

Strukturert skåringsskjema					
Introduction: If the student uses more than 3 minutes on the intro, say: "Now you have to move on to the examinations and the IUCD insertion" Intro	Good		Satisfactory		Not satisfactory or not done
Greets the patient (pelvic model), introduces him-/herself					
Explains the common side-effects of hormonal IUCD use to the patient					
Bleedingdisorders, pain					
Explains the possible complications after IUCD insertion to the patient					
Infection, pain, bleeding					
Explains about the examinations/insertion procedure to the patient					
If the student says that a urine HCG-test should be done, say: "The test is negative"	Good		Satisfactory		Not satisfactory or not done
Mentions urine HCG-test					
Main part	Good		Satisfactory		Not satisfactory or not done
Bimanual vaginal palpation					
Inserts a speculum in a satisfactory manner					
Insertion of the IUCD					
Global Rating Scale	Klar stryk	Grensetilfel le	Bestått	God bestått	Utmerket
Tenk over ditt totalinntrykk av kandidatens prestasjon. Global skår er uavhengig av og vil IKKE påvirke kandidatens sjekklisteskår. Hvis du gir kandidaten global skår stryk eller grenseland, vennligst gi tilbakemelding i boksen til høyre om hva som gikk bra og aspekter som trenger forbedring.					

PRINT EXAMINER NAME _____

Structured scoring sheet	Good		Satisfactory		Not satisfactory or not done
Greets the patient and introduces him-/herself					
<p>Informs the patient briefly about the investigations that are associated with the first antenatal check-up</p> <p>Good: mentions and explains which blood tests, urine test, blood pressure measurement, height/weight; calculation of BMI Satisfactory: mentions blood tests but no explanation, mentions other tests briefly; Not satisfactory: incomplete, forgets tests</p>					
Calculates the due date/term, information to patient					
Information about the pregnancy follow-up scheme (midwife, doctor, shared care)					
Information about routine ultrasound examination in week 19 (an offer, not obligatory, purpose)					
Fills out "Helsekort for gravide" in a proper manner					
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Structured scoring sheet	Good		Satisfactory		Not satisfactory or not done
How do you consider the child's general condition and which characteristics/factors do you consider most important for your consideration?					
Consider the child's breathing pattern. Which characteristics/factors do you consider most important?					
How do you consider the degree of respiratory problems/difficulty: no problems, mild, moderate or severe problems?					
What diagnosis is most likely, and which differential diagnoses are relevant to consider?					
What circumstances/factors do you consider important in deciding whether to send the child to hospital or send him home?					
If the child is sent home: What do you tell the parents to observe/pay particular attention to in their child?					
If the child is admitted to the hospital: what treatment will you recommend?					
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Structured scoring sheet	Good	Adequate/satisfactory	Not satisfactory, not done		
Greets the patient and introduces him-/herself					
Starts with an open question					
Localisation of the oedema					
Symptoms/history of heart failure					
Symptoms/history of liver disease					
Symptoms/history of uremia/renal disease					
Previous medical history					
When there is 4 minutes left, or if the student finishes before this, ask: "I want you to order relevant blood- and urine tests on this form. You have one and a half minute to do this." (Assess the quality of this as the students order the tests)	Good	Adequate/satisfactory	Not satisfactory, not done		
Ordering relevant tests					
When there is 2,5 minutes left, or if the student finishes before this, ask: "What is the three main differential diagnoses for generalised oedema?"	Good	Adequate/satisfactory	Not satisfactory, not done		
Differential diagnosis: To receive the mark "good" the student must mention: heart failure, liver disease, nephrotic syndrome					
When there is 1,5 minutes left, or if the student finishes before this, ask: "Here are the results of the tests for this patient. Have a look at them and suggest what the diagnosis is."	Good	Adequate/satisfactory	Not satisfactory, not done		
Interpretation of correct diagnosis					
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Structured scoring sheet	Good	Satisfactory	Not satisfactory or not done		
Greets the patient and parent, introduction of him-/herself					
Maps	Good	Satisfactory	Not satisfactory or not done		
Activity					
Impulsiveness					
Attention span					
Asks for	Good	Satisfactory	Not satisfactory or not done		
School					
Leisure time					
Home					
Side effects	Good	Satisfactory	Not satisfactory or not done		
Appetite–stomach problems–headache					
Sleep pattern					
Palpitations					
Anxiety-depression-tics					
When there is 2 minutes left, or if the student finishes the history taking early, you ask: "Tell me which investigations you want to perform."					
Physical examination	Good	Satisfactory	Not satisfactory or not done		
Height, weight, (percentiles)					
Pulse, blood pressure, auscultation heart/lungs					
When there is 1 minute left you ask: "Is the present medical treatment adequate, or should dose or type of drug be changed?"					
Assesment	Good	Satisfactory	Not satisfactory or not done		
Reduce the dose or change drug (Atomoxetin; Strattera, lisdexamfet; Elvanse – do not have to suggest dose)					
Communication skills	God	Tilfredsstillende	Ikke tilfredsstillende eller ikke utført		
Interactive communication, responsive to patient and mother					
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"You have read the information about the patient. What will you do at the general practitioner's office? You have 2 minutes to give me your answer."	Good		Satisfactory		Not satisfactory or not done
Information to patient					
Assessment/referral					
Good: mentions referral to BDS. Satisfactory: referral to private institute or follow-up at GP office. Not satisfactory: everything else					
Mentions palpation of regional lymph node stations					
"You are now one of the junior doctors at the surgical department. Take a look at the information you get after all the investigations are done. What kind of treatment is suitable here? You get 3 minutes to give me your answer."	Good		Satisfactory		Not satisfactory or not done
Operative treatment					
Sentinel node diagnostics					
Dissection of the axilla if positive sentinel node diagnostics					
"Now have a look at the information you get after the surgical procedure. Which measures beyond surgery are required and recommended? You get 3 minutes to answer this."	Good		Satisfactory		Not satisfactory or not done
Adjuvant chemotherapy					
Post-operative radiation					
Endocrine treatment					
Prophylactic Calcigran Forte/calcium-vitamin D-supplement					
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Presenting complaint	Good		Satisfactory		Not satisfactory or not done
What is the most likely diagnosis? Answer: Ureteric colic					
"You suspect that the patient has ureteric colic. Should this be investigated by any kind of radiological imaging in the acute phase, explain your answer?" Answer: Yes, but only if pain relief is not reached					
"You give the patient an analgesic and an anti-inflammatory drug, but the patient still has colic-like pain. You admit her to the urological department. The urologist refers her to radiological imaging to investigate for kidney stones in the ureter. Which imaging modality is the best and first choice?" Answer: Choice of imaging modality: CT					
"The urologist chose to refer the patient to a stone-CT. What characterizes a stone-CT?" Answer: No iv contrast, patient lying in prone position, low dose CT					
"This is the CT-scan which was done on this patient. Do you see any stone in the ureters? Where is it localised? Answer as precisely as you can" Answer: Right ureter opening					
"Can you point out the liver, gall bladder, spleen, kidneys, urinary bladder and aorta?" Answer: Identifies liver, gall bladder, spleen, kidneys, urinarybladder and aorta					
"This is an ultrasound scan of the kidneys. Which of these two kidneys is the normal one and which is the pathological one? What is pathological about one of the kidneys, and explain what the cause is?" Answer: Hydronephrosis because of obstruction					
"Here you can see CT-images in 4 different phases. They are either taken with or without intravenous contrast. Which image is taken without contrast, and in which contrast phases are the other three images taken?" Answer: Without/pre-contrast, arterial phase, parenchymal/venous phase and excretion/late phase					
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Question 1-3: 5 minutes. Question 4: 3 minutes					
Show the student pictures 1, 2 and 3.					
Question 1: Can you tell me what these pictures show?	Good		Satisfactory		Not satisfactory or not done
Diagnosis picture 1: Normal breast tissue.					
Diagnosis picture 2: Ductal carcinoma in situ (DCIS).					
Diagnosis picture 3: Infiltrative ductal carcinoma.					
Question 2: Can you explain how you decided on your answer?	Good		Satisfactory		Not satisfactory or not done
Answer picture 1: Normal ductal structures; ductal and myoepithelial cells, little or no atypia.					
Answer picture 2: Dilated duct with atypical cells, mitoses, central necrosis. No definite invasion of surrounding tissue.					
Answer picture 3: Groups of atypical cells which infiltrate the stroma. Many mitoses and a considerable variation in nuclear size and shape. No myoepithelial cells.					
Question 3: What distinguishes an invasive carcinoma from a carcinoma in situ?	Good		Satisfactory		Not satisfactory or not done
Question 3: What distinguishes an invasive carcinoma from a carcinoma in situ?					
Answer: In invasive carcinoma, the basement membrane has been disrupted.					
Show the student picture 4.					
Immunohistochemistry shows that the tumor is positive for oestrogen receptor. You can see the result in this picture.	Good		Satisfactory		Not satisfactory or not done
Can you explain what we mean by the terms prognostic marker and predictive marker?					
Answer: A prognostic marker: Gives us information regarding the patient's chances of survival untreated A predictive marker: Gives us the opportunity to treat the patient and thereby improve her prognosis.					
Is the oestrogen receptor a prognostic marker? What does this mean for our patient?					
Answer: The oestrogen receptor is a prognostic marker. Gives us information regarding the patient's chances of survival untreated.					
Is the oestrogen receptor a predictive marker? What does this mean for our patient?					
Answer: A predictive marker: A predictive marker gives us the opportunity to treat the patient and thereby improve her prognosis.					
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