

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

Learner Doctor Case Record

Hospital No:

Name of the patient:

Age:

Education:

Wife

Husband

Residence: Urban / Semi urban / Rural / City Slum /

Occupation:

Wife

Husband

Socio-economic class:

Religion :(Hindu/Muslim/Christian/Sikh/anyother)

Type of family: Joint /nuclear

Contact person's name:

Telephone:

Type of admission: OPD/emergency/referral/

Booked /Unbooked

Date of Admission:

Date of Discharge:

Date of Delivery/ Surgery:

Outcome of patient:

Cured / Controlled / Referred / LAMA/Death

Chief Complaints:

Dr. KAGNE, R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
PO. CHERRYTHALKUPPAM,
PO. CHERRY-605107.

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

Learnner Doctor Case Record

Hospital No: _____

Name of the patient: _____

Age: _____

Education: _____

Why: _____

Husband: _____

Residence: _____
 Urban / Semi urban / Rural / City/Slum / _____

Occupation: _____

Wife: _____

Husband: _____

Socio-economic class: _____

Religion: (Hindu/Muslim/Christian/Sikh/anyother) _____

Type of family: Joint nuclear _____

Contact person's name: _____

Type of admission: OPD/emergency/retail _____

Booked / Unbooked _____

Date of Admission: _____

Date of Discharge: _____

Date of Delivery/ Surgery: _____

Outcome of patient: _____

Case - (Unbooked / Retained / LAMA / Booked) _____

Chief Complaints: _____

Telephone: _____

History of present illness:

Menstrual history:

Age of menarche:

L.M.P:

Past menstrual history: Regular/irregular

Frequency of cycle:

Duration of cycle:

Present menstrual history:

Other associated ailments: pain / clots / systemic complains

Active marriage life:

Obstetric History: G-----P-----A----MTP----

	Type of Delivery	Gestational Age	Live birth/ stillbirth/ neonatal death	Current age of child	Breast-feeding	Vaccination

History of contraception usage:

Past History:

Medical

Surgical

Blood transfusion

Dr. KAGNE, R.N
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PUDUCHERRY-605107.

Family History:

Personal & Social History:

Medication History:

History of Allergy:

:

Examination on Admission:

General Examination:

Vitals:

Respiratory system:

Cardiovascular system:

Nervous system:

Abdomen examination:

Speculum examination:

Vaginal examination:

Differential Diagnosis:

Provisional Diagnosis:

Dr. KAGNE, R.N

MBBS

SRI MANAKULA VINAYAGAR

MEDICAL COLLEGE & HOSPITAL

KALITHEERTHA LKUPPAM,

PUDUCHERRY-605107.

Investigations suggested:

Treatment Plan:

(Pharmacological and Non-Pharmacological including special nursing care)

Treatment Received:

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KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

Daily Monitoring Chart: (to be filled by student -doctor on daily basis)

Date & Time	Response to treatment in chief complaints	Any new complaints	Results of investigations	Treatment /advice modified (if any)

Final Appraisal:



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Pediatric case record for Clerkship

Name:

Age:

Gender:

Place:

Informant:

Reliability:

Chief complaints:

History of presenting illness:

Past history:

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KALITHEER THALUPPAM,
PUDUCHERRY-605107.

Antenatal history:

Natal/ birth history:

Postnatal history:

Developmental history:

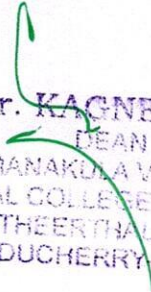
- Gross motor
- Fine motor
- Language
- Social and adaptive
- Vision
- Hearing

Immunisation history:

Dietary/ Nutritional history:

Family history:

Sosioeconomic history:


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Examination:

General examination:

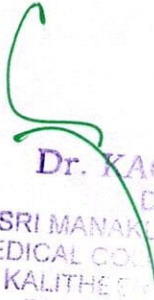
Vitals:

Anthropometry:

Head to foot examination:

Summary:


Faculty signature with date:


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KALITHE CAMPUS
PUDUCHERRY-605 007

Date	Progress of chief complaints	Any new complaints	Vitals

Faculty signature:

Date:


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 KALITHEERTHALKUPPAM
 PUDUCHERRY-605107

Newborn case record for Clerkship

Name:

Day of life/ Gender:

Informant:

Reliability:

Antenatal history:

First trimester:

Second trimester:

Third trimester:

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KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

Natal history:

Postnatal history:

Immunisation history:

Family history:

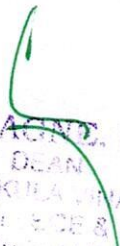
Summary:

Faculty signature with date:

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MEDICAL COLLEGE & HOSPITAL
KALITHEER
PUDUCHERRY

Date	Feeding/ urine/ meconium	Any red flag signs

Faculty sign with date:


Dr. KAGAN R.N
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MEDICAL COLLEGE & HOP
KALAIKOTTAI
PUDUCHERRY-605 007



Sri Manakula Vinayagar Medical College and Hospital

Kalitheerthalkuppam, Madagadipet, Puducherry-605 107.

DEPARTMENT OF ORTHOPAEDICS

CLERKSHIP POSTING

Department :

Date :

Patient Profile

Age :

Sex :

History :

Examination :

Clinical diagnosis :

Investigation :

Final Diagnosis :

Treatment :

Dr. KAGNE. R.N

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SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE AND HOSPITAL
KALITHEERTHALKUPPAM
PUDUCHERRY-605 107



Sri Manakula Vinayagar Medical College and Hospital

Kalitheerthalkuppam, Madagadipet, Puducherry-605 107.

GENERAL MEDICINE - CLERKSHIP POSTING

Department :

Date :

Patient Profile

Age :

Sex :

History :

Examination :

Clinical diagnosis :

Investigation :

Final Diagnosis :

Treatment :

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PUDUCHERRY-605107.



DEPARTMENT OF PEDIATRICS

List of OSCE Topics:

- Growth
- Development
- Immunisation
- Nutrition
- Fluid and electrolytes
- Infections
- Cardiovascular system
- Respiratory system
- Hemato-oncology
- Gastrointestinal system and liver
- Central nervous system
- Kidney and urinary tract
- Critical care
- IMNCI
- Endocrinology
- Genetics



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PUDUCHERRY-605107.




Dr. T. BHARATH KUMAR
Regd. No. : 75119
PROFESSOR & HEAD
Department of Pediatrics
Sri Manakula Vinayagar Medical College & Hospital
Puducherry-605107.


No: 126 /SMVMCH/Paedi/UG- Schedule/2023

DEPARTMENT OF PAEDIATRICS
Clinical Posting Schedule for II MBBS - 3rd Semester (2021-2026)
Posting from 27.03.23 to 09.04.23 (2 weeks posting) Batch – B

Time: 10.30 to 1.30 P.M

S. No	DATE	TOPIC	COMPETENCY	LOG BOOK (Y/N)	OSCE Q. NOS.	FACULTY	POSTGRADUATES
1	27.03.23	History taking and development immunization	PE34.5 1.7 19.6, 19.11	Yes/ Cert (3) Yes/ Cert (5)	1-4	Dr.T.Preethi	Dr.Thamizharasan
2	28.03.23	Nutrition, Complementary feeding, diet plan, vitamins and minerals	8.4, 9.4, 9.5 9.7 12.3, 12.4, 12.8, 12.9, 12.17, 12.18, 12.21, 13.3, 13.4, 13.5	Yes Yes	5-8	Dr. Thambi	Dr.Nadheem
3	29.03.23	Anthropometry growth charts	9.6, 33.11	Yes/ Cert (2)	9-12	Dr.Vinothini	Dr.Neha
4	30.03.23	General examination and vitals	34.6, 34.7, 23.8, 23.9, 29.11	Cert (3)	13-16	Dr.Nithiya	Dr.Indhuja
5	31.03.23	Cardiovascular system history and examination	23.7 23.10	Bedside skill	17-20	Dr.Hemanth	Dr.Satya Sujatha
6	03.04.23	Respiratory system History and examination Abdomen history and examination	28.9 26.5,29.10 26.6, 26.7, 29.12,		21-24	Dr.Giridharan	Dr. Kokila
7	04.04.23	CNS examination Central Nervous System History	30.18 , 30.17		25-28	Dr.Nithiya	Dr. Karikalan
8	05.04.23	Newborn history and examination	20.4	Bedside skill	29-32	Dr.Giridharan	Dr.Rajeswari
9	06.04.23	Ward leaving exam					


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Professor & Head
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Sri Manakula Vinayagar Medical College and Hospital

Kalitheerthalkuppam, Madagadipet, Puducherry-605 107.

No: 177 /SMVMCH/Pediatrics/UG-Schedule/2023

DEPARTMENT OF PAEDIATRICS

Clinical Teaching Schedule for III MBBS – VI semester (2020-2025)

Posting from 24.04.23 to 21.05.23 (4 weeks posting) Batch – A

Time: 10.30 A.M to 1.30 P.M

DATE	TOPIC	COMPETENCY	LOG BOOK(Y/N)	OSCE	FACULTY
24.04.23	Case format revision		–	1-5	Dr.Giridharan
25.04.23	New born history and examination	20.4, 20.5, 20.6	Yes	6-10	Dr.Hemanth
26.04.23	Growth	1.4,2.2, 2.3, 2.5, 33.11	Yes/ Skill session	11-15	Dr.T.Preethi
27.04.23	Development	3.3, 3.4, 3.7, 4.6, 5.11	Yes	16-20	Dr.T.Kanimozhi
28.04.23	Breast feeding	7.5, 7.7, 7.8, 7.9, 7.10, 7.11, 18.6, 18.7	Yes	21-25	Dr.Nithiya
29.04.23	Diarrhea	24.9,24.10, 24.11, 24.12, 24.13, 24.14, 27.14, 27.23	Yes	26-30	Dr.Thambi
02.05.23	IMNCI, Adolescent mal nutrition obesity	10.3, 10.4, 10.5, 16.2, 16.3, 20.18, 8.5, 11.3, 11.4, 11.5, 6.8, 6.9, 6.11	Yes	31-35	Dr.Hemanth
03.05.23	Skills lab – NRP, Temp, NG insertion	20.3, 27.27, 24.15	Yes/Skill Session		Dr.Giridharan Dr.Thambi
04.05.23	RS – ENT, Asthma Atopic Dermatitis	28.10, 28.11, 28.12, 31.2, 31.4, 31.8, 31.9	–	36-40	Dr.Vinothini
05.05.23	CVS – Acyanohc CHD CVS – Cyanotic CHD	23.10, 23.11, 23.12, 23.13, 23.18	Yes	41-45	Dr.Sakthi Abirami
	RS - pneumonia	28.13, 28.14, 28.15, 28.16, 34.9	Yes	46-50	Dr.Nithiya

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08.05.23	CVS - ARF/RHD	Nil	Nil	51-55	Dr.A.Arulkumaran
09.05.23	Fever with Hepatosplenomegaly	29.13, 29.14, 29.15, 29.18, 29.19	Yes	56-60	Dr.T.Kanimozhi
10.05.23	Skills lab – 1M, IV, Immunization	19.7, 19.10, 19.12, 19.14, 24.16, 27.20, 15.6, 19.3, 15.7, 24.17, 19.8	Yes/Skill Session		Dr.T.Preethi Dr.Hemanth
11.05.23	Fever with Jaundice	26.8, 26.9, 26.13	Yes	61-65	Dr.Giridharan
12.05.23	Nephrotic Syndrome		-	66-70	Dr.Bharath Kumar
13.05.23	Normal Newborn			71-75	Dr.A.Arulkumara
15.05.23	Acute glomerulo - nephritis		-	76-80	Dr.Nithiya
16.05.23	New born jaundice		-	81-85	Dr.Thambi
17.05.23	Skills lab – BLS/O2/BM/LP/liver biopsy	27.28, 27.10, 27.14, 27.16, 27.15, 27.17, 27.18, 29.17, 30.23, 26.10	Yes/ Skill Session		Dr.Sakthi Abirami Dr.Nithiya
18.05.23	Newborn – preterm/ IUGR/LGA		Yes	86-90	Dr.Bharath Kumar
19.05.23	Ward leaving				
20.05.23	Ward leaving				

Copy to:

- The Director
- The Dean
- The Dean (Academic)
- Notice Board
- File

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

Professor & Head
Department of Paediatrics
Dr. T. BHARATH KUMAR
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Kalitheerthalkuppam, Madagadipet,
Puducherry-605107.

DEPARTMENT OF PEDIATRICS

**Clinical Teaching Schedule for IV MBBS – VIII Semester (2019-2024)
Posting date from 26.06.23 to 09.07.23 (2 weeks posting) Batch – C1**

Time: 10.30 to 1.30 P.M

S. No.	Date	Case	Topic	Competency	OSCE	Log book	Faculty
1	26.06.23	Newborn	Asthma	28.20, 31.11, 31.6	1-5	Y Y	Dr.Bharath Kumar
2	27.06.23	Pediatric	CT, MRI, USG, Chest X ray, X ray KUB	30.21, 30.22, 21.13, 21.12, 34.8	6-10	Y	Dr.Bharath Kumar
3	28.06.23	Pediatric	Genitourinary Pediatric surgery	21.8, 21.9, 21.10, 22.2 21.14, 21.15	11-15	Y	Dr.A.Arulkumaran
4	30.06.23	Neonate	CNS, EEG, Coma and convulsions	30.19, 30.22, 27.22 (c)	16-20	Y	Dr.Bharath Kumar
5	01.07.23	Neonate	Chromosomal disorder	32.2, 32.3, 32.5, 32.7, 32.8, 32.10, 32.12, 32.13	21-25	Y	Dr.T.Preethi
6	03.07.23		X-ray, instruments, Vaccines & Drugs, Nutrition		26-30		Dr.A.Arulkumaran
7	04.07.23	Pediatric	Shock and fluids Abuse and emergency calls	27.19 (c), 27.21 (c), 27.31, 27.30, 27.32, 27.33, 27.34, 27.35	31-35	Y/ cert	Dr.Bharath Kumar
8	05.07.23	Pediatric	Hypothyroid, type 1 DM Ambiguous genitalia, SMR staging, pubertal delay	33.2, 33.3, 33.5 33.7, 33.9, 33.10	36-40	Y	Dr.T.Kanimozhi
9	06.07.23	Pediatric	ECG, ECHO	23.14, 23.15	41-45	Y	Dr.Bharath Kumar
10	07.07.23		Ward Leaving				

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Sri Manakula Vinayagar Medical College and Hospital

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Department of Paediatrics

3rd Semester Ward Leaving exam 2021-2026

Batch - D

Date: 05.05.23

S.No	Name	Station 1 4 Marks	Station 2 4 Marks	Station 3 4 Marks	Station 4 4 Marks	Station 5 4 Marks	Total (20Marks)	
79	NEHA S	1½	3	2½	1½	2½	11	
80	NIRMAL RAJ K	1	3	2	1	2	9	
81	NISHA B	1	3	3½	2½	2½	12½	
82	NIVETHA SHREE S	Absent						
83	NIZAR REHUMAN A	1	3½	2	1	1	8½	
84	OBU VAISNAVII K S	1	3½	2½	1	1½	9½	
85	PARTHASARATHY K	½	3	3	1	1	8½	
86	PRASSANNA RAJAN S	1½	3½	2½	1½	2	11	
87	PRAVEEN L	1½	3½	3½	1½	1½	11½	
88	PRAVEEN RAJU. R	2	3½	3	1½	2½	12½	
89	PREETHI S	1½	3½	2½	2½	2½	12½	
90	PREETHI VENDAN P	2	3	3½	1½	2	12	
91	PREETHIKA E	1½	3½	3	1½	2	11½	
92	PRINCE BABU	1½	3	2	4½	2½	10½	
93	PURVAJA K	Absent						
94	R SRIKANTH	2	3½	4	1½	2½	13½	
95	RIQSHITHA SRI S	2	3½	4	2	2½	14	
96	S K VARSHINI	2½	3½	3½	2	3	14½	
97	S KALYAN SHRAVAN	2½	2½	2½	3	1½	12	
98	S PIRIADHARSHNE	1½	2½	2	2½	3	11½	
99	SACHIN KUMAR. S	1½	2½	2	2	2	10	
100	SANGEETHA ANAND	2½	2½	3	2½	3	13½	
101	SANJEETH R B	1½	2½	3	2½	2	11½	
102	SARAN V	Absent						
103	SARANYA S Dr. KAGNE. R.N DEAN	Absent						

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Dr. T. BHARATH KUMAR

Regd. No: 75119

PROFESSOR & HEAD

Department of Pediatrics

Sri Manakula Vinayagar Medical College & Hospital
Kalitheerthalkuppam, Madagadipet,



Item	Marks
Greets the client and obtains name	0.5
Introduces self, role, nature of visit, obtains consent	0.5
Demonstrates respect and interest, attends to patient's comfort	0.5
Elicits the sign/ examination of the system	2
Thanks the patient	0.5

Dr. T. BHARATH KUMAR

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Dr. KAGNE. R.N

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DEPARTMENT OF PAEDIATRICS

Communication skills station

Total 4 marks

Item	Marks
Greets the client and obtains name	0.5
Introduces self, role, nature of visit, obtains consent	0.5
Demonstrates respect and interest, attends to patient's comfort	0.5
Explains procedure/ problem/ issue	1
Facilitates client responses verbally and non verbally, verifies whether patient understood	1
Uses concise and easily understood language	0.5


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DEPARTMENT OF PAEDIATRICS
SKILLS CHECKLIST

Name of the Procedure: _____

Date: _____


	Unsatisfactory		Borderline satisfactory		Highly satisfactory	
	1	2	3	4	5	6
Prepares the manikin correctly before procedure and knows relevant anatomy	1	2	3	4	5	6
Follows aseptic technique	1	2	3	4	5	6
Appropriate steps of procedure done correctly	1	2	3	4	5	6
Documentation	1	2	3	4	5	6
Professionalism	1	2	3	4	5	6
Communication skill	1	2	3	4	5	6
Overall performance	1	2	3	4	5	6

Student Feedback on strengths and areas of improvement:

Faculty Feedback on strengths and areas of improvement:

Assessor name and Signature

Dr. KAGNE. R.N
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Sample OSCE Questions:

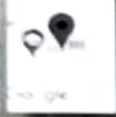
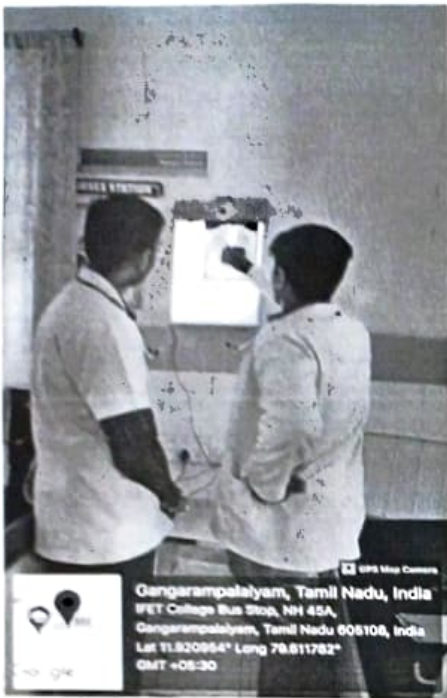
1. Elicit immunisation history in the given patient.
2. Elicit development history in a 3 yr old child.



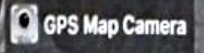
- A. Expand BCG
 - B. What are the vaccines given at birth?
4. Assess the immunisation status of the given child and determine whether the child is immunised for age or not.
 5. A 12 year adolescent girl is brought to your OPD
 - a. what are the adolescent vaccines you will advise for this girl?
 - b. what is the recent vaccine being planned to be implemented in the national immunization schedule for adolescent girls


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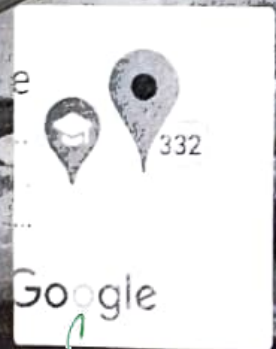
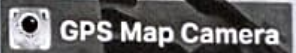
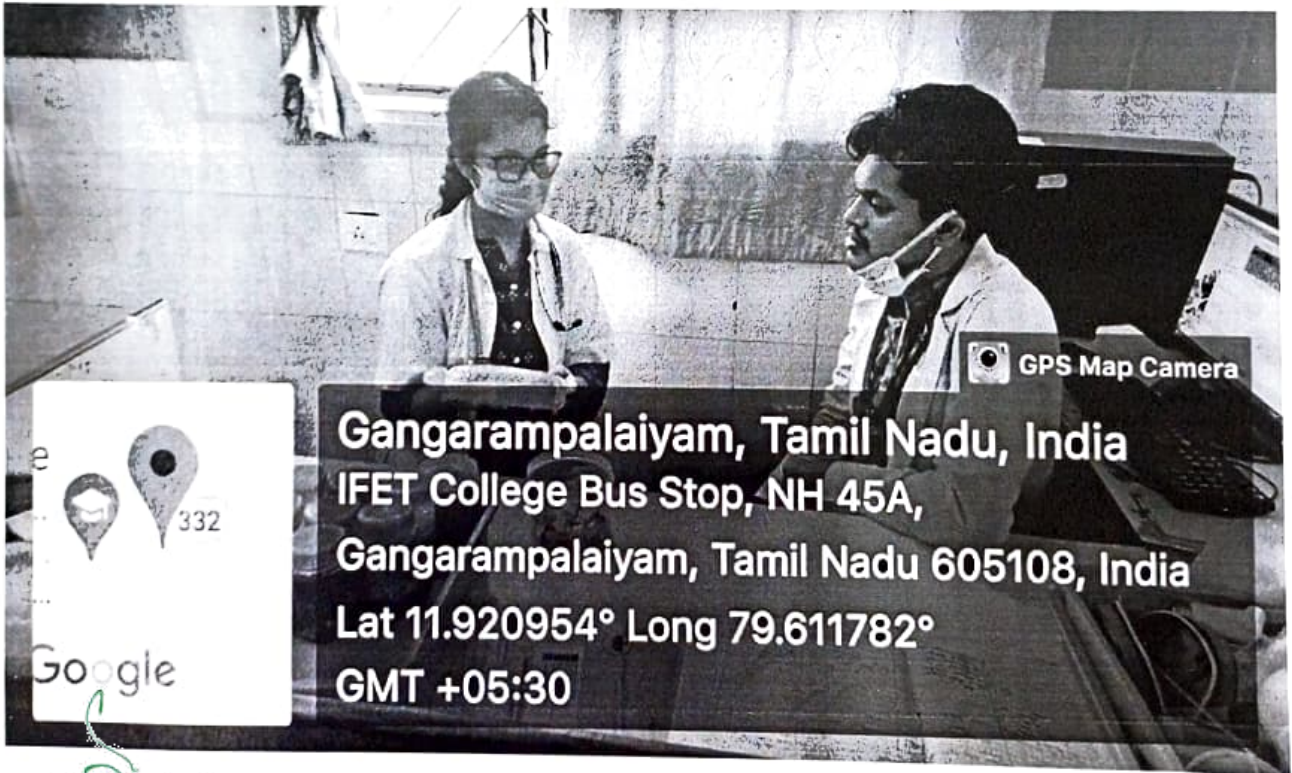

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Gangarampalaiyam, Tamil Nadu, India
 IFET College Bus Stop, NH 45A,
 Gangarampalaiyam, Tamil Nadu 605108, India
 Lat 11.920954° Long 79.611782°
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 WJC5+CG3, Gangarampalaiyam, Tamil Nadu
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DEPARTMENT OF PAEDIATRICS
SKILLS CHECKLIST

Name of the Procedure: _____

Date: _____


	Unsatisfactory		Borderline satisfactory		Highly satisfactory	
	1	2	3	4	5	6
Prepares the manikin correctly before procedure and knows relevant anatomy	1	2	3	4	5	6
Follows aseptic technique	1	2	3	4	5	6
Appropriate steps of procedure done correctly	1	2	3	4	5	6
Documentation	1	2	3	4	5	6
Professionalism	1	2	3	4	5	6
Communication skill	1	2	3	4	5	6
Overall performance	1	2	3	4	5	6

Student Feedback on strengths and areas of improvement:

Faculty Feedback on strengths and areas of improvement:

Assessor name and Signature


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DEPARTMENT OF PAEDIATRICS

Examination skills station

Total 4 marks

Item	Marks
Greets the client and obtains name	0.5
Introduces self, role, nature of visit, obtains consent	0.5
Demonstrates respect and interest, attends to patient's comfort	0.5
Elicits the sign/ examination of the system	2
Thanks the patient	0.5


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DEPARTMENT OF PAEDIATRICS

Communication skills station

Total 4 marks

Item	Marks
Greets the client and obtains name	0.5
Introduces self, role, nature of visit, obtains consent	0.5
Demonstrates respect and interest, attends to patient's comfort	0.5
Explains procedure/ problem/ issue	1
Facilitates client responses verbally and non verbally, verifies whether patient understood	1
Uses concise and easily understood language	0.5


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CBME - internal assessment plan

3 semester clinics:-

Topics	Formative assessment	ASSESED by
1. Case format, development, immunization ----- pedigree chart, nutritional history, development history, immunization – NIS.	OSCE Picture based discussion (SPOTTER)	Faculty
2. Anthropometry - growth chart examination demonstration with child	OSCE	Faculty
3. General examination BCG Mantoux	Picture based discussion (SPOTTER)	faculty
4.system examination <ul style="list-style-type: none"> • CVS - Pulse, B.P, JVP, Apical impulse. Clubbing and cyanosis <ul style="list-style-type: none"> • RS - tracheal position, chest expansion, percussion. <ul style="list-style-type: none"> • ABDOMEN - landmark to right upper quadrant of abdomen palpation of liver and spleen, liver span, fluid thrill, shifting dullness.	OSCE Spotter OSCE OSCE OSCE	faculty

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<ul style="list-style-type: none"> CNS - format of CNS exam, vii cranial nerve ,tone assesment, power assesment and grading, reflexes , plantar reflex, cerebellar signs 		
5. Newborn - history taking	OSCE / mini CEX	faculty

ward leaving case based discussion on history and general examination , 5 OSCE Station

6 semester clinics

Topics	Formative assesment	ASSESED by
1. Hypothermia.	Picture based discussion (SPOTTER) OSCE	Faculty
2. Ambu bag	OSCE / DOAP	Faculty
3. Malnutrition	Communication skill - Counsel the parents. Picture based discussion (SPOTTER)	faculty
4. Diarrhoea <ul style="list-style-type: none"> dehydration Assesment IMNCI 	OSCE - image based for identification of signs of dehydraion. Communication skill - Counsel the parents. Spotter	faculty
5. Newborn - icterus	OSCE	faculty

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asseesment, ballards score, primitive reflex, normal skin findings, caput and cephalhemtoma, KMC, Preterm and IUGR, breastfeeding problems.	Picture based discussion (SPOTTER)	
6. growth chart and development - short stature and developmental delay.	OSCE	Faculty
7. IM , IV Cannulation, vaccination	OSCE Spotter	Faculty
8. O2 devices	OSCE spotter	Faculty
9. BM, LP ,liver biopsy needle	OSCE	Faculty

Ward leaving conducted case based discussion on history, examination, diagnosis and differential diagnosis, 5 OSCE station.




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8 semester clinics:-

Topics	Formative assesment	ASSESED BY
1. ECG	OSCE - image based solving	Faculty
2. ASTHMA	OSCE / DOAP for administration of nebulisation. Communication skill - Counsel the parents.	Faculty
3. meningitis, nephrotic, Anemia, enteric.	OSCE - Report interpretation / Case based scenarios Picture based discussion (SPOTTER)	faculty
4.chromosomal disorder	OSCE - checklist for Communication skill - Counsel the parents.	faculty
5. fluid calculation and shock management.	OSCE DOAP - Identification and fluid calculation. Interpretation of report (SPOTTER)	faculty
6. coma and convulsions Febrile conulsion	OSCE	Faculty

Ward leaving conducted cases based discussion on history, examination, diagnosis and differential diagnosis ,investigation and treatment, 5 OSCE station.


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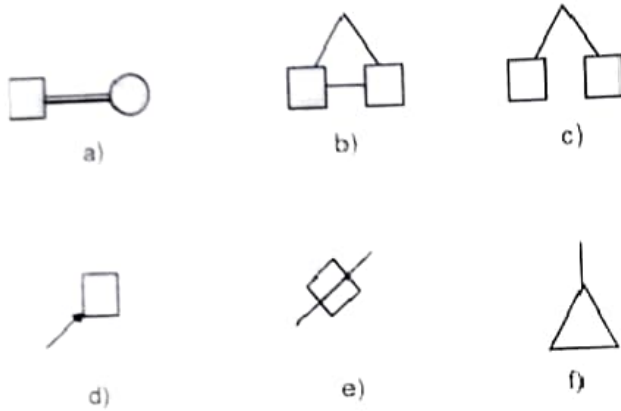


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3 rd semester – OSCE

Station 1

What do the following symbols represent in the pedigree chart



Station-2

At what age does child copy following figures?

Square

Circle

Diamond

Station 3

A 10-year-old boy is seen in pediatric opd with parental concerns of being under weight. he has a weight of 39.2 kg and a height of 140 cm.

- What is the formula for calculating BMI?
- Calculate the BMI of this child.
- What is your impression about this child's BMI?

Station 4

A 6-year-old girl comes in opd with complain of difficulty in vision. the child has a history of recurrent episodes of loose stools and pneumonias. her weight is 8 kg and height is 82 cm. her eye examination findings are shown below.

Study the photograph and answer the questions



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1. What is the positive finding seen in the photograph?
2. What is the most likely diagnosis?
3. Enumerate the who staging.

Station 5



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- 1 identify the lesion?
- 2 .What is the dose and route of administration of vaccine which cause the above lesion?
3. What is its significance?

Station 6

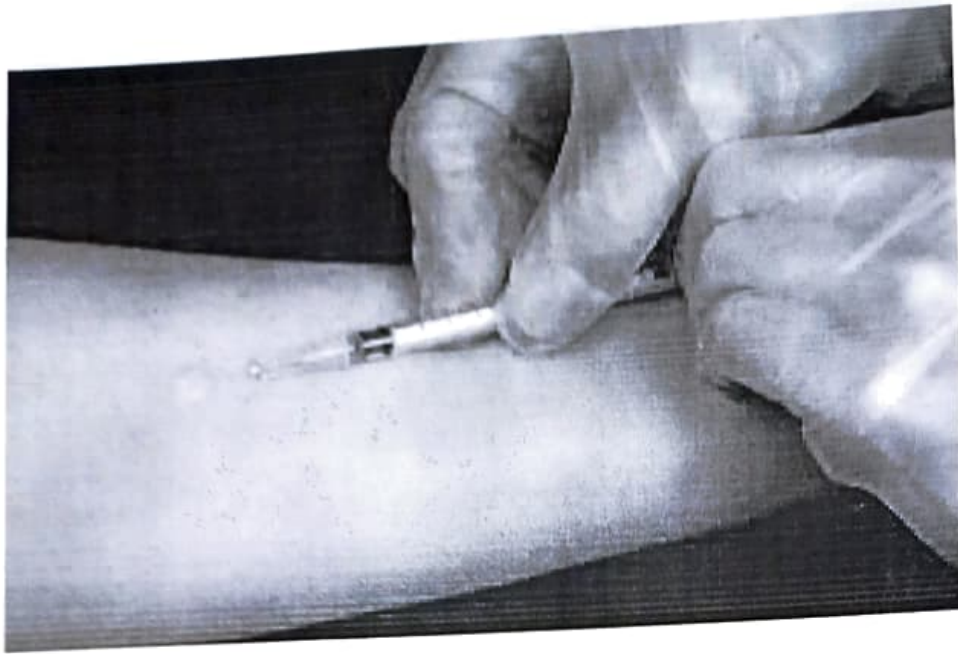
Skill assessment

Check blood pressure of this child

- self introduction
- selecting proper cuff size
- position
- method

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Station 7



1. Identify the test?
2. When will u check for induration, how will u measure it?
3. Mention 2 condition where false negative and false positive of this test?

Station 8

Examine tracheal position of the given child

- introduction
- position
- three finger technique
- interpretation

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Station 9



1. Identify the reflex?
2. What are the components of reflex?

Station 10

Write definition of the following terms

1. low birth weight
2. preterm
3. term baby
4. very low birth weight
5. extreme low birth weight

Station 11

Write the caloric and protein content of the following food

s.no	food	calorie	protien
1	egg		
2	rice 1 cup(cooked)		
3	cow milk(100ml)		
4	carrot		
5	dhall (100gm)		

Station 12



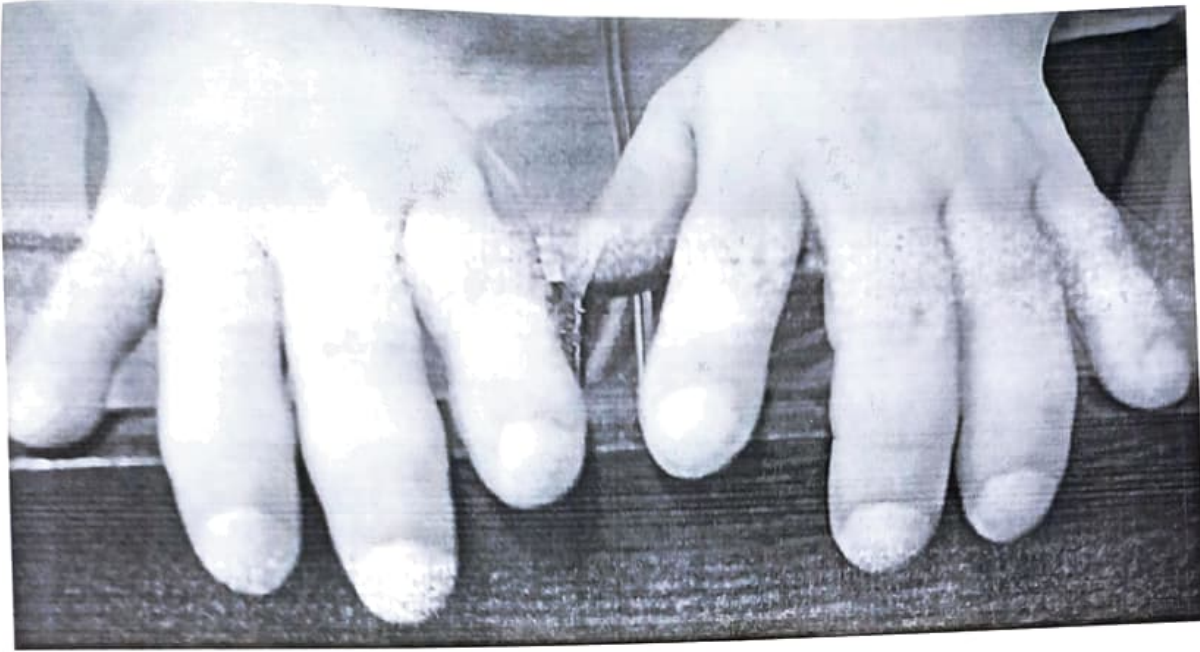
1. How to measure the head circumference?
2. What method is used?
3. What is the normal head circumference at birth?

Station 13



1. Identify the sign of above image?
2. Write 4 causes of the above condition?

Station 14



1. Identify the above condition?
2. Write the grading of the above condition?

Station 15

Examination of abdomen

Establish rapport, introduces herself / himself

Take permission, undress child. Keep genitalia covered with a sheet

Check inspectory findings from right side of child, observe umbilicus and inspects genitalia.

Gently palpate abdomen quadrant by quadrant, palpate for organomegaly.

Percuss abdomen for free fluid

Auscultate for bowel sound

Cover child, thank them.

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6th Semester – OSCE

Station 1



a



b



c



d



e

Identify and mention the name of the devices?

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Station 2



1. What is the above procedure and landmark for the procedure?
2. Mention 2 indication and 2 contraindication of above procedure?

Station 3



1. What its called?
2. What is its advantage? How to use it?
- 3 . Mention in which vaccines seen?

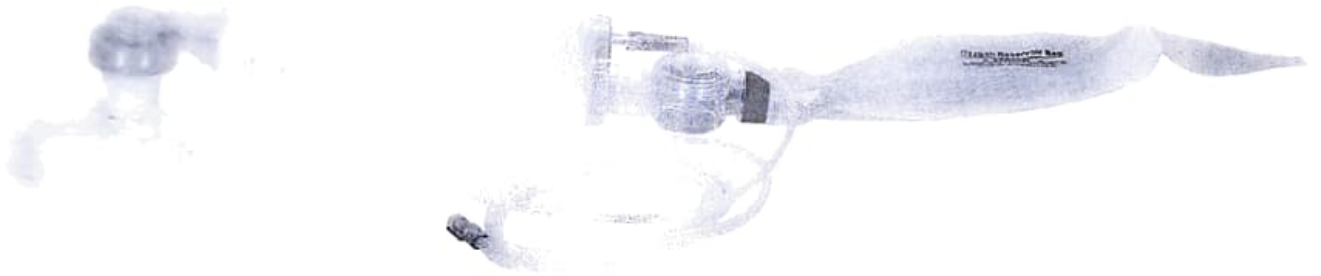
Station 4

A mother has brought her 19-month-old female baby weighing 10 kg with history of watery diarrhea since two days. the infant has no evidence of dehydration and you decide to give ors. counsel the mother

- 1.establishes rapport. introduction. praise the mother for bringing the baby to hospital.
2. explains that based on the history and examination.
3. explains that these need to be replaced by providing salt and sugar containing fluids like ors.
4. shows the mother how to prepare ors and how to give.

questions.

Station 5



1. Identify above image?

2. Write parts of it?

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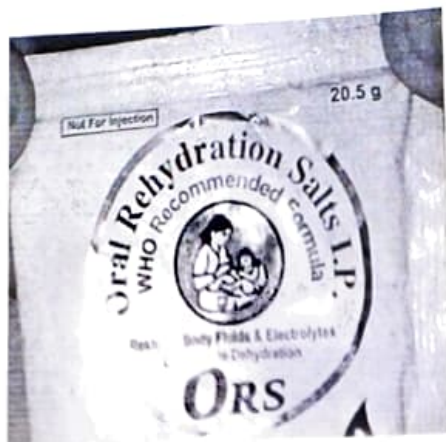
Station 6



- Give the pharmacological names of vitamin k1, k2, k3.
- name vitamin k dependent coagulation factors.
- dose of vit k for term babies.

Station 7


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- 1) Write the composition of ors?
- 2) Classify dehydration according to imnci guidelines?
- 3) Write the method of preparation?

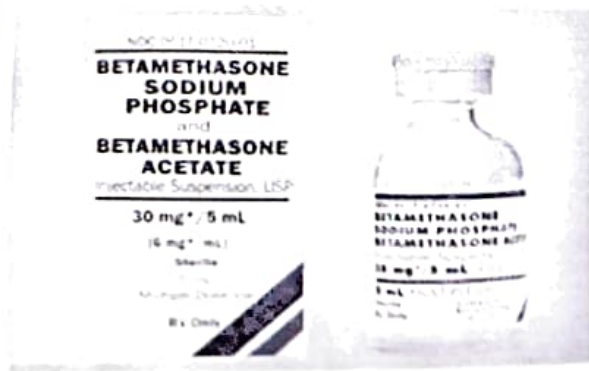
Station 8



1. Abbreviate the IMNCI?
2. Classify malnutrition according to IMNCI?
3. Define severe acute malnutrition?

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Station 9



1. Mention 2 advantage of the above drug given to antenatal mother?
2. Write the drug regimen?

Station 10

Match the following

s.no	type of antigen	examples
1	live virus, attenuated	acellular pertussis
2	live bacteria, attenuated	typhoid Vi, Hib, meningococcal pneumococcal
3	bacterial subunit	pertussis, whole cell killed typhoid
4	capsular polysaccharide	BCG, ty 21a
5	inactivated bacteria	OPV, MMR, varicella

Station 11

The bread-winning mother of a 3-month-old infant has come with request for advice. She has to go to work next week and will be away from home from 9.00 am to 5.00 pm. during her absence, the baby will be looked after by

baby's grandmother. counsel her regarding feeding the child and storage of breast milk.

General rapport, introduces herself.

Reassure about adequacy of feed

Ask if mother is familiar with technique of milk express, if not explain technique

Counsel regarding storage of milk

Advise that milk should not be reheated

Advise to feed the milk in cup, spoon, paladai

Advise mother to continue breastfeeding at home

Ask if mother has any doubts and encourage her to ask question

Station 12



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1. Describe the lesion and write the diagnosis?
- 2causative organism?
- 2treatment of the above diagnosis?

Station 13

Neonatal reflexes

Reflexes	age of appearance	age of disappearance
moro reflex		
rooting reflex		
stepping reflex		
landau reflex		
atnr reflex		

Station 14

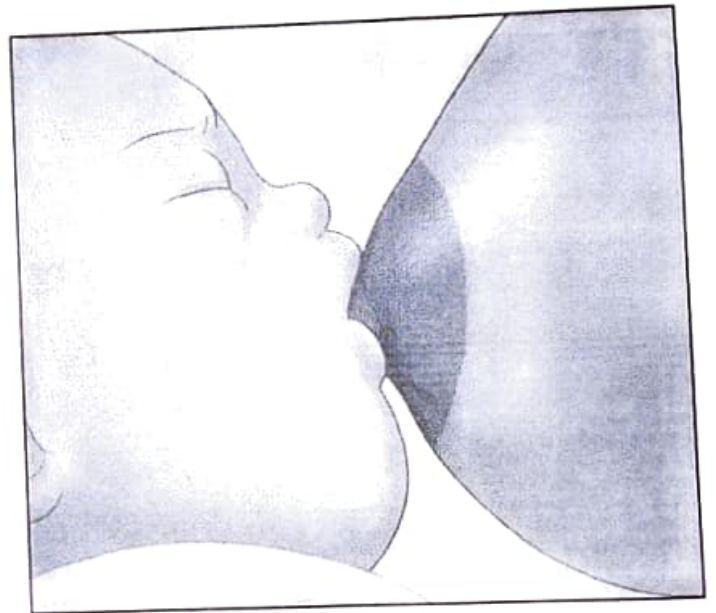
Match the table of bone age vs chronological age.

s.no	findings	diagnosis
1	height age = bone age > chronological age	growth hormone deficiency
2	height age = bone age < chronological age	familial short stature
3	height age < bone age = chronological age	simple virilizing congenital adrenal hyperplasia
4	height age < bone age < chronological age	constitutional delay in growth

STATION 15



A



B

1. Which image shows good attachment?

2. What are the signs of good attachment?

3. What are complications for poor latching in mother?

Department of Paediatrics

8th Semester – OSCE

Station 1

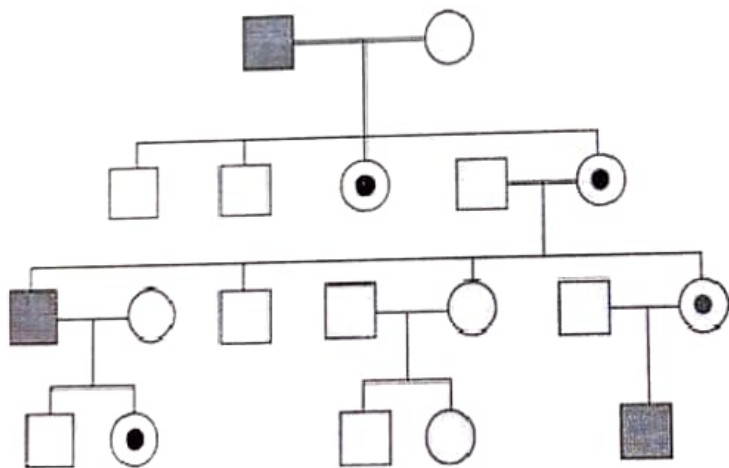
7 month old child admitted in ICU, c/o FEVER for 1 week, 2 episodes of convulsion and altered sensorium, poor feeding of 1 day duration.

LP report is as follows

CSF SUGAR	-	10 mg%
CSF Protein	-	110mg%
CSF cells	-	120 cells plenty of polymorphs + few lymphocytes seen

1. Analyse the CSF report?
2. How will you manage this child?
3. Mention the important complications associated with this disease?

Station 2

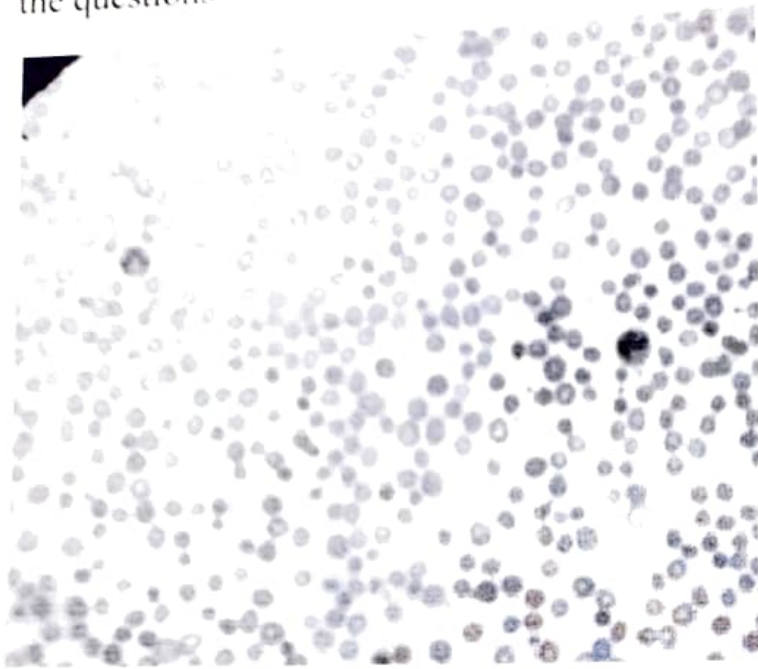


- a. Identify the pattern of inheritance.
- b. Name three conditions with similar inheritance.

c. What is the risk of getting affected in each pregnancy

Station 3

Study the photograph of the peripheral smear provided and answer the questions



- What is your diagnosis?
- What is the drug used to treat this condition?
- What is the first clinical evidence of improvement after starting the therapy?

Station 4

You are attending to a high risk delivery of a HIV positive mother. The baby delivers and is haemodynamically stable. How will counsel regarding breastfeeding the baby.

Introduces himself/herself

Explains the benefits of breastfeeding

Explains the risks of not giving breastfeeding

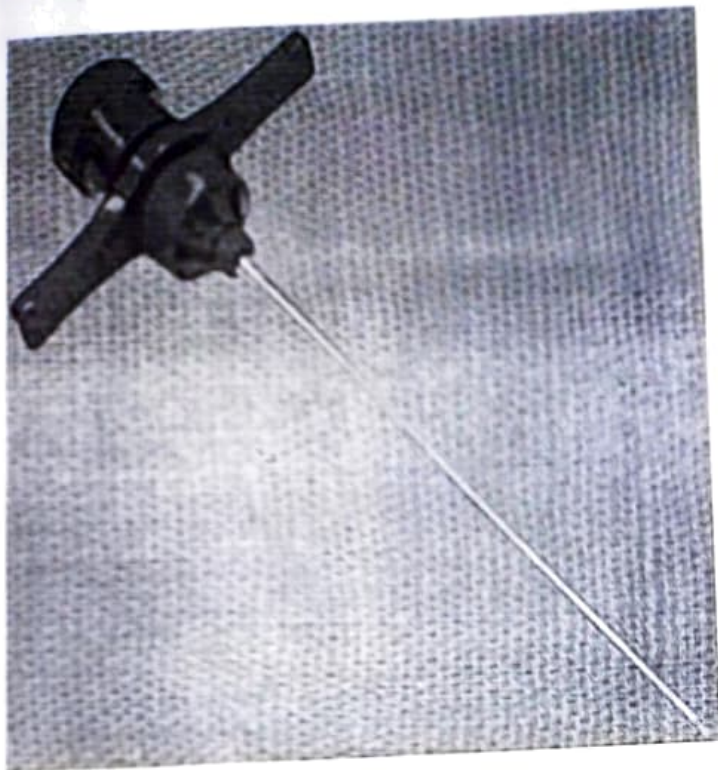
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Explains the need for hygiene and exclusive feeding

Asks if mother has any doubts

Station 5

Study the photo below and answer the questions



- What is this instrument?
- Name the procedure for which this instrument is used
- What is the minimum platelet count to be kept prior to this procedure

Station 6

A 14-year-old girl presents in pediatric OPD clinic with complaint of short stature. Her height is 154 cm. Her mother's height is 156 cm and father's height is 167 cm.

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- What is the formula for calculating the mid parental height for girls?
- What is the mid parental height for this girl?

Station 7

A female infant aged 14 months has been recently diagnosed as a case of simple febrile seizures. Counsel the mother on the disease and its management.

introduces himself/herself

explanation about the diagnosis based on history and examination

explanation about recurrence of seizure

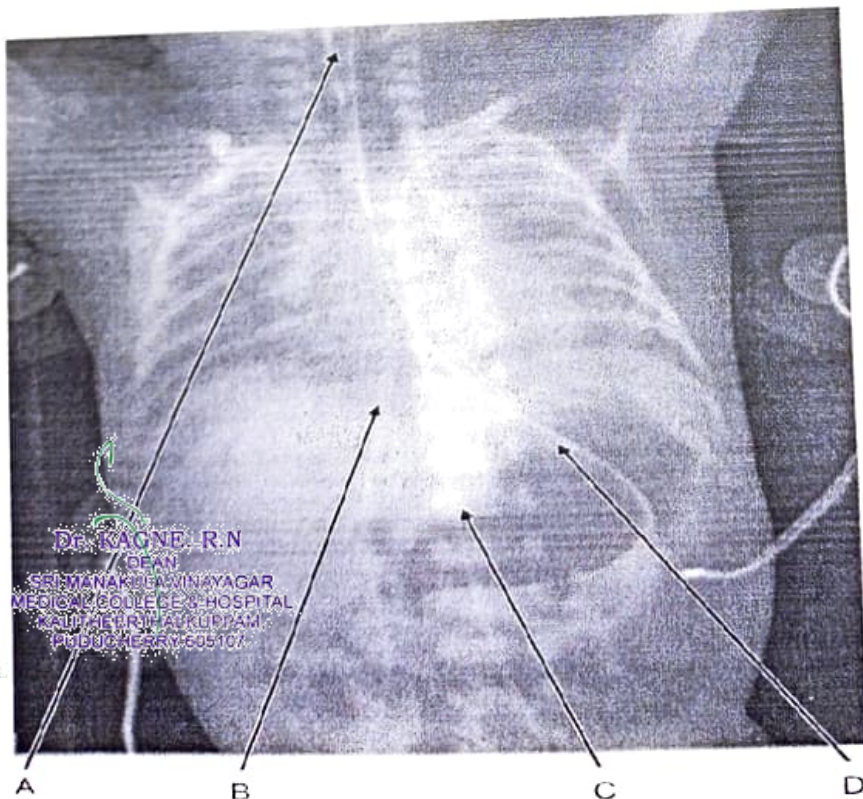
about prophylaxis

management of fever and seizure activity at home

reassurance of the mother

Station 8

Answer following questions based on X-ray seen



What are A, B, C and D?



1. Identify the condition?
2. Name one condition where the above signs seen?
3. How will u manage the above condition?

Station 10



1. Introduces himself/herself.
2. Dismantles the MDI device and shows how it functions by reassembling it and releasing a puff into the air.
3. Teaches the child how to assemble the spacer and fit the MDI device to the spacer.
4. Tells the child to release her breath and place the mouthpiece of the spacer in her mouth, taking care that lips form an effective seal.
5. Presses one puff of the MDI into the spacer and asks the child to breathe in slowly over a count of five and hold her breath till a count of five. Repeat with second puff if required.
6. Tells the child that she must gargle her mouth and throat with water after taking the MDI.
7. States that the child must continue taking the medications as prescribed by the doctor.
8. Asks if mother has any doubts and encourages her to ask questions.

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Station 11

3yr old male child of weight 15 kg admitted for fever, diarrhea for 2 day.

1. calculate the maintenance fluid for the baby?
2. What is holiday segar formula?
3. What is fluid of choice?

Station 12



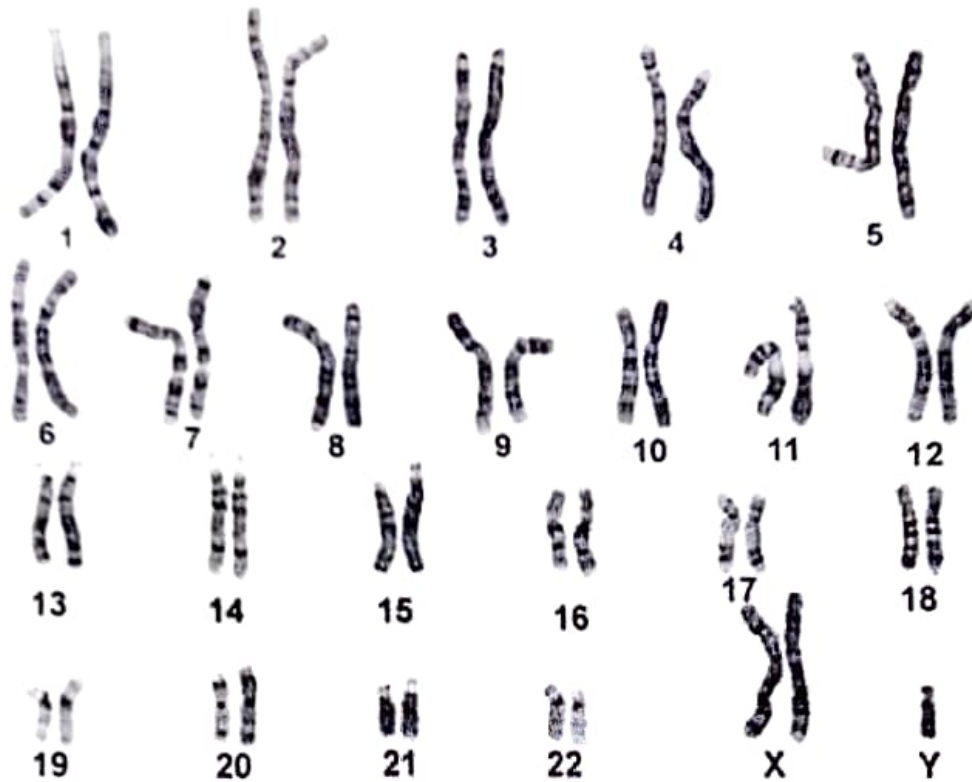
1. Identify the above condition ?
2. Write 3 complication of this syndrome?
3. How will you diagnose this condition antenatally?

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Station 13

15-year-old male child was brought to pediatric OPD for evaluation of small testes and underdeveloped secondary sex characters. On detailed physical examination, he was found to have prominent

breasts bilaterally. He was suspected to have some chromosomal anomaly and a karyotype was done, as shown below



- What is your diagnosis?
- Give three salient features of this syndrome?

Station 14

A pet vaccinated dog has bitten a child on his left leg. In this incident, the child got an abrasion of 1.5 cm with slight oozing of blood.

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- What is the category of dog bite?
- Mention the post exposure prophylaxis of the above category bite?
- What is the dose and route of administration of anti rabies monoclonal antibody?



1. Calculate the heart rate of the above ECG?
2. What s the diagnosis?
3. Drug of choice?

STATION 16



1. Identify the device?
2. Mention 2 indication and 1 contraindication of it?
3. What is MRSOPA?


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DEPARTMENT OF OBSTETRICS & GYNAECOLOGY
OSCE Checklist Phase III part II

Name:

Roll no:

Date:

History	Marks	Competency	Remarks
Greet, introduce yourself, explain, take consent	2		
Name, age, address, occupation, SES, parity	2		
Presenting complaints	1		
LMP, age of menarche	2		
Prev.cycles			
a. Regularity	1		
b. Amt. of bleeding. No. of pads	1		
c. Duration of bleeding	1		
d. Post coital bleeding	1		
e. Intermenstrual bleeding	1		
f. Preceding amenorrhoea	1		
Dysmenorrhoea / type	2		
Dyspareunia	1		
White discharge			
a. Amount	1		
b. Consistency	1		
c. Colour	1		
d. Odour	1		
e. Itching	1		
f. H/O worm infestations			
Micturition			
a. Frequency	1		
b. Burning	1		
c. Difficulty	1		
d. SUI	1		
e. H/O retention	1		
Defecation			
a. Constipation	1		
b. Pain	1		
c. Bleeding	1		
Mass descending p.v			
Pain abdomen			
Mass abdomen			
Marital history			
Past obstetric history			
a. Parity	1		
b. Delivery details	1		
c. Contraception (type/sterilised)	1		
Past medical, surgical history	1		
Personal history	1		
Family history	1		
Thank the patient and conclude	2		
Total /38			


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Name:

Rollno:

Date:

Problem	Answer
A 35 year old p2, comes to the OPD with profuse, foulsmelling, greenish, frothy discharge with itching. Your diagnosis?	
How will you confirm diagnosis?	
How will you treat?	
Enumerate at least 2 Predisposing factors for candidiasis	
Diagnosis of candidiasis	
Amsels criteria	
Enumerate at least 2 Causative organisms for bacterial vaginosis	


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DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

Name:

Rollno:

Date:

MARKING SCHEME	Marks	Comments
WINDEC (wash hands, introduce self, name, DOB, explain exam, consent)	2	
Ask about/say would: (not usually asked to do time but need to mention)		
a. Weight, Ht	2	
b. Pallor, pedal edema	2	
c. pulse, BP	2	
Ask patient to empty bladder	1	
Discreetly expose from below the breasts to the symphysis pubis	1	
Flex the legs	1	
Stand on the right of patient facing her	1	
Inspection-		
a. Shape and asymmetry	1	
b. Linea nigra	1	
c. Striae gravidarum	1	
d. Striae albicans	1	
e. Excoriations	1	
f. Superficial dilated veins	1	
g. Umbilicus	1	
h. Hernia	1	
i. Scar (describe)	1	
Palpation		
a. Correct dextrorotation	1	Ask to explain while doing a to f
b. Symphyseal-fundal height in cms- tape measure upside down from fundus to pubic symphysis)	1	
c. Fundal ht in weeks	1	
d. Fundal grip	1	
e. Umbilical grip	1	
f. First pelvic grip	1	
g. Second pelvic grip	1	
Auscultation- spino umbilical line	1	
Cover patient up and thank them	1	
Total /30		

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

Name:

Rollno:

Date:

Interaction with the patient	Marks	Comments
WINDEC (wash hands, introduce self, name, DOB, explain exam, consent)	2	
LMP		
a. Regular cycles in 3 months	1	
b. No intake of OC pills in last 3 months	1	
c. Calculate EDD & GA	1	
Name, age, Address	3	
Occupation	1	
education	1	
SE status	1	
Husband details	1	
Nearest health facility	1	
Blood group	1	
Obstetric score(No. of children/abortions)	1	Give one mark if primi
Chief complaints	1	
I trimester history		
a. hyperemesis	1	
b. drug intake	1	
c. fever with eruptions	1	
d. exposure to radiation	1	
e. dating scan	1	
II trimester history		
a. H/S/O PIH	1	
b. H/O GDM	1	
c. GCT/GTT	1	
d. Bleeding	1	
e. leaking	1	
f. Quickening	1	
g. UTI	1	
h. II trimester scan	1	
Menstrual history	1	
Marital history	1	
Consanguinity	1	
Past obstetric history including condition of	1	If primi, add one mark anyway
Personal history		
Past medical history/ surgical history	2	
Diet	1	
Family history	1	
Blood transfusion in the past	1	
Gives advice about anomaly scan	1	
Thank the patient	1	
Total score	/35	

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

Name:

Date:

Roll no:

IUCD insertion	Yes	NO	Remarks
Asks the client to empty her bladder and wash her perineal area			
Washes hands thoroughly as per protocols and dries them			
Pre insertion and Insertion Steps (Using aseptic, “no touch” technique throughout)			
Provides an overview of the insertion procedure. Reminds her to let the provider know if she feels any pain			
Gently inserts speculum, and cleanses the cervical os and vaginal wall with antiseptic			
Gently grasps the anterior lip of cervix with an vulsellum/tenaculum and applies gentle traction (If tenaculum is used, the prongs of tenaculum should hold the anterior lip of cervix at 11 o'clock and 1 o'clock positions to avoid cervical injury)			
Inserts the uterine sound using the “no touch” technique			
Loads the IUCD in its sterile package using ‘No touch technique’			
Sets the blue length-gauge to the measurement of the uterus			
Carefully inserts the loaded IUCD, and releases it into the uterus using the ‘withdrawal technique’			
Withdraws the plunger rod. Gently pushes the insertion tube upward again until slight resistance is felt			
Partially withdraws insertion tube until the string can be seen extending from the cervical os			
Uses sterile sharp curved scissors to cut the IUCD strings to 3– 4 cm length.			
Gently removes the vulsellum/ tenaculum and place them in kidney tray			
Examines the cervix for any bleeding, removes the speculum, and places it in the kidney tray			
Asks how the client is feeling and begin performing the post-insertion steps			
Disposes of waste materials appropriately			
Performs hand hygiene			


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DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

Name:
Roll no:

Date:

1. Definition of Preeclampsia

New onset hypertension (>140/90mmhg) that develops after 20wks gestation with proteinuria with or without multiorgan involvement.

2. Investigation done in gestational HT/PE

1. CBC
2. Spot urinary protein: creatinine ratio
3. LFT – Liver enzymes
4. Blood Urea, Sr. creatinine, Uric acid
5. Fundus Examination

3. Complication of exercise

1. Eclampsia
2. Acute Renal Failure
3. DIC
4. HELLP Syndrome
5. Placental abruption
6. FGR

4. Antihypertensive used in GHT/PE

	Mode of action	Contraindication
1. Labetalol	– Adrenergic	Asthma
2. Nifedipine	Calcium Channel Blocker	
Hot Emergency		
3. Hydralazine	Peripheral Vasodilator	
Dr. KAGNE. R.N Labetalol		

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40 year old female complaints of White discharge pv. She has not undergone pap smear so far.

Tasks	Not done	Done
Greet and explain		
Don non sterile gloves		
Visual inspection external genitalia, cervix, vaginal walls,		
Advances speculum correctly		
Insert Ayres spatula and rotate 360 twice		
Takes out and smear it on glass slide		
Put it on Koplicks jar		
Follow up		
Document on pap form,		


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Tasks	Not done	Done
Ensure privacy and confidentiality		
Identify the reason for termination of pregnancy		
Discuss regarding available options		
Benefits of medical termination		
Risks of medical termination		
Return of fertility 10 days after MTP		
Post abortion contraception		
Follow up		


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OSCE checklist Phase III Part I

Name:	Roll no:	Date	Yes	NO
Introduction give 1 mark if all done otherwise 0.5				
<u>W</u> ash hands, <u>I</u> ntroduce self, Ask <u>P</u> atient's name, age, parity, address, <u>E</u> xplain procedure, ask patient to void and obtain consent				
Asks about her LMP (0.5)				
Asks about her last day of intercourse or any Pv done in the last 24 hours (1)				
Wear gloves To avoid douching with any antiseptic solution (0.5)				
Inspected external genitalia and checked urethral opening for discharge. (1)				
Inserted speculum and adjust it so that the entire cervix can be seen. (1)				
Scraped the whole transformation zone and the ectocervix by the Ayres spatula (1)				
Spread the specimen on a glass slide (0.5)				
Place the smear inside Koplík's jar (0.5)				
Took off the gloves, dispose in the proper container, Washed hands (0.5)				
Told the client when to return for results (0.5)				
Documented the results (2)				


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Name	Roll no:	Date:	Marks
Introduces self and role, Gains consent for history, Correctly identifies patient using at least 2 patient identifiable variables			2
Bleeding: Onset, Volume, Colour and Progression			2
Presence of clots, dysuria, dyspareunia or discharge			2
Pain – with SOCRATES as appropriate – include screening for shoulder tip pain			2
Menstrual history – age at time of menarche, LMP, regularity of periods and characteristics			2
Gynaecological history – contraception, menopause, STIs, cervical screening, history of PID			
Obstetric history – Gravity, Parity, outcome of pregnancies and bleeding in pregnancy			2
Enquire about risk factors: Ask about PID, IVF, FHx miscarriages, previous miscarriage			2
Past medical (surgical) history; drug history, family history , social history			2
Summary and interpretation of clinical findings accurately			2
Differentials diagnoses explained to the patient			2


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DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

Name	Roll no:	Date:	Marks
Introduces self and role, Correctly identifies patient using at least 2 patient identifiable variables			0.5
Ask the patient about her knowledge of molar pregnancy			0.5
<p>What is a molar pregnancy? A molar pregnancy is a pregnancy in which the trophoblast develops into a mass of fluid-filled sacs that resemble clusters of grapes. It grows in an uncontrolled fashion to fill the womb. It occurs in about one in 1200 pregnancies. There are two types of molar pregnancy: a complete and a partial molar pregnancy</p>			1
<p>If this is such an abnormal pregnancy, why do I feel so pregnant? The overgrown placenta tends to produce massive amounts of the pregnancy hormone hCG (human Chorionic Gonadotrophin). Most of the symptoms of a molar pregnancy are caused by these high hormone levels. A molar pregnancy will probably bleed and the womb will seem bigger than it should be. Sometimes it can cause high blood pressure and thyroid problems. There may be increased symptoms of morning sickness.</p>			2
<p>How is a molar pregnancy treated? You will be admitted to hospital to have a small operation to empty your uterus (called a Dilatation and Curettage). This procedure is carried out under a general anaesthetic in the operating theatre. Instruments are used to ensure the inside of your uterus is empty. The operation usually takes about 5 to 10 minutes, and is done vaginally so you will have no cut/stitches. The tissue will be sent to the laboratory for examination and you will be told the result</p>			2
<p>What follow up is required? Blood levels of the pregnancy hormone hCG are measured weekly following a molar pregnancy until the pregnancy hormone level is so low that it can no longer be detected. In most women the levels of hCG drop fairly rapidly. Once your hormone level reaches zero for three weeks, follow-up will cease for those with a partial mole. For women with a complete mole, you will progress to monthly blood tests for a further six months.</p>			2
<p>Why are molar pregnancies followed up? Occasionally the molar tissue may persist and grow deeper into the wall of the uterus and spread; this is an invasive mole. Very rarely a molar pregnancy can develop into a choriocarcinoma which is a form of cancer. Thankfully the cure rate is almost 100%. This is the reason why molar pregnancies are followed up..</p>			1
<p>When can I fall pregnant again? We would advise that you do not fall pregnant while you are being followed up. It will become difficult to know if your pregnancy hormone levels are rising due to pregnancy or re-growth of the molar tissue. We advise you to wait until after your follow-up period before trying for another pregnancy. It is very important to tell us if you become pregnant.</p>			1

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Name	Roll no:	Date:	Marks
Introduction Wash hands, Introduce self, Ask Patient's name, address, Explain examination, ask patient to void and obtain consent			0.5
Position the patient lying at 15° with a small rolled towel placed under the right hip and knees should be semiflexed and feet together and expose the abdomen from xiphisternum to pubic symphysis . Stand on right side of the patient			1
Abdominal inspection Distension, Fetal movements, Scars Skin changes Linea nigra: Striae gravidarum: Striae albicans: Excoriations Distended superficial veins Umbilicus eversion			
Palpation Tell if there is a dextrorotation, It will be corrected			1
Fundal height -Use the ulnar edge of left hand to press down in a stepwise fashion from xiphisternum downwards to find the fundus (first bit of resistance)			1
SFH - measure from pubic symphysis to fundal resistance with measuring tape To eliminate bias, measure with the inches side upwards, then turn over for centimetres reading.			1
Fundal grip :The uterine contour is outlined by the examiner, placing both of his or her hands on each upper quadrant of the patient's abdomen facing the maternal xiphoid cartilage. The ulnar border of each hand is in contact with the abdominal wall, and the opposite fingers are touching each other. Using the fingertips, the fundus is gently palpated to identify which fetal part is present in the upper pole (fundus) of the uterus.			1
Umbilical grip :Still facing the maternal xiphoid cartilage, both hands slide down from the uterine fundus towards the lateral uterine walls. The clinician's hands are placed flat and parallel to each other along the abdominal wall at the level of the umbilicus. The operator places the two flat hands sideways to the uterus and tries to bring them closer to the midline. Gently palpate each side of the uterus			1
First pelvic grip : the ulnar border of right hand is placed over pubic symphysis and place the thumb and fingers of the right hand close above the pubic symphysis and draws the thumb and finger near to clasp the lower uterine segment including its contents.			1
Second pelvic grip : the examiner faces toward the maternal pelvis. places the palms of both hands on either side of the lower abdomen, with the tips of the fingers facing downward toward the pelvic inlet. The fingertips of each hand are used to apply deep pressure from the outside to the inside and in a craniocaudal direction along the lower contour of the uterus towards the birth canal.			1
fifth maneuver " of Leopold, or maneuver of Zagenmeister, In the cephalic presentation, the hand is placed flat on the pubic symphysis, and the palpation could delineate the fetal head portion that can be reached above the pelvic inlet. If the fetal head accommodates two fingerbreadths above the pelvic brim, it is said to be engaged.			
Fetal heart auscultation Find the back of the fetus and place the Pinard Horn or Doppler fetal monitor (Sonicaid) just behind the anterior shoulder, i.e. halfway between mother's umbilicus and ASIS on the fetal back (try both sides if unsure) Feel the mother's pulse at the same time Calculate the fetal heart rate (should be 120-160 bpm). Listen for 1 minute.			1
Thank patient and restore clothing			0.5

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

Name	Roll no:	Date:	Marks
List at least 3 tests for fetal well being			2
Fetal movement count, Cardiotocography (CTG) or electronic fetal monitoring (EFM), BPP, Doppler			
Biophysical profile (BPP features) – Fetal breathing, – Fetal movement, – Fetal tone, – Amniotic fluid index (AFI),– NST			2
Maternal indications any 4: Postterm pregnancy, Hypertensive disorders of pregnancy, Diabetes, Antiphospholipid antibody syndrome, Advanced maternal age (elderly gravida), Vaginal bleeding, Prelabor rupture of membranes, Pregnancy after assisted reproductive technologies			2
Fetal indications any 4: Decreased fetal movement, Fetal growth restriction, Oligohydramnios/polyhydramnios, multiple pregnancy with significant growth discrepancy, • Preterm labor			2
A reactive NST shows two or more fetal heart rate accelerations reaching a peak of at least 15 bpm above the baseline rate and lasting for at least 15 seconds from onset to return in a 20-minute period.			2


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DEPARTMENT OF PATHOLOGY
OSPE – Urine Analysis- Sample

Sl. No	Steps	Roll No											
1	Remove a strip from the bottle and replace the cap (1m)												
2	Dip all test pads of strip into urine and remove immediately (1m)												
3	Drag the edge of the strip against test tube rim. (1m)												
4	Compare test pad with corresponding colour blocks on the bottle label. (1m)												
5	Discard the strip properly (1m)												
6	Interpretation (1m)												
Total (5)													

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DEPARTMENT OF PATHOLOGY, SMVMCH

URINE ANALYSIS

Chart - A

1. Glycosylated Hb (value and its importance).
2. Fixed specific gravity (Value & condition).
3. Define oliguria? Any two conditions
4. Principle of reagent strip test for glucose

DEPARTMENT OF PATHOLOGY, SMVMCH

URINE ANALYSIS

Chart -B

1. Microvascular complications of diabetes (any four).
2. Four causes of nephrotic syndrome
3. Define anuria? Any two conditions
4. Principle of reagent strip test for ketone bodies.

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URINE ANALYSIS

Chart -D

1. Conditions producing ketone bodies in urine.
2. Four causes of hematuria? (Renal cause).
3. Name the crystals seen in acidic urine. (Any four).
4. Principle of reagent strip test for blood.



Department of Pathology

Kalitheerthalkuppam, Puducherry – 605 107

2021 Batch OSPE

Date :25.10.23 to 27.10.23

R.No	Names	Urine Analy (6)	Charts (19)	Total (25)	(%)
1	A SRIMATHI	A	A	A	A
2	AAKASH S	4	15	19	76
3	ABINAYA E	5	14	19	76
4	ABINISHA R	A	A	A	A
5	ADHAVAN R	5	12	17	68
6	ADITHYA B	A	A	A	A
7	AGALYA M	4	15	19	76
8	AJAYKRISHNA R	A	A	A	A
9	AKILAA G G	3	13	16	64
10	AKILAN K	4	14	18	72
11	AMUDHAMOZHI M	4	15	19	76
12	ANANDHAVAITHEESWARI G	6	14	20	80
13	ANGEL MARRY THOMAS	5	13	18	72
14	ARAVINTHSAMY B	A	A	A	A
15	ARUN KUMAR YADAV	A	A	A	A
16	ASHMITHA R	6	13	19	74
17	CHANDRANATHDEV E	6	15	21	84
18	CHARUMATHI BALA B	5	12	17	68
19	D SHREYA	A	A	A	A
20	DARANI N	4	14	18	72
21	DARSHINI P	5	16	21	84
22	DEBDYUTI DAS	5	14	19	76
23	DEEPTHI S	A	A	A	A
24	DHANALAKSHMI G	A	A	A	A
25	DHARANIDHARAN K S	A	A	A	A
26	DHIYANNESH S	6	11.5	18	70
27	DINESH KUMAR S	4	11	15	60
28	DIVYA JEYASHREE J	A	A	A	A
29	E ANUSHIYA	5	12	17	68
30	ELAMATHI P	6	12	18	72
31	ELAMPIRAI T N	5	12	17	68
32	ERNESTO BALA SUBBIAH K S N	A	A	A	A
33	EZHILARASI M	5	13	18	72
34	F THABASUM	5	13.5	19	74
35	GAUTHAM ARIHARAN T	A	A	A	A
36	GANESH K	5	12	17	68
37	GANESH M	5	8	13	52
38	GUNALAN S	4	9	13	52
39	GURURAM PRASATH V	5	10	15	60
40	H TANYA SINGH	6	9.5	16	62
41	HALEEMA AAFRIDHA	6	11	17	68

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42	HANNA MATHEW	5	10.5	16	62
43	HARSHA VARDHANA S	5	5	10	40
44	HEMALATHA H P	5	12	17	68
45	HEMANTH RAJ A C M	5	14	19	76
46	J ASHWIN VARAPRASAD	6	14	20	80
47	JAYAVARTHINI V	5	12	17	68
48	JUMANA HAZEEN J	4	11	15	60
49	K B ANUSHA	5	13	18	72
50	K HARI PRASANTH	5	12	17	68
51	KAILASHE K	A	A	A	A
52	KARTHIK RAAJA D	6	12	18	72
53	KARTHIK RAJA M	6	8	14	56
54	KAVI SHRI V	5	4.5	10	38
55	KAVINILAVU B	5	15	20	80
56	KAVURU RITIKA	A	A	A	A
57	KRITHIK RAJ S	6	12	18	72
58	KRITHASINI R	5	8	13	52
59	KULASEKARAVAIRAMUTHU A	4	9	13	52
60	KUMARESH A	5	6.5	12	46
61	KUNALAN M	6	6	12	48
62	L SAJEEV	6	19	25	100
63	LAVANYA L R	6	10	16	64
64	MADUMITTA S	A	A	A	A
65	MAHIMMA VARSINE P	6	15	21	84
66	MALARVIZHY R	6	14	20	80
67	MALAVIKA A M	5	9	14	56
68	MEGALSRI R	6	17	23	90
69	MEGAVIDHYAA P	A	A	A	A
70	MEGHA MOHAN	A	A	A	A
71	MIRUTHIKAA N	6	19	25	98
72	MOHAMED MUBEEN M	6	8	14	56
73	MOHANAPRIYA B	A	A	A	A
74	MOHINKRISHNA P R	6	6	12	48
75	MUTHAMIZH P	6	6	12	48
76	NANDHINI K	A	A	A	A
77	NAVEENA P	2	8	10	40
78	NAVEENGANESH B	A	A	A	A
79	NEHA S	5	15	20	80
80	NIRMAL RAJ K	6	12.5	19	74
81	NISHA B	6	15	21	82
82	NISHA SHREE S	A	A	A	A
83	PAR REHUMAN A	A	A	A	A
84	OBU VAISNAVII K S	A	A	A	A
85	PARTHASARATHY K	6	15	21	84
86	PRASSANNA RAJAN S	5	18	23	92
87	PRAVEEN L	5	19	24	96

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88	PRAVEEN RAJU R	6	17	23	92
89	PREETHI S	6	19	25	100
90	PREETHI VENDAN P	A	A	A	A
91	PREETHIKA E	5	15	20	80
92	PRINCE BABU	6	10	16	62
93	PURVAJA K	5	12.5	18	70
94	R SRIKANTH	5	13	18	72
95	RIQSHITHA SRI S	A	A	A	A
96	S K VARSHINI	A	A	A	A
97	S KALYAN SHRAVAN	4	7	11	44
98	S PIRIADHARSHNE	6	8	14	56
99	SACHIN KUMAR S	5	13	18	72
100	SANGEETHA ANAND	6	13	19	76
101	SANJEETH R B	5	12	17	68
102	SARAN V	6	19	25	98
103	SARANYA S	A	A	A	A
104	SARATH CHANDRA M	5	13	18	72
105	SARATHKUMAR S	5	12	17	68
106	SARAVANAKUMAR P	6	13	19	76
107	SARMILI D R	6	13	19	76
108	SASIDHARAN R	6	13	19	76
109	SATHIYANARAYANAN B	5	10	15	60
110	SATHIYAVATHI A	6	15	21	84
111	SHADA FATHIMA V	5	14	19	76
112	SHANMUGAPRIYA R	4	13	17	68
113	SHIBU ARAVIND M N	5	12	17	68
114	SHIVAVISHNU S	6	17	23	92
115	SHREENILA	6	16	22	88
116	SHREYA PADHI	A	A	A	A
117	SHRUTHI R	A	A	A	A
118	SIPI ERAI ANBU B	A	A	A	A
119	SIVAGNANALAKSHMI	5	17.5	23	90
120	SIVANAGA SHAILAJA S	5	13	18	72
121	SIVASUBRAMANIAN P	4	16	20	78
122	SNEHA S	5	13	18	72
123	SONIYA V	5	15	20	80
124	SOUNDHARIYA K	6	12	18	72
125	SOWNDHARYA S	5	11	16	64
126	SREE NIVEDITAA S	6	12	18	72
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	ROSEMARY ANNA MATHEW	5	15	20	80
	ROSEMARY ANNA MATHEW	A	A	A	A
130	STAFFORD SAM MAXWELL M	A	A	A	A

131	SUBA LAKSHMI E	5	14	19	76
132	SUBHIKSHA PRIYADHARSHINI M	4	13	17	68
133	SUCHARITA S SINHASAN	5	14	19	76
134	SUDARVIZHI S	4	15	19	76
135	SUJITH R	3	12	15	60
136	SUJITHA S	6	16	22	88
137	SUSHMITHA M	6	12.5	18	72
138	SUVALAKSHMI B	6	13.5	20	78
139	SWARNA SWATHI M	A	A	A	A
140	SWATHI K I	5	15	20	80
141	SWATHY G	5	14	19	76
142	SWEDHA S	5	16.5	22	86
143	SWETHANIVASAN S	A	A	A	A
144	TANUSHRI NARENDRAN	4	13	17	68
145	THARNESH O	5	13	18	72
146	THEEBAA SHARANYA SENTHILKUMA	5	15	20	80
147	UDHAYA V	5	14	19	76
148	V ABHINANDHAN	6	13	19	76
149	V HARSHAVARDHINI	4	12	16	64
150	V SRI HARINI	A	A	A	A
151	VARSHASRE R S	6	11	17	68
152	VATTIKUTI SAI HEMANTH	6	15	21	84
153	VISHAL P	6	15	21	84

K. S. Anand

Professor & HOD

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DEPARTMENT OF PHARMACOLOGY
PHASE II MBBS

Routes of drug administration
(Using mannequin)

Parenteral drug administration OSPE Checklist

DEPARTMENT OF PHARMACOLOGY

PHASE II MBBS

Routes of drug administration (using mannequin)

OSPE Checklist

The CBME students are trained on parenteral drug administration of

Intravenous, Intradermal, Intramuscular and Subcutaneous route. Following a video demonstration,

Hand's on training under supervision is given using the attached checklist in small groups as small

group teaching. Following this students are allowed to individually perform the injection techniques

in the mannequin. The same is assessed as per the checklist during practical exam.

Task : Subcutaneous injection

Sl.No	INSTRUCTIONS	MARKKS
1	Check for the expiry date of drug and washes hand	0.5+0.5=1
2	Wipes area with spirit from centre to periphery and Waits for spirit to dry	0.5+0.5=1
3	Selects the correct needle 23-25G	1
4	Loads the correct volume without air bubble	1
5	Takes a fold of skin on the area to be injected	1
6	Positions the needle correctly at 20-30 degree with bevel facing upwards	1
7	Aspirates to check whether blood appears	1
8	If blood does not appear, injects drug slowly into the subcutaneous tissue	1
9	Withdraws needle, wipes site with spirit and does not massage	1
10	Disposes needle (without recapping) and syringe correctly	1
TOTAL MARKS		

Sri
MANAKULA



VINAYAGAR

Medical college and Hospital

DEPARTMENT OF PHARMACOLOGY

ROUTES OF ADMINISTRATION

Task: Intravenous Injection

Sl. No.	INSTRUCTIONS	MARKKS
1	Check for expiry date and wash your hands	0.5+0.5=1
2	Loads the syringe with drug and lets out the air bubbles	0.5+0.5=1
3	Apply tourniquet and look for the suitable vein and Wipes area with spirit from centre to periphery allows it to dry	1
4	Positions needle with an angle of 45 degrees & bevel facing upwards	1
5	Holds syringes in correct manner (without touching needle)	1
6	Inserts needle longitudinally along the inside of vein and Inserts it in correct direction, i.e. towards the heart	1
7	Withdraws to check whether in vein & releases the tourniquet	1
8	Injects drug slowly into the vein	1
9	Withdraws and applies pressure with a sterile cotton for a few seconds	1
10	Disposes needle (without recapping) and syringe correctly	1
TOTAL		10

Task : Intramuscular injection

Sl.No	INSTRUCTIONS	MARKS
1	Checks for the expiry date of drug	1
2	Washes hand	1
3	Wipes area with spirit from centre to periphery and waits for spirit to dry	1
4	Loads the correct volume of syringe	1
5	Removes the air bubbles	1
6	Insert the needle swiftly at an angle of 90 degree	1
7	Aspirates to check whether blood appears	1
8	If blood does not appear, injects drug slowly	1
9	Withdraws the needle, wipes site with spirit and does not massage	1
10	Disposes needle (without recapping) and syringe correctly	1
TOTAL MARKS		

DEPARTMENT OF PHARMACOLOGY

ROUTES OF ADMINISTRATION

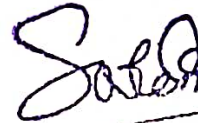
Task : Intradermal injection

S.NO	INSTRUCTIONS	MARK
1	Selects the correct syringe and needle (Tuberculin syringe 25-27G with 3/8 to 5/8 inch needle)	0.5
2	Loads the correct volume	0.5
3	Select and correctly locate the site for injection (Ventral surface of forearm)	1
4	Instruct patient to extend and supinate forearm on flat surface	1
5	Clean the injection site with spirit from centre to periphery and allows site to dry	1
6	Holds syringe between thumb & index finger with dominant hand parallel to the skin and remove the needle cap	1
7	With non dominant hand holds skin taut by stretching skin between thumb & index finger	1
8	Place the needle at angle of 10 to 15 degree with bevel facing upwards	0.5
9	Inserts needle slowly & advance approximately 3mm so that the entire bevel is covered	0.5
10	Checks for bleb formation if not repeats the procedure	0.5
11	Withdraws needle in the same angle and wipes site with spirit does not massage	0.5
12	Disposes needle (without recapping) and syringe correctly	0.5
13	Mark the site and Check for any reaction	0.5

Department of Physiology

List of Clinical OSCE

1. Elicit Knee jerk of the subject provided (in sitting position)
2. Elicit Biceps jerk of the subject provided (in sitting position)
3. Elicit Triceps jerk of the subject provided (in supine position)
4. Elicit Ankle jerk of the subject provided (in supine position)
5. Elicit Plantar reflex of the subject provided (in supine position)
6. Locate Apex beat of the given subject (in sitting position)
7. Auscultate the apex beat (in sitting position)
8. Elicit vocal fremitus from the infraclavicular region of the chest
9. Elicit vocal resonance from the infraclavicular region of the chest
10. Palpate the position of Trachea in the given subject
11. Percussion of posterior lung fields
12. Elicit tactile localization in the upper limb of the given subject
13. Assess the strength of Biceps muscle in the given subject
14. Elicit Light Reflex in the given subject
15. Examine Jugular Venous Pulse (JVP) in the given subject



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Check list

Elicit Knee jerk of the subject provided (in sitting position)

1. Reassure and relax the subject, expose the lower limb above the knee joint, till mid thigh level. (1)
 2. Make the subject to sit on the edge of the seat with legs dangling .(1)
 3. Feel the patellar tendon.(1)
 4. Strike the tendon directly with knee hammer and observe for contraction of quadriceps femoris muscle and extension at knee joint.(1)
 5. Repeat the jerk on the opposite side. (1)
- ❖ Jendrassik's maneuver should be tried in case of difficulty in eliciting this reflex.

Elicit Biceps jerk of the subject provided (in sitting position)

1. Reassure and relax the subject, expose the arm.(1)
 2. Flex the elbow of the subject to the right angle and support it with one hand appropriately. (1)
 3. Identify the biceps tendon and place the thumb on it.(1)
 4. Strike the thumb with knee hammer and observe biceps contraction and flexion at the elbow.(1)
 5. Elicit the biceps jerk on the opposite side.(1)
- ❖ Jendrassik's maneuver should be tried in case of difficulty in eliciting this reflex

Elicit Triceps jerk of the subject provided (in supine position)

1. Reassure and relax the subject, expose the arm. (1)
 2. Flex the subject's arm at the elbow and rest the forearm on the subject's abdomen.(1)
 3. Identify the triceps tendon and tap it directly.(1)
 4. Observe the contraction of the triceps muscle and extension at the elbow.(1)
 5. Elicit the triceps jerk on the opposite side.(1)
- ❖ Jendrassik's maneuver should be tried in case of difficulty in eliciting this reflex

Elicit Ankle jerk of the subject provided (in supine position)

1. Reassure and relax the subject.(1)
2. Keep the leg externally rotated at hip joint and slightly flexed at knee joint, placing the ankle on the opposite leg. (1)
3. Dorsiflex the foot.(1)
4. Feel the Achilles tendon, strike it and observe the contraction of calf muscles and plantar flexion of the foot.(1)
5. Elicit the ankle jerk on the opposite side.(1)

❖ Jendrassik's maneuver should be tried in case of difficulty in eliciting this reflex.

Elicit Plantar reflex of the subject provided (in supine position)

1. Reassure and relax the subject.(1)
2. With the left hand grasp the leg just above the ankle joint.(1)
3. With the pointed part of the knee hammer, gently scratch the outer edge of the sole of the foot from the heel towards the little toe and then medially across the metatarsus towards the big toe, in one stroke. (1)
4. Observe the plantar response. (1)
5. Elicit the plantar reflex on the other side.(1)

Locate Apex beat of the given subject (in sitting position)

1. Reassure and relax the subject and expose the precordium.(1)
2. The apical impulse is identified by inspection first and then the palm is placed on the precordium to feel the apical impulse.(1)
3. Then place the ulnar border of the palm .(1)
4. Then locate with tip of index finger. (1)
5. Without taking the right hand, use the left hand to note the position of the apex beat in the intercostal space in relation to midclavicular line and report (1)

Auscultate the apex beat (in sitting position)

1. Give proper instructions and expose the precordium. (1)
2. Localize the apex beat by inspection.(1)
3. Locate the apex by palpation.
4. Lightly place the diaphragm of the stethoscope on the apex to auscultate it.(1)
5. Place fingers on carotid artery to differentiate the first from the second sound and report the finding.(1)

Elicit vocal fremitus from the infraclavicular region of the chest

1. Give proper instructions to the subject and expose the chest.(1)
2. Place the ulnar border of the hand on the infraclavicular region of one side of the chest.(1)
3. Ask the subject to say '1-2-3' or '99'.(1)
4. Feel for the vibration on the chest wall.(1)
5. Repeat the same on the opposite side and compare. Report the findings.(1)

Elicit vocal resonance from the infraclavicular region of the chest

1. Give proper instructions to the subject and expose the chest (1)
2. Place the diaphragm of the stethoscope on the infraclavicular region of one side of the chest.(1)
3. Ask the subject to say '1-2-3' or '99'. (1)
4. Hear the sound on the chest wall.(1)
5. Repeat the same on the opposite side and compare. Report the findings. (1)

Palpate the position of Trachea in the given subject

1. Reassure and relax the subject and expose the neck. (1)
2. Place the tip of the index and ring finger of right hand on the sternoclavicular joints on either side. (1)
3. Use the middle finger to trace the tracheal rings till the suprasternal notch.(1)
4. Report the findings to the examiner (1)
5. Express thankfulness to subject and examiner.(1)


Percussion of posterior lung fields

1. Reassure and relax the subject and expose the posterior chest wall.(1)
2. Ask the subject to cross the hands, touching the shoulders and lean forward. (1)
3. Do percussion on the suprascapular area on one side and compare with the other side (1)
4. Do percussion on the infrascapular area on one side and compare with the other side (1)
5. Report the findings to examiner and express thankfulness (1)

Department of Physiology

List of Haematology OSPE

1. Prepare a smear from the given sample of blood.
2. Dilute the given sample of blood for RBC count.
3. Dilute the given sample of blood for WBC count.
4. Charge the Neubauer's chamber with the diluted blood from the pre- loaded pipette.
5. Dilute the blood (from the given sample) for estimation of Hemoglobin concentration?


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Check list

Dilute the given sample of blood for RBC count.

Steps

- Select the correct pipette and check whether the pipette is dry and clean. (1)
- Mix the blood sample thoroughly and suck blood up to 0.5 mark in the pipette, adjust the level of blood if needed. ($\frac{1}{2}+\frac{1}{2}$)
- Wipe the tip of the pipette. ($\frac{1}{2}$)
- Suck the diluting fluid from the watch glass, up to 101 mark in the pipette($\frac{1}{2}$)
- Mix the contents of the bulb of the pipette (1).
- Keep the working place clean and express thankfulness to examiner. ($\frac{1}{2}+\frac{1}{2}$)

Dilute the given sample of blood for WBC count.

Steps

- Select the correct pipette and check whether the pipette is dry and clean. (1)
- Mix the blood sample thoroughly and suck blood up to 0.5mark in the pipette, adjust the level of blood if needed. ($\frac{1}{2}+\frac{1}{2}$)
- After wiping the tip of the pipette. ($\frac{1}{2}$)
- Suck the diluting fluid from the watch glass, up to 11 mark in the pipette. ($\frac{1}{2}$)
- Mix the contents of the bulb of the pipette. (1)
- Keep the working place clean and express thankfulness to examiner. ($\frac{1}{2}+\frac{1}{2}$)

Charge the Neubauer's chamber with the diluted blood from the pre-loaded pipette

Steps

- Clean the Neubauer's chamber and the cover slip thoroughly and place the cover slip on the central platform of the chamber. ($\frac{1}{2}+\frac{1}{2}$)
- Mix the contents of the bulb thoroughly. ($\frac{1}{2}$)
- Discard the first two drops of fluid from the pipette. ($\frac{1}{2}$)
- Place the tip of the pipette on the surface of the chamber touching the edge of cover slip, allow the diluted blood to flow under the cover slip by capillary action. (1)
- Charge the opposite platform from the other side, taking care to prevent overcharging or undercharging of the chamber (1).
- Keep the working place clean and express thankfulness to examiner. ($\frac{1}{2}+\frac{1}{2}$)

Dilute the blood (from the given sample) for estimation of Hemoglobin concentration

Steps

- Select the appropriate pipette and tube .(1)
- Take N/10 Hcl up to the lowest mark in the tube. (1)
- Mix the blood thoroughly. ($\frac{1}{2}$)
- Suck the blood in the pipette up to 20 mm³ mark without air bubbles and blow the blood into acid in the tube ($\frac{1}{2}$).
- Wash out the blood from the pipette by repeated drawing in and blowing out of the acid mixture (2-3 times) and note the time. (1)
- Keep the working place clean and express thankfulness to examiner. ($\frac{1}{2}+\frac{1}{2}$)

Prepare a blood smear from the given sample of blood.

Steps

- Clean two slides and select a spreader. (1)
- Mix the blood thoroughly and place a moderate drop of blood at one end of the slide. (1)
- Hold the opposite end of the slide with the index finger and thumb of the left hand, and then place the spreader at 45° angle in front of the drop of blood. Draw the spreader back until it touches the drop of blood. (1)
- Push the spreader with a steady, smooth and quick movement to the other end of the slide and immediately dry the smear by waving the slide in the air. (1)
- Keep the working place clean and express thankfulness to examiner. ($\frac{1}{2}+\frac{1}{2}$)



