



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

FACILITATORS :

Prof. Muhammad Tayyab (PGMI, Lahore)
 Prof. Asma Tanvir Usmani (RMC, Rawalpindi)
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 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				
2.	Nishtar Medical College, Multan	M. Sameer Akhtar	Professor		<i>[Signature]</i>
3.	Punjab Medical College, Faisalabad	MAHMOOD ALEEM	PROF		<i>[Signature]</i>
4.	Quaid-e-Azam Medical College, Bahawalpur	Dr. Nadeed Fatima	Associate Professor		<i>[Signature]</i>
5.	Rawalpindi Medical College, Rawalpindi				
6.	Services Institute of Medical Sciences, Lahore.	DR RUBINA SOHAIL	ASSOCIATE PROF.		<i>[Signature]</i>
7.	Sheikh Zayed Medical College, Rahim Yar Khan	DR. ZAHOOR AHMAD	Prof of OBG/GY		<i>[Signature]</i>
8.	CMH Lahore Medical College, Lahore.	Dr. Iqbal Shamin	Asst Professor Head of Dept.		<i>[Signature]</i>
9.	Lahore Medical & Dental College, Lahore				
10.	Wah Medical College, Wah Cantt				
11.	Fatima Memorial Hospital College of Medicine & Dentistry Lahore	Dr. Hajira Hanif Dr. Agha Anis	PROFESSOR FMH CMD Assoc. Prof.		<i>[Signature]</i> <i>[Signature]</i>
12.	College of Medicine & Dentistry, University of Lahore, Lahore.	Prof M SALIM MALIK	Head of Dept Prof.		<i>[Signature]</i>
13.	Faisalabad Medical College, Faisalabad	Saadia Khan Shakeela Irfan FAUZIA MAQSOOD Dr. Shanida Khalid	ASSOCIATE-PROF ASSISTANT PROF ASSOCIATE PROF. S.R		<i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i>
14.	Independent Medical College, Faisalabad	Dr. Saima Qureshi	A.P		<i>[Signature]</i>
15.	Sargodha Medical College, Sargodha.	Dr. Humaira Akram	AP		<i>[Signature]</i>

Format of OSPE

MBBS Final Professional

OBSTETRICS AND GYNAECOLOGY

OSPE

Total Marks 75

Total Stations 20 (05 Rest Stations)

05 Minutes at Each Station

05 Marks at Each Station

Out of 15, 08 stations will be of Obstetrics and 07 stations will be of Gynaecology. In these 15 stations, 05 stations will have to be interactive stations.

Long Case x 2

60 (30 Internal + 30 External)

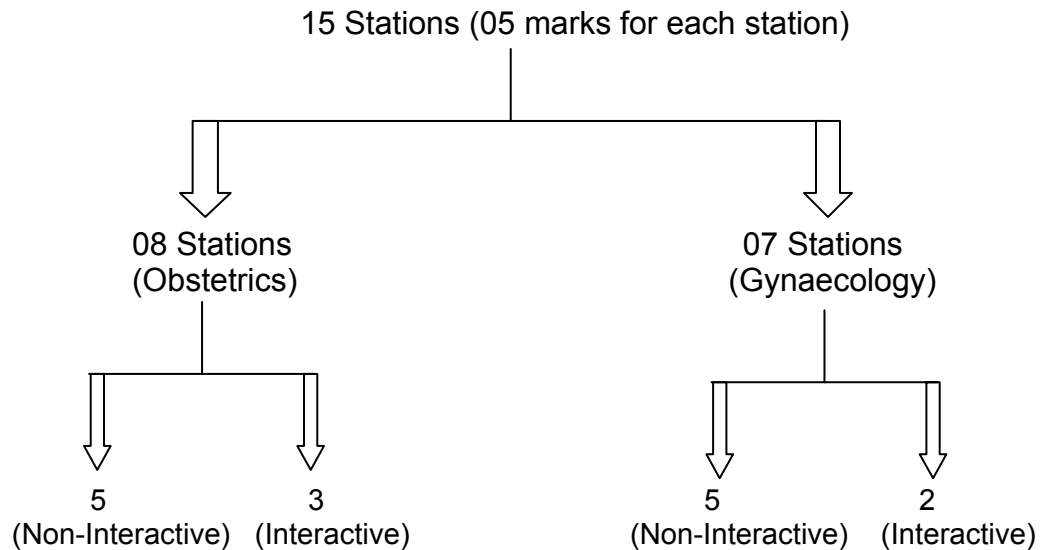
One Long case of Obstetrics and One of Gynaecology
(Compulsory Requirement)

**Internal
Assessment**

15

Total Marks

150



Conduct of OSPE

- OSPE shall replace Table Viva in the Oral and Clinical Examination in the subject of Obstetrics and Gynaecology in MBBS Final Professional from Annual 2008.
- The Batches for OSPE will be 20 students strong per Clinical Unit each and the same batch will be examined in the clinical competence on the same day.
- This means that in Institutions where there are two Clinical Units 40 students will undergo OSPE and Clinical Examination on any particular day.
- 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 (Gynae / Obs Unit).
- In each unit and in all centers the OSPE will be started simultaneously at 9:00 a.m.
- The coordinator / organizer will be appointed by the Internal Examiner in consultation with the External Examiner and the name of the same will be provided to the University each day in writing.
- Traffic within the OSPE area will be minimized during the Examination.
- All OSPE Questions will be sent by the Department of Examinations 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 centers.
- Where Regional Safety Lockers are not available the Principal / Head of Institution shall ensure safe keeping / security / confidentiality of the OSPE Question Sets.
- Each sealed confidential envelope will contain the 05 Interactive / Observed and 10 Static questions, complete with keys and clear instructions for the candidate, the examiner and the organizer/ convener as well as the checklists and rating scales for the Interactive Stations.
- In case of any ambiguity or problem related to any question or part thereof the Internal and External Examiners at any center will have the authority / jurisdiction to make necessary amendments / changes on intimation to the Department of Examinations.
- Where an amendment / change has been made the Internal and External Examiners shall provide justification in writing to the Department of Examinations UHS at the end of the Examination.
- There will be 05 Interactive / Observed stations on each day of examination.
- For the observed stations a checklist will be provided for the raters for objective rating of the candidate.

- For any particular day of Examination the same OSPE questions will be sent to each center to maintain standardization.
- The sealed confidential envelope containing the OSPE questions for that particular day will be collected from the UHS Regional Safe Locker / Principal Office by the Convener, 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.
- 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.
- The Internal and External Examiners will evaluate the responses of each candidate on the same day and transfer the awards on to the 'Practical Awards List' and submit it the same day to the Department of Examinations including all other Examination material that was sent by the Examination Department.
- The Internal and External examiners shall divide the questions equally between each other for marking.
- 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.
- Each candidate before leaving the OSPE Hall will fill in a Mandatory Feedback Proforma which will be deposited by candidates in sealed confidential boxes provided by the UHS and shall be returned to the Examinations Department the same day together with the Award List and the OSPE Response Sheets.
- It is proposed that a number of practice sessions should be held, up to the commencement of clinical examinations to familiarize both the candidates as well as the examiners in conducting OSPE.

Instructions to Examiners for OSPE

Introduction to OSPE

Objective structured practical examination will replace table viva. OSPE will consist of twelve stations, six of Obstetrics and six of Gynecology. There will be ten static non observed stations and two observed stations. Each subject, Obstetrics and Gynaecology, has been divided into sections, as shown in the table. The objective is to cover the entire subject matter. The examiner preparing the OSPE will prepare, one OSPE from each section. The time allocated to each station will be 5 minutes. Out of the 5 Interactive Stations at least 1 station should be structured on “Counseling”.

no.	Obstetrics Stations	06	Gynecology Stations	06
1	Anatomy of pelvis & fetal skull and physiological changes in pregnancy	1	Anatomy & Physiology of female genital tract	1
2	Antenatal care, malpresentation and malposition and demographic indicators of Pakistan	1	Benign tumours of the genital tract	1
3	Labour (mechanism, management, stages, normal, abnormal)	1	Reproductive endocrinology (infertility, endometriosis, PCOS) & other Gynecological conditions such as Urogynecology, Uterovaginal prolapsed, Fistulas.	2
4	Medical disorders in pregnancy and tests for fetal wellbeing and newborn care	2	Malignant tumours of the genital tract	1
5	Maternal mortality and its causes - Obstetrical hemorrhage (APH, PPH), Eclampsia, obstructed labour, abortion, puerperal sepsis)	2	Contraception	1
6	Operative obstetrics	1	Operative Gynecology	1

Resources used in each station can be selected from the resource list. It can also be increased according to the availability of further resources.

Resource list

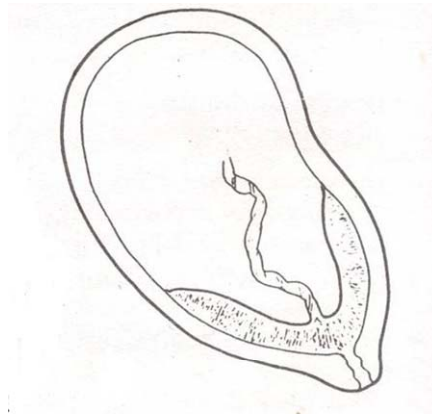
- Counseling
- Scenario
- Lab report
- Instrument
- Specimen
- Picture
- Traces CTG
- Partogram
- Contraceptives
- Graphs
- USG pictures
- X-rays
- Dummies
- Operation
- Movie clip
- Endoscopic findings
- Antenatal card
- Operative notes

OSPE Model Paper Obstetrics & Gynecology

Time 5 mins at each station

STATION 1 - Static

Q1. This is a picture of a 30 year old G5P4+0 presenting at 34 weeks with painless vaginal bleeding. What is the diagnosis? (0.5)



Q2. Enumerate and define its different types? (2)

Q3. What are the maternal risks associated with it? Enumerate any three. (1.5)

Q4. How will you deliver this patient?(0.5)

Q5. Will you do a pelvic examination in this patient? (0.5)

Key : STATION 1 Placenta previa

A1. Placenta previa

A2. Grade 1: The placenta is in the lower segment but the lower edge does not reach the internal os.

Grade 2: The lower edge of the low lying placenta reaches but does not cover the internal os

Grade 3: The placenta covers the internal os asymmetrically

Grade 4: The placenta covers the internal os symmetrically

A3. Maternal mortality 0.1%

Postpartum haemorrhage

Anaesthesia & Surgical complications

Air embolism

Postpartum sepsis

Pl. accreta

Recurrence rate 4-8%

A4. By C/S

A5. No

STATION 2 - Static

Q1. Identify the following specimen. (1)



Q2. What are its uses? Enumerate any three (1.5)

Q3. What are the steps of diagnostic D&C?
Briefly outline them (2.5)

Key: STATION 2 - Sim's speculum

A1. Sim's speculum

A2. 1. DIAGNOSTIC:

- a) Inspection of vaginal walls and cervix
- b) Diagnostic D&C
- c) VVF

2. THERAPEUTIC:

- a) E&C
- b) Minor vaginal and cervical surgical indications
- c) Vaginal hysterectomy

A3. 1. G/A

2. Lithotomy position
3. Cleaning and draping
4. EUA
5. Retract posterior vaginal wall with Sim's speculum
6. Hold anterior lip of cervix with volsellum forceps
7. Pass uterine sound
8. Dilate cervix with Hegar's dilator
9. Explore uterine cavity with sponge holding forceps
10. Curette with sharp curette
11. Send specimen for H/P

STATION 3 - Static

Q1. A 24 year old P0+0 presents with oligomenorrhea for 4 years. Her USG report shows polycystic ovaries. What are the other symptoms with which this condition can present? Name three
(1.5)

Q2. How will you treat her menstrual irregularity?
(1.5)

Q3. How will you treat her primary infertility? (2)

Key: STATION 3 - PCOD

- A1. Hirsutism
 - Weight gain
 - Infertility
- A2. Weight reduction
 - OCP's/Diane 35 or
 - Progestogens alone
- A3. Baseline investigations of infertility
 - Weight reduction/ Metformin
 - Ovulation induction for 6 months
 - If fails...IUI 6 cycles
 - If fails...IVF/ICSI

STATION 4 - Static

Q1. A G2P1+0 presents with hyperemesis gravidarum. Her USG at 7 and 10 weeks shows the following reports. What is the diagnosis?

(1)

7 wks



10wks



Q2. What are the antepartum maternal complications of this condition?

Enumerate three

(1.5)

Q3. What are the antepartum fetal complications of this condition?

Enumerate three

(1.5)

Q4. What are the features on abdominal examination suggestive of this condition?

Key: STATION 4 - Twin pregnancy

A1. Twin pregnancy

A2. Hyperemesis gravidarum

PIH

Gestational diabetes

Anemia

APH

Increased chances of hospitalization

A3. Congenital anomalies

Single fetal death

TTTS

TRAP

IUGR

A4. INSPECTION: Excessive abdominal distension

PALPATION: FH larger than expected for duration of gestation

Multiple fetal parts palpable

Two fetal poles/ Two fetal heart beats

STATION 5 - Static

Q1. A 35 year old P4+2 presented to OPD with foul smelling vaginal discharge and postcoital bleeding. What is the D/D? (1.5)

Q2. On examination you observe the following finding. How will you investigate her? (1)



Q3. If H/P turns out to be squamous cell carcinoma of cervix, outline treatment plan? (1.5)

Q4. What is the name of surgery for cervical carcinoma? (0.5)

Q5. Will you remove ovaries during this surgery? (0.5)

Key: STATION 5 - Cervical CA

A1. Infections

Benign / malignant growth of cervix

Benign/malignant growth of endometrium

A2. EUA

Cervical biopsy

A3. Staging

Treatment according to stage:

Surgery

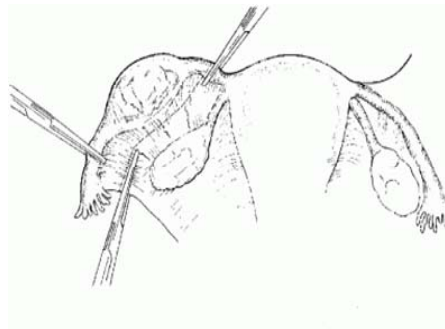
Chemoradiotherapy

A4. Wertheim's hysterectomy

A5. No

STATION 6 - Static

Q1. A 24 year old woman presented with amenorrhea of 6 weeks and lower abdominal pain for 2 days. The following procedure is being done on her. What is the likely diagnosis? (1)



Q2. What are the risk factors for this condition? Enumerate any three (1.5)

Q3. What are the common sites of location of this condition? Enumerate three (1.5)

Q4. Give two investigations helpful for diagnosis of ectopic pregnancy? (1)

Key: STATION 6 - Ectopic pregnancy

A1. Ectopic pregnancy

A2. Maternal age

Previous ectopic pregnancy

Pelvic surgery

PID

IUCD

A3. Fallopian tube

Ovary

Broad ligament

Uterosacral ligament

Pouch of Douglas

Abdomen

A4. B-hCG

Transvaginal USG

Laparoscopy

STATION 7 - Static

Q1. A PG presents at 20 weeks gestation with the following GTT report. What is the medical problem the patient is suffering from? (1)

Fasting BSL	130
mg/dl	
1 hr postprandial BSL	200 mg/dl
2 hr postprandial BSL	165 mg/dl

Q2. What are the risk factors for the development of this condition in pregnancy? Name two (1)

Q3. What are the maternal complications of this pregnancy? Enumerate any three (1.5)

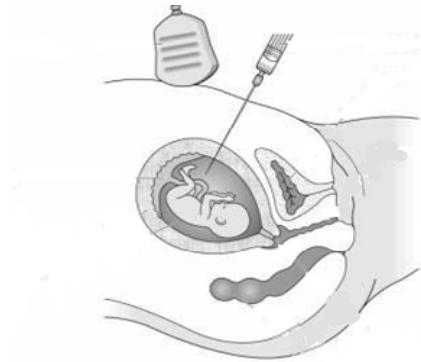
Q4. What are the neonatal complications of this pregnancy? Enumerate any three (1.5)

Key: STATION 7 - Diabetes in pregnancy

- A1. Gestational diabetes
- A2. Obesity
 - Family history
 - Previous baby > 4.5 kg
 - Previous unexplained stillbirth
 - Previous congenital abnormality
- A3. Nephropathy (temporary worsening)
 - Retinopathy (progression)
 - Hyperglycemia/ hypoglycemia/ ketoacidosis
 - Infections
 - Pre-eclampsia
 - Polyhydramnios/ preterm labour
 - Increased chances of operative delivery/ C/S
- A4. Macrosomia:
 - birth asphyxia
 - traumatic birth injury
 - RDS
 - Hypoglycemia
 - Hypomagnesemia
 - Hypocalcemia
 - Hyperbilirubinemia
 - Polycythemia

STATION 8 - Static

- Q1. What is the procedure being done in the picture below? (1)



- Q2. Define this procedure? (0.5)
- Q3. When is this procedure done? (1)
- Q4. What is the main risk associated with this procedure? (1)
- Q5. In whom should this procedure be done? Enumerate any three (1.5)

Key: STATION 8 - Amniocentesis

A1. Amniocentesis

A2. Amniocentesis is a procedure in which a small amount of the amniotic fluid surrounding the fetus is removed by passing a fine needle through the mother's abdomen

A3. After 15 weeks gestation

A4. Risk of miscarriage..1%

A5. Women who:

1-have received a high-risk screening result from a blood test for Down syndrome.

2-have missed screening for Down syndrome and they are over a certain age (typically over 35 years). This is because the risk of having a baby with Down syndrome increases as a woman gets older.

3-have received a result from a scan which shows certain features, such as fluid collection at the back of the baby's neck (nuchal translucency), or a heart defect which indicates the baby may have a chromosomal abnormality. This may be found on a scan at 20 weeks.

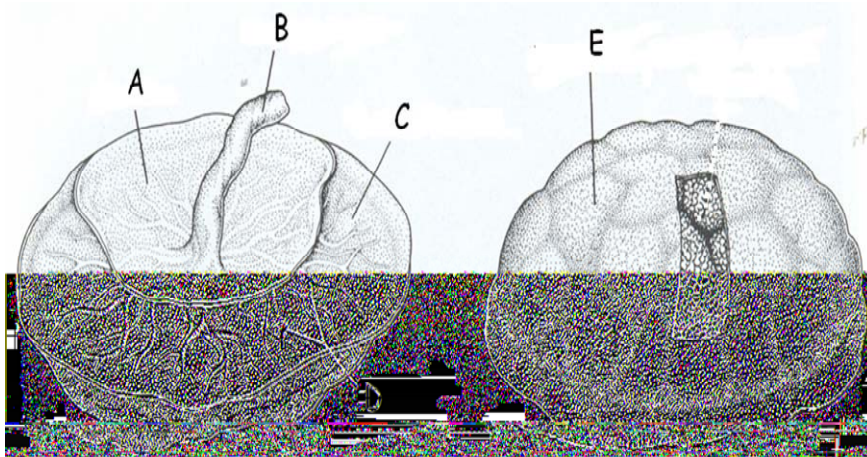
4-have had a previous pregnancy affected with a disorder.

5-have one or more relatives affected with a genetic disorder.

6-want to know for certain whether the baby has a disorder

STATION 9 - Static

Q1. Identify the following components of the placenta
(1 each)



Key: STATION 9 - Placenta

- A. Amnion
- B. Umbilical cord
- C. Chorionic plate
- D. Chorionic vessels
- E. Cotyledon

STATION 10 - Static

Q1. This is a picture of a 30 year old P0+0 who presents with the complain of dysmenorrhea, dyspareunia and chronic pelvic pain for last 5 years. What is the most likely diagnosis? (1)



Q2. What is the gold standard investigation for diagnosis of this condition? (1)

Q3. What are the treatment options for this patient? (3)

Key: STATION 10 - Endometriosis

- A1. Endometriosis
- A2. Laparoscopy
- A3. Medical:
 - GnRH analogues
 - Progestogens alone
 - Danazol/ Gestrinone
- Surgical:
 - Adhesiolysis
 - Ablation of endometriotic spots
 - Enucleation of endometriotic cysts
- For infertility:
 - Ovulation induction
 - IUI/ IVF/ ICSI

STATION 11 (Interactive)

- Q. Perform General Physical Examination on this patient. (05)

Key: Station-11 (Interactive)

Key:

1.	Introduction	1/4
2.	Explanation	1/4
3.	Stand on R side of patient	1/4
4.	Privacy (ask for screen) if not present	1/4
5.	Pulse	1/2
6.	B. p.	1/2
7.	Temp	1/4
8.	Look for pallor (palm of hand, conjunctiva)	1/2
9.	Look for jaundice (sclera of eyes)	1/4
10.	Clubbing, Koilonychias	1/4
11.	Thyroid (asking the patient to swallow)	1/2
12.	Palpation of cervical lymph nodes	1/2
13.	Feel the spine	1/4
14.	Pitting edema (2cm above ankle)	1/2

STATION 12 (Interactive)

- Q1. This is a patient who has delivered a baby 6 hours back. Now you are going to discharge her. Counsel her about postnatal care. 05

Key: Station-12 (Interactive)

Key:

1.	Introduction	1/2
2.	Sympathetic approach	1/2
3.	Explanation about	
	- Procedure done	1/2
	- Care of episiotomy	1/2
4.	Advice about nutrition	1/2
5.	Explanation of medicines	1/2
6.	Care of baby	1/2
7.	Breastfeeding	1/2
8.	Counselling about vaccination	1/2
9.	Contraception	1

