

STUDENT:

FACILITATOR:

SMALL GROUP #:

Head to Toe OSCE Physical Examination Grade Sheet, modified for remote evaluation

For remote demonstration of physical exam steps

Students should do a “talk through” for most of their steps, verbalizing the technique when the steps are not obvious by demonstration. (EMPHASIS ON CORRECT TECHNIQUE)

Students should briefly and efficiently describe abnormalities for which they are looking. (EMPHASIS ON PURPOSEFUL EXAM)

Please refer to the exam steps on the “Head to Toe Grade Sheet Details” page for helpful details if needed.

Highlighted areas or comments in gold are areas for students may wish to emphasize or verbalize.

Steps in grey may be done, but due to time constraints and/or the fact the students may not have covered these details in class yet, detailed explanations of normal is not expected, nor encouraged.

See Grid Below as a guide for grading:

Green box indicates recommended method of demonstrating physical exam step; darker green box—use equipment, tools, or accessory items;

Students should prepare setting in advance of the exam—consider appropriate background, lighting; set up mannequins at proper height, camera view at proper height and angle; contrast material next to mannequin so as to visualize the student’s technique better, and have draping for mannequin, all prior to beginning session

Prompts In general, (prompts as listed are for instruction/practice,, not testing) These will possibly be used only if OSCE is via a Zoom session and live, in front of facilitator, since there are too many other things to keep track of besides exam—camera/mannequin, etc. If a student records session ahead of time, at a minimum the steps within the dark purple sections should be recorded together without pauses in recording and with fluidity/ no reference to notes; if traditional live, in-person SP exam, no prompts/pauses to check notes, etc. .

EXAMINATION STEP	Verbalize and Demonstrate on Self if appropriate for the step. Or demonstrate on self as if guiding the patient to copy you.	Mannequin Demonstration Have drapes ready for demonstration of proper draping	Instruct Viewer through the step
1. WASH HANDS	Have hand gel or similar item available		
2. Verbalize general appearance findings.			
3. PATIENT SEATED IN CHAIR, FEET FLAT ON FLOOR Palpate radial pulses simultaneously.			
4. Check blood pressure by palpation 1 arm.	If cuff available, use to demonstrate size (don't have to put it on); With or without a cuff, talk through proper cuff size and technique		
5. Check blood pressure by auscultation both arms.	With or without a cuff, talk through proper cuff size and technique		
PATIENT SITTING ON THE EXAM TABLE, FACING THE EXAMINER 6. Inspect & palpate fingers (nails, joints) hands (palms), wrists, elbows, and arms (muscles, joints, and skin).			
7. Test passive ROM in fingers, wrists, and elbows.			
8. Test active ROM in fingers, wrists, and elbows.			
9. Test muscle strength in hand/fingers, wrists, forearms and arms.	Show on self, how you might provide some resistance to test muscle strength.		

<p>Note, steps 28 and 29 may reasonably be inserted here instead of later, if you prefer.</p>			
<p>10. Inspect head and neck (configuration, scalp, and skin). Student verbalizes findings.</p>			
<p>11. Inspect eyelids, conjunctivae and sclerae. Student verbalizes findings.</p>			<p>Or ask patient/viewer to come closer to camera, gently lower lid</p>
<p>12. Test visual acuity in both eyes individually (CN II) with pocket screener.</p>			<p>Or the patient/ viewer would be assumed to have the something to read such as a newspaper, etc.</p>
<p>13. Test visual fields (CN II) in both eyes – individually</p>			
<p>14. Check extra-ocular muscles by examining for 6 cardinal positions of gaze (CN III, IV, VI).</p>		<p>Make letter H if using manikin</p>	<p>Or ask patient/viewer to look in each cardinal direction</p>
<p>15. Check for accommodation (convergence & pupil constriction).</p>			<p>Or ask patient to look at their thumb, placed in front of their own nose, while you observe pupils, if able</p>
<p>16. Test pupillary reaction to light (direct and consensual – CN II, III).</p>		<p>Use light and describe technique</p>	
<p>17. Perform fundoscopic examinations (right and left).</p>		<p>Explain equipment and describe technique</p>	
<p>18. Test light touch of face (CN V).</p>		<p>Use cotton swab or tissue, not fingers</p>	

19. Ask patient to wrinkle forehead or raise both eyebrows and then to smile and show teeth (CN VII).			
20. Test hearing (CN VIII).			
21. Inspect mouth with light source (teeth, gums, tongue, mucosa, ducts, tonsillar fossa, pharynx).			
22. Ask patient to say "aah" and cough (CN X).			
23. Ask patient to protrude his/her tongue (CN XII).			
24. Ask patient to shrug shoulders against resistance (checking trapezius muscles) and laterally rotate his/her head against resistance (checking sternocleidomastoid muscles) CN XI.			
25. Inspect external ears (right and left). Student verbalizes findings.			
26. Perform otoscopic examinations (right and left ears).		*Explain equipment and approach	
27. Inspect nose and nasal cavities with otoscope (mucosa, septum, turbinates).		*Explain equipment and approach	
28. Inspect, palpate, and test shoulder ROM including internal and external rotation.			
29. Check full ROM of neck including flexion, extension, lateral rotation, and head tilt.			
MOVE TO POSITION BEHIND PATIENT		Name salivary gland groups and	

<p>30. Palpate the salivary glands and the head and neck lymph nodes.</p>		<p>lymph node groups while demonstrating technique</p>	
<p>31. Palpate trachea for position and mobility in the sternal notch.</p>			
<p>32. While patient swallows a sip of water, palpate for the thyroid gland.</p>		<p>Cup to demonstrate that you have cup of water ready for patient</p>	
<p>33. Inspect the chest wall and skin. During patient's deep breathing, observe chest posteriorly for symmetry and check for respiratory excursion.</p>		<p>Describe only</p>	
<p>34. Percuss spine and costovertebral angle.</p>		<p>Describe only</p>	
<p>35. Percuss the lung fields. Always begin at the apices and alternate bilaterally comparing right and left sides.</p>		<p>Demonstrate on mannequin. You may use anterior surface as substitute for the back just for demonstration purposes. (You may also place the mannequin upright with a weight holding it steady in back at its base.)</p>	
<p>36. Check for tactile fremitus of lung fields. Always begin at the apices and alternate bilaterally comparing right and left sides.</p>		<p>Demonstrate on mannequin. You may use anterior surface as substitute for the back just for demonstration purposes.(You may also place the mannequin upright with a weight holding it steady in back at its base.)</p>	
<p>37. Auscultate the lung. Always begin at the apices and alternate bilaterally comparing right and left sides. Ask patient to breathe through open mouth.</p> <p>Listen anteriorly also.</p>		<p>Demonstrate on mannequin. You may use anterior surface as substitute for the back just for demonstration purposes.(You may also place the mannequin upright with a weight holding it steady in back at its base.)</p> <p>Need stethoscope or round disk or</p>	

		similar object to substitute for stethoscope	
MOVE TO FRONT OF PATIENT – STAND ON PATIENT’S RIGHT SIDE		Describe step only	
38. Palpate axillary nodes (against chest, anterior and posterior) bilaterally.			
RECLINE PATIENT TO 30° HEAD ELEVATION		Rest Mannequin head on pillow at 30 degree angle, or talk through	
39. Identify and inspect internal and external jugular neck veins. Estimate Central Venous Pressure (CVP) by measuring for the maximum height of the internal jugular vein from the sternal angle.		Use rule and straight edge to demonstrate technique	
40. Palpate carotid arteries (one at a time).			
41. Auscultate carotid arteries.		Stethoscope or substitute needed	
42. Palpate suprasternal notch for abnormal pulsations or thrills.			
43. Inspect precordium for parasternal and apical impulses. Inspect anterior chest wall and skin.			
44. Palpate precordium for lifts, heaves, thrills and pulsations. Identify and measure the size of the PMI.			
45. Auscultate heart in five locations using the diaphragm.		Stethoscope or substitute needed	
46. Auscultate heart in five locations using the bell.		Stethoscope or substitute needed	
PLACE PATIENT IN SUPINE POSITION			
47. Inspect abdomen and abdominal skin.			

Student verbalizes findings.			
48. Auscultate abdomen in four quadrants. Student verbalizes findings.		Stethoscope or substitute needed	
49. Palpate abdomen superficially in all four quadrants.			
50. Palpate abdomen deeply in all four quadrants.			
51. Palpate for liver edge.			
52. Palpate for spleen tip.			
53. Percuss liver span in right MCL.			
54. Palpate for kidneys.			
55. With patient in right lateral decubitus position, palpate for spleen.			
STAND BESIDE PATIENT'S LEG, ADJUST DRAPING SHEET			
56. Palpate superficial inguinal nodes, horizontal and vertical.			
57. Palpate femoral pulses.			
58. Auscultate femoral arteries.		Stethoscope or substitute needed	
59. Inspect, palpate, and test passive ROM in lower extremities - muscles, joints, and skin including feet, ankles, knees and hips.			
60. Inspect, palpate, and test active ROM in lower extremities - muscles, joints, and skin including feet, ankles, knees and hips.			
61. Test muscle strength in lower extremities including feet, ankles, knees and hips.	Show on self, how you might provide some resistance to test muscle strength.		

62. Check for edema in lower extremities.			
63. Palpate dorsalis pedis and posterior tibial pulses.			
ASK PATIENT TO STAND			
64. Student stands behind patient to inspect spine and evaluate ROM including flexion, extension, and lateral bending – include lateral rotation.			
65. WASH HANDS.	Hand Gel or substitute needed		

*Ideally, the student should be able to demonstrate the **entire** exam, smoothly, without pauses or references to notes/prompts, etc. Dark purple sections represent natural pauses to regroup lighting, camera, etc.*

If grid used for practice sessions: Students may take turns in a small group Zoom session, but observe EACH student as much as possible, especially those steps that have common errors, advanced technique (ex. Ophthalmoscope); or need attention to technique (ex. -percussion).

(Darker shading = need equipment, tool or another item to demonstrate exam)

Exam steps are done in an organized, fluid and professional manner.	Yes	No	
If No ^{***} , repeat exam recommended?	Yes	No	***Comments required

COMMENTS:

Equipment needed at home for students doing remote exam:

White coat, if available, and appropriate clothing for session

Appropriate setting or background, lighting/computer ready and properly positioned for easy use at correct angles and heights

Mannequins with contrast colored towel or background beneath it (for torso)/head placed on steady raised block as needed

All mannequins must be kept in good condition/no markings/no clothing applied beyond what is requested by directions

Drapes or towels to demonstrate proper draping

Hand gel

Otoscope/fundoscope (charged); penlight or equivalent

Visual acuity card or a substitute object

Stethoscope or disc/substitute object

Sphygmomanometer if available

Cup (to represent cup of water)

Cotton swab or facial tissue

Pillow to angle head mannequin for JVD, ruler with centimeters if available and straight edge or 2nd ruler