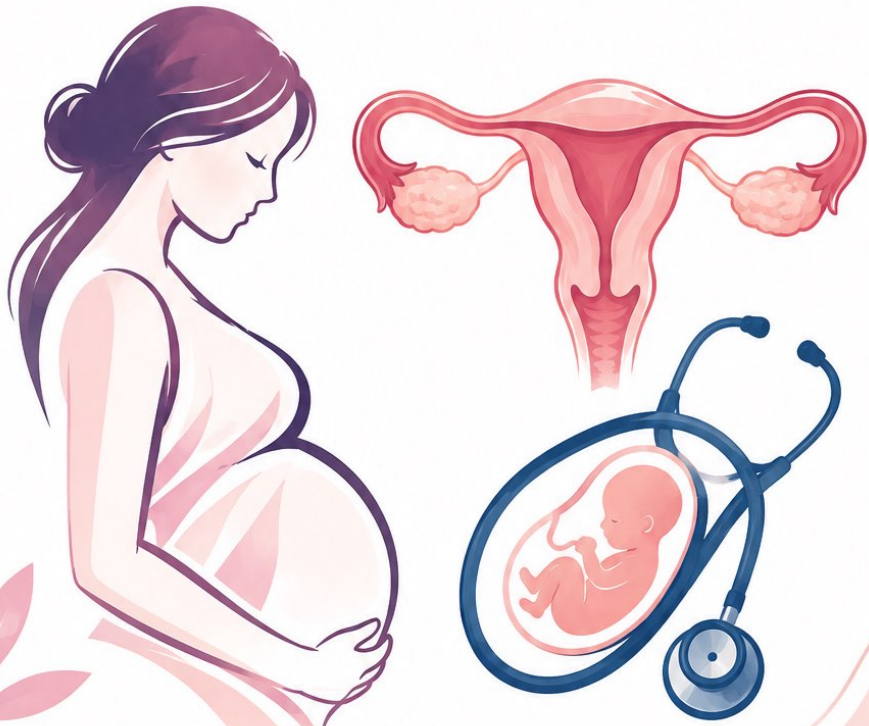
OBG

SS RESIDENCY

ESSENTIAL

PART 1



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ETHICS, CONSENT & COMMUNICATION IN OBSTETRICS

----- Active space -----

Ethics & professionalism in obstetrics 00:03:50

medical ethics in obstetrics :

Overview :

- Medical ethics provides the framework for making clinically appropriate decisions while respecting the patient's rights, values and dignity.
- The lecture emphasizes that good obstetric care is not simply about what the doctor believes is medically best.
- It involves information → Communication → Consent → Decision.
  - Doctors knows best for the patient, but patient decides.

Four pillars of medical ethics :

- The four-principle framework was proposed by Tom L. Beauchamp and James F. Childress in Principles of Biomedical Ethics, first published in 1979.

Principle	meaning	Clinical example in OBGY
Autonomy	Patient decides : Respect the patient's right to make informed decisions about her own body & treatment	A competent pregnant woman refuses blood transfusion despite counselling
Beneficence	Do good act : Act in the patient's best interests	Advising antenatal corticosteroids to improve neonatal outcomes before anticipated preterm birth
Non maleficence	First, do no harm : Avoid causing unnecessary harm	Avoiding unnecessary episiotomy or avoiding teratogenic drugs during pregnancy
Justice	Equal & fair treatment : Treat patients fairly and distribute healthcare resources equitably	Ensuring all women receive emergency obstetric care regardless of socioeconomic status

Ethical dilemmas :

- Ethical dilemmas usually arise because multiple principles must be balanced, rather than applying only one principle.
- Dyad concept (Single foetus is considered single unit even if it is 2 lives) : Until baby is born decisions should be taken by mothers
- Important situations include :
  - Maternal autonomy versus fetal interests.
  - Conflict of interest : Situations involving refusal of recommended obstetric interventions.

Feedback

----- Active space -----

Note :

- Maternal autonomy always prevails.
- Foetus has moral status but generally no independent legal personhood before birth in most jurisdictions.

Indian ethical and legal framework :

- The Indian framework includes :
  - National Medical Commission (NMC).
  - Indian penal code/Bharatiya nyaya sanhita.
  - Consumer Protection Act (COPRA).
- Important legislation relevant to women's healthcare includes :
  i. MTP Act.
  ii. PCPNDT Act.
  iii. Surrogacy Act.
  iv. ART Act.
  v. POCSO Act.
  vi. Mental Healthcare Act.

NMC (Professional conduct regulations) :

The NMC framework covers :

- Professionalism.
- Confidentiality.
- Consent.
- Medical records.
- Communication.

Professionalism and confidentiality 00:12:24

Professionalism :

- Professionalism is the demonstration of values, behaviours and relationships that sustain public trust.

Major pillars :

Major pillars of professionalism			Core
Competence	Integrity	Accountability	
• Should have sufficient knowledge to treat medical conditions. • Update skills • Practice evidence based medicine	• Be honest • No falsifications, do not give no false hope • Maintain transparency	• Be onus on whatever done • Prevent errors • Take responsibility for mistakes	Be respectful Be compassionate

Social media professionalism :

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- Professional conduct extends to social media.
- Doctors should not :
  - Reveal patient identity.
  - Post operative/procedure videos without consent.
  - Ridicule patients.
  - Use misleading advertisements.
  - Guarantee a cure.
  - Make sensational claims.

Note :

Educational professional content & personal social media posts should be distinguished, but patient confidentiality & professional standards apply regardless of platform.

Confidentiality :

- Patient information obtained during medical care should remain private. Confidentiality has ethical, legal and professional dimensions.
- NMC allows disclosure when :

Situation	Principle
Patient consent	Patient permits disclosure
Law demands disclosure	Court order or legally mandated disclosure
Public interest	Certain communicable diseases
Mandatory reporting (Police intimation)	POCSO, child abuse, domestic violence, grievous hurt

Note :

- Confidentiality is important, but it is not absolute.
- Specific legal or public health obligations may require disclosure.
- Informed consents should be taken before disclosure especially in cases of infertility, HIV etc.,

Consent 00:21:40

Definition :

- Consent is a process, not merely a signature.
- It should be :
  - Voluntary.
  - Informed.
  - Specific.
  - Given by a competent person.
  - Documented.

Feedback

----- Active space -----

- Components of valid consent :
  - Should be given by a person with capacity to understand the scenario.
  - Should understand information given at background.
  - Is able to understand the process.
  - Given voluntarily and decision made by person giving consent.
  - Documentation done.

Types of consent :

Implied consent :

- Arises from the patient's conduct in OPDs or clinics such as :
  - History taking.
  - Pulse measurement, routine examination.
  - Obstetrics examination.

Expressed consent :

Explicitly provided : Orally (Before examination) or in written (Informed consent).

Special forms of consent :

- Proxy consent :
  - Mentally impaired patients.
  - Paediatric patients.
  - Collapsed patients.
- Blanket consent : Given on common basis (Example : Consents taken in infertility clinics that decisions/disclosure will be done in couple basis).
- Dynamic consent : It can dynamically change based on time, situation, environment, effects.
  - Consent given for clinical trials, participants have right to withdraw at any point in between.
- Electronic consent.
- Broad consent in research, which include :
  - Participant information sheet (PIS).
  - Proper signed consent form
- Specific consent for specific procedures (Example : LSCS, episiotomy).

Note :

- Signatures should not be obtained on printed formats.
- Printed format is considered as blanket consent.
  - It should not replace specific consent.

----- Active space ---

Informed consent :

- The patient should understand :
  - Diagnosis.
  - Proposed procedure.
  - Benefits.
  - Risks.
  - Alternative options available.
  - Consequences of refusal.
  - Answers to questions from patients.
- The aim is not simply to obtain permission, but to enable the patient to make an informed decision.

Elements to discuss before a procedure :

- Nature of the procedure.
- Purpose.
- Expected benefits.
- Risks.
- Alternatives options available.
- Success rate.
- Failure rate.
- Complications.
- Recovery.
- Financial implications (Long & short term).
- Opportunity to refuse.

Special situations in consent :

Situation	Consent approach
Emergency	Life-saving treatment may proceed when consent cannot be obtained
Minor	Consent from guardian
Patient lacking capacity	Legally authorised representative
Research	Separate research consent
Photography	Appropriate consent required
Teaching/intimate examination	Specific consent required

- Consent for treatment does not automatically imply consent for photography, teaching or research use.

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Important legal provisions related to consent :

Topic	IPC 1860	BNS 2023	Principle	Medical Importance
Act not intended to cause death or grievous hurt done by consent	S.87	S.25	Consent of an adult (>18 years) protects acts not intended or known to cause death/grievous hurt	Basis of sports injuries, tattooing, cosmetic procedures, body piercing
Act done in good faith for person's benefit with consent	S.88	S.26	Doctor acting in good faith with patient's consent is protected even if harm occurs	Foundation of medical treatment and surgery
Act done in good faith for benefit of child/person with mental illness by guardian's consent	S.89	S.27	Guardian may consent when patient lacks legal capacity	Paediatric surgery, mentally incapacitated patients
Consent under fear or misconception	S.90	S.28	Consent is invalid if obtained under fear or misconception, or from incompetent person	Fraudulent consent, coercion, false promises
Acts which remain offences despite consent	S.91	S.29	Consent cannot legalise offences independently punishable	Euthanasia, grievous assaults, illegal organ removal etc.
Act done in good faith without consent	S.92	S.30	Emergency treatment allowed when consent impossible	Life-saving emergency surgery
Communication made in good faith	S.93	S.31	Honest communication intended for benefit is not an offence	Breaking bad news, counselling
Act compelled by threats	S.94	S.32	Criminal liability may be excused under immediate threat (except murder, offences against State)	Rare medical relevance
Act causing slight harm	S.95	S.33	Trivial harms are not punishable	Minor procedural discomforts

Medical records

00:36:10

Purpose

Medical records serve several purposes :

- Continuity of care.
- Legal defence document.
- Audit and research purpose.
- Quality improvement.
- Better communication with both patient and colleagues.
- Billing.
- Teaching purpose.

Feedback

----- Active spac

Principles of good documentation :

- Date and time mentioned.
- Signed.
- Should contain name and register number of patient.
- Legibly written.
- Always add objective/plan of actions.
- Free of overwriting : Corrections should be counter signed.
- Chronological.

Essential obstetric records :

Important records include :

- History.
- Examination.
- Investigations.
- Consent.
- Progress notes.
- Drug chart.
- Operative notes.
- Anaesthesia notes.
- Partograph.
- CTG.
- Delivery notes.
- PNC notes.
- Discharge summary.
- Death summary.

Communication in obstetric practice 00:44:22

Goals of communication :

Good communication aims to :

- Build trust.
- Improve adherence.
- Reduce patient anxiety.
- Improve outcomes.
- Prevent conflict.
- Support shared decision making.

Components :

- Verbal.
- Non-verbal.
- Written.
- Electronic components.
- Documentation.

Feedback

----- Active space -----

Framework for good communication :

A good clinical interaction should include :

1. Introduce yourself.
2. Confirm identity of patient.
3. Sit down and maintain eye contact.
4. Listen actively.
5. Avoid jargon.
6. Summarize at end.
7. Check understanding.
8. Invite questions from patients.
9. Document the discussion.

Common communication errors :

Avoid :

- Interrupting.
- Medical jargon.
- Ignoring patient concerns.
- Talking only to relatives.
- Failure to document.
- False reassurance : Reassurance should be honest and realistic.
  - A doctor should not promise an outcome that cannot be guaranteed.
- Giving guarantees.

Specific communication frameworks :

- Breaking Bad News – SPIKES
- Handover – SBAR
- Contraception counselling – GATHER
- Socially awkward – BATHE
- Responding to Emotions – NURSE
- Family interactions – VALUE
- Difficult conversations – PEARLS

SPIKES (Breaking bad news) :

- SPIKES provides a structured approach to breaking bad news.
- Applications include difficult conversations surrounding :
  - Stillbirth.
  - IUFD.
  - Anencephaly.
  - Cancer diagnosis.
  - HIV positive status.

----- Active space ---

- Components :
  - Setting : Create an appropriate environment for the conversation.
  - Perception : Assess what the patient already understands or believes.
  - Invitation : Determine how much information, patient wants to receive.
  - Knowledge : Provide information clearly and appropriately.
  - Emotion : Recognize and respond to the patient's emotional reaction.
  - Strategy & summary : Develop a plan and summarize the discussion.

SBAR :

- Stands for :
  - Situation.
  - Background.
  - Assessment.
  - Recommendation.
- Useful scenarios :
  - Referral.
  - ICU calls.
  - Night duty handover.
  - Emergency OT communication.

GATHER approach :

- Specific for contraceptive counselling : Useful in scenarios like PPIUCD, injectable, COCs, emergency contraception etc.,.
- Components :
  - Greet patient.
  - Ask for needs.
  - Tell about options.
  - Help in decision.
  - Explain possibilities.
  - Return : Explain when to return.

BATHE :

- The BATHE framework can be used when patients have psychosocial or emotionally difficult concerns.
- Particularly relevant to : Psychological distress, perinatal depression, domestic violence.
- Components :
  - Background understanding.
  - Affect (Cause).
  - Trouble assessment.
  - Handling techniques.
  - Empathetic approach.

----- Active space -----

Responding to emotions (NURSE):

- The NURSE framework is used for recognizing & responding to patient emotions:
  - Name the emotion.
  - Understand the patient's perspective.
  - Respect the patient's feelings.
  - Support the patient.
  - Explore further (Provide psychological support if needed).

VALUE approach:

- The VALUE approach is useful when interacting with families:
  - Value statements.
  - Acknowledge.
  - Listen.
  - Understand the patient.
  - Elicit questions.
- The focus is on respectful listening and understanding, rather than allowing family members to replace the patient's voice in decision making.

PEARLS:

- The PEARLS framework is useful for difficult conversations.
  - Partnership (What is wrong with partner).
  - Empathy.
  - Apology.
  - Respect.
  - Legitimation.
  - Support.

Calgary Cambridge guide:

- It is the gold standard consultation model.
- Its major stages are:
- Opening arguments.
- Bringing history perspectives in arguments.
- Physical examination.
- Explanation.
- Planning.
- Closing of argument.

Cafeteria approach :

----- Active space

Helpful approach for contraception counselling :

- The cafeteria approach means that contraception counselling should provide all available choices without bias, allowing the woman to freely choose the method that suits her.
- It is likened to choosing dishes from a cafeteria : The clinician presents the options, while the woman makes the choice.
- Applications include counselling regarding :
  - Contraception.
  - MTP.
  - Fertility treatment.
  - Menopause therapy.

Landmark guidelines and professional references 01:08:23

Ethics & professionalism :

- National Medical Commission (NMC) → Registered medical practitioner (Professional conduct) regulations, 2023.
- Indian Council of Medical Research (ICMR) → National Ethical Guidelines for biomedical and health sesearch involving human participants.
- World Medical Association → Declaration of Helsinki.
- World Medical Association → International code of medical ethics, 2022.

Consent :

- RCOG → Guidance on obtaining valid consent for obstetric and gynaecological procedures.
- GMC, UK → Decision making and consent (2020), an internationally respected framework.
- ACOG → Committee opinions on informed consent & shared decision-making.
- FIGO → Ethical guidance on informed consent and women's autonomy in reproductive health.

Communication :

- Institute for Healthcare Improvement (IHI) → SBAR communication tool.
- Calgary Cambridge guide → Internationally validated consultation framework used in undergraduate and postgraduate teaching.
- NICE →Guidance supporting shared decision-making.
- WHO → Recommendations on effective communication and respectful maternity care.

TIPS AND TRICKS FOR EFFECTIVE ANSWER WRITING IN EXAMS

----- Active space ----

Preparing for exams

00:00:56

Prerequisites :

- Knowledge ≠ marks.
- Good subject knowledge alone does not guarantee good scores. Marks are often lost due to :
  - Poor presentation.
  - Incomplete answers.
  - Poor time management.
  - Lack of examiner-friendly structure.
- Write only what is asked.
  - Always answer according to the marks allotted.
  - Avoid writing excessive, irrelevant information.
  - Overwriting wastes time and affects later answers.
- Regular answer-writing practice helps to :
  - Organize thoughts.
  - Improve answer structure.
  - Avoid missing important headings.
  - Develop speed and presentation.

Stationery preparation :

- Prepare your stationery beforehand.
- Use either blue or black pen as per university regulations.
- Use a single brand and type of pen throughout the examination.
- Practice writing with the same pen for several weeks before the exam.
- Carry multiple spare pens.
- Keep a good-quality pencil, ruler, eraser, and sharpener.
- Use highlighters only if permitted by the university.
- Carry stationery in a transparent pouch.
- This helps to make the examiner's job easy.
  - Highlight points appropriately.
  - Do not make the examiner search for the answer.

----- Active space -----

Preparation :

- Understand :
  - Paper-wise syllabus and mark distribution.
  - Long answer questions (LAQs) and short answer questions (SAQs).
  - University-specific examination format and instructions.
- Most common paper patter :
  - Paper 1 : Basic sciences.
  - Paper 2 : Obstetrics ± Neonatology.
  - Paper 3 : Gynecology + Family planning.
  - Paper 4 : Recent advances including ancillary (Extended sub-specialties), research, statistics etc.,.
- Start reading textbook from second year onwards at-least.
- Prepare using previous-year questions.
  - Analyse the last 10 years' question papers.
  - Identify frequently repeated topics.
  - Anticipate commonly tested concepts.

Revision :

- Study question-wise during final revision.
- Instead of revising chapters repeatedly :
  - Revise previous examination questions.
  - Learn structured answers for common questions.
  - Focus on examiner-oriented presentation.
  - Expect integrated clinical questions.

Writing the exams 00:09:36

Pre-requisites :

- Know your examination pattern.
- Questions may combine multiple topics and require integrated management rather than isolated facts.

Writing pattern :

- Prefer quality over quantity, filling more pages does not increase marks.
- Write concise, relevant, and structured answers.
- Good handwriting and neat presentation improve readability.

Time management :

- Use first 2 minutes to fill bar code number.

- Reserve time according to marks allotted (max 16 to 17 min).
- Keep the final 10–20 minutes for :
  - Reviewing answers.
  - Checking question numbering.
  - Completing diagrams.
  - Attempting difficult questions.

----- Active space ----

Other key points :

- Follow answer booklet instructions.
- Respect page allocation and answer format.
  - In structured examinations (e.g., DNB), each question has designated pages and is evaluated independently.
  - Avoid exceeding allotted space.
  - Practice writing in the same format before the examination.
- Try to answer in order.
- Before starting the paper, spend the first 10 minutes reading the entire question paper carefully.
  - Read every question completely, as wording may be misleading or integrated.

Writing skills :

- Plan for :
  - Sequence of answering.
  - Headings and subheadings.
  - Overall structure of each answer.
  - Decide whether to answer in question order or begin with your strongest answer (Based on the examination format and personal preference).
  - Understand the examiner's expectations.
- The examiner assesses for :
  - Correct knowledge.
  - Ability to organize information logically.
  - Your clinical judgment.
  - Ability to apply current evidence to clinical practice.
- Show clinical maturity by incorporating :
  - Recent guidelines.
  - Recent trials and advances.
  - Practical decision-making.
  - Clinical caveats and controversies where relevant.

----- Active space -----

- Example :
  Instead of ending a contraception answer with advantages and disadvantages alone, also mention :
  - Drug interactions.
  - Contraindications.
  - Clinical precautions.
  - Recent recommendations.
  - Universal answer template.

Sequence of writing :

For most theory questions, follow this sequence :

1. Definition.
2. Classification.
3. Etiology/ risk factors.
4. Pathophysiology.
5. Clinical features.
   - Symptoms.
   - Signs.
6. Diagnosis/ diagnostic criteria.
7. Investigations.
8. Management.
9. Complications.
10. Recent guidelines/ updates.
11. Conclusion.

Note :

- Always include complications.
- Marks are hidden in headings.
- Examiners often have limited time to evaluate each answer script.
- Therefore :
  - Use clear headings.
  - Keep answers structured.
  - Make important points immediately visible.
  - Avoid long unstructured paragraphs.
  - Flowcharts fetch marks.

Pictorial representation :

Flowcharts :

- Improve presentation.
- Demonstrate conceptual clarity.
- Simplify complex management algorithms.
- Help examiners identify key points quickly.

Tables :

----- Active space ---

- Use tables whenever appropriate for :
  - Comparisons.
  - Classification.
  - Differential diagnosis.
  - Clinical correlations.
  - Hormonal changes.
  - Investigation findings.
- Tables provide :
  - Instant clarity.
  - Better readability.
  - Faster evaluation.

Clinically relevant diagrams :

- Draw simple diagrams.
- Labelled diagrams clearly.
- Functional diagrams are preferred rather than artistic drawings.
- Examples : Physiological pathways, anatomical structures, clinical algorithms, hormonal feedback mechanisms.
- A simple labelled diagram is better than no diagram.

Mentioning important guidelines :

- Where applicable, cite recommendations from :
  - WHO.
  - FIGO.
  - FOGSI.
  - RCOG.
  - ACOG.
  - NICE.
- Highlight guideline names to make them easily identifiable.

Recent updates :

- Mention :
  - Recent guideline changes.
  - New recommendations.
  - Current evidence.
  - Important trials.
  - Recent advancements relevant to the topic.
- Updated information demonstrates contemporary clinical knowledge.

Common mistakes :

- Avoid :
  - Long essay-style answers without headings.
  - Absence of flowcharts, tables, or diagrams.
  - Not answering the actual question asked.
  - Spending excessive time on one question.
  - Leaving questions unanswered.
  - Omitting complications and conclusions.

----- Active space -----

- Never leave a question blank.
  - Even a brief structured answer may earn partial marks.
- Write clinically :

  Example, for eclampsia management
  - Instead of writing → Give magnesium sulfate.
  - Write → magnesium sulfate is the drug of choice for seizure prophylaxis and treatment in severe preeclampsia, as recommended by WHO and ACOG guidelines.
  - This demonstrates evidence-based clinical reasoning.

Five principles of a high-scoring answer :

- Structured.
- Scientific.
- Succinct.
- Safe.
- Scorable, which includes :
  - Headings.
  - Flowcharts, tables, diagrams.
  - Guidelines and recent updates.

Final 10-minute checklist :

- Check question numbering.
- Ensure all questions are answered.
- To underline headings.
- Label diagrams if anything missed.
- Add conclusions where missing.
- Review for missed points or corrections.

Feedback

TIPS & TRICKS IN CASE PRESENTATION

----- Active space

Introduction

00:00:10

Clinical exam :

- Not just a test of knowledge.

The examiner is assessing whether you can :

- Elicit relevant history.
- Perform a purposeful examination.
- Identify the clinical problem.
- Synthesise findings.
- Prioritise diagnoses.
- Formulate a safe management plan.
- Communicate like an independent obstetrician/gynaecologist.
- AEtCom : Attitude, ethics and communication.

Candidates need to know the patient's condition → Find their problems → Interpret the findings → Present the case → Defend the diagnosis and approach.

Exam consists of 2 cases each in Obstetrics and Gynaecology, one long and one short case in most universities.

- Long case : In-depth evaluation + evidence synthesis + apply management.
- Short case : Recognition + focused examination + rapid reasoning.

Common mistakes :

Taking a case is not the same as presenting a case.

- An examiner does not need to hear every point and question asked during case taking/every step of examination.
- Therefore as a rule, collect broadly, but present selectively.

First 2-3 minutes of the exam :

Examiner is trying to assess :

- Does this student understand the case?
- Can they identify the main problem?
- Have they picked up the important positives?

----- Active space -----

- Have they looked for the important negatives?
- Can they make a diagnosis?
- Can they manage this patient safely?

SC rule :

- Clear : No confusing chronology.
- Concise : Don't reproduce your entire case sheet.
- Chronological : Especially history of presenting illness.
- Clinically relevant : Emphasize discriminatory findings.
- Conclusive : End every segment with what it means.

Long cases

00:13:27

Basic architecture :

1. Identification.
2. Chief complaints.
3. History of presenting illness.
4. Relevant background.
5. Examination.
6. Summary.
7. Management.

Start with patients history → Understand their problem → Collect evidence → Interpret the findings with probable diagnosis.

Opening statement :

- Every sentence you speak must have a purpose.
- Obstetric example :
  - "mrs X is a 28-year-old G2P1L1 at 36+4 weeks gestation, admitted with complaints of headache and blurring of vision for 6 hours."
- Gynaecology example :
  - "mrs X is a 46-year-old P2L2, presenting with progressively increasing heavy menstrual bleeding for 8 months."

Unless specifically asked, do not present irrelevant questions about registration, mode of travel, distance of home from hospital etc.

Chief complaints :

- Lead by symptoms not diagnosis, unless there is an established past diagnosis present.
  - "Bleeding per vaginum × 6 months".

----- Active space -----

  - "Abdominal distension × 4 months"
  - "Postcoital bleeding × 2 months"
- Avoid premature diagnostic labels, e.g., "Fibroid uterus × 2 years".
- Always mention duration.
- Arrange complaints : Chronologically OR by clinical importance.
- Remain consistent.

HOPI :

- Examiner wants to know the patient's story, not an interrogation checklist.
- Onset → Progression → Character → Associated symptoms → Relevant negatives → Treatment/evaluation.
- Quantify everything :
  - In case of bleeding, mention how much in quantity, not just "light" or "heavy". E.g., "Her cycles changed from 4/30 days to 8–10/20–24 days, requiring approximately 7–8 fully soaked pads/day with passage of clots."
  - In case of abdominal distension : "She noticed progressive lower abdominal distension over 6 months, initially confined to the lower abdomen and now reaching the umbilicus" instead of just "increased abdominal girth".

Negative history :

- Every negativwe history should be capable of excluding something.
- Do not mention everything even if not relevant.
- Mention only what you can defend or justify.
- Examples :
  - For preeclampsia : Instead of saying "No headache, no visual symptoms, no epigastric/RUQ pain, no oliguria etc" say "Patient warning signs suggestive of impending eclampsia".
  - For suspected ovarian malignancy : Instead of "No postmenopausal bleeding, no significant weight loss/appetite, no breathlessness, no bowel/bladded symptoms" one can say "No suspicious symptoms suggestive of ovarian malignancy".

Common mistakes :

- Obstetric history : Do not recite G-P-L-A (Say full forms).
- Past obstetric history : mention her previous obstetric history that may change your management today.

----- Active space -----

- Menstrual history :
  - Present what matters.
  - Relevance.
  - Describe abnormalities using contemporary terminology where appropriate.
- Personal/family/past history : Filter ruthlessly.
- Don't spend 90 seconds saying everything is absent.

General examination :

- Instead of : "Pulse 96, BP 150/100..."
- Interpret the numbers.
  - E.g. : "She is conscious and oriented, haemodynamically stable, with hypertension of 150/100 mm Hg and no clinical evidence of severe anaemia or respiratory distress."
- Describe, then interpret.
- Do not miss out on pallor, edema, BMI/nutritional status, relevant systemic signs including auscultation.

Examiner watches hour you examine :

Clinical examination should demonstrate :

- Consent.
- Privacy.
- Appropriate exposure.
- Positioning.
- Hand hygiene.
- Warm hands.
- Systematic approach.
- Patient comfort.
- Appropriate chaperone.
- Comparison where required.

A technically correct examination performed disrespectfully is still a poor clinical examination.

Obstetric examination :

- Present in a fixed sequence
- Look → Feel → Measure → Map → Listen → Interpret.
- Convert Leopold's manoeuvres into an obstetric picture.
  - The terminology "grips" is obsolete.

Feedback