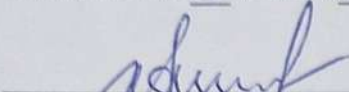


THE MINISTRY OF HEALTH OF UKRAINE
NATIONAL PYROGOV MEMORIAL MEDICAL UNIVERSITY, VINNYTSIA

«AGREED»

at the Methodical council
of surgical disciplines

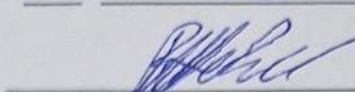
Protocol № 5 from «19» 03 2025


Sergiy KHIMICH

«APPROVED»

Head of Examination Commission №3

«20» 03 2025


Vadym ZHEBEL

EXAMINATION MATERIALS

STATION №9 "STANDARDIZED OBSTETRICS AND GYNECOLOGICAL PATIENT"

SPECIALTY

222 Medicine

EDUCATIONAL
PROGRAM

«**Medicine**»

FACULTY

Faculty of Foreign Citizens Training

Vinnytsia – 2025

APPENDICES TO EXAM MATERIALS

1. Instructions for students' work at the station (Appendix 1).
2. List of practical skills (Appendix 2).
3. Algorithms for performing practical skills (Appendix 3).
4. Sample task (Appendix 4).
5. Regulatory documents (Appendix 5).

Appendix 1

INSTRUCTIONS FOR STUDENTS ON WORKING AT STATION № 9 “STANDARDIZED OBSTETRICS AND GYNECOLOGICAL PATIENT”

The higher education (HE) candidate must greet and present to the examiner the identification number that was assigned during registration for the OSCE. The candidate's response is videotaped at the station. The HE candidate receives a clinical task that involves communicating with the patient, asking about complaints and anamnestic data, and conducting a certain objective examination.

Competencies that are assessed according to the OSCE matrix: communication, complaints and anamnesis, objective examination, ethical aspects, diagnostics, tactics and treatment.

The HE candidate at the station with a standardized patient must:

- Greet, introduce himself, get acquainted with the patient/his representatives.
- Collect a targeted anamnesis: ask about complaints, detail the complaints, what the occurrence is associated with, how long it lasts, etc.
- Conduct an objective examination. Before conducting an objective examination, the patient must be explained the purpose and course of the procedure, the hands must be treated, and the patient's consent to conduct an objective examination must be obtained.
- Assess the vital parameters and additional data entered into the outpatient medical record (025o) (provided by a nurse at the request of a higher education applicant).
- Conduct a dialogue with the patient about a possible diagnosis/condition and differential diagnosis - explain the opinion on a possible diagnosis, provide information/clarifications on the differential diagnosis,
- Assign a patient examination plan and evaluate the results of the data obtained, formulate a final diagnosis.
- Determine the tactics and treatment of the patient.
- Wait for the signal about the end of the time spent at the station, leave the station and move on to the next one.

A candidate for a HE qualification at the station is prohibited from:

- communicating with the examiner,
- using educational and auxiliary materials,
- using gadgets,
- transmitting, copying, and distributing any information related to the exam that is not publicly available.

Note. If a candidate for a higher education qualification violates the above-mentioned norms, his/her exam is terminated, and the exam grade is given as “failed” (violation of the rules of academic integrity).

Duration of passing the station is 8 minutes.

Appendix 2

LIST OF PRACTICAL SKILLS AT THE STATION

№	Diagnosis	Symptom	Objective examination
1.	Endometriosis	Pain in the appendages	Bimanual examination of the pelvic organs
2.	PCOS	Absence of menstruation	Speculum examination with collection of material for cytological examination
3.	Primary amenorrhea	Absence of menstruation	Speculum examination with collection of material for cytological examination
4.	Breast disease	Discomfort and presence of a mass in the breast	Examination and palpation of the breast
5.	Cervical disease	Vaginal discharge	Speculum examination with collection of material for bacterioscopic examination
6.	STI	Vaginal discharge with an unpleasant odor itching, burning, pain during urination	Speculum examination with collection of material for bacterioscopic examination
7.	Uterine fibroids	Lower abdominal pain, dysuric disorders	Bimanual examination of the pelvic organs
8.	Asymptomatic bacteriuria	-	Speculum examination with collection of material for cytological and bacterioscopic examination
9.	Gestational pyelonephritis,	Pain in lumbar region	Interpretation of laboratory indicators, external obstetric examination
10.	Premature birth	Discomfort in the lower abdomen	Fetal auscultation Analysis of cardiotocography (CTG) results
11.	Chronic arterial hypertension	Increased blood pressure	Bimanual examination of the pelvic organs
12.	Early gestosis	Nausea and vomiting	Bimanual examination of the pelvic organs
13.	Multiple pregnancy	Nausea, discomfort in the lower abdomen	Interpretation of ultrasound results.

Appendix 3

ALGORITHMS FOR PERFORMING PRACTICAL SKILLS

CONDUCTING A SPECULUM EXAMINATION WITH COLLECTION OF MATERIAL FOR BACTERIOSCOPIC EXAMINATION

1. Ethical aspects:

- 1.1. Explain to the patient the purpose of the examination - conducting a speculum examination with the collection of material for bacterioscopic examination.
- 1.2. Obtain the patient's consent to conduct the examination.
- 1.3. Explain to the patient the course of the examination: first, a speculum examination must be conducted.
- 1.4. Collect material for bacterioscopic examination.
- 1.5. Ask the patient about her feelings after the examination.

2. Objective examination

- 2.1. Put on gloves, treat hands with antiseptic.
- 2.2. Inspect external genitalia
- 2.3. Lubricate gynecological speculum with lubricant
- 2.4. Correctly install gynecological speculum
- 2.5. Examine vagina and cervix
- 2.6. Assess nature of discharge
- 2.7. Insert gynecological spatula (Eyre type) into cervical canal, collect material in circular motion and apply to slide under "C" sign
- 2.8. Insert other end of gynecological spatula (Eyre type) into posterior vaginal fornix, collect material, apply to appropriate slide under "V" sign
- 2.9. Correctly uninstall gynecological speculum
- 2.10. Insert one end of the Volkmann spoon into the urethra by 0.5-1 cm, take the material, remove the instrument, apply the material to a slide under the "U" sign/

PERFORMING A SPECULUM EXAMINATION WITH THE COLLECTION OF MATERIAL FOR CYTOLOGICAL EXAMINATION

1. Ethical aspects:

- 1.1. Explain to the patient the purpose of the examination – conducting a mirror examination with the collection of material for cytological examination.
- 1.2. Obtain the patient's consent to conduct the examination.
- 1.3. Explain to the patient the course of the examination: first, a speculum examination must be performed.
- 1.4. Collect material for cytological examination.
- 1.5. Ask the patient about her feelings after the examination.

2. Objective examination

- 2.1. Put on gloves, treat hands with antiseptic.
- 2.2. Examine external genitalia.
- 2.3. Lubricate gynecological speculum with lubricant.
- 2.4. Correctly install gynecological speculum.
- 2.5. Examine vagina and cervix.
- 2.6. Assess nature of discharge.
- 2.7. Remove mucus from cervix and cervical canal with swab.

- 2.8. Insert straight cervicobrush into cervical canal and rotate 90-180° in circular motion, collect material and apply to slide.
- 2.9. Bend brush and collect material from surface of vaginal part of cervix. Apply material to slide.
- 2.10. Visually interpret cervical pathology.
- 2.11. Properly uninstall a gynecological speculum.

BIMANUAL EXAMINATION OF THE PELVIC ORGANS

1. Ethical aspects:

- 1.1. Explain to the patient the purpose of the examination - conducting a bimanual examination of the pelvic organs.
- 1.2. Obtain the patient's consent to conduct the examination.
- 1.3. Explain to the patient the course of the examination: first, a vaginal examination should be performed, then a bimanual one.
- 1.4. Ask the patient about the sensations after the examination.

2. Objective examination

- 2.1. Put on gloves, treat hands with an antiseptic.
- 2.2. Perform an examination of the external genitalia.
- 2.3. Examination of the vestibule of the vagina and Bartholin's glands.
- 2.4. Description of the vagina.
- 2.5. Assessment of the condition of the fornix.
- 2.6. Description of the cervix (position, length, consistency, sensitivity, mobility).
- 2.7. Description of the uterus (size, position, density, sensitivity, mobility).
- 2.8. Determination and assessment of the state of the appendages.
- 2.9. Determination of the presence of volumetric formations in the pelvis.
- 2.10. Assess the nature of the discharge.

EXAMINATION AND PALPATION OF THE MOTHER GLAND

1. Ethical aspects:

- 1.1. Explain to the patient the purpose of the examination – visual examination and palpation of the mammary glands.
- 1.2. Obtain the patient's consent to the examination.
- 1.3. Explain to the patient the course of the examination: palpation of regional lymph nodes.
- 1.4. Explain to the patient the need to determine the presence of discharge from the nipples.
- 1.5. Ask the patient about the sensations after the examination.

2. Objective examination

- 2.1. Put on gloves and treat your hands with an antiseptic before the examination.
- 2.2. Provide the patient with the correct position.
- 2.3. Perform an examination of the mammary glands, assess the condition of the skin, symmetry and deformation.
- 2.4. Determine the presence of pathological inclusions in the right breast.

- 2.5. Determine the presence of pathological inclusions in the left breast.
- 2.6. Assess the lymph nodes by palpating the supraclavicular and infraclavicular fossa (on both sides).
- 2.7. Assess the lymph nodes by palpating the axillary areas (on both sides).
- 2.8. Assess the nature of pathological discharge from the nipples.

EXTERNAL OBSTETRICAL EXAMINATION

1. Ethical aspects:

- 1.1. Explain to the patient the purpose of the examination - conducting an external obstetric examination.
- 1.2. Obtain the patient's consent to conduct the examination.
- 1.3. Explain to the patient the course of the examination.
- 1.4. Ask the patient about the sensations after the examination.

2. Objective examination

- 2.1. Put on gloves, treat hands with an antiseptic.
- 2.2. Correct manual performance of the 1st Leopold maneuver.
- 2.3. Measure the height of the fundus of uterus with a centimeter tape.
- 2.4. Correct manual performance of the 2nd Leopold maneuver.
- 2.5. Correct manual performance of the 3rd Leopold maneuver.
- 2.6. Determine the lie of the fetus (say).
- 2.7. Determine the position of the fetus (say).
- 2.8. Determine the type of position of the fetus (say).
- 2.9. Determine the presentation of the fetus (say).

FETAL AUSCULTATION

1. Ethical aspects:

- 1.1. Explain to the patient the purpose of the examination - fetal auscultation.
- 1.2. Obtain the patient's consent to the examination.
- 1.3. Explain to the patient the course of the examination.
- 1.4. Ask the patient about the sensations after the examination.
- 1.5. Explain to the patient the result of the examination.

2. Objective examination

- 2.1. Put on gloves, treat hands with an antiseptic.
- 2.2. Determine the position of the fetus and the position of the fetus (say).
- 2.3. Determine the presentation of the fetus (say).
- 2.4. Press the stethoscope with a wide part to the mother's abdomen.
- 2.5. Press the stethoscope according to the location of the fetus.
- 2.6. Listen to the fetal heart for 1 minute.
- 2.7. Voice the fetal heart rate (correct response range ± 5 beats/min).
- 2.8. Evaluate the fetal heart rate result (normal, tachycardia, bradycardia).

CONDUCTING VAGINAL DISCHARGE FOR THE PRESENCE OF AMNITIC FLUID

1. Ethical aspects:

1.1. Explained to the patient the purpose of the examination – conducting a speculum examination with the collection of material for the presence of amniotic fluid.

1.2. Obtain the patient's consent to conduct the examination.

1.3. Explained to the patient the course of the examination: first, a speculum examination should be performed, then discharge from the posterior vaginal vault should be collected for the presence of amniotic fluid.

1.4. Ask the patient about the sensations after the examination.

1.5. Explain the results of the examination to the patient.

2. Objective examination

2.1. Put on gloves, treat your hands with an antiseptic.

2.2. Inspect the external genitalia.

2.3. Lubricate the speculum with lubricant.

2.4. Correctly install the speculum (position, depth).

2.5. Examine and describe the condition of the vagina and cervix.

2.6. Assess the nature of the discharge.

2.7. Collect discharge from the posterior fornix with a cotton swab and place the swab in the buffer solution, shake.

2.8. Correctly uninstall the speculum.

2.9. Use a pipette to collect the resulting solution and apply it to the test strip.

2.10. Assess the presence of amniotic fluid – none, test negative.

Appendix 4

SAMPLE TASK

Clinical situation for a student

A woman has consulted a doctor at an antenatal clinic.

Ask the patient about complaints and medical history.

Objectively: the general condition is satisfactory, body temperature is 36.8 °C. There are no pathologies on the part of the chest and abdominal organs. Physiological discharges are normal.

Additional data is in the medical record of the outpatient patient (0250), which is kept by the nurse.

Tasks:

1. Ask the patient's complaints and anamnestic data.

2. Perform a speculum examination with the collection of material for bacterioscopic examination.

3. Establish a preliminary diagnosis, determine the plan for further examination

4. Determine the treatment plan (indicating the dose and duration of treatment) and provide the patient with recommendations.

INSTRUCTIONS FOR A STANDARDIZED PATIENT

The patient answers the questions of a higher education applicant (HE), gives permission for the interview and objective examination. Behaves like a real patient, demonstrating not the medical history, but the manifestations of the disease (complaints, symptoms or problems (clinical situation)), conveys the emotional and personal characteristics of the simulated patient in the same standardized way to objectify the assessment during the OSCE. The simulation of the manifestations of the disease, health status, and limitations in vital activities is standardized for each higher education applicant.

Immediately reports all complaints that concern him without detail. The details of the complaints and anamnesis are provided only in the case of an interview by a HE applicant.

The HE applicant must greet the patient and introduce himself.

- Inform the patient about the purpose of the actions (a higher education student must interview the patient and examine him)

- Ask the patient's name, age
- Obtain the patient's consent to interview and conduct an objective examination
- Ask the patient's complaints and anamnesis
- Explain to the patient the purpose of the objective examination and its course
- Conduct an objective examination

Scenario for a patient with trichomonas vulvovaginitis

Patient H., 28 years old.

Works as a DJ in a club.

Complaints:

- abundant foamy discharge from the genital tract
- burning and itching in the vagina and external genitalia,
- increased irritability.

Medical history:

• She fell ill two days ago, when the above complaints appeared. Hygienic measures (douching and use of gel for intimate hygiene) did not give a positive result. The woman associates the condition with accidental sexual intercourse, which she had two weeks ago.

Gynecological and obstetric history:

- Menstruation since 12 years old, established immediately.
- Last menstruation on time ten days before consulting a doctor.
- Sexual life since 16 years old. Never married.
- Abortions -2 (last - a year ago).
- Contraception - rhythm method.

EVALUATION CHECKLIST

Components of the clinical case being evaluated	Number of points	Number of points for the applicant
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	per position	
Student communication skills	0,75	
Greetings	0,15	
Introducing himself	0,15	
Informing the patient that he should interview and examine the patient	0,15	
Asked the patient's name and age	0,15	
Obtained the patient's consent to the procedure	0,15	
Patient's complaints and history	1,35	
Asked what the patient was complaining about	0,3	
Asked when the above complaints appeared	0,15	
Asked what the patient attributed the complaints to	0,15	
Asked whether the patient used hygiene measures	0,15	
Asked about menstrual function	0,15	
Asked what method of contraception the patient uses	0,15	
Asked about obstetric history	0,15	
Asked about sexual life	0,15	
Ethical aspects	0,9	
Explained to the patient the purpose of the examination - conducting a speculum examination with the collection of material for bacterioscopic examination	0,15	
Explained to the patient the course of the examination: first, a speculum examination should be performed,	0,15	
Explained to the patient the course of the examination: the second step is to collect material for bacterioscopic examination	0,15	
Explains thoughts on a possible diagnosis	0,3	

Ask the patient about the sensations after the examination	0,15	
Objective examination	1,5	
Perform visual examination of the external genitalia	0,15	
Lubricate the speculum with lubricant	0,15	
Properly install the speculum (position, depth)	0,3	
Perform an examination of the vagina and cervix	0,15	
Assess the nature of the discharge	0,15	
Insert a gynecological spatula (Eyre type) into the cervical canal, collect the material in a circular motion and apply it to a slide under the sign "C"	0,15	
Insert the other end of the gynecological spatula (Eyre type) into the posterior vaginal vault, collect the material, apply it to the corresponding slide under the sign "V"	0,15	
Correctly uninstall the gynecological speculum	0,15	
Insert one end of the Volkmann spoon into the urethra by 0.5-1 cm, collect the material, remove the instrument, apply the material to the slide under the sign "U"	0,15	
Diagnostics	0,75	
Establish a preliminary diagnosis: Vulvovaginitis	0,15	
Trichomonas	0,15	
Prescribe bacterioscopic examination of the partner's discharge	0,3	
Prescribe bacteriological examination with determination of sensitivity to antibacterial drugs	0,15	
Tactics and treatment	0,75	

Metronidazole 500 mg orally 2 r. / day for 7 days, OR metronidazole (gel 0.75%) 5 g vaginally at night for 5 days, OR clindamycin (2% cream) 5 g vaginally at night for 7 days	0,15	
Antiseptics (chlorhexidine, miramistin) vaginally	0,15	
Vaginal probiotics to restore vaginal microbiota.	0,15	
Treatment of sexual partner	0,15	
After three menstrual cycles, immediately after menstruation - bacterioscopic examination of vaginal discharge	0,15	
Maximum number of points per station	6,0	###
Amount of points scored by the applicant	###	

Appendix 5

REGULATORY DOCUMENTS ON THE BASIS OF WHICH CLINICAL CASES ARE CREATED

1. Уніфікований клінічний протокол первинної, вторинної (спеціалізованої) та третинної (високоспеціалізованої) медичної допомоги “ «Ендометріоз»: Наказ МОЗ України № 620 від 03.04.2018. - Київ, 2018.
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11. 2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors (<https://pubmed.ncbi.nlm.nih.gov/32243307/>)
12. Updated Cervical Cancer Screening Guidelines ACOG 2021 (<https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines>)
13. Updated global guidelines to treat infections with Neisseria .IUSTI (iusti.org › 2024/03 › Updates-on-treatment-of-GC.-FN-2024-2.pdf)
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