

## Blueprint OSCE autumn 2024

2D	Communication, explanation, anamnesis	Examination, technique	Skills, procedures
<b>CPR</b>			CPR newborn, infant and child.
<b>Gynecology</b>	Carry out medical history, explain relevant examinations and procedures, explain the results of examinations and test results, and explain treatment tips and side effects of treatment/complications of: <ul style="list-style-type: none"> <li>- Bleeding disorders, including postmenopausal bleeding</li> <li>- Complications in early pregnancy</li> <li>- Contraception</li> <li>- Prevention of cervical cancer</li> <li>- Pelvic tumour, benign/malignant</li> <li>- Genital descens</li> <li>- Urinary incontinence</li> <li>- Infertility</li> <li>- PCOS</li> <li>- Endometriosis</li> <li>- Pelvic Inflammatory Disease</li> <li>- Cymbal Smearer</li> <li>- Developmental deviations</li> </ul>	Gynecological examination with inspection of vulva and introitus, cured inspection (self-holding) of vagina and portio Descension survey with Sims spekel and valsalva Admission and change of descension ring in case of uterovaginal prolapse Test for stress incontinence in bench Bimanual palpation of the uterus/adnex	Microbiological samples from the cervix/vagina Cervixcytologi Pipelle© IUD insertion Contraceptive implant Inform about planned examination and procedure
<b>Obstetrikk</b>	First trimester: healthy pregnant, previously complicated pregnancy, screening for GDM, diabetic Explain routines around ultrasound examinations Third trimester: routine check-up, suspected preeclampsia Bleeding, abdominal pain, urinary tract infection, common ailments and complaints during pregnancy Type I diabetes and gestational diabetes The obese pregnant woman: inform about the recommended weight gain in pregnancy, special considerations in pregnancy	First, second and third trimester examinations Examination of the placenta after childbirth Interpreting blood test results for acute pregnancy-related symptoms	Filling in a health card for pregnant women Using Snurra™ to calculate gestational age/due date Refer for an adequate ultrasound examination Calculating BMI Implementation of OGTT Take and interpret urine dipsticks Placenta and umbilical cord: anatomical macrostructure, function, common abnormalities of clinical significance

	<p>Post-partum control after normal pregnancy, preeclampsia and GDM</p> <p>Contraceptive counseling post-partum</p> <p>Interpret clinical symptoms of acute pregnancy-related diseases/conditions</p>		
<b>Paediatrics (medicine and surgery)</b>	<p>Carry out anamnesis recording, including making age-appropriate / parent-adapted anamnesis recording, explaining relevant examinations and procedures, explaining the results of examinations and test results as well as explaining the treatment principle and side effects of treatment/complications of conditions (often clinical assessments with supplementary examinations for symptom complexes or diseases) in children who are included in LUB, Some examples of central categories, which are not an exhaustive list are:</p> <p>Acutely/seriously ill child, newborn and infant</p> <p>Shortness of breath, cyanosis</p> <p>Fever</p> <p>Decreased general condition, lethargy, paleness</p> <p>Rashes, skin changes.</p> <p>Seizures/convulsions</p> <p>Natural features; deviation from normal patterns and related symptoms</p> <p>Urinary incontinence</p> <p>Abdominal pain, constipation, diarrhoea, vomiting</p> <p>Headache</p> <p>Joint pain</p> <p>Poor well-being (infants, schoolchildren, adolescents)</p> <p>Delayed development and delayed growth</p> <p>Chronically ill child with acute illness: for example, febrile neutropenia</p> <p>Chronically ill child, assessment in stable phase</p> <p>Child abuse</p> <p>Acute abdomen (e.g. appendicitis, intussusception, malrotation volvulus)</p>	<p>Systematic assessment of acutely ill children (age-appropriate vital signs should NOT be crammed, but values and severity should be able to be interpreted against available normal values/scales, e.g. PEWS/PEWS)</p> <p>Growth: measure height, weight, head circumference. Create and interpret growth curves, assess puberty development</p> <p>Clinical examination of infants/newborns and children of different ages: assess general condition, neck-back stiffness, signs of dehydration, respiration, circulation/heart, abdomen, genitalia, lymph nodes/skin, joints (describe/assess rashes and other skin changes), joints, neurological, ears-mouth.</p> <p>Assessing psychomotor development: gait function, language, reflexes, newborn reflexes</p>	<p>Logistical management of acutely ill children</p> <p>Calculate the adrenaline dose and set the i.m.</p> <p>Calculating diazepam dose and inserting rectal</p> <p>Calculating fluid volume in case of mild-moderate-severe dehydration and in case of shock</p> <p>Outline practical fluid management in compromised circulation and in acute gastroenteritis/dehydration</p> <p>Inhalation therapy for acute respiratory problems/infection and for chronic and acute asthma</p> <p>Conversation/anamnesis with children and parents</p> <p>Clinical reasoning (based on clinical symptoms/signs/findings suggest further investigation, tentative diagnosis and treatment)</p> <p>Assess supplementary examinations such as pulmonary function examinations, laboratory findings including microbiological responses and urine findings and images of injuries inflicted</p> <p>Microscoping blood smears of the most common blood diseases in children</p> <p>Interpret typical X-ray images of certain conditions in which these are central to the most common diseases in children</p>

			(for example, in duodenal atresia, pneumonia, ileus) Be able to give a systematic and concise collegial report
<b>Hud/venerology Plastic Surgeon</b>	<p>Targeted medical history and/or communication/instruction on dermatological treatment principles to the patient/relatives or other healthcare professional for common skin conditions such as:</p> <p>Atopic dermatitis, contact dermatitis and seborrheic dermatitis, benign and malignant skin tumours, acne, rosacea and perioral dermatitis, chronic leg or foot ulcers incl. the main principles of practical wound care, psoriasis, cutaneous fungal infections, sun eczema, cutaneous drug reactions, telogen effluvium and androgenic alopecia, discoid lupus erythematosus and lichen sclerosus, bullous pemphigoid, pruritus/skin itching, acute and chronic urticaria, sexually transmitted infection/STD.</p> <p>Provide a structured and informative oral collegial report including a summary of relevant anamnestic points, structured skin status with clinical assessment and suggestions for further measures in the assessment and possible treatment.</p>	<p>Structured description of skin status with good flow, sensible content and adequate use of time using the efflusivity concepts.</p> <p>Be able to demonstrate in practice the most common dermatological treatment principles such as the use of topical steroids (including scaling and DD treatment).</p> <p>Demonstrate structured skin examination in case of suspected scabies and other infestations</p> <p>Perform simple genital examination of woman and man.</p> <p>Demonstrate a structured skin examination, possibly including scalp, nails, oral mucosa and possibly palpation of lymph glands if this is indicated (for example as part of follow-up skin cancer/melanoma).</p>	<p>Inserting infiltration anesthesia</p> <p>Diagnostic punch biopsy for histology</p> <p>Perform simple, interrupted skin sutures (also applies to plastic surgery)</p> <p>Removing simple, interrupted sutures (also applies to plastic surgery)</p> <p>Sampling on suspicion of:</p> <ul style="list-style-type: none"> <li>- bacterial and viral skin infections</li> <li>- Cutaneous fungal infection</li> <li>- Infestations</li> <li>- sexually transmitted infection/sexually transmitted disease</li> </ul> <p>Interpretation of urethra smears</p> <p>Plastic surgeon:</p> <p>Inserting infiltration anesthesia</p> <p>Performing Simple Knife Excision</p> <p>Suturing wounds</p>
<b>Rheumatology</b>	<p>History of Arthritis Disease, Systemic Vasculitis, Inflammatory Spine Disease, Polymyalgia Rheumatica, Giant Cell Arteritis</p> <p>Describe arthritis to a colleague</p> <ul style="list-style-type: none"> <li>- Explain to a colleague X-ray changes found in a patient with rheumatoid arthritis (joint, ussure, narrowing of the joint gap, deviation)</li> </ul>	<p>Specific joint examination of hand</p> <p>Orienting Joint Status/3-minute Joint Test</p> <p>Spine examination if inflammatory spine disease is suspected</p> <p>Examination on suspicion of giant cell arteritis incl palpation of temporal artery, Donder's visual field test</p>	<p>Knee joint puncture</p> <p>Recognizing X-ray and MRI changes in inflammatory spine disease</p>
<b>Infectious Medicine</b>	<p>History of:</p> <ul style="list-style-type: none"> <li>- Imported diseases</li> <li>- Urinary tract symptoms</li> <li>- Rash</li> <li>- Fever, unknown cause</li> <li>- Sepsis</li> <li>- CNS infection</li> </ul>	<p>Examination of patient with:</p> <ul style="list-style-type: none"> <li>- suspected infectious disease</li> <li>- suspected HIV infection</li> </ul> <p>with imported diseases</p>	<p>Order relevant laboratory tests if infectious disease is suspected</p> <p>Interpreting results of laboratory tests</p>

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<b>Pathology – skills, practical</b>	<p>Describe and evaluate macroscopic and microscopic pathological-anatomical specimens from the genitals and placenta, with characteristic deviations from normal and give a reasonable interpretation of the findings. In addition, have knowledge of relevant additional examinations that contribute to the diagnosis and determination of treatment. Know the main fetal developmental abnormalities, perinatal pathology and the most frequent tumors in young children.</p> <p>Describe normal skin and its adnex structures. Pathology of the skin: Describe characteristic deviations from the normal and give a reasonable interpretation of the findings.</p>
<b>Radiology – skills</b>	<p><i>Paediatric imaging:</i> Diagnostic imaging of the most common congenital and acquired diseases in children, including injuries. Patient preparation and possible practical implementation of the examinations with assessment of the need for anaesthesia and sedation. Important radiological findings that raise suspicion of child abuse. Relevant assessment of important congenital and acquired diseases of the urinary tract in children.</p> <p>In general, in paediatric imaging, one should have knowledge of:</p> <ul style="list-style-type: none"><li>- contraindications and precautions for different imaging modalities.</li><li>- Strengths and weaknesses of the various imaging modalities in the assessment of common medical conditions in children.</li><li>- patient preparation and how the various imaging examinations are carried out in practice.</li></ul>