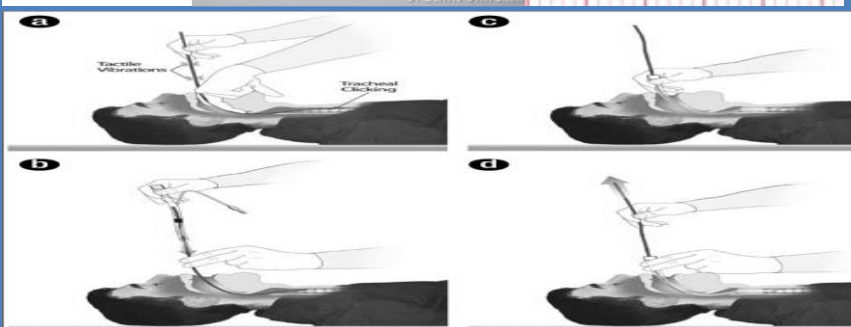
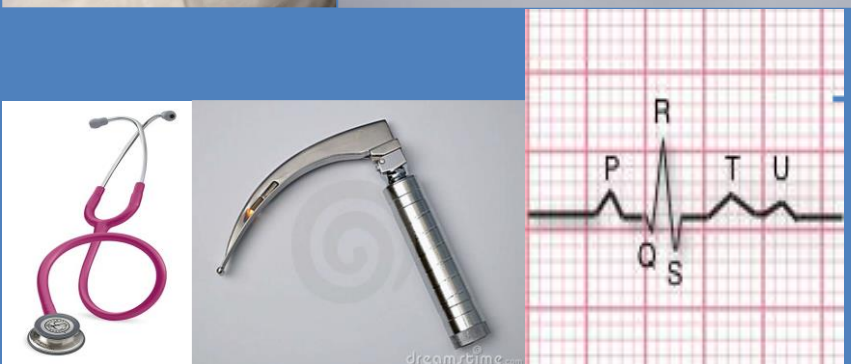
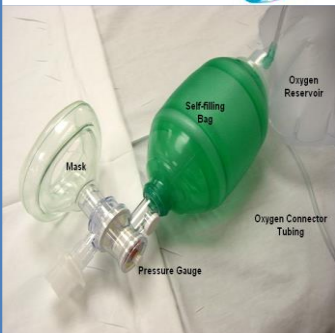
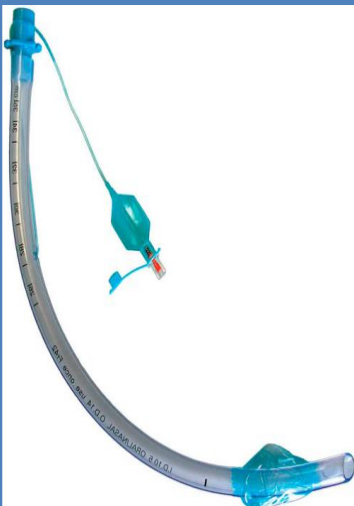


ANESTHESIA CLINICAL SKILLS CHECK LISTS(OSCE)



Oasis of Knowledge

DIRE DAWA UNIVERSITY

COLLEGE OF MEDICINE AND HEALTH
SCIENCE

DEPARTMENT OF ANESTHESIA

OSCE Checklists



DIRE DAWA, ETHIOPIA
JANUARY 2023

List of Checklists

- 1. Surgical Hand Hygiene, Hand Rub& Gloving (infection prevention)*
- 2. Preoperative Hx taking and patient approach*
- 3. Respiratory system examination*
- 4. Cardiovascular system examination*
- 5. Anesthesia machine checking*
- 6. Peripheral IV cannulation*
- 7. Blood transfusion*
- 8. Bag mask Ventilation*
- 9. Rapid sequence induction*
- 10. Endotracheal intubation child/adult*
- 11. Nasal intubation*
- 12. LMA insertion*
- 13. BLS*
- 14. laryngospasm management*
- 15. Perform Spinal Anesthesia*
- 16. Cryothyrotomy*
- 17. Neonatal resuscitation*
- 18. CPR/ACLS*
- 19. Management of surgical patient with HIV infection*

Scoring Sheet for surgical hand hygiene, hand rub and gloving

Keys - 1 performed and 0 not performed

Rater code _____ examinee ID _____ date _____ OSCE station _____

S.N	List of tasks/ Steps	0	1
1	Removes jewelry and has nails short		
2	Does not allow clothing to touch sink during hand washing.		
3	check glove package for dryness and date of expiration		
4	Wets hands thoroughly up to wrists.		
5	Applies plain soap to hands.		
6	Rubs all areas of hands and fingers vigorously for 15 seconds & cleans under finger nails.		
7	Rinses hands thoroughly with water.		
8	Dries hands with paper towel and uses paper towel to turn off water if no foot control or automatic shut off.		
9	Place the surgical glove package so that the top flap of the wrapper opens away from you.		
10	Reach around the package not over it. Pinch the first flap on the outside of the wrapper between the thumb and index finger. Pull the flap open, laying it on the far surface.		
11	Repeat for all flaps opening the top one first.		
12	Lay the last flap on the near surface, being sure not to touch clothes.		
13	Grasp the cuff of one glove with the thumb and first fingers of the opposite hand and pull it in place.		
14	Pull on the second glove.		
15	Unfold the cuffs of both gloves by touching only the sterile sides (outside of the gloves)		
Total score (n1)			

General evaluation and comment

Name of examinee _____

Name and signature of examiner _____

OSCE scoring checklist for preoperative Hx taking and patients approach

(To be used by the examiner)

Evaluate the examinee performance

Rater code _____ examinee ID _____ date _____ OSCE station _____

S.no	List of tasks /steps	“√” If performed and ”X” if not performed	Not applicable
1	Welcoming the patient and greeting *		
2	Introducing him/herself and his/her role in the team and establishing rapport		
3	Establishing the agenda for interview *		
4	Inviting the patient’s story		
5	Ask presenting chief complaint		
6	Ask self and family history of chronic illness and hereditary disease		
7	Ask medication history and its problem		
8	Ask Previous history of surgery and anesthesia, and any history of complication.(family and self history of complication)		
9	Record all relevant information on preoperative evaluation paper *		
10	Make diagnostic hypothesis based on available data		
11	Creating a shared understanding of the problem/case		
12	Negotiating a plan, including further evaluation, treatment, patient education and self-management support and prevention		
13	Planning and closing*		
	Total points		

**failure to do this is critical failure and requires the student to repeat the skill assessment of this session.*

General evaluation and comment

Name of examinee _____

Name and signature of examiner _____

OSCE scoring checklist for Respiratory system examination

(To be used by the examiner)

Evaluate the examinee performance

Rater code _____ examinee ID _____ date _____ OSCE station _____

S.no	List of tasks/steps	“√” If performed and ”X” if not performed	Not applicable
1.	Greeting the patient and introducing his/her self with role		
2.	Explain the patient about the procedure/ establishing the agenda		
3.	Prepare necessary equipment		
4.	Appropriately expose and position the patient.		
5.	General inspection of the patient (look for cyanosis, clubbing, breathing pattern, sign of respiratory distress, chest shape...) *		
6.	Palpate for the position of the trachea *		
7.	Assess for the chest wall tenderness, presence of subcutaneous emphysema, symmetry of chest expansion, tactile fremitus		
8.	Percuss the anterior, lateral and posterior chest in symmetric fashion from the apices to the lung bases		
9.	Identify the level of diaphragmatic dullness		
10.	Auscultate the anterior, lateral, and posterior chest in symmetric fashion from top to bottom and listen for added sound.*		
11.	Record findings on the patient's chart		
	Total		

**failure to do this is critical failure and requires the student to repeat the skill assessment of this session.*

General evaluation and comment

Name of examinee _____

Name and signature of examiner _____

OSCE scoring checklist for cardiovascular system examination

(To be used by the examiner)

Rater code _____ examinee ID _____ date _____ OSCE station _____

**failure to do this is critical failure and requires the student to repeat the skill assessment of this session*

S.no	List of tasks/steps	“√” If performed and “X” if not performed	Not applicable
1.	Greeting the patient and introducing his/her self with role		
2.	Explain the patient about the procedure/ establishing the agenda		
3.	Prepare necessary equipment		
4.	Appropriately expose and position the patient.*		
5.	General inspection of the patient (looks for cyanosis, clubbing, jaundice and, neck for the jugular venous pressure (JVP).)		
6.	Feel each carotid pulse separately and Assess the pulse character.		
7.	Inspection of the precordium always begin by inspecting for scars, deformity, site of the apex beat and visible pulsations. *		
8.	Palpate for the position of the apex beat (Count down the correct number of interspaces.)		
9.	Then palpate with the heel of your hand for a left parasternal impulse (which indicates right ventricular enlargement or left atrial enlargement) and for thrills.		
10.	Auscultation of the CV system: Listen for each component of the cardiac cycle separately, and listen for extra heart sounds and for murmurs. *		
11.	Record findings on the patient’s chart		
	Total		

General evaluation and comment

Name of examinee _____

Name and signature of examiner _____

OSCE scoring checklist for anesthesia machine checking

Rater code _____ examinee ID _____ date _____ OSCE station _____

S.No.	List of tasks/steps	"√" If performed and "X" if not performed	NA
1.	If appropriate, checks electrical supply to machine *		
2.	<u>Oxygen pipeline supply</u> Checks for connection		
3.	Checks pressure gauge At machine		
4.	Checks pipeline connection on back of machine *		
5.	<u>Alternative oxygen supply</u> Checks cylinder pressure		
6.	Checks pressure regulator settings		
7.	Checks pipeline connections		
8.	Checks other gas supplies if applicable		
9.	Checks oxygen failure alarm		
10.	<u>Rotameter function</u> Inspects for rotameters		
11.	Checks bobbins move freely *		
12.	checks anti-hypoxia devices		
13.	Checks oxygen flush *		
14.	Checks for leaks by obstructing CGO with FGF at 5L/min		
15.	<u>Vaporizers</u> Checks they are seated correctly		
16.	Checks they are filled		
17.	Check for leaks with each vaporizer open		
18.	<u>Circuit</u> Connect the circuit to CGO		
19a.	<u>Circle circuit</u> Inspects for configurations		
20.	Checks connections *		
21.	inspects soda lime		
22.	Performs pressure leak test		
23.	Checks APL valve function		
24.	Checks for presence of unidirectional valve		
25.	Checks gas delivery through mask		
19b.	<u>OR Other circuit</u> Checks circuit appropriately		
26.	<u>Ventilator (if to be used)</u> Checks ventilator tubing configuration		
27.	Sets appropriate control settings		
28.	Checks ventilator function (with reservoir bag on end of tubing)		
29.	Observes unidirectional valves function (if circle circuit)		
30.	Checks gas delivery through mask		
31.	<u>Scavenging</u>		

	Checks that scavenging is connected and functioning		
32.	<u>Alternative means to ventilate</u> Checks that a self-inflating bag is available *		
33.	<u>Monitoring</u> Checks that pulse oximetry, capnography and DINAMAP are Functional		
34.	<u>Ancillary equipment</u> Checks that appropriate equipment is available (face mask, laryngoscopes, ETTs, LMAs, suction and means to secure ETT)		
	Total points		

*failure to perform this step is a critical failure and the candidate repeats the skill assessment station.

General evaluation and comment

Name of examinee _____

Name and signature of examiner _____

OSCE scoring checklist for peripheral IV cannulation

(To be used by the examiner)

Evaluate the examinee performance in the scenario

Rater code _____ examinee ID _____ date _____ OSCE station _____

S.no	List of tasks/steps	“√” If performed and ”X” if not	Not applicable
1.	Collection of all the necessary equipment		
2.	Hand Hygiene		
3.	Explain the procedure to the patient		
4.	Proper positioning of the patient		
5.	Applies Tourniquet above the site of insertion *		
6.	Proper cleansing of the site based on aseptic technique		
7.	Maintain standard precaution (gloves)		
8.	Check proper functioning of the catheter/cannula		
9.	Anchor patient’s limb/ vein appropriately		
10.	Insert the cannula *		
11.	Observe for flash back, withdrawal of needle, advance the catheter *		
12.	Remove the tourniquet, remove the needle and attach the IV fluid *		
13.	Proper stabilization of the site with tape and transparent dressing		
14.	Proper adjustment of Flow rate		
15.	Disposal of sharps		
16.	Document the procedure		
17.	Hand hygiene		
	Total points		

*failure to perform this step is a critical failure and requires the student to repeat the skill assessment station.

General evaluation and comment

Name of examinee _____

Name and signature of examiner _____

OSCE scoring checklist for blood transfusion

(To be used by the examiner)

Evaluate the examinee performance in the scenario

Rater code _____ examinee ID _____ date _____ OSCE station _____

S.No.	List of tasks/steps	“√” If performed and “X” if not performed	Not applicable
	Before transfusion		
1.	Obtain blood product and blood administration set from sources (blood bank).		
2.	Wears procedure gloves whenever handling blood products.		
3.	Verify the patient and blood product identification and informed consent.		
4.	Check patient blood type and blood product, expired date, and cross match (blood bag number with cross match paper)*		
5.	Ensure that a blood warmer or infusion device (if used) is set correctly and monitored.		
6.	Warm blood with normal body temperature		
7.	Check the types of crystalloid administered simultaneously/immediately prior to the blood		
	During transfusion		
8.	Transfuse with the correct drop rate *		
9.	Monitor the patient vital signs.		
10.	Document the event and observe transfusion complication.		
	Total points		

**failure to perform this step is a critical failure and requires the student to repeat the skill assessment station.*

General evaluation and comment

Name of examinee _____

Name and signature of examiner _____

OSCE scoring checklist for Bag mask Ventilation

(To be used by the examiner)

Evaluate the examinee performance in the scenario

Rater code _____ examinee ID _____ date _____ OSCE station _____

No.	List of tasks/steps	“√” If performed and “X” if not	Not applicable
1.	Assemble necessary equipment		
2.	Perform head tilt-chin lift		
3.	Perform suctioning in 10 seconds		
4.	Assembles bag and choose the appropriate size mask *		
5.	Choose appropriate size oropharyngeal airway (OPA) or nasopharyngeal airway (NPA)		
6.	Hold and seal mask with one hand *		
7.	Ventilate at proper rate (1 breath every 5 to 6 seconds)		
8.	Produce noticeable chest rise		
9.	Deliver each ventilation over 1 second.		
10.	Release bag completely between ventilations.		
11.	Hold and seals mask correctly with 2 hands.		
12.	Apply cricoid pressure.		
	Total		

*failure to perform this step is critical failure and requires the student to repeat the skill assessment of this session.

General evaluation and comment

Name of examinee _____

Name and signature of examiner _____

OSCE scoring checklist for rapid sequence induction

(To be used by the examiner)

Evaluate the examinee performance in the scenario

Rater code _____ **examinee ID** _____ **date** _____ **OSCE station** _____

No.	Activities to be assessed	“√” If performed and “X” if not performed	Not applicable
1.	Quick assessment secure IV access and check vital signs		
2.	Prepare necessary equipment		
3.	Prepare the drugs		
4.	Apply monitors and take vital signs		
5.	Pre-oxygenate for 3-5 minutes *		
6.	Ready an assistance		
7.	Administer premedication		
8.	Assistant apply criocoid pressure		
9.	Administer hypnotics immediately followed by fast acting muscle relaxant*		
10.	Don't give positive pressure ventilation		
11.	Insert laryngoscope to the right and displace the pt's tongue to left		
12.	Insert the Endotracheal tube with your right hand		
13.	Inflate the cuff, connect the breathing circuit and		

	check placement of endotracheal tube *		
14.	Ask your assistant to release cricoid pressure if you make sure you are in trachea.		
15.	Secure the Endotracheal tube		
16.	Provide Post intubation care and monitor the patient.		
	Total		

*failure to perform this step is a critical failure and requires the student to repeat the skill assessment station.

General evaluation and comment

Name of examinee _____

Name and signature of examiner _____

OSCE scoring checklist for endotracheal intubation child/adult

(To be used by the examiner)

Evaluate the examinee performance in the scenario

Rater code _____ examinee ID _____ date _____ OSCE station _____

S. No.	List of tasks/steps	“√” If performed and “X” if not performed	Not applicable
1.	Assemble and check necessary equipments		
2.	Choose appropriate size ETT and appropriate type and size of laryngoscope		
3.	Correctly test and prepares laryngoscope blade light and ET cuff *		
4.	Recesses stylet 1/2" to 1" from the end of ETT		
5.	Wears gloves and eye protection		
6.	Initiate ventilation of patient for 3-5 minutes via BVM		
7.	Administer adequate doses of drugs		
8.	Ventilate using mask to check for air entry		
9.	Places head in ‘sniffing’ position		
10.	Holds the laryngoscope in the left hand		
	Performs laryngoscopy correctly *		
11.	Inserts laryngoscope correctly/Don’t use teeth as fulcrum		
12.	Correctly inserts ETT in <30 seconds *		
13.	Holds ET firmly in place until secured		
14.	Correctly removes the stylet and blade		
15.	Inflate the cuff with 5-10 cc of air prior to auscultating of lung fields (uncuffed tubes are utilized for pediatric patients)		

16.	Confirm tube placement by using esophageal detector device (EDD)		
17.	Begins ventilation with BVM		
18.	Checks tube placement by auscultating right and left lung fields, epigastrium and by observing chest rise. *		
19.	Secures ETT at the correct length and inserts oropharyngeal airway		
20.	Perform correct ventilation rate and deliver each ventilation over 1 second		
21.	Re-verifies tube placement as in steps 14 and 15		
22.	If intubation attempt is >30 seconds, the candidate ceases attempt and ventilate the patient before reattempting intubation.		
	Total		

*Failure to perform this step is critical failure and requires the student to repeat the skill assessment of this station.

General evaluation and comment

Name of examinee _____

Name and signature of examiner _____

OSCE scoring checklist for nasal intubation

(To be used by the examiner) Evaluate the examinee performance in the scenario

Rater code _____ Examinee ID _____ Date _____ OSCE station _____

S. No.	List of tasks/steps	“√” If performed and “X” if not performed	Not applicable
1.	Assembles necessary equipments		
2.	Initiates oxygen administration mask/ pre-oxygenation		
3.	Selects the appropriate size ETT (slightly smaller than the nostril in to which it will be inserted) and laryngoscope *		
4.	Correctly tests ETT cuff and laryngoscope light in case it is needed		
5.	Wears gloves and eye protection		
6.	Examines the patient’s nose for deviation of the septum or other abnormalities		
7.	Administer appropriate medications(induction and relaxation)		
8.	Applies Lidocaine spray in to the nares and mouth to anesthetized the nostrils, tongue, soft palate and throat		
9.	Positions the patients in a sniffing position		
10.	Lubricates the nares and the endotracheal tube copiously with water based lubricant		
11.	Holds ET with the tip pointing down and advances the tube in to the nostril advancing it straight back –a back and forth rotary motion can be used to overcome resistance *		
12.	Continues to advance the tube to the larynx with magil forceps		

	(approx.5-7 inches)		
13.	Listens to the proximal end of the tube for breath sounds as the tip of the tube approaches the larynx		
14.	Listening to the breath sounds, guides the tube to the vocal cords and on inspiration pushes the tube in to place		
15.	Inflates cuff with 5-10 cc of air prior to auscultating lung fields		
16.	Confirms tube placement by using an esophageal detector device(EDD)		
17.	Begins ventilations with BVM		
18.	Check tube placement by auscultating left and right lung fields, epigastrium & by observing chest rise *		
19.	Secures endotracheal tube with tape or ties		
20.	Re –verifies endotracheal tube placement as in steps 15 and 16		
	Total		

*failure to perform this step is a critical failure and requires the student to repeat the skill assessment station

General evaluation and comment _____

Name of examinee _____

Name and signature of examiner _____

OSCE scoring checklist for LMA insertion

(To be used by the examiner)

Evaluate the examinee performance in the scenario

Rater code _____ **examinee ID** _____ **date** _____ **OSCE station** _____

S. No.	List of tasks/steps	“√” If performed and “X” if not performed	Not applicable
1.	Prepare and assemble All necessary equipment.		
2.	Choose appropriate size LMA.*		
3.	Test integrity of cuff by inflating it.		
4.	Deflate cuff on a flat surface and lubricate LMA on posterior surface only for use		
5.	Induce with Propofol and position the patient “sniff”		
6.	Open the mouth using the “crossed fingers” technique Or by performing a tongue---Jaw lift; do not hyperextend neck.		
7.	Clear the airway if needed.		
8.	Insert tube into mouth and place it so that the curvature is the same as that of the Pharynx, directing it posteriorly until resistance is felt.		
9.	Inflate the cuff with the appropriate amount of air corresponding to the size of the tube, remove syringe. *		

10.	Insert bite block.		
11.	Produce noticeable chest rise; auscultate breath sounds.		
12.	Confirm correct positioning of LMA by colorimetric ETCO" capnography		
13.	Secure LMA in place. *		
14.	Deliver each ventilation over 1 second.		

S. No.	List of tasks/steps	“√” If performed and “X” if not performed	Not applicable
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15.	Demonstrate complete release of bag between ventilation.		
16.	Plan for extubation (not deflated or partially deflated during extubation)		
	Total		

*failure to perform this step is critical failure and requires the student to repeat the skill assessment of this session.

General evaluation and comment

Name of examinee _____

Name and signature of examiner _____

OSCE scoring checklist for BLS

(To be used by the examiner)

Evaluate the examinee performance in the scenario

Rater code _____ examinee ID _____ date _____ OSCE station _____

1	Check the environment and Safe approach *		
2	Check the response *		
3	Shout for help		
4	Check breathing and pulse , not take more than 10 second but if there is gasping not take more than 5 second		
5	Right placement of the hand on the chest		
6	Give 30 compression followed by 2 ventilation *		
7	Adequate depth compression(4-5 cm or 1/3 of the chest depth)		
8	Allow complete chest recoil		
9	Rate of compression 100/ min and ventilation 10/ min		
10	Optimise the airway and remove any visible obstruction		
11	Apply jaw thrust(if not contraindicated) and chin tilt		
12	Appropriate holding of face mask		
13	Give 2 ventilation after 30 compression without interruption		
14	Check the pulse every minute		
15	Apply monitoring		
16	Identify rhythm and decide defibrillator need or not and transfer for advanced help.		
	Total points		

*failure to perform this step is critical failure and requires the student to repeat the skill assessment of this session.

General evaluation and comment

Name of examinee _____

Name and signature of examiner _____

OSCE scoring checklist for laryngospasm management

(To be used by the examiner)

Evaluate the examinee performance in the scenario

Rater code _____ examinee ID _____ date _____ OSCE station _____

S.	List of tasks/steps	“√” If performed and	Not
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No.		"X" if not performed	applicable
1	Identify the problem plan for management		
2	Call for support / inform surgeon		
3	Equipments preparation & drugs		
4	Stop surgical stimulation & deepen anesthesia		
5	If vomitus or secretion are present use suction/clear the airway		
6	Institute CPAP with an FiO2 of 100% *		
7	Maximize effort to open the airway with jaw thrust, head tilt & chin lift oral & nasal airway*		
8	Suxamethonium if SpO2 still decreases 1mg/kg for adult & 1.5mg/kg for children & consider atropine		
9	Ventilate the patient		
10	Intubate if necessary		
11	Consider adrenaline nebulizer if available		
12	Surgical airway if this fails		

*failure to perform this step is critical failure and requires the student to repeat the skill assessment of this session.

General evaluation and comment

Name of examinee _____

Name and signature of examiner _____

OSCE scoring checklist for Spinal Anesthesia

(To be used by the examiner) Evaluate the examinee performance in the scenario

Rater code _____ examinee ID _____ date _____ OSCE station _____

* Failure to perform this step is a critical failure and requires the student to repeat the skill assessment station.

General evaluation and comment: _____

S. No.	List of tasks/steps	“√” If performed and “X” if not performed	Not applicable
1.	Assessment of patient and get consent		
2.	Prepare equipment for GA and emergency drugs (ETT, Laryngoscope, stylet, suction, Airways, syringe, Ambubag, anesthetic drugs, emergency drugs...) *		
3.	Secure IV access and co-load the patient with crystalloid		
4.	Check his/her vital sign(BP,PR,SPO2)		
5.	Explain the procedure for the patient.		
6.	Prepare equipment for spinal anesthesia(full spinal set, surgical glove, syringe, LA drugs, alcohol, iodine)		
7.	Appropriately position the patient		
8.	Localize the landmark for spinal anesthesia injection		
9.	Wear surgical glove with strict aseptic technique		
10.	Check the spinal needle(weather stylet fit with the needle) and draw appropriate dose of LA		
11.	Clean injection site with iodine and alcohol; and tell the patient what you are doing *		
12.	Infiltrate the injection site with plain Lidocaine and tell the patient what you are doing		
13.	Insert large introducer then spinal needle to appropriate depth and ask the patient if he/she has abnormal sensation on lower extremities		
14.	When in the right place remove the needle		
15.	Verify free flow of CSF *		
16.	Inject the local anesthetic agent slowly		
17.	Remove the needle *		
18.	Apply the gauzes on injection site and fix with tape		
19.	Position the patient and check the level of block (autonomic, sensory, motor)		
20.	Post injection care and prepare for managing spinal complications (hypotension, high spinal....) *		

Name of examinee _____

Name and signature of examiner _____

OSCE scoring checklist for cryothyrotomy

(To be used by the examiner)

Evaluate the examinee performance in the scenario

Rater code _____ examinee ID _____ date _____ OSCE station _____

S.No.	List of tasks/steps	“√” If performed and “X” if not performed	Not applicable
1.	Administers 100% O ₂ *		
2.	Verbalizes indications (Patient who requires airway control and unable to intubate or ventilate)		
3.	Verbalizes relative contraindications (age < 12, Suspected larynx fracture, unable to localize Cricothyroid membrane)		
4.	Extends the head and neck (if no C-spine injury suspected)		
5..	Locates landmarks (cricoid cartilage and Cricothyroid membrane)		
6.	Quickly Prepares the area		
7.	Prepares equipment		
8.	Grasps the larynx with thumb and middle finger		
9.	Inserts needle through the skin and Cricothyroid membrane at a 45° caudal angle		
10.	Aspirates for free air in the syringe		
11.	Advances catheter downward into position and withdraws needle *		
12.	Advances guidewire through the catheter and into airway		
13.	Removes catheter leaving guidewire in place. Always maintains contact with guidewire		
14.	Makes a vertical incision alongside guidewire through the skin and cricothyroid membrane with a scalpel while stabilizing the thyroid cartilage		
15.	Feeds the catheter with dilator in place over the wire and advances until flange of airway adapter rests against patient's neck		
16.	Removes the dilator and guidewire *		
17.	Attaches a BVM to tube extender and ventilates the patient		
18.	Assesses for correct placement (chest rise, auscultation, +ETCO2) *		
19.	Secures tube		
20.	Prepares patient for rapid transport to the nearest hospital		

*failure to perform this step is critical failure and requires the student to repeat the skill assessment of this session.

General evaluation and comment

Name of examinee _____

Name and signature of examiner _____

OSCE scoring checklist for neonatal resuscitation

(To be used by the examiner)

Evaluate the examinee performance in the scenario

Rater code _____ examinee ID _____ date _____ OSCE station _____

S.No.	List of tasks/steps	“√” If performed and “X” if not performed	Not applicable
1.	Preparation of equipment for resuscitation		
A.	T ^o . Radiant warmer/warmed linen/cotton *		
B.	Suction -Mechanical/electronic suction machine, suction catheter 6,8,10f, miconium aspirator and syringe		
C.	Airway -Laryngoscope with straight blade 0 and 1, uncuffed ETT 2.5, 3.0, 3.5, stylet 6F, tape, LMA size 1, 5 cc syringe, Face mask 0 and 1		
D.	Ventilation - oxygen, pulse oximetry		
E.	Resuscitation - fluid, iv cannula, epinephrine 1:10000		
F.	Miscellaneous -Gloves, Goggles, Mask, Timer, Stethoscope		
2.	Preparation of the neonate for resuscitation		
A.	Assessment -Term, Crying and Breathing *		
B.	Yes -dry, stimulate and contact with mother		
C.	No -Under radiant warmer/cover with cotton /warm linen		
3.	Preparation of the environment		
A.	Resuscitation table arrangement, cleaning and equipment assembly		
4.	Performing resuscitation		
A.	Positioning skill of neonate		
B.	Covering and mask ventilation skill		
C.	Application of Correction steps in mask ventilation, When Difficult		
D.	Identification of area and CPR delivery skill in terms of rate and depth		
E.	Drug selection and administration (if necessary-route, dose, concentration)		
F.	Termination of resuscitation when necessary		
5.	Controlling the situation and Team working ability		
A.	Keep Calm and Follow Algorithm *		
B.	Smooth coordination and communication with team		
C.	Documentation of events at the end of procedure		
	Total		

*failure to perform this step is critical failure and requires the student to repeat the skill assessment of this session

General evaluation and comment

Name of examinee _____

S.No.	List of tasks/steps	“√” If performed and ”X” if not performed	Not applicable
	SAFE APPROACH		
1.	Take care of yourself while approaching the victim		
2.	Try not to harm the patient cervical spine		
3.	Check unresponsiveness		
4.	Exposed the patient		
5.	Check carotid pulse and breathing in less than 10secs *		
6.	Call for help (the patient doesn’t have pulse and don’t breath)		
	Sequence of CPR		

Name and signature of examiner _____

OSCE scoring checklist for CPR/ACLS

(To be used by the examiner)

7.	Keep your elbows and position your shoulders directly above the locked hands on lower one-third of sternum		
8.	Start 30 chest compression; depth 5cm; rate >100; full chest recoil and minimal compression interruption and avoid excessive ventilation *		
9.	Administer 1mg adrenaline q 3-5mins		
10.	Provide two breaths appropriately (displaying good chest raise)		
	Reassess after 5cycles (V-fib) then		
11.	Defibrillate and watch the rhythm (it was the same)		
12.	Immediately continue CPR for 5 cycles		
13.	Assess the rhythm (asystole), then continue CPR		
14.	Administer 1mg adrenaline q 3-5mins/ or consider other drugs like amiodarone		
15.	Treat reversible causes *		
16.	Watch the rhythm (it was normal sinus rhythm), then post cardiac arrest care (Provide >94% oxygen , slight hypothermia, PEtco ₂		
	Total		

Rater code _____ **examinee ID** _____ **date** _____ **OSCE station** _____

*failure to perform this step is a critical failure and requires the student to repeat the skill assessment station

General evaluation and comment

Name of examinee _____

Name and signature of examiner _____

S.No.	List of tasks/steps	“√” If performed and ”X” if not performed	Not applicable
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OSCE scoring checklist for management of surgical patient with HIV infection

(To be used by the examiner)

Evaluate the examinee performance in the scenario

Rater code_____ examinee ID _____ date_____ OSCE station _____

	PREOPERATIVE CONCERN		
1.	Assess the potential effects of HIV infection on every organ system.		
	INVESTIGATION:		
2.	Full blood count		
3.	Clotting function		
4.	Biochemical tests including glucose, electrolyte, renal & liver function		
5.	Viral load and CD4+ count *		
6.	Chest radiography		
7.	Cardiac evaluation with electrocardiography and echocardiography		
	CHOICE OF ANESTHESIA		
8.	GA with ETT/ LMA/ or regional		
	ANESTHETIC CONCERNS:		
9.	Organ involvement		
10.	strict aseptic technique, universal precautions *		
11.	Minimization in interruption of ARV therapy		
12.	Drug side effects and drug interaction		
	Total		

*failure to perform this step is a critical failure and requires the student to repeat the skill assessment station.

General evaluation and comment

Name of examinee _____

Name and signature of examiner _____