

## **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;

- 21) remove your gloves;
- 22) wash your hands.

**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:
  - 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) remove superficial mucus/exudate with a cotton swab;
- 13) take a microscope slide ectocervix / endocervix;
- 14) 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);
- 15) gently remove the speculum;
- 16) communicate examination result;
- 17) thank the patient;
- 18) remove your gloves;
- 19) 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 antero–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 (fetal distress)
  - expressed bradycardia (fetal distress)
  - monotonic rhythm (fetal distress)
  - late decelerations (fetal distress)
- 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)  $\times$  uterine fundal height (cm)  $\pm$  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) assesst 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.