



"Workshops on Training of Examiners for OSPE, OSCE & TOACS"

FACILITATORS: Prof. Jamshed Nasir (FMH, Lahore)
 Dr. Nadeem Hafeez Butt (AIMC, Lahore)
 Dr. Robina Sohail (SIMS, Lahore)

ATTENDANCE SHEET

Sr	Institutions	Name of the Faculty Member	Designation		Signature
1.	Allama Iqbal Medical College, Lahore	DR. Nadeem H. Butt	Assoc. Prof.		
2.	Nishtar Medical College, Multan	DR IJAZ KANJU	Professor		
3.	Punjab Medical College, Faisalabad				
4.	Quaid-e-Azam Medical College, Bahawalpur	EJAZ LATIF	PROFESSOR		
5.	Rawalpindi Medical College, Rawalpindi	SYED INTAZ ALI	Prof		
6.	Services Institute of Medical Sciences, Lahore.	INTZAR HUSSAIN	AP		
7.	Sheikh Zayed Medical College, Rahim Yar Khan	MAHMOOD SAJEED	PROFESSOR		
8.	CMH Lahore Medical College, Lahore.	Dr. SABHUDDIN	Associate Prof		
9.	Lahore Medical & Dental College, Lahore	MIAN M. SHAFIQUE	PROFESSOR		
10.	Wah Medical College, Wah Cantt	M. A. Bqal Khan NW	Professor		
11.	Fatima Memorial Hospital College of Medicine & Dentistry Lahore.	Jamshed Nasir	Prof		
12.	College of Medicine & Dentistry, University of Lahore, Lahore.	MAZEER AHMAD ANSI	Professor		
13.	Faisalabad Medical College, Faisalabad	PROF. ZIYAD DIN AHMED DR. AMIR ALI CH	PROFESSOR ASSOC. PROF		
14.	Independent Medical College, Faisalabad				
15.	Sargodha Medical College, Sargodha.	DR. Suhail Mushtaq	Assistant PWB.		

Format for OSPE in Ophthalmology

MBBS Third Professional Examination

OSPE Distribution (For Each Cycle)

- OSPE stations in total 15

- **One Rest Station**

- **Interactive Stations** 04
 - Marks at each station 10
 - Time at each station (minutes) 04
 - Human Resources 01 Internal
01 External
02 Local Observers

 - **Total Marks** 40

- **Static (Non Observed) Stations** 10
 - Marks at each station 05
 - Time per station (minutes) 04
 - **Total Marks** 50

Marking System OSPE Examination

- Total Marks Clinical 100
- OSPE total Marks 90
- Internal assessment 10

Detailed distribution of Ophthalmic topic to be covered in Non Interactive

OSPE

Set of 10 Static OSPE Stations

<u>Sr. No</u>	<u>Subject/Topic</u>	<u>OSPE questions</u>	<u>Percentage</u>
1.	Lid/Adnexa	01	10%
2.	Conjunctiva /Sclera	01	10%
3.	Cornea/Refractive Errors	01	10%
4.	Orbit/Lacrimal apparatus	01	10%
5.	Lens	02	20%
6.	Glaucoma	01	10%
7.	Retina/ Optic Nerve/ Vitreous Humor	01	10%
8.	Medical Ophthalmology / Uveitis	01	10%
9.	Neurophthalmology/Injuries/Strabismus	01	10%
	Total OSPE question	10	100%

General Rules of Conduct of Ophthalmology OSPE 2008

- 1.** Practice / Mock OSPE Test should be conducted in each center before the commencement of MBBS Third Professional Annual 2008 Examinations (October 2008).
- 2.** Sets of 10 Static (Non-Observed) OSPE Questions based on the Table of Specifications attached herewith will be sent to each center.
- 3.** To minimize the possibility of leakage the Internal and External Examiners can choose packets for each day and each session randomly from the set of OSPE Question Packets provided for the entire examination.
- 4.** In case any problem is encountered at any center in the construct / content of any OSPE Question the Internal and External Examiners will have the jurisdiction / authority to make amendments / changes accordingly with written and informed justification with no change in Weightage and Marks of the station.
- 5.** The Internal and External Examiners at each center depending on the Clinical Material / Patients available will set up the 4 Interactive OSPE Stations for each cycle and will provide a comprehensive detail of the same for each cycle to the Examinations Department.
- 6.** Depending on the nature of the 4 Interactive Stations Checklists and Rating Scales will be developed by the Internal and External Examiners and provided to the two observers.
- 7.** The Internal and External Examiners at each center will co-opt two observers from the local faculty.
- 8.** Marking of OSPE Questions will be done the same day and the marks will be transferred to the Award Lists.
- 9.** The OSPE Material for any day including the Response Sheets and the Award Lists will be sent back to the Examinations Department the same day.
- 10.** There will be Two OSPE Sessions each day; Morning Session and an Afternoon Session.
- 11.** In each Session Two OSPE Cycles will be run.

Conduct of OSPE

- The Batches for OSPE will be 30 students strong per Clinical Unit per session.
- All OSPE Questions will be sent by the Department of Examinations (including a soft copy), UHS in sealed confidential envelopes to each center clearly marked for each day of Examination and shall be kept secure in our Regional Safety Lockers at respective centres.
- The sealed confidential envelope containing the OSPE questions for that particular day will be collected from the UHS regional safe locker by both the Internal and External Examiners in the presence of the Principal or his nominee and the Regional Coordinator up to Two hours before the commencement of Examination.
- Each packet of examination material will contain for that particular day the complete set of OSPE questions with keys and instructions for the candidates and the examiners.
- The Practical Answer Books for Static Stations will be sent separately to each centre one for each candidate.
- The candidates are to record their responses on the Practical Answer Books which will be collected at the end of the OSPE session.
- Each batch of the candidates while waiting for the OSPE in the waiting area should be briefed about the OSPE process and the layout of the OSPE hall. They are not to bring any mobile phones or any other technology that could be used for communication within the premises of the examination centre.
- Any student found having mobile phone or any other electronic medium should be removed from the OSPE examination centre and an Unfair Means Case registered against him/ her.
- All candidates will complete a mandatory “Feedback Proforma” and deposit the same confidentially in the sealed collection boxes provided.

OBSERVED STRUCTURED PERFORMANCE EVALUATION *at UHS*



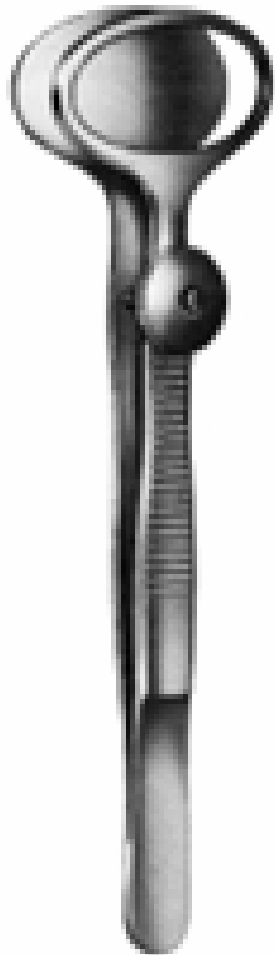
This young lady presented with cosmetic disfigurement of the face due to inability to open right eye present since birth?

1. What is wrong with this lady's right eye give diagnosis
2. What would be the visual acuity in this eye
3. How will you treat this condition

Key

1. Congenital Ptosis (1.5)
2. Amblyopia stimulus deprivation (1)
3. Sling surgery (1.5)

OBSERVED STRUCTURED PERFORMANCE EVALUATION *at UHS*



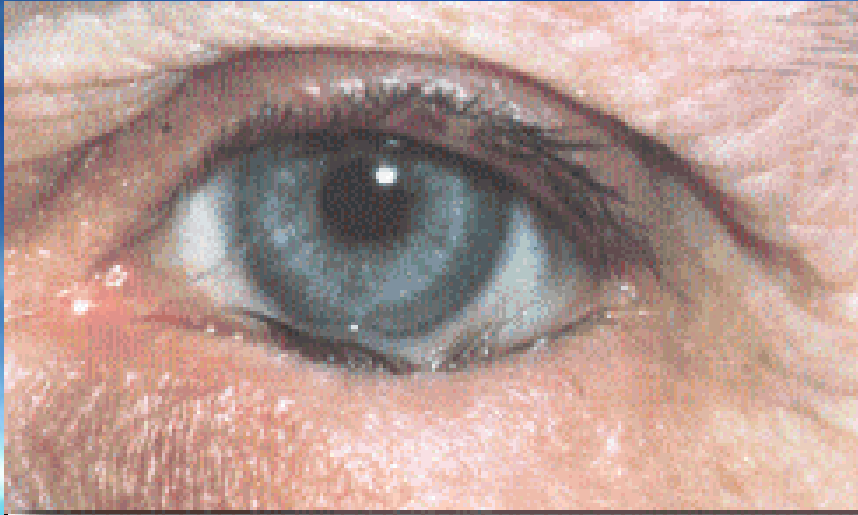
Please look at the instrument given here and answer the questions

1. What is the name of this instrument
2. Name the commonest clinical condition for which this instrument is used for
3. Indicate which side of the instrument, the open or the metallic flat side faces the skin of the lids during the surgery

Key

1. Chalazion Clamp (1.5)
2. Chalazion (1.5)
3. Flat metallic side (1.0)

OBSERVED STRUCTURED PERFORMANCE EVALUATION *at UHS*



This old lady presented with irritation, watering and persistent redness of the left eyes for quite some time. Please look at the picture and answer the questions

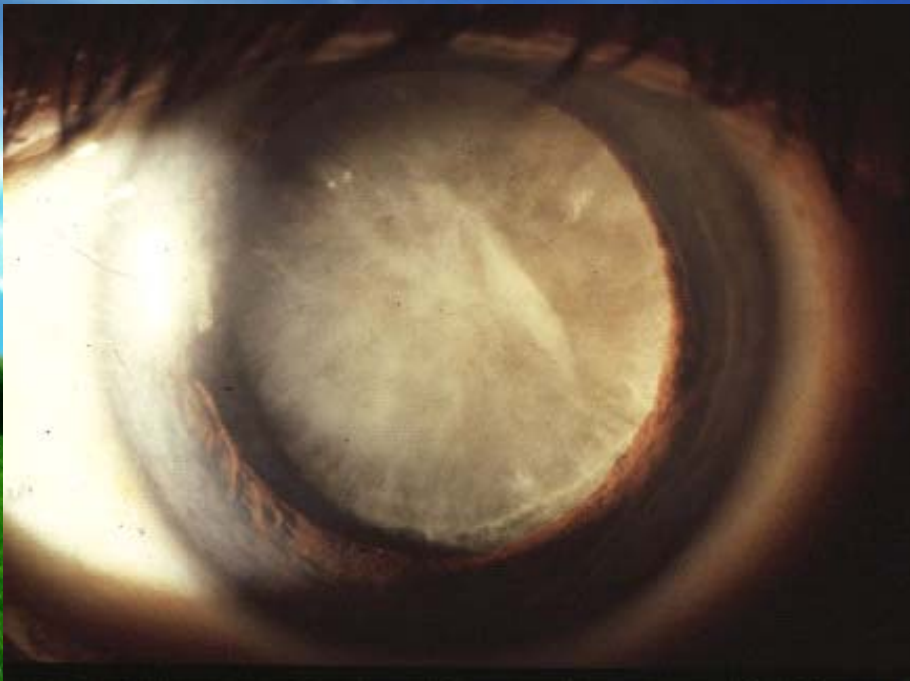
1. What do you think is wrong with this patient
2. If let untreated what do you think would go wrong in due course
3. What is the quick method of treating of this condition

Key

1. Involutional Entropion
2. Corneal ulcer and opacity
3. Transverse everting sutures

OBSERVED STRUCTURED PERFORMANCE EVALUATION at UHS

An old man of seventy years presented with bilateral gross painless visual deterioration. It was gradual and progressive to the extent that there was inability to perform his day to day affairs. Given picture below only show one eye however the finding in the other eye was also alike. With this scenario and the picture given below please answer



- 1. Give three visible clinical finding seen in this picture**
- 2. What surgical procedure is recommended for this patient**
- 3. What approach would you prefer in this case**

Key

- 1. Dilated pupil, arcus and white cataract**
- 2. Cataract Extraction**
- 3. ECCE/ phaco**

OBSERVED STRUCTURED PERFORMANCE EVALUATION *at UHS*



1. What is the diagnosis
2. What is the commonest cause of this ailment after surgery
3. Write three main management plan for this patient

Key 1. Post op endophthalmitis
2. Contamination
3. Topical, systemic and intra vitreal antibiotic therapy after culture report

This middle aged man was operated for cataract extraction and IOL implantation under Local anesthesia. On third post operative day patient complained of pain, redness and visual deterioration in that eye. Examination revealed intensely inflamed eye and hypopyon along with pupillary membrane. In the light of the history and finding please answer

OBSERVED STRUCTURED PERFORMANCE EVALUATION *at UHS*



This middle aged person presented with painless progressive slow central proptosis of Left eye. The ocular movement were normal and the visual acuity along with field of vision were also normal.

- 1. What radiological picture you are looking at?**
- 2. Describe the pathology visible in this picture**
- 3. List two common differential diagnosis you think are appropriate with this history and the picture given here**

Key: 1: CT Scan of the skull and orbit

2: Well circumscribed encapsulated mass at the orbital apex Left

3: Cavernous Haemangioma and Optic nerve glioma

OBSERVED STRUCTURED PERFORMANCE EVALUATION *at UHS*



This fifty year old male has difficulty in face recognition and reading news paper for the last many years. He was investigated for his ophthalmic complaints. Please answer the following questions

1. What investigation is being carried out in this picture
2. Which area of the fundus appears to be defective
3. How this patient can be helped to have better quality of life

Key

1.	Fundus Flourescein Angiography
2.	Macular area
3.	Low vision aids

OBSERVED STRUCTURED PERFORMANCE EVALUATION at UHS

Please look at the following picture and answer the following question



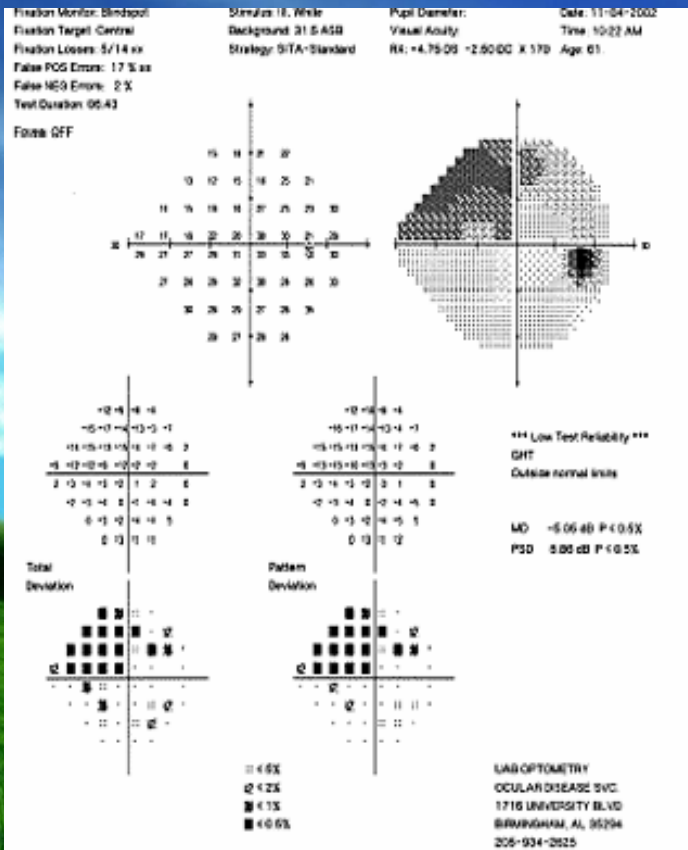
1. Give two abnormal findings seen in this picture
2. Based on the picture findings what is the most probable diagnosis
3. Mention two tests to confirm the diagnosis you have made for this patient

Key:

1. Large optic disc cupping and narrow Neuro retinal rim
2. Glaucoma
3. Intra ocular pressure and central field analysis

OBSERVED STRUCTURED PERFORMANCE EVALUATION *at UHS*

Please look carefully at this picture and answer the following questions



1. What is the name of this test

2. Can you comment on the abnormality seen in this test

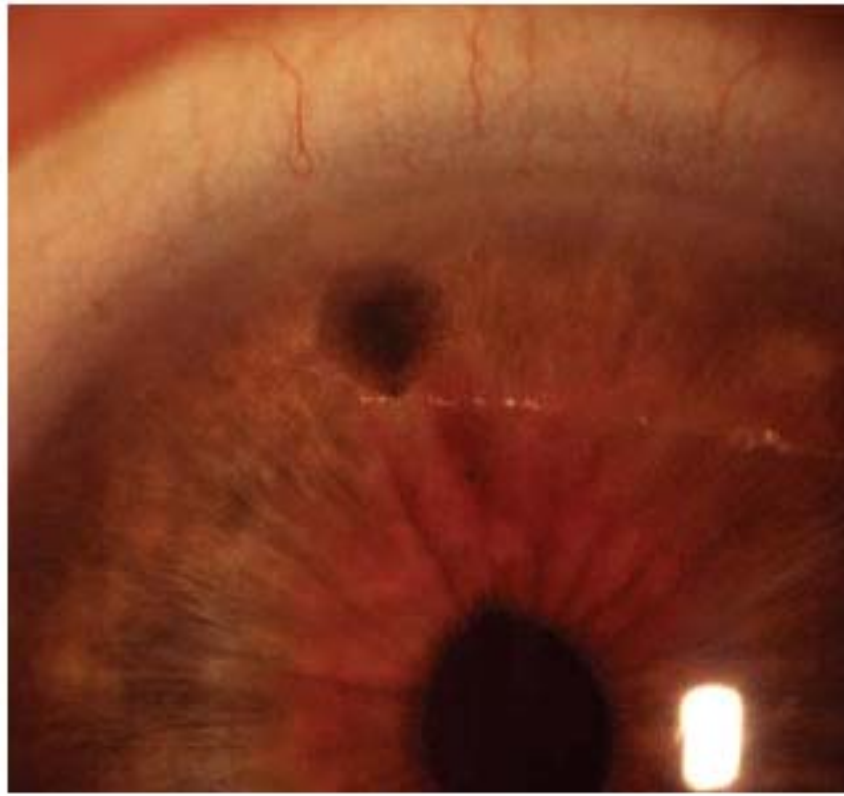
3. For which ocular pathological condition this test is used for

Key:

1. Automated field analysis test report
2. Arcuate field defect superiorly
3. Glaucoma

OBSERVED STRUCTURED PERFORMANCE EVALUATION at UHS

A middle aged obese lady came for refraction. Examination revealed hypermetropia which was corrected with appropriate lenses. During slit lamp examination anterior segment revealed certain findings. By looking at the picture



- 1. What tissue is visible here**
- 2. What is the name of this treatment**
- 3. For which ocular condition this procedure is carried out**

Key:

- 1. Peripheral Iris tissue**
- 2. Laser Iridotomy**
- 3. Angle closure glaucoma**

OBSERVED STRUCTURED PERFORMANCE EVALUATION at UHS

A forty five years old male presented with progressive visual deterioration in both eye. He has been quite ignorant about his health and never had any laboratory test done in the past. His visual acuity was 6/12 in both eyes and not improving. Media was clear and fundi revealed finding almost same in two eyes as is seen here in this picture for one eye

1. Give three retinal finding seen here in this picture
2. Give two clinical conditions which can produce a picture like this
3. What is the most likely diagnosis in this case

**Key: 1. Micro aneurysm,
Hard exudate, intra
retinal hemorrhages
2. Diabetes Mellitus
& Hypertension
3. DM**

