021
FAMILY MEDICINE
MINI-OSCE

لَقَدْ جَاءَكُمْ رَسُولٌ مِّنْ أَنفُسِكُمْ عَزِيزٌ عَلَيْهِ مَا عَنِتُّمْ حَرِيصٌ عَلَيْكُم بِالْمُؤْمِنِينَ رَءُوفٌ رَّحِيمٌ

SPECIAL THANKS ☺

1st Rotation:

Mohamad Al-Saed

2nd Rotation:

Mohammad Atwan, Zaid Al-Absi

3rd Rotation:

Mohammad Rababa'h, Mohammad Bani-Mostafa

4th Rotation:

Albara Ahmed, Abdullah M Alshaikh, Mohammad Abu-Khdear

1st Rotation

Q1:

A. What is Homeostenosis?

Narrowing of the reserve capacity that underlies the decreased ability to maintain homeostasis under stress.

B. Mention two consequences / complications?

1- decreased maximum cardiac output.

2- loss of homeostasis and development of disease

Q2: Mention the 3 levels of prevention and an example on each:

A. Primary prevention:

DASH Diet and weight loss to prevent Dm

B. Secondary prevention:

Colon Ca screening

C. Tertiary prevention:

Rehabilitation for stroke patients

Q3: Mention the two MOST likely diagnosis in the two following situations:

A. 46-year-old man with UPPER abdominal pain for 2 days:

PUD / acute chole

B. 46-year-old man with UPPER abdominal pain for 2 months:

GERD and biliary colic

Q4: Low TSH low T4:

A. What's your diagnosis?

Central hypothyroidism

B. What is the best next test to do?

Pituitary MRI

Q5:

A. Mention the findings in the picture:

Xanthelasma

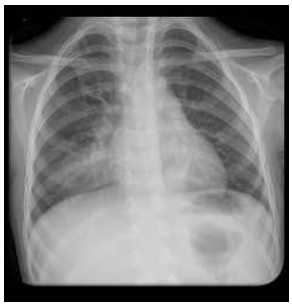
B. Mention the first question you will ask this patient when taking Hx:

Hx of ASCVD /DM

C. Mention one blood test

Full lipid profile

Q6: Man in his 50s with productive cough, fever, and dyspnea:



A. Mention 2 DDx:

1- pneumonia (middle lobe)

2- Tb / Abscess

B. If this patient were stable, in patient-centered medicine, what three patient-centered questions would you ask this patient:

1- Ask about ideas

2- Ask about concerns

3- Ask about expectations

2nd Rotation

Q1:

A. Define Counseling?

The therapeutic process of helping a patient to explore the nature of their problem in such a way that they determine their decisions about what to do, without direct advice or reassurance from the counsellor

B. What makes family physicians good counselors (mention 2)?

1- They can observe and understand patients and their environment.

2- They are ideally placed to treat the whole patient.

Q2: Mention 2 physiological changes happen in geriatric on each:

A. CNS:

1- Small decrease in brain mass

2- Proliferation of astrocytes

B. PNS:

1- Loss of spinal motor neurons

2- Decreased size of large myelinated fibers

Q3: 41 years old woman afraid because her 84-year-old mother died of colon cancer, what 4 screening test would u do to her?

ANS:

1- Hypertension

2- Diabetes mellites

3- Depression

4- Cervical cancer

Q4: Give 2 DDx to each of the following in case of lower back pain:

A. 23-year-old male for 4 months:

Ankylosing spondylitis, Disc herniation

B. 48-year-old female for 2 days:

Muscle strain, Renal colic

Q5: Elderly women with Asymmetrical facial features, what is spot diagnosis?

ANS:

Bells palsy.

Q6: 36 year old women with this urinalysis test:

Element	Result
Color	Amber
Transparency	Translucent
Reaction	Acidic
Protein	+1
Glucose	Negative
RBC	+1 – +2
WBC	2-3
Epithelial cells	1-2
Bacteria:	Found
Others:	Mucous

A. What 2 questions would you ask the patient?

1- Do you have any urinary symptoms

2- Do you have any history of kidney disease

B. 2 DDx?

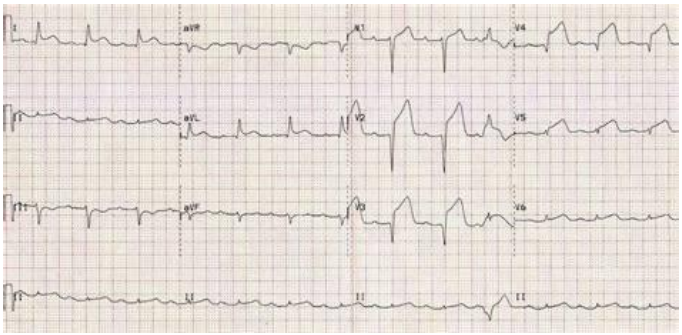
Pyelonephritis, Glomerulonephritis

C. What is the best next step?

Urine culture, Antibiotics

Q7: 65 years with retrosternal chest pain of 3 hours duration, ECG:

The ECG is not accurate



A. 2 abnormal findings:

1- ??

2- ??

B. DDx (MCQ)

A. Acute Anterolateral infarction

B. Acute Anterior infarction

C. Acute Inferior infarction

D. Severe Pericarditis

E. Pleural Effusion

ANS: A (not sure)

Q8: Picture of herniation:

A. What is the surgery?

Hernia repair

B. 2 DDx

Inguinal hernia & trauma

C. what would u tell him to prevent…?

Decrease anything that affects abdominal pressure

Don’t carry heavy things

3rd Rotation

Q1: 75-year-old female asked to do screening for breast and colorectal cancer:

A. What are the things you will ask about to do the referral or not?

Ask if there is any family history, and if there any constitutional symptoms like weight loss or fever.

B. Geriatric assessment item to assess for the fitness of the patient?

Life expectancy and function state.

Q2: Angry patient. 3 things to do and 3 things to avoid?

ANS:

To do: Be calm, listen carefully and give explanations to your choices

To avoid: don't raise your voice or being angry, don't interrupt him, and don't laugh at his choices

Q3: 56-year-old male patient with uncontrolled hypertension and DM and KFT shows that he developed CKD, his treatment for hypertension is Amlodipine:

A. What will you do with his medication?

Add another anti-hypertensive drug like ACEI and ARB

B. Two evidence-based lifestyle modifications?

DASH diet and doing exercise

Q4: Give 3 DDx to each of the following in case of:

A. 20-year-old female with lower abdominal pain for 2 days

UTI, cyclic pain, appendicitis

B. 45-year-old female with lower abdominal pain for 4 months

Ovarian cyst, muscle strain or hernia, diverticulitis

Q5: Patient with Gravis disease:

A. Give two physical signs:

1) Exophthalmos

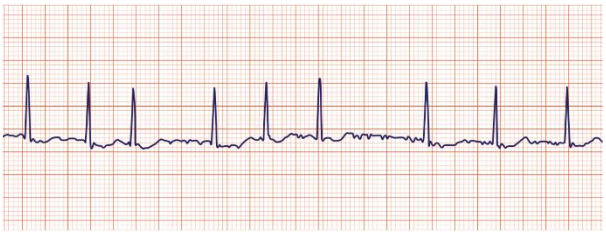
2) Tremor

B. Give two long-term complications:

1) Heart failure / Atrial fibrillation

2) Osteoporosis

Q6: ECG.



A. Diagnoses?

Atrial fibrillation

B. Three Clinical presentations?

Chest pain, dizziness, palpitation.

C. Management?

If stable, give beta blocker, Ca channel blocker, digoxin and anticoagulant

If not stable, give DC shock

4th Rotation

Q1:

A. Define whole person medicine:

Treating the patient as a whole person — considering their biological, psychological, social, cultural, and spiritual aspects — rather than just focusing on a single disease or organ system.

B. Patient with uncontrolled DM, what would you tell him as part of whole person medicine? (MCQ)

A. Giving the same standard 1,800-kcal diabetic diet

B. Decrease intake takes into consideration his culture

C. The patient must stop bread completely

ANS: B

Q2:

A. Define Frailty?

Clinical syndrome characterized by increased vulnerability to stressors due to a decline in physiological reserve and function across multiple organ systems, leading to a higher risk of adverse health outcomes (e.g., falls, disability, hospitalization, or death).

B. Main cause of frailty (MCQ)

A. Aging

B. Decrease in homeostasis

C. multi-morbidity

ANS: A

Q3: 2-3 months vaccines (mention 6):

ANS:

1. DTaP – Diphtheria, Tetanus, and acellular Pertussis
2. IPV – Inactivated Poliovirus Vaccine
3. Hib – Haemophilus influenzae type b
4. Hepatitis B
5. PCV – Pneumococcal Conjugate Vaccine
6. Rotavirus vaccine

Q4: Give 2 causes to each of the following in case of anorexia:

A. 21-year-old female for 1 week:

1. Viral infection (e.g. influenza, gastroenteritis)
2. Psychological stress or depression.

B. 68-year-old male for 3 months:

1. Malignancy (e.g. gastric or pancreatic cancer)
2. Chronic systemic disease (e.g. chronic kidney disease, heart failure)

Q5: DVT case, Mention 4 clinical features/risk factors:

ANS:

1. Swelling of the affected leg (usually unilateral)
2. Pain or tenderness, especially in the calf
3. Prolonged immobilization (e.g. post-surgery, long flights, bed rest)
4. Recent surgery or trauma
5. Previous DVT or family history of thrombosis

Q6: A female patient came to you with these findings:

A. What are the findings?

Raynaud (blue discoloration)

B. What do you want to tell the patient:

"You have Raynaud's phenomenon; it's due to temporary vessel narrowing. We'll do some tests to check if it's primary or secondary, and you should keep your hands warm and avoid cold, stress, smoking, and caffeine."

Q7: A couple came to the clinic, can't conceive for 14 months with normal labs of the female.

A. Their fertility situation?

We need further history and investigations before deciding.

B. What are the causes of their failure?

Male factor, tubal/uterine factor, ovulatory dysfunction, unexplained infertility