



Third-Year Clerkship OSCE Manual

Content Description and General Information

Samuel J. Campbell, MD, FACS

Assistant Dean for the Clinical Sciences Curriculum

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Scoring

The OSCE (Objective Standardized Clinical Encounter) in our Third-Year Clerkships is designed to 1) assess our abilities in simulated encounters, 2) create a patient-centered encounter, 3) address the diagnostic challenge, 4) prepare the patient for the next steps, and 5) document the encounter accurately. The format of the Step 2CS Exam identified 72 common signs and symptoms and our Third-Year OSCE cases cover many of the same topics. Appendix A lists the 72 common presenting signs and symptoms. Appendix B provides a screenshot depicting our note format.

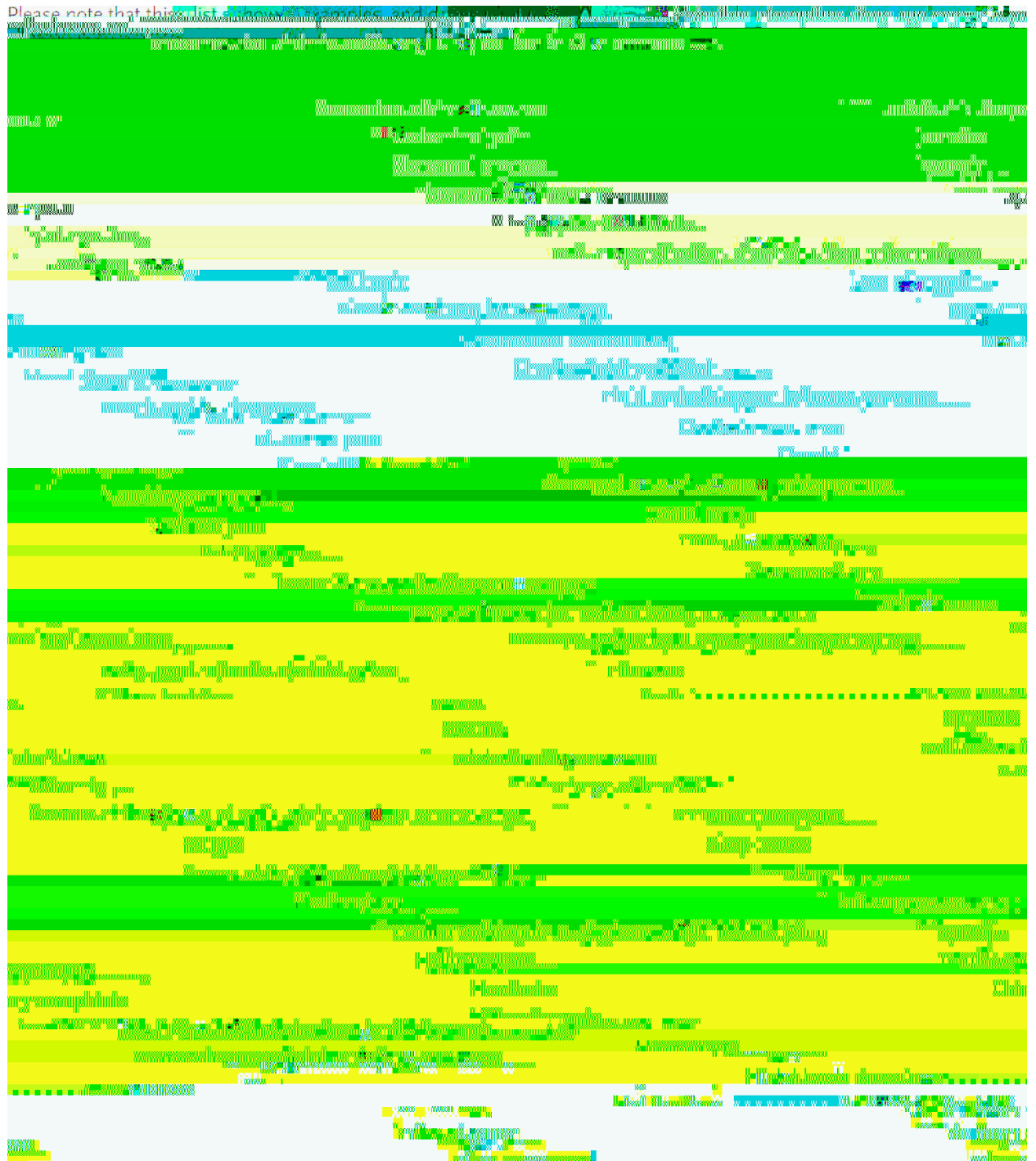
OSCE Structure

In a simulated patient encounter, you will be given a patient's presenting symptom, perform a physical exam, and (usually) take a history. You will then develop a working differential diagnosis and list of the next steps in the patient's workup. The standardized patients will use a checklist. The SP's checklist is an evaluation of your communication skills (CIS). After the encounter, you will document your physical exam, physical exam findings, differential diagnoses, and the next steps in your workup. Your written note will serve as a second component of the grading of an OSCE. The OSCE corresponds to the integrated clinical encounter (ICE) component. Your OSCE will be a part of your Third-Year Clerkship exam for Psychiatry, which is during the second week of the clerkship. You have a total of fifteen (15) minutes for the patient encounter. You have five minutes for the written note. If you finish the patient encounter before the fifteen-minute mark, you may apply the additional time on your note.

Registration

Registration for OSCEs takes place early at the Simulation Center on our home campus. Your OSCE coordinator will provide you as to the start time of the examination. The OSCE encounters are timed events, so do not arrive late for your exam. OSCEs occur at the same time on each campus for each Clerkship according to the schedule listed below.

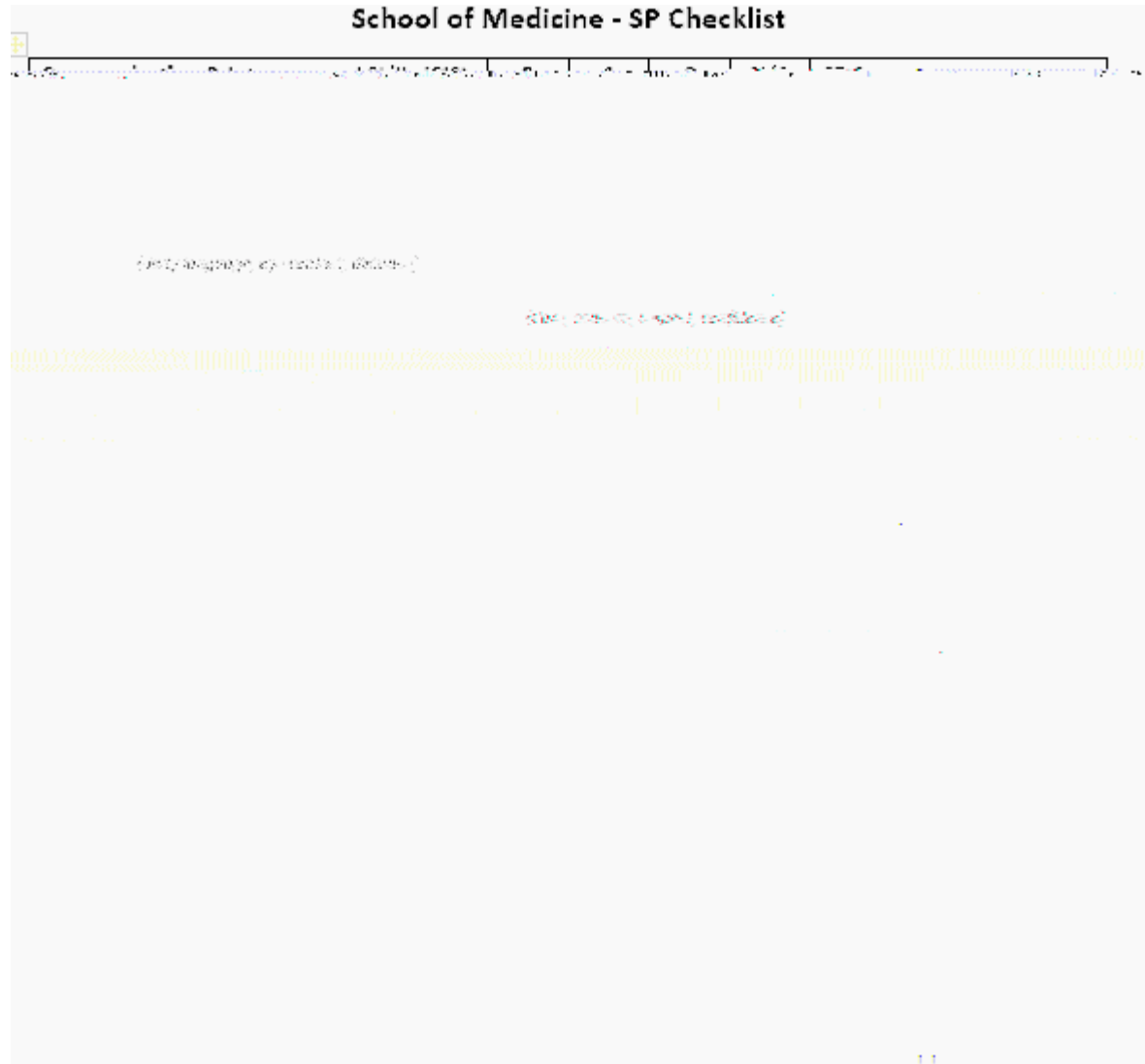
Clerkship	Time
Famil Medicine	



APPENDIX B

Communication and Interpersonal Skills (CIS) Checklist

Below, note the exact checklist used by SPs to evaluate your patient-centered interviewing skills. The CIS checklist is identical in all clerkships, with slight modifications for phone/video interview formats.



Rating System

0 = no requirements met

1 = some/half requirements met

2 = all requirements met

N/A = does not apply to the case

SP Comments = detailed explanation of the rating (if necessary)

Establishing the relationship

1. Introducing/Over Procedures

- Establishes rapport by stating the reason (does not have to wait for SP to say "thank you")
- Does not explicitly state the date (using SP names or personal details (H/W))

2. Introduced Self/Clarified Role

- Introduced Self

3. Grooming/Hygiene

No body odor, breath odor, etc.

Do not wear jewelry, piercings, tattoos, etc.

Do not wear sunglasses, hats, etc. if appropriate.

4. Mutual Self-Introduction

appropriate facial expressions, a nod for eye contact and polite eye contact

5. Mutual Self-Introduction (Name, Disease, Stage, Severity)

Give and your last name (for: Mr. or Ms.)

in Chinese (if appropriate)

and title

6. Patient's Personal Title

- Addressed you with:
- Clarified pronunciation
- Asked you your preferred

to smile (not only the severe disease when a female clinician

7. Request for name

- Ask for name in Chinese

Gathering Information

9. Chief Complaint

1. What is the patient's chief complaint? (10 points)
The patient is a 68-year-old male with a long history of hypertension and diabetes. He presents with a 3-week history of increasing fatigue, weight loss, and intermittent fevers. He also reports a recent change in bowel habits, including constipation and the presence of blood in his stool.

10. Questioning

1. How do you determine the patient's chief complaint? (10 points)

2. How do you determine the patient's history of present illness? (10 points)

3. How do you determine the patient's past medical history? (10 points)

4. How do you determine the patient's social history? (10 points)

5. How do you determine the patient's family history? (10 points)

6. How do you determine the patient's use of medical terminology (if you have to ask, then they do not get credit) (if hypertension or diabetes)? (10 points)

11. Avoided/Clarified Medical Jargon

- Provide immediate explanation (10 points)
 - (i.e. explain meaning of term)

1. How do you determine the patient's chief complaint? (10 points)

2. How do you determine the patient's history of present illness? (10 points)

3. How do you determine the patient's past medical history? (10 points)

4. How do you determine the patient's social history? (10 points)

5. How do you determine the patient's family history? (10 points)

Concerns

1. How do you determine the patient's chief complaint? (10 points)

12. Addressed Additional History

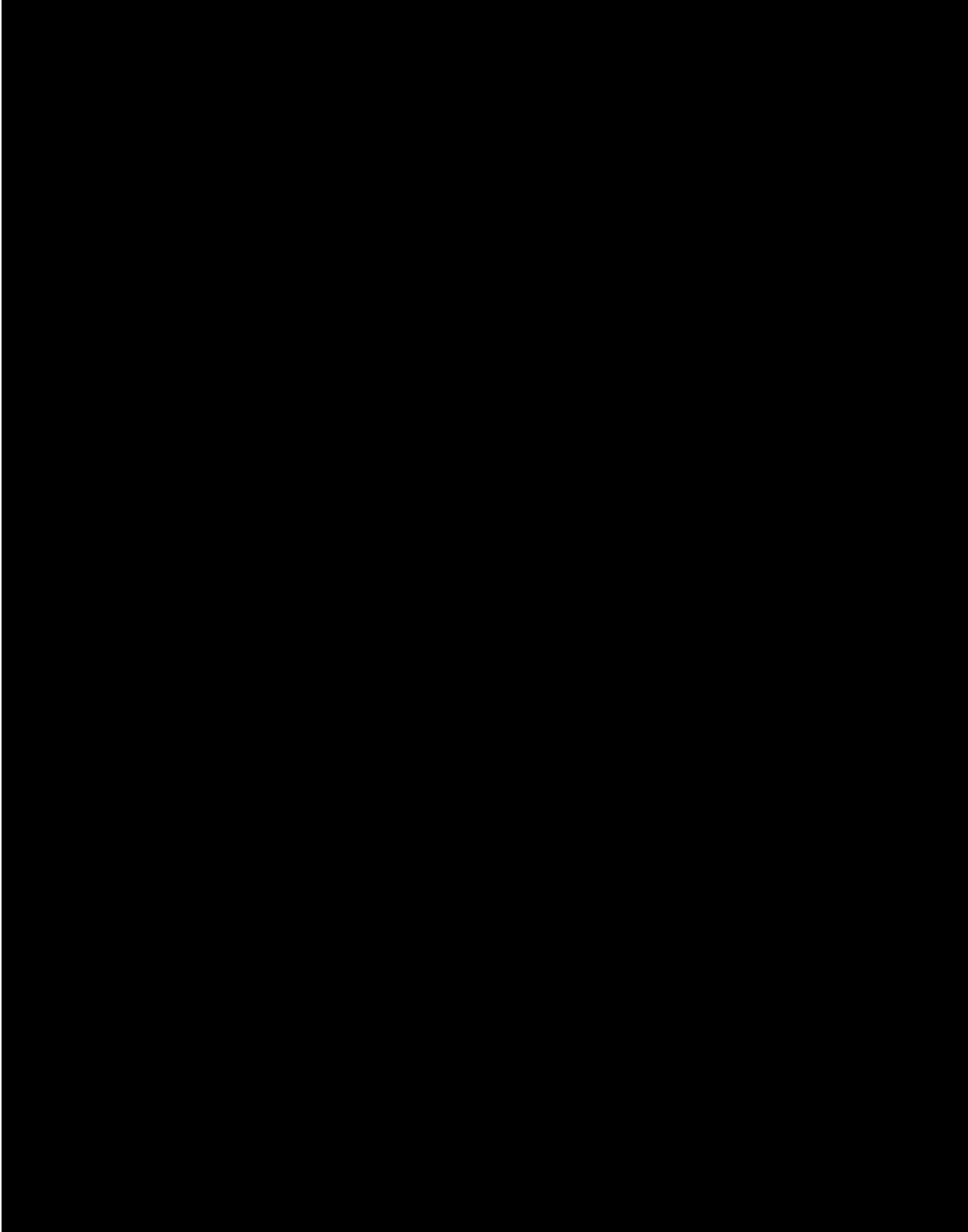
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4. How do you determine the patient's social history? (10 points)

5. How do you determine the patient's family history? (10 points)



APPENDIX C:

APPENDIX E

1. Chief Complaint (Hint: Use simple abbreviations (CC, etc.) to organize your note)

Two choices are available: Direct quote from the patient or inclusion in the first sentence.

Examples:

A. CC: "Having trouble breathing."

B. Mr. X is a 58-year-old Hispanic male complaining of (or "presenting with")

history below to avoid unnecessary biasing of decision-making. If a patient has a previous history of the medication, then you inquire about this medication and other than the first two items, the first two items will suffice.

6. Allergies and Medications These items, if negative, should also be included. Allergies should consist of both drug allergies and food allergies, depending on their relevance. Allergies should include all prescription drugs, such as insulin, as well as prescription drugs. Allergies should be included.

7. Social History Include information that informs decisions

6. Information is relevant here. At the very least, you should include use.

7. Review of Systems If a system is not available for credit. Omission of pertinent medication or negative, will not be covered by the phrase "ROS negative or non-contributor" of the HPI." An organized method for listing the systems in the head-to-toe direction can be helpful to avoid missing a critical system.

Here is a method for organizing your ROS:

10. Diagnostic Workup/Studies: List laboratory tests, imaging, follow-up exams (e.g., CBC/breast exam) with a rationale for each test (such as to rule in/rule out one of the diagnoses). Diagnostic workup should include items related to each of our listed diagnoses. **Include a justification for each diagnostic test.**

Tests are not required unless our Clerkship Director notifies you that their participation is an expectation.

AMBOSS and USMLE World have sections previously dedicated to Step 2CS that you may use for ultimate preparation for our Clerkship.