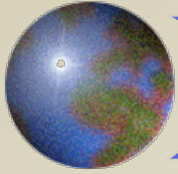


*CCCA Prep 2015*

*Comprehensive Core  
Clinical Assessment*

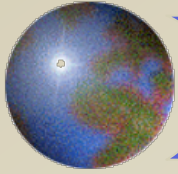
**Sarah McGee, MD**

**Scott Wellman, MD**



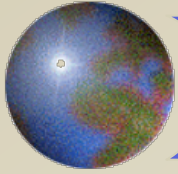
## *Current Format*

- ✦ **8 cross disciplinary cases developed by the Clerkship Directors**
- ✦ **8 Cases utilize Standardized Patients (SPs), mannequins, and task trainers**
- ✦ **All above cases contain elements of history taking, physical exam and communication**
- ✦ **Each of the 8 cases includes a brief post encounter task: Differential Dx and explanation of thought process**



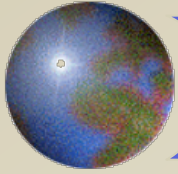
## *Current Format (Cont' d)*

- ✚ **We will show you in advance where the mannequin/task trainers live.**
- ✚ **These are *focused* encounters**
- ✚ **You are *always* the third year student**



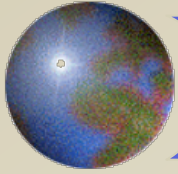
## *Current Format (Cont' d)*

- ⊕ **15 minutes for H&P which includes telling patient what you think is going on and initial next steps (Dx and Plan)**
  - ⊞ **Check-lists done by SP' s**
  - ⊞ **Scoring: Across 4 skill areas**
- ⊕ **10 minutes for post-encounter paper work**
- ⊕ **No feedback during exam**



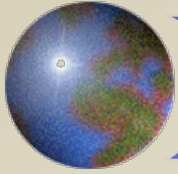
## *Intro*

- ✚ **UMass students do exceptionally well on Step 2 CS**
- ✚ **You know enough to pass CCCA *now!***
- ✚ **We will teach *strategies***

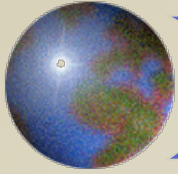


## *Why are we doing this?*

- ✦ **Relieve anxiety**
- ✦ **Students who have had trouble with OSCE's may be at higher risk here**
- ✦ **We don't want anyone to fail, especially because of test-taking issues**
- ✦ **Some of these strategies also help problem solving.**



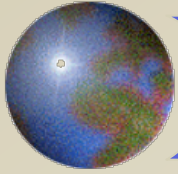
# *Scoring and Review Process*



## *Needs Assessment*

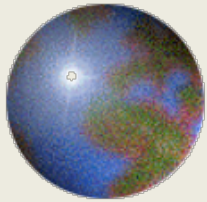
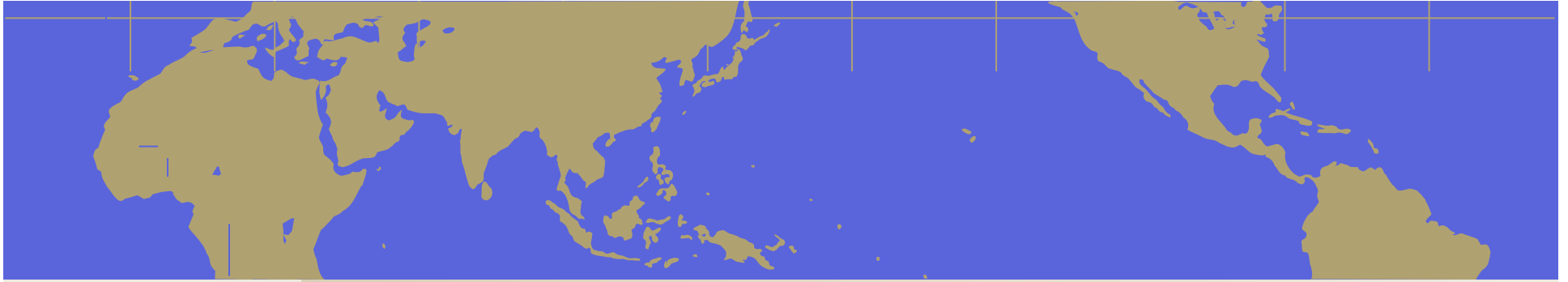
- ✚ **What do you find most difficult on your OSCE' s?**





## *Top Reasons for failing CCCA*

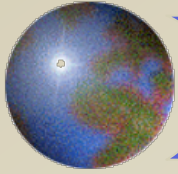
- **Not problem solving**
  - Prepare for the encounter
  - **Differential drives the HPI and PE**
- Interview Process
- Not using the focused **ROS**
- **Time mgmt**: Not having time for the PE
- **Not linking the PE with your hypotheses**
- **Not doing all the tasks**
- Premature closure



## *Strategies*

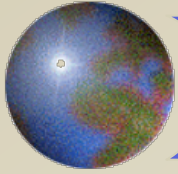
# **Link Problem Solving with the HPI and PE**

**So before you enter the room...**



# *Problem Solving*

- ✚ **Write the key points from the scenario**
- ✚ **Write Conditional Hypotheses**
  - ✚ **3 – 6 most common**
  - ✚ **1-2 “can’t miss”**



## *5 yo with cough and fever in ED*

### ✚ VS' s:

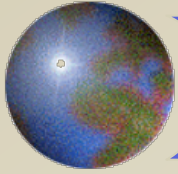
✚ T 102.4 ax; BP 96/55; P 140; RR 36;  
Pox 95%

### ✚ Growth:

✚ Ht 37 inches (50th %ile); Wt 15 kg (50%)

### ✚ General Appearance:

✚ Sitting quietly on Mom' s lap. Looks at examiner but not playing.



## *5 yo with cough and fever in ED*

### ⊕ VS' s:

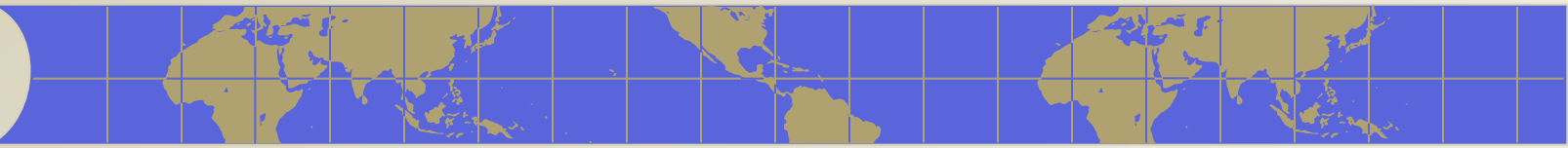
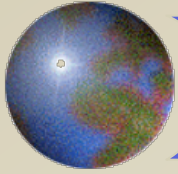
⊕ T 102.4 ax; BP 96/55; P 140; RR 36;  
Pox 95%

### ⊕ Growth:

⊕ Ht 37 inches (50th %ile); Wt 15 kg (50%)

### ⊕ General Appearance:

⊕ Sitting quietly on Mom' s lap. Looks at examiner but not playing. **Mildly ill???**



*5 yo T, cough and decreased PO<sub>2</sub> :*  
*Conditional Hypotheses*

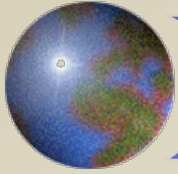
**URT disease**

- ✚ Sinusitis
- ✚ URI

**LRT disease**

- ✚ RAD
- ✚ Bronchitis
- ✚ Pneumonia
- ✚ Foreign Body

What questions would you *write*? (See next slide)



*5 yo T, cough and decreased POx :*

### URT disease

✚ Sinusitis

Headache  
Nite cough

✚ URI

### LRT disease

✚ RAD

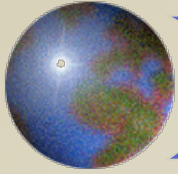
FH/PMH/EIB...

✚ Bronchitis

✚ Pneumonia

✚ Foreign Body

In purple, are the Q's I would write down if I thought I might forget to ask them.



# *Conditional Hypotheses: Vomiting*

## Diagnoses

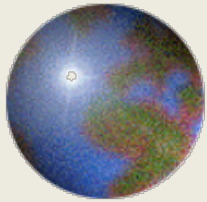
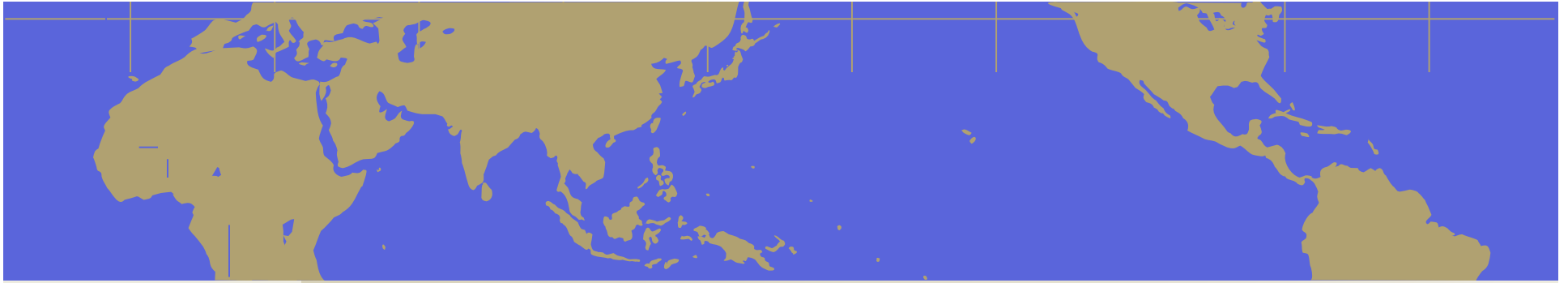
- ⊕ GI
- ⊕ CNS
- ⊕ Drug
- ⊕ Toxin

## Questions

- ⊕ GI ROS
- ⊕ CNS ROS
- ⊕ Drug/Suppl/OTC/Med
- ⊕ **How do you ask Toxin?**

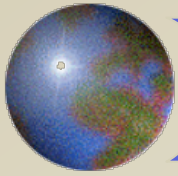
**Use strategies to increase your diff dx. Not all vomiting is from the GI system.**





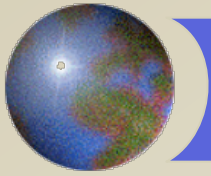
# *Strategies*

**Time Management,  
Efficiency, and Efficacy**

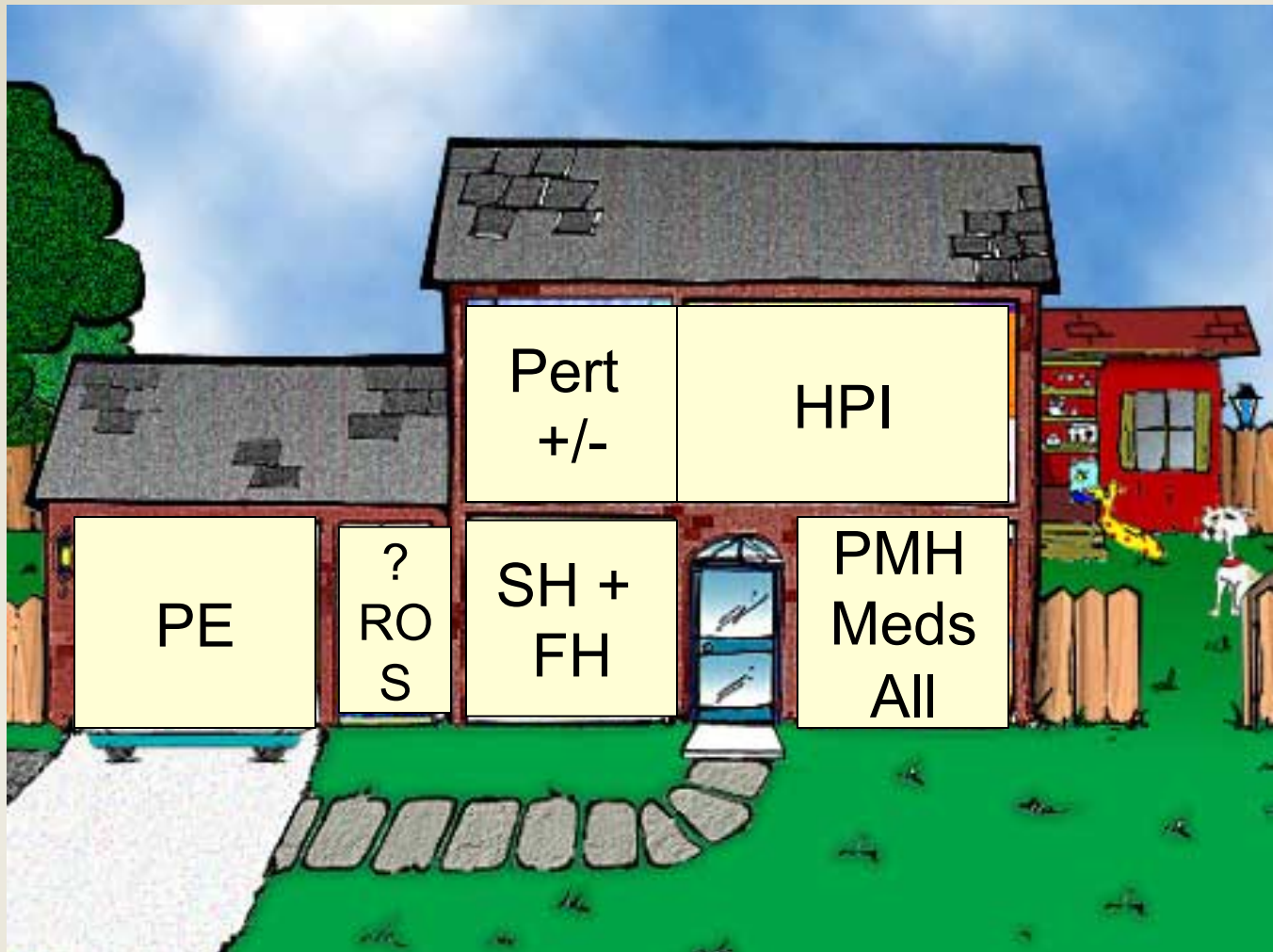


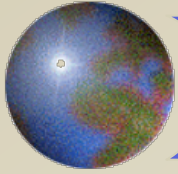
# *Organization*





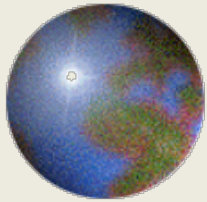
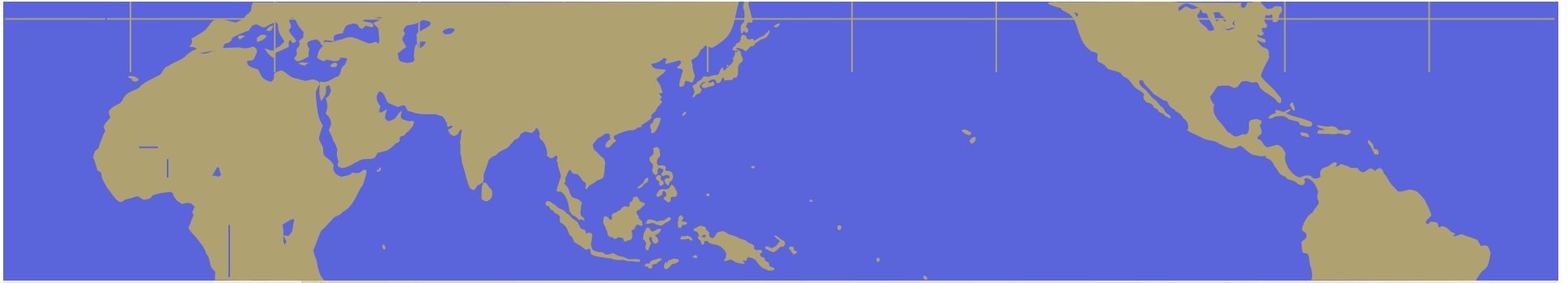
# *Organization*





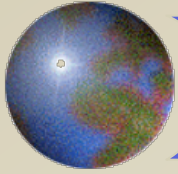
## *Interview Process: MIRS*

- ✦ **Organization**
- ✦ **Types of Questions**
- ✦ **Pacing**
- ✦ **Facilitative Behavior**
- ✦ **Encouragement of Questions**



**Mrs. Smith, a 47 year old female comes into clinic for evaluation of upper abdominal pain.**

**Vital signs are normal:  
BP 120/76  
P 76; RR 18; T 98.6**



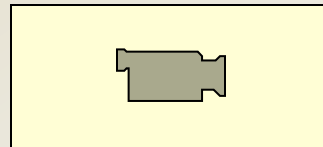
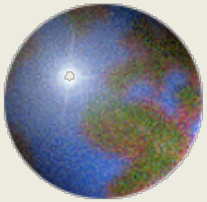
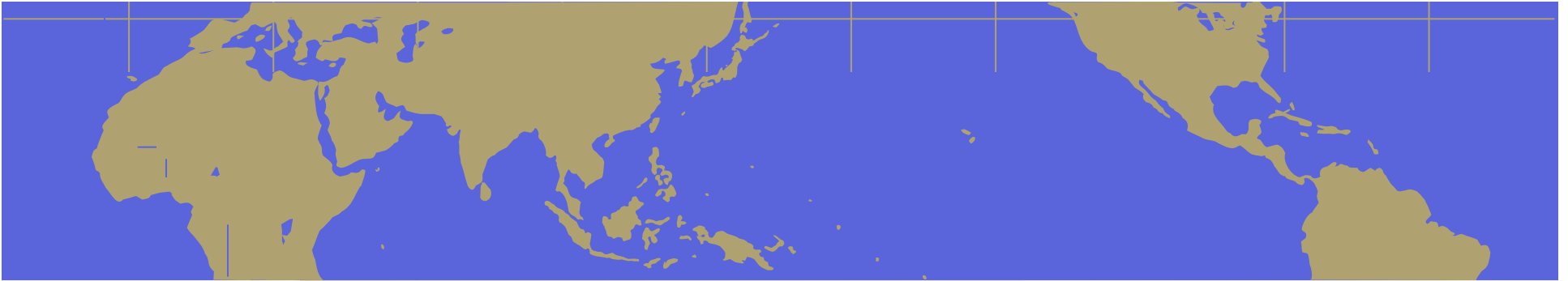
## *Divide up* - +/ $\Delta$

⊕ **Content**

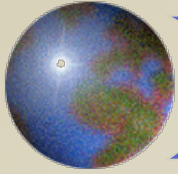
⊕ **Interview Process**

+	$\Delta$

**When you look at any of the videos, look for what was done well and what could be improved upon.**



3rd yr - Abd Pain Hx: Short



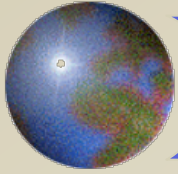
# *Let the Patient Talk*

*(Improves Satisfaction, Efficiency and Medical Outcome)*

**Doctors interrupt patients: mean 18 seconds**

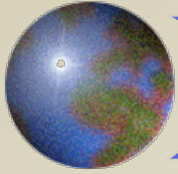
- ✦ **Only 23% of patients completed opening statement**
- ✦ **If uninterrupted, patient took mean of 60 seconds and not > 2 1/2 minutes.**
- ✦ **Longer the time before interruption --> more complaints elicited**
- ✦ **Order in which complaints were given did not correlate with clinical importance.**





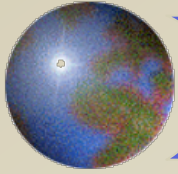
# *Moral*

- ✚ **Let the patient do the work for you**
- ✚ **Scan:**
  - ▣ **Let patient do the work. The goal is to get the patient to “blab”**
  - ▣ **Table of Contents**
- ✚ **Don't go to closed Q's too fast**



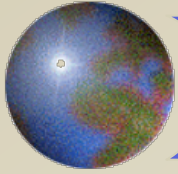
## *Let the patient do the work for you!*

- ❖ 45 year old man with new onset RAD. How do you ask about environmentals?
- ❖ 50 year old man with chest pain. You're interested in Cardiac Risk Factors. How do you ask about diet?
- ❖ 10 year old girl with headaches that began a month ago. What do you want to know?



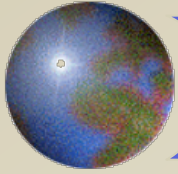
## *Let the patient do the work for you!*

- ✪ **Best way to get patient to do the work for you is to make your thinking transparent. For example,**
  - ✪ “I’m wondering if there may be something in the environment that is causing your breathing problem?”  
After patient responds you can try to trigger the patient’s memory, eg, “At work?”, “Your hobbies?”, “Is there construction going on at your house?”, etc.



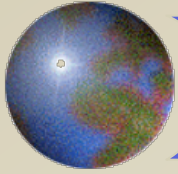
## *Let the patient do the work for you!*

- ✚ **Best way to get patient to do the work for you is to make your thinking transparent. For example,**
  - ✚ “I’m wondering if your eating a healthy diet for your heart?” – Patient’s usually know. Again after the patient responds you can ask specific questions.



*Let the patient do the work for you!*

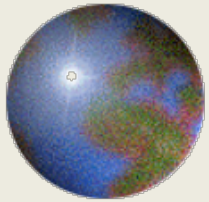
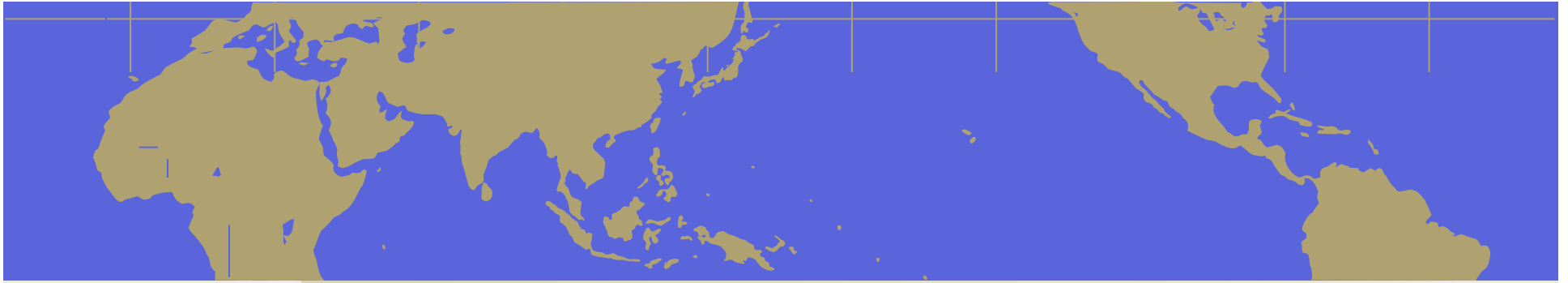
- ✚ **What are you most worried about?**
- ✚ **What do you think this might be?**
- ✚ **Look for hooks and cues.**



## *What if.....*

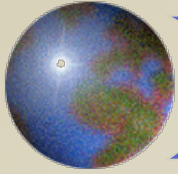
❖ **Patient asks you what your thoughts are *before* you do the PE?**

❖ “I definitely want to answer that question. Let me check your physical exam, and then we will discuss that.”



# *Strategies*

## **Physical Exam**



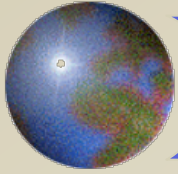
## *Physical Exam*

✚ **Focused**

✚ **LINK IT TO THE DIFFERENTIAL**

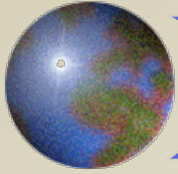
✚ **What to do with Mannequins/task  
trainers**





## *Physical Exam*

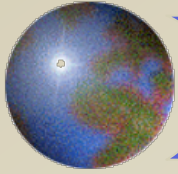
- ❖ **Verbalize during your exam.** The patient cannot tell that you are:
  - ❖ Looking for jaundice, edema, etc
  - ❖ Feeling a joint for warmth
  - ❖ Etc.



## *CV Exam*

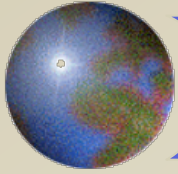
- ✦ **Always examine on skin.** You want exposure. You should see what you are doing.
- ✦ ***Listening to the heart is a tiny piece of a CV exam!***
- ✦ The movie demonstrates some methods for **getting exposure with females.**





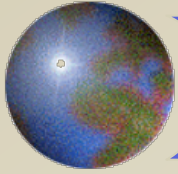
# Reasons people fail PE:

- ❖ **Not getting to PE in time**
- ❖ **Not thinking about what needs to be examined eg, listening to heart is NOT a CV exam.**
- ❖ **If you think of a Rheum disease or, hypertension, just checking joints or bp (respectively) is not sufficient.**



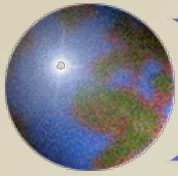
## Reasons people fail PE:

- ✚ **Fluency** – if you need to think about the cranial nerves you will run out of time. Automate your exam. Same with MSK and others.
- ✚ **Prioritizing.** Go for the money. If it is a joint problem and you don't really think heart and lungs are relevant but you're worried about missing something, then do your joint exam first. I'd rather miss the heart and lungs than miss the joints.
- ✚ **Sensitive exam – next slide**



## Reasons people fail PE:

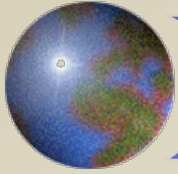
- ✚ **Fluency** – if you need to think about the cranial nerves you will run out of time. Automate your exam.
- ✚ **Prioritizing.** Go for the money. If it is a joint problem and you don't really think heart and lungs are relevant but you're worried about missing something, then do your joint exam first. I'd rather miss the heart and lungs than miss the joints.
- ✚ **Sensitive exam – next slide**



# Reasons people fail PE:

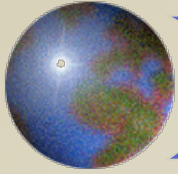
## ✦ Sensitive exam –

- ✦ **On CCCA** if you want to do a guiac then tell patient you want to do that. Patient will tell you the results or just say he doesn't want you to do that.
- ✦ **On Step 2CS** you are not permitted to ask for a sensitive exam. If you want a guiac, a pelvic exam, etc, then you order that in your plan in your write-up



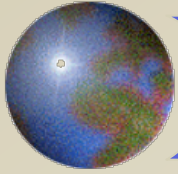
## *Post Encounter Paperwork*

- ✦ In order of likelihood (with 1 being most likely), list up to three possible diagnoses for this patient's "Most important problem" or "Principal medical problem". Provide supporting evidence *for* and *against* each diagnosis based on your findings (history, and physical) from this case.



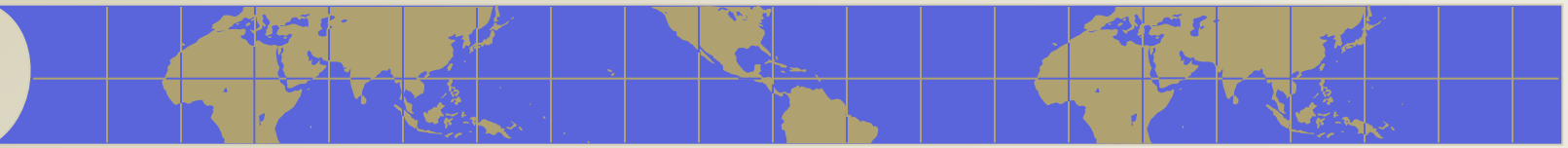
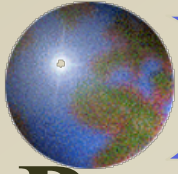
<b>Diagnosis</b>	<b>Supporting Evidence for diagnosis</b>	<b>Evidence Against diagnosis</b>	<b>Diagnostic Work-up: Diagnostic tests AND anticipated results for given diagnosis</b>
1.			
2.			
3.			





## *Post Encounter Paper Work*

- ❖ **55 year old woman with 2 week history of swelling in the legs and weight gain presenting with acute onset of sharp left sided chest pain and dyspnea.**
- ❖ **VS: P 110; RR 28; T 99.9; 140/90; POx 93%**
- ❖ **PE shows decreased BS at left base, S3, hepatomegaly and bilateral leg edema.**



# Post-Encounter Paper Work

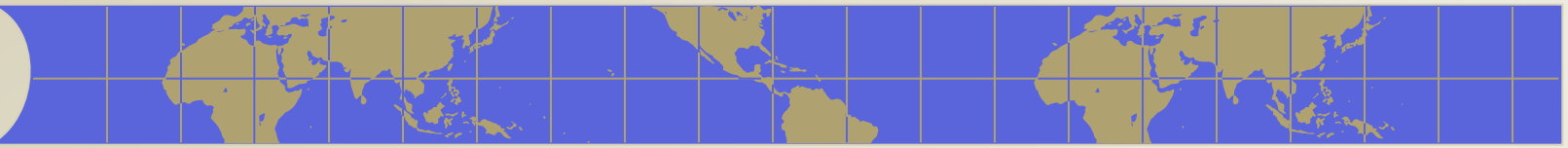
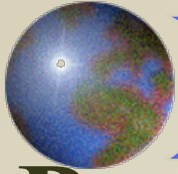
- ➊ Differential Dx of the patient's most important problem

1. PE

2. PTX

3. CHF

- ➋ An attachment with our paperwork on this case will be sent to you.



# Post-Encounter Paper Work

- ✚ **Differential Dx of the patient's most important problem**

**1. PE**

**2. PTX**

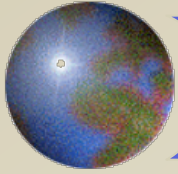
**3. CHF**

**1. Shingles**

**2. Lung cancer**

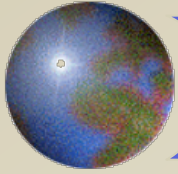
**3. Boney mets**

- ✚ **The diagnoses on the left are good.**
- ✚ **The one's on the right, although possible, are *not* most likely**



## *Summary*

- ✚ **Conditional Hypotheses**
- ✚ **Get patient to do the work**
- ✚ **Go for the money**
- ✚ **Automate the ROS/pertinent ROS**
- ✚ **Verbalize during the PE**
- ✚ **Ask for further Q' s or worries**
- ✚ **Make f/u appt or plan**



# Resources

- ✦ First Aid for the USMLE Step 2 CS
- ✦ It is imperative that you **familiarize yourself with the 2 CS exam *prior* to traveling to PA:**
  - ❏ <http://www.usmle.org/pdfs/step-2-cs/cs-info-manual.pdf>