

Objective
Structured
Clinical
Examination

Resident Orientation Manual

Introduction

Welcome to the PM&R OSCE/SP Examination. The OSCE is a joint project between the Department of PM&R (NJMS-UMDNJ) and the Kessler Foundation. Completing this OSCE helps to fulfill the ACGME requirements with respect to the six (6) competencies.

We are using standardized patients (SP) to assess resident clinical skills. SPs are individuals who have been taught to present history and physical examination findings of a particular illness or injury in an accurate, standardized and reproducible manner. The standardized patients in different stations vary in authenticity. They are professional actors who specialize in communication skills. They have experience and are usually very good. They have been given highly structured scripts and behave accordingly. The SPs will be used to assess your history-taking, physical examination, information-processing, procedural, teaching and communication skills.

Note: The materials used in this booklet have been modified from 1998 CSA Booklet issued by ECFMG and materials used by ABIM recertification program.

Format of the OSCE/SP Examination

1. The testing area of the OSCE consists of an area modified to simulate a series of examination suites, equipped with examination tables, commonly-used diagnostic instruments (goniometers, reflex hammers, and ophthalmoscopes), latex gloves, sinks, and paper towels.
2. You will progress through approximately six to ten OSCE stations. Different stations will assess different competencies.
3. You have been provided with your own personal schedule and room set-up for this OSCE Examination. At the bottom of all materials, you will find your name and a number. This number indicates which OSCE you are assigned to, as well as the time. The schedule indicates times and stations. Keep in mind that the time for completion of forms (differential diagnosis, evaluations, etc...) is included in the overall time allotment for a particular OSCE Station. The total approximate testing time will vary depending on the number of stations and can be from four to five hours.
4. The standardized patients may have real findings or they may be simulating signs and symptoms. All of the cases are based on real patient encounters.
5. Skills being assessed today are communication skills, history taking, physical examination and procedural skills.

General communication skills required in each station include

- Checking the patient's prior knowledge or understanding
- Avoiding use of medical jargon
- Listening to the patient
- Dealing with patient's issues/ agenda
- Pacing the consultation at a rate that is comfortable for the patient
- Summarizing and finishing with a plan

History-taking stations are usually straightforward. You need to be able to elicit a focused history, be aware of the specific issues and have enough medical knowledge to develop a differential diagnosis. You need good listening skills and should avoid using jargon.

Physical examination stations will require you to explain what you are going to do to the patient before or during the examination. Be organized and be aware of maintaining patient comfort. Perform physical examination maneuvers correctly and expect that there will be some positive physical findings. Some may be simulated, but you should accept them as real, and factor them into your evolving differential diagnosis.

Some stations may require you to perform a procedure. You may need to get a valid consent from the patient. You should be able to explain the nature and the purpose of the procedure including any risks or any possible complications.

6. Fifteen minutes are allowed for each encounter, including time to read the doorway information sheet (**time allotments are written on the student instructions; the time you have with each patient will vary depending upon the task**). **You are responsible for pacing your visit with the patient.** An announcement will be made by the PA system when to begin the encounter. **Do not enter an examination room until your designated time. Please knock before entering a patient's room and proceed to wash your hands before beginning any examination.**
 - Immediately after closing your encounter with the patient, **complete the post encounter tasks** (i.e, differential diagnosis or prescription writing) on the blank papers provided, and give them to the faculty observer during your feedback.
 - All station visits will be 15 minutes with an additional five minutes time for feedback from the faculty observer and standardized patients. The following announcements will be made:
 - **Begin Encounter**
 - **Two Minutes Remaining**
 - **Allotted Time Over, Begin Feedback**
 - **Encounter Over – Change Stations**
(You will then have three minutes to change stations)
7. **In some cases you may complete the encounter in less than the allotted time. If so, you may leave the examination room early, but you are not permitted to re-enter.** Be certain that you have gotten all the necessary information before leaving the examination room.
8. You are being evaluated on the basis of checklists and rating scales completed by the patients and the faculty observer. Standardized patients will be providing general information about their time with you such as listening skills, speaking clearly, tact and privacy during examination, and organization of history-taking interview, if applicable.

Doorway Information

Posted on the door of each examination room will be some basic information regarding the patient you are about to see. Please read this carefully before seeing the patient because it will tell you his or her name, gender, age, presenting complaint, and task(s) you are to complete. Most OSCE stations will have the same types of task(s) listed, but some may include specific, unique tasks.

For your convenience, there will be an identical copy of the doorway information in the examination room. Please do not write on the doorway information. If necessary, you may take notes on the blank sheets provided in the rooms. Please do not remove the doorway information from the examination room.

Doorway Information (Sample)

1. Opening Scenario

Jolene Brown, a 48 year-old woman, comes to your office complaining of low back pain.

2. Examinee Tasks

1. Obtain a focused history.
2. Perform a relevant physical examination
(Do not perform rectal, pelvic/genital, or female breast examinations).
3. Discuss your initial diagnostic impression and your work-up plan with the patient.
4. After leaving the room, complete the evaluation form placed outside the room.

3. Time Allotted: 30 minutes

Description on the OSCE

OSCE Prototype

Before you enter each examination room, you will have a few moments to review information that will be posted on the examination room door. This information gives you specific instructions, tells you the patient's name, age, gender, and reason for visiting the doctor and pertinent tasks you are required to complete.

Upon entering each room, you will encounter an SP. Introduce yourself as you would introduce yourself to any patient. By asking this patient the appropriate questions and/or performance of a relevant physical examination, you will be able to get enough information to perform the requested task(s). Please wash your hands before beginning any physical examination. You will also be expected to communicate orally in an empathetic manner. You are to answer any questions they have, tell them what diagnoses you are considering, and advise them on your follow-up plans.

The types of problems that your patients will be portraying are those you would commonly encounter in

a clinic or a doctor's office in psychiatric practice. All patients are adults, although some individuals could present with problems relating to their spouses or family members. The elements of the medical history you need to obtain in each case will be determined by the nature of the patient's problems. Not every part of the history needs to be taken for every patient. Some patients may have acute problems, while others may have more chronic ones. You most likely will not have time to do a complete physical examination on every patient, nor will it be necessary to do so. Pursue the relevant parts of the examination, based on the patient's problems, assigned task, and other information you obtain during the history taking.

The key to interacting with the SPs is to relate to them exactly as you would to any patients who you may see with similar problems. The only exception is that certain parts of the physical examination must not be done: rectal, pelvic/genital, or female breast examinations. If you feel these are indicated you may suggest them in your proposed

diagnostic work-up. If you feel it necessary to check sensation, please use cotton swabs provided instead of the usual pin.

The time you have with each patient will vary. You are responsible for pacing your time with the patient. Time allotments are written on the doorway information sheet. An announcement will be made to tell you when to begin the encounter, when there are 2 minutes remaining, and when the allotted time has elapsed and to begin the feedback. Do not enter the examination room until your designated time. In some cases you may complete the encounter in less than the allotted time. If so, you may leave the examination room early, but you are not permitted to re-enter. Be certain that you have gotten all the necessary information before leaving the examination room.

It is important to understand that some cases are designed to present more than one diagnostic possibility. Based on the patient's presenting complaint

and the additional information you obtain as you begin taking the history, you should keep your mind open to all possible diagnoses and explore the relevant ones as time permits.

Perform physical examination maneuvers correctly and expect that there will be some positive physical findings. Some may be simulated, but you should accept them as real, and factor them into your evolving differential diagnosis. Be considerate of the patients and always keep them comfortable and properly draped as you perform the physical examination.

There will be an announcement when the feedback is over. You will then have three minutes to change stations.

During all SP encounters, each patient will evaluate your skills as a physician based on the following criteria:

❖ **Skills in interviewing and collecting information**

- ❖ The clarity of your questions
- ❖ The effectiveness of your questioning techniques
- ❖ Appropriate use of medical language
- ❖ Your verification and summarization of information
- ❖ The effectiveness of your transitions throughout the different parts of the interview.

❖ **Skills in counseling and delivering information**

- ❖ The clarity of information you give
- ❖ The effectiveness and sincerity of your counseling
- ❖ The thoroughness of the encounter closure
- ❖ The clarity and appropriateness of your speech
- ❖ How effectively you summarize and synthesize the information you gather.

❖ **Rapport (connection between doctor and patient)**

- ❖ Your attentiveness
- ❖ The appropriateness of your body language
- ❖ Your confidence level, attitude
- ❖ The level of empathy and support you show

❖ **Personal Manner**

- ❖ Your sensitivity to patient modesty, including appropriate draping
- ❖ Your manner while conducting physical examinations
- ❖ The appropriateness of your mood
- ❖ Your manner of introducing yourself

The following are the rating scales used by the SP to rate your performance. A different rating scale is completed for each station, based on the content of each station.

Patient Satisfaction Rating Scale – for Physical Exam Stations

| How is the doctor at: | 1 Poor | 2 Fair | 3 Good | 4 Excellent | 5 Cannot Evaluate |
|---|-------------------|-------------------|-------------------|------------------------|----------------------------------|
| Item 1 | | | | | |
| Explaining to you what he/she is going to do before or during the physical examination? | | | | | |
| Item 2 | | | | | |
| Maintaining your comfort during physical exam? | | | | | |
| Item 3 | | | | | |
| Maintaining your modesty? | | | | | |
| Item 4 | | | | | |
| Was organized and systematic in the examination? | | | | | |

| Item 5 | YES | NO |
|---|------------|-----------|
| Would you return to this physician for your care? | | |
| If not, please explain: | | |
| | | |

Patient Satisfaction Rating Scale for Procedure Station

| How is the doctor at: | 1 Poor | 2 Fair | 3 Good | 4 Excellent | 5 Cannot Evaluate |
|---|-----------|-----------|-----------|----------------|-------------------------|
| Item 1 | | | | | |
| Behaving professionally, acting attentive and interested, and not interrupting while you are talking. | | | | | |
| Item 2 | | | | | |
| Clearly explaining need for procedure and the risks and benefits, using words that you can understand and explaining medical terms. | | | | | |
| Item 3 | | | | | |
| Encouraging you to ask any additional questions, acknowledging your worries or concerns, and discussing options for alternative management. | | | | | |

| Item 4 | YES | NO |
|--|-----|----|
| Would you return to this physician for your care? | | |
| Please explain, if No: | | |

Patient Satisfaction Rating Scale for History Taking

| How is the doctor at: | 1 Poor | 2 Fair | 3 Good | 4 Excellent | 5 Cannot Evaluate |
|--|-----------|-----------|-----------|----------------|-------------------------|
| Item 1 | | | | | |
| Greeting you warmly and showing respect, treating you like you are on the same level, not patronizing, nor talking down to you. | | | | | |
| Item 2 | | | | | |
| Listening to you carefully, being attentive and interested, allowing you time to answer, not interrupting while you are talking. | | | | | |
| Item 3 | | | | | |
| Asking open-ended questions, using words that you can understand, encouraging you to contribute any additional information. | | | | | |
| | | | | | |

| Item 4 | YES | NO |
|---|------------|-----------|
| Would you return to this physician for your care? | | |
| Please explain, if No: | | |
| | | |

Preparing for OSCE

History taking, physical examination, communication, and interpersonal behavior are all skills that can be improved by training, practice, and critique.

General Comments

- ◆ Greet the patient and state your name.
- ◆ Elicit or confirm the patient's name.
- ◆ Never attempt to communicate with the patient other than as a physician to patient.
- ◆ Feel free to take notes during the encounter.
(Blank paper will be provided)
- ◆ Concentrate on the case on which you are working.
- ◆ Notify proctors or evaluators of any problems.

History Taking

- ◆ Begin with broad questions and then focus your inquiries.
- ◆ Don't rush the patient's answers.
- ◆ Don't cut the patient's answers off with another question.
- ◆ Repeat your questions in different terms if necessary.
- ◆ Ask follow-up questions.

Physical Examination

- ◆ Wash your hands between patients, preferable before touching the patient or beginning the physical examination.

- ◆ Tell the patient when you are going to begin the physical examination.
- ◆ Describe the maneuvers either before or as you do them.
- ◆ Always use patient gowns and drapes appropriately to maintain patient modesty and comfort.
- ◆ Maintain the patient's modesty, but never examine through the gown.
- ◆ Do a focused examination based on the patient's complaint, symptom, and history.
- ◆ Look for physical findings.
- ◆ Note the time warning for two minutes remaining in the encounter.
- ◆ Close the encounter when the "End of Encounter" signal is given.
- ◆ When appropriate, tell the patient your initial impressions and your plan for the diagnostic work-up.
- ◆ When appropriate, ask for, and answer any additional questions.
- ◆ **Do not perform rectal, pelvic/genital, or female breast exams.**

Communication Skills

- ◆ Make eye contact.
- ◆ Ask clear questions.
- ◆ If you use medical terms, explain yourself.
- ◆ Be direct and honest, but also be sensitive.
- ◆ If you don't know the answer to an SP's question, say so.
- ◆ Acknowledge the patient's concerns or worries.