

## OSPE checklist- MICROBIOLOGY

### OSPE 1 Hand hygiene

S no:	Task	Score	Remarks
1	Remove watch and jewellery from hand and forearm(1 mark)		
2	Take enough hand wash / hand rub (1 mark)		
3	Steps of hand wash/ rub in correct order (3 mark)		

### OSPE 2 Biomedical waste management

S no:	Task	Score	Remarks
1	Mask, cap ,live attenuated vaccine - yellow bin (2 mark)		
2	glove , goggles Syringe without needle -Red bin (2mark)		
3	Scalpel blade, needles- white puncture proof bin (1 mark)		

### OSPE 3 Personal protective equipment

S no:	Task	Score	Remarks
1	Steps of donning (2mark)		
2	Steps of doffing (2mark)		
3	Correctly wearing the glove (1mark)		



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# OSCE

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## STATION 1

### SKILL DEMONSTRATION

- This 50 year old gentleman is drowsy and is unable to take feeds properly. Kindly insert nasogastric tube for him. (4)

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**STATION 2**

**AETCOM**

44 year old diabetic since past 10 years who is already on 3 OADs at maximum dose. Blood sugars yet remain uncontrolled. You decide to initiate her on insulin therapy. How do you want to educate the patient? (4)

- Need for insulin in view of uncontrolled diabetes
- Various types of insulin
- Route of administration
- Sites
- Timing
- Possible side effects and how to avoid them.

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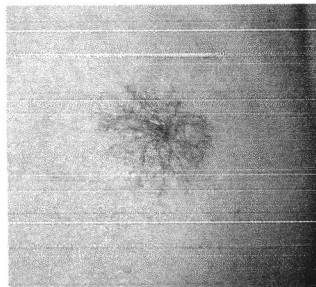
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**STATION 3**

**GENERAL EXAMINATION**

1. Identify (1)
2. List 2 Causes (2)
3. What is the pathogenesis? (1)



1. SPIDER NAEVI
2. CLD, PREGNANCY, HYPERTHYROIDISM
3. HYPERESTROGENISM

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### STATION 4

• 16 year old female brought to the OPD by her parents with history of loss of appetite. On examination, she is found to be malnourished. A detailed history reveals food avoidant behavior along with bingeing and purging.

1. Identify the condition (1)
2. List 2 diagnostic criteria (2)
3. 2 systems that are seriously affected (1)

1. ANOREXIA NERVOSA
2. CRITERIA:
  - a)Weight loss of 15% of total body mass
  - b)avoidance of high calorie foods
  - c)distortion of body image
  - d)amenorrhea of atleast 3 months
3. SKELETAL, CVS

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### STATION 5



- a)Identify the disease (1)
- b)Mention four types of this condition (2)
- c)Mention two drugs used in the treatment of this condition (1).

1. Psoriasis
2. Chronic plaque/guttate/pustular/erythrodermic/vulgaris/inverse
3. Topical – corticosteroids/vit D analogues/ coal tar  
Phototherapy  
systemic- biologics

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### STATION 6

• 33 year old female has come to OPD with history of pain and swelling over bilateral small joints over past 3 months. She also reports early morning stiffness.

1. Diagnosis. (1)
2. Antibodies associated with this condition (1)
3. Expand DMARDs and name 2 of them. (2)

1. Rheumatoid arthritis
2. RF, ACCP
3. Disease modifying anti-rheumatic drugs  
SSA, HCQ, MTX, Leflunomide

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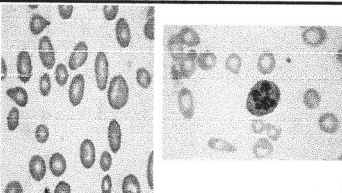
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**STATION 7**

A 44 year old male presented to the OPD with history of lethargy since past 2 months. On examination, pallor +, red beefy tongue+, knuckle hyperpigmentation+. Peripheral smear is as shown:



- Diagnosis (1)
- Describe the smear findings (2)
- List 2 other causes of this condition (1)

- Megaloblastic anemia
- Macro-ovalocytes, hypersegmented neutrophils
- Vitamin b12 deficiency; pernicious anemia(anti-IF antibodies)

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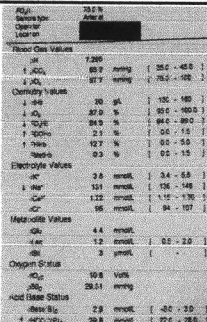
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**STATION 8**

76 year old male who is a known case of COPD presented to ED with history of worsening breathlessness. His son reports that there is deterioration of his sensorium over past 2 days. ABG taken shown:



Parameter	Value	Unit	Normal Range
pH	7.285		7.35 - 7.45
pCO2	60.0	mmHg	35.0 - 45.0
pO2	87.0	mmHg	75.0 - 100.0
Osmolality	290	mOsm/kg	285 - 300
Na+	130	mmol/L	136 - 145
K+	3.0	mmol/L	3.5 - 5.0
Cl-	100	mmol/L	98 - 107
HCO3-	28	mmol/L	22 - 28
Ca2+	1.0	mmol/L	1.0 - 1.3
Glucose	110	mg/dL	70 - 100
BUN	12	mg/dL	7 - 20
Creatinine	1.2	mg/dL	0.6 - 1.2
Urea Nitrogen	12	mg/dL	7 - 20
Albumin	3.0	g/dL	3.5 - 5.0
Total Protein	7.0	g/dL	6.0 - 8.0
Alkaline Phosphatase	110	U/L	40 - 120
Aspartate Aminotransferase	15	U/L	0 - 35
Alanine Aminotransferase	10	U/L	0 - 35
Lactate Dehydrogenase	150	U/L	100 - 250
Bilirubin	1.0	mg/dL	0.1 - 1.2
Triglycerides	150	mg/dL	50 - 150
Total Cholesterol	200	mg/dL	125 - 200
HDL Cholesterol	40	mg/dL	35 - 65
LDL Cholesterol	140	mg/dL	70 - 140
VLDL Cholesterol	30	mg/dL	0 - 35
Non-HDL Cholesterol	160	mg/dL	70 - 140
Uric Acid	5.0	mg/dL	3.0 - 7.0
Ammonium Nitrogen	10	mg/dL	0 - 20
Phosphorus	2.5	mg/dL	2.5 - 4.5
Magnesium	1.5	mg/dL	1.3 - 2.1
Sodium	130	mmol/L	136 - 145
Potassium	3.0	mmol/L	3.5 - 5.0
Calcium	1.0	mmol/L	1.0 - 1.3
Chloride	100	mmol/L	98 - 107
Bicarbonate	28	mmol/L	22 - 28
Glucose	110	mg/dL	70 - 100
BUN	12	mg/dL	7 - 20
Creatinine	1.2	mg/dL	0.6 - 1.2
Urea Nitrogen	12	mg/dL	7 - 20
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Alanine Aminotransferase	10	U/L	0 - 35
Lactate Dehydrogenase	150	U/L	100 - 250
Bilirubin	1.0	mg/dL	0.1 - 1.2
Triglycerides	150	mg/dL	50 - 150
Total Cholesterol	200	mg/dL	125 - 200
HDL Cholesterol	40	mg/dL	35 - 65
LDL Cholesterol	140	mg/dL	70 - 140
VLDL Cholesterol	30	mg/dL	0 - 35
Non-HDL Cholesterol	160	mg/dL	70 - 140
Uric Acid	5.0	mg/dL	3.0 - 7.0
Ammonium Nitrogen	10	mg/dL	0 - 20
Phosphorus	2.5	mg/dL	2.5 - 4.5
Magnesium	1.5	mg/dL	1.3 - 2.1

- Diagnosis (1)
- Identify acid base disorder (2)
- Relation between pCO2 and pH (1)

- Type 2 respiratory failure
- Respiratory acidosis
- Inversely proportional

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**STATION 9**

A 40 year male has been admitted with history of fever, headache and altered sensorium of 4 days duration. He is admitted to the ICU. CSF analysis revealed a diagnosis of acute bacterial meningitis.

As the intern attending to the patient, you are tasked with writing his IP drug chart. Write an appropriate prescription for the same. (4)

- INJ. CEFTRIAXONE 2 GM IV Q12H
- INJ. VANCOMYCIN 1 GM IV Q8H
- INJ DEXAMETHASONE 0.15MG/KG Q6H
- INJ. PANTOPRAZOLE 40 MG IV 1-0-0

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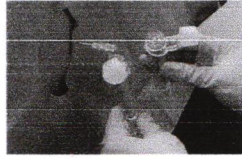
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**STATION 10**

\* 77 year old presented with 2 weeks of bilaterally symmetrical areflexic ascending paralysis .



- 1. Identify investigation (1)
- 2. At what duration of the disease is this investigation usually done. (1)
- 3. Mention the finding that is expected from above investigation. (1)
- 4. Name another investigation used for diagnosis (1)

- 1. LUMBAR PUNCTURE FRO CSF ANALYSIS
- 2. SECOND WEEK
- 3. ALBUMINOCYTOLOGICAL DISSOCIATION
- 4. NCS, EMG

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