

SICK CALL SCREENER COURSE



SCSC PERFORMANCE TEST 5  
ADMINISTRATOR'S GUIDE

FOR

SICK CALL SCREENER  
GASTROINTESTINAL SYSTEM EXAMINATION

SEPTEMBER 2018

## **INSTRUCTIONS TO THE ADMINISTRATOR:**

### **Overview – Gastrointestinal System Performance Test (Week-1, Day 4)**

This practical application performance evaluation test will be administered to the entire class. The trainee will be introduced to a real or simulated patient (a person acting as a patient) that will require them to obtain an abdomen, anus, rectum, and prostate history and conduct an abdomen, anus, rectum examination on a real or simulated patient (a person acting as a patient). 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 practice if an instructor is not present.
4. Trainees may not take equipment out of the MTF/Clinic/lab environment.
5. Trainees will follow universal precautions and wear proper PPE.

### **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. Real or simulated patient (a person acting as a patient)
2. Lubricant
3. Centimeter ruler
4. Fecal occult blood testing materials
5. Penlight
6. Stethoscope
7. Tape Measure
8. Exam Room Equipment

**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 direction for scoring, rubric and 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 person acting as a patient (another trainee, staff or instructor) and an instructor to provide scenario based 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 additional opportunities 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).

## SCSC PERFORMANCE TEST 5

### A. INTRODUCTION

Upon successful completion of this lesson the trainee will be able to obtain an abdomen, anus, rectum, and prostate history and conduct an abdomen, anus, rectum examination on a real or simulated patient (a person acting as a patient).

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. Real or simulated patient (a person acting as a patient)
2. Lubricant
3. Centimeter ruler
4. Fecal occult blood testing materials
5. Penlight
6. Stethoscope
7. Tape Measure
8. Exam Room Equipment

### 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. Bates' Guide to Physical Examination and History Taking, 12th Ed., Lynn S. Bickley and Peter G. Szilagy, Wolters Kluwer, 2017, <https://STAT!Ref.com>

### D. SAFETY PRECAUTIONS

1. Instructors, trainees and visitors must comply with all general safety procedures that are posted in the lab environment or provided in the lesson plan.
2. There are no skill specific safety hazards for this Performance Test.
3. Review TTO procedures in the Safety/Hazard Awareness Notice.
4. Trainees will not practice if an instructor is not present
5. Trainees may not take equipment out of the lab
6. Trainees will follow universal precautions and wear proper PPE.

### E. JOB STEPS

#### Trainee Instructions:

1. The purpose of this PCL is to evaluate the trainee's knowledge of the practical application of conducting an abdomen, anus, rectum examination.
2. The trainee must perform a complete physical examination of the Abdomen, Anus, Rectum, and Prostate and explain each step as it is performed.

## SCSC PERFORMANCE TEST 5

3. The trainee has 20 minutes to complete this examination.
4. The trainee is not allowed to use the reference in the performance of this PCL.
5. The trainee will wear appropriate attire during the practice and actual PCL evaluation. This includes athletic shorts, t-shirt and sports bras for females.

Evaluator Instructions:

1. Ensure all necessary supplies, equipment, etc. are available. 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.
2. Evaluate the step by step performance of the Abdomen, Anus, Rectum, examination IAW Seidel: Mosby's Guide to Physical Examination and Bates' Guide to Physical Examination and History Taking, 12th Ed.

**F. STANDARD**

1. **SATISFACTORY PERFORMANCE:** The trainee must achieve a minimum passing score of 70% (63 points).
2. **UNSATISFACTORY PERFORMANCE:** Failure to achieve a minimum passing grade of 70% (63 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 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>OBTAIN A PATIENT HISTORY</b>					
Chief Complaint	2	Ask patient's chief complaint			0
Onset of pain	2	Ask patient about onset of symptoms and pain. Specific MOI.			0

SCSC PERFORMANCE TEST 5

Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
Location of pain	2	Ask about pain location, does it radiate or stay in place.			0
Duration of pain	2	Ask about duration, does it come and go or is it constant.	1	Prompt Required	0
Describe Character	2	Ask about the character of the pain, what it feels like sharp, dull, ache etc.	1	Prompt Required	0
Aggravating Factors	2	Ask what makes it worse.	1	Prompt Required	0
Relieving Factors	2	Ask what makes it better.	1	Prompt Required	0
Temporal Factors	2	Ask if there is a time of day that their symptoms are better or worse.	1	Prompt Required	0
Pain severity	2	Ask about where their pain is on the pain scale of (1-10).			0
Other Symptoms	2	Ask about any other symptoms they notice.	1	Prompt Required	0
Affect on daily activities	2	Ask about affect to activities of daily living	1	Prompt Required	0
PMH	2	Gather patients past medical history, SAMPLE	1	Prompt Required	0
Surgical History	2	Gather Surgical History	1	Prompt Required	0
Family History	2	Gather Family History	1	Prompt Required	0
Social History	2	Gather Social History	1	Prompt Required	0
Complete ROS	2	Review of systems, minimum of constitutional questions	1	Prompt Required	0
<b>GENERAL IMPRESSION</b>					
General Impression	2	Form general impression			0
Obtain Vital Signs	2	Obtain vital signs			0
<b>INSPECT ABDOMINAL MUSCLES</b>					



SCSC PERFORMANCE TEST 5

Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
Inspect skin	2	Inspect skin for: <ul style="list-style-type: none"> <li>• Bruising or lesions</li> <li>• Venous patterns</li> <li>• Symmetry/Contour</li> <li>• Surface motion</li> </ul>	1	Prompt Required	0
Inspect for masses	2	Inspect abdomen for masses			0
Inspect herniation	2	Inspect abdomen for herniation	1	Prompt Required	0
Inspect for pulsations	2	Inspect abdomen for pulsations	1	Prompt Required	0
<b>AUSCULTATE ABDOMEN</b>					
Auscultate Abdomen	2	Auscultate abdomen for bowel sounds			0
<b>PERCUSS ABDOMEN</b>					
Percuss Abdominal quadrants	2	Check tone in all four quadrants	1	Prompt Required	0
Percuss liver border	2	Percuss liver border to estimate span at Mid-Clavicular Line	1	Prompt Required	0
Percuss spleen	2	Percuss splenic dullness in left midaxillary line	1	Prompt Required	0
Percuss stomach	2	Percuss to check for gastric air bubbles	1	Prompt Required	0
<b>PALPATE ABDOMEN</b>					
Lightly Palpate	2	Palpate all abdominal quadrants for: <ul style="list-style-type: none"> <li>• Muscular resistance</li> <li>• Tenderness</li> <li>• Masses</li> </ul>			0
Deeply Palpate	2	Palpate all abdominal quadrants for: <ul style="list-style-type: none"> <li>• Bulges and masses</li> <li>• Liver border, right costal margin</li> <li>• Gallbladder below liver margin</li> <li>• Spleen in left costal margin</li> <li>• Aortic pulsation in midline</li> </ul>			0
<b>FOCUSED EXAM</b>					

SCSC PERFORMANCE TEST 5

Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
Perform Rebound Tenderness Test	2	Perform the Rebound tenderness test (at McBurney's point)			0
Perform the Heel Tap/Heel Jar test	2	Perform the Heel Tap/Heel Jar test			0
Perform Obturator test	2	Perform Obturator test	1	Prompt Required	0
Check for Rovsing sign	2	Assess for Rovsing sign	1	Prompt Required	0
Check for Psoas sign	2	Assess for Psoas sign	1	Prompt Required	0
Check for Murphy's sign	2	Assess for Murphy's sign			0
Check for CVA tenderness	2	With patient sitting, percuss left and right costovertebral angles (CVA) for kidney tenderness			0
<b>INSPECT RECTUM</b>					
Check for abnormalities	2	Inspect rectum for fissures	1	Prompt Required	0
Check for abnormalities	2	Inspect rectum for hemorrhoids	1	Prompt Required	0
Check for abnormalities	2	Inspect rectum for lesions	1	Prompt Required	0
<b>PRESENT FINDINGS</b>					
Present Findings	2	Present findings to provider			0
Document Findings	2	Document all history, findings interventions and procedures			0
<b>PATIENT EDUCATION AND TREATMENT</b>					
Distribute medication	2	Distribute medication per provider's orders and with 5 rights.			0
Provides reassurance	2	Provides reassurance and answer patient questions.	1	Prompt Required	0

SCSC PERFORMANCE TEST 5

Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
Provide patient education	2	Provide patient education and home therapy handouts.	1	Prompt Required	0
Document and provide paperwork.	2	Document and provide duty status determination paperwork.			0

SCSC PERFORMANCE TEST 5

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

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

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

Possible Points      Points Awarded

<b>OBTAIN A PATIENT HISTORY</b>		
*Ask patient's chief complaint	2	
*Ask patient about onset of symptoms and pain. Specific MOI.	2	
*Ask about pain location, does it radiate or stay in place.	2	
Ask about duration, does it come and go or is it constant.	2	
Ask about the character of the pain, what it feels like sharp, dull, ache etc	2	
Ask what makes it worse.	2	
Ask what makes it better.	2	
Ask if there is a time of day that their symptoms are better or worse.	2	
*Ask about where their pain is on the pain scale of (1-10).	2	
Ask about any other symptoms they notice.	2	
Ask about affect to activities of daily living	2	
Gather patients past medical history, SAMPLE	2	
Gather Surgical History	2	
Gather Family History	2	
Gather Social History	2	
Review of systems, minimum of constitutional questions	2	
<b>SUBTOTAL</b>	<b>32</b>	
<b>GENERAL IMPRESSION</b>		
*Form General Impression	2	
*Obtain Vital Signs	2	
<b>SUBTOTAL</b>	<b>4</b>	
<b>INSPECT ABDOMINAL MUSCLES</b>		
Inspect skin	2	
*Inspect abdomen for masses	2	
Inspect abdomen for herniation	2	
Inspect abdomen for separation of muscles	2	
<b>SUBTOTAL</b>	<b>8</b>	
<b>AUSCULTATE ABDOMEN</b>		
*Auscultate abdomen for bowel sounds	2	
<b>SUBTOTAL</b>	<b>2</b>	
<b>PERCUSS ABDOMEN</b>		
Check tone in all four quadrants	2	
Percuss liver border to estimate span at Mid-Clavicular Line	2	
Percuss splenic dullness in left midaxillary line	2	
Percuss to check for gastric air bubbles	2	
<b>SUBTOTAL</b>	<b>8</b>	
<b>PALPATE ABDOMEN</b>		
*Palpate all abdominal quadrants for: • Muscular resistance	2	

SCSC PERFORMANCE TEST 5

•Tenderness		
•Masses		
*Palpate all abdominal quadrants for:		
• Bulges and masses		
• Liver border, right costal margin		
• Gallbladder below liver margin		
• Spleen in left costal margin		
• Aortic pulsation in midline	2	
<b>SUBTOTAL</b>	<b>4</b>	
<b>FOCUSED EXAM</b>		
*Perform the Rebound tenderness test (at McBurney's point)	2	
*Perform the Heel Tap/Heel Jar test	2	
Perform Obturator test	2	
Assess for Rovsing sign	2	
Assess for Psoas sign	2	
*Assess for Murphy's sign	2	
*With patient sitting, percuss left and right costovertebral angles (CVA) for kidney tenderness	2	
<b>SUBTOTAL</b>	<b>14</b>	
<b>INSPECT RECTUM</b>		
Inspect rectum for fissures	2	
Inspect rectum for hemorrhoids	2	
Inspect rectum for lesions	2	
<b>SUBTOTAL</b>	<b>6</b>	
<b>PRESENT FINDINGS</b>		
*Present findings to provider	2	
*Document all history, findings interventions and procedures	2	
<b>SUBTOTAL</b>	<b>4</b>	
<b>PATIENT EDUCATION AND TREATMENT</b>		
*Distribute medication per provider's orders and with 5 rights.	2	
Provides reassurance and answer patient questions.	2	
Provide patient education and home therapy handouts.	2	
*Document and provide duty status determination paperwork.	2	
<b>SUBTOTAL</b>	<b>8</b>	

SCSC PERFORMANCE TEST 5

<b>PERFORMANCE TEST TOTAL SCORE</b>	Possible Points	Points Awarded
<b>OBTAIN A PATIENT HISTORY</b>	32	
<b>GENERAL IMPRESSION</b>	4	
<b>INSPECT ABDOMINAL MUSCLES</b>	8	
<b>AUSCULTATE ABDOMEN</b>	2	
<b>PERCUSS ABDOMEN</b>	8	
<b>PALPATE ABDOMEN</b>	4	
<b>FOCUSED EXAM</b>	14	
<b>INSPECT RECTUM</b>	6	
<b>PRESENT FINDINGS</b>	4	
<b>PATIENT EDUCATION AND TREATMENT</b>	8	
<b>SUBTOTAL</b>	<b>90</b>	
<b>TOTAL POINTS SCORED BY TRAINEE</b>		

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