***Sheet 1***

**College of Medicine**

**Department of Medical Education**

**Objective Structured Clinical Examination**

**(Information for student)**

**Patient Brief Record / Brief Scenario:**

**TASK: (What is expected from a student)**

***Sheet 2***

**College of Medicine**

**Department of Medical Education**

**Objective Structured Clinical Examination**

**Patient’s Scenario/ Instructions to Patient**

***Sheet 4***

**College of Medicine**

**Department of Medical Education**

**Objective Structured Clinical Examination**

**Candidates Name:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Professional behavior (for all cases)**
 | **0** | **1** | **2** |
| 1. **Data Gathering (If Hx Taking to be tested)**
 |  |  |  |
| 1. **Examination (If Clinical examination to be tested)**
 |  |  |  |
| 1. **Management ((If Mgx plan to be tested)**
 |  |  |  |
| **Total****Grades %** |  |  |  |
| **Passed Borderline Failed**  |  |  |  |