OSCE (Clinical dept) INDEX

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Notice

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B. K. L. WALAWALKAR RURAL MEDICAL COLLEGE



Kasanvadi, At-Post Sawarda, Taluka Chiplun, Dist. Ratnagiri - 415606. Maharashtra State, INDIA Tel.: +91 02355 264636 / 264637 Fax: +91 02355 264693 Email: info@bkhvmc.com Website: www.walawalkarmedicalcollege.com

DEPARTMENT OF GENERAL MEDICINE OSCE FOR UNDER GRADUATES

Date:- 01.12.2022

To,

All Students,

MBBS Batch: 2018

BKL Walawalkar Rural Medical College, Sawarde.

Subject:- General Medicine OSCE 2022

All student, above mentioned, will have to appear for OSCE examination, to be held on $\underline{10.12.2022}$ at 10am in Medicine Ward .

This is for strict Compliance.

Professor & HOD

DEAN

Shri Vithalrao Joshi Charities Trust's

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Tel.: +91 02355 264636 / 264637

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Department of General Medicine

OSCE Case Scenario

Case Scenario 1st

24 yr old lady

C/O irregular menses ,tiredness ,fatigue ,mild Wt.gain .

Visit clinic, after check up doctor advised TFT

Report – free T4 -0.68 mg/dl (0.80 -1.80)

 $TSH \rightarrow /50 \text{ miu } /L (0.35-5.5)$

Interpretation -

Clinical symptoms +

Present suspicion +

Thyroid hormone in the blood - Low

Feedback response - TSH well elevated

Diagnosis – Primary Hypothyroidism not Idiopathic

It means here the gland is affected primarily .That how it is in endocrinology

Secondary means other causes affectively thyroid

Case Scenario 2

40 yr old lady

Mother of 2 children

Recent wt .loss & palpitation

Neck fullers & stare

Test done & TFT.

Free T3 – 11.3 (2.3 – 4.2 pg/ml)

Free T4 – 4.8 (0.80 – 1.80 mg/ml)

TSH - c 0.01 (0.35 - 5.5 mIu/L)

Interpretation

Pre test clinical suspicion + +

Hormonal levels - increased

Feedback response – appropriate (TSH well ↓ sed)

Diagnosis → Thyrotoxicosis

Hyperthyroidism (Graves ds -AI overfunctioning)

Thyroiditis (relax toxicosis)

Over replaced hypothyroidism



Case Scenario 3

18 yr old girl
Gradual weight.gain
System review normal
Gen.check up (N)
TFT -free T4:1.01 (N)
TSH -9.8

Interpretation –Subclinical Hypothyroidism Do's – It can be a case of resolving case of EYE thyroid disease

(Hashimoto's Thyroiditis) Partially or recently treated hypothyroidism

Recovering from thyroiditis (Subacute thyroiditis)

Recovering from recent infection /strain /season

Adrenal failure /resolving pituitary hypothyroidism

Drug (lithium, amiodarone)

Obesity (obesity can have ? TSH but obesity may not be with hypothyroidism always)

TFT – Empty stomach or pp

TSH showed significant ↓ pp in ;comparison & fasting state (special issue in ssis with SCH)

So fasting is preferred

TSH diuranal value

Higher values between (7.30 -9 am)
 After 10TSh starts ↓ sing
 So timing of TSH sampling in very important



Case Scenario 4

32 yr old

Headache on & weight.gain ,menstrual irregularities & ? sed sleepiner

$$TSH - 2.8 (0.35 - 5.5 \text{ mZu /L})$$

Interpretation – Present clinical suspicion ++

Thyroid hormone level - very low

Feedback response - I appropriate (TSH Not ?sed inspite of long free T4)

Diagnosis – Pituitary dysfunction (secondary hypothy)

Adv: Sr. cortisol levels, MRI (Brain)

Case Scenario 5

30yr old ladies married :2yrs pregnant (8 week gestation)

As part of another evaluation & gen. check up TSH was advised

$$TSH - 0.90 (0.35 - 5.5 MIU / L)$$

Interpretation

Pretest clinical suspicion – routine check

Thyroid hormone levels – total levels high

Feedback - TSH not suppressed

See the patient not the thyroid values alone

Most imp .information here is - pregnancy itself

Free
$$T3 - 2.80 (2.3 - 4...2 pg/ml)$$

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HCG has homology $\alpha \& \beta$ units of TSH , testrogen effect on liver \longrightarrow \uparrow TBG \longrightarrow \uparrow Total thyroid hormones \downarrow Free hormones Gestational hyperthyroidism No Rx is required

Case Scenario 6

20yr Male

Difference Goiter - 5 yrs

Below Average in studies ,shorter an younger sibling ,clinically no signs except goiter.

Free T3 -7.7 1

Free Tq-4.8 1

TSH -8.4 1 (Not suppressed)

Pre test clinical suspicious + for hypothyroidism

Thyroid hormone levels - 1 (not suppressed)

Feedback responses - not suppressed

Diagnosis – Generalised thyroid hormone resistance (rare entin defect at receptor levels)

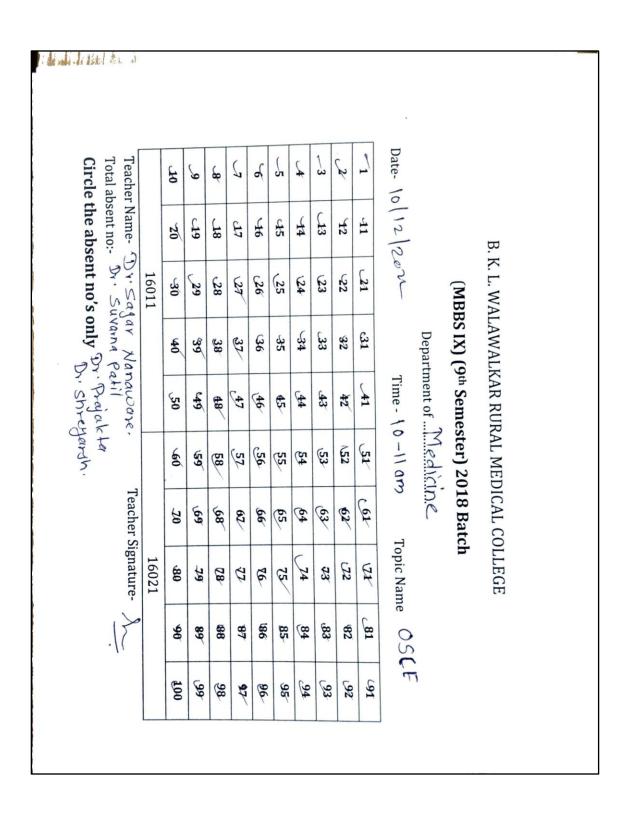
F/H+

Mother & sister of their case had similar problem DD for t is pituitary adenoma, but pts will toxic are were pt. was stable

(TSH secreting pituitary adenoma)



Attendance



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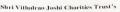
Photos of OSCE





OBSTETRICS & GYNECOLOGY

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DEPARTMENT OF OBSTETRICS & GYNECOLOGY **OSCE** FOR UNDER GRADUATES

Date:- 01.12.2022

To,

All Students,

MBBS Batch: 2018

BKL Walawalkar Rural Medical College, Sawarde.

Subject:- Obstetrics & Gynecology OSCE 2022

All student, above mentioned, will have to appear for OSCE examination, to be held on 10.12.2022 at 10am in Obstetrics & Gynecology Ward.

This is for strict Compliance.

Professor & HOD

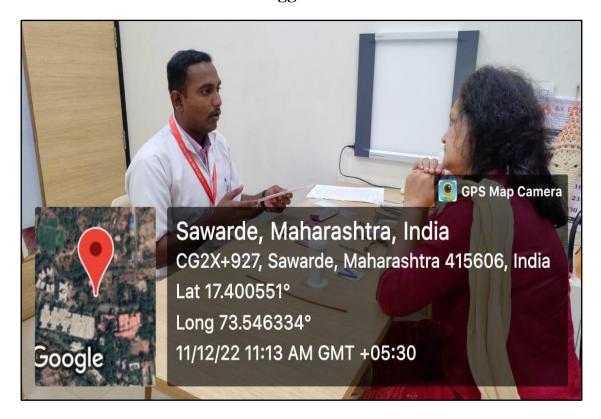
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Paediatrics

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Department of Pediatrics OSCE FOR UNDER GRADUATES

Date: - 01.01.2022

To,

All Students,

MBBS Batch: 2017

B K L Walawalkar Rural Medical College, Sawarde.

Subject:- Pediatrics OSCE 2022

All student, above mentioned, will have to appear for OSCE examination, to be held on $\underline{08.01.2022}$ at 10am in Pediatrics Ward .

This is for strict Compliance.

Professor & HOD

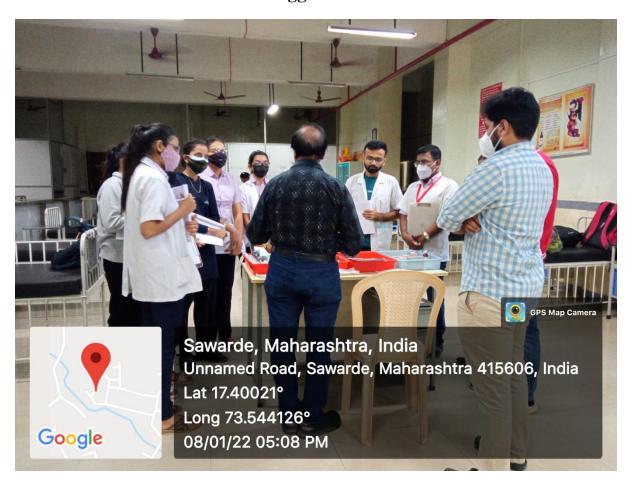
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Attencence

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te -08.01.2022 Time - 5.00p	om onwards Venue - PaediatricsWard
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Website: www.walawalkarmedicalcollege.com

DEPARTMENT OF ENT OSCE FOR UNDER GRADUATES

Date:- 01.10.2022

To,

All Students,

MBBS Batch: 2019

B K L Walawalkar Rural Medical College, Sawarde.

Subject:- ENT OSCE 2022.

All student, above mentioned, will have to appear for OSCE examination, to be held on $\underline{10.10.2022}$ at 10am in ENT OPD .

This is for strict Compliance.

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Ophthalmology

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DEPARTMENT OF Ophthalmology OSCE FOR UNDER GRADUATES

Date:- 12.11.2022

To,

All Students,

MBBS Batch: 2019

BKL Walawalkar Rural Medical College, Sawarde.

Subject:- Ophthalmology OSCE 2022.

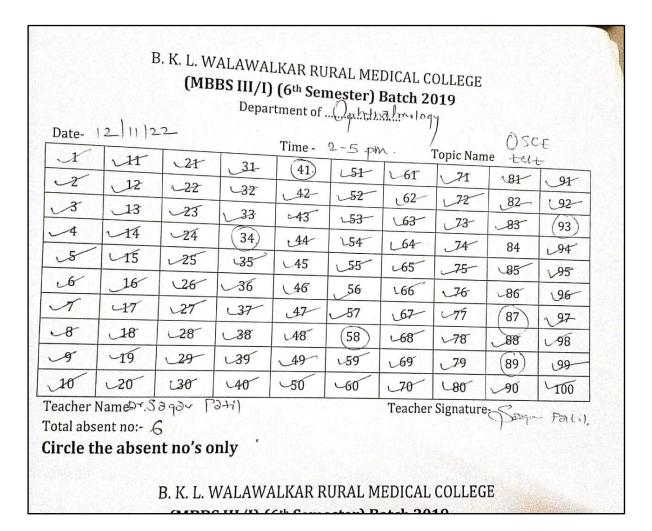
All student, above mentioned, will have to appear for OSCE examination, to be held on $\underline{12.11.2022}$ at 10am in Ophthalmology OPD .

This is for strict Compliance.

Head MoLOGY
Head HORural
Medical College, Kasarwadi

DEAN

Attendence



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