Clinical Skills Assessment Handbook for Students
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1. General Information

1.1. Introduction to Clinical Skills Assessment

A variety of clinical skills assessment methods are employed in the Physical Therapy (PT) academic program through the design of the department’s Student Learning Strategy (Department of Physiotherapy, BMR (PT) 2 Syllabus, 2011). The Student Learning Strategy employs both formative and summative forms of clinical skills assessment through three of the Student Learning Strategy, specifically in Step 4 (S4), Step 5 (S5) and Step 6 (S6).

In S4, the learning session atmosphere is relaxed and somewhat informal as the session is intended for formative and random assessment of a small number of clinical assessment or treatment skills. A formative assessment is a type of teaching technique where a student receives immediate feedback about the performance of clinical skills from a faculty member without marks attached to this assessment.

In S5, the learning session atmosphere is more formal as the session is intended for both formative and summative assessments. A summative assessment is a type of teaching technique where students may receive immediate feedback about the performance of clinical skills from a faculty member with marks attached to this assessment. Again, skill assessment is random assessment of a small number of clinical assessment or treatment skills. Faculty coaches provide group verbal feedback at the end of the entire session. Individual written feedback is provided within 1-2 days. The Faculty Instructor will notify the student who experienced a failure in the S5 in order to discuss the student’s plan for self-improvement.

S6 uses a much more formal and summative method of assessing clinical skills. This assessment is organized in a Objective Structured Clinical Examination (S6 / OSCE) format. This clinical skills assessment utilizes a standardized patient (SP) setting and assesses the student’s understanding and performance of applied physiotherapy knowledge, skills and attitudes. During an S6 / OSCE, all students are given the same clinical skills evaluation and ask the student to integrate a broad range of clinical skills relevant to a specific case. These skills include:

- Communication skills, i.e. interaction with clients (e.g. clients who are under stress, uncooperative, etc), while maintaining professional behaviour throughout interaction (e.g. preserving client dignity, consent);
- Patient education/feedback;
- Safety; and
- Assessment or treatment of the particular case problem.

### 1.2. Stakeholders of Clinical Skills Assessments

Clinical Skills Assessments involve the Physical Therapy Students, Block Coordinators / Year Coordinators, Course Coordinators, Faculty Instructors, Faculty Coaches, and Standardized Patients. Each of these stakeholders has a particular role and set of responsibilities towards a clinical skills assessment. Blueprint of the PT Department S6 / S6 / OSCE

#### 1.1. Clinical Skills Assessment Blueprint

The students enrolled in the Physical Therapy Program, School of Medical Rehabilitation, encounter clinical skills assessments which are similar but not identical to the *Physiotherapy Competency Examination Blueprint* (2009). Different areas of practice are covered in the clinical skills assessment, specifically in musculoskeletal practice; neurological practice and cardiorespiratory practice. At the present time, there are no S6 / S6 / OSCE stations covering a multisystem practice. In addition to these areas of care, PT Department S6 / S6 / OSCE’s includes various fields of care (e.g., preventative, maintenance or restorative), different patient age groups and genders, and various practice settings (e.g., acute care facility, private practice, rehabilitation centre, community care and extended care facility) again, similar to the *Physiotherapy Competency Examination Blueprint* (2009).

During an S6 / OSCE, the students are evaluated on their skill sets of communication, assessment and treatment, safety, and patient feedback and education.

#### 1.2. Training of Stakeholders

The PT Department endeavours to provide continuing education opportunities to all faculty members regarding the *Student Learning Strategy*. Faculty Coaches and Standardized Patients receive additional training to ensure continual quality of the clinical skill assessments. Students also receive an orientation each year to the *Student Learning Strategy* including clinical skills assessments. Students also receive an orientation each year to the S6 / OSCE format of evaluation, and are given class time to prepare for their S6 / OSCEs. The timetable provides scheduled clinical skills practice time.
2. Student S6 / OSCE Confidentiality

Students are required to sign a confidentiality form prior to the first S6 / OSCE exam in year 1. By signing this form, the student agrees to hold confidential the content of all S6 / OSCE exams that occur during the years as a student in the Department of Physical Therapy. The student agrees not to share the contents of the exam with anyone who has not yet written the exam, in person or through electronic means. This includes other students in the same year and students in other years. Any evidence that disclosure has occurred will result in an automatic failure of the course (s) for all students involved and is disciplinable up to and including dismissal from the program. This form will be collected and filed in each individual student file (See Appendix 1).

3. Room Lockdown

To maintain confidentiality, students will not be allowed in R224, R020, or R170 to practice on the day of the exam. It is expected that there will be no on-site practicing on the day of an S6 / OSCE exam. Students are expected to leave the School of Medical Rehabilitation building as soon as they have completed their exam.

4. Marking the Exam

4. The Faculty Coach uses a standardized checklist which is designed so that a student receives marks for successfully performing the task related to the item on the checklist. Some items are more difficult to perform than others and accordingly will be assigned a higher weighting (e.g. donning a transfer belt on a client or demonstrating a particular hand placement to perform a ligament test). Some items will be easier to perform but play an integral part of the performance of a task (e.g. stating the purpose of a physical therapy intervention or closing an interaction with a client). A lower weighting is assigned to the easier tasks. Skills related to safety are given special attention. Safety section
evaluates the students’ ability to ensure patient safety is not compromised throughout the interaction. Safety is defined as: “Freedom from the occurrence or risk of injury, danger, or loss”, (The Canadian Patient Safety Institute [CPSI], 2008, p. 43). In an instance where a student makes an unanticipated error which causes harm, no harm, an adverse event or close call, the skill will be deemed unsafe and marks will be deducted from the overall station score.

1Error: An act (plan, decision, choice, action or inaction) that when viewed in retrospect was not correct and resulted in an adverse event or a close call (The Canadian Medical Protective Association, 2008)

2Harm: An outcome that negatively affects the patient’s health and/or quality of life (CPSI, 2008, p. 42). Note: this includes physical harm or psychological harm to the patient.

3No harm: an event that reaches the patient but does not result in harm (CPSI, 2008, p. 43).

4Adverse event: An event that results in unintended harm to the patient, and is related to the care and / or services provided to the patient rather than to the patient’s underlying medical condition (CPSI, 2008, p. 41).

5Close call: An event with the potential for harm that did not result in harm because it did not reach the patient due to timely intervention or good fortune (sometimes called a near miss) (CPSI, 2008, p. 41).

A major safety error is weighted 25% of the total S6 / OSCE question marks (e.g. if the total marks of the station add up to 32 excluding the anticipated major safety error, the major safety error would be weighted a score of 8). A minor safety error is weighted 10% of the total S6 / OSCE question marks (e.g. if the total marks of the station again add up to 32 excluding the anticipated minor safety error, the minor safety error would be weighted a score of 3). A marginal safety error (e.g. failure to wash hands) may be weighted as low as 3% of the total S6 / OSCE question marks and may not be necessarily categorized as a minor safety error.

The weighting of safety errors is designed to avoid a situation where there are automatic student failures. The student with the stronger performance but commits either a major or minor safety error may not fail the station however the overall score may be a low passing score. The student with a weaker performance and commits either a major or minor clinical safety error may cause the overall score to be a failure for the station.
Note that not all safety errors can be anticipated on checklists. In the event that a student incurs a safety error which is not anticipated and identified on the checklist the Faculty Coach will describe the safety error in the section following the Comment Box. A deduction of 10% or 25% will be applied to the student's station mark when an unanticipated minor or major safety error is identified by the Faculty Coach. Refer to Appendix 4 for an example of an abbreviated weighted checklist. Refer to Appendix 6 for examples of safety errors.

5. Student Preparation for S6 / OSCE

Students should independently practice all clinical skills taught during the term / academic year. Access to required equipment / space beyond timetabled activity can be obtained by communicating directly with the year coordinator. A review lab will be scheduled prior to each S6 / OSCE exam. The review lab provides you with an opportunity to review practical skills or to obtain clarification from specific instructors. Sample S6 / OSCE questions / practice scenarios may be available as well. As part of this review, students are encouraged to practice professional communication skills as well as appropriate body mechanics for patient handling skills.


This examination will be comprised of two or more practical stations. There will be 1 minute of traveling time and 1 minute reading time between stations. Length of time per station may vary from year to year, but in general you are given eight to fourteen minutes at each station to perform skills. All S6 / OSCE’s are videotaped with the permission of the student. These videotapes are viewed by the instructor and / or student if there is an issue with the station.

7. Exam Day

- Arrive only 10 minutes prior to your first station.
• **Wear professional attire including name tag.** Please ensure that shirts are tucked in or long enough so that there will be no back/midriff exposure when you are dealing with the clients.

### 7.1. Prior to the start of the Examination

Prior to the start of the examination, you will:

- Receive a clipboard and pencil for the duration of the exam
- Receive instructions re:
  - The timing of station rotations (an overhead announcement will signal timing and change of stations),
  - The location of specific stations,
  - The confidentiality policy:
    - For first S6 / OSCE in year 1PT students, the timer has students sign Student Examination Confidentiality Forms,
    - For subsequent years, the timer reminds the students about previously signed confidentiality forms and that these are still in place although signed with first S6 / OSCE in year 1
- Receive a “Consent for Clinical Video and Audio Recordings” form to sign and return to the timer (See Appendix 3) for the first year's S6 / OSCE. In subsequent years, the timer reminds the students about previously signed confidentiality forms.
- Be reminded that no electronic device is permitted in the examination. Refer to University of Manitoba Policy: Examination Regulations, January 1, 2008, [http://umanitoba.ca/admin/governance/governing_documents/academic/454.html](http://umanitoba.ca/admin/governance/governing_documents/academic/454.html)

### 7.2. Before You Enter Each Examination Room

**Before you enter each examination room,** you will have one minute to review the information that is posted on the examination room door (Appendix 3). This information gives you specific instructions, tells you the patient’s name, age, gender and pertinent tasks that you are required to complete as part of the examination.
Tone/Announcement Schedule Overview

First group goes to appropriate door and reads question (1 minute)

1\textsuperscript{st} announcement or single tone – Student enters room

2\textsuperscript{nd} announcement or single tone – Student has 2 minutes left

3\textsuperscript{rd} announcement or two tones – Student leaves the room and goes to next station

Students have 1 minute to read question at the next station

1\textsuperscript{st} announcement or single tone – Student enters room

7.3. \textbf{Upon Entering the Room}

\textbf{Upon entering the room}, you will encounter:

- A table with another copy of the posted examination question,
- A standardized patient (SP),
- Standardized station equipment will include hand sanitizer, Kleenex, additional paper and pencil,
- Necessary equipment for completion of S6 / OSCE question, and
- A Faculty Coach.

The Faculty Coach begins marking the student’s performance when there is evidence of interaction between the student and the SP. The key to interacting with the SP is to relate to them exactly as you would with patients. You are expected to communicate in an empathetic manner and answer any questions that they might have. Remember to keep them comfortable and properly draped / dressed as you perform the required skills.

You are responsible for pacing your time allotment. You may use all of the time allotment or finish well in advance of the scheduled time. Should you finish early, you may choose to add or change your response. You are to remain in the examination space and not engage the SP or Faculty Coach in conversation. \textbf{Cautionary note: refrain from}
offering more responses than asked for. Your first responses will be the items scored unless you state otherwise.

The Faculty Coach’s role is to evaluate the student’s communication, assessment and treatment, safety and client feedback and education skills using a standardized checklist (Appendix 4). You are not to engage the Faculty Coach in conversation; they are not to answer your questions. They may redirect you to re-read the question if it appears that you have misread the instructions.

Once you have completed the examination, you are requested to leave the premises. Evidence of disclosure of the exam contents, by any means, will result in an automatic failure in the exam and is disciplinable up to and including dismissal from the program (Disciplinary Procedures and Penalties, Student Discipline, University of Manitoba Governing Documents)

8. Student Feedback

- Students will receive general feedback for each of the stations. This feedback will include general strengths and areas for improvement for each of the stations. This information will be either posted on the learning management system (ANGEL) within 7 days of the S6 / OSCE (Appendix 5).

- Student marks will be posted on the learning management system (ANGEL) 1 week of completion of the exam. Sample feedback form (Appendix 7).

- Students who have failed a station will be asked to make an appointment with the relevant instructor or course coordinator to discuss the performance.

- Students are encouraged to make appointments to meet with respective instructors or year/course coordinators to review their checklists for stations that are marginally completed.
9. References


Cooper, A. Canadian Alliance of Physiotherapy Regulators, (2006) Clinical Skills Assessment 101, *Presentation to PT Faculty*

PT Department (2011). *Student learning strategy*. BMR(PT)2 Year Syllabus. Winnipeg: Physical Therapy Department, School of Medical Rehabilitation, University of Manitoba.
10. Appendices

Appendix 1:  S6 / OSCE Confidentiality Form
Appendix 2:  Consent for Clinical Video and Audio Recordings Form
Appendix 3:  Sample Doorway Information Form
Appendix 4:  Sample Standardized Checklist
Appendix 5:  Sample General Feedback
Appendix 6:  Examples of Major and Minor Safety errors
Appendix 7:  Sample Individual Feedback
Appendix 1: S6 / OSCE Confidentiality Form

SCHOOL OF
Medical Rehabilitation

S6 / OSCE CONFIDENTIALITY FORM

DATE: ______________________________

I, __________________________________________________ agree to hold confidential the contents all S6 / OSCE examinations during my time as a student in the Department of Physical Therapy. I agree not to share the contents of the exam with anyone in person nor through electronic means. Any evidence that disclosure has occurred will result in an automatic failure of the course (s) for all students involved and is disciplinable up to and including dismissal from the program.

Signature: ____________________________

Witness: ______________________________
Appendix 2: Consent for Clinical Video and Audio Recordings

CONSENT FOR CLINICAL VIDEO AND AUDIO RECORDINGS

University of Manitoba

I hereby authorize the Health Sciences Centre and/or University of Manitoba to take video and sound recordings of me. I understand that these video and sound recordings are to be used for medical education as deemed appropriate by the Health Sciences Centre and/or University of Manitoba. I understand that these video and sound recordings will be destroyed or erased after their utility has expired.

I hereby waive any right to inspect or approve the finished product or product that may be used with the video or sound recordings of me.

I understand that I will not be paid for the video and sound recording in which I am a subject.

I hereby waive all claims that I might have against the Health Sciences Centre and/or University of Manitoba, its employees and agents, in any manner whatsoever relating to the said video and sound recordings.

I, __________________________ Name (Print) have read and consent to the above statement(s).

Signed this ___________ Day of _______________ 20 ______

WITNESS TO SIGNATURE

SIGNATURE OF PATIENT OR INDIVIDUAL EMPOWERED TO GIVE CONSENT

PRINTED NAME OF VOLUNTEER PATIENT

Consent for Video and sound recordings on behalf of the Patient.

As the parent, spouse, next of kin, legal guardian, or a person authorized to represent the patient, I agree to the above conditions, and authorize the Health Sciences Centre and/or University of Manitoba to take video or sound recordings.

I provide this consent in the capacity of: ☐ Parent ☐ Social Worker ☐ Guardian ☐ Other ______

Name of Agency

Signed this ___________________ day of ___________________ 20 ______

WITNESS TO SIGNATURE

SIGNATURE OF PATIENT OR INDIVIDUAL EMPOWERED TO GIVE CONSENT
Appendix 3: Template for Student Question (on Doorway)

**TITLE:** DESCRIPTIVE OF PRESENTING SITUATION OF THE STATION (ARIAL FONT, SIZE 12 ITALICS, CAPITALS AND CENTRED)

Scenario: (Arial font, size 12, italics, left margin alignment) to include patient name, age and clinical setting (eg outpatient clinic, hospital ward, etc). Should also include appropriate background information required for the student to perform the station. This could include the general patient description, medical history, symptoms, present mobility and description of any tests or assessment previously performed on the patient.

Description of what the students are expected to perform (Arial, size 12, italics and bold). This should include skills you expect the students to demonstrate. This could be history taking, patient education, assessment/treatment skills or any combination of these.

**SKILLS BEING EVALUATED:** (ARIAL, SIZE 12, ITALICS, TITLE IN CAPITALS AND BOLD)

(List of one or any combination of the following skill sets – normal caps, not bold):
- Communication Skills
- Assessment and Treatment Skills
- Patient Education and Feedback
- Safety in Clinical Practice

**YOU HAVE 8 MINUTES (ARIAL, SIZE 12, ITALICS AND BOLD) – TIME FOR THE STATION AND INDICATE IF A POST-ENCOUNTER QUESTION ACCOMPANIES THE STATION AND THE TIME ALLOCATED.**
# Appendix 4: Checklist

<table>
<thead>
<tr>
<th>SCORE</th>
<th>TITLE OF QUESTION - SKILL SETS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>COMMUNICATION</strong></td>
</tr>
<tr>
<td>1</td>
<td>Introduces self (including name and title: student physiotherapist)</td>
</tr>
<tr>
<td></td>
<td>Obtains consent:</td>
</tr>
<tr>
<td>1</td>
<td>• Explains the general purpose of interaction and the procedures to be used.</td>
</tr>
<tr>
<td>1</td>
<td>• Verifies patient’s basic understanding of the procedure.</td>
</tr>
<tr>
<td>1</td>
<td>• Asks/obtains consent for assessment/treatment once purpose is explained.</td>
</tr>
<tr>
<td>1</td>
<td>Instructions and/or information are clear and concise</td>
</tr>
<tr>
<td>1</td>
<td>Uses appropriate language throughout the exchange with the patient.</td>
</tr>
<tr>
<td>1</td>
<td>Demonstrates professional and respectful behavior.</td>
</tr>
<tr>
<td>1</td>
<td>Closes interaction with patient.</td>
</tr>
<tr>
<td></td>
<td><strong>ASSESSMENT AND/OR TREATMENT</strong></td>
</tr>
<tr>
<td>Variable</td>
<td>• <em>Instructor adds specific bubble(s) appropriate to the question.</em></td>
</tr>
<tr>
<td></td>
<td><strong>PATIENT EDUCATION AND FEEDBACK</strong></td>
</tr>
<tr>
<td>Variable</td>
<td>Confirms patient understanding during the intervention/assessment.</td>
</tr>
<tr>
<td></td>
<td>Teaches appropriate technique:</td>
</tr>
<tr>
<td>Variable</td>
<td>• <em>Instructor adds specific bubble(s) appropriate to the question</em></td>
</tr>
<tr>
<td>10% or 25%</td>
<td>• <em>Instructor may add anticipated safety error(s) appropriate to the question</em></td>
</tr>
<tr>
<td></td>
<td>Answers questions appropriately:</td>
</tr>
<tr>
<td>Variable</td>
<td>• <em>Instructor adds specific bubble(s) appropriate to the question</em></td>
</tr>
<tr>
<td>10% or 25%</td>
<td>• <em>Instructor may add anticipated safety error(s) appropriate to the question</em></td>
</tr>
<tr>
<td></td>
<td><strong>SAFETY</strong></td>
</tr>
<tr>
<td>1</td>
<td>Infection control/routine practices - Washes hands prior to and after touching the patient.</td>
</tr>
<tr>
<td></td>
<td>Uses good body mechanics:</td>
</tr>
<tr>
<td>Variable</td>
<td>• <em>Instructor adds specific bubble(s) appropriate to the question</em></td>
</tr>
<tr>
<td>10% or 25%</td>
<td>• <em>Instructor may add anticipated safety error(s) appropriate to the question</em></td>
</tr>
<tr>
<td>Variable</td>
<td>Advises patient to let student know if the patient is experiencing any untoward responses.</td>
</tr>
<tr>
<td></td>
<td>Ensures patient safety at all times</td>
</tr>
<tr>
<td>Variable</td>
<td>• <em>Instructor adds specific bubble(s) appropriate to the question.</em></td>
</tr>
</tbody>
</table>
10% or %25

Instructor may add anticipated safety errors appropriate to the question

Comments

Unanticipated Major safety errors (___ marks)
1. __________________________________________________________
2. __________________________________________________________

Unanticipated Minor safety errors (___ marks)
1. __________________________________________________________
2. __________________________________________________________
Appendix 5: General Feedback

Collated from all evaluation forms of all students

Examples of General Comments:

- Professional attire was appreciated:
  - Long hair tied back for most students made for a more professional appearance; when bangs not tied back, students handling of hair while handling patient.
  - +++ Appropriate footwear – much improved.
- Communication more confident and with suitable terminology in most cases
- Greater awareness of patient positions and safety generally.
- Communication with patients demonstrated genuine interest and concern; many students demonstrated an “ear” for what the patients were saying and addressed the comments appropriately.
- Generally good introductions as to who you were and what the purpose of the interaction was.
- Take advantage of equipment in the room (e.g. calculators!). Scan the area when you enter a station.
- It is not appropriate to carry a water bottle around when you are seeing patients as a student therapist – this will not be acceptable clinically and certainly 1 hour without water should be manageable.

Station specific comments:

For each station, specific comments would be collated to reflect the “comments” section from the scoring sheet.
Appendix 6: Examples of Safety Errors

The following examples of safety errors reflect information taught in various courses. It is not an exhaustive list of infractions.

**Major Safety Error**

1. Failure to perform appropriate ligament stability and artery tests (CV/VAT) prior to spinal manual therapy.
2. Leaving a patient who is unsteady in any position.
3. Improper use of equipment or improper education of a patient in its use, thereby putting the patient at risk for harm.
4. Failure to screen sensory function prior to the application of thermal modalities.
5. Inadequate knowledge base regarding the contraindications or precautions in assessment or intervention, e.g. incorrect activity information following a medical event such as an MI or CABG; movement precautions with THR; or inappropriate prescription of exercises with respect to healing of tissues.
6. Not standing close enough/assisting enough when patient is ambulating, or attempting to lift an individual alone when body weight requires 2 assistants.
7. Unsafe transfer or PT technique where patient not fully supported and potential for falls/unsteady postures will quickly occur.
8. Lack of observation or response to symptoms of distress and need to discontinue treatment, e.g. profuse diaphoresis in exercise, skin breakdown with frictions.
9. Continuing treatment when patient (or standardized patient, SP) complains of increasing symptoms (e.g. above and beyond those requested as part of the SP’s script).
10. Unprofessional behavior, for example, exhibited poor use of language, word choice, was disrespectful to patient or used racial slur inappropriate dress.
11. Lack of recognition of an appropriate cultural sensitivity to the patient.
12. Sensitive practice errors e.g. inappropriate physical contact with client, improper draping, ask permission to touch the client.

**Minor Safety Error**

1. Prescription of bed client exercises that was too advanced or inappropriate for the patient’s physical capabilities.
2. Lack of observation patient doing a prescribed home exercise program.
3. Incorrect body mechanics/positions for himself/herself or the patient.
4. Failure to communicate to patient that the patient may experience symptoms (e.g. soreness) after assessment or treatment.
### Appendix 7: Individualized Student Feedback

#### Student:

<table>
<thead>
<tr>
<th>Station</th>
<th>Mark</th>
<th>Comm</th>
<th>Assess</th>
<th>Safety</th>
<th>Ed’n</th>
<th>HX</th>
<th>Comm</th>
<th>Assess</th>
<th>Safety</th>
<th>Ed’n</th>
<th>HX</th>
<th>Class range</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPD</td>
<td>91.7</td>
<td>100</td>
<td>88.9</td>
<td>100</td>
<td>N/A</td>
<td>87.5</td>
<td>94.3</td>
<td>94.4</td>
<td>93.9</td>
<td>N/A</td>
<td>76.2</td>
<td>12.5 - 100</td>
</tr>
<tr>
<td>MI</td>
<td>80.0</td>
<td>100</td>
<td>70.0</td>
<td>100</td>
<td>N/A</td>
<td>N/A</td>
<td>100</td>
<td>70.7</td>
<td>99.1</td>
<td>N/A</td>
<td>N/A</td>
<td>100 - 100</td>
</tr>
<tr>
<td>THOR</td>
<td>76.0</td>
<td>91.8</td>
<td>74.2</td>
<td>75</td>
<td>N/A</td>
<td>N/A</td>
<td>82.8</td>
<td>80.2</td>
<td>91.9</td>
<td>N/A</td>
<td>N/A</td>
<td>36.4 - 100</td>
</tr>
<tr>
<td>TDM</td>
<td>100.0</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>N/A</td>
<td>88.0</td>
<td>87.6</td>
<td>95.8</td>
<td>94.6</td>
<td>N/A</td>
<td>50-100</td>
</tr>
</tbody>
</table>

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