

# OSCE Mastery — 12 One-Page Checklists

Concise checklists for common OSCE stations. Print or keep on phone for quick review.

## Chest Pain History (5 min)

- Onset: when and how did it start?
- Character: crushing, sharp, pleuritic?
- Radiation: jaw, arm, back?
- Associated: sweating, nausea, breathlessness?
- Exacerbating/relieving factors and past CAD/risks

## Respiratory Exam

- Inspect: work of breathing, scars, cyanosis
- Palpate: chest expansion, tactile fremitus
- Percuss: resonance vs dullness
- Auscultate: breath sounds, added sounds (crackles/wheeze)
- Summary: likely diagnosis and next test (CXR, ABG)

## Cardiovascular Exam

- Inspect: JVP, peripheral cyanosis, scars
- Palpate: apex beat, heaves
- Auscultate: S1/S2, murmurs, extra sounds
- Peripheral pulses: radials and pedal pulses
- Short summary: likely pathology and immediate action

## Abdominal Pain Short Case

- History focused: location, migration, bowel/urine, vomiting, fever
- Examine: inspection, auscultation, palpation, rebound, hernial orifices
- Red flags: peritonitis, hemodynamic instability
- Next steps: urgent imaging or surgical review

## Neurology Focal Deficit

- Onset and progression
- Cranial nerve exam targeted to deficit
- Motor: power, tone, reflexes
- Sensation and coordination
- Localize lesion and suggest imaging (CT/MRI)

## Communication and Consent

- Introduce self and confirm patient identity
- Explain procedure in simple language
- Discuss benefits, risks, alternatives and check understanding
- Obtain explicit consent and document
- Offer chance to ask questions and provide leaflet if available

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## Paediatric Acute Vomiting

- Assess dehydration: tone, tears,
- urine output
- Ask feeding, stool, fever, bloody
- vomit
- Initial steps: oral rehydration or
- IV fluids based on severity
- Red flags: lethargy, bilious
- vomiting, persistent high fever

## Maternal Postpartum Bleeding

- Assess amount and timing of bleeding
- Vital signs and fundal tone
- Call for help and start resus if
- unstable
- Administer uterotonics per protocol
- and prepare for transfer

## ECG Interpretation Quick Script

- State rate and rhythm
- Note delays: PR, QRS, QTc
- Look for acute ischemia: ST changes
- and reciprocals
- Suggest next action:
- thrombolysis/PCI or cardiology
- review

## ABG Rapid Interpretation

- State pH: acidemia or alkalemia
- Compare PaCO2 and HCO3 to decide
- respiratory vs metabolic
- Use Winter's formula if metabolic
- acidosis suspected
- Brief clinical implication and next
- step

## Wound Assessment and Suturing Consent

- Cleanliness, foreign bodies, depth
- and tendon involvement
- Tetanus status and allergy check
- Explain local anaesthetic and suture
- plan, get consent
- Aftercare instructions and follow-up
- timing

## Prescription Writing (safe)

- Write drug name, strength, route and
- frequency
- Calculate and write total quantity
- and duration
- Check allergies and interactions
- Sign, date and include contact
- details for queries