Purpose of the CSEs

Give you feedback on your history, physical exam and communication skills

Give same feedback to the course directors

Prepare you for USMLE Step 2 CS
Stations

6 cases
  ◦ One case will have double time (the door instruction will tell you)

10 minutes in room

Warning bell at 8 minutes

4 minutes in between (time for standardized patients to grade)

Will include ICM 1 and 2 + this fall’s coursework
Logistics

Come on time

Dress appropriately
  ◦ No scrubs
  ◦ Professional clothes

Bring stethoscope

Academic Honesty Guidelines
  ◦ No talking, sharing, mentioning, cheating
Stations

Each station will have 3 categories
- History
- Physical Exam
- Communication & Professionalism

Read door instructions carefully

Copy of door instructions in the room too
What if you don’t do well?

If you don’t pass...
- Remediation includes watching your videos compared to classmates’ Best Performance Video.
- Reflection worksheets
- Meet with Drs. Stalvey or Wright
- Maybe PETA
- CLG leader kept in the loop
- Need to complete remediation to pass ICM 3

If you “pass with concern”...
- All the above except don’t have to meet with Drs. Stalvey or Wright but we are happy to meet with you if you want
- CLG leader kept in loop
General Advice on CSEs

(ITS DIFFERENT THAN HOSPITAL PATIENT ENCOUNTERS)
“Focused” History: How I think about it

HPI

LOCATES

Pertinent ROS

Chronology

Summarize?

Differential Dx

Risk Factors

PMH

PSH

All

Meds

Soc Hx

Family Hx

DDx
Focused History: Chest pain

LOCATES

DDx
- Angina/Cardiac
- Musculoskeletal
- GERD
Focused History: Chest pain

LOCATES - heaviness

ROS
  ◦ Cardiac/Pulm

DDx Questions
  ◦ Diaphoresis, SOB

Risk Factors
  ◦ PMH: HTN, Heart disease, Cholesterol
  ◦ FH: Heart disease

DDx
  ◦ Angina/Cardiac
Focused History: Chest pain

LOCATES: sharper pain

ROS: --

DDx Questions
- Worse with movement, recent trauma, heavy lifting

DDx
- Angina/Cardiac
- Musculoskeletal

Risk Factors: --

HPI
- LOCATES
- Pertinent ROS
- Chronology
- Summarize?
- Differential Dx
- PMH
- PSH
- All
- Meds
- Soc Hx
- Family Hx

Risk Factors
- --
Focused History: Chest pain

**LOCATES** - burning

**ROS**
- GI

**DDx Questions**
- Worse at night, burning

**Risk Factors**
- PMH: h/o GERD, ulcer
- Meds: NSAIDS

**DDx**
- Angina/Cardiac
- Musculoskeletal
- GERD
What will we be tested on?

History
- Partly some LOCATES items
- Partly some DDx/Risk Factors/ROS items
- Average about 10 history items total on checklist per station

Results to you
- History: LOCATES
- History: ROS/DDx
- Graded by the Standardized patient
“Focused” Physical Exam

Do system(s) appropriate to HPI and Differential diagnoses

◦ Common mistake in CSE 1B: only doing one system when more than one was appropriate

◦ But....don’t have time to do a head to toe exam

◦ More similar to ambulatory setting than inpatient
One way to think about “Focused” Physical Exam

Basic System(s) related to HPI

Differential Dx

Extra maneuvers/Special Consideration based on Ddx
- Pneumonia: egophany
- Appendicitis: rebound
- CHF: JVD, edema
Second way to think about “Focused” Physical Exam

**Primary** physical exam system - a lot of parts

**Secondary** physical exam system – a couple of parts

**Tertiary** – here and there based in ddx

Example: Patient has SOB....??Dx: CHF exacerbation

- Primary exam system: Cardiac
- Secondary: Lung...auscultate lungs (+/- percuss)
- Tertiary: JVD, edema, S3
“Focused” Physical Exam

Example: Cough...Ddx: Pneumonia, Bronchitis, URI (with some post nasal drip)
- Primary exam system: Lung
- Secondary: HEENT (nose, throat, ear)
- Tertiary: egophany, fremitus, percuss

Another way of thinking
Primary physical exam system - a lot of parts
Secondary – a couple of parts
Tertiary – here and there based in ddx
Tips for the Physical Exam

Review your ICM PE checklists

Wash hands
  ◦ Before examine patient
  ◦ Hand sanitizer ok

Ask for any other exams you would do but we don’t pay the standardized patients enough to do for CSE ...rectal, pelvic, inguinal lymph nodes...
What will we be tested on?

Physical Exam
◦ Wash hands before examine the patient
◦ Important parts of the basic system(s)
◦ Tests of special consideration based on your ddx

Results to you
◦ Physical Exam
◦ Physical Exam: Special Consideration
◦ Graded by the Standardized patient
Communication & Prof

The student addressed me by name.
Introduced himself/herself with first and last name
Explained they are a student
Avoided medical jargon (if used, then explained)
Maintained eye contact with patient
Used effective body language (posture and proximity)
Expressed understanding of your emotions
Listened carefully when you spoke
Reviewing next step
Summarized our discussion
 Asked for additional questions or concerns
Overall, treated you with courtesy and respect
Closing the encounter

Summarize at some point (and say you are summarizing)

Ask if any questions

Review next steps – doesn’t have to be rocket science at this stage in your training...some type of exit statement
But where do I list the diagnosis?

You do not list a diagnosis on this CSE

We are testing you on your thinking process...your clinical reasoning

We see if you are thinking through a differential based on your history taking questions and physical exam
Questions? Email me Cstalvey@ufl.edu