

SICK CALL SCREENER COURSE



SCSC PERFORMANCE TEST 1  
ADMINISTRATOR'S GUIDE

FOR

SICK CALL SCREENER  
SOAP NOTE DOCUMENTATION

SEPTEMBER 2018

## **INSTRUCTIONS TO THE ADMINISTRATOR:**

### **Overview – SOAP Note Performance Test (Week-1, Day 1)**

This practical application performance evaluation test will be administered to the entire class. The trainee will be introduced to a live patient or simulated patient that will require them to obtain and document a comprehensive medical history. Trainees will demonstrate proper medical history collection techniques and SOAP Note documentation. Instructors will evaluate the decisions, behaviors, responses and actions of the trainee.

### **General Precautions:**

1. Instructors, trainees and visitors must comply with all general safety procedures that are posted in the MTF/Clinic/lab environment.

### **Safety Requirements:**

1. There are no skill specific safety hazards for this Performance Test.
2. Review Training-Time-Out (TTO) procedures.
3. Trainees will not perform any steps until an instructor is present.
4. Trainees may not take equipment out of the MTF/Clinic/lab environment.

### **Special Instructions (For Instructors):**

1. Ensure all trainees are briefed on “TTO” policy and procedures prior to each high or moderate-risk evolution or laboratory. For multi-day or all-day evolutions, “TTO” shall be re-briefed prior to the start of training following major breaks, such as mealtimes. Evolution-specific “TTO” procedures should be added where needed. These procedures should be standardized to conform with established fleet distress indicators where appropriate. Emphasis shall be placed on specific verbal and nonverbal signals to be used by trainees and instructors.
2. A “TTO” may be called in any training situation where a trainee or instructor expresses concern for personal safety or requests clarification of procedures or requirements. “TTO” is also an appropriate means for a trainee to obtain relief if he or she is experiencing fear, stress, extreme exhaustion, or lack of confidence.
3. Instructors are responsible for maintaining situational awareness and shall remain alert to signs of trainee panic, fear, extreme exhaustion, or lack of confidence that may impair safe completion of the training exercise. Instructors shall cease training immediately when they consider such action appropriate.
4. Following a “TTO”, the situation shall be examined and additional explanation and instruction shall be provided as needed to allow safe resumption of training. Once the lead instructor on scene is fully apprised of the problem, he/she shall direct all training to cease or training with unaffected trainees to continue, based on the situation.

5. If a trainee refuses to participate in training after being instructed or after an unsafe condition has been corrected, or uses “TTO” excessively to disrupt training, that trainee shall be removed from training and referred for further counseling.

**Basic “TTO” Trainee Briefing:**

1. A Training-Time-Out (TTO) may be called by any trainee or instructor, in any training situation where they are concerned for their own or another's safety, or they request clarification of procedures or requirements. “TTO” is also an appropriate means for a trainee to obtain relief if he or she is experiencing fear, stress, extreme exhaustion, or lack of confidence. The purpose of the “TTO” is to correct the situation of concern, provide clarifying information, or remove the trainee or instructor from the possible hazardous environment. A “TTO” may be signaled by (Insert appropriate nonverbal, alarm, or hand signal). If the “TTO” signal is not acknowledged, the signaler shall shout "Time Out" (or other action as required by the training activity). The instructor shall attempt to relieve and remove the trainee from the possible hazardous environment. If an adequate number of instructors are available to allow training to continue safely, the lead instructor may elect to do so. However, if this is not practical, training will be stopped until the situation is corrected.

**Equipment:**

1. Pen, Black
2. SF 600 Forms

**Lab Area/Training Area Set-Up:**

1. Lab Area – A training facility such as a hospital or clinic examination room, or training space with a mock examination room.

**STAFF:** Instructor(s) should lead by example and apply all safety and procedural measures taught to trainees each and every time they demonstrate them.

- a. The trainees will be equally separated into groups and assigned assessment stations (as determined appropriate by the lead instructor and based upon the number of available trainees/instructors).

**STAFF:** One instructor shall be assigned the duties of lead instructor and will receive all grading reports provided by each assessment station instructor. This lead instructor shall be responsible for oversight and control of all instructors and assessment stations.

- (1) An instructor shall be assigned to each of the assessment stations to evaluate the trainee using the performance checklist provided here-in.

## **Performance Evaluation Procedures:**

1. The evaluation will be implemented utilizing the information contained in this performance test and applicable checklist(s). Each assessment station will have a copy of this performance test to include the rubric and performance checklist and scenario information, as needed. Each trainee must obtain an overall cumulative passing grade of 70% on each evaluation checklist. The standard for this performance test is a grade of Satisfactory or Unsatisfactory (Pass/Fail), a grade of Satisfactory is obtained by achieving 70% or above on each applicable evaluation checklist. The instructor will observe and grade each trainee's performance utilizing the performance checklist(s) provided.
  - a. Use of real patients: Trainee will perform the skills and behaviors as trained in front of an assigned instructor. The instructor will document the trainee's performance by filling out the points awarded on the performance checklist and submit it to the lead instructor. If the trainee is also completing a PQS the assigned instructor can also complete the PQS entry.
  - b. Use of simulated patients: In the event a real patient is unavailable or the instructor prefers to execute the performance test on a simulated patient, this performance test will be done using a full manikin and an instructor to provide vital signs information and answers to the trainee's examination questions.
  - c. To effectively evaluate the decisions, behaviors, and performance of this test and adequately assess each trainee's ability to apply learned skill sets, procedures, and techniques. The instructional staff shall make every effort to ensure that all enabling objectives outlined in the lesson topic are evaluated during the evaluation process.
  - d. Instructor(s) will provide the trainee with both positive and negative feedback, as appropriate regarding their performance

**NOTE:** Safety is Paramount; Instructor's shall immediately take action and halt any evaluation on a real or simulated patient when a safety concern arises and the instructor has deemed it appropriate. This will be implemented by calling a Training-Time-Out (TTO).

2. Final Remediation and Re-Testing
  - a. Remediation – If a trainee fails to obtain a grade of satisfactory (70%) on this performance test, the trainee shall receive remedial training in the areas of deficiency and be afforded one additional opportunity to demonstrate satisfactory proficiency in performing the assigned skills. The remedial evaluation will be done after a staff instructor has conducted remedial instruction in the proper application of learned techniques and procedures.

- b. Any trainee unable or unwilling to properly perform the procedures will be counselled as deemed appropriate by the lead instructor and/or designated Command representative(s).

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### A. INTRODUCTION

Upon successful completion of this lesson the trainee will be able to: Obtain a comprehensive medical history.

B. EQUIPMENT LIST: The primary instructor is responsible for checking that all of the below equipment is available, functional and in the lab before the lab is scheduled to begin:

1. Pen, Black
2. SF 600 Forms

### C. REFERENCES

1. Seidel's Guide to Physical Examination, 8th Ed., Jane W. Ball, Joyce E. Dains, John A. Flynn, Barry S. Soloman, Rosalyn W. Stewart, Mosby, an imprint of Elsevier Inc., 2015
2. Psychiatric Interviewing, 3rd Ed., Shawn C. Shea, Elsevier Inc., 2017
3. Rosen's Emergency Medicine Concepts and Clinical Practices, 9th ed., Ron M. Walls, Robert S. Hockberger, Marianne Gausche-Hill, Elsevier Inc., 2018

### D. SAFETY PRECAUTIONS

1. Instructors, trainees and visitors must comply with all general safety procedures that are posted in the MTF/Clinic/lab environment
2. There are no skill specific safety hazards for this Performance Test
3. Review TTO procedures
4. Trainees will not practice if an instructor is not present
5. Trainees may not take equipment out of the MTF/Clinic/lab environment

### E. JOB STEPS

1. Trainee Instructions:
  - a. The purpose of this Performance Test is to evaluate the trainee's ability to obtain a comprehensive medical history.
  - b. The trainee must attempt to perform and describe or explain each step as they are performing it.
  - c. The trainee has 10 minutes to complete this examination.
  - d. The trainee is not allowed to use the reference(s) in the performance of this Performance Test.

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- e. The trainee will wear appropriate attire during the practice and actual Performance Test evaluation per Instructor’s guidance.

2. Evaluator Instructions:

- a. The contact ratio for this lab is 1:6. This implies that the instructor will assess 10 trainees in one hour. The primary instructor will ensure that all the instructors assigned to assess trainees in this lab have completed prerequisite qualifications, are notified of assignment, are instructed to re-familiarized themselves with the Performance Test and lab process (how to use the rubric), and are at their appointed stations during the lab.
- b. Before starting the test, answer trainees’ questions and make sure they understand what they are supposed to do. Once readiness has been established, implement and evaluate the trainees’ performance using the rubric provided below.

F. STANDARD

- 1. SATISFACTORY PERFORMANCE: The trainee must achieve a minimum passing score of 70% (147 points).
- 2. UNSATISFACTORY PERFORMANCE: Failure to achieve a minimum passing grade of 70% (147 points). Trainees who demonstrate unsatisfactory performance on their second attempt will be counseled and remediated.

G. DIRECTIONS FOR SCORING

- 1. Instructors will use the “Maximum Points Performance” description to determine if the trainee has successfully demonstrated the “Event” listed in the rubric below and should receive 2 points. Trainees that require prompting may receive a partial point’s score of 1 point if the event is not a CRITICAL event (Partial Points will be blacked out). The trainee will receive 0 points if they do not successfully perform after instructor prompting. Trainees must pass all critical items listed and achieve a 70% overall to pass this lab (see Satisfactory Performance above).

Rubric

Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
<b>CHIEF COMPLAINT</b>					
Chief Complaint	2	Ask the patient why they are seeking care e.g. “What is your reason for seeking care?” or “What can I do for you?”			0
<b>HISTORY OF PRESENT ILLNESS</b>					

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Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
Onset	2	Ask the patient when the problem or symptom first started and the order of events e.g. “When did these symptoms begin? Were you feeling well before the symptoms started? What were you doing when they first started? Also ask about the manner of the onset e.g. “Did the symptoms come on gradually or suddenly?”			0
Location	2	Ask about the pain’s location and if it radiates or stay in the same place e.g. “Where is your pain located? Does your pain radiate or remain in the same location?”			0
Duration	2	Ask about the length of the symptom e.g. “How long did your pain or symptoms last? Does it come and go or is it constant?”	1	Prompt required	0
Character	2	Ask about the nature of the pain e.g. “What does your pain or symptoms feel like?”	1	Prompt required	0
Aggravating and Associated Factors	2	Ask what makes it worse and if there are any other associated symptoms e.g. “What makes your pain or symptoms worse? “Do you experience any other problems with your symptoms?”.	1	Prompt required	0
Relieving Factors	2	Ask what makes the symptoms better and the effect on the symptom e.g. “Have you done anything to make your symptoms better and what kind of affect did it have on your symptoms?”	1	Prompt required	0
Temporal Factors	2	Ask the patient to describe the symptoms e.g. “Can you describe the typical symptoms”.	1	Prompt required	0

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Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
Severity	2	Ask about the severity of their symptoms e.g. “How bad does it hurt on a scale from zero to ten, zero is no pain and 10 is the worst pain you have ever felt?” and “Does it interfere with your activities at home or at work?”			0
<b>PAST MEDICAL HISTORY</b>					
Hospitalizations	2	Ask the patient to list and describe with dates of occurrence any Hospitalizations and/or surgery (including outpatient surgery) e.g. “Have you ever been hospitalized? Have you ever had any surgery? What for? When? Where?”	1	Prompt required	0
Illnesses	2	Ask the patient to list and describe with dates of occurrence any serious illnesses e.g. “Have you had any other serious illnesses?”	1	Prompt required	0
Injuries	2	Ask the patient to list and describe with dates of occurrence any serious injuries e.g. “Have you ever been involved in a serious accident?”	1	Prompt required	0
Medications	2	Ask the patient to list past, recent and current medications, over the counter medications, recreational drugs or herbal remedies being used e.g. “Do you use any medications, over the counter medicines, recreational drugs or herbal remedies?”			0
Allergies	2	Ask the patient to list Allergies to drugs, foods, environmental allergens e.g. “Do you have any allergies?”			0
<b>FAMILY HISTORY</b>					

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Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
Family History	2	Ask the patient to list any family history of major health or genetic disorders e.g. “Are there any health problems that run in your family?”	1	Prompt Required	0
<b>PERSONAL AND SOCIAL HISTORY</b>					
Alcohol	2	Alcohol consumption and intake	1	Prompt required	0
Exercise	2	Exercise (how often, duration, type)	1	Prompt required	0
Tobacco	2	Tobacco use, to include vapes, cigarettes/cigar, dips/chew.	1	Prompt required	0
Nutrition	2	Nutrition (caffeine, salt intake, amount)	1	Prompt required	0
Sleep pattern	2	Sleep pattern (number of hours/night)	1	Prompt required	0
Work stress	2	Work stress and anxiety	1	Prompt required	0
Education	2	Education: highest level achieved	1	Prompt required	0
Occupation	2	Occupation	1	Prompt required	0
Religion	2	Religious barriers to care	1	Prompt required	0
Travel/ deployment	2	Travel/deployment history	1	Prompt required	0
Sexual history	2	Sexual history/activity: number of partners, and contraception	1	Prompt required	0
<b>ASSESS A PATIENT FOR DEPRESSION</b>					
		Over the last two weeks have you felt:			
Little interest	2	Little interest or pleasure in doing things	1	Prompt required	0
Down or depressed	2	Feeling down, depressed or hopeless	1	Prompt required	0
Sleeping	2	Trouble falling or staying asleep or sleeping too much	1	Prompt required	0
Tired	2	Feeling tired or having little energy	1	Prompt required	0
Appetite	2	Poor appetite or overeating	1	Prompt required	0

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Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
Feelings	2	Feeling bad about yourself or that you are a failure or have let yourself or your family down	1	Prompt required	0
Concentration	2	Trouble concentrating on things, such as reading the newspaper or watching television	1	Prompt required	0
Moving or speaking	2	Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual	1	Prompt required	0
Thoughts	2	Thoughts that you would be better off dead or hurting yourself	1	Prompt required	0
<b>ASSESS A PATIENT FOR SUICIDAL/HOMICIDAL IDEATIONS</b>					
		Ask the following questions:			
Wished you or someone dead	2	Have you wished you were dead or wished you could go to sleep and not wake up?			0
Thoughts of killing	2	Have you actually had any thoughts of killing yourself or others?			0
How you will kill	2	Have you been thinking about how you might kill yourself or others?			0
Intentions to act	2	Have you had these thoughts and had some intentions of acting on them?			0
Work out or plan	2	Have you started to work out or worked out the details of how to kill yourself or someone else?			0
Started to do anything	2	Have you ever done anything, started to do anything, or prepared to do anything to end your life or someone else's.			0
<b>REVIEW OF SYSTEMS</b>					
Constitutional Symptoms	2	Pain, fever, chills, malaise, fatigue, night sweats, weight loss or gain			0

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Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
Skin, Hair and Nails	2	Rash, itching, pigmentation change, texture change, abnormal hair or nail growth	1	Prompt required	0
Blood and Lymphatic Systems	2	Frequent infections, anemia, difficulty healing from cuts/scrapes; easy bruising, lymph node enlargement or tenderness, fatigue or lack of energy	1	Prompt required	0
Head and Neck	2	Headaches, dizziness, syncope, loss of consciousness, neck stiffness, light headedness	1	Prompt required	0
Eyes	2	Visual acuity, blurring, diplopia, photophobia, pain, change in vision, glaucoma, use of glasses or contact lenses, use of eye drops/medications, history of trauma	1	Prompt required	0
Ears	2	Hearing loss, pain, discharge, tinnitus, vertigo	1	Prompt required	0
Nose	2	Sense of smell, frequency of colds, obstruction, epistaxis, postnasal discharge, sinus pain	1	Prompt required	0
Throat and Mouth	2	Hoarseness or change in voice, frequency of sore throats, bleeding or swelling of gums, recent tooth abscesses or extractions, soreness of tongue or buccal mucosa, ulcers, disturbance of taste	1	Prompt required	0
Lymph Nodes	2	Enlargement, tenderness, suppuration	1	Prompt required	0
Chest and Lungs	2	Pain related to respiration, dyspnea, cyanosis, wheezing, cough, sputum, hemoptysis, exposure to tuberculosis, past chest x-ray	1	Prompt required	0

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Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
Cardiovascular	2	Chest pain or distress (precipitating causes, timing and duration, relieving factors), palpitations, orthopnea, edema, hypertension, previous myocardial infarction, exercise tolerance, past electrocardiogram and other cardiac tests, tendency to bruise or bleed	1	Prompt required	0
Breasts	2	Pain, tenderness, discharge, lumps, galactorrhea, past mammograms, frequency of breast self-examination	1	Prompt required	0
Gastrointestinal	2	Appetite, digestion, intolerance for any class of foods, dysphagia, heartburn, nausea, vomiting, hematemesis, regularity of bowels, constipation, diarrhea, change in stool color or contents, flatulence, hemorrhoids, jaundice, history of ulcer, gallstones, polyps, tumors, past diagnostic images or tests	1	Prompt required	0
Genitourinary	2	Dysuria, flank or suprapubic pain, urgency and frequency of urination, nocturia, hematuria, polyuria, dark or discolored urine, hesitancy, dribbling, loss in force of stream, passage of stone, stress incontinence, hernias, STD's	1	Prompt required	0
Musculoskeletal	2	Joint stiffness, pain, restriction of motion, swelling, redness, heat, bony deformity	1	Prompt required	0
Neurological	2	Syncope, seizures, weakness or paralysis, abnormalities of sensation or coordination, tremors, loss of memory, ability to concentrate	1	Prompt required	0

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Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
Psychological	2	Depression, mood changes, difficulty concentrating, anxiety, agitation, tension, suicidal thoughts, irritability, sleep disturbances	1	Prompt required	0
Male Specific	2	Difficulty with erections, penile discharge, testicular pain, scrotal masses	1	Prompt required	0
Female Specific	2	<ul style="list-style-type: none"> <li>a. Abnormal bleeding or discharge, itching, date of last Pap smear, pain during intercourse, date of menopause</li> <li>b. Menses – age at menarche, regularity, duration and amount of flow, dysmenorrhea, last menstrual period (LMP)</li> <li>c. Pregnancies – number, living children, multiple births, miscarriages, abortions, duration of pregnancy, each type of delivery, any complications during any pregnancy or postpartum period</li> </ul>	1	Prompt required	0

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Trainee: \_\_\_\_\_ Instructor: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

Possible Points      Points Awarded

<b>CHIEF COMPLAINT</b>		
*Ask the patient why they are seeking care e.g. “What is your reason for seeking care?” or “What can I do for you?”	2	
<b>SUBTOTAL</b>	<b>2</b>	
<b>HISTORY OF PRESENT ILLNESS</b>		
*Ask the patient when the problem or symptom first started and the order of events e.g. “When did these symptoms begin? Were you feeling well before the symptoms started? What were you doing when they first started? Also ask about the manner of the onset e.g. “Did the symptoms come on gradually or suddenly?”	2	
*Ask about the pain’s location and if it radiates or stay in the same place e.g. “Where is your pain located? Does your pain radiate or remain in the same location?”	2	
Ask about the length of the symptom e.g. “How long did your pain or symptoms last? Does it come and go or is it constant?”	2	
Ask about the nature of the pain e.g. “What does your pain or symptoms feel like?”	2	
Ask what makes it worse and if there are any other associated symptoms e.g. “What makes your pain or symptoms worse? “Do you experience any other problems with your symptoms?”	2	
Ask what makes the symptoms better and the effect on the symptom e.g. “Have you done anything to make your symptoms better and what kind of affect did it have on your symptoms?”	2	
Ask the patient to describe the symptoms e.g. “Can you describe the typical symptoms”.	2	
*Ask about the severity of their symptoms e.g. “How bad does it hurt on a scale from zero to ten, zero is no pain and 10 is the worst pain you have ever felt?” and “Does it interfere with your activities at home or at work?”	2	
<b>SUBTOTAL</b>	<b>16</b>	
<b>PAST MEDICAL HISTORY</b>		
Ask the patient to list and describe with dates of occurrence any Hospitalizations and/or surgery (including outpatient surgery) e.g. “Have you ever been hospitalized? Have you ever had any surgery? What for? When? Where?”	2	

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Ask the patient to list and describe with dates of occurrence any serious illnesses e.g. “Have you had any other serious illnesses?”	2	
Ask the patient to list and describe with dates of occurrence any serious injuries e.g. “Have you ever been involved in a serious accident?”	2	
*Ask the patient to list past, recent and current medications, over the counter medications, recreational drugs or herbal remedies being used e.g. “Do you use any medications, over the counter medicines, recreational drugs or herbal remedies?”	2	
*Ask the patient to list Allergies to drugs, foods, environmental allergens e.g. “Do you have any allergies?”	2	
<b>SUBTOTAL</b>	<b>10</b>	
<b>FAMILY HISTORY</b>		
Ask the patient to list any family history of major health or genetic disorders e.g. “Are there any health problems that run in your family?”	2	
<b>SUBTOTAL</b>	<b>2</b>	
<b>PERSONAL AND SOCIAL HISTORY</b>		
Alcohol consumption and intake	2	
Exercise (how often, duration, type)	2	
Tobacco use, to include vapes, cigarettes/cigar, dips/chew.	2	
Nutrition (caffeine, salt intake, amount)	2	
Sleep pattern (number of hours/night)	2	
Work stress and anxiety	2	
Education: highest level achieved	2	
Occupation	2	
Religious barriers to care	2	
Travel/deployment history	2	
Sexual history/activity: number of partners, and contraception	2	
<b>SUBTOTAL</b>	<b>22</b>	
<b>ASSESS A PATIENT FOR DEPRESSION</b>		
Over the last two weeks have you felt:		
a. Little interest or pleasure in doing things	2	
b. Feeling down, depressed or hopeless	2	
c. Trouble falling or staying asleep or sleeping too much	2	
d. Feeling tired or having little energy	2	
e. Poor appetite or overeating	2	
f. Feeling bad about yourself or that you are a failure or have let yourself or your family down	2	
g. Trouble concentrating on things, such as reading the newspaper or watching television	2	

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h. Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual	2	
i. Thoughts that you would be better off dead or hurting yourself	2	
<b>SUBTOTAL</b>	<b>18</b>	
<b>ASSESS A PATIENT FOR SUICIDAL/HOMICIDAL IDEATIONS</b>		
Ask the following questions:		
a. *Have you wished you were dead or wished you could go to sleep and not wake up?	2	
b. *Have you actually had any thoughts of killing yourself or others?	2	
c. *Have you been thinking about how you might kill yourself or others?	2	
d. *Have you had these thoughts and had some intentions of actin on them?	2	
e. *Have you started to work out or worked out the details of how to kill yourself or someone else?	2	
f. *Have you ever done anything, started to do anything, or prepared to do anything to end your life or someone else's.	2	
<b>SUBTOTAL</b>	<b>12</b>	
<b>REVIEW OF SYSTEMS</b>		
Constitutional Symptoms:		
a. *Pain, fever, chills, malaise, fatigue, night sweats, weight loss or gain	2	
Skin, Hair and Nails:		
a. Rash, itching, pigmentation change, texture change, abnormal hair or nail growth	2	
Blood and Lymphatic Systems;		
a. Frequent infections, anemia, difficulty healing from cuts/scrapes; easy bruising, lymph node enlargement or tenderness, fatigue or lack of energy	2	
Head and Neck:		
a. Headaches, dizziness, syncope, loss of consciousness, neck stiffness, light headedness	2	
Eyes:		
a. Visual acuity, blurring, diplopia, photophobia, pain, change in vision, glaucoma, use of glasses or contact lenses, use of eye drops/medications, history of trauma	2	
Ears:		
a. Hearing loss, pain, discharge, tinnitus, vertigo	2	
Nose:		
a. Sense of smell, frequency of colds, obstruction, epistaxis, postnasal discharge, sinus pain	2	
Throat and Mouth:		
	2	

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a. Hoarseness or change in voice, frequency of sore throats, bleeding or swelling of gums, recent tooth abscesses or extractions, soreness of tongue or buccal mucosa, ulcers, disturbance of taste		
Lymph Nodes: a. Enlargement, tenderness, suppuration	2	
Chest and Lungs: a. Pain related to respiration, dyspnea, cyanosis, wheezing, cough, sputum, hemoptysis, exposure to tuberculosis, past chest x-ray	2	
Cardiovascular: a. Chest pain or distress (precipitating causes, timing and duration, relieving factors), palpitations, orthopnea, edema, hypertension, previous myocardial infarction, exercise tolerance, past electrocardiogram and other cardiac tests, tendency to bruise or bleed	2	
Breasts: a. Pain, tenderness, discharge, lumps, galactorrhea, past mammograms, frequency of breast self-examination	2	
Gastrointestinal: a. Appetite, digestion, intolerance for any class of foods, dysphagia, heartburn, nausea, vomiting, hematemesis, regularity of bowels, constipation, diarrhea, change in stool color or contents, flatulence, hemorrhoids, jaundice, history of ulcer, gallstones, polyps, tumors, past diagnostic images or tests	2	
Genitourinary: a. Dysuria, flank or suprapubic pain, urgency and frequency or urination, nocturia, hematuria, polyuria, dark or discolored urine, hesitancy, dribbling, loss in force of stream, passage of stone, stress incontinence, hernias, STD's	2	
Musculoskeletal: a. Joint stiffness, pain, restriction of motion, swelling, redness, heat, bony deformity	2	
Neurological: a. Syncope, seizures, weakness or paralysis, abnormalities of sensation or coordination, tremors, loss of memory, ability to concentrate	2	
Psychological: a. Depression, mood changes, difficulty concentrating, anxiety, agitation, tension, suicidal thoughts, irritability, sleep disturbances	2	
Male Specific: a. Difficulty with erections, penile discharge, testicular pain, scrotal masses	2	
Female Specific: a. Abnormal bleeding or discharge, itching, date of last Pap smear, pain during intercourse, date of menopause b. Menses – age at menarche, regularity, duration and amount of flow, dysmenorrhea, last menstrual period (LMP)	2	

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c. Pregnancies – number, living children, multiple births, miscarriages, abortions, duration of pregnancy, each type of delivery, any complications during any pregnancy or postpartum period		
<b>SUBTOTAL</b>	<b>38</b>	

PERFORMANCE TEST TOTAL SCORE	Possible Points	Points Awarded
<b>CHIEF COMPLAINT</b>	2	
<b>HISTORY OF PRESENT ILLNESS</b>	16	
<b>PAST MEDICAL HISTORY</b>	10	
<b>FAMILY HISTORY</b>	2	
<b>PERSONAL AND SOCIAL HISTORY</b>	22	
<b>ASSESS A PATIENT FOR DEPRESSION</b>	18	
<b>ASSESS A PATIENT FOR SUICIDAL/HOMICIDAL IDEATIONS</b>	12	
<b>REVIEW OF SYSTEMS</b>	38	
<b>TOTAL</b>	<b>210</b>	
<b>TOTAL POINTS SCORED BY TRAINEE</b>		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ PASS / FAIL