

Preparing for the UIC Graduation Competency Exam / Class of 2025

The UIC Graduation Competency Examination (GCE) is an assessment of clinical skills, including data gathering and interpretation; communication and interpersonal skills; and professionalism. The Chicago Student Promotions Committee (CSPC) requires students to complete the GCE as a graduation requirement. In this academic year, the exam will be in-person and will formative. You will receive a score for feedback purposes.

The cancellation of USMLE's Step 2 CS does not obviate the need to evaluate students' clinical reasoning and communication skills. Indeed, this important assessment now rests with each individual medical school. Thus, it is important that you prepare for this examination. The remainder of this document will provide this guidance. Please read this document carefully all the way to the end. The College of Medicine GCE exam policies can be found on the Office of Curricular Affairs (OCA) web site: <https://chicago.medicine.uic.edu/education/md-curriculum/curriculum-by-year/phase-2-3/phase-2/graduation-competency-examination>

The GCE will be administered in-person with three Standardized Patient (SP) Cases

[Assessment checklists and demonstration videos](#) for the GCE are posted on the SAIL website and should be reviewed before your Exam. The direct link is also listed below for your convenience: <https://chicago.medicine.uic.edu/sail/for-learners/medical-students/graduation-competency-exam/>.

Encounters:

The current examination consists of three standardized patient encounters. Both include a 15-minute patient encounter followed by a 15-minute post-encounter task. You will be asked to perform a focused history and modified physical exam (see below) to determine the most likely cause of the patient's concerns. These stations may include a communication challenge.

Assume that anything you see is part of the case and is the correct finding. There are many findings that we can simulate using various techniques. At times, when there are abnormal PE findings that the patient cannot simulate, we'll ask you to examine a simulator model or listen to an audio file. We'll do so only after (and if) you do the relevant PE on the patient.

If a pelvic, genital, rectal, or breast exam is needed, tell the patient what you want to do. They may provide information with findings from the requested exam(s) performed by someone else, or ask you to defer the exam. If asked to defer the exam, be sure to document that you want the exam(s) in the patient note, as part of your plan for immediate workup. If given information from the exam, you may document the findings in the physical examination.

Standardized patients at our simulation centers 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. The standardized patients must be treated as real patients and with respect.

Sometimes a phone case is included in the GCE. During this case, you will ask the patient (or patient guardian) history questions but you will not be able to perform a physical exam. You can ask for physical exam findings that can be seen (e.g., does your child have a rash) but you will

document those in the *history*. E.g., "Parent notes that the child has a bumpy rash on their chest and abdomen."

Prior to the exam you may also be asked to review lab interpretation concepts such as blood gases and other routine laboratory results including clinical chemistries, liver function studies, complete blood count, urine analysis. These may appear in patient scenarios.

Checklists include *essential* data-gathering (Hx and PE) items, explanations to the patient, and/or other activities essential to the case. ***Videos demonstrating the correct performance of PE maneuvers are posted on the SAIL GCE webpage.***

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 M3 OSCEs. The CIS items are available on the SAIL website.

Post Encounter Activities: After the patient encounter, you will have a post-encounter task. **Most of the time, you will be asked to document:**

- Pertinent history and physical exam findings (positive and negative)
- A *ranked* differential diagnosis of up to three diagnoses
- **The history and PE findings of this patient that support each diagnosis**
- A list of initial diagnostic studies (if indicated)
- Initial management recommendations (if indicated)

A sample exemplar note is available on the SAIL website. An annotated note-scoring rubric is included below.

Here are some suggestions from faculty, based on past exams.

Data Gathering (H&P): Prior to starting the encounter with the patient ask yourself: What are two or three most likely diagnoses based on the initial information about the patient? What signs/symptoms would help distinguish between these hypotheses?

Physical Exam (PE): Always verbalize that you are *washing your hands* before **and after** the physical exam. This is a hospital requirement and will be scored. Tell the patient what you're planning to do. When possible, you should help the patient put physical exam findings into diagnostic context.

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. Be sure to allow time for this.

Communication Skills: The GCE is specifically looking at your ability to follow up on patient cues, facilitate patient emotions, encourage shared decision making, etc. ***Be prepared!***

Patient Notes:

- Consider starting with the DDX and Justification sections. Once you've listed the patient's findings associated with your DDX, go back and complete the H&P documentation. **Be sure to include in the H&P all the findings listed in the justification section.**
- *History:* Start with a "power statement" as in DoCS, 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"). Then write all the critical information from the history in an organized

fashio.

- *PE*: **Always write down the vitals** – don't just write "see nurse's note" or "see chart" or "VSS."
- *DDx*: Don't include diagnoses that don't fit the presentation of this specific patient. Any diagnosis you list must be supported by the findings you documented.
- *Justification*: Include only the actual findings that you elicited from this patient. Be sure that findings listed here are documented in the H&P section as well.
- *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.
- If no diagnostic workup is indicated (i.e., this is a clinical diagnosis), write "None." Don't just leave blank. Avoid tests that put the patient at unnecessary risk, e.g. invasive tests or radiation, unless specifically warranted.

Phone Call Cases:

- These are sometimes included on the examination.
- All information from the caregiver, including reports about the child's physical status, should be documented as history findings - not PE, since you are not conducting a PE yourself.
- At the end of the phone call, tell them you will discuss the case with your preceptor and call them back.
- Sometimes your post-encounter tasks in phone cases will be slightly different. Please always read the instructions carefully!

Feedback:

- SPs will usually provide feedback on communication and interpersonal skills after the encounters.
- You will receive a written report on your performance (accessible online) in the summer.

Grading: You will be graded on three distinct components of the SP exam:

1. Communication and Interpersonal Skills (CIS)
2. PE checklist score
3. Post-encounter score (or patient note score).

You will receive scores in Learning Space to understand how you performed on the cases. Additionally, you will be assigned to a group examination debriefing session after you receive your scores.

Although Step 2 CS is no longer offered, USMLE practice books can still be used to prepare for the GCE. **If you wish to use a reference, be sure to get a book published after 2014 as this is most consistent with UIC's grading rubric.** 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. Do pay attention to the embedded communication challenges discussed in each practice case.

For questions about the content or conduct of the exam please contact:

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