

**Rating sheet for the examiner with anchor criteria aligned to the assessment objectives
and role script of the standardized simulated patient.**

Establishing Relationships and Conversation Structure (Weighting 5%)	Assessment 0 - 5 points
greet the conversation partner openly and personally (e.g., maintains eye contact, addresses the conversation partner by name, introduces oneself with name and position).	
maintains a professional attitude (e.g., demonstrates empathy and respect in interactions).	
appropriately responds to (non-)verbal cues from the conversation partner (e.g., paraphrases, verbalizes).	
exhibits appropriate verbal behavior (e.g., adapts language style to the interlocutor, uses clear and precise expressions, employs a straightforward sentence structure).	
Symptom-Oriented / Disease-Specific Questions (Weighting 30%)	0 - 5 points
inquires about the reason for the presentation and symptoms, as well as the patient's perspective on the cause of the complaints (patient's illness script).	
poses clear and precise questions regarding NYHA stages: nocturnal orthopnea, extremity swelling, weight gain (how many kilograms in what time frame?), angina pectoris. Accurately assesses the NYHA stages.	
inquires about pre-existing conditions: known coronary artery disease (CAD), history of anterior wall myocardial infarction in 2019, arterial hypertension.	
asks about the patient's last visit to the cardiologist.	
collects medication history and inquires about medication use, potential changes in prescribed dosages, or therapy modifications.	
Focused Physical Examination (Weighting 25%)	0 - 5 points
conducts bilateral lung auscultation and percussion, comparing both sides.	
inspects and palpates the lower extremities appropriately for leg edema on both sides.	
Problem Identification / Differential Diagnostic Thinking (Weighting 30%)	0 - 5 points
bilateral, moist, symmetric inspiratory rales in the lower to mid-lung fields (simulated with a Sim-Auscultation Trainer), no leg edema.	

<p>bilateral inspiratory crackles are most likely indicative of pulmonary congestion and can explain the patient's symptoms (increasing exertional dyspnea and orthopnea).</p>	
<p>formulates as tentative diagnoses (i.E):</p> <ol style="list-style-type: none"> 1. Suspected decompensated heart failure with reduced diuretic therapy. Other possible differentials with lower probability as the cause of the findings: 2. Blood pressure is well-controlled at 134/84 mmHg with antihypertensive medication, making hypertensive crisis an unlikely cause. 3. Heart rate is rhythmical and within the normal range at 74/min, ruling out bradycardic or tachycardic arrhythmias as the cause of congestion. <p>May also formulate other, more likely, less likely, and unlikely differential diagnoses AND provide appropriate justifications.</p>	
<p>Summary / Recommendation (Weighting 10%)</p>	<p>0 - 5 points</p>
<p>summarizes the information obtained for the target person in an appropriate language, correct order, clear, and focused manner.</p>	
<p>allows the recipient to ask questions and addresses the recipient's concerns.</p>	
<p>Achieved overall assessment in percentage (100%).</p>	