

student's no.:

Date:

13-6-20

G5P4 lady present to you with previous 4 caesarean section at 38 weeks gestation, put on operation list tomorrow, how will you prepare her for this operation.

Does the candidate ask about;

1- Introduce himself and take permission for hx taking

0-----1-----2

2- consent about the operation.

0-----1

3- explain the complications of the operation(Sx, anaesth)

0-----1-----2

4- explain the duration of hospital staying.

0-----1

5- preoperation investigation (bl.gp, cross match, Hb, u/s)

0-----1-----2-----3

6- advice the patient to be fasting .

0-----1

7- catheter and heparin

0-----1-----2

8- explain the need for tubal ligation and hysterectomy

0-----1-----2

9- postoperative care and follow up

0-----1-----2

Station

PPH

student name

No	Parameters	Score				
		0	0.25	0.5	0.75	1
1	Introduction & consent	0	0.25	0.5	0.75	1
2	Gravida, parity, mode of delivery	0	0.25	0.5	0.75	
3	Duration, criterion of blood, amount,	0	0.25	0.5	0.75	1
4	Associated symptoms, pain	0	0.25	0.5		
5	Prolonged labor, instrumental delivery	0	0.25	0.5		
6	Retained placenta	0	1			
7	Antenatal problems: PPROM, uterine fibroid, polyhydramnios	0	0.25	0.5	0.75	1
8	Medical problem. DM, HPT	0	0.25	0.5	0.75	
9	Clotting problems	0	1			
10	If she asked you what possible risks that make me bleed? Twin, prolonged labor, uterine fibroid, multiple pregnancies	0	0.25	0.5	0.75	1
11	Please doctor how can you manage me? Uterine massage Uterotonics drug bimanual compression Intrauterine packing Uterine tampons	0	0.5	0.75	1	1.5

Fail	Borderline	Pass	Good pass	Excellent
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Total

examiner

Role player/ obst.

Student's name;

examiner;

student's no.:

Date

Mrs suha is G2P1 lady, has 34 wk gestation discovered at the Primary health care centre to have an blood pressure of 170/110 mmHg, with puffy face and bilateral leg edema, take focus history from this lady regarding your findings

1. Introduction & permission ---0-----1-----2
2. G P A, age, occupation, blood group 0-----1-----2-----3-----4
2. Symptoms of imminent eclampsia (headache. Visual disturbance, N&V, epigastric pain, hypochondrial pain,) -0-----1-----2-----3-----4
3. Previous ANC--- -----0-----1
4. Fetal movement ---0-----1
5. Review of the previous investigations
5. drug history , type and dose of medication ----0-----1
6. past obstetrical history (outcome, previous same condition)---
0-----1-----2
7. Family, social and drug history 0-----1-----2-----3
8. Medical and surgical history. 0-----1-----2

total marks:

signature:

student's no.:

Date:

13-6-20

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Does the candidate ask about;

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0-----1-----2

2- consent about the operation.

0-----1

3- explain the complications of the operation(Sx, anaesth)

0-----1-----2

4- explain the duration of hospital staying.

0-----1

5- preoperation investigation (bl.gp, cross match, Hb, u/s)

0-----1-----2-----3

6- advice the patient to be fasting .

0-----1

7- catheter and heparin

0-----1-----2

8- explain the need for tubal ligation and hysterectomy

0-----1-----2

9- postoperative care and follow up

0-----1-----2

EP

7 weeks pregnant female presented with mild vaginal bleeding and mild lower abdominal pain, abdominal distension and collapsed. How can you manage her?

Rupture ET

اسم الطالب

الدرجة النهائية

اسم وتوقيع الممتحن

Admission.	0-----1-----
Call for help (senior, anaesthetic ,lab)	0-----3-----
2 wide bore cannulae, Catheter	0----1----2-----
IV infusion	0-----1-----
Vital signs (blood pressure, pulse rate, RR, urine output)	0----1----2----3----
Full investigation(blood group and Rh, CBC, cross match, LFL,RFT, coagulation	0--1---2---3-----4
Bed side u/s (if available)	0-----2-----
Refer her to theatre for laparotomy. <i>consent</i>	0----1-----
General anaesthesia	0-----1-----
Salpingectomy of the affected tube	0-----1-----
Blood transfusion accordingly	0-----1-----
post op follow up (vital signs ,antibiotic, analgesia,	0----1----2----3----

Maha Mohamad is 30 year old who came to your office because of heavy irregular vaginal bleeding. Please take a focused history

Role player/ gyn.3

Student's name;

examiner;

student's no.:

Date; 13/6/2016

Mrs. Maha Mohamad is 30 year old who came to your office because of heavy irregular vaginal bleeding. Please take a focused history in the next 5 minutes

Does the candidate ask about;

1. Introduce himself and take permission for hx taking
0-----1-----2
2. Personal Hx. (G P A, occupation, blood gr) 0-----1-----2
3. chief complaint, amount, severity and duration 0-----1-----2
4. other symptoms (IMB, PCB, Dysmenorrhea, pelvic pain, dyspareunia) 0-----1-----3
5. symptoms of anemia *دوره، استثنای و حقیقت* 0-----1
6. menstrual history (regularity, amt, dysmenorrhea) 0-----1-----2
7. gynecological Hx (previous gyn disease or operation, PID, contraception, infertility) 0-----1-----2
8. Previous investigations, treatment 0-----1-----2
9. Past medical hx, surgical hx., Family hx, Smoking. 0-----1-----2
10. does the candidate takes systematised Hx 0-----1-----2

PID

Student name:

station no.

Mrs Maha is a lady comes to the gynecology clinic complaining of abnormal vaginal discharge for the last one week.

Take focus history?

no	Parameters	Score			
		0	0.25	0.5	1
1	Introduction & consent, attitude	0	0.25	0.5	1
2	age, parity	0	0.25	0.5	
3	criteria of the discharge (colour, amt, offensive, character)	0	0.25	0.5	1
4	associated symptoms (soreness, itching, pelvic pain)	0	0.25	0.5	1
5	Nausea & vomiting, generalized abd pain & fever	0	0.25	0.5	1.5
6	past gynecological history (previous PID or same attack, previous gyn operation)-----	0	0.25	0.5	
7	medical hx (D M, asthma), surgical hx	0	0.25	0.5	
8	menstrual hx (regularity , dysmenorrhea)	0	0.25	0.5	
9	Drug hx (steroid , antibiotic)	0	0.25		
10	Contraceptive hx (IUCD)	0	0.25		

If she had sever PID, how will you treat her?

1	admission to hospital & send baseline investigation	0	0.5	1
2	parenteral antibiotics (cephalosporines, metronidazole	0	0.5	1
3	once symptoms improved then change to oral antibiotics	0	0.5	
4	trace & treat the partner	0	0.5	

Global rate	Excellent	good pass	Pass	Borderline	Fail
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C/S

G1P0A0, Suha, 38 weeks pregnant with breech presented fetus. Her doctor advice for elective caesarean section. Counsel her.

اسم الطالب

الدرجة النهائية

اسم وتوقيع الممتحن

Introduction and greeting	0-----1-----2-----
c/s(definition) is the delivery of the fetus through an abdominal incision .	0-----3-----
Alternative method (vaginal delivery, ECV)	0----1----2----
Done in hospital under effect of anaesthesia,	0-----1-----
need preop. Preparation investigation(bl.gr., Rh., CBC, viral screen)	0---1---2---3-----
Complication of anesthesia, surgical (bowel, bladder, or vessel inj.) or even death	0----1----2---3---4----
Post op. (hospital stay, need analgesia, antibiotic, blood transfusion)	0----1-----2-----
Next pregnancy may need to deliver by c/s, placenta praevia, rupture uterus	0-----1-----2---3---
Provide written information to the patient.	0-----1-----

Student's name;

examiner;

student's no.

DVT

Date;

A//

1	Introduction and consent	0	1	2	
2	Age, G P A	0	1	2	
3	Duration of pain and onset	0	1	2	
4	Aggravated by walking , relieved by rest	0	1	2	
5	Changes in colour of the leg, fever, level of pain	0	1	2	
6	History of current pregnancy (ANC, US, investigation)	0	1	2	3
7	Medical diseases in this pregnancy (HT, DM, thrombophilia)	0	1	2	3
8	past medical diseases (HT, DM, ANEMIA, SCA, thrombophilia)	0	1	2	3
9	Past obstetrical history, Previous same attack ,	0	1	2	
10	Family history of(blood disorders, thrombophilia, anemia)	0	1	2	
11	Smoking	0	1		

DVT

Interpretation /gynecology

Student's name:

examiner:

student's no.:

Date:

48 years old lady with multiple uterine fibroid, candidate for hystrectomy,

how will you council her preoperative.

1.conset

0---1

a- the type of operation suitable for her(TAH+SAH)

0--1--2

b-conset for oophorectomy. 0---1

2.complication,aneasthesia,op.,postop.

0- 1- 2- 3- 4,

3.bowel preparation (fasting 6 hrs.)

0---1--2

4.investigation .(CBP,bl.preparation,ECG,CXR).

0---1--2---3---4

5.preoperative anesthetic fitness.

0--1

6.postoperative stay +fallow up.(vital signs,fluid input,UOP.,ABS,BS,early mobilization.)

0--1--2--3---4---5

total marks:

signature:

Role player/obstetrics

Student's name: _____ examiner: _____

student's no.: _____ Date: _____

20 years old pregnant lady with IDDM, attend to you at first antenatal booking visit at 22 weeks gestation .

How will you counsel her regarding her pregnancy?

- 1- Dose the candidate introduce himself and take consent 0-----1-----2
- 2- Dose the candidate explain that the booking should be earlier than this date
0-----1
- 3- Dose the candidate explain the need for multidisciplinary team[dietician ,physician]
0-----1-----2
- 4- Dose the candidate explain to her the need for sugar profile and good control
0-----1-----2
- 5- Dose the candidate ask about investigation (bl. Gr.,Hb, HbA1C, others bookin investi
0-----1-----2-----3
- 6- Dose the candidate explain the need for USS now and serial USS for growth and fetal monitoring 0-----1-----2
- 7- Dose the candidate explain the complications (antenatal,intrapartum, postpartum)
0-----1-----2
- 8- Dose the candidate explain the time and mode of delivery?
0-----1-----2
- 9- Dose the candidate explain the need to changing the dose of insulin accordingly
0-----1

total marks :-----

signature : _____

Interpretation/obstetrics

Student's name: _____ examiner: _____

student's no.: _____ Date: _____

Explain to the examiner ,how will you manage a lady who developed heavy bleeding after vaginal delivery of a live baby after having induction of labor 20 hrs. she had no instrumental delivery.

The examiner should say that still no response after each step

- | | |
|---|---------------------|
| 1. call for help | 0-----1 |
| 2. ABC | 0-----1-----2-----3 |
| 3. Two wide bore canula+blood for IX,(Bl gr.&Rh,Hb,coagulation profile) | 0--1--2--3--4 |
| 4. IVF(crystaloid)+blood O-ve, FFP | 0-----1-----2-----3 |
| • If fibrinogen very low, cryoperspitat. | 0-----1 |
| 5. catheter,input=output chart. | 0-----1-----2 |
| 6. look for cause (tear, atony ,RPOC). | 0-----1-----2-----3 |
| 7. uterine massage=oxytocine drip +methergine,misopristol | 0-----1-----2-----3 |
| 8. packing the uterus+ballon tamponade. | 0-----1-----2 |
| 9. laprotomy+suturing ,ut or internal iliac A ligation | 0-----1-----2-----3 |
| 10. Subtotal abdominal Hysterectomy . | 0-----1 |

total marks: -----/

signature: _____

interpretation /gynecology

Student's name: _____ examiner: _____

student's no.: _____ Date: _____

you have need to explain to the examiner the benefits and the complications from using the COCP

Benefits—

- | | |
|---|---------|
| 1- Contraception | 0-----1 |
| 2- Decrease the incidence of endometrial carcinoma. | 0-----1 |
| 3- Regulation of cycle | 0-----1 |
| 4- Decrease osteoporosis | 0-----1 |
| 5- Decrease the dysmenorrhea | 0-----1 |
| 6- Decrease benign breast disease | 0-----1 |
| 7- Decrease the PID | 0-----1 |
| 8- Treat endometriosis | 0-----1 |

Complication-

- | | |
|---|---------|
| 1- Thromboembolism arterial ,cardiac CVA, | 0-----1 |
| 2- Thromboembolism venous Pul ,DVT | 0-----1 |
| 3- Minor (wt change ,mastalgia, breakthrough) | 0-----1 |
| 4- Gastric upset | 0-----1 |

total marks: _____

signature: _____

Interpretation /gynecology

Student's name:

examiner:

student's no.:

Date:

48 years old lady with multiple uterine fibroid, candidate for hysterectomy,
how will you council her preoperative.

- | | |
|---|-------------------|
| 1.conset | 0-----1 |
| a- the type of operation suitable for her(TAH+SAH) | 0--1--2 |
| b-conset for oophorectomy. | 0---1 |
| 2.complication,aneasthesia,op.,postop. | 0- 1-2- 3- 4. |
| 3.bowel preparation [fasting 6 hrs.] | 0--1--2 |
| 4.investigation .[CBP,bl preparation,ECG,CXR]. | 0---1---2---3---4 |
| 5.preoperative anesthetic fitness. | 0--1 |
| 6.postoperative stay +fallow up.(vital signs,fluid input,UOP.,ABS,BS,early mobilization.) | 0--1--2--3--4--5 |

total marks : -----

signature:

Interpretation/obstetrics

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student's no.: _____ Date: _____

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- | | |
|---|---------------------|
| 1. call for help | 0-----1 |
| 2. ABC | 0-----1-----2-----3 |
| 3. Two wide bore canula+blood for IX,(Bl gr.&Rh,Hb,coagulation profile) | 0---1---2---3---4 |
| 4. IVF(crystaloid)+blood O-ve, FFP | 0-----1-----2-----3 |
| • if fibrinogen very low, cryoperspitat. | 0-----1 |
| 5. catheter,input=output chart. | 0-----1-----2 |
| 6. look for cause (tear, atony ,RPOC). | 0-----1-----2-----3 |
| 7. uterine massage=oxytocine drip +methergine,misopristol | 0-----1-----2-----3 |
| 8. paking the uterus+ballon tamponade. | 0-----1-----2 |
| 9. laprotomy+suturing ,ut or internal iliac A ligation | 0-----1-----2-----3 |
| 10. Subtotal abidominal Hysterectomy . | 0-----1 |

total marks:/

signature: _____

Role player/ gynecology

Student's name: _____ examiner: _____

student's no.: _____ Date: _____

24 years old age lady with history of inability to conceive , she has normal sexual history .
Her husband was normal.

Take focus history from her?

- | | |
|--|---------------------|
| 1. Does the candidate introduce himself and take permission for history taking | 0-----1-----2 |
| 2. Does the candidate take a detail personal history (age,duration, type ,occupation) | 0.....1.....2 |
| 3. Does the candidate ask about any change in body weight | 0.....1.....2 |
| 4. Dose the candidate take menstrual history (regularity ,duration ,dysmenorrhea) | 0.....1.....2 |
| 5. Dose the candidate take gynecological history (previous PID, genital tract infection ,gyn. Operations, contraception) | 0.....1.....2.....3 |
| 6. Dose the candidate ask about Previous investigations and treatment (type and duration) | 0.....1.....2 |
| 7. Dose the candidate ask about medical ,surgical, drugs history | 0.....1.....2.....3 |
| 8. Dose the candidate ask about social history | 0.....1 |
| 9. Dose the candidate ask about any stressful events or exercise | 0.....1.....2 |
| 10.Dose the candidate ask about any visual symptoms , headache ,galactorrhea | 0.....1.....2 |
| 11.Dose the candidate the history systematically | 0.....1 |

total marks:

signature: _____

interpretation /gynecology

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- | | |
|---|---------|
| 1- Contraception | 0-----1 |
| 2- Decrease the incidence of endometrial carcinoma. | 0-----1 |
| 3- Regulation of cycle | 0-----1 |
| 4- Decrease osteoporosis | 0-----1 |
| 5- Decrease the dysmenorrhea | 0-----1 |
| 6- Decrease benign breast disease | 0-----1 |
| 7- Decrease the PID | 0-----1 |
| 8- Treat endometriosis | 0-----1 |

Complication-

- | | |
|---|---------|
| 1- Thromboembolism arterial ,cardiac CVA, | 0-----1 |
| 2- Thromboembolism venous Pul ,DVT | 0-----1 |
| 3- Minor (wt change ,mastalgia, breakthrough) | 0-----1 |
| 4- Gastric upset | 0-----1 |

total marks:**signature:**