

Head to Toe Examination OSCE Tips

We want you all to be *excellent* - PRACTICE!!!

KNOW THE EXAM STEPS SO WELL SO YOU MAY SMOOTHLY MOVE FROM ONE STEP TO THE NEXT. BE ATTENTIVE TO DRAPING AND COMFORT OF PATIENT AS WELL.

Use the “Head to Toe Physical Examination OSCE Grade Sheet” to Practice

Your examiner (facilitator) is in the room to grade if you do all the steps and how well you move through the steps. **(It is possible to fail the exam if you do all the steps, but do them poorly, in a disorganized way, or unprofessional manner.)**

DO NOT CHANGE THE ORDER OF THE STEPS.

(If only minor changes in the order are noted in an otherwise well done exam, the exam overall may be determined as acceptable for a passing grade. This is based on the judgement of the examiner or course director.)

Talk to the patient in the room (not the examiner) in a professional manner -- just as you would if you were at the bedside in the clinic, guiding them through the steps, with appropriate brief explanations as needed.

But, you do not need to tell the patient every detail or reasoning behind each step as if the patient is the examiner for the test. Some students have over-explained things which then ends up being awkward, provides too much medical jargon and also greatly lengthens the examination time risking not completing the exam in a timely fashion.

There are only four steps that formally require verbalization—

- a. Inspect head and neck
- b. Inspection of the eyelids, conjunctiva and sclera
- c. Inspection of the external ears
- d. Inspect abdomen and abdominal skin, especially looking for surgical scars

Please remember to verbalize, otherwise the examiner cannot always tell if you did this.

For purposes of our standardized patient’s comfort and to keep the examinations on pace, *for the OSCE*, only one side of the patient needs to be examined regarding the inguinal lymph nodes and femoral pulse.

Small things matter: Remember to pull the leg extension out from the exam table when needed, or the pull out the step to climb up on at the bottom of the exam table if needed. Do not turn off the lights in the room to do the eye exam without first having a dim light on or the door cracked open to allow a little light to come in.

Some specifics to help you avoid common errors:

Do not examine patients over clothing.

Eye exam:

Be familiar with your ophthalmoscope; know how to focus in on the retina. Do not stand too far back, and be sure you use your correct hand and your correct eye. (Remember example: “Right-right-right” = Patient’s right eye, your right hand holding the ophthalmoscope, using your right eye.)

Ear exam and nose exam: Gently position the speculum in place before you exam.

Lung exam: Ask the patient to breathe through their mouth for the exam! They will not do this, unless asked and it makes a difference as to what you may hear. Listen in the correct “ladder” style—i.e. apices to base, alternating left to right, not down one side, then the other.

Cardiac exam: Know the correct positions of the stethoscope placement. Know how to correctly palpate the precordium—you are looking for heaves, lifts, thrills—it is not the same as palpation of the abdomen or breast!

Spine:

Know the proper technique to percuss the spine; it is a gentle tap with the side of your fist, looking for tenderness. It is different than percussing the lung fields in which you are listening for a change in sound.

When checking spine range of motion, stand behind the patient—for two reasons: first, as they bend, some patients lose their balance, especially older patients. You will be nearby to support them by being right behind them. Secondly, it is only from this position that you can accurately check for scoliosis.

WASH YOUR HANDS BEFORE AND AFTER THE EXAM!!!!