

OSCE BLUEPRINT IID (framework for OSCE) 210417

No changes will be made to the blueprint before the exam, 24.5.17.

IID	Communication, History taking, Explanation	Clinical examination	Clinical skills
CPR			CPR adults, infants and children
Gynaecology	<p>Abnormal uterine bleeding, including post-menopausal bleeding</p> <p>Information to patient about planned examinations and procedures</p> <p>Bleeding in early pregnancy</p> <p>Benign and malignant tumours of the internal genital organs</p> <p>Female genital prolapse</p> <p>Urinary incontinence</p> <p>Infertility</p> <p>History taking before IUCD procedure (intrauterine contraceptive device)</p> <p>Information to patient about contraception, how to use cyclical progestins or oral contraceptives, patch, vaginal ring</p> <p>Information to patient about the use of tranexamic acid for heavy menstrual bleeding</p>	<p>Pelvic examination with inspection of the vulva and introitus, speculum examination of the vagina and cervix</p> <p>Examination of female genital prolapse with Sims vaginal speculum and the Valsalva manoeuvre</p> <p>Test for stress urinary incontinence</p> <p>Bimanual vaginal palpation</p>	<p>Microbiological test from cervix/vagina</p> <p>Cervical cytology test</p> <p>Endometrial biopsy (Pipelle©)</p> <p>IUCD procedure</p> <p>Contraceptive implant</p>
Obstetrics	First trimester: healthy pregnant woman, previous complicated pregnancy, screening for GDM (gestational diabetes mellitus), diabetic mother	Examinations in the first, second and third trimester	Fill out the Norwegian "Helsekort for gravide" – pregnancy file/card (<i>translation will be provided</i>)

	<p>Information about routine ultrasound in pregnancy</p> <p>Third trimester: routine check-up, suspicion of pre-eclampsia</p> <p>Bleeding, stomach pain, urinary tract infection, common complaints in pregnancy</p> <p>Diabetes type I in pregnancy, GDM</p> <p>The obese pregnant woman: information about suitable weight gain in pregnancy, special considerations in pregnancy</p> <p>Post-partum check-up after a normal pregnancy/delivery, after pre-eclampsia and after GDM</p> <p>Advice on use of birth-control post-partum</p>	<p>Examination of the placenta post-partum</p>	<p>Use Snurra™ to determine gestational age and due date</p> <p>Refer to appropriate ultrasound examination in pregnancy</p> <p>Calculate BMI</p> <p>OGTT (oral glucose tolerance test)</p> <p>Take and interpret urine dipstick test</p> <p>Placenta and the umbilical cord: anatomical macrostructure, function, abnormalities with clinical relevance</p>
Paediatric medicine/surgery	<p>Acutely ill child</p> <p>Respiratory problems, cyanosis</p> <p>Fever</p> <p>Skin rash</p> <p>Seizures</p> <p>Urinary incontinence</p> <p>Stomach pain, constipation, diarrhoea, vomiting</p> <p>Headache</p> <p>Failure to thrive (infant, child, teenager/youth)</p> <p>Delayed growth and development</p> <p>Chronically ill child with acute disease: febrile neutropenia, immunodeficiency</p>	<p>Assess an acutely ill child</p> <p>Growth: measure height, weight, head circumference. Make and interpret growth curves</p> <p>Clinical examination of newborn/infant, and children of varying age: general condition, stiffness of neck/back, respiration, circulation/heart, abdomen, lymph nodes/skin (describe skin rash), joints, neurology, ears/mouth</p> <p>Assess motor/cognitive skills and development: walking, language skills, reflexes, primitive reflexes of the newborn</p>	<p>Logistic management of an acutely ill child</p> <p>Calculate dose of epinephrine and administer subcutaneously</p> <p>Calculate dose of diazepam and administer rectally</p> <p>Calculate fluid amount needed for slight/moderate/severe dehydration and for shock</p> <p>Outline practical fluid treatment/resuscitation of acute gastroenteritis</p> <p>Inhalation technique in chronic asthma</p> <p>Talking to/history taking with children and parents</p> <p>Evaluate X-rays and photographs of inflicted injuries</p>

	Child abuse		Microscopy of blood smears of the most common blood disorders in children Interpret chest X-rays of the most common diseases in children
Child and adolescent psychiatry	Presenting symptom/problem: Hyperactivity Anxiety, sadness Self-harm issues Suicidal thoughts Reaction to traumatic events Psychosomatic symptoms Obsessive-compulsive symptoms Eating disorders and weight loss Tics Autistic traits Psychotic symptoms School refusal problems Need for immediate treatment	Clinical examination/skills: Targeted conversation or history taking of children/youth/parents. Mapping of current problem and previous history. Evaluation of present mental health status Give colleague a summary of findings Assess normality – deviation from normal Consider diagnosis, assess severity Assess suicidal risk Assess comorbidities (mental, physical) Propose treatment initiatives in general practice and specialist health services ADHD check-up in general practice Assess treatment regimen Refer for immediate help Convey diagnosis (children/youth, parents) Advising parents	
Nephrology	Chronic kidney disease Acute kidney disease Investigation of haematuria	Assessment of degree of hydration	Interpret blood and urine analyses Take and interpret urinary tests Urine microscopy Blood pressure measurement

	Investigation of hypertension and antihypertensive treatment. Hypertensive crisis. Oedema, nephrotic syndrome		Interpret 24-hour blood pressure measurement
Endocrinology	History taking of: - Hyper- and hypothyroidism - Diabetes - Osteoporosis - Hypo- and hypercalcaemia - Adrenal insufficiency - Cushing syndrome - Pituitary tumour	Examination of the thyroid gland Recognize exophthalmos Diabetic foot Assessment of kyphosis, height measurement Know the typical pigmentation of primary adrenal insufficiency Describe the typical findings of Cushing syndrome Describe typical findings in acromegaly	Know about the importance of self-monitoring of blood glucose Interpret blood test results Know the feedback principle for regulation of hormones Know the symptoms of ketoacidosis and hypoglycaemia, and diabetic long-term complications Know about bone density measurements and the definition of osteoporosis, know the risk factors for osteoporosis Know about the complications of primary hyperparathyroidism (HP) and be able to distinguish between primary and secondary HP Distinguish between primary and secondary adrenocortical insufficiency
Endocrine surgery Surgery of the breast	Tumour of the breast Enlarged thyroid gland Explain investigation/examination/treatment of suspected breast cancer and cancer of the thyroid gland Inform about adjuvant therapy in breast cancer and cancer of the thyroid gland	Examination of the breast Examination of the thyroid gland Examination of regional lymph nodes (breast, neck)	
Pharmacology	Communication skills: Drug-related clinical problems concerning anti-hypertensive agents, thyroxine/thyreostatics, hormonal replacement therapy (HRT), strategies for drug use in renal failure and drug use during pregnancy/lactation.		

Pathology – practical and analytical skills	Describe and assess macroscopic and microscopic anatomical and pathological preparations of the hormone producing organs, kidneys and urinary tract, genitals, breast and placenta, with characteristic anomalies and provide a reasonable interpretation of the findings. In addition, know the most important foetal abnormalities, perinatal pathological issues and the most frequent tumours in young children.		
Radiology – clinical skills	<p>Paediatric Imaging: Radiological assessment of the most common congenital and acquired diseases in children, including injuries. Patient preparation and practical execution of the radiological examinations evaluating the need for general anaesthesia and sedation. Important radiological findings of suspected child abuse. Relevant radiological assessment of important congenital and acquired diseases of the urinary tract in children.</p> <p>Urological Imaging: Radiological assessment of the most common disorders of the kidneys and urinary tract, including trauma, stone diseases, tumours, infectious diseases and frequently occurring normal variants. Principles of image interpretation of the kidneys and urinary tract: ultrasound, X-ray, CT and MRI, nuclear medicine imaging.</p>		
Infectious diseases	<p>History taking:</p> <p>Imported diseases (tropical disease or after travelling)</p> <p>Symptoms from the urinary tract</p> <p>Skin rash</p>	<p>Examination of patient with suspected infectious disease</p> <p>Examination of patient with suspected HIV-infection</p> <p>Examination of patient with imported disease (tropical disease or after travelling)</p>	<p>Handling of samples of urine/faeces</p> <p>Order relevant laboratory investigations when suspicion of infectious disease</p> <p>Interpret the answers to laboratory tests</p>
Microbiology – skills, clinical knowledge	<p>Urinary tract infection</p> <ul style="list-style-type: none"> · Selection of microbiological tests for suspected urinary tract infection · Selection of test method and handling of a urine sample for urine culture · Interpretation of findings in urine cultures <p>Antibiotic resistance</p> <ul style="list-style-type: none"> · Selection of antibiotic therapy based on bacterial findings (Gram pos/neg or species) · Interpretation of resistance mechanism based on profile from resistance testing · Infection prevention and control of colonisation or infection with antibiotic resistant bacteria <p>Fungal</p> <ul style="list-style-type: none"> · Sampling of fungal infection · Interpretation of findings from microscopy and culture · Epidemiology/infection prevention and control of infections with dermatophytes 		
Urology	<p>History taking:</p> <ul style="list-style-type: none"> - Macroscopic haematuria - Elevated PSA - Urinary difficulty, urinary retention, urinary incontinence, pain back/flanks - Pain or swelling in male reproductive organs 	<p>Rectal examination of the prostate gland</p> <p>Clinical examination when there is suspicion of injury or disease in kidneys or urinary tracts</p>	<p>Permanent transurethral catheter</p> <p>Interpret ultrasound/CT scan of hydronephrosis/urolithiasis giving obstruction</p>

	Explain to patient (or examiner) the principles of urodynamic investigation, investigation of urinary retention/incontinence		Interpret ultrasound/CT scan of testicular tumours or benign conditions See and interpret a video of cystoscopy
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