Clinical Skills Assessment

Policies, Overview and Instructions

Medical students will be evaluated by Clinical Skills Assessment (CSA) during each third year clinical rotation and will have a summative exam at the end of the third year. The exam is conducted in an Objective Structured Clinical Exam (OSCE) format.

The OSCE is an educational tool designed to teach and evaluate students’ clinical skills including:

1) verbal communication  
2) history and physical examination  
3) differential diagnosis  
4) written communication.

- Professionalism is a major component of evaluation.
  Professional behavior includes for example:
  1- Respect for Standardized Patients, faculty, staff, or fellow students
  2- Punctuality
  3- Dressing in keeping with policies regarding professional appearance
  4- Compliance with “UMC Policy Regarding Personal Belongings during Exams”
  5- Remaining quiet in the hallway and not communicating with other students during the exam
  6- Refraining from discussing patient cases outside the exam setting
  7- Honoring policies explained in this document
Unprofessional behavior will be reported to the Associate Dean for Academic Affairs.

- Behavioral objectives are described in Appendix A.

CLINICAL ROTATION EXAMS:

Structure of Exam:
The exam is set up with different exam stations, each station representing a clinical case. A trained standardized patient (SP) role-plays each case. Each exam is timed. Students are NOT expected to perform a complete physical exam at each station. Rather, the student should discern what components of the history and physical are most appropriate for the case.

Equipment:
Students need a white coat and stethoscope and should be dressed appropriately to see patients. If you are on a rotation primarily involving surgical procedures and are wearing scrubs, bring a change of clothes. A clipboard with scratch paper is provided. All other instruments necessary are included in the exam rooms, which are furnished like clinic rooms. Please refer to UMC “Policy Regarding Personal Belongings during Examinations.” (Appendix B)
Schedule:
Clinical rotation CSAs are scheduled collaboratively with M3 Course Directors and Coordinators. Participation in these exams is required for each rotation course. Course Coordinators will notify students of assigned exam dates.

It is IMPERATIVE that both students and standardized patients ARE ON TIME for preliminary instructions and exams. Failure to report for a rotation exam will be handled at the discretion of the M3 course director.

Sequence:
1) Timer sounds to begin the first exam station.

2) Student reads brief patient information and instructions from the chart at the door. (Part A of that case.)

3) Student interviews and examines the patient, and if time permits, explains working diagnosis and plan.

4) After 12 minutes, a beeper will sound, signaling the end of the patient encounter. There will be no more opportunity to ask the SP for more information.

5) The student will move to a desk outside the exam room to complete a Patient Encounter Note about the encounter (Part B of the case). It is not necessary for the note to be written in complete sentences, but the note should be legible, well organized, and concise but thorough. Students may also type their notes. Notes are evaluated on organization, content, differential diagnosis, diagnostic workup, and legibility. The student has 8 minutes to complete this Patient Encounter Note. (See Appendix C for format.)

[During this same 8 minutes, the SP, who has been trained to evaluate the student, completes a faculty-developed checklist on the student’s performance.]

Note: It is acceptable for the student who finishes the patient encounter early to move on to Part B outside the exam room. However, the student may not go back to the patient for more information after leaving the room. Talking with other students during this time will be regarded as unprofessional behavior.

6) After 8 minutes, a beeper will sound again; the student places the note in the “B” file pocket on the door then returns to the exam room for feedback.

7) The SP has been trained to give the student feedback on performance according to a checklist of desired competencies designed by faculty. If time permits (8 min. maximum), the student may ask for additional feedback not included in the checklist.

8) The SP gives the student the checklist to place in the “B” file pocket on the door.

9) After 8 minutes of feedback, a beeper will sound again, signaling the student to move to the next station/case. The student carries only the clipboard of fresh scratch paper to the next station. [Note: The student may NOT go to the next exam station early, but must wait for the signal.]
10) This process is repeated until the student has rotated through all exam stations. A beeper will signal the end of the exam.

Note: Some stations may involve a different task, such as counseling or explaining something to a patient in Part A. The student will still complete a note for Part B, and then the student would return to the patient for feedback on communication skills. If there are different tasks, instructions will be given.

At the end of each rotation exam, students will remain for grading of Patient Encounter notes. CSA faculty will also score notes.

Test results will be reported to Course Directors. CSA exams are counted toward course grades at the discretion of Course Directors. Refer to the course syllabus for each rotation for more information.

The national exam, the USMLE Step 2 Clinical Skills Exam, will differ from the UMC rotation exams in that examinees will not receive immediate feedback from SPs on the USMLE; therefore, it allots more time for the interview and physical exam (15 minutes) and Patient Note (10 minutes). Our UMC Clinical Skills Assessment Exam (in OSCE format) abbreviates these stations to allow additional time for students to receive constructive feedback.

UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
CLINICAL SKILLS ASSESSMENT FINAL EXAM
(End-of-third-year exam)

In May, students will take a REQUIRED CSA final exam. The format will be similar to the USMLE Step 2 CS, although instead of 15 minutes per patient encounter and 10 minutes for a written Patient Note, UMC’s final exam has 14 and 9 minutes, respectively. Although verbal feedback will not be given during the UMC CSA final exam, the Clinical Skills Center will provide summative written feedback for the student’s benefit.

- Students will be notified of their assigned date to take the CSA final exam. Each date assigned will be determined in conjunction with assignments on your last block.
- Scheduling is handled by the Course Coordinators and the Clinical Skills Assessment Center Education Administrator. There will be NO SWAPPING by individuals.
- Please remember your individual assignment for date and time of your UMC CSA final exam. This date will be assigned your last block.

Students need a white coat and stethoscope and should be dressed appropriately to see patients. Scrubs are not acceptable. A clipboard with scratch paper is provided. All other instruments necessary are included in the exam rooms, which are furnished like clinic rooms. Please refer to UMC “Policy Regarding Personal Belongings during Examinations.” (Appendix C)

BE ON TIME! WE WILL NOT HOLD THE EXAM!
All CSAs are scheduled and timed exams therefore it is imperative that everyone arrives on time. Students should report to and remain in the waiting area of the CSA Center. Students
should have no contact with the standardized patients. ONLY SCHEDULED STUDENTS ARE TO BE IN THE CSA CENTER.

Please be at the CSA Center by **8:55 a.m.** on your examination date for the “final”.

There will be a lunch break of approximately one hour. Exams will be concluded by approximately **4 p.m.** Please do not schedule other appointments during this time. Partial credit **will not be given** for taking only a portion of the exam.

Each student will have 11 different standardized cases involving standardized patients. Students will have 14 minutes to interview and examine the patient at station A. A signal will be given at the end of 14 minutes; the student will then proceed to part B of the case to complete a Patient Encounter Note. It is not necessary for the note to be written in complete sentences; HOWEVER, the note MUST BE LEGIBLE, well organized, and concise but thorough. Students may also type their notes. Notes are scored on organization, content, differential diagnosis, and diagnostic workup. Students may not go back to the patient for more information after leaving the room. After 9 minutes a signal will be given for the student to stop writing and move to the next case. Students WILL NOT return to SPs for feedback as they have been doing in the rotation exams. This process will be repeated until the student has rotated through all cases.

**Students must leave the exam area and the CSA Center quickly and quietly after finishing the exam so setup can begin immediately for the next scheduled group.**

Later you will receive summative written feedback on your performance. Please plan at least 30 minutes to review this when notified. **You are REQUIRED to review your checklists, SP comments, and Patient Encounter Notes in order to pass.**

**PASSING PERFORMANCE:**
A passing score on the rotation and final CSAs is dependent upon participation, punctuality, professional behavior, demonstration of effort toward satisfactory performance, and review of your results.

**Students who fail** for reasons outlined above, or who fail to perform satisfactorily in communication skills or integrated clinical encounter, will be scheduled for remediation. Students may begin their fourth year with the contingency that remediation be satisfactorily completed.

**Fees:**
A student who has an unexcused absence for the final exam, or who is dismissed from the examination for unprofessional behavior, will incur a fee of **$250.00**, payable to UMC. Requesting rescheduling after dates have been assigned, except for a serious emergency, will result in a rescheduling fee of **$250.00**. Students should make certain that they have cleared their schedules and committed to their test date and should record that date in their personal calendar.
**Recommended Reading:** USMLE.org – web site for Step 2CS info & video, *First Aid for Step 2CS* (alternative prep books acceptable), usmleworld.com, any “Intro to Clinical Medicine”, H & P text or online source: e.g. Bates, Mosby’s.

In case of an emergency, please contact the Education Administrator as soon as possible. Speak directly with someone rather than leaving a voice mail. **Only our cell numbers will be in use on the actual exam dates.** Prior to exam dates, contact:

Kathryn Hill, CSAC Education Administrator/Coordinator **for scheduling questions**  
Email: klhill@umc.edu

Dr. Judy Gearhart, CSAC Medical Director **ONLY for questions about medical content**  
Judy Gearhart, MD, Professor, Department of Family Medicine  
CSAC Director, Office of Academic Affairs  
Email: jgearhart@umc.edu
Appendix A: Behavioral Objectives for CSA and USMLE Step 2CS

Communication and Interpersonal Skills (CIS)

The following is an expanded description of the process for assessing the CIS subcomponent of Step 2 CS. It includes some clarification in the description of the scoring process and additional examples of the specific skills of interest.

Communication and Interpersonal Skills (CIS)

CIS performance is assessed by the standardized patients who provide a global rating of these skills using a series of generic rating scales. The domains included in these scales are, in part, based upon the scales used in the former Clinical Skills Assessment (CSA) of the Educational Commission for Foreign Medical Graduates, with enhancements based upon national consensus statements on essential communication skills and upon review of other commonly used rating forms.

The CIS subcomponent includes assessment of:

- **Questioning skills** – examples include:
  - use of open-ended questions, transitional statements, facilitating remarks
  - avoidance of leading or multiple questions, repeat questions unless for clarification, medical terms/jargon unless immediately defined, interruptions when the patient is talking
  - accurately summarizing information from the patient
- **Information-sharing skills** – examples include:
  - acknowledging patient issues/concerns and clearly responding with information
  - avoidance of medical terms/jargon unless immediately defined
  - clearly providing
    - counseling when appropriate
    - closure, including statements about what happens next
- **Professional manner and rapport** – examples include:
  - asking about
    - expectations, feelings, and concerns of the patient
    - support systems and impact of illness, with attempts to explore these areas
  - showing
    - consideration for patient comfort during the physical examination
    - attention to cleanliness through hand washing or use of gloves
  - providing opportunity for the patient to express feelings/concerns
  - encouraging additional questions or discussion
  - making
    - empathetic remarks concerning patient issues/concerns
    - patient feel comfortable and respected during the encounter

Appendix B: UMC Policy Regarding Personal Belongings during Exams

University of Mississippi
School of Medicine

Purpose: to provide clear guidelines and communication to students and faculty regarding appropriate and inappropriate use, or presence, of personal belongings in the examination setting at the University of Mississippi School of Medicine. The presence of such items may not only be distracting to other students, but may also give the impression of unprofessional behavior.
Personal items, e.g. book bags, should be stored in your locker prior to your entry into the examination room.

You may not bring certain personal belongings into the testing area, including the following (unless specifically permitted by the course director):

- mechanical or electronic devices capable of receiving, storing or transmitting information, such as personal digital assistants (PDAs), palm pilots, hand-held computers, laptop computers, etc
- watches with alarms turned on or watches with computer communication and/or memory capability
- electronic paging devices
- recording or filming devices
- radios and/or cellular telephones
- hats with bills or brims
- books, notes, study materials, or scratch paper
- food or beverages

If these items are brought to the examination, the proctor may take them and store them in the room until you finish the examination. The proctor and/or University of Mississippi Medical Center are not responsible for items left with the proctor as that is neither the primary function nor focus of the proctor during examinations.

Individual departments may impose other restrictions not detailed above, in such case these restrictions are detailed in their respective course syllabi.

The National Board of Medical Examiners (NBME) provides specific instructions for the administration of the Subject National Board Examinations that are used by the School of Medicine. You will be informed of these instructions prior to the start of these examinations and are required to adhere to those instructions.

Non-adherence to this policy in the School of Medicine will be considered to be unprofessional behavior on the part of the student and will be reviewed in accordance with the Policy on Academic Status.

Approved by Executive Faculty March 23, 2004
Appendix C: Patient Encounter Note

PART B  PATIENT ENCOUNTER NOTE  Patient Name______________
Student Name: ____________________________________  Date:  _______________
Stud. ID #: (last 4 digits ONLY)________________________ Exam Room No. _________

HISTORY – Include significant positives and negatives from history of present illness, past medical history, review of system(s).


PHYSICAL EXAM – Indicate only pertinent positive and negative findings related to patient’s chief complaint.


DIFFERENTIAL DX—In order of likelihood, write no more than five differential DXs for patient’s problems.

1. 
2. 
3. 
4. 
5. 

DIAGNOSTIC WORKUP—Immediate plans for no more than five further diagnostic studies.

1. 
2. 
3. 
4. 
5.
Acknowledgement of Policies, Overview and Instructions Regarding the Clinical Skills Assessment Exams

I have read the Policies, Overview and Instructions regarding the Clinical Skills Assessment Exams.

______________________________
Printed Name

______________________________  ____________________________
Student ID #  

______________________________  ____________________________
Signature      Date