

Preparing for the UIC Graduation Competency Exam / Class of 2018

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 GCE 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 all the way to the end as it includes important information about the 2017 USMLE Step 2 CS exam that will be reflected in the GCE, as well as tips for doing well on the exam. College of Medicine, [GCE exam policies](#) can be found on the Office of Curricular Affairs (OCA) web site: <http://chicago.medicine.uic.edu/education/md-curriculum/curriculum-by-year/m3-m4-years/m3-year/graduation-competency-examination/>

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

I. Procedural Skills:

You are responsible for performing the following procedures taught during ECP&P1 at a 100% pass level. Several procedures may be grouped in a single station, as shown below.

- Basic Airway (Oxygen Delivery and Bag-Valve Mask)
- Metered Dose Inhaler (MDI) and Peak Flow Meter (PF)
- Advanced Airway (Intubation)
- Venipuncture (Phlebotomy) & Timeout
- IV insertion
- Suturing (Interrupted Stitch)
- Foley Catheter
- Arterial Blood Gas (ABG)
- Lumbar Puncture
- Nasogastric (NG) Tube Insertion
- Injections

On the Procedural Skills Exam you will also be assessed on EKG 2-Lead Interpretation (70% pass level required) and 12-Lead Placement (formative evaluation only). Again, **EKG is assessed on the Procedural Skills Exam**. These skills were taught during Week 1 of ECP&P1. Assessment checklists and demonstration videos are accessible using the links below.

Please note that *Radiology image interpretation* will be assessed during the Standardized Patient Exam (50% pass level).

The simulator models will be made available for practice under the guidance of an instructor during the Open Skills Practice Sessions at the Graham Clinical Performance Center (GCPC).

Students will be scheduled by OCA for these sessions, which are based on exam date and on clerkship tracks. Students making scheduling change requests or Open Skills Practice Session “opt-out” requests must contact Matthew Orlando, morlando@uic.edu.

[Assessment checklists and demonstration videos](#) for the GCE are posted on the GCPC website

and should be reviewed before your Procedural Skills Exam / Open Lab Practice session. The direct link is also listed below for your convenience: <http://chicago.medicine.uic.edu/graham-clinical-performance-center/for-learners/medical-students/graduation-competency-exam/> .

Note: The equipment used in the hospital for Injections and ABG has changed, and the checklists are being updated accordingly. All demonstration videos and checklists have been updated and are now posted on the GCPC website. Be sure to check out the new equipment during the Open Skills Practice Session.

Procedural Skills Grading and Remediation: This is a mastery exam for the procedures listed above and you are expected to perform each one exactly as trained during ECP&P1 (according to the checklist instructions) at a 100% pass level (EKG Quiz, 70% and 12-Lead Placement, formative). You will have 20 minutes at each station to complete each procedure one time. You are expected to come into the room and perform the procedure while the instructor evaluates your attempt. If you complete the procedure at 100%, you will be free to exit the room and wait to rotate to the next procedure. If you missed anything, the instructor will let you know, reset the station, and have you re-attempt the procedure. If you make a mistake or forget an item on subsequent attempts, the instructor will stop you, let you know what was missed, and have you start over from the beginning. Students who cannot pass any skill(s) during the Procedural Skills Exam are required to return for a remediation. The date of this remediation will be given before leaving the GCPC and is assigned according to the student's Transition Course.

II. Standardized Patient (SP) – 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 GCPC 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. The standardized patients employed by the GCPC are professional actors that are highly trained for this exam (as are the actors employed by the USMLE Step 2, CS Exam) and must be treated as real patients and with respect.

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 theater techniques.

At times when there are abnormal PE findings that the patient cannot simulate we'll ask you to examine a simulator model. We'll do so only after (and if) you do the relevant PE on the patient. The USMLE has served notice that it may start to incorporate abnormal finding models in the CS.

If a pelvic or rectal exam is needed tell the patient what you want to do. They will ask you to defer the exam. Be sure to document that you want a pelvic or rectal in the patient note, as part of your plan for immediate workup. This is as per USMLE Step2CS practice.

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

- 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 suggested 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 USMLE patient note format, 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

A sample exemplar note, the patient note template for USMLE and the GCE note-scoring rubric, are all available on the GCPC website. An annotated note-scoring rubric is included below. Annotated notes can be found in the USMLE Step2 CS information booklet on their website <http://www.usmle.org/step-2-cs/>.

Here are some suggestions from faculty, 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 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 (PE): 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.

Communication Skills: Note that the USMLE has been increasing the intensity and complexity of communication challenges embedded in the cases, and is specifically looking at your ability to 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. The USMLE may not give credit for findings not listed in the H&P.
- *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 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, write "none" – don't just leave blank.

Pediatric Phone Call Cases:

- 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.
- Be sure to document any advice you give the parent.

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 Basic Life Support (BLS) 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 three distinct components of the SP exam:

1. Communication and Interpersonal Skills
2. PE checklist score
3. Patient note score.

Grades in each component are averaged across the five SP cases for a final grade. The BLS station is not included in the final grade. Passing scores are set by faculty. You must pass all three components to pass the exam. Students not meeting the pass level for any component 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 OCA Office. Students who need to remediate both Communication Skills and the PE or note may be assigned two preceptors. Each student is responsible for scheduling the remediation directly with the preceptor, and remediation must be completed by **October 1, 2017** in order to meet the graduation requirement for satisfactory completion of the GCE.

USMLE practice books can also be used to prepare for the GCE. **Note that older practice books may not have been updated for the new USMLE note format that requires justification of the DDx – be sure to get an updated book.** 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.

UIC Patient Note Scoring Rubric

Task	Scoring Level	Examples and Guidelines
Hx&PE	1. Most key Hx and PE findings are missing or incorrect	<i>If finding is listed in Justification but not in H&P, no credit given here.</i>
	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	
DDX	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	
Justification	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	<i>Findings listed must be of this patient, not hypothetical findings. If findings are listed here but not in H&P, credit given here but not in H&P section. USMLE may not give credit here for findings not listed in H&P.</i>
Workup	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	<ul style="list-style-type: none"> <i>If no workup needed, must specify "none" not just leave blank.</i>

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 Office of Curricular Affairs (OCA): Matthew Orlando, morlando@uic.edu .