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CLINICAL SKILLS ASSESSMENT

**Information for
Class of 2014 Medical Students**

**Prepared by the
Performance Based Assessment Task Force**



University of Pittsburgh School of Medicine

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What is the CSA?

The Clinical Skills Assessment (CSA) is an objective assessment of clinical skills. It is very similar to the physical examination you completed on a standardized patient during the Introduction to Physical Examination.

What are the purposes of the CSA?

1. To provide a measurable assessment of medical students' clinical skills halfway through your training in history and PE skills.
2. To provide you with detailed feedback from a faculty member.
3. To provide a chance for you to reflect on your clinical skills and decide what you need to work on in the future.

What happens on the day of the CSA?

You will complete a history and physical examination on a single patient. The patient will present in an ambulatory setting such as a primary care doctor's office. Your patient for this encounter will be a Standardized Patient, similar to patients you encountered in the Medical Interviewing and the Introduction to Physical Examination courses. You will be given a sheet of information which includes the patient's name, a patient-completed review of systems, and nurse-generated vital signs as if you were seeing the patient for the initial visit in a doctor's office. You will not be asked to make diagnoses or give treatments. You will be given 45 minutes to perform the history and physical examination. You will not be required to complete a write-up of the history and physical itself. During the encounter, you will be given a signal when 25 minutes have elapsed and a signal to stop at 45 minutes.

Where Do The Cases Come From?

Though each student will perform only one history and physical, there are multiple cases being portrayed by the standardized patients. The cases for the CSA are representative of the types of clinical encounters experienced by primary care physicians as reported in several national databases. Specific cases are created and/or approved by an oversight committee, the Performance-Based Assessment Task Force, which is made up of clinical faculty of the School of Medicine. Once cases are developed, Standardized Patients are thoroughly trained to present the specific clinical condition.

What skills will be assessed?

The following areas are evaluated by the CSA:

1. History
2. Physical
3. Communication Skills

How is the CSA scored?

During your CSA, you will be observed by a faculty member. All of the history and physical elements that are being evaluated are items that are part of the typical history and physical that has been taught during the Medical Interviewing and Clinical Skills courses and are outlined in the Advanced Physical Examination syllabus. A summary of these items is listed at the end of this document. While you must pass the CSA, your score on the CSA will not contribute to your grade for the Introduction to Physical Examination and Advanced Physical Examination courses.

What can I bring to the CSA?

You should bring a clean white coat, Medical Center photo identification badge, stethoscope, reflex hammer, penlight, watch with second hand, and oto-ophthalmoscope set. We suggest that you freshly recharge your oto-ophthalmoscope.

No books, computers, notes or other memory aids may be taken into the room.

How can I be efficient with my time?

1. Read all information carefully before entering the room.
2. Be organized in your approach to the patient.
3. Follow the format of history and physical exam skills you have learned in the Advanced Physical Examination course.

What will the CSA examination room be like?

Most exams will take place in the M-200 Clinical Skills Suite, with rooms set up to look like a clinic room. On rare occasions, small group rooms may be reconfigured to simulate patient examination rooms. The patient will be in a hospital gown, sitting on an examination table. There will be a chair for you and a side table containing ordinary exam room supplies, such as tongue depressors, Q-tips, a blood pressure cuff, and a clipboard with blank paper. A faculty physician will be positioned in one corner of the room adjacent to a tripod and digital camera.

Why is the CSA being recorded?

There are two main reasons why the CSA is being digitally recorded:

1. An archive copy of the student's performance will be retained by the CSA faculty for review, if questions arise regarding an individual student's level of performance.
2. Each student will also be responsible for reviewing their own exam and completing a brief self-assessment of their performance. You will be given a copy of your DVD at the end of your examination. This DVD may be viewed in a small group room, the library or at home. You will be required to complete a brief self-assessment about specific items based on your review of the encounter.

This self-assessment and the DVD are to be submitted to the Office of Medical Education within two weeks of the CSA.

What have been some key problems of students who have not performed well on standardized patient assessments?

- Not including pertinent parts of a history or physical.
- Not performing parts of the physical properly.
- Being disorganized in history taking.
- Hurrying too quickly to a specific diagnosis when more assessment is needed
- Not conducting themselves in a professional fashion.

How is the information from the CSA valuable to me?

Not only is this a diagnostic assessment of your skills (strengths and weaknesses) but it will also be valuable in helping educators at the School of Medicine enhance the curriculum. Information about the overall performance by your student class will be used by the Curriculum Committee to help refine our educational programs.

Some closing thoughts:

Make sure you know the format / outline of a good history and physical exam. Students may encounter difficulties when they are too cursory, become disorganized, or forget information. When in doubt, ask the question. When in doubt, do the exam. Be as thorough as you can.

Keep track of time. There will be an announcement when you have 20 minutes remaining. It may be helpful to practice on a colleague or a friend to become accustomed to working within time limits.

Sleep well the night before.

Relax as you get ready to enter the room. Take a deep breath and tell yourself, “I can do this,” because you can.

And, if by chance you do not do well, the assessment hopefully has done its job in identifying the weaknesses on which you need to work.

We are personally convinced of the value of the CSA. It is a valuable tool to help you as you prepare to move forward in your education.

Appendix

Specific History and Physical Components

For the history, you will be expected to:

- Wash your hands (if a sink is not provided, hand sanitizer will be available)
- Introduce yourself appropriately
- Dress in a professional manner
- Obtain the chief complaint in the patient's own words
- Obtain the HPI including location, quality, quantity or severity, symptom(s) onset (circumstances), total duration of illness, episode duration, episode frequency, symptom progression, aggravating factors, relieving factors, setting(s) in which symptoms occur, associated symptoms, and the patient's response to this illness
- Obtain PMHx including general state of health, hospitalizations for medical and surgical illnesses, other illnesses, menstrual hx, immunization hx, health screening
- Obtain a medication hx including current medications with reactions, non-medication allergies
- Obtain a social hx including home environment, education, employment, smoking (current and past and interest in cessation), alcohol (CAGE if positive), illicit drugs, sexual history, contraception
- Obtain a family hx for immediate family members asking specifically about potentially inheritable problems like cancer, hypertension, and heart disease
- Comment on any positives in the ROS

For the Physical Examination, you will be expected to examine the following systems:

- Review vital signs and repeat BP and pulse
- Eyes (external structures, extraocular muscle function, convergence, pupillary response to light and accommodation), ophthalmoscopic examination (anterior structures, rear structures, macula), visual field, and visual acuity
- Ears (auricles, acuity, with otoscope)
- Nose (patency, nasal vaults, sinus tenderness)
- Mouth (lips, gums, tongue, teeth, floor of mouth and base of tongue, posterior pharynx including elevation of palate)
- Neck (nodes around ears, anterior and posterior cervical and supraclavicular chain, thyroid, carotids)
- Back (vertebrae and CVA tenderness)
- Thorax (chest expansion, percuss, auscultate)
- Breast (patient will give you results when you request them; do not actual perform exam)
- Heart (observe precordium and neck veins, palpate for PMI, auscultate)
- Abdomen (auscultate, palpate, examine aorta, spleen, liver, check for bruits)
- Rectal / genital (patient will give you results when you request them; do not actual perform exam)
- Extremities (inspect and palpate, test arm, forearm, hand, calf, foot and leg muscles, radial, dorsalis pedis and posterior tibial pulses, edema, axillary nodes)
- Nervous system (CN II-XII; biceps, triceps, brachioradialis, patellar, and Achilles reflexes; cerebellar function including gait, light touch, position or vibration sense; mood or affect)
- Skin

At the end of the exam, you will be expected to:

Ask patient if they have questions, summarize problems, and close the session. At the conclusion of the session you will receive constructive feedback from the patient and from the faculty preceptor.