

Using Standardized Patients to Evaluate EPAs One and Five During OMS – I and OMS – II Academic Years

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Introduction

Principles of Clinical Medicine is a four part Clinical Skills Course delivered by the Department of Primary Care and is taught during the first four semesters.

The course is designed to provide the knowledge and educational experiences that will allow the student to develop active clinical reasoning skills and acquire medical and social knowledge. In addition the student should develop the skills necessary to complete a comprehensive or focused history and physical examination, demonstrate documentation skills, and competency in the clinical application of basic medical procedures.

As an ongoing project, the Department and Faculty are continuously assessing, evaluating and remediating students as well as modifying curriculum.

This Department uses the opportunity to assess the EPAs using Standardized Patients. In this poster we will demonstrate how EPAs One (**Gather a History and Perform a Physical Exam**) and Five (**Document a Clinical Encounter in the Patient Record**) are evaluated.

Objectives and Goals

We recognize all the EPAs cannot be addressed in the first two years of medical school and some EPAs are better suited for years three and four.

A curricular objective of the Department is to develop history, physical exam and clinical reasoning skills by the end of the second year and evaluate the student in order for them to enter clinical rotations by year three.

A goal of this poster is to demonstrate how we assess the medical students by illustrating examples of the assessment tools we have developed in the Department of Primary Care at Rocky Vista University/College of Osteopathic Medicine and how these assessment tools can be used to address the EPAs.

History and Physical Exam Checklist

Standardized Patient Checklist Abdominal Case "Cholecystitis"	Done	Attempt	Not Done
John/Jane Vaughn CC: "I'm having pain in my stomach"			
History			
1 Onset: 5 days ago			
2 Location: right upper quadrant			
3 Duration: pain comes and goes			
4 Character/Quality: sharp pain or cramp			
5 Alleviating factors: some relief with TUMS			
6 Aggravating factors: Gets worse with eating food			
7 Associated/Other symptoms: nausea, vomiting, fever, decreased appetite			
8 Radiation: to right shoulder and back			
9 Severity: 7/10 now			
10 Prior Occurrence - none, first episode			
Past Medical History:			
11 Medical problems- High cholesterol x 8 years			
12 Surgeries- none			
13 Hospitalizations- none			
14 Injuries- none			
Medications:			
15 Prescriptions- Lipitor 20 mg daily			
16 OTC- Advil for general aches and pains.			
17 Supplements- multi- Vitamin daily			
Allergies:			
18 Medication allergies- Sulfa-causes rash			
19 Food allergies- none			
20 Environmental allergies- none			
21 Diet: Healthy diet, likes fresh fruits and veggies			
22 Exercise: Active- skis, biking, hiking, golf, jogs with the dog			
Social History			
Substance use:			
23 Tobacco- Never			
24 Alcohol- 3-4 beers over the weekend			
25 Drugs- Tried marijuana a couple of times in college			
26 Caffeine- 4-5 cups of coffee a day.			
27 Occupation: Frontier Airline pilot			
28 Living Situation: married, lives with spouse			
Family History:			
29 Mom- deceased-52 - Breast cancer			
30 Dad- deceased-55 - heart attack			
31 ROS: General -neg. weight change, + fever, neg. chills, neg. fatigue, -appetite changes, neg. sweats			
32 ROS: GI - +nausea, +vomiting, + food intolerance, negative diarrhea, constipation, black stool, blood in the stool difficulty swallowing, painful swallowing, heartburn, hemorrhoids			

Physical Exam	Done	Attempt	Not Done
33 Hand Washing: Washed hands any time prior to examining me			
34 Draping-Respectfully and adequately exposed the abdomen			
35 General Inspection of the Abdomen (must verbalize)			
36 Listened to the abdomen before palpation or percussion			
37 General Listening of the Abdomen - Listen to my abdomen in any quadrant			
38 General Percussion of the Abdomen - Any quadrant			
39 Percussed the liver (right upper quadrant) - Must percuss the top and bottom of liver			
40 General Feeling of the abdomen - Felt around my abdomen- any quadrant			
41 Palpated the Liver (right upper quadrant) - Can be done from below or from above			
42 Pushed on the liver and asked to take a deep breath - Murphy's sign- tender when take a breath			
43 Palpated the spleen (left upper quadrant)			
44 Palpated the aorta - Felt deep in the midline, above the umbilicus for the pulse of the aorta			
45 Rebound Tenderness- Pushed on my abdomen and let go quickly - any quadrant - If push on RUQ- it is tender			
46 Tapped on my back to check my kidneys			
48 Osteopathic exam: (Any ONE of the following) - Postural evaluation and/or landmark OR Felt my neck, upper or lower back OR Motion testing of the neck, upper or lower back			

Illustrated is an example of the assessment tool used to evaluate the student in their Standardized Patient encounters. Students must pass all components of the encounter. Students need a 70% of greater score on the history and physical exam item list and a 7/10 or better on each component of the SOAP Note.

SOAP Note Grading Rubric

1/2 point off for each item	Unacceptable	Poor	Satisfactory
Subjective	Omits key elements of the history.	Provides enough correct detail for an adequate history.	Accurate and complete information for all key elements of the history.
_Onset/Setting	Irrelevant details.	Incorrect information.	HP & P/QRSTAS Pertinent (+) & (-) and ROS.
_Duration/Frequency	Incorrect information.	Inadequate information.	
_Character/Quality			
_Alleviating factors			
_Aggravating factors			
_Location			
_Radiation			
_Severity			
_Associated Symptoms			
_PMH			
_Medical problems			
_Surgeries			
_Rx with dosage			
_OTC			
_Supplements/Vitamins			
_Allergies			
_Medication			
_Food			
_Environmental			
_Substance			
_Tobacco			
_EtOH			
_Drugs			
_Caffeine			
_Occupation			
_Living Situation			
_Diet or Exercise			
_Family Hx			
_Mother			
_Father			
_ROS			
At least 1 item from each of the 2 systems: General, GI			
1/2 point off each missing item. If 1/2 point round up to next whole number.			
	01 02 03	04 05 06	07 08 09 10
Raw Score:			
Subjective			
Objective			
Assessment			
Plan			
Total			
Final Score: P/F			
Must receive 7 points or greater on each section to pass the note.			

Objective	Unacceptable	Poor	Satisfactory
Vital Signs	Omits key elements of the physical exam.	Provides enough correct detail for an adequate physical exam.	Accurate and complete information for all key elements of the physical exam.
General Assessment	Irrelevant details. Inadequate information.	May be missing some elements of the physical exam - GA, Parts of the PE and Osteopathic exam.	Documentation of the GA and three (3) or more parts of the PE directly relevant to the CC.
ABDOMINAL Exam			
_Inspection			
_Auscultation			
_Palpation			
_Percussion			
_Liver exam or Murphy's sign			
_Spleen or Kidney exam			
_Rebound tenderness			
OMT Exam			
	01 02 03	04 05 06	07 08 09 10
Assessment			
3 dxs			
1. -3			
2. -2			
3. -2			
Three plausible DDX or Problem list.			
OMT assessment or dx -3 (partial credit OK)			
	01 02 03	04 05 06	07 08 09 10
Plan			
Lab tests, x-ray			
Mind treatment or other treatment			
OMT treatment			
Patient Ed.			
Follow up			
	1 02 03	04 05 06	07 08 09 10

Discussion

The relationship between EPAs and competencies has been discussed in the literature.^{1,2}

Definitions:

Entrustable Professional Activities (EPAs): Units of professional practice, defined as tasks or responsibilities that trainees are entrusted to perform once they have obtained specific competencies.³

Competency: An observable ability of a health professional integrating multiple components such as knowledge, skills, values and attitudes.⁴

Milestone: A behavior descriptor that marks a level of performance for a given competency at a given level of training.⁵

Over the past several years, residency program directors have increasingly expressed concern that some medical school graduates are not prepared for residency.⁶ Using competencies to assess EPAs in the medical school undergraduate education can be one method of assessment to ensure that a medical student has the clinical skills to enter clerkships and residency training. Any measure of assessment should have set standards, clear feedback and remediation. Finally, EPAs and competencies are not mutually exclusive; to the contrary, EPAs by definition require the integration of competencies and competencies are best assessed in the context of performance.⁷

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