SCORING: 0 or -1 points: streptococcal infection ruled out (2 percent); 1 to 3 points: order rapid test and treat accordingly; 4 to 5 points: probable streptococcal infection (52 percent), consider empiric antibiotics.

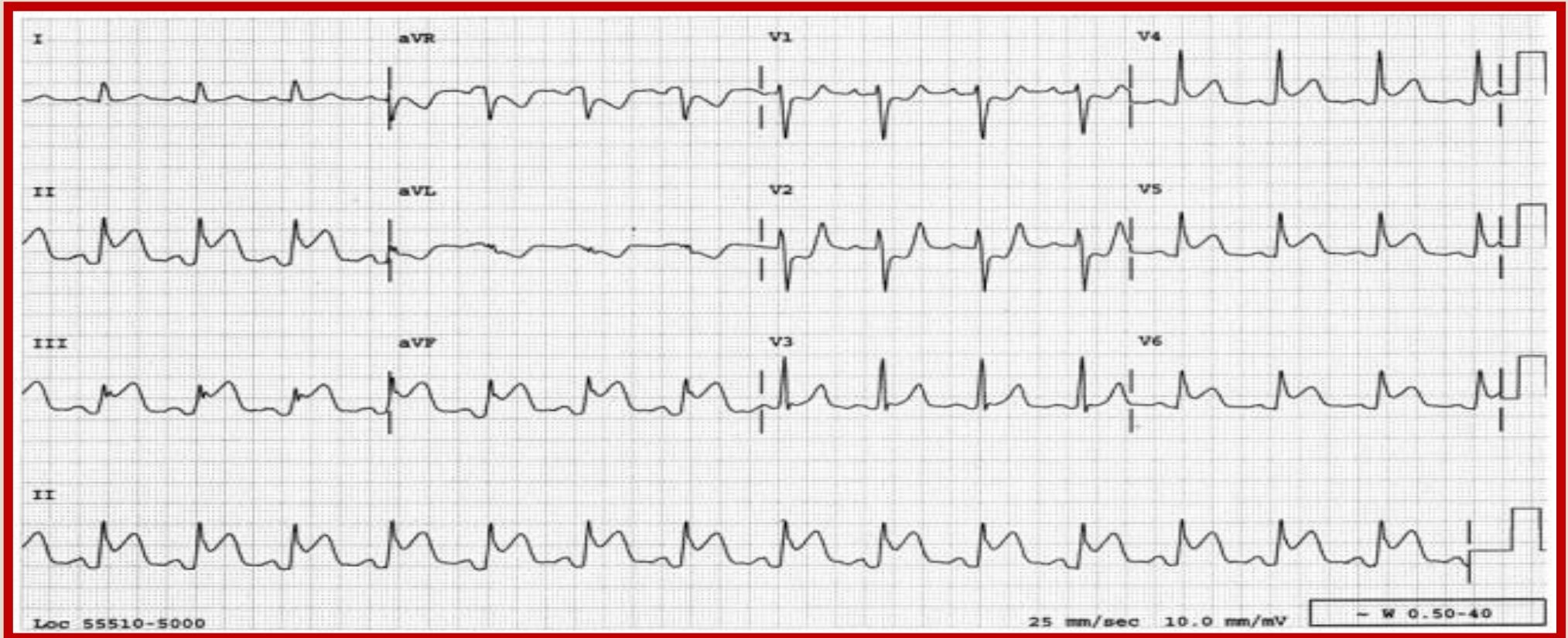
A graphic of a white rectangular card with a thin black border, featuring a small beige tab at the top center. The card is set against a blue background with a repeating pattern of white leaves and beige teardrop shapes. The text "ECG" is printed in a large, bold, red sans-serif font in the center of the card.

**ECG**

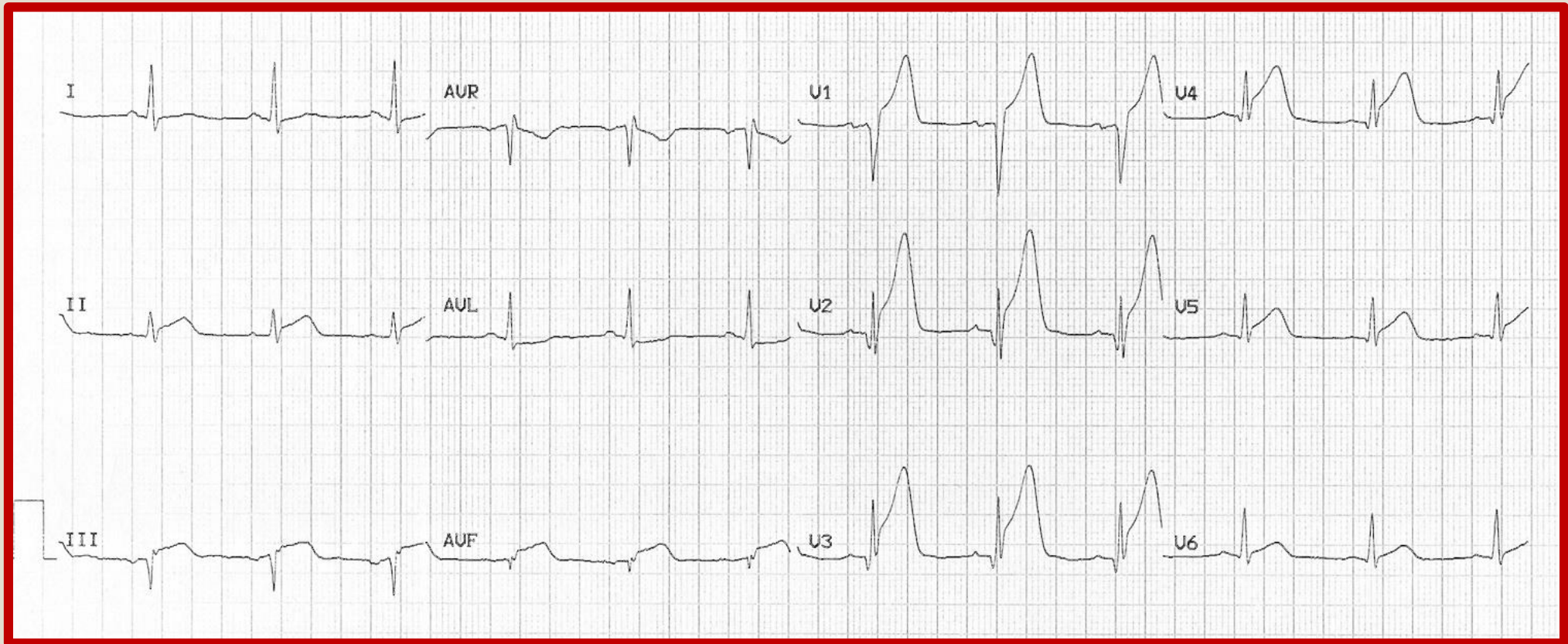


**Q:What is the diagnosis?**

**Acute inferior ST elevation MI**



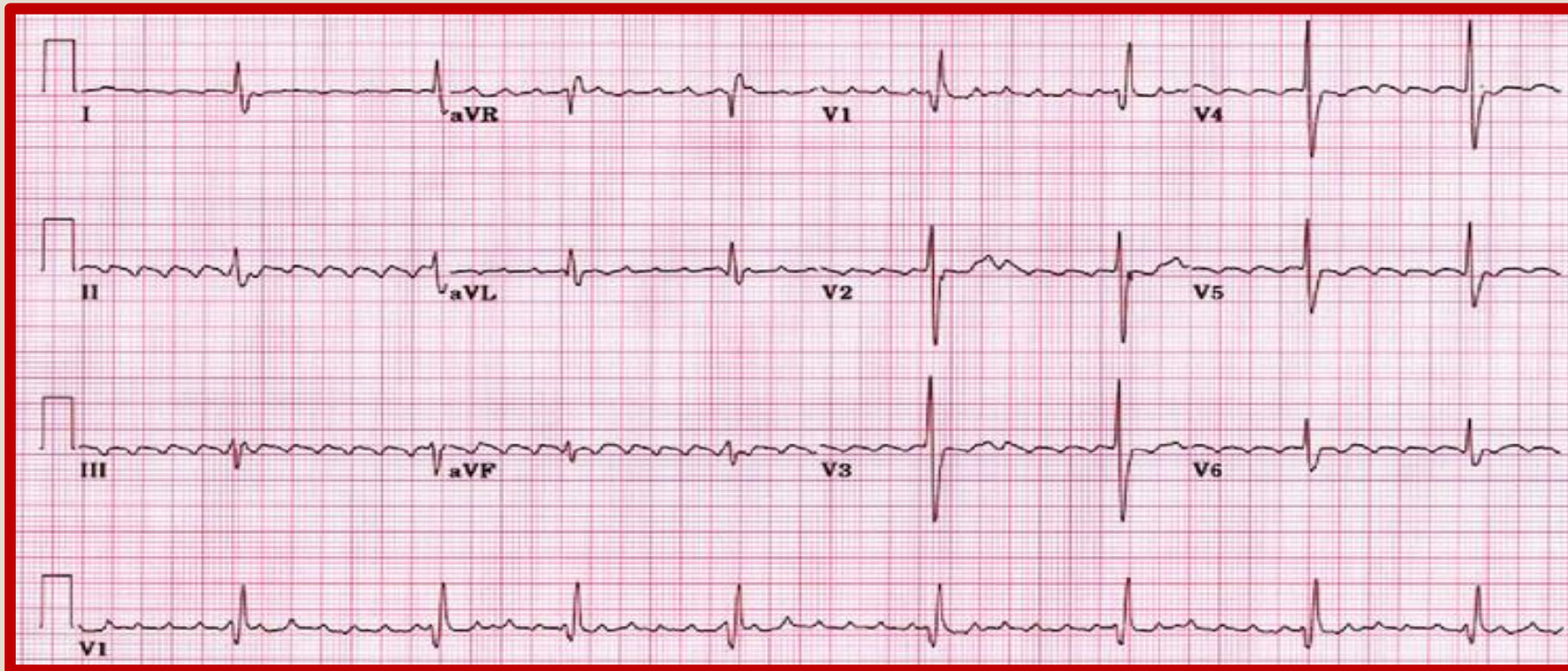
**Q: What is the diagnosis?**  
**inferior anteroseptal**





**Q: What is the diagnosis?**

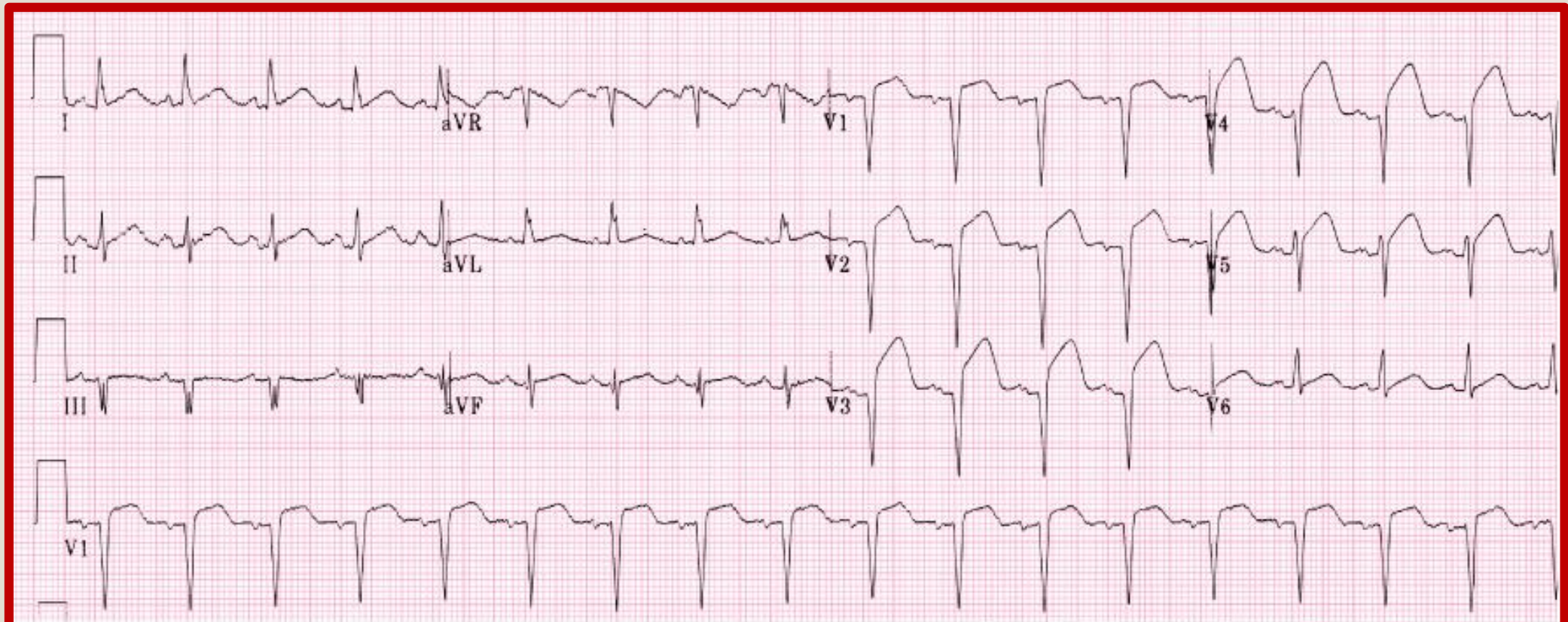
**Atrial flutter or fibrillation?**



**Q: Mention 2 abnormal findings?**

**ST elevations V1 V2 V3 V4**

**Hyper acute T wave**



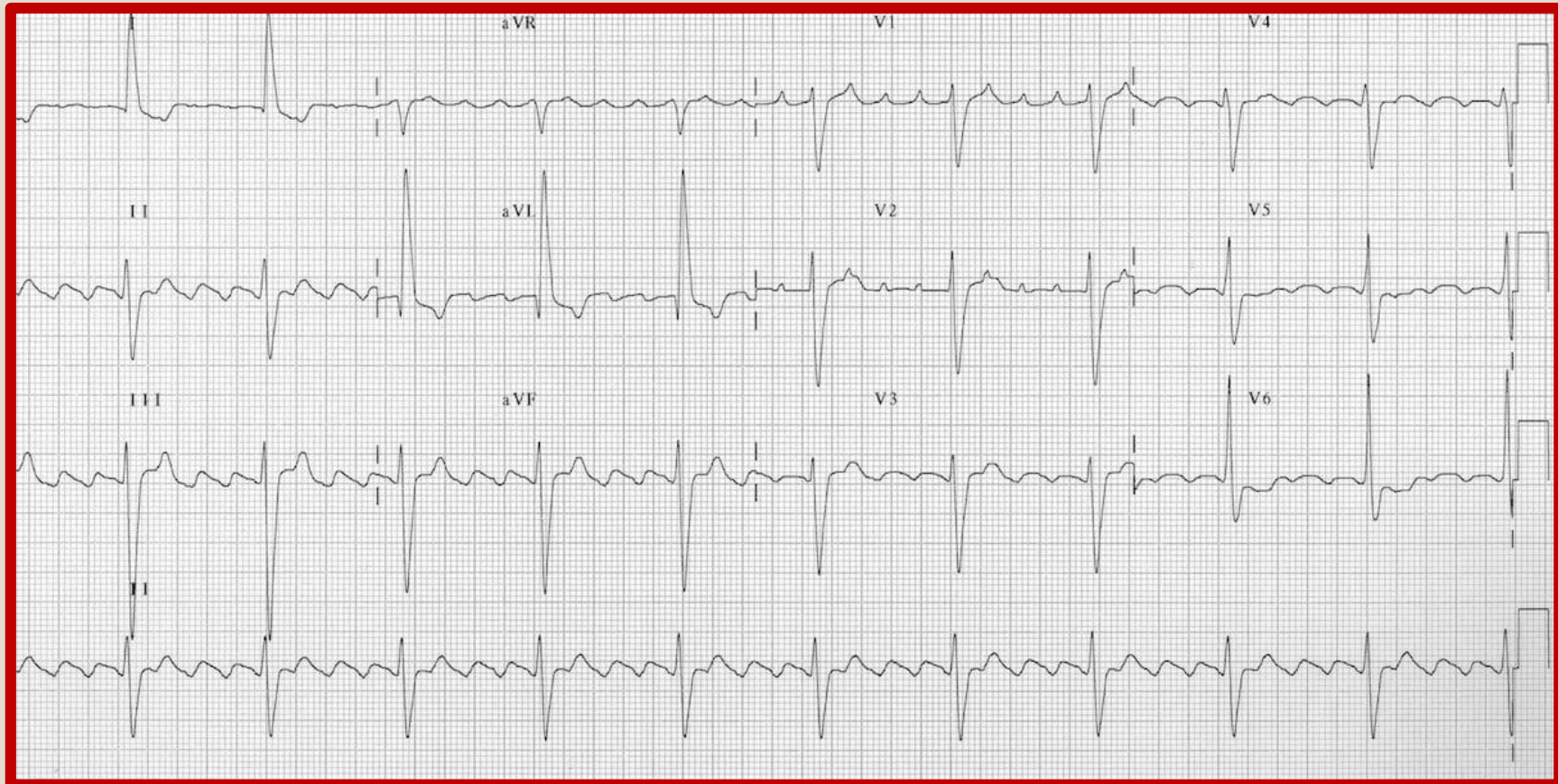
Source: Knoop KJ, Stack LB, Storrow AB, Thurman RJ: *The Atlas of Emergency Medicine*, 3rd Edition: <http://www.accessmedicine.com>

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**Q:What's the diagnosis?**

**Atrial flutter**



# OSCE

## GROUP A3+A4

- The 1st group
  - HX : dysuria
  - P.E : BP & RA
- 
- The 2nd group
  - Hx: fever in child
  - P.E : hypothyroidism & diabetic foot



# Group A1+A2

- First day
  - HX : Migraine
  - PE : BP & diabetic foot & hyperthyroidism
  - COUNSELING : GERD
- 
- The second day
  - HX: fever in child ( usually the second they asked about pediatrics by Dr. wafa )
  - PE :anemia & hypothyroidism & facial palsy
  - COUNSLING : IBS



**GOOD LUCK**