



# COLLECTED OSCE EXAMS

Internal Medicine

**Special thanks to** 

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## 4th Year OSCE (o2o batch)

### 📌 1st Semester, 1st Day

1. Hx. 30 year old female, complains of fatigue, irregular menses, with T<sub>3</sub>, T<sub>4</sub>, TSH lab tests are lower than normal (and the normal range is given with the question).
  - Take a history + what is the diagnosis most likely according to the history.
  - 2 investigations -> (ultrasound + auto-antibodies)
2. PEx. patient with ischemic heart disease, HTN, DM, post CABG surgery
  - Do JVP examination
  - Name the sign that shows increase in JVP with inspiration -> Kussmaul sign (+ its causes)
  - What is the suspected diagnosis? -> constrictive pericarditis.
3. PEx. Patient with bronchiectasis + SOB of 1 month duration.
  - do posterior chest examination with general.
  - 2 investigations -> (sputum culture is important).

### 📌 1st Semester, 2nd Day

1. Hx. 18 years old single female came to your clinic with uncontrolled hypertension 200/100.
  - Take a focused history for secondary hypertension causes.
2. PEx. 35 years old male, with mid systolic murmur increased with valsalva maneuver.
  - Examine precordium without general.
  - Diagnosis -> HOCM
3. PEx. Patient diagnosed with hepatitis B.
  - Examine general for stigmata of chronic liver disease + inspection for abdomen and splenomegaly.
  - Mention hepatic decompensation symptoms.

## **📍 2nd Semester, 1st Day**

### **1. Abdominal palpation and percussion**

- **DDx. for 11cm palpable liver span and nodular: Cirrhosis**
- **DDx. for hard liver edge: Malignancy**
- **DDx. for pulsatile liver: Right sided heart failure with tricuspid regurgitation.**  
**++ the patient was smoker with COPD: hyperinflation**

### **2. PEx ant. Chest with general**

- **Name investigations for pneumonia (chest xray)**
- **What does indrawing of intercostal spaces indicate? Accessory muscle use and respiratory failure**

### **3. Hx DVT**

- **Name risk factors (travel/ pregnancy / ocp / family hx/ sx)**
- **Name 3 complications**  
**(PE/compartment syndrome/venous ulcer(postthrombotic syndrome))**
- **Name 3 investigations**  
**(d-dimer / venography) + Doppler US**

## **📍 2nd semester, 2nd day**

### **1) Take a history from presented with left leg pain**

- **Investigations**
- **Dx? Gout**

### **2) PEx: Precordium with JVP syncope, cannon a wave with bradycardia**

- **DDx**
- **Dx? AV block**

### **3) GI palpation and percussion**

- **Give 3 causes for painful hepatomegaly**

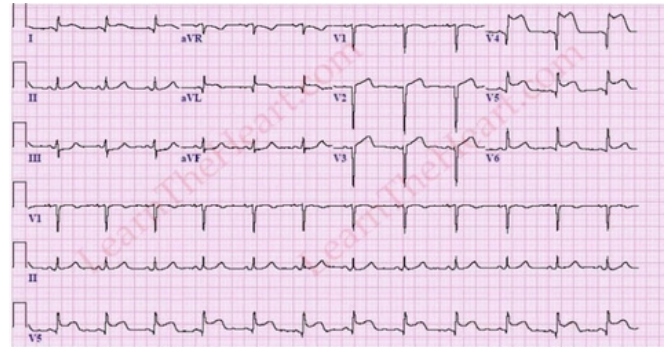
## 4th Year OSCE (o19 batch)

### 📌 1st Semester, 1st Day:

1. Hx. 85 years old male complaining from chest pain:

Then an ECG (train of any ECG)  
(they changed it during the exam 😞):

- Take hx
- What's your diagnosis?
- The most possible complications?
- Causes of the disease?
- CHADS VASC score (for A.fib)



**ANSWERS:** (1st one was antero-septal MI, 2nd was A.fib)

2. PEx. Posterior Chest

3. PEx. Thyroid

- Hypothyroidism?
- Primary or secondary?

### 📌 1st Semester, 2nd Day:

1. Hx. Pulmonary Embolism

- (virchow triad+ hypercoagulable state)

& SLE (changed during the exam 😞)

- (Risk factors + Antiphospholipid syndrome + miscarriage)

2. PEx. Hand

3. Stigmata of Chronic Liver Disease

**📌 2nd Semester, 1st Day:**

- 1. 64 years old female patient with jaundice from 3 weeks, take a history**
- 2. Thyroid examination**
  - hyperthyroidism?
  - Primary or secondary?
- 3. Examination of precordium**

**📌 2nd Semester, 2nd Day:**

- 1. Hx. thyroid**
- 2. PEx abdomen**
- 3. PEx. Posterior Chest**

## 6th Year OSCE (o18 batch)

### **First rotation**

1. Take a history from 20 year old female presented with a chest pain.  
(Acute pericarditis)
2. Take a history from 30 year old female with DVT
  - Risk factors of DVT
  - Complications of DVT (PE, chronic venous insufficiency, and compartment syndrome)
3. Abdominal exam, palpation and percussion
  - DDX of hepatomegaly
  - DDX of nodular painless liver (Cirrhosis, malignancy)
4. Hand exam for patient presented with pain in small joints of the hand
  - Give DDX
  - Investigations
  - 3 pulmonary of RA

### **Second rotation :**

1. Hypertensive crisis
2. Precordium examination
3. Posterior chest examination
4. Peptic ulcer due to NSAIDs

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### **📌 Third rotation**

**1. Take a history from a patient with muscle weakness and CK level of 1000.**

- **What is your diagnosis? Dermatomyositis**

**(Others: polymyositis, drug induced myopathy such as statin induced, and cortisol induced, SLE, myasthenia gravis)**

**2. Take a history 27 years old female lady presented with bilateral ankle swelling and periorbital puffiness of two months duration. Her urinalysis showed +4 proteinuria with no WBC, no RBC.**

- **What is your diagnosis? Nephrotic syndrome**
- **Ask history to identify the cause.**

**(Others: The most likely diagnosis after taking his history, was focal segmental glomerulosclerosis, although the patient did not have any risk factors such as HIV, drug use, obesity, or sickle cell disease)**

**PEx:**

**3. Do PEx to a patient came with a new heart murmur and fever.**

- **Perform a general and precordium examination**
- **What is your diagnosis? IE**
- **What investigations you want to order? TTE, blood culture**

**4. Do PEx to 70-year old patient with lung mass on chest x-ray.**

- **Perform a general and anterior chest exam.**
- **What investigations do you want to order to confirm diagnosis?**

**(chest CT, transbronchial biopsy, PET scan.)**

## **📌 4th rotation:**

- 1. General respiratory exam and anterior chest (without auscultation) for a patient with sarcoidosis**
  - Findings on auscultation?
  - Findings on chest CT
- 2. Abdominal inspection, palpation and ascites exam**
  - How to differentiate between cardiac and liver causes of ascites?
  - SAAG: what do you measure
  - If ascites albumin= 1.8 and serum albumin= 3. Smth... what is the cause
- 3. Joint pain history + DDX**
- 4. Pt with chronic renal failure (stage 5) with chest pain of 7 days**
  - What is the diagnosis
  - What is the most feared complication
  - Management

## **📌 5th rotation:**

- 1. Primary Hypothyroidism:**
  - Focused hx
  - Causes ( Hashimoto, postpartum , etc..)
  - Investigations ( US + antibodies)
  - If the patient was given 50 mg Levothyroxine yet the patient came 3 months later with hypothyroidism, what is the diagnosis now? Celiac disease (malabsorption)

**2. Physical Examination: Posterior Chest (75 Yo smoker + hemoptysis) followed by:**

- **2 Differential Diagnoses?**
- **Investigations**
- **Mention other findings the patient may have:**
  - **Hypertrophic Osteoarthropathy**
  - **Horner's Syndrome (Triad): Apical Tumor**
  - **Acanthosis nigricans**
  - **Weight loss (Cachexia)**

**3. History: hand tightness (Scleroderma)**

- **Focused history**
- **What is the diagnosis?**
- **Workup? (Ant SCL70, anticentromere, CT , etc..)**
- **Pulmonary Complications and their management? (Limited PAH , diffuse ILD)**
- **Tx for lung fibrosis? AntiFibrotics**

**4. General + Precordium examination ( Marfan + dyspnea )**

- **Murmur you expect to hear in this patient? AR**
- **Complication? Aortic Dissection**

## 6th Year OSCE (o17 batch)

### 📌 First rotation:

1. 36 y/o patient with family history of asthma
  - History indicating asthma
  - Assess asthma control in the last month
  - Investigation
2. Examination of JVP and waves of JVP
3. Glomerulonephritis (case history +2 protineuria ,hematuria, RBC cast )
  - Diagnosis
  - Investigation
  - Causes
4. General examination of GI and inspection only of hepatitis C patient, mention stigmata of chronic liver disease.

### 📌 Second rotation:

1. Iron deficiency anemia causes and lab tests needed
2. Chest pain female 20 yo pericarditis history
3. Abdomen physical exam
4. Ant chest physical + mention 2 pathological causes of decreased TVF on examination

### 📌 Third rotation:

1. Bronchiactesis Hx, findings in chest examination
2. Nephrotic Hx, causes
3. Abdominal palpation and percussion
4. Hand examination, ddx, investigations

## **📌 Fourth rotation :**

**1. Precordium examination**

**2. Posterior chest examination, What are the physical exam findings in pleural effusion?**

**3. JVP examination**

- **One Ddx in each of the following:**

**\*If it's raised, Absent a wave, cannon a wave, prominent y descent, prominent v wave.**

**4. DVT, take a focused Hx with risk factors/ mention 3 complications.**

**5. Male with primary infertility, his Labs: low testosterone, high LH and FSH (primary hypogonadism)**

- **Take a focused Hx**
- **What's the diagnosis: Klinefelter syndrome XXY**

## **📌 5th rotation**

**1. Patient presents with neck mass, palpitations, and heat intolerance:**

- **Perform neck and general thyroid physical examination to reach a diagnosis.**
- **Give 3 laboratory tests to order**
- **Give two imaging modalities to order.**

**2. Patient presents with sudden onset of severe chest pain and shortness of breath. X-ray revealed pneumothorax.**

- **Perform a physical examination of the chest to confirm the diagnosis**
- **Answer examiner's questions in regards to the diagnosis and management of this condition.**

**3. Patient presents with history of fatigue, exertional shortness of breath, and pica.**

**You suspect iron deficiency anemia.**

- **Take focused history from the patient to support your diagnosis of IDA**
- **Suggest relevant laboratory tests to order**

**4. Patient presents with a 24-hour history of hematemesis.**

- **Take history from the patient to identify the cause**
- **Give your most likely diagnosis.**

## 6th Year OSCE (o16 batch)

### 📌 First rotation

1. Abdominal palpation and percussion
2. Chest pain full history and diagnosis ( pericarditis)
3. Raynaud case full history specific for rheumatological and non rheumatic causes plus Investigations and diagnostic like capillarscopy.

### 📌 Second rotation

1. Physical exam; JVP, how to differentiate from carotid and about waves
2. Oral; IDA ask specific questions to confirm and investigations
3. DKA case, K=4.5 , diagnosis, management and investigations

### 📌 Third rotation:

1. Physical exam: hand
2. The patient has RA:
  - What are the investigations you're going to order?
  - 3 Pulmonary manifestations of RA?
3. Oral:
  - Hypertensive crisis.. you ddx, hx, p/e, investigation, and management.. BP goals? Where to admit?
  - Hx of bloody diarrhea.. dx is ulcerative colitis

### 📌 Fourth rotation :

1. Oral : stroke
2. History: Asthma
3. PE: focused examination for chronic liver disease
4. PE : chronic liver disease and 5 causes for splenomegaly.
5. Differentiate between spleen and kidney.

## OSCE Stations

### Endocrine

1. Px of Cushing
2. Examine the head, neck, and hand for these given TSH and T4 values (it was hypothyroid)
3. female patient with 2ndary diabetes. Take a history. (Extra note: be sure to r/o acromegaly, cushing's, thyrotoxicosis, etc in your questions)
4. Physical examination of pt with symptoms of hyperthyroidism.
5. Steroids side effects
6. Oral , DKA case, K=4.5 , diagnosis, management and investigations.

### Nephro

1. History of Lower abdominal pain with urinary symptoms: history taking and diagnosis: cystitis.
2. History for lab results (mild proteinuria, hematuria) and give 3 differentials
3. Take a history of pt with AKI
4. Nephro case where there was high urea and creatinine level .. Take history
5. Nephro station, ( renal failure) , take hx, what tests can tell if it's acute or chronic
6. Nephrotic syndrome hx
7. Urine analysis “color= hazy, protein= ++, WBCs= seen, RBCs= numerous” >> take history.

### Hemato

Hx anemia ( IDA ) , and labs needed ( 3 times)

### Infectious

History for a pt with high titers of Brucella focusing on the complications and mention the most serious complication



## **Cardio**

1. Patient with rt Leg pain & swelling >>> History then give the most appropriate investigation ( DVT )
2. ECG and take appropriate history and physical examination and give the diagnosis (Diffuse st so pericarditis) ( 2 times )
3. ECG showing atrial fibrillation, take hx
4. A female patient on her 50s who has HTN and came in with with bp 190/90 (not sure about the number) and her blood pressure has not been under control despite treatment. Take a history, exploring the possible causes of her hypertension.
5. A female patient in her 20s cam complaining of fast heartbeat. Take a history and give the DDX. (SVT was the answer)
6. Examine the pericardium for a pt with heart failure
7. ECG st MI, What is this? And history
8. Examine the JVP & tell how to differentiate it from carotid ( 2 times )
9. St elevation >> ant.infarction full Hx
10. ECG reading ,it was tachycardia then take history
11. Oral , hypertensive crisis.. you ddx, hx, p/e, investigation, and management.. BP goals? Where to admit?

## **GI**

1. 70 year old male patient came in complaining of diarrhea. Take a history
2. Examine this patient for signs of chronic liver disease (3 times) , mention 3 causes of splenomegaly
3. Differentiate between spleen and kidney in px
4. Take a history focusing on the precipitating factors of hepatic of encephalopathy
5. Examination for signs of cirrhosis

6. Take a history of a patient complaining from dysphagia
7. Upper GI bleeding hx
8. Diarrhea history ( 2 times ) , bloody diarrhea Hx ( UC )
9. GI general exam
10. Abdominal pain palpation and percussion

## Rheumatology

1. History of lower back pain and give the most likely diagnosis (ankylosing spondylitis)
2. History of RA + lab tests. ( 2 times )
3. SLE hx
4. Raynaud case full hx for rheumatological and non rheumatic cause (+diagnosis, investigation)
5. Hand px , order 3 investigations , 3 pulmonary manifestations for RA

## RS

1. Obstructive sleep apnea history taking
2. OSA examination ( 3 times)
3. Female patient in her 20s complaining of dry cough of 2 months duration. Take a history and list 2 (or 3?) Investigations you would do.
4. Examine posterior chest for asthma exacerbation
5. Examination of COPD exacerbation
6. Examine the patient with severe bronchial asthma
7. Hx of asthma , and how to assess the severity , and investigations
8. ABGs , hypoventilation >> take Hx
9. An chest exam & mention 2 causes of decrease TVF
10. DVT familial thrombophilia, check chest exam >> pul. HTN