

SICK CALL SCREENER COURSE



SCSC PERFORMANCE TEST 7
ADMINISTRATOR'S GUIDE

FOR

SICK CALL SCREENER
UPPER EXTREMITY EXAMINATION

SEPTEMBER 2018

INSTRUCTIONS TO THE ADMINISTRATOR:

Overview – Upper Extremity Musculoskeletal System Performance Test (Week-2, Day 6)

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 perform an upper extremity musculoskeletal system 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. Cotton balls or cotton-tipped applicators
3. Tongue depressor
4. Reflex Hammer
5. Tuning Fork
6. Tape Measure

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).

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A. INTRODUCTION

Upon successful completion of this lesson the trainee will be able to perform an upper extremity musculoskeletal system 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. Cotton balls or cotton-tipped applicators
3. Tongue depressor
4. Reflex Hammer
5. Tuning Fork
6. Tape Measure

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. Szilagyi, Wolters Kluwer, 2017, <https://STAT!Ref.com>
3. Essentials of Musculoskeletal Care, 5th Ed., April D. Armstrong and Mark C. Hubbard, AAOS, 2016; <https://Statref>

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
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 upper extremity musculoskeletal examination.
2. The trainee must perform a complete physical examination of the upper extremity musculoskeletal system and explain each step as it is performed.

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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. The contact ratio for this lab is 1:3. This implies that the instructor will assess 3 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.
2. 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

SATISFACTORY PERFORMANCE: The trainee must achieve a minimum passing score of 70% (84 points).

UNSATISFACTORY PERFORMANCE: Failure to achieve a minimum passing grade of 70% (84 points). Trainees who demonstrate unsatisfactory performance on their second attempt will be counseled and remediated.

G. DIRECTIONS FOR SCORING

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).

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Rubric:

Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
OBTAIN A PATIENT HISTORY					
Chief Complaint	2	Ask patient's chief complaint			0
Onset of pain	2	Ask patient about onset of symptoms and pain. Specific MOI.			0
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 pain characteristics	2	Ask about the quality 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
Effect on daily activities	2	Ask about the effect 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
GENERAL IMPRESSION					
General Impression	2	Form General Impression			0

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Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
Obtain Vital Signs	2	Obtain Vital Signs			0
WRIST AND HAND EXAMINATION					
Identify anatomical landmarks	2	Identify anatomical landmarks: Carpals, Metacarpals, PIP, MIP, DIP, Scaphoid, thenar, hypothenar, ulna, radius, nerves	1	Prompt Required	0
Inspect for abnormalities	2	Inspect for alignment, edema, erythema, atrophy, hypertrophy, other deformities	1	Prompt Required	0
Check ROM	2	Check ROM of fingers to flexion, extension, abduction and adduction			0
Check ROM	2	Check ROM of thumb to opposition, flexion and extension			0
Check ROM	2	Check ROM of wrist flexion and extension			0
Palpate for abnormalities	2	Palpate for tenderness, crepitus, abnormalities and thickening palmar fascia	1	Prompt Required	0
Test patient strength	2	Test patient strength bilaterally, flexion, extension, flexor digitorum profundus, superficialis, thumb abduction and grip strength.			0
Test patient sensation	2	Test patient sensation bilaterally (if performed above with elbow do not repeat)			0
Test patient reflexes	2	Test patient reflexes bilaterally(if performed above with elbow do not repeat)	1	Prompt Required	0
Check pulses bilaterally	2	Check pulses bilaterally			0
WRIST AND HAND SPECIAL TESTS					
Perform Tinel sign	2	Perform Tinel sign	1	Prompt Required	0

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Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
Perform Phalen maneuver	2	Perform Phalen maneuver	1	Prompt Required	0
ELBOW EXAMINATION					
Inspect elbows	2	Inspect elbows bilaterally for ecchymosis, effusion, edema, deformities	1	Prompt Required	0
Identify anatomical structures	2	Identify anatomical structures: Humerus, Ulna, Radius, Epicondyles, Brachioradialis, Biceps Brachi, Triceps Brachi, Biceps Tendon, Ulnar Nerve	1	Prompt Required	0
Palpate for abnormalities	2	Palpate for tenderness, crepitus and abnormalities.	1	Prompt Required	0
Check ROM	2	Check ROM for Elbow flexion, extension, forearm rotation (supination and pronation) and wrist flexion and extension			0
Test patient strength	2	Test patient strength bilaterally, flexion, extension, rotation, and wrist flexion and extension			0
Test patient sensation	2	Test patient sensation bilaterally			0
Test patient reflexes	2	Test patient reflexes bilaterally	1	Prompt Required	0
Check pulses bilaterally	2	Check pulses bilaterally and Cap Refill			0
ELBOW SPECIAL TESTS					
Perform Varus test	2	Perform Varus test	1	Prompt Required	0
Perform Valgus test	2	Perform Valgus test	1	Prompt Required	0
Perform Tinel's Sign test	2	Perform Tinel's Sign test	1	Prompt Required	0
SHOULDER EXAMINATION					
Inspect shoulders bilaterally	2	Inspect shoulders bilaterally for symmetry, edema, effusion, deformity	1	Prompt Required	0

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Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
Identify anatomical structures	2	Identify anatomical structures: SITS muscles, acromioclavicular joint, bicep tendon, scapula and clavicle	1	Prompt Required	0
Palpate	2	Palpate for tenderness, crepitus, deformities	1	Prompt Required	0
Check ROM	2	Check ROM for flexion, extension, abduction, adduction, internal and external rotation			0
Test patient strength	2	Test patient strength bilaterally			0
Test patient sensation	2	Test patient sensation bilaterally			0
Test patient reflexes	2	Test patient reflexes bilaterally	1	Prompt Required	0
Check pulses	2	Check pulses bilaterally			0
SHOULDER SPECIAL TESTS					
Perform Drop Arm Test	2	Perform Drop Arm Test	1	Prompt Required	0
Perform Apprehension Test	2	Perform Apprehension Test	1	Prompt Required	0
Perform Yergason Test	2	Perform Yergason Test	1	Prompt Required	0
PRESENT FINDINGS					
Present findings	2	Present findings to provider			0
Document findings	2	Document all history, findings interventions and procedures			0
PATIENT EDUCATION AND TREATMENT					
Perform interventions	2	Perform appropriate splinting and sling as required.			0
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
Provide patient education	2	Provide patient education and home therapy handouts.	1	Prompt Required	0

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Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
Document and provide paperwork.	2	Document and provide duty status determination paperwork.			0
Ensure patient understands	2	Ensure patient understands need to follow up and/or referral procedures	1	Prompt Required	0

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Trainee: _____ Instructor: _____

Date: _____ Signature: _____

Actual Time Started: _____

Possible Points Points Awarded

OBTAIN A PATIENT HISTORY		
*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 effect on 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	
SUBTOTAL	32	
GENERAL IMPRESSION		
*Form General Impression	2	
*Obtain Vital Signs	2	
SUBTOTAL	4	
WRIST AND HAND EXAMINATION		
Identify anatomical landmarks: Carpals, Metacarpals, PIP, MIP, DIP, Scaphoid, thenar, hypothenar, ulna, radius, nerves	2	
Inspect for alignment, edema, erythema, atrophy, hypertrophy, other deformities	2	
*Check ROM of fingers to flexion, extension, abduction and adduction	2	
*Check ROM of thumb to opposition, flexion and extension	2	
*Check ROM of wrist flexion and extension	2	
Palpate for tenderness, crepitus, abnormalities and thickening palmar fascia	2	
*Test patient strength bilaterally, flexion, extension, flexor digitorum profundus, superficialis, thumb abduction and grip strength.	2	
*Test patient sensation bilaterally (if performed above with elbow do not repeat)	2	
Test patient reflexes bilaterally(if performed above with elbow do not repeat)	2	
*Check pulses bilaterally	2	
SUBTOTAL	20	

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WRIST AND HAND SPECIAL TESTS		
Perform and explain Tinel sign	2	
Perform and explain Phalen maneuver	2	
SUBTOTAL	4	
ELBOW EXAMINATION		
Inspect elbows bilaterally for ecchymosis, effusion, edema, deformities	2	
Identify anatomical structures: Humerus, Ulna, Radius, Epicondyles, Brachioradialis, Biceps Brachi, Triceps Brachi, Biceps Tendon, Ulnar Nerve	2	
Palpate for tenderness, crepitus and abnormalities.	2	
*Check ROM for Elbow flexion, extension, forearm rotation (supination and pronation) and wrist flexion and extension	2	
*Test patient strength bilaterally, flexion, extension, rotation, and wrist flexion and extension	2	
*Test patient sensation bilaterally	2	
Test patient reflexes bilaterally	2	
*Check pulses bilaterally and Cap Refill	2	
SUBTOTAL	16	
ELBOW SPECIAL TESTS		
Perform Varus test	2	
Perform Valgus test	2	
Perform Tinel's Sign test	2	
SUBTOTAL	6	
SHOULDER EXAMINATION		
Inspect shoulders bilaterally for symmetry, edema, effusion, deformity	2	
Identify anatomical structures: SITS muscles, acromioclavicular joint, bicep tendon, scapula and clavicle	2	
Palpate for tenderness, crepitus, deformities	2	
*Check ROM for flexion, extension, abduction, adduction, internal and external rotation	2	
*Test patient strength bilaterally	2	
*Test patient sensation bilaterally	2	
Test patient reflexes bilaterally	2	
*Check pulses bilaterally	2	
SUBTOTAL	16	
SHOULDER SPECIAL TESTS		
Perform Drop Arm Test	2	
Perform Apprehension Test	2	
Perform Yergason Test	2	
SUBTOTAL	6	
PRESENT FINDINGS		
*Present findings to provider	2	
*Document all history, findings interventions and procedures	2	
SUBTOTAL	4	
PATIENT EDUCATION AND TREATMENT		

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*Perform appropriate splinting and sling as required.	2	
*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	
Ensure patient understands need to follow up and/or referral procedures	2	
SUBTOTAL	12	

PERFORMANCE TEST TOTAL SCORE	Possible Points	Points Awarded
OBTAIN A PATIENT HISTORY	32	
GENERAL IMPRESSION	4	
WRIST AND HAND EXAMINATION	20	
WRIST AND HAND SPECIAL TESTS	4	
ELBOW EXAMINATION	16	
ELBOW SPECIAL TESTS	6	
SHOULDER EXAMINATION	16	
SHOULDER SPECIAL TESTS	6	
PRESENT FINDINGS	4	
PATIENT EDUCATION AND TREATMENT	12	
SUBTOTAL	120	
TOTAL POINTS SCORED BY TRAINEE		

Signature: _____ Date: _____ PASS / FAIL