

OSCE BLUEPRINT IID (framework for OSCE), 01.03.2019

IID	Communication, History taking, Explanation	Clinical examination	Clinical skills
CPR			CPR newborn, infants and children
Gynaecology	<p>Perform at targeted medical history, explain relevant examinations and procedures, explain results of examinations and explain treatment and treatment side effects/complications for:</p> <p>Abnormal uterine bleeding, including post-menopausal bleeding</p> <p>Complications in early pregnancy</p> <p>Contraception</p> <p>Prevention of cervical cancer</p> <p>Tumors of the pelvis benign/malignant</p> <p>Genital prolapse</p> <p>Urinary incontinence</p> <p>Infertility</p> <p>PCOS</p> <p>Endometiosis</p> <p>Pelvic inflammatory disease/infections</p> <p>Pelvic pain</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> <p>Information to patient about planned examinations and procedures</p>

	Development abnormalities of the female reproductive organs		
Obstetrics	<p>First trimester: healthy pregnant woman, previous complicated pregnancy, screening for GDM (gestational diabetes mellitus), diabetic mother</p> <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>Examinations in the first, second and third trimester</p> <p>Examination of the placenta post-partum</p>	<p>Fill out the Norwegian "Helsekort for gravide" – pregnancy file/card (<i>translation will be provided</i>)</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, infant or newborn</p> <p>Respiratory problems, cyanosis</p> <p>Fever</p> <p>Skin rash, skin changes.</p> <p>Seizures</p>	<p>Assess an acutely ill child</p> <p>Growth: measure height, weight, head circumference. Make and interpret growth curves. Evaluate pubertal development.</p> <p>Clinical examination of newborn/infant, and children of varying age: general condition, stiffness of neck/back, signs of dehydration respiration, circulation/heart, abdomen, genitalia, lymph nodes/skin (describe skin rash</p>	<p>Logistic management of an acutely ill child</p> <p>Calculate dose of epinephrine and administer i.m.</p> <p>Calculate dose of diazepam and administer rectally</p> <p>Calculate fluid amount needed for slight-moderate-severe dehydration and shock</p>

	<p>Natural functions; deviation from normal patterns and related symptoms</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>Child abuse</p>	<p>and other skin changes), joints, neurology, ears/mouth</p> <p>Assess motor/cognitive skills and development: walking, language skills, reflexes, primitive reflexes of the newborn</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>Clinical reasoning (based on clinical symptoms/signs/findings suggest further investigation, preliminary diagnosis and treatment)</p> <p>Evaluate X-rays and photographs of inflicted injuries</p> <p>Microscopy of blood smears of the most common blood disorders in children</p> <p>Interpret chest X-rays of the most common diseases in children</p>
<p>Child and adolescent psychiatry</p>	<p>Presenting symptom/problem:</p> <p>Hyperactivity</p> <p>Anxiety, sadness</p> <p>Self-harm issues</p> <p>Suicidal thoughts</p> <p>Reaction to traumatic events</p> <p>Psychosomatic symptoms</p> <p>Obsessive-compulsive symptoms</p> <p>Eating disorders and weight loss</p> <p>Tics</p>	<p>Clinical examination/skills:</p> <p>Targeted conversation or history taking of children/youth/parents. Mapping of current problem and previous history.</p> <p>Evaluation of present mental health status</p> <p>Give colleague a summary of findings</p> <p>Assess normality – deviation from normal</p> <p>Consider diagnosis, assess severity</p> <p>Assess suicidal risk</p> <p>Assess comorbidities (mental, physical)</p> <p>Propose treatment initiatives in general practice and specialist health services</p> <p>ADHD check-up in general practice</p>	

	<p>Autistic traits</p> <p>Psychotic symptoms</p> <p>School refusal problems</p> <p>Need for immediate treatment</p>	<p>Assess treatment regimen</p> <p>Refer for immediate help</p> <p>Convey diagnosis (children/youth, parents)</p> <p>Advising parents</p>	
Nephrology	<p>Chronic kidney disease</p> <p>Acute kidney disease</p> <p>Investigation of haematuria</p> <p>Investigation of hypertension and antihypertensive treatment. Hypertensive crisis.</p> <p>Oedema, nephrotic syndrome</p>	<p>Assessment of degree of hydration</p>	<p>Interpret blood and urine analyses</p> <p>Take and interpret urinary tests</p> <p>Urine microscopy</p> <p>Blood pressure measurement</p> <p>Interpret 24-hour blood pressure measurement</p>
Endocrinology	<p>History taking of:</p> <ul style="list-style-type: none"> - Hyper- and hypothyroidism - Diabetes - Osteoporosis - Hypo- and hypercalcaemia - Adrenal insufficiency - Cushing syndrome - Pituitary tumour 	<p>Examination of the thyroid gland</p> <p>Recognize exophthalmos</p> <p>Diabetic foot</p> <p>Assessment of kyphosis, height measurement</p> <p>Know the typical pigmentation of primary adrenal insufficiency</p> <p>Describe the typical findings of Cushing syndrome</p> <p>Describe typical findings in acromegaly</p>	<p>Know about the importance of self-monitoring of blood glucose</p> <p>Interpret blood test results</p> <p>Know the feedback principle for regulation of hormones</p> <p>Know the symptoms of ketoacidosis and hypoglycaemia, and diabetic long-term complications</p> <p>Know about bone density measurements and the definition of osteoporosis, know the risk factors for osteoporosis</p> <p>Know about the complications of primary hyperparathyroidism (HP) and be able to distinguish between primary and secondary HP</p>

			Distinguish between primary and secondary adrenocortical insufficiency
Endocrine surgery	Tumour of the breast	Examination of the breast	
Surgery 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 thyroid gland Examination of regional lymph nodes (breast, neck)	
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 abnormalities and provide a reasonable interpretation of the findings. In addition, be acquainted with additional tests that may be of importance in diagnostics and determination of treatment. Have knowledge of the most important foetal abnormalities, perinatal pathology 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> <p>Generally for pediatric and urological imaging the student should have knowledge about:</p> <ul style="list-style-type: none"> - Contraindications to and safety measures for the different imaging modalities - Strengths and weaknesses of the different imaging modalities in the investigation of common disorders in the urinary tract and common disorders in children - Patient preparation and how the different imaging modalities are performed in practice 		
Infectious diseases	History taking: Imported diseases (tropical disease or after travelling) Symptoms from the urinary tract Skin rash	Examination of patient with suspected infectious disease Examination of patient with suspected HIV-infection Examination of patient with imported disease (tropical disease or after travelling)	Handling of samples of urine/faeces Order relevant laboratory investigations when suspicion of infectious disease Interpret the answers to laboratory tests
Microbiology – skills, clinical knowledge	Urinary tract infection · Selection of microbiological tests for suspected urinary tract infection · Selection of test method and handling of a urine sample for urine culture		

	<ul style="list-style-type: none"> · 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>Urology</p>	<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>Explain to patient (or examiner) the principles of urodynamic investigation, investigation of urinary retention/incontinence</p>	<p>Rectal examination of the prostate gland</p> <p>Palpation of abdomen and percussion of urinary bladder.</p> <p>Clinical examination when there is suspicion of injury or disease in kidneys or urinary tracts</p> <p>Be able to identify different types of catheters (catheter for clean intermittent catheterization, two-way permanent, three-way irrigation catheter, re-enforced hematuria catheter, supra-pubic, nephrostomy, pig-tail stent)</p>	<p>Permanent transurethral catheter on men and women</p> <p>Interpret ultrasound/CT scan of hydronephrosis/urolithiasis giving obstruction</p> <p>Interpret ultrasound/CT scan of testicular tumours or benign conditions</p> <p>See and interpret a video of cystoscopy</p>