



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

FACILITATORS :

Prof. Muhammad Ali (SIMS, Lahore)
 Prof. Muhammad Yaqoob Kazi (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				
2.	Nishtar Medical College, Multan	Prof. Inam ul Haq	Prof. of Paeds	[Redacted]	[Signature]
3.	Punjab Medical College, Faisalabad	Prof. Roza Baloch	Prof. of Paeds	[Redacted]	[Signature]
4.	Quaid-e-Azam Medical College, Bahawalpur	Prof. Dr. Atta Ullah Mazhar	Professor	[Redacted]	[Signature]
5.	Rawalpindi Medical College, Rawalpindi				
6.	Services Institute of Medical Sciences, Lahore.	Dr. Humayun Iqbal Khan	Associate Professor	[Redacted]	[Signature]
7.	Sheikh Zayed Medical College, Rahim Yar Khan	Dr. Mubarak Ali	Associate Professor	[Redacted]	[Signature] 04/8/08
8.	CMH Lahore Medical College, Lahore.				
9.	Lahore Medical & Dental College, Lahore	Tahir S. Iqbal Dr. Rizwan Waseem	Head Dept. Associate Prof.	[Redacted]	[Signature]
10.	Wah Medical College, Wah Cantt	Prof. Dr. C. M. Anwar	Prof.	[Redacted]	[Signature]
11.	Fatima Memorial Hospital College of Medicine & Dentistry Lahore	Dr. Tariq Zafar	Assoc. Prof. HEALTH DEPT	[Redacted]	[Signature]
12.	College of Medicine & Dentistry, University of Lahore, Lahore.	Dr. Azeela Shabeen	Assist. Professor	[Redacted]	[Signature]
13.	Faisalabad Medical College, Faisalabad	Dr. Sursiya Bibi	Assist. Professor	[Redacted]	[Signature]
14.	Independent Medical College, Faisalabad	DR. SHAKIL AHMAD	Assist. Prof.	[Redacted]	[Signature]
15.	Sargodha Medical College, Sargodha.				

Format of OSPE
MBBS Final Professional
PAEDIATRICS

OSPE

Total Marks 70

**Total Stations 15 (03 Rest Stations)
05 Minutes at Each Station**

➤ **Static Stations**

08 (5 Marks at Each Stations)

08 Paediatrics according to the Breakup Provided Below

1. Neonatology (compulsory)
2. Respiratory (compulsory)
3. GIT (compulsory)
4. Nutrition (compulsory)
5. CVS / Hematology (either one or both in combination)
6. Nephrology / Endocrinology
(either one or both in combination)
7. CNS / Musculoskeletal / Genetics
(either one or both / all three in combination)
8. Preventive / Infectious Diseases
(either one or both in combination)

The 08 Static Stations will further be divided as:

1. Lab data x 2
2. Radiographs x 2
3. Pictures x 2
4. Instruments / Procedures x 2

➤ **Interactive /
Observed Stations**

04 (Short Cases; at least TWO)

02 stations on Clinical Skills
(08 Marks at each Station)

02 stations on Viva Voce based on Clinical Cases
(07 Marks at each Station)

Long Case

Total Marks 20

10 Internal
10 External

Grand Total

90

Conduct of OSPE

- OSPE shall replace Table Viva in the Oral and Clinical Examination in the subject of Paediatrics in MBBS Final Professional from Annual 2008.
- The Batches for OSPE will be 30 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 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 04 Interactive / Observed and 08 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 04 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.

MODEL PAPER
OSPE (PAEDIATRICS)
FOR FINAL YEAR M.B.B.S.

Q1.



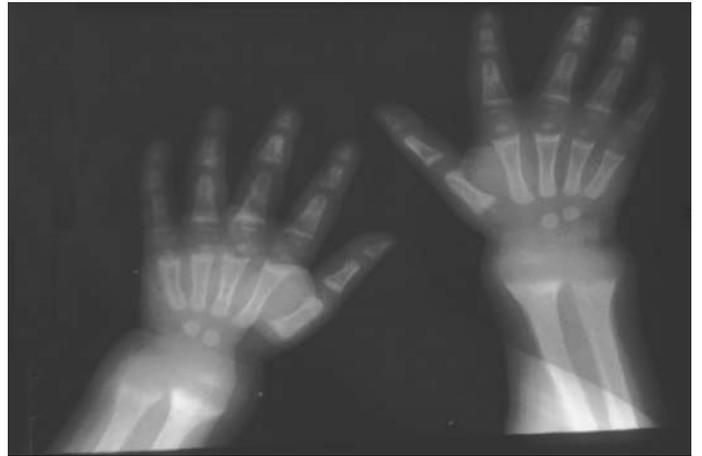
- Identify 3 physical signs in these pictures? [3]
- What is the diagnosis? [2]

Key

- Signs [3]
 - Epicanthic folds
 - Low set ears
 - Simian crease
 - Increased distance between 1st and 2nd toe
- Down syndrome [2]

Q2.

- Give 3 radiological findings? [3]
- What is the diagnosis [2]



Key

- Radiological findings [3]
 - Cupping
 - Fraying
 - Flaring
 - Osteopenia
- Rickets [2]

Q3

- Identify 2 radiological abnormalities. [2]
- What is the diagnosis? [1]
- Give 2 causes. [2]



Key

- 2 abnormalities [2]
 - Bilateral opacities
 - Obliteration of costophrenic angles
- Bilateral pleural effusion [1]
- Causes [2]
 - Nephrotic syndrome
 - CLD
 - Connective tissue disorders
 - CCF
 - Tuberculosis

Q4

This 5 year old boy presented with easy fatigability for the last 2 years.

- Identify the physical sign. [3]
- What is the likely diagnosis? [2]



Key

- Bilateral ptosis [3]
- Myasthenia gravis [2]

Q5

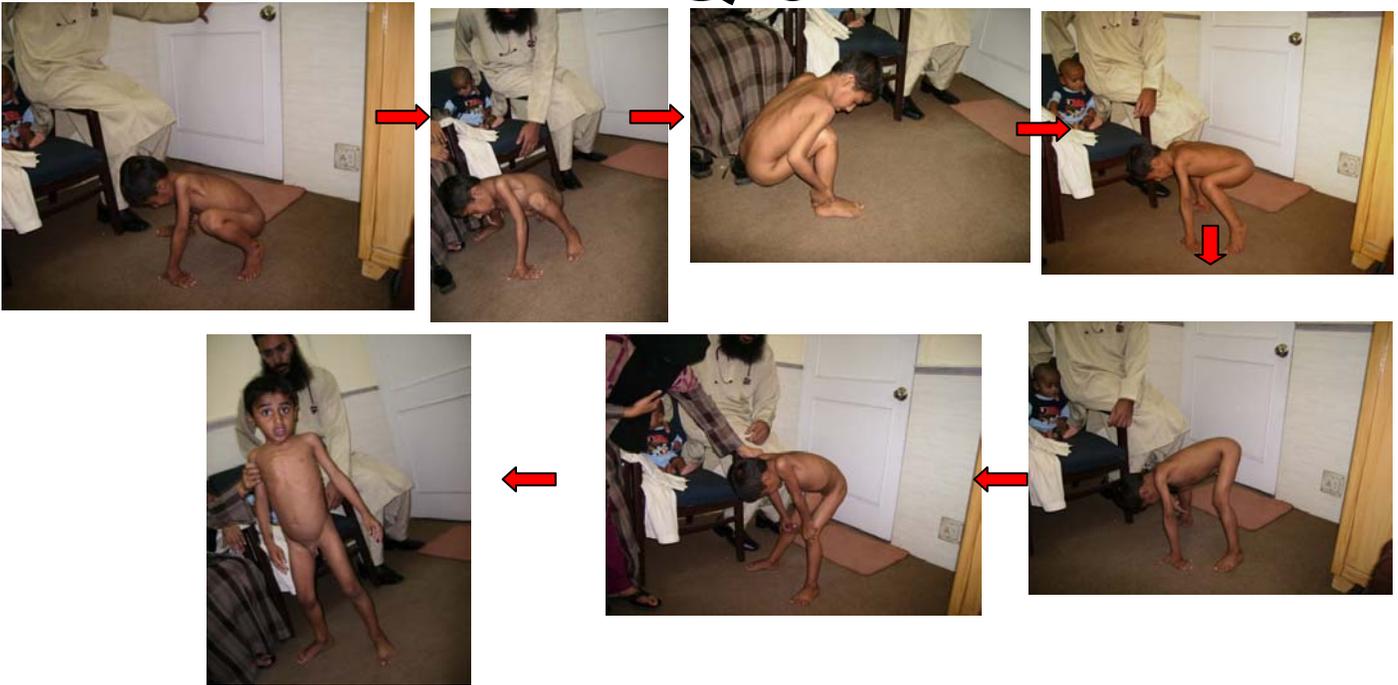
- What is the diagnosis? [2]
- Give 3 complications. [3]



Key

- Meningomyelocele [2]
- Complications [3]
 - Infections / meningitis
 - Hydrocephalus
 - Paralysis of lower limbs
 - Bowel and bladder dysfunction
 - Hip dislocation, foot deformities

Q 6



- Name the physical sign shown in these pictures? [3]
- What is the most likely diagnosis? [2]

Key

- Gower's sign [3]
- Duchene muscular dystrophy [2]

Q7

A 4 year old girl presents with a 4 day history of increasing puffiness around the eye. Investigations are as follows:

- Hb 12.6 g/dl
- WBC 10,290/cumm
- Na 136 mmol/l
- K 4.7 mmol/l
- S/albumin 2.6 g%
- Urine
 - pH 6.5

- What is the most likely diagnosis? [2]
- Give 3 further investigations. [3]

Key

- Nephrotic syndrome [2]
- Investigations [3]
 - 24 hr urinary proteins
 - Urinary protein creatinine ratio
 - Serum cholestrol
 - Serum C3 level
 - Urea and creatinine

Q8

A previously well child with one week history of febrile illness, treated with injectable ampicillin, presents with mild neck stiffness and hemiplegia. CSF results are as follows:

- Proteins 80 mg/dl
- Sugar 40 mg/dl
- WBCs 300/cumm, lymphocyte 68%
- Gram staining and culture – ve
- What is the diagnosis? [2]
- Give 3 other complications. [3]

Key

- Partially treated bacterial meningitis [2]
- Complications: [3]
 - Subdural effusion
 - Brain abscess
 - Cranial nerve palsies
 - Seizures
 - SIADH

