



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

FACILITATORS :

Prof. Arif Mehmood Siddiqui (AIMC, Lahore)  
 Prof. Aziz Ur Rehman (SIMS, Lahore)  
 Dr. Nadeem Hafeez Butt (AIMC, Lahore)  
 Dr. Syed Hasan Shoaib (RMC, Rawalpindi)

**ATTENDANCE SHEET**

Sr	Institutions	Name of the Faculty Member	Designation	[Redacted]	Signature
1.	Allama Iqbal Medical College, Lahore	ARIF SIDDIQUI	PROF MED	[Redacted]	[Signature]
2.	Nishtar Medical College, Multan				
3.	Punjab Medical College, Faisalabad	Ahmed Bilal	Prof. Med	[Redacted]	[Signature]
4.	Quaid-e-Azam Medical College, Bahawalpur	Mohammad Usman	Prof. medicine	[Redacted]	[Signature]
5.	Rawalpindi Medical College, Rawalpindi	Nusrat	Prof. Med	[Redacted]	[Signature]
6.	Services Institute of Medical Sciences, Lahore.	AZIZ-UR-REHMAN	Prof. Med	[Redacted]	[Signature]
7.	Sheikh Zayed Medical College, Rahim Yar Khan	Prof. Fatima Mehabob	Prof. Fatima Head of Sh. Zayed Medical Dept.	[Redacted]	[Signature]
8.	CMH Lahore Medical College, Lahore.				
9.	Lahore Medical & Dental College, Lahore	NUSRAT ULLAH-CHAUDRY	Prof of med	[Redacted]	[Signature]
10.	Wah Medical College, Wah Cantt	WASIM UDDIN	Prof. of Med.	[Redacted]	[Signature]
11.	Fatima Memorial Hospital College of Medicine & Dentistry Lahore	Prof. Humayun Nazki Prof. Ahmad Shuja Khan	Prof. Medicine Prof. Medicine	[Redacted]	[Signature]
12.	College of Medicine & Dentistry, University of Lahore, Lahore.	Khalidur Rehman	Prof. of Medicine	[Redacted]	[Signature]
13.	Faisalabad Medical College, Faisalabad	Prof. D. IRSHAD UL-HAQ Dr. HABIB SUBHANI	Professor of medicine Assistant Prof.	[Redacted]	[Signature]
14.	Independent Medical College, Faisalabad	Dr. Mohammad Saad Akhtar Dr. Muhammad Badar	ASST Prof IMC PSD A-1 and Surgeon of medicine Dept.	[Redacted]	[Signature]
15.	Sargodha Medical College, Sargodha.	Prof. Arif	Prof.	[Redacted]	[Signature]

**Format of OSPE**  
**MBBS Final Professional**

**MEDICINE**

**OSPE**

**Total Marks 65**

**Total Stations 15 (02 Rest Stations)**

**05 Marks at Each Station**

**04 Minutes at Each Station**

➤ **Static Stations**

**11**

09 Internal Medicine according to the Curriculum  
01 each for the two sub-specialties  
(Dermatology, Psychiatry)

➤ **Interactive /  
Observed Stations**

**02**

Internal Medicine and Trauma Only

**Short Cases**

**Total Marks 120**

**At least 04**

**Long Case**

**Total Marks 90**

**Grand Total**

**275**

## **Conduct of OSPE**

- OSPE shall replace Table Viva in the Oral and Clinical Examination in the subject of Medicine in MBBS Final Professional from Annual 2008.
- The Batches for OSPE will be 15 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 four Clinical Units 60 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 (Medical 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 02 Interactive / Observed and 11 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 02 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.
- 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.

# OSPE

Model Paper

M.B; B.S.

Final Professional Examination 2008

MEDICINE

University of Health Sciences, Lahore

## **INSTRUCTIONS**

*(This page is to be given to the students when they enter the examination area of OSPE)*

1. Please read the questions carefully and answer **ONLY** what is asked.
2. Use specific terms where possible.
3. Be precise and to the point.
4. All stations carry equal marks
5. Leave the answer sheet on the table/ Fold and put it in the box or carry to the next station (to be decided in the meeting)
6. Once OSPE starts you will not

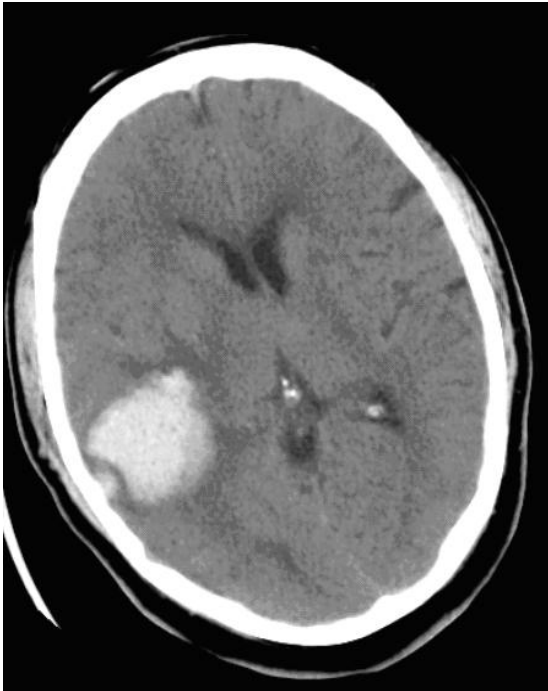
1. Look at the pictures of a 25 year old woman complaining of difficulty in closing one eye:



- a) What condition does she have?
- b) What is the neurological deficit?
- c) On which side is the lesion?

**TOPIC SPECIFICATION: NEUROLOGY**

2. This 45 year old hypertensive male was brought to the emergency with sudden excruciating headache and loss of consciousness.



- a) What is the abnormality seen on CT scan of the brain?
- b) Name two common causes.
- c) List 2 steps in management.

TOPIC SPECIFICATION: NEUROLOGY



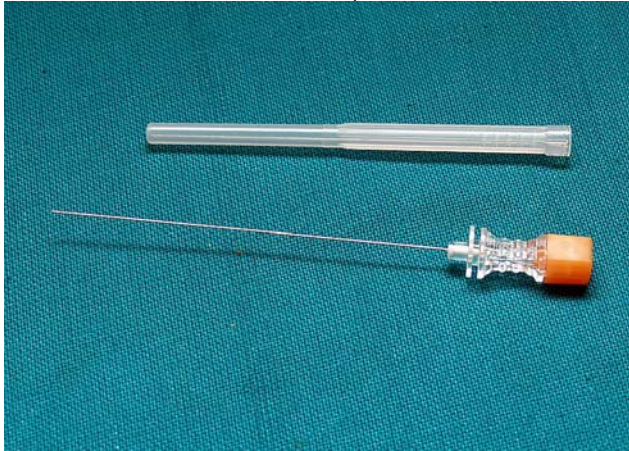
3. This forty five year old female has had pain and stiffness of several joints in the body for a decade.



- a) What is the diagnosis
- b) Name two drugs used to modify the disease
- c) Name one physical abnormality seen in the picture

TOPIC SPECIFICATION: RHEUMATOLOGY

4. Look at this instrument/picture (*the actual instrument should be shown*)



- a) What is this instrument called?
- b) Give three important indications.
- c) Give three important contraindications.

TOPIC SPECIFICATION: INSTRUMENT IDENTIFICATION

5. Drug identification: *(the actual drug should be pre be*



*provided)*

- a) List three important side effects of the given drugs.
- b) List three important indications.
- c) What will happen to serum cortisol level after its administration?

**TOPIC SPECIFICATION: DRUG IDENTIFICATION**

6. Look at the picture of a 25 year old man complaining of a painful and itchy rash on the chest.

a) Identify the lesion.

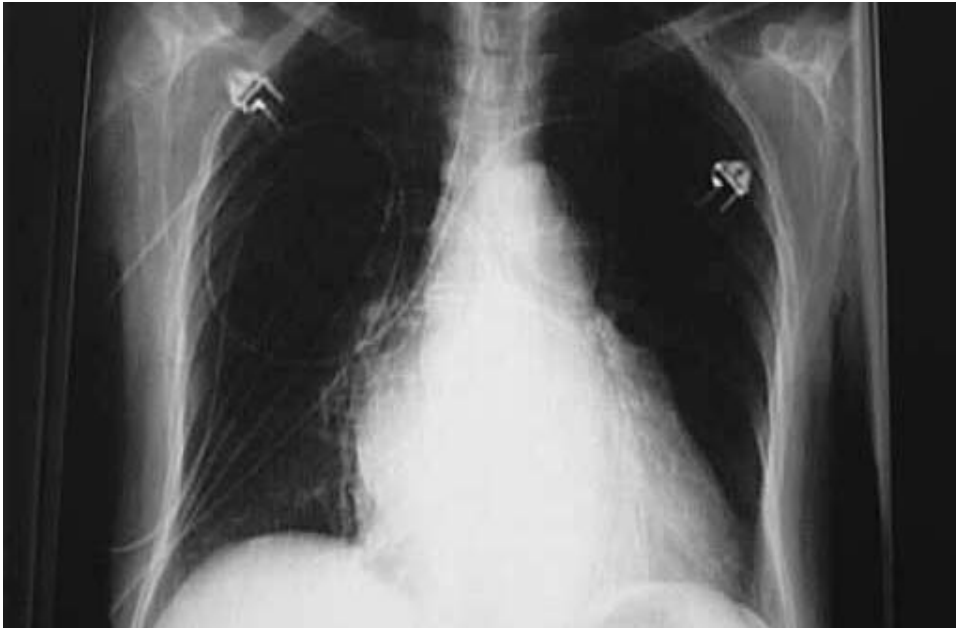
b) What is the causative microorganism.

c) Name one specific therapy.



TOPIC SPECIFICATION: DERMATOLOGY

7. This chest X-ray is of a 27 year old lady who presented with dyspnoea. On examination there is irregular pulse and a murmur on the mitral area.



- a) Name two X-ray abnormalities.
- b) What is the most likely underlying valvular lesion?
- c) What is the commonest cause of this lesion in Pakistan?

**TOPIC SPECIFICATION: CARDIOLOGY**

8. A 35 year old female presents with weight loss and tremors. On examination she is looking extremely agitated and has fine tremors of the fingers.



- a) What is the most likely diagnosis?
- b) Name three physical signs which are present in this patient.
- c) List two investigations.

**TOPIC SPECIFICATION: ENDOCRINOLOGY**

9. Counseling station interactive station.

This 45 year old obese lady who is a known diabetic has presented to you with a fasting blood sugar level of 220 mg/dl. Please counsel her regarding her illness.

**TOPIC SPECIFICATION: COUNSELLING/ DIABETES**

10. The X-ray shown is of a 40 years old man who presented with chest pain and dyspnoea.



- a) What is the abnormality on this x-ray.
- b) Name two physical findings you would expect in this patient.
- c) What is the emergency management?

**TOPIC SPECIFICATION: PULMONOLOGY**



11.(Observed station)

**SIMULATED PATIENT**

Examiner's opening statement. "This 30 year old gentleman has presented to the emergency with haematemesis. How would you proceed to manage this patient?"

**TOPIC SPECIFICATION: GASTROENTROLOGY**

12. This is the laboratory report of a 55 year old man who had poorly controlled diabetes and hypertension for the last 20 years.

- pH 7.1
- pCO<sub>2</sub> 20 mmHg
- pO<sub>2</sub> 90 mmHg
- HCO<sub>3</sub> 10 mEq/l
- Blood glucose 176 mg/dl
- Potassium 6.1 mEq/l
- Sodium 132 mEq/l
- Blood urea 210 mg/dl

- a) What acid base disorder is present?
- b) What is the underlying cause of these metabolic abnormalities?
- c) List two definitive treatments for the underlying condition.

TOPIC SPECIFICATION: NEPHROLOGY

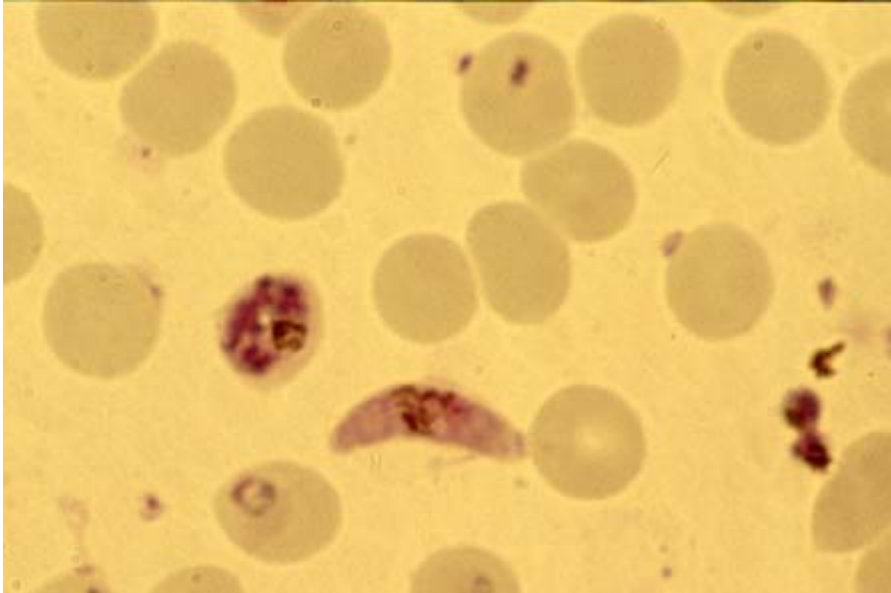
13. A 20 year old woman has presented to the psychiatry outpatients department accompanied by her mother. She complains of hearing voices in her head threatening to poison her, and commenting upon her every move. She has had these complaints for last 7 months and her family believes that she is possessed by *jins*.

a) What is the most likely diagnosis?

b) Name 2 drugs used in treatment?

TOPIC SPECIFICATION: PSYCHIATRY

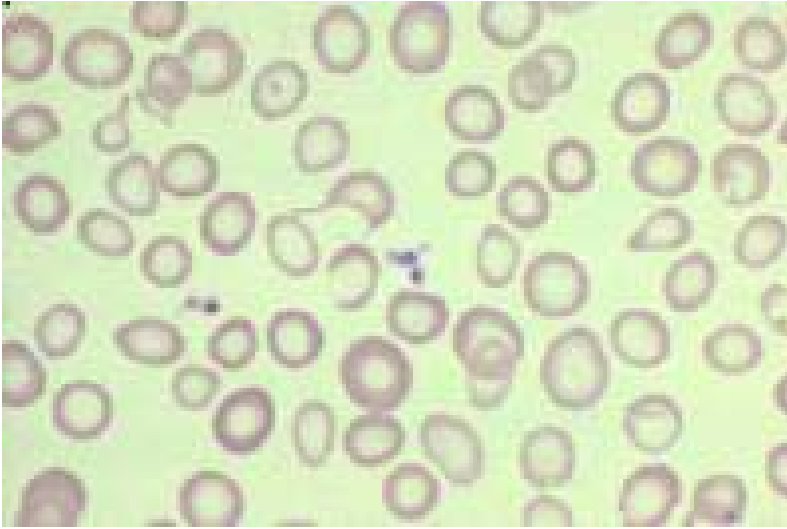
14. A 17 year old boy has presented with a febrile illness which recurs every third day. The fever is high grade and accompanied by chills and rigors. This is the peripheral blood smear of this patient.



- a) What abnormality is seen in this blood smear?
- b) Name 2 drugs used in its treatment.
- c) Name one important complication.

**TOPIC SPECIFICATION: INFECTIOUS DISEASES**

15. A 40 year old mother of 6 children has had menorrhagia for several months. This is her peripheral blood smear.



- a) What does this peripheral smear show?
- b) What is the most likely cause in this patient?
- c) What laboratory tests you will perform to confirm the diagnosis?

**TOPIC SPECIFICATION: HEMATOLOGY**

## KEY/Typical answer

Q	Answer
1	a) Right sided facial palsy b) Flattened nasolabial fold on right side and shifting of angle of mouth toward unaffected side
2	a) Hyperdense opacity in temporal lobe b) Hypertension and congenital arteriovenous malformations/aneurisms c) Mannitol, NG tube and Foley's catheterization
3	a) Rheumatoid arthritis b) Methotrexate, leflunomide, quinine, sulphasalazine etc. c) Ulnar deviation
4	a) Lumbar puncture or spinal puncture needle b) Meningitis, encephalitis, subarachnoid haemorrhage c) Raised ICP, local sepsis and extremely restless patient
5	a) Water retention, hyperglycaemia and osteoporosis b) Severe attack of bronchial asthma, raised ICP due to tumor and anaphylaxis
6	a) Typical lesion of Herpes Zoster b) Herpes Zoster Virus/ chicken pox virus c) Acyclovir
7	a) Enlarged cardiac shadow and convexity in left upper border (mitralization) b) Mitral stenosis/regurgitation c) Rheumatic heart disease/rheumatic fever in childhood
8	a) Hyperthyroidism due to Grave's disease b) Tachycardia, diffuse enlargement of thyroid gland and a bruit over thyroid c) TFTs i.e. T4, T3, TSH and Iodine uptake test or thyroid USG

9	a) Explains about the normal fasting sugar value and significance of exercise, diet and proper medication
10	b) Pneumothorax c) Intubation or chest puncture with any needle suspicion of tension pneumothorax d) Decreased breath sounds and resonant percussion
11	a) History, physical examination b) I/V line, blood transfusion, coterie infusion. c) When stable USG, endoscopy and sclerotherapy or banding if varicies
12	a) Metabolic acidosis b) Renal failure c) Dialysis (peritoneal followed by haemodialysis), renal transplant
13	a) Schizophrenia b) Haloperidol, phenothiazines or atypical anti psychotics
14	a) RBCs containing malarial parasites b) Chloroquine, quinine, halofantrine or artemether (any two should be accepted correct)
15	a) Severely hypochromic and microcytic picture b) Chronic iron deficiency c) Pallor, koilonychia and atrophic tongue







**University of Health Sciences, Lahore**  
**MBBS Final Professional**  
**Annual / Supplementary Examination, 200\_\_\_\_\_**  
**Award List for Medicine**

**College:** \_\_\_\_\_

**Centre:** \_\_\_\_\_

Roll No.	OSPE (Max Marks 65)														Short Cases (Max Marks 120)	Long Case (Max Marks 90)	Total	Grand Total (Max Marks 275)		
	1	2	3	4	5	6	7	8	9	10	11	12	13	Total				Figures	Words	

**Examiner: External** \_\_\_\_\_