Simulated Patient – Project (Data Collection Sheet)

Form 2

Scenario 2: Pre-eclampsia

Research ID of the student: **Date:** **Gender: Male / Female**

OSCE CHECKLIST & MARKING SHEET

Focused history taking station	**Missed (0)**	**Poor (1)**	**Fair (2)**	**Satisfactory (3)**	**Outstanding (4)**
Chief complaints (onset, duration, intensity) • Headache • Blurred vision/flushing lights • Irritability • H/O high blood pressure • H/O proteinuria • H/O edema					
Associated symptoms & **Complications** (onset, duration, intensity) • Right upper quadrant pain • Nausea, vomiting • Fetal movement • Per vaginal bleeding • Breathing difficulties • Convulsion/eclampsia fits					
Obstetric history (current) • Last menstrual period (LMP) • Expected date of delivery (EDD) • Blood tests, ultrasonogram, weight gain • Other problems during pregnancy (gestational diabetes mellitus, vaginal discharge, fever / infection)					

Past obstetric history • Gravidity, parity, miscarriages, duration of pregnancy outcome, complications					
Past medical & surgical history: • H/O Hypertension, renal diseases, autoimmune disease, diabetes mellitus, bronchial asthma, any other diseases • H/O Previous surgery					
Menstrual history, family history & social history • Menstrual history (H/O first menarche regularity, duration, amount, associated with pain) • H/O vaginal discharge, contraception • H/O hypertension, diabetes mellitus, or any other disease in the family • H/O smoking / alcohol					
Professionalism & communication • Greets the patient and introduces self • Allows the patient to complete his/her opening statement (story) without interruption • Listens attentively to the patient • Elicits patient's concerns and beliefs • Responds explicitly to patient's queries • Summarizes and checks patient's understanding					
Total marks					

Signature of the faculty