

**SENIOR CLINICAL COMPETENCY EXAMINATION (SCCX)
GENERAL INSTRUCTIONS
Class of 2012**

General Directions

1. Daily schedules are on the CCX Assessments website: http://www.siumed.edu/oec/html/year_41.html
2. Please arrive 10 minutes before you are scheduled to start. We will distribute schedules (with case names) at that time and have you sign confidentiality statements. If you have questions, please arrive a few minutes earlier or email Linda (lmorrison@siumed.edu) ahead of time.
3. Wear your white coat with your SIU name badge and bring the usual diagnostic tools: penlight, stethoscope, reflex hammer, and tuning fork. All other tools will be in the exam rooms (oto-ophthalmoscope, sphygmomanometer, gloves, tongue depressors, etc.).
4. Your badge number is your ID number on the computer stations and on your chart notes.
5. The only reference book allowed during the exam is a pocket pharmacopoeia. We will have several older copies of the *Tarascon Pocket Pharmacopoeia* available on the proctor's table in the Computer Lab. If you want to use your own, see Linda or Mary before starting the exam.
6. You may not take food or beverages into the Computer Lab or the exam rooms.
7. While in the Computer Lab, you may not open any other program or application. As soon as you are done with your case you are expected to leave the Computer Lab.
8. You may not leave the PDL area during the exam except during lunch breaks. You also may not use computers or cell phones while you are here.
9. All patient encounters will be recorded.
10. You will take the **Longitudinal Performance Assessment** on the second day of your SCCX at the time specified on your schedule (*unless you took it on July 7 or July 14*). It is not part of the SCCX, but it does count this year. You are expected to perform at the level of a beginning 4th year medical student (based on multi-school data). Unsatisfactory performances will be remediated.
11. After you have finished the SCCX, we will e-mail you the link to a short **SCCX Feedback Questionnaire**. We ask that you complete the questionnaire for us by August 20. The CCX Committee uses your feedback for quality control and to plan revisions for the following year.

Expectations for Conduct and Performance

12. The CCX examination assumes **student adherence to the SIU honor system**. Prior knowledge of the cases and their content, or sharing/discussing cases or case content with other students during or after the exam is inappropriate and a serious breach of professional conduct.
13. Do not discuss the cases in the hallway or at lunch with other students. In the Computer Lab, keep your eyes on your own screen or your own notes. **This is a secure exam** and information about the cases must not be divulged, even by accident. Please also refrain from casual conversation while waiting outside the exam room.
14. **You are being evaluated based on the assumption that your performance during the exam is representative of the way you would take care of actual patients**, so treat each standardized patients as you would treat an actual patient with the same complaint. Because competency is being inferred from your actions during this exam, best-practices behavior is recommended.

Examination Logistics (all cases)

15. The SCCX consists of **14 standardized patients (SPs)**:
 - The **first 10 SPs will be followed by a CCX computer station**. You have 20 minutes with the SP and 45 minutes for the CCX.
 - **The last 4 SP cases will be in the format used in the USMLE Step 2 Clinical Skills (CS) exam**. You have 15 minutes with the SP and 10 minutes to write a patient note.
16. Presenting situation folders are posted on the exam room doors. They provide basic patient information **and specify your tasks**. Read these carefully before entering the room, as your task will differ somewhat from patient to patient. **If the vital signs listed in the presenting situation folder differ from those you find on the SP, use the ones listed in the folder**. You may take the folder into the exam room, but please leave it on the door as you exit. Do not write on these folders.
17. The performance standards outlined in the **Head-To-Toe Physical Examination Guidelines** will be used to evaluate your physical exam skills. These guidelines are on the CCX Assessments website (address given above) for your convenience. The CCX Committee recommends that if a particular physical examination is indicated, consider doing the entire exam (not just part of it).
18. You may take notes during the patient encounter and use them in the Computer Lab. **You must turn all notes in to the proctor after completing each case.**

Getting Assistance

19. If you have **any problems during the exam**, please see Linda Morrison or Mary Aiello for **immediate** assistance.
20. If you need **assistance in the Computer Lab, please ask the proctor**. Possible problems include computer locking up, being unable to find a lab test, not receiving lab results, getting an error message, etc. Please whisper when you do this so that you do not disturb your colleagues.
21. If you ever get a **script error** in the CCX program, click on the **YES, I want to continue** button.
22. If you have **questions, comments or concerns about the exam**, either now or later, contact Linda Morrison (545-4970 or lmorrison@siumed.edu) or Dr. Nelson (enelson@siumed.edu).

CCX Cases

23. You may read the presenting situation several minutes before you are scheduled to begin the case, but **DO NOT enter** the exam room until instructed by PDL staff. All rooms will begin simultaneously.
24. Please keep track of your time with your patients. Allow several minutes to advise the patient of your assessment and recommendations and to bring the interview to a close. **When there are five minutes left, we will knock on the door**. When your time is up, you will get a **second knock**, and are expected to leave promptly.
25. You should ask **any** history question and perform **any** physical examination that you feel is appropriate:
 - Do not assume that the patient has normal findings. You will receive cards for abnormal findings that can't be simulated, **but only after** the appropriate physical exam has been performed.
 - **Faculty expect you to listen for heart, lung, and abdominal sounds on skin**: you will not get checklist credit if you listen over the gown.
 - If you would normally have a nurse in the room with you during a specific exam, consider the camera as proxy for the nurse.

26. After you finish with each patient, go to the Computer Lab, identify yourself to the proctor, and she will direct you to a computer for that case. Click on the appropriate icon on the desktop, enter your badge number and complete the CCX. **If you have any difficulty OR questions, please ask the proctor for assistance.**
27. In the CCX cases, you will briefly **state the problem**, report **key positive and negative findings** from the SP encounter, list your **diagnostic hypotheses**, order and interpret **labs**, make your **diagnosis**, **justify** your diagnosis, enter the **problem list** and write a **treatment** plan. *Not every case includes all sections, so we will include a note about what you will be completing at the beginning of the computer station.* Please pace yourself so that you are able to complete all sections in the 45 minutes allowed.
28. We have **added 40 additional tests and procedures** to the CCX Lab list. The updated list is on the CCX Assessments page. We always give you the *opportunity* to order laboratory tests procedures, but that doesn't mean that you *need* to order labs for every patient. Order them only when they are appropriate for the diagnosis and treatment of your patient.
29. The **Diagnosis Justification** section is on the **Diagnosis** page along with the **Hypotheses** list. The DX-J text box will scroll so to give you as much space as you need. The DX-J instruction text is the same as that in previous years: *Please explain your thought processes in getting to the final diagnosis: i.e, how you used the data you collected from the patient (history and physical) and from laboratory work to move from your initial differential diagnoses to your final diagnosis. Please include both positive and negative findings in this discussion. Please be thorough.* The **scoring form for DX Justification** is on the CCX Assessments website. Reviewing it ahead of time will help you understand the expectations for this section. It accounts for 20% of the case score.
30. Please keep your CCX program clock (upper left/right corner) open during the case. It will help you keep track of your time. **A warning screen will pop up when you have 10 minutes left.**
31. The **Keller practice case** has been updated with the new Diagnostic Justification section and the new Lab database. It is available in the **Student Business Office** if you want to review the changes or refresh your memory about the program. The case icon is named **SCCX practice case_CL2012**.
32. **CCX program reminders:**
- **Findings:** If you list **patient vital signs** you are expected to *interpret* any abnormal signs in order to receive credit. (eg: *BP 160/95 High*).
 - **Labs:** To locate a lab test using the Search feature, enter only the first 3-4 letters of the lab. Remember to review your lab results before you move on. You can order more labs in the Management section, but you **cannot re-order or pull-up** test results you ordered previously. The cost of the labs you ordered is tracked, and points may be deducted if your work-up is excessive or unnecessarily endangers the patient.
 - **Management:** If you are unsure which category to use, use *nursing orders* for inpatient care and *follow-up* for outpatient care. When **prescribing medications**, include the medication name and route. You do not need to include the dosage, except for common medications when you need to differentiate between a standard dose which may be inadequate and a higher therapeutic dose. If you **refer a patient to a specialist**, you must specify what you want done in order to get credit for the referral. **You may not delete or modify a lab after you order it: the program will lock-up.** If this happens, notify the proctor and she will help you re-start.

Patient Note Cases (USMLE 2CS style)

33. You **may not read** the presenting situation until given the signal to begin, but you may take it into the room with you. You have **15 minutes** with the SP, with a 5 minute warning knock on the door.

34. You should continue to ask any history question or perform any physical examination procedure that you feel is appropriate, **EXCEPT you should not ask to do breast/genital/rectal exams**. If you believe these exams are indicated, include them in the *Diagnostic Work-up* section of your patient note. We may use other findings cards in these cases, however, if necessary.
35. When you finish with the SP, go directly to the Computer Lab. Time not used with the SP is added to the **10 minutes you are allowed to write the patient note**.
36. You must type your patient notes. Our computer form is almost identical to the USMLE Step 2CS form. The form does have space limitations, but there is a counter that lets you know how much space you have left. You can access the paper version of our form, along with the list of USMLE-approved abbreviations, on the *CCX Assessment* website (see above).
37. You will be given a verbal warning when there are **two minutes** remaining for the patient note. The instruction "*Stop Writing, Hit the Submit Button*" will be given when your time is up. After you hit the *Submit* button you should exit the room, leaving your handwritten notes on the proctor table. The proctor will print your note and reset the computer.
38. Additional instructions specific to the Patient Note cases are on the CCX Assessments website at the address listed earlier. Copies will be available on the table in the PDL reception area at lunchtime on Day two of your exam. See Linda Morrison or Mary Aiello if you have questions.
39. The USMLE Step 2 CS website (<http://www.usmle.org/Examinations/step2/step2cs.html>) contains detailed instructions for this type of station. We recommend that you review this information before taking the SCCX exam.

Scoring and Reporting the SCCX

40. All cases on the SCCX were developed by clinical faculty **based on accepted standards of care** and reviewed in detail by the multidisciplinary CCX Committee.
41. The SCCX will be scored after all students have completed it (mid August). Student performance will be reviewed by the CCX Committee in August/September and reported to the **Student Progress Committee** (SPC) in September, along with remediation recommendations.
42. **SCCX results packets will be put in campus mailboxes at 801 North Rutledge**. We expect examination results to be ready by mid-September and will notify the Class by e-mail when the packets are in your mailboxes. If you are out of town and wish to know if you have passed or failed, you may e-mail Linda Morrison for this information.
43. The performance of any student who fails the SCCX will be **automatically reviewed** in detail by SCCX faculty BEFORE results are released to students or to the SPC.
44. *For students who fail the overall exam*, the recommendation to SPC will be to take the **4-week Clinical Reasoning elective course** that will be given **October 24-November 18, 2011**.
45. *For students who fail the Patient Satisfaction component*, the recommendation to SPC will be to take the **1-week Enhancing Communication in the Doctor-Patient Relationship elective course** (scheduled with Dr. Armstrong by April 1, 2012).

Any questions you have regarding the SCCX should be directed to Dr. Erica Nelson via e-mail or Linda Morrison via e-mail or at 545-4970.