021
FAMILY MEDICINE
MINI-OSCE

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

SPECIAL THANKS ☺

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9th Rotation:

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10th Rotation:

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صدقة جارية عن المغفور لهما بإذن الله

عمر عطية من دفعة 023 ، روضة ضياء من دفعة 020

اللهم ارحمهما واغفر لهما، وأنزلْهما منازلًا مباركةً، ووسِّع مداخلهما. إنا لله وإنا إليه راجعون.

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:

ANS:

1. Primary prevention: DASH Diet and weight loss to prevent Dm

2. Secondary prevention: Colon Ca screening

3. 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

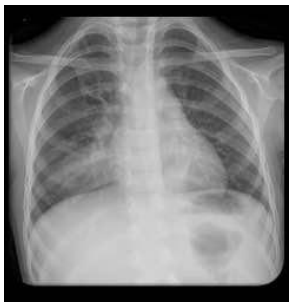
B. Mention the first question you will ask this patient when taking Hx:

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

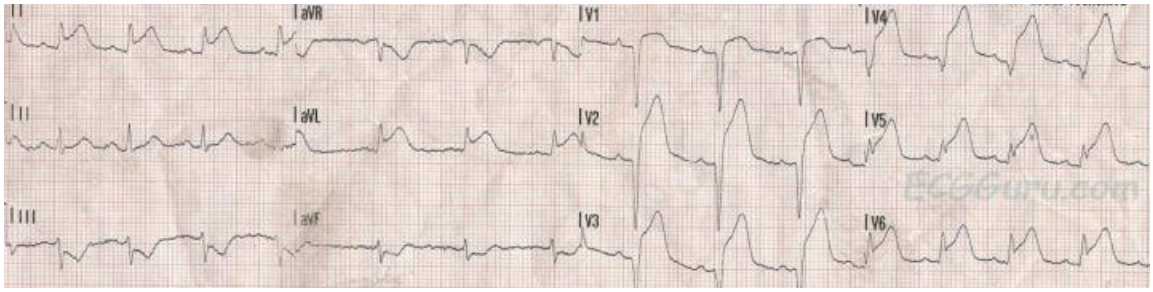
B. 2 DDx?

Pyelonephritis, Glomerulonephritis

C. What is the best next step?

Urine culture, Antibiotics

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



A. 2 Abnormal findings:

1- ST elevation in anterior and lateral leads

2- Reciprocal depression in inferior leads

B. DDx (MCQ)

A. Acute Anterolateral infarction

B. Acute Anterior infarction

C. Acute Inferior infarction

D. Severe Pericarditis

E. Pleural Effusion

ANS: A

Note: The ECG in the exam was so unclear & confusing between choices A,B,D, So we put this ECG just to get benefit from the question

Q8:

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

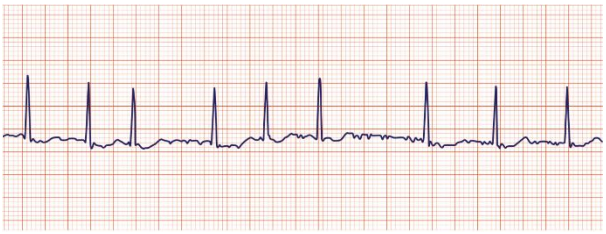
2) Tremor

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

5th Rotation

Q1: In the family clinic you face a patient with recurrent visitation and multiple complaints demanding multiple investigations and imaging, he is rude and asks you in a commanding manner to write a prescription.

A. What is this type of patient?

Entitled demander

B. How do you manage them 3 points

Appropriate use of power, remain in control, set clear boundaries, stay calm and respectful non-confrontational.

Q2: A 79 year old female with controlled hypertension got a UTI which led to dehydration then delirium and multiple falls and the patient was Hospitalized, in the hospital she was managed with fluid administration and electrolyte balancing, her cognitive and functional states went back to baseline after 48 hours.

A. What is the reason for this response to a simple UTI ?

A. Homeostenosis

B. Delirium

C. Multimorbidity

ANS: A

B. Explain your answer:

Homeostenosis reduces the body's ability to maintain or restore homeostasis after or during a stressor (the UTI) the loss of homeostasis leads to the development of the vicious cycle of giants.

Q3: Write 3 differences between the "Stott and Davis" model of consultation and the typical consultation:

ANS:

1. "Stott and Davis" is patient centered **while** the typical consultation is doctor centered

2. "Stott and Davis" treats the patient as a whole **while** the typical consultation focuses on the current disease

3. "Stott and Davis" associate the patient in the decision-making process **while** the typical consultation keeps the decisions mainly to the doctor

Q4: A table with cognitive function/ADL/ Instrumental ADL questions:

A. What is this tool?

Comprehensive geriatric assessment tool

B. What is it used for?

The assessment of cognitive and functional abilities of a geriatric patient

Q5: Give one likely and one less likely deferential diagnosis for each of the following:

A. 24 years old female with headache for two weeks:

- Migraine / tension headache
- Idiopathic intercranial hypertension

B. 70 years old man with headache for two weeks:

- Uncontrolled hypertension
- Brain tumor

Q6: A 25 years old lady complains of fatigue and tiredness and occipital and bitemporal headache she also has mandibular joint tenderness and says that the pain prevents her from sleeping she denies any fever weight loss or loss of appetite she has 2 children (six months and 3 years) she works at a bank, when you ask about her social support she says that her husband is a uni professor currently in Qatar for a business thing and will stay for a while, when you ask about ICE she says that she thinks it's due to lack of sleep and she is afraid that her children will be spoiled if she holds back she is also overwhelmed by the responsibility and feels that it's hard to keep the balance between her kids and job She vapes since 5 years.

A. What is your diagnosis?

Tension headache/anxiety

B. Write an assessment regarding the case

The patient is a 25 year old married lady mother of two and a smoker, medically free surgically free, suffers from fatigue and bitemporal and occipital headache, she is under significant psychological stress

Q7: A 67-year-old diabetic patient comes to your clinic complaining of weight loss and fatigue he looks dehydrated and he is in delirium you order the following tests Glucose 900 Blood ph 7.35 Bicarbonate 24 Serum osmolality 325 Ketone bodies negative:

A. What is your diagnosis?

Hyperglycemic hyperosmolar state

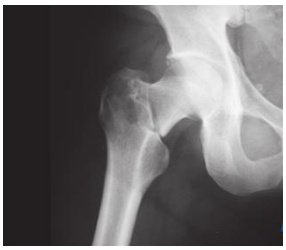
B. What is your top ddx?

Diabetic ketoacidosis

C. How do you differentiate between them

Ketone bodies in blood / urine

Q8: A 65-year-old woman complaining of hip pain after a fall You have the following X-ray:



A. Describe what you see?

Discontinuation of bone in the femoral neck

B. What is the most important risk factor?

Osteoporosis

C. Persistent pain after one month, what do you think the reason?

Femoral nerve injury / AVN

6th Rotation

Q1: Patient has headache & hypertension. He wants to do a CT scan because his mother died of brain cancer.

Using Stott & Davies model of consultation:

A. Write 2 strategies and advice related to this case?

1. Management of presenting problems
2. Management of continuing problems

B. How would you do these?

1. Presenting problem: History & physical examination, exclude red flags, Provide reassurance and simple analgesia.

2. Continuing problem: Assess blood pressure control, check adherence to antihypertensive medications, Review lifestyle factors and adjust treatment if needed.

Q2: Mention 1 physiological change in:

A. Renal:

Decreased GFR

B. Musculoskeletal system:

Sarcopenia

Q3: You want to make a referral of a patient to a cardiologist. Mention 2 things you say to the doctor and 2 things you say to the patient.

ANS:

Doctor: Reason for referral **+** Relevant history, examination findings, and investigations done

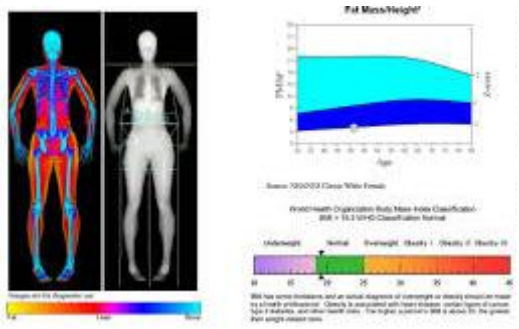
Patient: Explain why referral is needed **+** Reassure the patient and address concerns

Q4: Patient diagnosed with hypertension. He is using his medications, but his BP is still high. Mention 2 causes:

ANS:

1. Poor adherence / incorrect use of medications
2. Lifestyle factors (high salt intake, obesity, lack of exercise)

Q5: The scan is shown:



A. What is this scan?

DEXA scan

B. What is it used for?

Measurement of bone density

C. When do you start screening?

Females: ≥ 65 years

Males: ≥ 70 years

Q6: Mention 2 differential diagnoses for difficulty swallowing in each case:

A. 22-year-old female for 3 days:

• Acute pharyngitis, Globus sensation (psychological / anxiety-related ± GERD)

B. 70-year-old male for 3 months

• Oropharyngeal dysphagia (e.g. post-stroke), Esophageal carcinoma

Q7: Patient with GFR = 42

A. What stage?

3-B

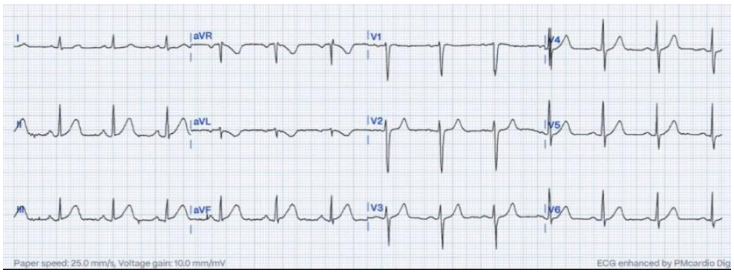
B. Mention ONE implication (examples):

Hyperkalemia, Metabolic acidosis, Anemia, Vitamin D deficiency / renal bone disease

C. Counseling?

Patient may need dialysis later

Q8: Patient has signs of heart failure (e.g. displaced apex beat, basal crackles):



A. Describe what you see?

Acute T-wave leads V1 to V6

B. How would you approach this patient using patient-centred medicine?

RAPRIOP approach

7th Rotation

Q1: Differentiate between Multimorbidity and Comorbidity.

ANS:

Comorbidity: A group of morbidities in a single patient with one morbidity being the dominant (Conditions coexisting with an index disease)

Multimorbidity: A group of morbidities in a single patient without a dominant morbidity (co-occurrence ≥2 conditions that may not directly interact).

Q2: A 20-year-old guy with free medical & surgical history.

A. What screenings should he do?

HTN, Depression

B. What Vaccines he must take?

TB, Covid-19

Q3: A female patient got the doctor's phone number and keeps calling her and sending her private details and complaints.

A. What is the name of this doctor-patient relationship?

Dependent clinger (a type of patient transference).

B. What are the consequences?

- Loss of professional objectivity
- Patient emotional dependence
- Doctor stress and burnout
- Ethical and medico-legal risk
- Miscommunication and informal, undocumented medical advice

Q4: Mention 2 differential diagnoses for each case:

A. 22 years old heavy uterine bleeding for 7 days:

Dysfunctional uterine bleeding, Pregnancy-related bleeding, Miscarriage

B. 52 years old irregular uterine bleeding:

Endometrial carcinoma, Cervical cancer

Q5: A 50-year-old diabetic on Metformin with image of ALT and AST levels only, ALT was elevated, AST normal.

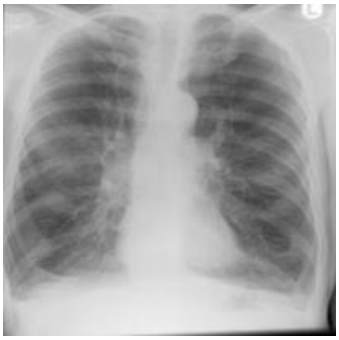
A. Give 2 Ddx.

NAFLD, Chronic viral hepatitis

B. Give 2 risk factors.

Obesity, DM.

Q6: A 82-year-old patient has mild dyspnea on exertion, he is non-smoker and doesn't drink alcohol PFT shows reduced FEV1, FVC and increased Residual volume, PFT shows decreased FEV1 and normal DLCO:



A. Diagnosis?

Age related Obstructive lung (physiological aging lung)

B. Management?

RAPRIOP

- Reassurance (physiological change with aging)
- Pulmonary rehabilitation / exercise training
- Breathing exercises
- Vaccination (influenza, pneumococcal)
- Short-acting bronchodilator if symptomatic (trial if dyspnea limits activity)
- Referral: to pulmonology clinics
- Investigations: PFT, DLCO, x -ray, ABGs, CBC
- Observation: monitoring symptoms, arrange appointments for follow up, check inhaler adherence

Q7: A patient presents with suprapubic pain. Urinalysis shows; Turbid urine, Bacteriuria, Leukocyte esterase: +3, WBC: 3-5/hpf.

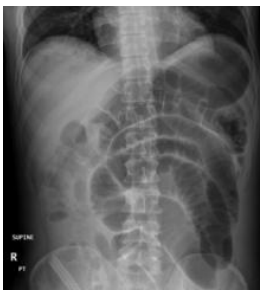
A. What are the abnormalities?

Turbid urine, bacteriuria, Leukocyte esterase: +3, WBC: 3-5/hpf

B. Diagnosis:

Acute cystitis (UTI)

Q8: According to this x-ray.



A. What is the diagnosis?

Intestinal obstruction, Adhesions ,Colorectal cancer.

B. Mention 2 findings.

Dilation of the bowel loops, multiple air fluid levels.

8th Rotation

Q1: Physiological changes in immunity with aging (give 2).

ANS:

1. Decreased T-cell function due to thymic involution
2. Reduced B-cell response and antibody production

Q2: Delivering bad news: metastatic lung cancer & the patient came alone.

A. 1 thing you will ensure before starting the encounter?

Ensure privacy and a comfortable setting for the discussion.

B. 2 questions you'll ask to assess understanding?

1. "What have the doctors told you so far about your condition?"
2. "What is your understanding of the tests or results done recently?"

Q3: 48 y.o woman Lower abdominal pain for 3 months and her mother had cancer newly diagnosed and she has work stress and load. How to be a safe doctor what to ask

A. 2 Ddx?

1. Ovarian cancer
2. Irritable bowel syndrome (IBS)

B. 3 Other areas to explore to be a safe doctor?

1.
2.
3.

Q4: Mention 2 differential diagnoses for each case:

A. 25 years old male complaining of knee pain for 7 days:

Traumatic ligament/meniscal injury, Septic arthritis

B. 75 years old female complaining of knee pain for 3 months:

Osteoarthritis, Rheumatoid arthritis

Q5: Patient with DM2, her last A1C check was 3 years ago, she's non-compliant on 3x850mg metformin and her current A1C is 8.5, BMI is 33.

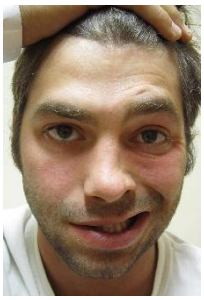
A. 2 reasons for her non-compliance.

1. Poor understanding or low motivation/forgetfulness
2. Medication side effects (e.g., gastrointestinal upset from metformin).

B. How will you manage from here?

- Assess barriers to adherence and counsel the patient.
- Lifestyle modification: weight loss, diet control, and exercise.
- Optimize pharmacologic therapy: ensure adherence to metformin and consider adding another antidiabetic agent (e.g., GLP-1 agonist or SGLT2 inhibitor, especially with obesity).
- Regular follow-up and HbA1c monitoring (every ~3 months).

Q6:



A. Diagnosis (mention side)?

Left Bell's palsy

B. Important initial step in management?

1. Start oral corticosteroids (Prednisolone) within 72 hours.
2. Eye protection (artificial tears + eye patch) to prevent corneal drying.

Q7: TSH 18, T4 low, Case with symptoms of hypothyroidism.

A. 2 questions to counseling?

1. "Are you currently taking any medications such as lithium or amiodarone?"
2. "Have you ever had thyroid surgery or received radiation to the neck?"

B. Two physical signs:

1. Bradycardia
2. Dry, coarse skin