



# VIDA Program Final OSCE – Neurologic Exam

Name of Student \_\_\_\_\_

Date Completed: \_\_\_\_\_

| <b><i>Setting the stage of the encounter</i></b>                                       | <b>Did not Perform<br/>(0)</b> | <b>Performed with Some Errors<br/>(1)</b> | <b>Performed with Minimal Errors<br/>(2)</b> |
|----------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------|----------------------------------------------|
| 1. Greetings and introduction (introduces self with the name and as a medical student) | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     |
| 2. Disinfects hands prior to shaking hands with patient                                | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     |
| 3. Verifies name and Age / DOB                                                         | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     |
| 4. Illicits preferred name and pronouns                                                | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     |
| 5. Ensures the patients' privacy and comfort                                           | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     |
| 6. Sets the agenda (explains what will happen during the encounter)                    | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     |
| 7. Asks permission to proceed                                                          | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     |

| <b><i>Upper Extremity Motor Exam</i></b> | <b>Did not Perform<br/>(0)</b> | <b>Performed with Some Errors<br/>(1)</b> | <b>Performed with Minimal Errors<br/>(2)</b> | <b>Used Advanced Commands<br/>(+1)</b> |
|------------------------------------------|--------------------------------|-------------------------------------------|----------------------------------------------|----------------------------------------|
| 1. Shoulder Abduction                    | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     | <input type="checkbox"/>               |
| 2. Elbow Flexion                         | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     | <input type="checkbox"/>               |
| 3. Elbow Extension                       | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     | <input type="checkbox"/>               |
| 4. Wrist Flexion                         | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     | <input type="checkbox"/>               |
| 5. Wrist Extension                       | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     | <input type="checkbox"/>               |
| 6. Grip Strength                         | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     | <input type="checkbox"/>               |
| 7. Finger Abduction                      | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     | <input type="checkbox"/>               |
| 8. Thumb Opposition                      | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     | <input type="checkbox"/>               |

| <b><i>Upper Extremity Sensory Exam</i></b>                                                                                                                                           | <b>Did not Perform<br/>(0)</b> | <b>Performed with Some Errors<br/>(1)</b> | <b>Performed with Minimal Errors<br/>(2)</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------|----------------------------------------------|
| 1. Pain: <input type="checkbox"/> test modality on midline<br><input type="checkbox"/> ask patient to detect stimulus<br><input type="checkbox"/> ask for bilateral comparison       | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     |
| 2. Soft Touch: <input type="checkbox"/> test modality on midline<br><input type="checkbox"/> ask patient to detect stimulus<br><input type="checkbox"/> ask for bilateral comparison | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     |

| <b><i>Reflex Exam (one side only)</i></b> | <b>Did not Perform<br/>(0)</b> | <b>Performed with Some Errors<br/>(1)</b> | <b>Performed with Minimal Errors<br/>(2)</b> |
|-------------------------------------------|--------------------------------|-------------------------------------------|----------------------------------------------|
| 1. Triceps                                | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     |
| 2. Biceps                                 | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     |
| 3. Brachioradialis                        | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     |
| 4. Knee                                   | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     |
| 5. Achilles                               | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     |
| 6. Babinski                               | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                     |



## VIDA Program Final OSCE – Neurologic Exam

| <b><i>Cerebellar Exam</i></b>  | <b>Did not Perform</b>   | <b>Performed with Some Errors</b> | <b>Performed with Minimal Errors</b> | <b>Used Advanced Commands</b> |
|--------------------------------|--------------------------|-----------------------------------|--------------------------------------|-------------------------------|
|                                | <b>(0)</b>               | <b>(1)</b>                        | <b>(2)</b>                           | <b>(+1)</b>                   |
| 1. Finger-to-nose test         | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             | <input type="checkbox"/>      |
| 2. Heel-to-shin test           | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             | <input type="checkbox"/>      |
| 3. Rapid alternating movements | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             | <input type="checkbox"/>      |
| 4. Gait exam                   | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             | <input type="checkbox"/>      |
| 5. Tandem Walking              | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             | <input type="checkbox"/>      |
| 6. Romberg test                | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             | <input type="checkbox"/>      |

| <b>CLOSING THE ENCOUNTER AND PROFESSIONALISM</b>            | <b>Did not Perform</b>   | <b>Performed with Some Errors</b> | <b>Performed with Minimal Errors</b> |
|-------------------------------------------------------------|--------------------------|-----------------------------------|--------------------------------------|
|                                                             | <b>(0)</b>               | <b>(1)</b>                        | <b>(2)</b>                           |
| 1. Informs about what happens next                          | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |
| 2. Asked the patient if they have any questions or concerns | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |
| 3. Demonstrated attentiveness via non- verbal body language | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |
| 4. Used appropriate language and avoided medical jargon     | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |
| 5. Demonstrated professional behavior                       | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |

| <b>EVALUATOR AND PATIENT ASSESSMENT OF SPANISH ABILITY</b>                                                                     | <b>Language is a barrier to encounter (1)</b> | <b>Significant effect on encounter (2)</b> | <b>Moderate effect on encounter (3)</b> | <b>Minor effect on encounter (4)</b> | <b>No negative effect on encounter (5)</b> |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------|-----------------------------------------|--------------------------------------|--------------------------------------------|
| 1. Rate the student's speaking ability (rate, fluidity, pronunciation)                                                         | <input type="checkbox"/>                      | <input type="checkbox"/>                   | <input type="checkbox"/>                | <input type="checkbox"/>             | <input type="checkbox"/>                   |
| 2. Rate the student's use of medical vocabulary (quantity of words and use of follow-up questions/comments)                    | <input type="checkbox"/>                      | <input type="checkbox"/>                   | <input type="checkbox"/>                | <input type="checkbox"/>             | <input type="checkbox"/>                   |
| 3. Rate the student's ability to use grammar correctly                                                                         | <input type="checkbox"/>                      | <input type="checkbox"/>                   | <input type="checkbox"/>                | <input type="checkbox"/>             | <input type="checkbox"/>                   |
| <b>4. Rate the student's ability to understand the patient</b>                                                                 | <input type="checkbox"/>                      | <input type="checkbox"/>                   | <input type="checkbox"/>                | <input type="checkbox"/>             | <input type="checkbox"/>                   |
| 5. (Patient interpretation) Did the patient understand the student?                                                            | <input type="checkbox"/>                      | <input type="checkbox"/>                   | <input type="checkbox"/>                | <input type="checkbox"/>             | <input type="checkbox"/>                   |
| 6. (Patient interpretation) Did the student demonstrate attentiveness and respect through verbal and non-verbal communication? | <input type="checkbox"/>                      | <input type="checkbox"/>                   | <input type="checkbox"/>                | <input type="checkbox"/>             | <input type="checkbox"/>                   |



## VIDA Program Final OSCE – Neurologic Exam

|                                                                                                                                               | Check only one box below |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Using the scale below, rate the student's ability to interact with a patient:                                                                 |                          |
| 0 – Doesn't speak any Spanish                                                                                                                 | <input type="checkbox"/> |
| 1 – Is limited to greetings and goodbyes.                                                                                                     | <input type="checkbox"/> |
| 2 – Can understand very common medical terminology but wouldn't feel comfortable responding or initiating conversation in Spanish.            | <input type="checkbox"/> |
| 3 – With difficulty, can speak to patients about very common topics and common anatomy.                                                       | <input type="checkbox"/> |
| 4 – With relative ease, can speak to patients about very common topics and common anatomy.                                                    | <input type="checkbox"/> |
| 5 – With difficulty, can speak to patients about more intricate medical and nonmedical terminology.                                           | <input type="checkbox"/> |
| 6 – With relative ease, can speak to patients about more intricate medical and nonmedical terminology.                                        | <input type="checkbox"/> |
| 7 – With very limited help or while making clinically insignificant mistakes, can conduct an entire patient interaction (history & physical). | <input type="checkbox"/> |
| 8 – Can conduct an entire patient interaction without the aid of a translator.                                                                | <input type="checkbox"/> |
| 9 – I consider this student a fluent Spanish-speaker.                                                                                         | <input type="checkbox"/> |

**Narrative Feedback** (Comment on the overall performance – communication skills, examination skills, technique)



## VIDA Program Final OSCE – History

Name of Student \_\_\_\_\_

Date Completed: \_\_\_\_\_

| <b><i>Setting the stage of the encounter</i></b>                                       | <b>Did not Perform</b>   | <b>Performed with Some Errors</b> | <b>Performed with Minimal Errors</b> |
|----------------------------------------------------------------------------------------|--------------------------|-----------------------------------|--------------------------------------|
|                                                                                        | <b>(0)</b>               | <b>(1)</b>                        | <b>(2)</b>                           |
| 1. Greetings and introduction (introduces self with the name and as a medical student) | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |
| 2. Disinfects hands prior to shaking hands with patient                                | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |
| 3. Verifies name and Age / DOB                                                         | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |
| 4. Illicits preferred name and pronouns                                                | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |
| 5. Ensures the patients' privacy and comfort                                           | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |
| 6. Sets the agenda (explains what will happen during the encounter)                    | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |
| 7. Asks permission to proceed                                                          | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |

| <b><i>Patient history</i></b>                                                                                                                                                                                                                                                                                                                  | <b>Did not Perform</b>   | <b>Performed with Some Errors</b> | <b>Performed with Minimal Errors</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------|--------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                | <b>(0)</b>               | <b>(1)</b>                        | <b>(2)</b>                           |
| 1. Elicits <b>chief complaint</b> (uses open ended question such as "What brings you in")                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |
| 2. Gives the patient the opportunity to relay the issues in his or her own words (e.g. asks "What more can you tell me about that?")                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |
| 3. <b>History of presenting illness (HPI).</b> <input type="checkbox"/> Site <input type="checkbox"/> Onset <input type="checkbox"/> Character <input type="checkbox"/> Radiates <input type="checkbox"/> Aggravating <input type="checkbox"/> Alleviating <input type="checkbox"/> Severity                                                   | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |
| 4. Inquires about <b>past medical history</b> <input type="checkbox"/> Previous Illness <input type="checkbox"/> Surgery <input type="checkbox"/> Hospitalization <input type="checkbox"/> Trauma / Accidents                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |
| 5. Inquires about <input type="checkbox"/> medications <input type="checkbox"/> drug allergies <input type="checkbox"/> food allergies <input type="checkbox"/> environmental allergies <input type="checkbox"/> immunizations                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |
| 6. Elicits <b>habits</b> <input type="checkbox"/> alcohol <input type="checkbox"/> tobacco <input type="checkbox"/> drugs                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |
| 7. Inquires about <b>OB/GYN history</b> <input type="checkbox"/> menarche <input type="checkbox"/> last menstrual period <input type="checkbox"/> regularity of period <input type="checkbox"/> usual cycle length <input type="checkbox"/> vaginal discharge <input type="checkbox"/> pregnancy                                               | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |
| 8. Inquires about <b>sexual history</b> <input type="checkbox"/> relationship status <input type="checkbox"/> sexually active <input type="checkbox"/> partners <input type="checkbox"/> contraceptives <input type="checkbox"/> history of STI <input type="checkbox"/> last STI screening                                                    | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |
| 9. Elicits other aspects of <b>the social history</b> <input type="checkbox"/> diet <input type="checkbox"/> exercise <input type="checkbox"/> employment <input type="checkbox"/> pets <input type="checkbox"/> hobbies <input type="checkbox"/> travel <input type="checkbox"/> sick contacts <input type="checkbox"/> religious preferences | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |
| 10. Elicits <b>family history</b> <input type="checkbox"/> parents <input type="checkbox"/> siblings <input type="checkbox"/> children                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |
| 11. <b>Review of Systems</b> <input type="checkbox"/> Fever / Weight changes <input type="checkbox"/> Neuro <input type="checkbox"/> Cardio <input type="checkbox"/> Respiratory <input type="checkbox"/> GI <input type="checkbox"/> Renal <input type="checkbox"/> MSK/Skin                                                                  | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |
| 12. Summarizes and checks for accuracy of information provided                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |

| <b>CLOSING THE ENCOUNTER AND PROFESSIONALISM</b>            | <b>Did not Perform</b>   | <b>Performed with Some Errors</b> | <b>Performed with Minimal Errors</b> |
|-------------------------------------------------------------|--------------------------|-----------------------------------|--------------------------------------|
|                                                             | <b>(0)</b>               | <b>(1)</b>                        | <b>(2)</b>                           |
| 1. Informs about what happens next                          | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |
| 2. Asked the patient if they have any questions or concerns | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>             |



## VIDA Program Final OSCE – History

|                                                            |                          |                          |                          |
|------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 3. Demonstrated attentiveness via non-verbal body language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Used appropriate language and avoided medical jargon    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Demonstrated professional behavior                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Makes a logical differential diagnosis                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| EVALUATOR AND PATIENT ASSESSMENT OF SPANISH ABILITY                                                                            | Language is a barrier to encounter<br>(1) | Significant effect on encounter<br>(2) | Moderate effect on encounter<br>(3) | Minor effect on encounter<br>(4) | No negative effect on encounter<br>(5) |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------|-------------------------------------|----------------------------------|----------------------------------------|
| 1. Rate the student's speaking ability (rate, fluidity, pronunciation)                                                         | <input type="checkbox"/>                  | <input type="checkbox"/>               | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>               |
| 2. Rate the student's use of medical vocabulary (quantity of words and use of follow-up questions/comments)                    | <input type="checkbox"/>                  | <input type="checkbox"/>               | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>               |
| 3. Rate the student's ability to use grammar correctly                                                                         | <input type="checkbox"/>                  | <input type="checkbox"/>               | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>               |
| 4. <b>Rate the student's ability to understand the patient</b>                                                                 | <input type="checkbox"/>                  | <input type="checkbox"/>               | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>               |
| 5. (Patient interpretation) Did the patient understand the student?                                                            | <input type="checkbox"/>                  | <input type="checkbox"/>               | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>               |
| 6. (Patient interpretation) Did the student demonstrate attentiveness and respect through verbal and non-verbal communication? | <input type="checkbox"/>                  | <input type="checkbox"/>               | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>               |

|                                                                                                                                               | Check only one box below |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Using the scale below, rate the student's ability to interact with a patient:                                                                 |                          |
| 0 – Doesn't speak any Spanish                                                                                                                 | <input type="checkbox"/> |
| 1 – Is limited to greetings and goodbyes.                                                                                                     | <input type="checkbox"/> |
| 2 – Can understand very common medical terminology but wouldn't feel comfortable responding or initiating conversation in Spanish.            | <input type="checkbox"/> |
| 3 – With difficulty, can speak to patients about very common topics and common anatomy.                                                       | <input type="checkbox"/> |
| 4 – With relative ease, can speak to patients about very common topics and common anatomy.                                                    | <input type="checkbox"/> |
| 5 – With difficulty, can speak to patients about more intricate medical and nonmedical terminology.                                           | <input type="checkbox"/> |
| 6 – With relative ease, can speak to patients about more intricate medical and nonmedical terminology.                                        | <input type="checkbox"/> |
| 7 – With very limited help or while making clinically insignificant mistakes, can conduct an entire patient interaction (history & physical). | <input type="checkbox"/> |
| 8 – Can conduct an entire patient interaction without limitation or the aid of a translator.                                                  | <input type="checkbox"/> |
| 9 – I consider this student a fluent Spanish-speaker.                                                                                         | <input type="checkbox"/> |

### **Narrative Feedback** (Comment on the overall performance – communication skills, examination skills, technique)



## VIDA Program Final OSCE – Diabetes Counseling

Name of Student \_\_\_\_\_

Date Completed: \_\_\_\_\_

| <b><i>Setting the stage of the encounter</i></b>                                       | <b>Did not Perform<br/>(0)</b> | <b>Performed with<br/>Some Errors<br/>(1)</b> | <b>Performed with<br/>Minimal Errors<br/>(2)</b> |
|----------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------|--------------------------------------------------|
| 1. Greetings and introduction (introduces self with the name and as a medical student) | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |
| 2. Disinfects hands prior to shaking hands with patient                                | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |
| 3. Verifies name and Age / DOB                                                         | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |
| 4. Illicits preferred name and pronouns                                                | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |
| 5. Ensures the patients' privacy and comfort                                           | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |
| 6. Sets the agenda (explains what will happen during the encounter)                    | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |
| 7. Asks permission to proceed                                                          | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |

| <b><i>General questions about diabetes</i></b>                                                                           | <b>Did not Perform<br/>(0)</b> | <b>Performed with<br/>Some Errors<br/>(1)</b> | <b>Performed with<br/>Minimal Errors<br/>(2)</b> |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------|--------------------------------------------------|
| 1. Verify patient's understanding about diabetes (e.g. knowledge about disease, importance of medication and management) | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |
| 2. Ask about any existing questions or concerns                                                                          | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |

| <b><i>Monitor for complications</i></b>                                 | <b>Did not Perform<br/>(0)</b> | <b>Performed with<br/>Some Errors<br/>(1)</b> | <b>Performed with<br/>Minimal Errors<br/>(2)</b> |
|-------------------------------------------------------------------------|--------------------------------|-----------------------------------------------|--------------------------------------------------|
| 1. Coronary heart disease <input type="checkbox"/> hx of MI, chest pain | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |
| 2. Cerebrovascular disease <input type="checkbox"/> hx of stroke        | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |
| 3. Peripheral artery disease <input type="checkbox"/> claudication      | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |
| 4. Nephropathy <input type="checkbox"/> urinary frequency, changes      | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |
| 5. Retinopathy <input type="checkbox"/> visual impairment/changes       | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |
| 6. Neuropathy <input type="checkbox"/> stocking-glove loss of sensation | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |
| 7. Diabetic foot <input type="checkbox"/> unnoticed wounds on feet      | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |
| 8. Summarizes and checks for accuracy of information provided           | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |



## VIDA Program Final OSCE – Diabetes Counseling

| <b><i>Counsel on diabetes management</i></b>                                                                                                                                                                                                      | <b>Did not Perform<br/>(0)</b> | <b>Performed with<br/>Some Errors<br/>(1)</b> | <b>Performed with<br/>Minimal Errors<br/>(2)</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------|--------------------------------------------------|
| 1. Diet <input type="checkbox"/> illicit current diet <input type="checkbox"/> discuss diabetes-friendly diet (e.g. food type, frequency, portion control, etc)                                                                                   | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |
| 2. Exercise <input type="checkbox"/> illicit current exercise regimen <input type="checkbox"/> inquire about patient's preferred method of exercise (e.g. sports, walking, dancing) <input type="checkbox"/> agree on plan of action with patient | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |
| 3. Medications <input type="checkbox"/> monitor compliance with medications <input type="checkbox"/> discuss strategies to improve compliance                                                                                                     | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |
| 4. Counsel patient to lower risk factors <input type="checkbox"/> smoking cessation <input type="checkbox"/> blood pressure <input type="checkbox"/> weight loss                                                                                  | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |
| 5. Summary <input type="checkbox"/> ask patient to summarize counseling <input type="checkbox"/> make additions and corrections                                                                                                                   | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |

| <b><i>Closing the encounter and professionalism</i></b>     | <b>Did not Perform<br/>(0)</b> | <b>Performed with<br/>Some Errors<br/>(1)</b> | <b>Performed with<br/>Minimal Errors<br/>(2)</b> |
|-------------------------------------------------------------|--------------------------------|-----------------------------------------------|--------------------------------------------------|
| 1. Informs about what happens next                          | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |
| 2. Asked the patient if they have any questions or concerns | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |
| 3. Demonstrated attentiveness via non-verbal body language  | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |
| 4. Used appropriate language and avoided medical jargon     | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |
| 5. Demonstrated professional behavior                       | <input type="checkbox"/>       | <input type="checkbox"/>                      | <input type="checkbox"/>                         |

| <b>EVALUATOR AND PATIENT ASSESSMENT OF SPANISH ABILITY</b>                                                                     | <b>Language is a<br/>barrier to<br/>encounter<br/>(1)</b> | <b>Significant<br/>effect on<br/>encounter<br/>(2)</b> | <b>Moderate<br/>effect on<br/>encounter<br/>(3)</b> | <b>Minor effect<br/>on<br/>encounter<br/>(4)</b> | <b>No negative<br/>effect on<br/>encounter<br/>(5)</b> |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------|--------------------------------------------------------|
| 1. Rate the student's speaking ability (rate, fluidity, pronunciation)                                                         | <input type="checkbox"/>                                  | <input type="checkbox"/>                               | <input type="checkbox"/>                            | <input type="checkbox"/>                         | <input type="checkbox"/>                               |
| 2. Rate the student's use of medical vocabulary (quantity of words and use of follow-up questions/comments)                    | <input type="checkbox"/>                                  | <input type="checkbox"/>                               | <input type="checkbox"/>                            | <input type="checkbox"/>                         | <input type="checkbox"/>                               |
| 3. Rate the student's ability to use grammar correctly                                                                         | <input type="checkbox"/>                                  | <input type="checkbox"/>                               | <input type="checkbox"/>                            | <input type="checkbox"/>                         | <input type="checkbox"/>                               |
| 4. Rate the student's ability to understand the patient                                                                        | <input type="checkbox"/>                                  | <input type="checkbox"/>                               | <input type="checkbox"/>                            | <input type="checkbox"/>                         | <input type="checkbox"/>                               |
| 5. (Patient interpretation) Did the patient understand the student?                                                            | <input type="checkbox"/>                                  | <input type="checkbox"/>                               | <input type="checkbox"/>                            | <input type="checkbox"/>                         | <input type="checkbox"/>                               |
| 6. (Patient interpretation) Did the student demonstrate attentiveness and respect through verbal and non-verbal communication? | <input type="checkbox"/>                                  | <input type="checkbox"/>                               | <input type="checkbox"/>                            | <input type="checkbox"/>                         | <input type="checkbox"/>                               |



**Narrative Feedback** (Comment on the overall performance – communication skills, examination skills, technique)

[illegible]