



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

FACILITATORS : Prof. Javed R. Gardezi (SIMS, Lahore)  
 Prof. Mehmood Ayyaz (SIMS, Lahore)  
 Dr. Robina Sohail (SIMS, Lahore)

**ATTENDANCE SHEET**

Sr	Institutions	Name of the Faculty Member	Designation	[Redacted]	Signature
1.	Allama Iqbal Medical College, Lahore	Prof M. I. Rasool	Prof of Surgery	[Redacted]	[Signature]
2.	Nishtar Medical College, Multan	DR. AKHTAR ALI TAHIR	Professor of Surgery	[Redacted]	[Signature]
3.	Punjab Medical College, Faisalabad	DR. TAHIR YUSAF AHMAD SHAIK	Prof of Surgery	[Redacted]	[Signature]
4.	Quaid-e-Azam Medical College, Bahawalpur	FAROOQ AHMED	PROFESSOR OF SURGERY	[Redacted]	[Signature]
5.	Rawalpindi Medical College, Rawalpindi	ASIF ZAFAR MAUK	Prof of Surgery	[Redacted]	[Signature]
6.	Services Institute of Medical Sciences, Lahore.	ROBINA SOHAIL MAHMOOD AYYAZ	Assoc Prof	[Redacted]	[Signature]
7.	Sheikh Zayed Medical College, Rahim Yar Khan	CAPT. RASHID AHMAD	Professor Surgery	[Redacted]	[Signature]
8.	CMH Lahore Medical College, Lahore.	BRIG-DR. MUHAMMAD AHMED	Asst Prof of Surgery	[Redacted]	[Signature]
9.	Lahore Medical & Dental College, Lahore	DR. TAHIR AHMAD SHAIK	Prof of Surgery	[Redacted]	[Signature]
10.	Wah Medical College, Wah Cantt	Goufard Mahmood Malik	Professor of Surgery / Principal	[Redacted]	[Signature]
11.	Fatima Memorial Hospital College of Medicine & Dentistry Lahore	Prof. M. H. Qandoo	Professor	[Redacted]	[Signature]
12.	College of Medicine & Dentistry, University of Lahore, Lahore.	WASEEN AHMAD	PROFESSOR OF SURGERY	[Redacted]	[Signature]
13.	Faisalabad Medical College, Faisalabad	DR. RASHID AHMAD	Professor	[Redacted]	[Signature]
14.	Independent Medical College, Faisalabad	DR. M. Abid Basim DR. Abid Rashid DR. AWAIS SHUJA	Asst Prof	[Redacted]	[Signature]
15.	Sargodha Medical College, Sargodha.			[Redacted]	



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

**SURGERY**

**OSPE**

**Total Marks 55**

**Total Stations 13 (02 Rest Stations)**

**05 Marks at Each Station**

**05 Minutes at Each Station**

➤ **Static Stations**

**09**

05 General Surgery

01 each of the four sub-specialties

(Anaesthesia, Urology, Neurosurgery, Orthopaedics)

➤ **Interactive /  
Observed Stations**

**02**

General Surgery and Trauma Only

**Short Cases**

**Total Marks 100**

**At least 03**

**Long Case**

**Total Marks 70**

## **Conduct of OSPE**

- The Batches for OSPE will be 13 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 52 students will undergo OSPE and Clinical Examination on any particular day.
- 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.
- 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.
- 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.
- There will be at least 02 Interactive / Observed stations in each subject 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 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 Award List' and submit it the same day to the Department of Examinations including all other Examination material that was sent by the Examination Department.

- 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 (Surgical Unit).
- 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 should be returned to the Examinations Department the same day together with the award list and the OSPE response sheets in the same sealed confidential envelope.
- 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.

**MODEL QUESTIONS**  
**OSPE FOR FINAL YEAR M.B.B.S.**  
**SUBJECT: SURGERY**  
**UNIVERSITY OF HEALTH SCIENCES, LHR**

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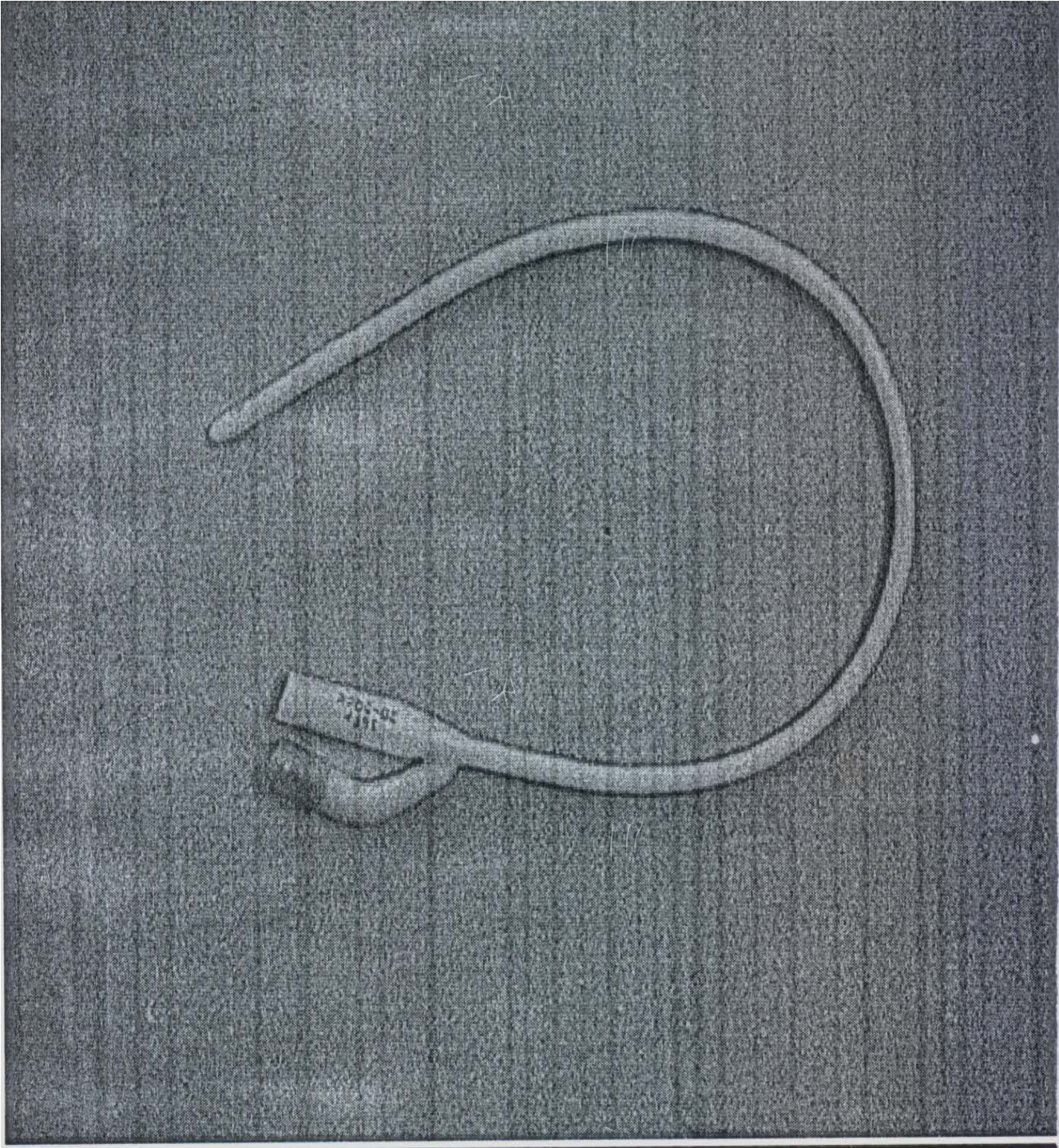
**Time allowed: 05 minutes**

**Static Station**

**Instruction to Candidates:**

Carefully observe the provided object and answer the following questions.

- |  |                |
|--|----------------|
| ❖ Name the object.                                 | 0.5            |
| ❖ Name its different parts.                        | 01, 01         |
| ❖ Give three indications for use.                  | 1.5 (0.5 each) |
| ❖ Give two indications for supra pubic cystostomy. | 01(0.5 each)   |



## **Key**

- |  |                |
|--|----------------|
| <b>a</b> Foley catheter.   | 0.5            |
| <b>b</b> Balloon at the tip. <ul style="list-style-type: none"><li>❖ Part for injecting fluid in balloon.</li><li>❖ Part for urine bag application.</li></ul>  | 01, 01         |
| <b>c</b> Bladder out flow obstruction (BPH, CA-prostate) <ul style="list-style-type: none"><li>❖ After TURP</li><li>❖ After TVP</li><li>❖ For supra-pubic cystostomy</li><li>❖ For measurement of urine out in hypovolemia or shocked patient.</li></ul> | 1.5 (0.5 each) |
| <b>d</b> Stricture urethra<br>Urethral injury  | 01 (0.5 each)  |

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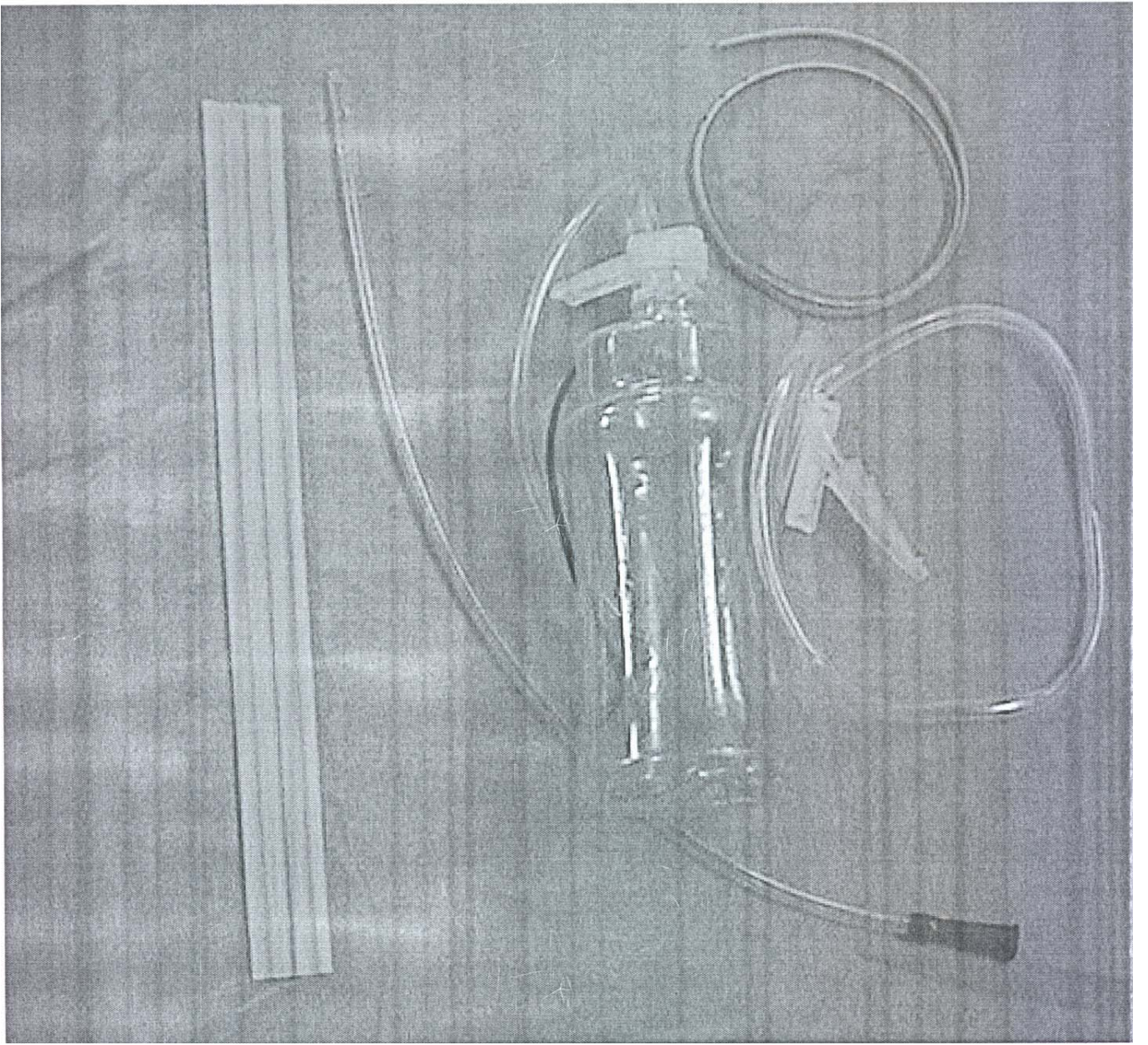
**Static Station**

**Instruction to Candidates:**

Carefully observe the provided object and answer the following questions.

- |  |                |
|--|----------------|
| ❖ Name these objects.                      | 1.5 (0.5 each) |
| ❖ One indication of use of each object.    | 1.5 (0.5 each) |
| ❖ Mechanism of action of each.             | 1.5 (0.5 each) |
| ❖ Which drain is used after thyroidectomy? | 0.5            |





## **Key**

**a** CRD, Nealetion Drain, Redivac Suction Drain. 1.5 (0.5 each)

**b** CRD=placed in abdomen after purulent peritonitis.  
Nealetion Drain= After Laparatomy placed abdomen. 1.5 (0.5 each)

Redivac Suction Drain (R.S.D) = after thyroidectomy, after Mastectomy.

**c** CRD= Multi channel drain.  
Nealetion= Gravity/ Dependent Drainage 1.5 (0.5 each)

R.S.D.= vacuum drain

**d** R.S.D 0.5

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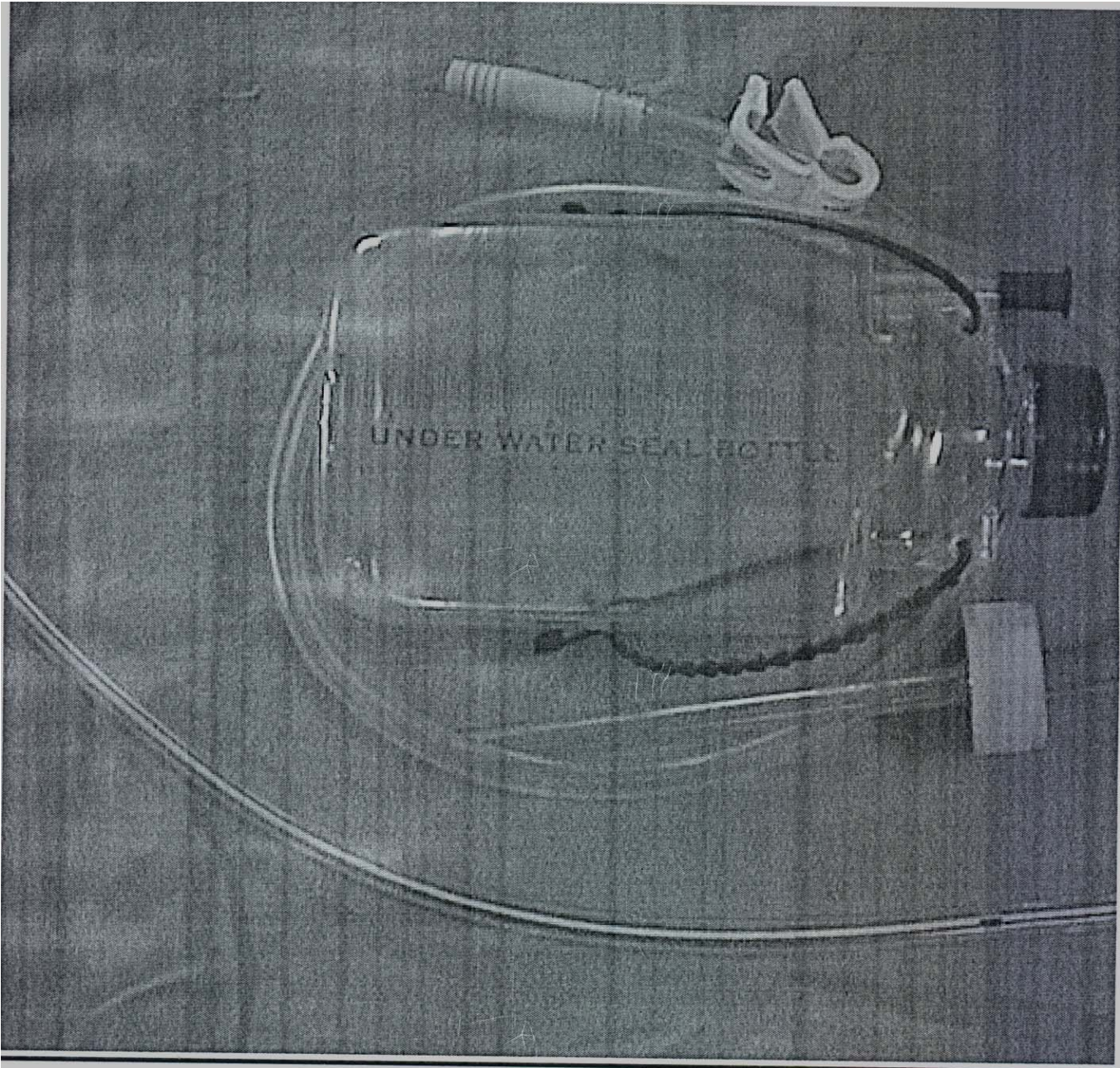
**Static Station**

**Instruction to Candidates:**

Carefully observe the provided object and answer the following questions.

- |   |                |
|---|----------------|
| ❖ Identify.   | 01             |
| ❖ Name the different parts.                             | 01             |
| ❖ Give three indications for the use of this equipment. | 1.5 (0.5 each) |
| ❖ Give three indications of thoracotomy.                | 1.5 (0.5 each) |





## **Key**

- a) Chest tube with under water seal bottle. 01
- b) Chest tube. 01  
❖ Under water seal bottle with tubing.
- c) Pneumothorax – Haemothorax- Haemopneumothorax  
---Pyothorax---flail chest---Post thoracotomy etc. 1.5 (0.5 each)
- d) Indications for thoracotomy after blunt trauma 1.5 (0.5 each)  
❖ 1000ml blood drained at insertion of chest tube.  
❖ Continuous brisk bleeding > 100ml per 15 min.  
❖ Continued bleeding > 200ml per hr for three or more hrs.  
❖ Rupture of bronchus, aorta, oesophagus, and diaphragm.  
❖ Cardiac tamponade.

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**Time allowed: 05 minutes**

**Static Station**

**Instruction to Candidates:**

Carefully observe the provided radiological study and answer the following questions.

- |  |                |
|--|----------------|
| ❖ What is this investigation?                                | 0.5            |
| ❖ What are the findings?                                     | 2 (0.5 each)   |
| ❖ One indication for CBD exploration.                        | 0.5            |
| ❖ What is residential stone?                                 | 0.5            |
| ❖ Name three different methods of residential stone removal? | 1.5 (0.5 each) |





## **Key**

- |           |   |                |
|-----------|---|----------------|
| <b>a.</b> | T. tube Cholangiogram   | 0.5            |
| <b>b.</b> | T-tube in place   | 0.5            |
|           | Dilated extrahepatic biliary Channels.                          | 0.5            |
|           | Dye is Visible going into the duodenum.                         | 0.5            |
|           | One negative shadow at the lower end of CBD.                    | 0.5            |
| <b>c.</b> | Choledocholithiasis   | 0.5            |
| <b>d.</b> | A stone that remains in Common bile duct after CBD exploration. | 0.5            |
| <b>e.</b> | ERCP (sphincterotomy)   | 1.5 (0.5 each) |
|           | Burhennes technique   |                |
|           | Tans Duodenal Sphincterotomy                                    |                |

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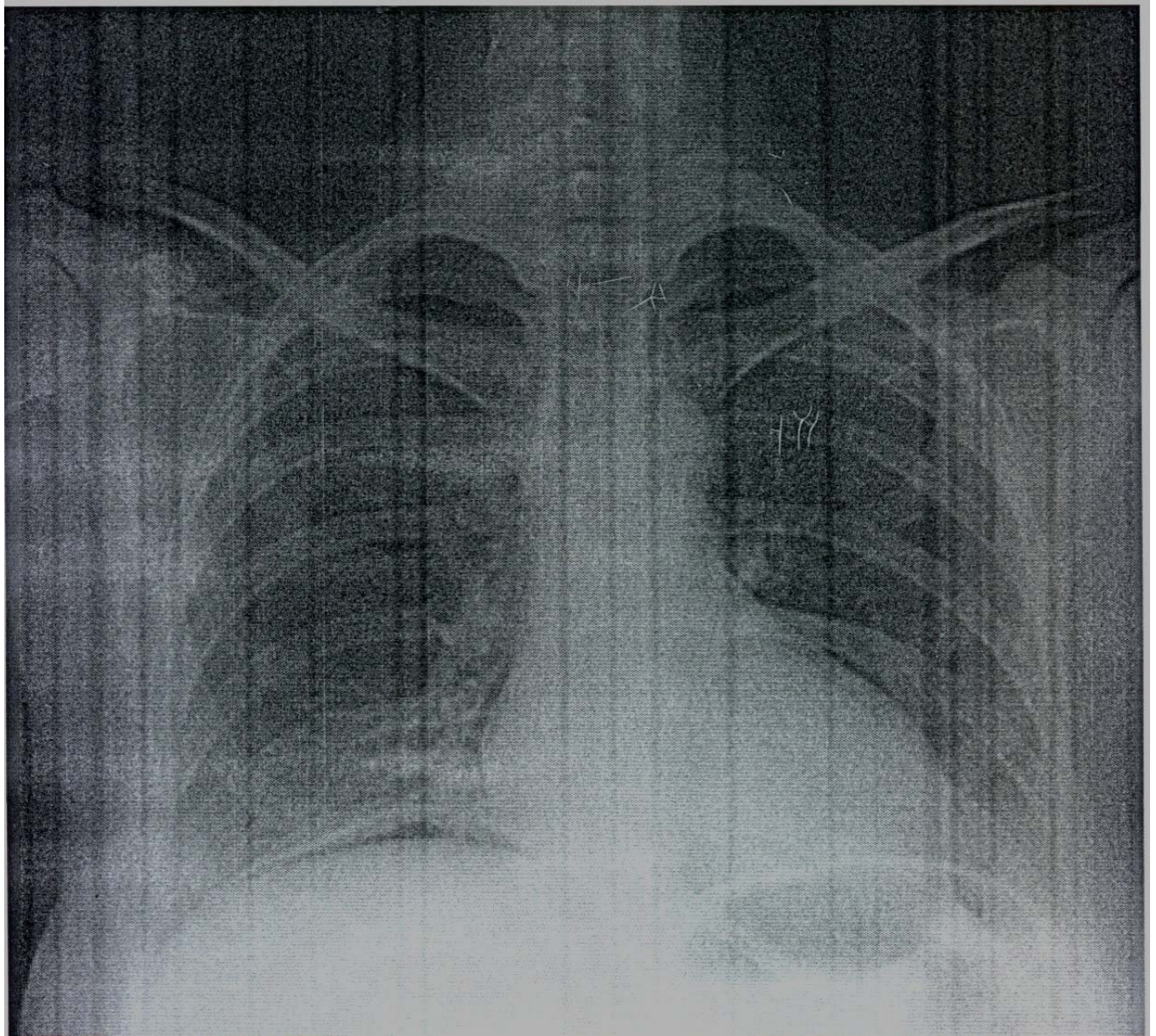
**Static Station**

**Instruction to Candidates:**

Carefully observe the provided radiological study and answer the following questions.

- ❖ What is this investigation? 01
- ❖ What are the findings? 02
- ❖ Give three causes of these findings? 1.5 (0.5 each)
- ❖ Which part of duodenum usually perforates after ulceration? 0.5





## **Key**

- |  |                |
|--|----------------|
| <b>a</b> Plain X-Ray Abdomen. Errect posture                       | 01             |
| <b>b</b> Free gas (crescent shaped) under diaphragm (Bilaterally). | 02             |
| <b>c</b> Any hollow viscous perforation in abdomen                 | 1.5 (0.5 each) |
| After Laparotomy   |                |
| Penetrating injury to abdomen.                                     |                |
| <b>d.</b> Second part.   | 0.5            |

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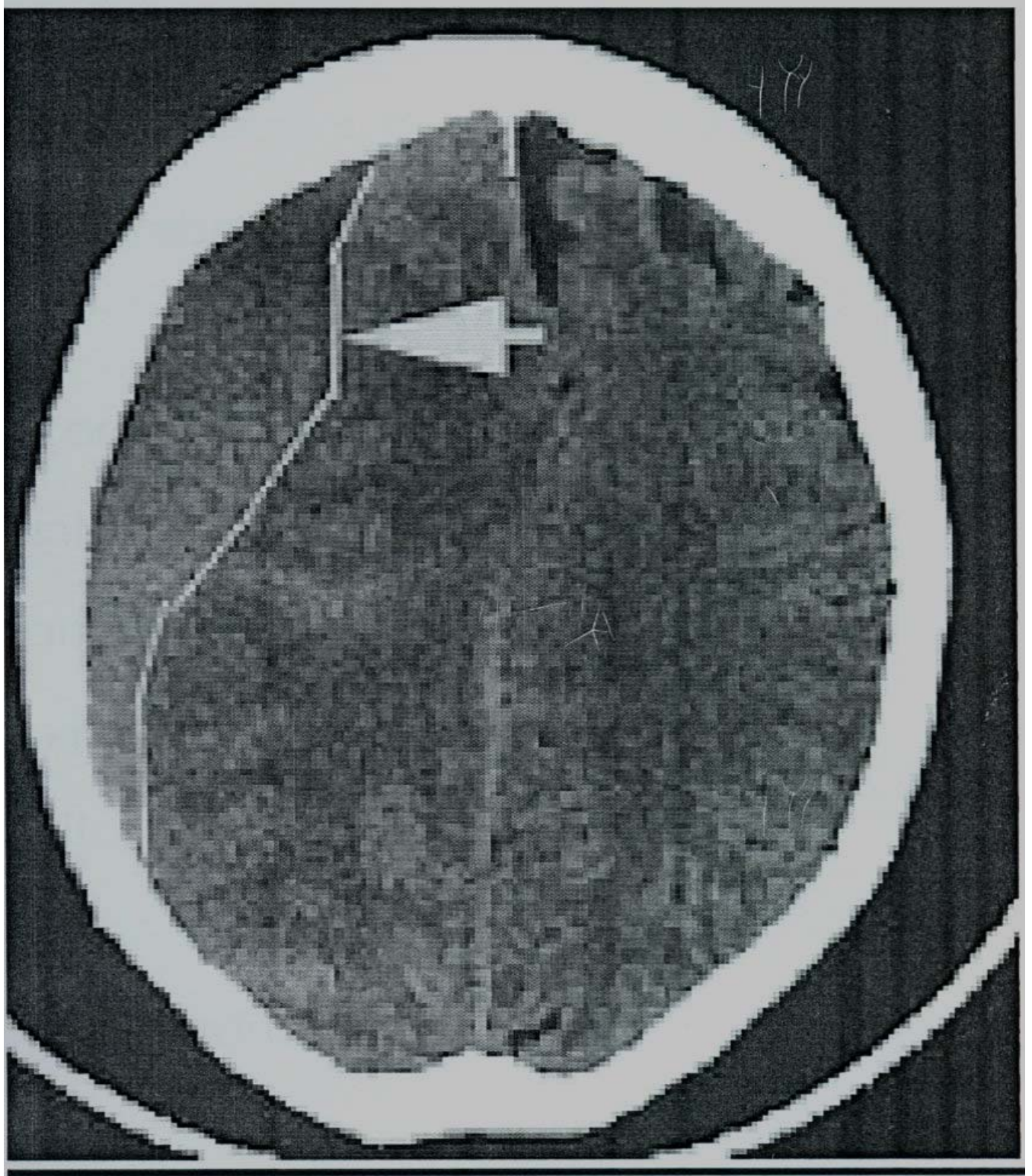
**Static Station**

**Instruction to Candidates:**

Carefully observe the provided radiological study and answer the following questions.

- |   |                |
|---|----------------|
| ❖ Name this investigation?                            | 0.5            |
| ❖ What are the findings?                              | 01             |
| ❖ Name different types of intra-cranial hemorrhage.   | 1.5 (0.5 each) |
| ❖ What is emergency management of this patient?       | 01 (0.25 each) |
| ❖ Which operation is done for extra-dural hemorrhage? | 01             |





## **Key**

<b>a</b>	CT-Scan Brain.	0.5
<b>b</b>	Sub dural hematoma.....midline shift.	01
<b>c</b>	Extra dural haematoma.	0.5
	Sub-dural Haematoma.	0.5
	Intra cerebral Bleeding	0.5
<b>d</b>	According to ABC of traumatology.	
	❖ Maintain airway & I.V line.	0.25
	❖ Tetanus toxoid	0.25
	❖ Pain killer	0.25
	❖ Monitor vitals	0.25
<b>e</b>	Burr hole craniotomy.	1

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**Time allowed: 05 minutes**

**Static Station**

**Instruction to Candidates:**

Carefully observe the provided radiological study and answer the following questions.

- ❖ What is this investigation? 0.5
- ❖ What are the findings? 0.5
- ❖ What types of fracture is this? 0.5
- ❖ What is emergency management of this patient? 03 (0.5 each)
- ❖ What is definite management of this fracture, if it is not compound? 0.5



CC R

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

## **Key**

- |   |     |
|---|-----|
| <b>a.</b> X-Ray Arm. AP view.   | 0.5 |
| <b>b.</b> Transverse fracture of shaft of Humerus.<br>With a small piece of bone visible. | 0.5 |
| <b>c.</b> Transverse fracture   | 0.5 |
| <b>d.</b> According to ABC of traumatology  |     |
| ❖ Tetanus toxoid  | 0.5 |
| ❖ Pain killer   | 0.5 |
| ❖ Immobilization of fracture  | 0.5 |
| ❖ Antibiotics if open wound   | 0.5 |
| ❖ U-slab application  | 0.5 |
| ❖ 2-Hanging cast application  | 0.5 |
| <b>e.</b> Application of a hanging cast or internal fixation by plating                   | 0.5 |



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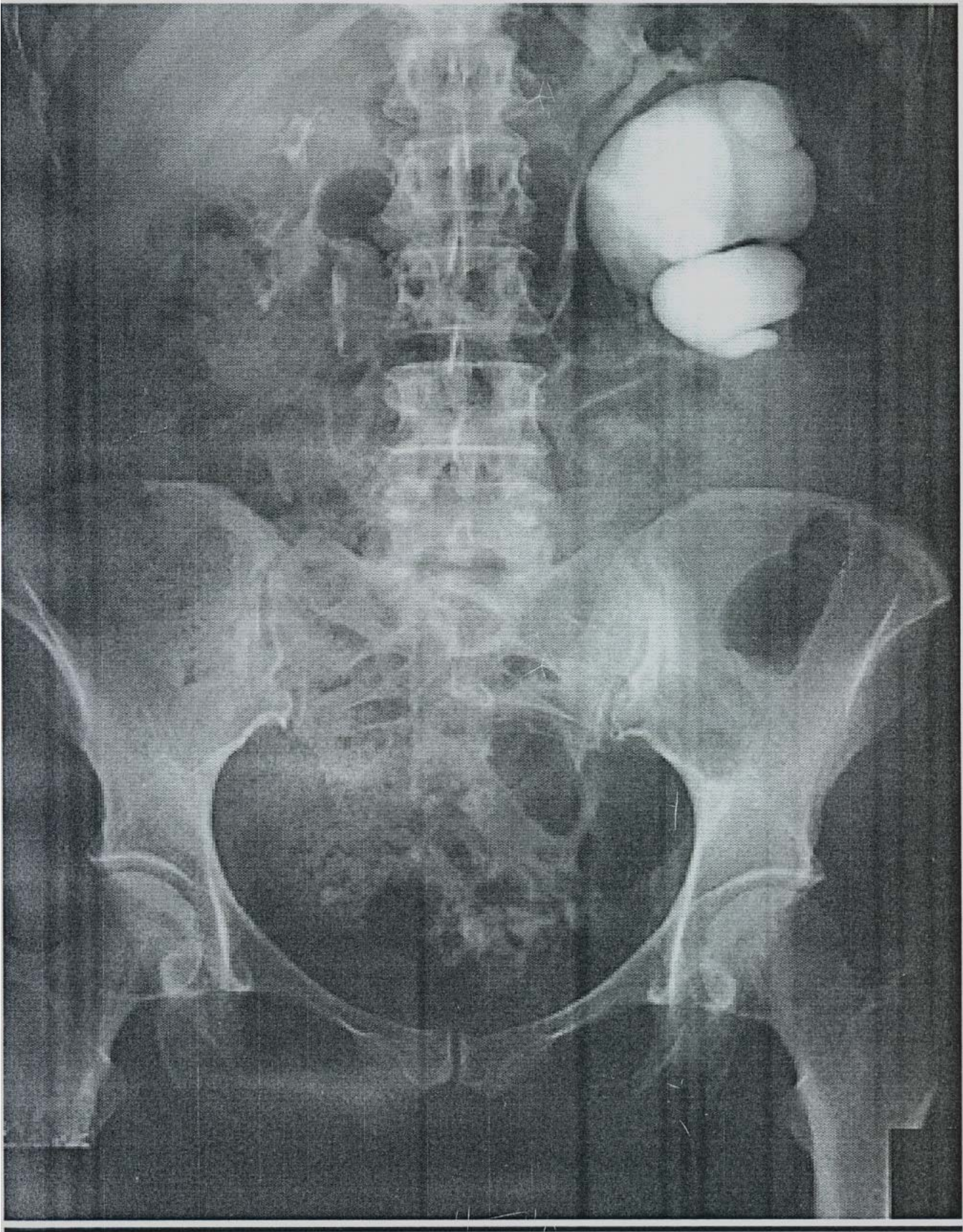
**Static Station**

**Instruction to Candidates:**

Carefully observe the provided radiological study and answer the following questions.

- |  |                 |
|--|-----------------|
| ❖ What is this investigation?                          | 0.5             |
| ❖ What are the findings?                               | 1.5 (0.5 each)  |
| ❖ What are indications of this investigation?          | 02 (0.5 each)   |
| ❖ What are the causes of bilateral hydronephrosis?     | 0.5 (0.25 each) |
| ❖ What is surgical treatment of stone in renal pelvis? | 0.5             |





## **Key**

- |   |                |
|---|----------------|
| <b>a.</b> Intravenous urogram   | 0.5            |
| <b>b.</b> Dilated left renal pelvis and major calyces<br>Normal right intra and extra renal excretory system. | 1.5 (0.5 each) |
| <b>c. 1.</b> Renal/ ureteric stone  | 02 (0.5 each)  |
| <b>2.</b> Vesicoureteric reflux   |                |
| <b>3.</b> pelviureteric junction obstruction  |                |
| <b>4.</b> Obstruction due to retroperitoneal tumor.   |                |
| <b>d. 1.</b> Obstruction of urethra due to stone or stricture   | 0.25           |
| <b>2.</b> Retro peritoneal fibrosis.  | 0.25           |
| <b>e.</b> Pyelolithotomy  | 0.5            |

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**Time allowed: 05 minutes**

**Static Station**

**Instruction to Candidates:**

Carefully observe the provided Photograph and answer the following questions.

- |   |      |
|---|------|
| ❖ What is this?   | 01   |
| ❖ What Type of gangrene usually develops in diabetic patients?  | 0.5  |
| ❖ What are three important points for pathogenesis of diabetic? | 0.75 |
| ❖ How will you manage diabetic foot?                            | 1.25 |
| ❖ Name the levels of amputation in lower limb.                  | 1.5  |





## **Key**

<b>a.</b> Diabetic foot, ulcer of foot.	01
<b>b.</b> Wet gangrene.	0.5
<b>c.</b> Hyperglycemia.....Ischemia.....Neuropathy	0.75 (0.25 each)
<b>d.</b> Routine investigations	0.25
X-Ray foot to see for osteomyelitis	0.25
Control of BSL	0.25
Wound debridement	0.25
Amputation if bone involved	0.25
<b>e.</b>	
Trans meta tarsal	0.25
Syme's amputation	0.25
Below knee	0.25
Through knee	0.25
Gritti-Stokes	0.25
Above knee	0.25

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**Time allowed: 05 minutes**

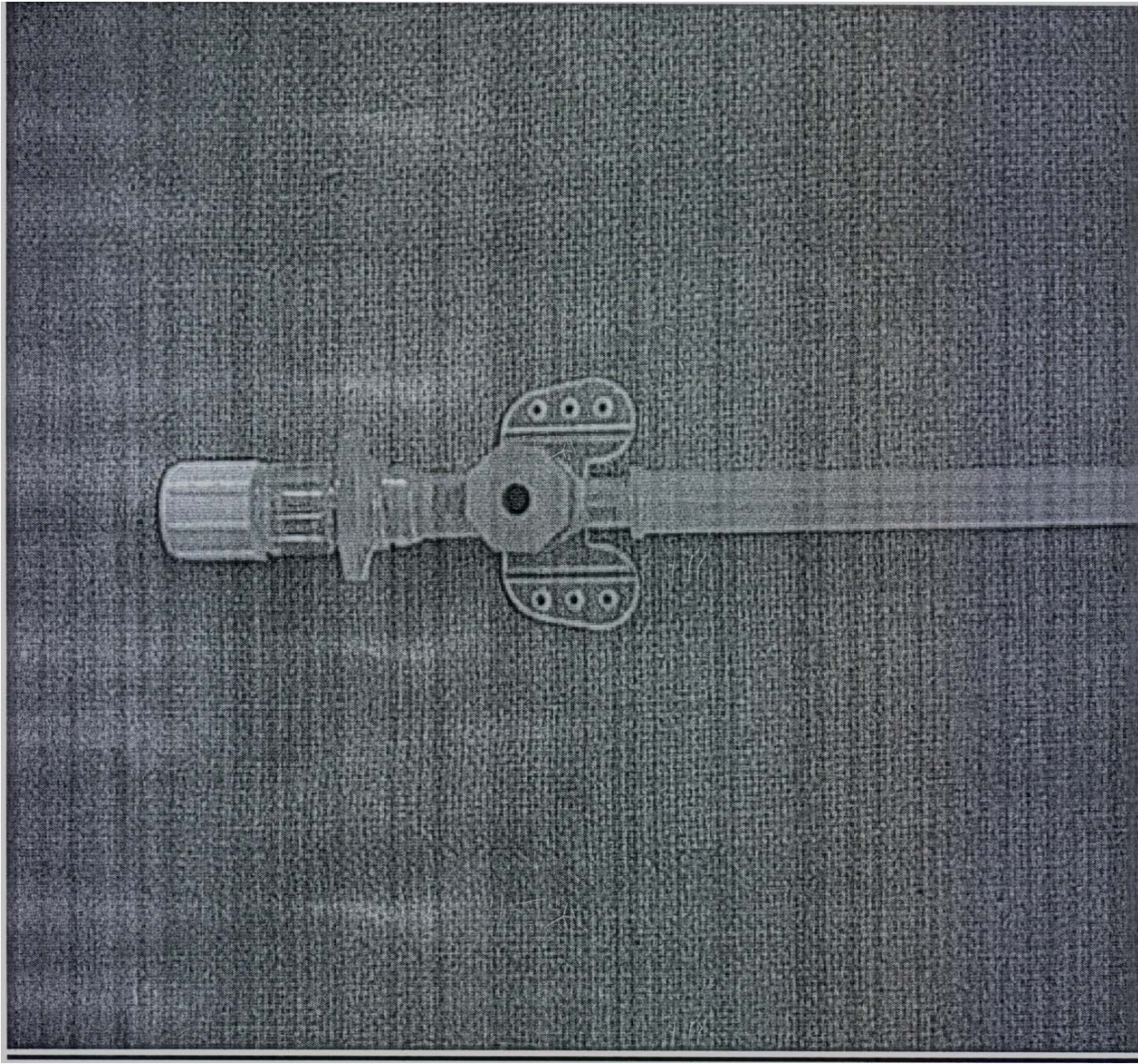
**Static Station**

**Instruction to Candidates:**

Carefully observe the provided object and answer the following questions.

- |  |      |
|--|------|
| ❖ What is this object?                       | 0.25 |
| ❖ What is its number/ size?                  | 0.25 |
| ❖ Name three methods of maintaining IV line. | 1.5  |
| ❖ Name three I-V fluids used routinely.      | 1.5  |
| ❖ Give two complications of this object.     | 1.5  |





## **Key**

- |   |      |
|---|------|
| <b>a.</b> Branula/ I.V canula   | 0.25 |
| <b>b.</b> Number 20   | 0.25 |
| <b>c.</b> IV Branula, central venous line venous cut<br>Down / vene section.  | 1.5  |
| <b>d.</b> Normal saline, Ringer's Lactate, 5% D/W<br>D/S solution-10/% D/W.   | 1.5  |
| <b>e.</b> Thrombophlebitis, thrombo-embolism fracture and embolism of canula. | 1.5  |

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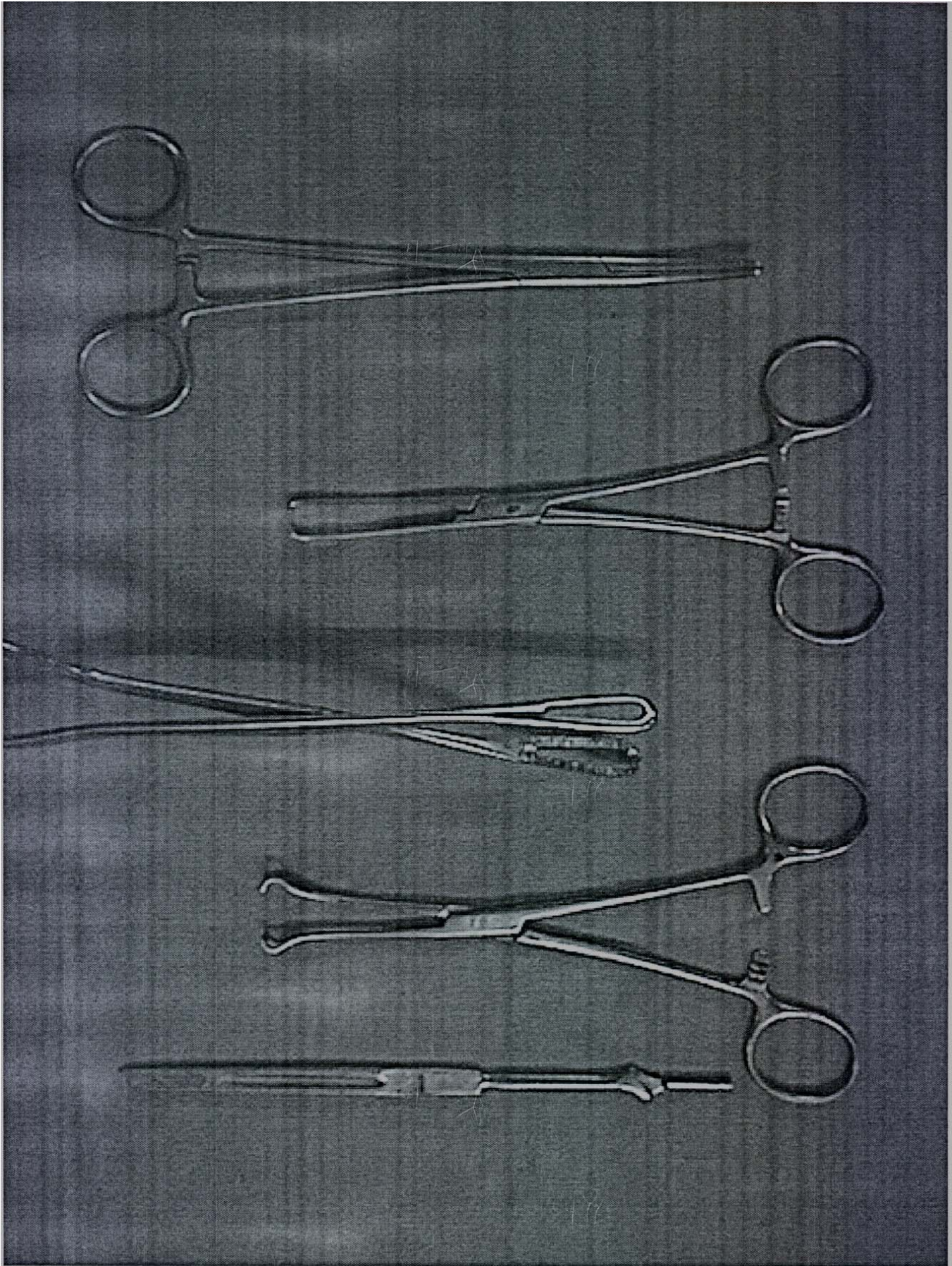
**Time allowed: 05 minutes**

**Interactive Station**

**Instruction to Candidates:**

Carefully observe the provided objects, identify and explain their uses.





# Key

## CHECK LIST FOR THE EXAMINER

Sr.#	Questions	Marks				
1	<b>Curved artery forceps uses:</b> <b>For haemostasis. For holding thread. For holding Sub-cutaneouss tissue and aponeurosis.</b>	1				
2	<b>Allis's forceps Uses:</b>  <b>For holding Sub-cutaneouss tissue, Aponeurosis, deep fascia, sac of hydrocele, for holding fibrous capsule of some sac during dissection.</b>	1				
3	<b>Sponge holding forceps uses:</b>  <b>For holding sponge for painting. For holding gall bladder during Cholecystectomy.</b>	1				
4	<b>Babcock's tissue forceps.</b>  <b>Uses:</b> <b>For holding appendix, Ureter, fallopian tube. For holdling gut wall.</b>	1				
5	<b>Scalpel (knife handle) Holding positions:</b> ❖ <b>Dinner knife position.</b> ❖ <b>Writing (pen holding) position.</b> ❖ <b>Fiddle bow position</b> ❖ <b>Grasping position.</b>	1				
	<b>TOTAL</b>	<b>5</b>				

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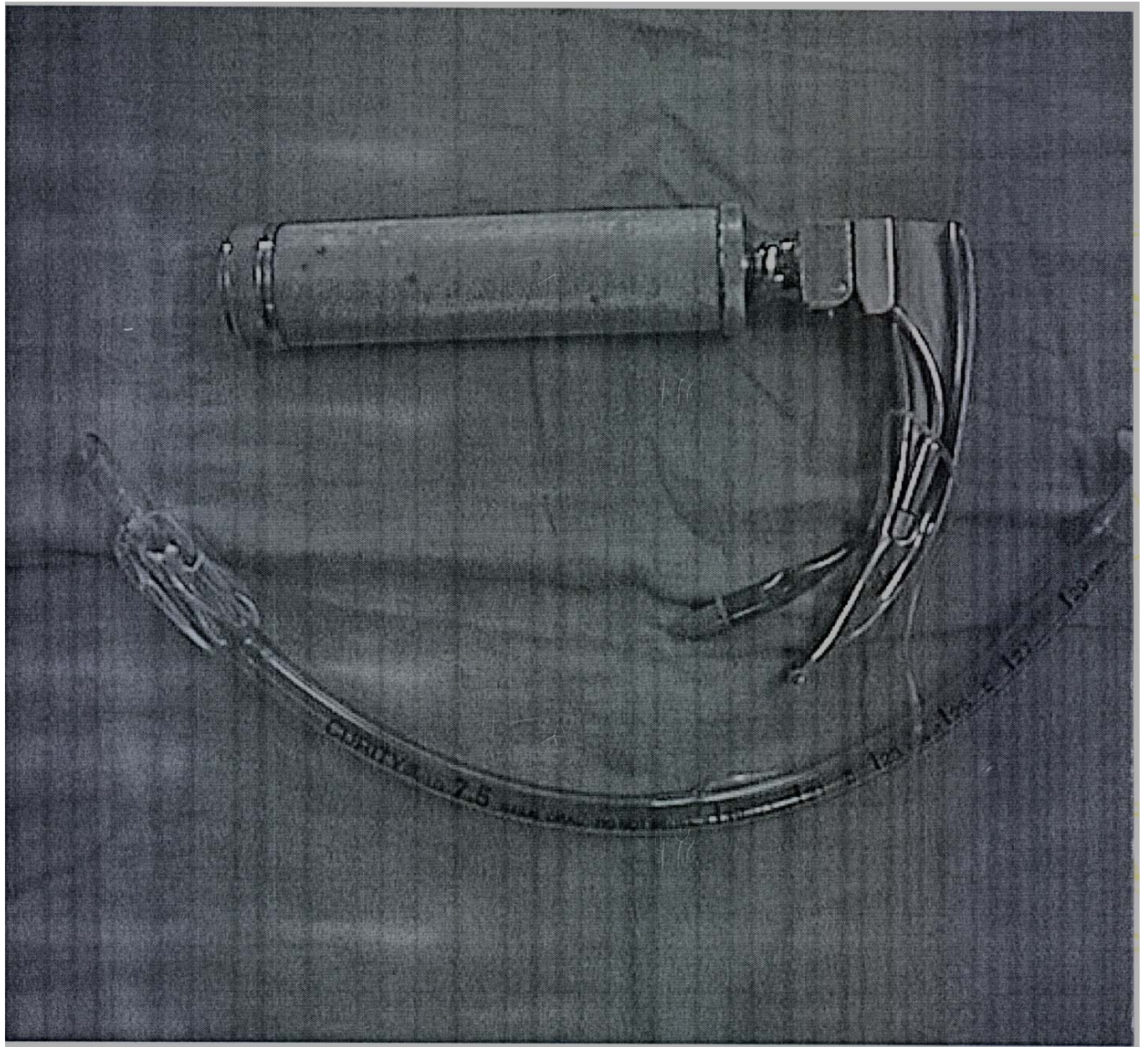
**Time allowed: 05 minutes**

**Interactive Station**

**Instruction to Candidates:**

Carefully observe the provided objects and Illustrate their usage in everyday life of a medical practitioner.





## Key

### CHECK LIST FOR THE EXAMINER

Sr.#	Questions	Marks				
1	<b>What are these instruments?</b> Endotracheal tube and Laryngoscope.	1				
2	<b>Type of anaesthesia required for usage of these instruments?</b> General Anaesthesia	1				
3	<b>Indication for their use?</b> <b>General Anaesthesia.</b> Unconscious patient after Trauma	1				
4	<b>Other methods of maintaining airway?</b> Head tilt, chin lift maneuver. Oropharyngeal Airway. Cricothyroidotomy. Mini tracheostomy. Tracheostomy.	1				
5	<b>Complications?</b> Tracheal injury. Blockage of tube.	1				
	<b>TOTAL</b>	<b>5</b>				



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

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

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

Roll No.	OSPE (Max Marks 55)												Short Cases (Max Marks 100)	Long Case (Max Marks 70)	Total	Grand Total	
	1	2	3	4	5	6	7	8	9	10	11	Total				Figures	Words

**Examiner: Internal** \_\_\_\_\_





**University of Health Sciences, Lahore**  
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**Award List for Surgery**

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

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

Roll No.	OSPE (Max Marks 55)												Short Cases (Max Marks 100)	Long Case (Max Marks 70)	Total	Grand Total		
	1	2	3	4	5	6	7	8	9	10	11	Total				Figures	Words	

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