



CMSA

The Colleges of Medicine of South Africa NPC

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JOHANNESBURG OFFICE EXAMINATIONS & CREDENTIALS

PROTOCOL FOR OSPE (OBJECTIVE STRUCTURED PRACTICAL EVALUATION) FOR FC RAD ONC (SA) PART II EXAMINATION

Objective: To test proficiency in the practical application of radiation Oncology and ClinicalOncology i.e. **Is the candidate adequately proficient to practice our speciality on patients without supervision?**

Examining team

1. **Moderator:** responsible for the consistency and quality of questions
2. **Chief OSPE co-ordinators:** These 2 people are designated by the host HoD and are responsible for co-ordinating the OSPE workshop and compiling the OSPE overall. At least one should be available at the examination itself. These persons should be confirmed for the following year in Oct the previous year.
3. **Examiner pool:** Question setters for the OSCE. This should come from all academic sites. Questions and memorandums are submitted to the yearly OSCE workshop. These will be reviewed by the question-setters at the OSCE workshop.
4. **On-site co-ordinator (when OSPE conducted face-to-face):** This is a consultant at the host institution who takes responsibility for setting up of the OSPE examination, equipment, time keeping, and refreshments for candidates etc. This is NOT one of the CMSA attending examiners.

Structure of OSPE exams

There will be a minimum of 10 OSPE stations

The OSPE may be “live” or on-line.

- All OSPE stations will have an examiner present who will facilitate the station.
- Each station has a mark allocation of 20 marks.
- The candidate(s) will spend 20 minutes at each station.

OSPE stations

Station 1: Radical target delineation(1)

CT-based target delineation.

This will include defining specific targets/OAR on images. Candidates must be able to do this in axial, coronal and sagittal planes.

Station 2: Radical target delineation(2)

CT-based target delineation.

This will include defining specific targets/OAR on images. Candidates must be able to do this in axial, coronal and sagittal planes.

Station 3: Palliative target delineation(1)

This will include fields/volumes for palliative radiotherapy i.e. Volume for high dose palliative/ Virtual sim/ 2Dfields.

Station 4: Palliative target delineation(2)

This will include fields/volumes for palliative radiotherapy i.e. Volume for high dose palliative/ Virtual sim/ 2Dfields.

Station 5: Plan evaluation(1)

Plan evaluation as to whether a plan is acceptable.

May be required to compare plan(s) in three planes and/or a DVH.

3-D RT, VMAT and IMRT

Station 6: Plan evaluation(2)

Plan evaluation as to whether a plan is acceptable.

May be required to compare plan(s) in three planes and/or a DVH.

3-D RT, VMAT and IMRT

Station 7: Plan evaluation(3)

Plan evaluation as to whether a plan is acceptable.

May be required to compare plan(s) in three planes and/or a DVH.

3-D RT, VMAT and IMRT

Station 8: Quality assurance(1)

This will include principles of QA checks as well as possible questions on planning and machine related QA. i.e. geometric and dosimetric verification, EPIDS, CBCT.

Station 9: Quality assurance(2)

This will include principles of QA checks as well as possible questions on planning and machine related QA. i.e. geometric and dosimetric verification. EPIDS, CBCT.

Station 10: Integrative medicine

This will include an interview with a real/simulated patient. A scenario will be provided. **An examiner will be present in the room or may act as the patient**, and will evaluate candidate on technique and completeness of request.

This station will address:

- Symptom control in palliation (prescription of syringe drivers; morphine etc.)
- End of life care
- Breaking bad news

Structured oral examinations (SOE)

(45 minutes each)

Examiners X2 present

Each candidate will have a different set of examiners at each oral

1. Clinical case oral

2 clinical cases will be presented on a powerpoint presentation.

The examiner will read the slides and will ask candidates relevant questions.

Each case will be marked by each examiner according to the marking rubric.

The final mark will be the average of the marks.

(See marking rubric for guideline.)

2. General oral

2 cases will be presented, together with questions.

1 rubric per examiner

The final mark will be the average of the marks.

(See marking rubric for guideline.)

3. Portfolio oral

The examiners will choose a minimum of 2 cases from the candidate's portfolio.

The candidate will be asked to provide a short summary.

Questions will be asked by both examiners, regarding the case, and will be designed to test the candidate's insight and ability to manage cases independently.