

SUMMATIVE CLINICAL COMPETENCY EXAMINATION (SCCX) GENERAL INSTRUCTIONS

General Directions

1. Daily schedules are on the CCX Assessments website:
http://www.siumed.edu/oec/CCX_ASSESSMENTS/html/sccx.html
2. Please arrive 10 minutes before you are scheduled to start. We will distribute schedules (with case names) and have you sign confidentiality statements at this time. If you have questions, please arrive a few minutes earlier or email Mary Aiello (maiello@siumed.edu) ahead of time.
3. Wear your white coat with your SIU name badge and bring your stethoscope. All other tools will be in the exam rooms (oto-ophthalmoscope, sphygmomanometer, tuning fork, tongue depressors, etc.).
4. Your DAWG TAG # 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 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 use computers or cell phones during the exam, except during lunch breaks.
9. You may not leave the PDL area during the exam except during lunch breaks.
10. All patient encounters will be recorded.
11. You will take the **Longitudinal Performance Assessment and Physical Findings Progress Exam** (bring ear/head phones for this exam) on the second day of your SCCX at the time specified on your schedule. It is not part of the SCCX, however, it does count. You are expected to perform at the level of an ending 3rd year medical student (based on multi-school data). Unsatisfactory performances will be remediated.
12. After you have finished the SCCX, we will e-mail you the link to a short **SCCX Feedback Questionnaire**. Please complete the questionnaire no later than March 30th. The CCX Committee uses your feedback for quality control and to plan revisions for the following year.

Expectations for Conduct and Performance

13. 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.
14. 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.
15. **You are being evaluated based on the assumption your performance during the exam is representative of the way you would take care of actual patients**, so treat each standardized patient as you would treat an actual patient with the same complaint. Best-practices behavior is recommended because competency is being inferred from your actions during this exam.


Standardized Patient Encounters

16. 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.
17. Presenting situation folders are posted on the exam room doors. They provide basic patient information and specify your tasks. Read these carefully, 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.
18. The **reading of the presenting situation** (door chart) in ALL cases will be part of the TIMED encounter. Do not open the folder until instructed to begin. All rooms will start simultaneously.
19. You should ask any history question and perform any physical examination you feel is appropriate:
 - Do not assume the patient has normal findings. You will receive cards for findings that cannot 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.
20. 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 if a particular physical examination is indicated in a case, do the entire exam (not just part of it).
21. Please keep track of your time with your patients. Allow several minutes at the end of the case 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.
22. No points will be awarded for **history** checklist items; we are only crediting PE items. This is consistent with what is being done in USMLE, 2CS.
23. 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.**

CCX Computer Stations

24. Your first 10 cases will be followed by a CCX station. 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 DAWG TAG # and complete the CCX. **If you have any difficulty OR questions, please ask the proctor for assistance.**
25. In the CCX cases, you will briefly **state the problem**, report **key positive and negative findings** from the SP encounter, list your **diagnostic hypotheses, preliminary diagnosis justification**, order and interpret **labs**, make your **diagnosis, justify your FINAL diagnosis**, enter your **problem list** and write a **treatment plan** for the patient. **The note at the beginning of each computer case will tell you WHICH of these sections you will complete for that case.** Please pace yourself so you are able to complete all sections in the 45 minutes allowed.

26. The **CCX Lab list** is available on the CCX Assessments page if you would like to review it in advance of the SCCX. We always give you the **opportunity to order laboratory tests and procedures, whether they are indicated in the case or not.** ONLY order labs or studies when they are appropriate for the diagnosis and treatment of your patient.
27. **Diagnosis Justification (DXJ):** The DXJ instruction text is the same as in previous years with the addition of the preliminary Diagnosis Justification (see below). The **scoring form for DX Justification** is on the CCX Assessments website for your review. DXJ will account for 20% of your case score. The DXJ text box will scroll and you are allowed to edit your response using cut & paste. The preliminary diagnosis justification has been added after recording the diagnostic hypotheses and before ordering labs. Based on the information you collected so far, type your Preliminary diagnosis justification, explain your thought process; i.e., how you used the data you collected from the patient to move from your initial list of possible diagnoses to the diagnosis(es) you chose as "most likely."



Preliminary Diagnosis Justification

Enter your preliminary diagnosis justification



Your Diagnosis Justification

Enter your diagnosis justification

28. **Note: there is a space counter** in the lower left corner. You will be **restricted to 2900 characters/spaces** for justifying your diagnosis (about 400 words). Optimum responses are typically 350-400 words. Remember it is the use of *key findings* (not lab results) that faculty are looking for in your responses. Labs are merely confirmatory.
29. Please keep your **CCX clock** (upper left and/or 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.**
30. If you want extra practice using the CCX program, the J_Keller CCX case is available at the following link: <https://siumed.dxrccx.com>
Select the following directory maiello91_patients. Type in a random user name and password each time you access the practice case. No data/records will be kept.
31. **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. 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.

Patient Note Cases (USMLE 2CS style)

32. As noted earlier, you will have **15 minutes** with the SP for the Patient Note cases. We will continue with simultaneous starts, no reading of the presenting ahead of time and 5 minute warning knocks.
33. You should continue to ask any history question or perform any physical examination procedure you feel is appropriate, **EXCEPT you should not ask to do breast or genital or rectal exams**. If you believe these exams are indicated, include them in the *Diagnostic Study/Studies* section of your patient note. We may use other findings cards in these cases, if necessary.
34. 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**.
35. In the **data interpretation** section of the patient note, you may list up to 3 hypotheses that you will then **support with positive and negative history and physical exam findings**. The **history, physical examination** and **diagnostic study/studies** sections are similar to previous years.
36. All patient notes must be entered on computer. Our note form is close to the new USMLE Step 2CS form, but not identical. The history and physical exam text boxes have space limitations, but there is a counter that lets you know how much space you have left.
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 Mary Aiello if you have questions.
39. The USMLE Step 2 CS website (<http://www.usmle.org/step-2-cs/>) contains detailed instructions for this type of station. We recommend you review this information before taking the SCCX exam. You can access the full instruction booklet via the *Common Abbreviations for USMLE-2CS Patient Note* link on our CCX Assessment website.

Getting Assistance

40. If you have **any problems during the exam**, please see the proctor for **immediate** assistance.
41. If you have **questions, comments or concerns about the exam**, either now or later, contact Mary Aiello (545-7126/maiello@siumed.edu) or Dr. Nelson (enelson@siumed.edu).

Scoring and Reporting the SCCX

42. 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.
43. The SCCX will be scored after all students have completed it (mid-March). Student performance will be reviewed by the CCX Committee in April and reported to the **Student Progress Committee** (SPC) in April, along with remediation recommendations.
44. **SCCX results packets will be put in your campus mailboxes at 801 North Rutledge**. We expect examination results to be ready by mid-April and will notify you by e-mail when the packets are ready to pick up. If you are out of town and wish to know if you have passed or failed, you may e-mail Mary Aiello for this information.
45. 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.

46. *For students who fail the overall SCCX, the recommendation to SPC will be to take the **3-week Clinical Reasoning elective course** that will be given **June 15 through July 2, 2020.***
47. *For students who fail the Patient Satisfaction component, will be recommended to take the **1-week Enhancing Communication in the Physician/Patient Relationship elective course**, to be scheduled individually with the Year 3 and Year 4 Registrar.*

Email questions about the SCCX to Dr. Erica Nelson or Mary Aiello (or call 545-7126).