Practical skills for OSCE
(Obstetrics and Gynecology)

- Bimanual vaginal examination
- Bacterioscopic examination and speculum examination of the uterine cervix
- Speculum examination of the uterine cervix and cytomorphological examination
- Clinical breast exam
- Measurements of the female pelvis
- External obstetric examination and fetal orientation in the uterus
- Auscultation of the fetus and interpretation of CTG
- Determination of estimated date of delivery and fetal weight
- Determination of the newborn’s condition according to Apgar score

**Bimanual vaginal examination**

**Scenario (5 minutes duration):**

1) greet the patient warmly and politely;
2) confirm patient’s details (name, date of birth);
3) inform the patient about the importance of this medical examination;
4) provide a detailed explanation of the examination;
5) gain verbal consent;
6) wash your hands;
7) put on latex gloves;
8) carefully separate the labia using the thumb and index finger of your non-dominant hand;
9) gently introduce the middle finger, then the index finger into the vagina; the thumb should be abducted and the ring and little fingers flexed into the palm;
10) note the length of the vaginal part of the cervix (cm);
11) note the consistency of the cervix (dense, soft);
12) note the cervical dilation;
13) gently move the cervix from side to side to check for cervical tenderness;
14) place your other hand midway between the umbilicus and the symphysis pubis and press downward to pelvic hand;
15) feel the uterus and note:
   • position of the uterus (anteflexio, retroflexio)
   • size of the uterus (normal, reduced, enlarged)
   • consistency (tight-elastic, soft)
   • mobility (relatively mobile, limited mobility)
   • tenderness
16) gently slide the vaginal fingers into the right lateral vaginal fornix; note the size, mobility and tenderness of the right adnexa;
17) gently slide the vaginal fingers into the left lateral vaginal fornix; note the size, mobility and tenderness of the left adnexa;
18) note the vaginal fornices;
19) communicate examination result;
20) thank the patient;
Bacterioscopic examination and speculum examination of the uterine cervix
Scenario (5 minutes duration):

1) greet the patient warmly and politely;
2) confirm patient’s details (name, date of birth);
3) inform the patient about the importance of this medical examination;
4) provide a detailed explanation of the examination;
5) gain verbal consent;
6) wash your hands;
7) put on latex gloves;
8) take a microscope slide U / C / V;
9) sampling of bacterioscopic smear:
   • insert a cotton applicator stick (or a Volkmann’s spoon) into the urethra (1.5-2 cm), remove and smear a labeled glass slide (section U);
10) take a gynecological speculum in the dominant hand;
11) carefully separate the labia using the thumb and index finger of your non-dominant hand; introduce the closed speculum into the vagina;
12) rotate the blades of the speculum into a horizontal position, open the blades after full insertion and maneuver the speculum gently so that the cervix comes into full view;
13) note the vaginal portion of the cervix and the vagina:
   • color and condition of the vaginal mucosa (hyperemia, edema)
   • vaginal discharge (physiological, pathological)
   • cervical shape (conical, cylindrical)
   • length of the cervix (in cm)
   • shape of the external os (round, slit-like, the presence of ruptures)
   • discharge from the cervix (mucous, bloody, purulent, watery)
14) sampling of bacterioscopic smear:
   • remove superficial mucus/exudate with a cotton swab;
   • insert a cytobrush (or the other end of a Volkmann’s spoon) into the cervical canal, remove and smear a labeled glass slide (section C);
   • use Ayre’s wooden cervical spatula for obtain of specimen from the posterior vaginal’s wall, remove and smear a labeled glass slide (section V);
15) gently remove the speculum;
16) communicate examination result;
17) thank the patient;
18) remove your gloves;
19) wash your hands.

Speculum examination of the uterine cervix and cytomorphological examination
Scenario (5 minutes duration):

1) greet the patient warmly and politely;
2) confirm patient’s details (name, date of birth);
3) inform the patient about the importance of this medical examination;
4) provide a detailed explanation of the examination;
5) gain verbal consent;
6) wash your hands;
7) put on latex gloves;
8) take a gynecological speculum in the dominant hand;
9) carefully separate the labia using the thumb and index finger of your non-dominant hand; introduce the closed speculum into the vagina;
10) rotate the blades of the speculum into a horizontal position, open the blades after full insertion and maneuver the speculum gently so that the cervix comes into full view;
11) note the vaginal portion of the cervix and the vagina:
   • color and condition of the vaginal mucosa (hyperemia, edema)
   • vaginal discharge (physiological, pathological)
   • cervical shape (conical, cylindrical)
   • length of the cervix (in cm)
   • shape of the external os (round, slit-like, the presence of ruptures)
   • discharge from the cervix (mucous, bloody, purulent, watery)
12) take a microscope slide ectocervix / endocervix;
13) sampling of cytological smear:
   • use a curved cytobrush or place the longer end of Ayre`s wooden cervical spatula into the os of the cervix and press gently, turn by 360°, remove and smear a labeled glass slide (section ectocervix);
   • introduce a cytobrush into the cervical canal, turn by 360° 2-3 times in clockwise direction, remove and smear a labeled glass slide (section endocervix);
14) gently remove the speculum;
15) communicate examination result;
16) thank the patient;
17) remove your gloves;
18) wash your hands.

Clinical breast exam

Scenario (duration 5 minutes):

1) greet the patient warmly and politely;
2) confirm patient’s details (name, date of birth);
3) inform the patient about the importance of this medical examination;
4) provide a detailed explanation of the examination;
5) gain verbal consent;
6) wash your hands;
7) put on latex gloves;
8) inspect the mammary glands: contour changes, skin changes, nipple changes, areas around nipples (asymmetry, retraction, etc.);
9) follow systematically, in a circular pattern around the nipple or along the radial lines (simulate a clock) feel the entire breast, including the tail near the axilla; note consistency of tissue, any tenderness, presence / absence of tumors;
10) if a tumor is found, detect its shape, location, size, consistency, sensitivity, mobility, correlation with the breast tissue;
11) palpate the lymph nodes: supraclavicular, subclavicular and axillary;
12) compress the areola, going about its circumference; gently squeeze the nipple to note for discharge;
13) communicate examination result;
14) thank the patient;
15) remove your gloves;
16) wash your hands.

**Measurements of the female pelvis**

**Scenario (duration 5 minutes):**

1) greet the patient warmly and politely;
2) confirm patient’s details (name, date of birth);
3) inform the patient about the importance of this medical examination;
4) provide a detailed explanation of the examination;
5) gain verbal consent;
6) wash your hands;
7) put on latex gloves;
8) take a pelvimeter;
9) place the buttons of the pelvimeter on the anterio–superior spines of iliac bones (normally D. spinarum equals 25-26 cm);
10) move the buttons of the pelvimeter on the most distant locations of iliac cristae (normally D. cristarum equals 28-29 cm);
11) place the buttons of pelvimeter on trochanteria major of femoral bones (normally D. trochanterica equals 30-31 cm);
12) place the patient on her left side, bent her left leg in knee joint; measure the distance between the upper border of the pubic symphysis and the fossa supra-sacralis (normally C. externa equals 20-21 cm);
13) remove your gloves and put on a new pair of latex gloves;
14) during vaginal examination measure the distance from the lower margin of the pubic symphysis to the sacral promontory (normally C. diagonalis equals 12.5-13 cm);
15) communicate examination result;
16) thank the patient;
17) remove your gloves;
18) wash your hands.

**External obstetric examination and fetal orientation in the uterus**

**Scenario (duration 5 minutes):**

1) greet the patient warmly and politely;
2) confirm patient’s details (name, date of birth);
3) inform the patient about the importance of this medical examination;
4) provide a detailed explanation of the examination;
5) gain verbal consent;
6) wash your hands;
7) put on latex gloves;
8) place ribs of your both hands on the uterine fundus; note the height of the uterus;
9) place palms of your both hands on the left and right side of the uterus;
10) by the palpation of the uterine wall find the fetal back;
11) note the fetal lie (longitudinal, transverse, oblique), fetal position (left/ right, anterior/posterior);
12) place your hand over the upper border of the pubic symphysis and palpate the presenting part of the fetus;
13) note the fetal presentation (cephalic, breech);
14) turn back on the patient and place your hands on the anterior uterine wall;
15) move fingers of both hands gently down the sides of the uterus toward the pubis; note the fetal engagement;
16) note the degree of engagement of the presenting part;
17) give the full answer about the fetal orientation: fetal lie, presentation (cephalic, breech) and fetal position (left/ right, anterior/posterior);
18) thank the patient;
19) remove your gloves;
20) wash your hands.

**Auscultation of the fetus and interpretation of CTG**

**Scenario (duration 5 minutes):**

1) greet the patient warmly and politely;
2) confirm patient’s details (name, date of birth);
3) inform the patient about the importance of this medical examination;
4) provide a detailed explanation of the examination;
5) gain verbal consent;
6) wash your hands;
7) put on latex gloves;
8) note the fetal orientation (on the phantom) by visual examination:
   - fetal lie (longitudinal, transverse, oblique)
   - fetal presentation (cephalic, breech)
   - fetal position (left, right, anterior, posterior, transverse)
9) show and describe the point of auscultation of fetal heartbeat (on the phantom);
10) estimate the result of CTG:
    - normal
    - expressed tachycardia
    - expressed bradycardia
    - monotonic rhythm
    - late decelerations
11) thank the patient;
12) remove your gloves;
13) wash your hands.
Determination of estimated date of delivery and fetal weight

Scenario (duration 5 minutes):

1) greet the patient warmly and politely;
2) confirm patient’s details (name, date of birth);
3) inform the patient about the importance of this medical examination;
4) provide a detailed explanation of the examination;
5) gain verbal consent;
6) wash your hands;
7) put on latex gloves;
8) determine the estimated date of delivery based on data of the last menstruation using Negele’s equation: first day of the last menstruation plus 7 days and minus 3 months;
9) palpate the upper border of pubic symphysis, press the zero mark of the soft measuring tape to the established;
10) place the soft measuring tape along the middle line of the abdomen;
11) note the uterine fundus with the rib of your hand by pressing gently and moving from pubic symphysis to xiphoid;
12) measure the height of the uterus in cm;
13) wrap the soft measuring tape around the abdomen, frontal side – on the belly button level, posterior side – on the lumbar area, mark the result in cm;
14) calculate the estimated fetus weight using the Giordania’s method: abdomen circumference (cm) × uterine fundal height (cm) ± 200 gr.
15) communicate examination result;
16) thank the patient;
17) remove your gloves;
18) wash your hands.

Determination of the newborn’s condition according to Apgar score

Scenario (duration 5 minutes):

1) greet the patient warmly and politely;
2) confirm patient’s details (name, date of birth);
3) inform the patient about the importance of this medical examination;
4) provide a detailed explanation of the examination;
5) gain verbal consent;
6) wash your hands;
7) put on latex gloves;
8) assess the skin color of the newborn:
   • pink - 2 points
   • acrocyanosis - 1 point
   • generalized pallor of the skin or generalized cyanosis - 0 points
9) assess of newborn’s breathing:
   • respiratory movements in full volume, cry loud - 2 points
   • respiratory movements irregular with the involvement of auxiliary muscles, weak scream - 1 point
   • absence of respiratory movements - 0 points
10) assess of newborn’s heart rate:
• more than 100 beats per minute - 2 points
• less than 100 beats per minute - 1 point
• absence of palpitations - 0 points

11) assess the tonus of newborn`s muscles:
  • active movements of the newborn in full - 2 points
  • reduced tone - 1 point
  • no movements, atony - 0 points

12) assess the reflex responses of the newborn:
  • reaction in the form of movements, cough, sneezing, loud crying - 2 points
  • weak reaction (grimace) - 1 point
  • absence of any reactions - 0 points

13) determine the total score;
14) estimate the general condition of the newborn (normal condition, moderate or severe asphyxia);
15) thank the patient;
16) remove your gloves;
17) wash your hands.