



# AY 2022-2023 CLERKSHIP OSCE MANUAL

How to effectively prepare for your clerkship OSCE

## INTRODUCTION

Objective Structured Clinical Examinations (OSCEs) will be administered at the end of each of the core clerkships (Family Medicine, Internal Medicine, Neurology, Ob/Gyn, Pediatrics, Psychiatry and Surgery) and enable medical students to demonstrate their clinical skills during a standardized medical scenario with a Standardized Patient (SP) which may include history taking, physical examination, patient-centered communication, medical knowledge, clinical reasoning, and the integration of these skills.

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## AY 22-23 Clerkship OSCE Requirements

Clerkship OSCEs must be passed to be eligible for Honors but are not otherwise factored into a student's grade for the clerkship. Students who do not pass the OSCE will be directed to participate in remediation activities.

Each Clerkship will advise you of the start time and date of your OSCEs. It is essential that you arrive at the Clinical Skills Education and Evaluation Center (CSEEC) at your designated time since the OSCE encounters are timed events.

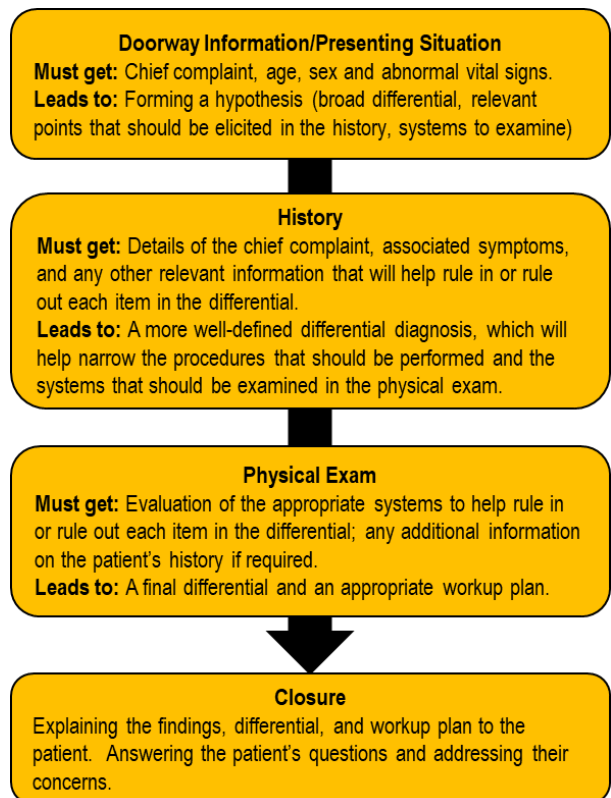
Please come to the CSEEC in Professional Dress that is appropriate for a clinical setting as outlined here:

<https://medstudent.usc.edu/home/faculty-staff-information/keck-school-of-medicine-md-student-dress-code-policy/>

The only required medical equipment you should bring is your stethoscope. The CSEEC will provide all other necessary medical equipment.

## AY 22-23 Clerkship OSCE Structure

There will be 2 OSCE cases per clerkship and you will complete each clerkship OSCE within 1.5 hours. Your OSCE day will start with a 15-minute orientation followed by the 2 encounters. You will be given 15 minutes (with a warning announcement when you have 5 minutes left) to complete your clinical encounter with the standardized patient (SP). Your presenting situation (doorway information) will be provided to you at the beginning of your encounter. The presenting situation will include patient information such as chief complaint, age, vital signs, and specific instructions for your encounter. During your standardized patient encounter, you should introduce yourself, obtain an appropriate history, conduct a focused physical exam, formulate a differential diagnosis, and communicate your plan and diagnostic workups that you are recommending to your patient. You will also be expected to answer any questions from the SP, discuss the diagnoses being considered, and advise the SP about any follow-up plans you recommend. After leaving the room, you will have 10 minutes to complete a post-encounter activity such as a patient note or a clinical reasoning exercise.

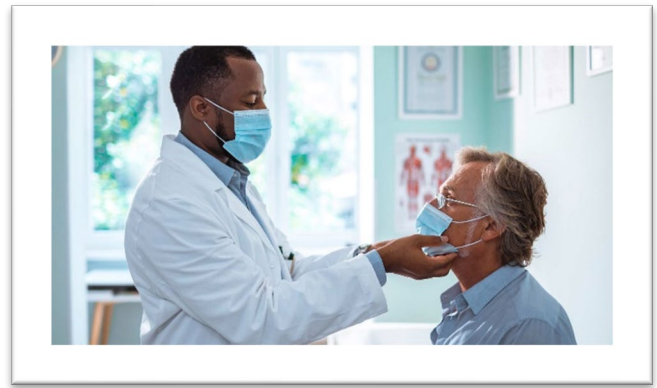


### History gathering:

You will take a relevant history based on the chief complaint. After reviewing the chief complaint, you will formulate a differential diagnosis. For each diagnostic possibility, you should ask specific elements from other areas of the history, namely from the 'past medical history', 'family history', 'social history' and 'review of systems and associated symptoms', which may lead you toward, or away, from each possible diagnosis. The information obtained serves as the pertinent positives and pertinent negatives.

### **Physical Examination:**

You should perform a directed physical examination based on your patient's history and the diagnoses under consideration. Physical exam maneuvers should be performed as described in *Bates' Guide to Physical Examination and History Taking (13<sup>th</sup> Edition)*. For example, it is required that you listen with a stethoscope directly on the skin and not on the gown or through clothing to receive credit for that part of the physical examination.



### **Data Interpretation:**

To demonstrate your data interpretation skills, you will complete a post-encounter activity, which may include a patient note. You will be asked to document the most likely diagnoses indicating the pertinent positive and pertinent negative findings from the history and physical exam that support each diagnosis.



### **Communication:**

In addition to assessing your data-gathering abilities, SPs will evaluate your communication and interpersonal skills. Communication skills include fostering a relationship with the patient, gathering and providing information, helping the patient make decisions, and supporting the patient's emotions. You will be evaluated on your ability to conduct a patient-centered interview, i.e., tailoring of your questions and responses to the specific needs of the case presented.

### **Time Management:**

It is recommended that you manage your time during the encounter to ensure that you complete all of the expected elements.

A recommended timetable is as follows:

- ❖ Presenting Situation / Doorway information: 30-60 seconds
- ❖ History: 7-8 minutes
- ❖ Physical exam: 3-5 minutes
- ❖ Closure: 2-3 minutes

Of course, this is only an approximation. Each encounter is different, so some encounters will require more time for taking the history or doing the physical exam, while others will necessitate that more time be spent on closure and patient counseling. You should tailor your time to the demands of each case.

## Preparing for the OSCEs

In preparation of your OSCE, you should review your clerkship objectives and be familiar with the *Required Clinical Encounters* (p. 4 – 6). The OSCE cases are selected from the list of RCEs and are deemed as core content in each clerkship.

### **History Gathering Practice**

Your history gathering skills will grow exponentially during your clerkship rotations as you obtain greater experience in speaking with patients and gain a greater understanding of the pathophysiology of disease. However, you are already in possession of the tools that will enable you to obtain a good history as taught in the Introduction to Clinical Medicine (ICM) course such as the Comprehensive Interview Checklist (p. 7 – 10), the “OPQRSTA” mnemonic and the “4 C” medical interview techniques outlined in the ICM “purple book.”

Use open-ended questions as you speak to the patient such as, “how can I help you today,” and then actively listen to your patient. If you cut them off and start asking closed questions you will miss important information.

Quality communication with the patient is a key component of your performance. During your clerkship, practice applying appropriate questioning approaches, both open- and closed-ended questions, as well as other communication skills to genuinely connect with the patient.

### **Physical Exam Practice**

Continue to practice and refine your physical exam maneuvers during your clerkship. Refer to the *Bates’ Guide to Physical Examination and History Taking (13<sup>th</sup> Edition)* and your physical exam checklist (p. 11 – 13) and guides to the checklist used in ICM. Aim to intentionally practice AT LEAST ONE portion of the physical examination in detail every day on patients you are following in the hospital.

Use your differential diagnoses that were generated from the chief complaint to anticipate physical findings which may or should be present. Perform a focused physical exam that will include maneuvers to elicit the findings of those differentials. Interpretation of these physical exam findings will help you revise your differential list and the relative probabilities of the entities under consideration.

### **Patient-Physician Interaction/Communication/Rapport building**

You will be expected to communicate with the standardized patients in a professional and empathetic manner. As you would when encountering real patients, you should answer any questions they have, tell them what diagnoses you are considering, and discuss with them the tests and studies you recommend. The ability to communicate effectively with patients and to demonstrate appropriate interpersonal skills, is essential to safe and effective patient care. Your communication and interpersonal skills will be assessed on the following behaviors:

- Fostering the relationship
- Gathering information
- Providing information
- Making decisions
- Responding to emotions

## AY 22-23 Required Clinical Encounters (RCE) & Physical Exam by Clerkships

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### Family Medicine (*MSK exam*)

Required Clinical Encounters:

**Acute** illnesses/injuries:

1. ENT infections (viral URI, otitis media, pharyngitis, sinusitis)
2. Cough/Bronchitis/Pneumonia
3. Joint pain and injury
4. Genitourinary infections (urinary tract infection, prostatitis)
5. Headache
6. Dizziness
7. Chest pain

**Chronic** illnesses/conditions:

8. Multiple chronic disease (Hypertension, Diabetes Mellitus, Dyslipidemia)

9. Osteoporosis/osteopenia
10. Asthma/allergies
11. Arthritis
12. Thyroid disease
13. Skin Lesions/Rashes
14. Dyspepsia/ gastroesophageal reflux/PUD
15. Low back pain

**Mental health** conditions:

16. Depression/anxiety
17. Substance Use Disorder (alcohol/tobacco/other)

**Preventive health** services and counseling

18. Preventative care (pediatric, adult, geriatric)
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### Internal Medicine (*Cardiac/Pulmonary Exam*)

Required Clinical Encounters:

1. AKI
2. AMS
3. Anemia
4. CAD/ACS
5. Cirrhosis
6. CHF
7. COPD
8. Diabetes/ Diabetic Ketoacidosis
9. Dyspnea
10. Edema
11. Fatigue
12. GI Bleed
13. HIV

14. Hypertension
  15. Hyperthyroidism/Hypothyroidism
  16. Hyponatremia
  17. Joint Pain
  18. Pancreatitis
  19. Pneumonia
  20. PT/OT or Pharmacy IPE
  21. Pyelonephritis
  22. Skin/ Soft Tissue Infections
  23. Syncope
  24. Thrombocytopenia
  25. Tuberculosis
  26. VTE
- \*\*\*\*\*

### Neurology (*Neurologic exam*)

Required Clinical Encounters:

1. Dementia
  2. Headache
  3. Multiple Sclerosis or other demyelinating disease
  4. Parkinson's disease or other movement disorder
  5. Seizure
  6. Stroke
  7. Peripheral neuropathy
  8. Myasthenia gravis or other neuromuscular condition
  9. Amyotrophic Lateral Sclerosis or other motor neuron disease
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## AY 22-23 Required Clinical Encounters (RCE) & Physical Exam by Clerkships (cont'd)

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### OB/Gyn (*Pelvic and Breast exam*)

Required Clinical Encounters:

1. Early Pregnancy Complications
  - a. Ectopic pregnancy
  - b. Threatened abortion
  - c. Spontaneous abortion
2. Family Planning
  - a. Preconception
  - b. Contraception
  - c. Medical/surgical abortion
3. Gynecologic disorders
  - a. Pelvic floor disorders/prolapse
  - b. Urinary incontinence
  - c. Endometriosis
  - d. Dysmenorrhea
  - e. Vulvar and vaginal disease (Bartholin's cyst, vaginitis)
  - f. Disorders of the breast
4. Medical Conditions in Pregnancy
  - a. Hypertensive disorder
  - b. Diabetes
  - c. Gestational diabetes
  - d. Asthma
  - e. Collagen vascular disease
  - f. Heart disease
  - g. Pyelonephritis
  - h. UTI
  - i. Anemia
5. Neoplasia
  - a. Gestational trophoblastic neoplasia
  - b. Vulvar neoplasms
  - c. Cervical disease and neoplasia
  - d. Uterine leiomyomas
  - e. Endometrial hyperplasia and carcinoma
  - f. Ovarian neoplasms
6. Normal Obstetrics
  - a. Normal Pregnancy
  - b. Normal Labor
  - c. Spontaneous Vaginal Birth
  - d. Normal Postpartum
  - e. Lactation
7. Abnormal Obstetrics
  - a. Preterm labor
  - b. Abnormal labor
  - c. Premature rupture of membranes
  - d. Cervical insufficiency
  - e. Malpresentation
  - f. Multifetal gestation
  - g. Placental abnormalities (abruption, previa, accreta)
  - h. Post term pregnancy
  - i. Postpartum hemorrhage
  - j. Postpartum depression
  - k. Postpartum infection
  - l. Fetal growth abnormalities
  - m. Fetal demise
  - n. Alloimmunization
8. Obstetrical Procedures
  - a. Vacuum
  - b. Forceps
  - c. Cesarean
  - d. Amniocentesis
  - e. Cerclage
  - f. External cephalic version
9. Reproductive Endocrinology, Infertility and Related Topics
  - a. Abnormal uterine bleeding
  - b. Amenorrhea
  - c. Infertility
  - d. Menopause
  - e. Polycystic Ovarian Syndrome (PCOS)
10. Sexually Transmitted Infection
  - a. Counseling
  - b. Screening
  - c. Treatment
11. Violence Against Women
  - a. Sexual assault
  - b. Screening for intimate partner violence

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### Pediatrics

Required Clinical Encounters:

1. respiratory illness
  2. healthy newborn
  3. adolescent HEADSS exam
  4. well-child visit for a child 0-5 years of age
  5. well-child visit for a child 6-18 years of age
  6. immunizations and vaccine counseling
  7. fever
  8. developmental delay
  9. congenital disorder
  10. abdominal pain
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**AY 22-23 Required Clinical Encounters (RCE) & Physical Exam by Clerkships (cont'd)**

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**Psychiatry (*comprehensive Mental Status Exam*)**

Required Clinical Encounters:

- 1. Depressive Disorders
- 2. Bipolar Disorders
- 3. Anxiety Disorders
- 4. Trauma/Stressor-related Disorders
- 5. Psychotic Disorders
- 6. Somatic Symptom and Related Disorders
- 7. Substance Abuse/Addiction Disorders
- 8. Eating Disorders
- 9. Personality Disorders
- 10. Adverse Effects of Psychiatric Medications

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**Surgery (*Abdominal exam*)**

Required Clinical Encounters:

- 1. Abdominal Pain
- 2. Acute Cholecystitis
- 3. Bowel Obstruction
- 4. Closed Head Injury
- 5. Diverticulitis
- 6. Hernia
- 7. Hypovolemia
- 8. Malignancies
- 9. Peripheral Vascular Disease
- 10. Postoperative Pain Management
- 11. Sepsis
- 12. Shock
- 13. Surgical Site Infection
- 14. Trauma – Blunt
- 15. Trauma – Penetrating

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## Comprehensive Interview Checklist (ICM checklist)

I. Establishing Rapport: Patient - Physician Interaction (PPI)	Done Correctly	Done Incorrectly
<b>Initiating the Encounter:</b>		
1. Sanitized hands	<input type="checkbox"/>	<input type="checkbox"/>
2. Greeted the patient (introduced self as a medical student using first and last name, and your preferred pronouns)	<input type="checkbox"/>	<input type="checkbox"/>
3. Obtained patient's preferred method of address (how would you like me to address you?)	<input type="checkbox"/>	<input type="checkbox"/>
4. Obtained patient's preferred pronoun	<input type="checkbox"/>	<input type="checkbox"/>
5. Demonstrated consideration for patient's comfort	<input type="checkbox"/>	<input type="checkbox"/>
6. Created conducive environment (e.g., turned TV down/off, turned personal cell phone off, used an interpreter if LEP patient, kept patient at eye level)	<input type="checkbox"/>	<input type="checkbox"/>
7. Assured patient of patient-physician confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the Course of the Encounter:</b>		
8. Smoothly transitioned from one topic to the next (e.g., now I would like to ask you some questions about ...)	<input type="checkbox"/>	<input type="checkbox"/>
<b>PPI: Adapted to my level of understanding</b>		
9. Used easily understandable speech and language	<input type="checkbox"/>	<input type="checkbox"/>
10. Answered questions and checked patient's understanding	<input type="checkbox"/>	<input type="checkbox"/>
<b>PPI: Gave me an opportunity/time to talk</b>		
11. Allowed the patient ample time to speak	<input type="checkbox"/>	<input type="checkbox"/>
12. Asked one question at a time	<input type="checkbox"/>	<input type="checkbox"/>
13. Moved from open-ended to focused questions	<input type="checkbox"/>	<input type="checkbox"/>
14. Respectfully directed/re-directed the interview ( <i>advanced skill</i> )	<input type="checkbox"/>	<input type="checkbox"/>
<b>PPI: Actively listened</b>		
15. Used active listening interviewing methods to demonstrate concern and interest in what patient was saying: silence, verbal facilitation (i.e., "uh huh"), non-verbal facilitation (i.e., nodding), reflection	<input type="checkbox"/>	<input type="checkbox"/>
16. Maintained eye contact with patient	<input type="checkbox"/>	<input type="checkbox"/>
<b>PPI: Asked if I had any questions</b>		
17. Encouraged patient to ask questions during the course of the interview or at the end	<input type="checkbox"/>	<input type="checkbox"/>
<b>PPI: Summarized and clarified information</b>		
18. Summarized the information during the course of the interview	<input type="checkbox"/>	<input type="checkbox"/>
<b>PPI: Verbally expressed empathy</b>		
19. Inquired as to patient's concern or fears	<input type="checkbox"/>	<input type="checkbox"/>
20. Elicited information about the impact of symptoms on patient's life	<input type="checkbox"/>	<input type="checkbox"/>
21. Demonstrated awareness of what patient was feeling (empathy) - e.g., verbally expressed concern and acknowledged patient's emotional state	<input type="checkbox"/>	<input type="checkbox"/>
22. Provided verbal and non-verbal assurance regarding patient's concerns or fears	<input type="checkbox"/>	<input type="checkbox"/>
<b>PPI: Treated me with respect</b>		
23. Demonstrated respect for patient and their attitudes and beliefs - e.g., maintained a respectful tone, did not talk down to patient, non-judgmental	<input type="checkbox"/>	<input type="checkbox"/>
24. Asked questions about difficult topics in a sensitive manner	<input type="checkbox"/>	<input type="checkbox"/>
<b>PPI: Made a personal connection during the visit</b>		
25. Made personal connection with patient, beyond medical issues to know patient as person	<input type="checkbox"/>	<input type="checkbox"/>
<b>Closing the Encounter:</b>		
26. Summarized what was discussed	<input type="checkbox"/>	<input type="checkbox"/>
27. Asked if the patient had any final questions or concerns they'd like addressed	<input type="checkbox"/>	<input type="checkbox"/>
28. Established clear next steps (i.e., I'm going to talk to my preceptor and we will be back for further clarification)	<input type="checkbox"/>	<input type="checkbox"/>
29. Thanked the patient	<input type="checkbox"/>	<input type="checkbox"/>
30. Sanitized hands	<input type="checkbox"/>	<input type="checkbox"/>



## Comprehensive Interview Checklist (ICM checklist) (cont'd)

III. Gathering information - Comprehensive Adult Health History	Done Correctly	Done Incorrectly
<b>History of Present Illness (HPI)</b>		
Elicited attributes of a symptoms (OPQRSTA):		
31. O. Onset, setting in which it occurs (environment, personal activity, emotions)	<input type="checkbox"/>	<input type="checkbox"/>
32. P. Palliative or provocative factors (anything makes it better or worse?)	<input type="checkbox"/>	<input type="checkbox"/>
33. Q. Quality (what is it like?)	<input type="checkbox"/>	<input type="checkbox"/>
<b>History of Present Illness (HPI)</b>		
34. R. Region/location (where is it? does it radiate?)	<input type="checkbox"/>	<input type="checkbox"/>
35. S. Severity and quantity (how bad is it? asked patient to rate pain on 1-10 scale)	<input type="checkbox"/>	<input type="checkbox"/>
36. T. Timing (when did it start, how long does it last?)	<input type="checkbox"/>	<input type="checkbox"/>
37. A. Associated manifestations/symptoms (does anything else accompany it?)	<input type="checkbox"/>	<input type="checkbox"/>
38. Asked about risk factors for the chief complaint/illness	<input type="checkbox"/>	<input type="checkbox"/>
<b>Past Medical/Surgical History (PMH)</b>		
39. Elicited childhood illnesses such as measles, rubella, mumps, whooping cough, chickenpox, etc.	<input type="checkbox"/>	<input type="checkbox"/>
40. Elicited past and current illnesses, hospitalizations, etc.	<input type="checkbox"/>	<input type="checkbox"/>
41. Elicited surgical history: dates and type of operation/procedures	<input type="checkbox"/>	<input type="checkbox"/>
42. Elicited obstetric/gynecologic history, menstrual history, method of contraception, and sexual function	<input type="checkbox"/>	<input type="checkbox"/>
43. Elicited psychiatric history: depression, anxiety, suicidal ideation/attempts, time frame and treatments	<input type="checkbox"/>	<input type="checkbox"/>
44. Elicited medications (e.g., prescription, OTC, herbal)	<input type="checkbox"/>	<input type="checkbox"/>
45. Elicited allergies to food, insects, environmental factors, and adverse drug reactions	<input type="checkbox"/>	<input type="checkbox"/>
<b>Family History</b>		
46. Elicited age & state of health of grandparents, parents, siblings, spouse, children and grandchildren	<input type="checkbox"/>	<input type="checkbox"/>
47. Elicited family history of chronic diseases/conditions, cancers, psychiatric illnesses, addiction and allergies	<input type="checkbox"/>	<input type="checkbox"/>
48. Elicited information on hereditary diseases, unusual illnesses and early deaths	<input type="checkbox"/>	<input type="checkbox"/>
Personal & Social History		
49. Asked about patient's sexual orientation AND gender identity	<input type="checkbox"/>	<input type="checkbox"/>
<b>Elicited social history (HEADSSS)/patient profile</b>		
50. H. Home situation, personal geographic map (where born, currently living), relationships	<input type="checkbox"/>	<input type="checkbox"/>
51. E. Education, Occupation (job security, affecting symptoms), (insurance, if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
52. A. Activities, typical day, nutrition, exercise, hobbies, sleep habits	<input type="checkbox"/>	<input type="checkbox"/>
53. D. Drugs (tobacco, alcohol, illicit)	<input type="checkbox"/>	<input type="checkbox"/>
54. S. Sexual history	<input type="checkbox"/>	<input type="checkbox"/>
55. S. Suicidality and depression (current or past)	<input type="checkbox"/>	<input type="checkbox"/>
56. S. Spiritual history	<input type="checkbox"/>	<input type="checkbox"/>
<b>IV. Review of Systems</b>		
57. General		
a. Recent weight change (clothes tighter or looser?)	<input type="checkbox"/>	<input type="checkbox"/>
b. Weakness	<input type="checkbox"/>	<input type="checkbox"/>
c. Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
d. Fever	<input type="checkbox"/>	<input type="checkbox"/>
58. Skin		
a. Rashes, lumps, itching, and dryness	<input type="checkbox"/>	<input type="checkbox"/>
b. Changes in color	<input type="checkbox"/>	<input type="checkbox"/>
c. Changes in hair or nails	<input type="checkbox"/>	<input type="checkbox"/>
d. Changes in size or color of moles	<input type="checkbox"/>	<input type="checkbox"/>
59. HEENT		
a. Head: headache, head injury, dizziness, lightheadedness	<input type="checkbox"/>	<input type="checkbox"/>
b. Eyes: vision changes, glasses or contact lenses, last exam, pain, redness, excessive tearing, double/blurred vision, glaucoma, cataracts, spots, specks, flashing lights	<input type="checkbox"/>	<input type="checkbox"/>
c. Ears: hearing, tinnitus, vertigo, earaches, infection, discharge, hearing aids	<input type="checkbox"/>	<input type="checkbox"/>
d. Nose & Sinuses: frequent colds, nasal stuffiness, discharge, itching, hay fever, nosebleeds, sinus trouble	<input type="checkbox"/>	<input type="checkbox"/>
e. Throat: condition of teeth and gums, bleeding gums, dentures, last dental exam, sore tongue, dry mouth, frequent sore throats, hoarseness	<input type="checkbox"/>	<input type="checkbox"/>

## Comprehensive Interview Checklist (ICM checklist) (cont'd)

IV. Review of Systems (Cont'd)	Done Correctly	Done Incorrectly
60. Neck		
a. Swollen glands	<input type="checkbox"/>	<input type="checkbox"/>
b. Goiter	<input type="checkbox"/>	<input type="checkbox"/>
c. Lumps	<input type="checkbox"/>	<input type="checkbox"/>
d. Pain	<input type="checkbox"/>	<input type="checkbox"/>
e. Stiffness	<input type="checkbox"/>	<input type="checkbox"/>
61. Breasts		
a. Lumps	<input type="checkbox"/>	<input type="checkbox"/>
b. Pain and/or discomfort	<input type="checkbox"/>	<input type="checkbox"/>
c. Nipple discharge	<input type="checkbox"/>	<input type="checkbox"/>
d. Self-exam practices	<input type="checkbox"/>	<input type="checkbox"/>
62. Respiratory		
a. Cough	<input type="checkbox"/>	<input type="checkbox"/>
b. Sputum (color, quality, presence of blood)	<input type="checkbox"/>	<input type="checkbox"/>
c. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
d. Wheezing	<input type="checkbox"/>	<input type="checkbox"/>
e. Pain with deep breath	<input type="checkbox"/>	<input type="checkbox"/>
f. Last chest x-ray	<input type="checkbox"/>	<input type="checkbox"/>
63. Cardiovascular		
a. Chest pain or discomfort	<input type="checkbox"/>	<input type="checkbox"/>
b. Palpitations	<input type="checkbox"/>	<input type="checkbox"/>
c. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
d. Need to use pillow at night to ease breathing	<input type="checkbox"/>	<input type="checkbox"/>
e. Need to sit up at night to ease breathing	<input type="checkbox"/>	<input type="checkbox"/>
f. Swelling in hands, ankles or feet	<input type="checkbox"/>	<input type="checkbox"/>
g. Results of past EKG or other CV tests	<input type="checkbox"/>	<input type="checkbox"/>
64. Gastrointestinal		
a. Trouble swallowing	<input type="checkbox"/>	<input type="checkbox"/>
b. Heartburn	<input type="checkbox"/>	<input type="checkbox"/>
c. Changes in Appetite	<input type="checkbox"/>	<input type="checkbox"/>
d. Nausea	<input type="checkbox"/>	<input type="checkbox"/>
e. Bowel movements (frequency, color, size)	<input type="checkbox"/>	<input type="checkbox"/>
f. Change in bowel habits	<input type="checkbox"/>	<input type="checkbox"/>
g. Pain with defecation	<input type="checkbox"/>	<input type="checkbox"/>
h. Rectal bleeding or black/tarry stools	<input type="checkbox"/>	<input type="checkbox"/>
i. Excessive belching or passing gas	<input type="checkbox"/>	<input type="checkbox"/>
65. Peripheral vascular		
a. Intermittent leg pain with exertion	<input type="checkbox"/>	<input type="checkbox"/>
b. Leg cramps	<input type="checkbox"/>	<input type="checkbox"/>
c. Past clots in the veins	<input type="checkbox"/>	<input type="checkbox"/>
d. Swelling in calves, legs or feet	<input type="checkbox"/>	<input type="checkbox"/>
e. Color change in fingertips or toes during cold weather	<input type="checkbox"/>	<input type="checkbox"/>
f. Swelling with redness or tenderness	<input type="checkbox"/>	<input type="checkbox"/>
66. Musculoskeletal		
a. Muscle or joint pain or stiffness (location, timing and duration)	<input type="checkbox"/>	<input type="checkbox"/>
b. History of trauma	<input type="checkbox"/>	<input type="checkbox"/>
c. Neck or low back pain	<input type="checkbox"/>	<input type="checkbox"/>
d. Joint pain with systemic symptoms such as fever, chills, rash, etc.	<input type="checkbox"/>	<input type="checkbox"/>

## Comprehensive Interview Checklist (ICM checklist) (cont'd)

IV. Review of Systems (Cont'd)	Done Correctly	Done Incorrectly
67. Psychiatric		
a. Nervousness	<input type="checkbox"/>	<input type="checkbox"/>
b. Tension	<input type="checkbox"/>	<input type="checkbox"/>
c. Mood	<input type="checkbox"/>	<input type="checkbox"/>
d. Memory change	<input type="checkbox"/>	<input type="checkbox"/>
e. Suicidal ideation (plans or attempts)	<input type="checkbox"/>	<input type="checkbox"/>
f. Past counseling (psychotherapy, psychiatric admissions, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
68. Neurologic		
a. Changes in mood, attention, or speech	<input type="checkbox"/>	<input type="checkbox"/>
b. Changes in orientation, memory, insight, or judgement	<input type="checkbox"/>	<input type="checkbox"/>
c. Headache, dizziness, vertigo, fainting or blackouts	<input type="checkbox"/>	<input type="checkbox"/>
d. Weakness, paralysis, numbness or loss of sensation	<input type="checkbox"/>	<input type="checkbox"/>
e. Tingling or "pins and needles"	<input type="checkbox"/>	<input type="checkbox"/>
f. Tremors or other involuntary movements	<input type="checkbox"/>	<input type="checkbox"/>
g. Seizures	<input type="checkbox"/>	<input type="checkbox"/>
69. Hematologic		
a. Anemia	<input type="checkbox"/>	<input type="checkbox"/>
b. Easy bruising or bleeding	<input type="checkbox"/>	<input type="checkbox"/>
c. Past transfusions & transfusion reactions	<input type="checkbox"/>	<input type="checkbox"/>
70. Endocrine		
a. Heat or cold intolerance	<input type="checkbox"/>	<input type="checkbox"/>
b. Excessive sweating	<input type="checkbox"/>	<input type="checkbox"/>
c. Excessive thirst or hunger	<input type="checkbox"/>	<input type="checkbox"/>
d. Polyuria	<input type="checkbox"/>	<input type="checkbox"/>
e. Change in glove or shoe size	<input type="checkbox"/>	<input type="checkbox"/>

## Core Physical Exam Checklist

Note: (This is not an exhaustive list of physical exam maneuvers for your CPX. You should be familiar with any additional physical exam maneuvers covered during clerkship such as Murphy's sign, etc.)

### General Appearance & Vitals

- General Appearance
- Level of Consciousness
- Orientation (Person/Place/Time)
- Blood Pressure (Manual / Semi-automatic)
- Heart Rate
- Respiratory Rate
- Temperature (*record if available*)
- Weight (*record if available*)
- Height (*record if available*)
- BMI (*record if available*)

### Cardiac

- Inspect chest
- Inspect for clubbing, cyanosis, and pallor
- Blood Pressure (Manual / Semi-automatic)
- Heart Rate (Rhythm and Strength)
- Measure jugular venous pressure (JVP)
- Auscultate carotid artery
- Palpate carotid artery
- Palpate point of maximal impulse (PMI)
- Auscultation with diaphragm in four valve areas
- Auscultation with bell in four valve areas
- Palpate for edema in lower extremities

### Vascular: *Palpate pulses bilaterally:*

- Radial
- Posterior tibialis
- Dorsalis pedis

### Pulmonary

Thorax inspection

- Respiratory rate and effort
- Thorax inspection (front, back, side)

Palpation

- Front and Back
- Fremitus (Three levels bilaterally)
  - Front
  - Back

Percussion (Bilaterally with ladder technique)

- Back (upper, middle, lower) + Lateral Chest (2 places): *Cross arms to open scapulae and expose lung fields.*
- Front (apices, upper, middle, lower)

Auscultation (Bilaterally with ladder technique): *Instruct patient to breathe through open mouth.*

- Back (upper, middle, lower) + Lateral Chest (2 places): *Cross arms to open scapulae and expose lung fields.*
- Front (apices, upper, middle, lower)

## Core Physical Exam Checklist (cont'd)

### Ears, Nose, Mouth, Neck

#### Ears

- Hearing Acuity
- Inspect and palpate auricles bilaterally
- Palpate tragus and mastoids
- Otoscopic exam

#### Nose

- Inspect nose (*with nasal speculum on otoscope*)
- Palpate frontal and maxillary sinuses

#### Mouth

- Inspect oral cavity (lips, teeth, tongue, palate)

#### Neck (inspection and palpation)

- Thyroid exam
- Tracheal position
- Lymphadenopathy
  - Occipital nodes
  - Pre / Post Auricular nodes
  - Tonsillar nodes
  - Submandibular nodes
  - Submental nodes
  - Superficial cervical nodes
- Supraclavicular nodes

### Abdominal: *Perform with patient lying flat*

- Inspection (shape, scars, distention, color)
- Auscultation
  - In 4 quadrants of abdomen
  - Listen for bruits – Aorta, Renal arteries
- Percussion
  - All 4 quadrants of Abdomen
  - Liver
  - Spleen
- Palpation (from light to deep)
  - All 4 quadrants of Abdomen
  - Liver/Spleen
  - CVA and Suprapubic areas

### Skin

- Inspection (color, edema, perfusion)
- Skin Lesions
  - Primary
  - Secondary
  - Vascular
- Palpation
  - Temperature
  - Texture
  - Turgor
  - Nails
- Hair

### Mental Status Exam *\*some overlap with Neuro*

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Appearance</li> <li><input type="checkbox"/> Behavior</li> <li><input type="checkbox"/> Psychomotor Movements</li> <li><input type="checkbox"/> Level of Consciousness</li> <li><input type="checkbox"/> Orientation and Cognitive Function</li> <li><input type="checkbox"/> Affect</li> <li><input type="checkbox"/> Speech and Language</li> <li><input type="checkbox"/> Mood</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Suicidal/Homicidal Ideation</li> <li><input type="checkbox"/> Thought Processes</li> <li><input type="checkbox"/> Thought Content</li> <li><input type="checkbox"/> Perceptions</li> <li><input type="checkbox"/> Insight</li> <li><input type="checkbox"/> Judgement</li> <li><input type="checkbox"/> Impulse Control</li> </ul> |
|--|--|

## Core Physical Exam Checklist (cont'd)

### Neuro I: Cranial Nerves

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> I – Olfactory</li> <li><input type="checkbox"/> II – Optic             <ul style="list-style-type: none"> <li>• Visual Fields</li> <li>• Fundoscopic exam</li> <li>• Pupillary reaction to light</li> </ul> </li> <li><input type="checkbox"/> III – Oculomotor, IV-Trochlear, VI -Abducens             <ul style="list-style-type: none"> <li>• <i>Make an "H" and test extraocular movements.</i></li> </ul> </li> <li><input type="checkbox"/> V – Trigeminal-Sensory             <ul style="list-style-type: none"> <li>Sensation of face - bilateral V1, V2, V3</li> </ul> </li> <li><input type="checkbox"/> V – Trigeminal-Motor             <ul style="list-style-type: none"> <li>• <i>Test contraction of masseter muscle or forced opening of mouth against resistance.</i></li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> VII – Facial             <ul style="list-style-type: none"> <li>• <i>Raise eyebrows or forced eyelid closing.</i></li> <li>• <i>Show teeth, puff out cheeks, or smile.</i></li> </ul> </li> <li><input type="checkbox"/> VIII – Acoustic             <ul style="list-style-type: none"> <li>• Gross hearing</li> <li>• Weber and Rinne (512 Hz)</li> </ul> </li> <li><input type="checkbox"/> IX – Glossopharyngeal, X – Vagus             <ul style="list-style-type: none"> <li>• <i>Observe palate elevation while vocalizing "ah".</i></li> </ul> </li> <li><input type="checkbox"/> XI – Spinal Accessory             <ul style="list-style-type: none"> <li>• <i>Rotation of patient's head against resistance.</i></li> <li>• <i>Shoulder shrug against resistance.</i></li> </ul> </li> <li><input type="checkbox"/> XII – Hypoglossal             <ul style="list-style-type: none"> <li>• <i>Observe midline protrusion of the tongue.</i></li> </ul> </li> </ul> |
|---|---|

### Neuro II: Motor, Strength, Coordination, Sensation, Reflexes

#### Motor

- Inspect muscles for bulk and symmetry / involuntary movements
- Passive motion for: tone (flaccidity, hypertonicity)

**Strength:** *Test strength of all of the following muscle groups proximally and distally; Grade strength 0-5.*

#### Upper Extremity:

- Shoulder abduction and adduction
- Elbow flexion and extension
- Wrist flexion, extension, and pronation
- Finger flexion, adduction, and abduction
- Thumb opposition

#### Lower Extremity:

- Hip flexion and extension
- Hip adduction and abduction
- Knee extension and flexion
- Ankle dorsiflexion/plantar flexion

#### Coordination

- Finger to nose, heel to shin, rapid alternating movements, toe tap, finger tap / fine finger movements
- Gait (Casual)
- Heel walk and toe walk
- Tandem walk

**Sensation:** *Perform with patient's eyes closed.*

- Spinothalamic tract
  - Light touch – 4 limbs (compare symmetrically; proximal and distal)
  - Pinprick – 4 limbs (proximal and distal)
- Dorsal column
  - Vibration (128 Hz)
  - Proprioception (in feet) / Position sense
- Balance: Romberg

**Deep Tendon Reflexes:** *Grade reflexes 0-4.*

- Biceps
- Triceps
- Brachioradialis
- Patellar
- Achilles
- Plantar responses