Preparing for the UIC Graduation Competency Exam / 2015

The UIC Graduation Competency Examination (GCE) is a comprehensive assessment of clinical skills, including data gathering and interpretation, communication and interpersonal skills, professionalism, and procedural skills. The Chicago Student Promotions Committee (CSPC) requires students to complete the examination as a graduation requirement. Passing levels are set by groups of primary care faculty. Students who fail will need to remediate prior to graduation.

Please read this document carefully as it includes important information about the 2015 USMLE Step 2 CS exam that will be reflected in the GCE. College of Medicine GCE exam policies can be found on the UGME web site.

The GCE will be administered in two separate sections on different days:

I. Procedural skills:
You are responsible for performing the following 8 procedures taught during ECPP at a 100% pass level:
- Timeout
- Oxygen Delivery
- Bag-Valve Mask
- 12-Lead EKG Placement
- Venipuncture
- Metered Dose Inhaler
- Suturing
- Foley Catheter

The remaining procedural skills that you learned during ECPP will also be tested during the GCE; however, the grade for these remaining skills is formative only. These skills include: ABG, Lumbar Puncture, Advanced Airway, NG Tube Insertion and Injections.

You will also be assessed on radiology image interpretation and an EKG 2 Lead interpretation. The simulator models will be made available for practice under the guidance of an instructor during the Open Skills Practice Sessions at the GCPC.

Students will be scheduled by UGME for these sessions based on exam date, and exam dates (also scheduled by UGME) are based on clerkship tracks. Students making scheduling change requests or Open Skills Practice Session “opt-out” requests must contact Julie Mann at jlmann@uic.edu.

Assessment checklists and demonstration videos for the GCE are posted on the Graham CPC website under the UGME “For Learners” page. The link is also listed below for your convenience.
http://chicago.medicine.uic.edu/grahamcpc/for_learners/u_g_m_e/graduation_competency_exam/. This information can also be found on the ECPP1 Blackboard site.
Grading and remediation: This is a mastery exam for the 8 skills outlined above – you are expected to perform the procedures exactly according to the checklist instructions (100% pass level). Any error in the procedure will require remediation and retesting. Students who need to remediate more than 3 skills may need to return to complete their remediation on an assigned date during their Transition Course. Students will be given their assigned date and time prior to leaving the exam.

II. Standardized Patient – H&P Encounters (5 stations), BLS (1 station) and Lab interpretation (1 station):
The standardized patient encounters in the GCE include several types of situations or stations, very similar to those in the USMLE Step 2 CS. Each station consists of a 15-minute patient encounter followed by a 10-minute post-encounter task. In most of the stations you will be asked to perform a focused history and physical exam to determine the most likely cause of the patient’s complaint. These stations may include a communication challenge.

Standardized patients at the Graham CPC are professional actors who are extensively trained to portray a specific patient realistically and consistently, based on scripts written by faculty. The patients are also trained to record your performance on faculty-developed checklists, and to rate your communication and interpersonal skills. Please treat them with respect as the professionals they are.

- **Checklists** include essential data-gathering (Hx and PE) items, explanations to the patient, or other activities essential to the case. *PE maneuvers done incorrectly* (eg, auscultation performed through the gown instead of on skin) will receive half-credit only. “Correctly” for this purpose means as described in Novey, ie as done in the Head to Toe exam.

  o Note: per the USMLE Step 2 CS, the GCE will no longer score history data-gathering items in the SP checklist. History will be graded only as documented in the patient note.

- **Communication and Interpersonal Skills** (CIS) items are the same across all the SP encounters, and focus primarily on taking a patient-centered approach. The CIS items are the same as in ECM and M3 OSCEs with the addition of two items suggestion by the USMLE. The CIS items (including the USMLE items) are available on the Graham CPC website.

- **Post encounter challenges:** After the patient encounter, you will have a post-encounter task. As per the new USMLE patient note format, you will be asked to document:

  o Pertinent history and physical exam findings (positive and negative)
  o A ranked differential diagnosis of up to three diagnoses
  o **The history and PE findings that support each diagnosis**
  o A list of initial diagnostic studies
A sample exemplar note, the patient note template for USMLE and GCE and the note-scoring rubric are all available on the CPC website. For your convenience the note-scoring rubric is also included below. Annotated notes can be found in the USMLE Step2 CS information booklet on their website. In addition further practice can be found under the note writing assignment on the ECPP Blackboard site. uic.blackboard.edu

**UIC Patient Note Scoring Rubric 2015**

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<th>Task with Description (Maximum Points)</th>
<th>Score and Anchor</th>
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| **1. Documentation:** Documentation of findings in history (Hx) and physical examination (PE) (30 points) | 1. Most key Hx and PE findings are missing or incorrect  
2. About half of the key positive and negative findings present; OR most findings are present but poorly documented or disorganized  
3. Most key positive and negative findings present, well documented and organized, may miss a few pertinent positive or negative findings  
4. All key information present, concise and well organized with little irrelevant information |
| **2. DDX:** Differential Diagnosis (30 points) | 1. [0-1 of 3] or [0 of 2] of the correct diagnoses listed  
2. [2 of 3] or [1 of 2] of the correct diagnoses listed, in any order  
3. All diagnoses listed, incorrect rank order  
4. All diagnoses listed and correctly rank ordered |
| **3. Justification:** Justification of Differential Diagnosis (30 points) | 1. No justification provided OR many missing or incorrect links between findings and Dx  
2. About half of the key links between findings and Dx are missing or incorrect  
3. Only a few missing or incorrect attributions  
4. Links to diagnoses are correct and complete |
| **4. Workup:** Plan for Immediate Diagnostic Workup (10 points) | 1. Diagnostic workup ordered or omitted places patient in unnecessary risk or danger  
2. Ineffective plan with most essential tests missed, AND/OR inefficient plan with many irrelevant tests included  
3. Reasonable plan for diagnostic workup, may have some unnecessary tests or missing a few essential tests  
4. Plan for diagnostic workup is effective and efficient, includes all essential tests, and few or no unnecessary tests |

**Feedback:**
- SPs will provide feedback on communication and interpersonal skills after the first three encounters.
- You will receive a written report on your performance (accessible online) in the summer.
One station will include demonstrating BLS (Basic Life Support) on a BLS mannequin. An instructor will provide feedback and remedial practice during the station itself. This station will not count towards the exam pass/fail score.

You will also be assessed on your ability to interpret some or all of the following: radiology images, blood gases, routine laboratory results including clinical chemistries, liver function studies, complete blood count, urine analysis.

Grading and remediation: You will be graded on two distinct components of the SP exam, again following the practice of the USMLE:

1. Communication and Interpersonal Skills
2. Integrated Clinical Encounter (ICE) consisting of the PE checklist score plus the patient note score for each case.

Grades in each component are averaged across the five cases for a final grade. The BLS station is not included in the final grade. Passing scores are set by faculty. You must pass both components to pass the exam. Students not meeting the pass level for the CIS or ICE portions will be required to remediate with a faculty preceptor. This remediation typically includes a face-to-face review of the video-taped GCE encounters with the student, with preceptor feedback and suggestions for improvement. The assignment of the remediation preceptor is made by the UGME Office. Each student is responsible for scheduling the remediation directly with the preceptor, and remediation must be completed by October 1, 2015 in order to meet the graduation requirement for satisfactory completion of the GCE.

Here are some suggestions based on past exams. These are equally applicable to the Step 2CS.

**Data gathering (H&P):** Before going into the room to see the patient ask yourself: What are the two or three most likely diagnoses based on the information in the door chart? What signs/symptoms would help distinguish between these hypotheses?

**Physical exam:** always wash your hands before the exam. Always auscultate on skin not through the gown.

**Closing:** Keep in mind that you are expected to explain to the patient what you think is going on, negotiate a plan, and address any concerns they may have. You cannot defer this to your attending.

**Patient notes:**

**History:** Start with a “power statement” as in ECM, including age, gender, PMH relevant to the CC, CC, and duration (e.g.: 38 y/o male with history of CAD presents with chest pain x 2 hours), include and label all the usual parts of a chart note (CC, HPI, PMH, ROS, etc) with pertinent positives and negatives.

**PE:** Always write down the vitals – don’t just write “see nurses note” or “see chart”.

**DDx:** Don’t include diagnoses that don’t fit the presentation of this specific patient. Any Dx you list must be supported/suggested by the findings you documented.
**Labs**: Include labs that will help you rule in or out your DDx possibilities or make management decisions, and labs that are indicated based on your documented findings. Don’t include “shotgun” labs that you cannot justify.

USMLE practice books can also be used to prepare for the GCE. **Note that not all the available practice books have been updated for the new USMLE note format – be sure to get an updated book.** You will need to practice writing out the justification of your DDx. The explanation of the DDx at the end of the practice case will usually mention the history and PE findings that support the DDx, so you can use that explanation to check your justification. Do practice anticipating the relevant checklist items, and practice writing out the note – not just thinking about it.

**For questions about the content or conduct of the exam please contact:**
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Director, Dr Allan L and Mary L Graham Clinical Performance Center

**For questions about scheduling the exam please contact the UGME office:**
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