


## Preparing for the USMLE Step 2CS Exam

Jane Lindsay Miller, Ph.D.  
Director, Interprofessional Education  
and Resource Center



## Agenda

- ◆ Overview of the exam
- ◆ Show clips from the USMLE orientation video
- ◆ Offer tips for improving your performance
- ◆ Experiment with a USMLE-style OSCE station
- ◆ Q&A



---

## Purpose of the Step 2CS

---

- ◆ Complement the clinical knowledge component of Step 2
- ◆ Part of a larger process at the National Board of Medical Examiners (NBME) to re-evaluate licensure of physicians



---

## Examination sites

---

- ◆ Five sites nationally
  - Philadelphia
  - Chicago
  - Los Angeles
  - Atlanta
  - Houston
- ◆ Sites chosen based on geographical distribution of medical schools so 50% of students would be within 200 miles of a testing site



---

## Step 2CS Video

---



- ◆ Exam logistics  
1:29-3:54



---

## Additional comments

---

- ◆ All facilities will be identical
- ◆ All orientations and exam format will be identical
- ◆ Exam will be offered twice each day
- ◆ Each exam has 12 stations – 11 are scored
- ◆ Each station lasts 15 minutes followed by 10 minutes for each note



---

## Additional comments

---

- ◆ Rotation schedule
  - 5 stations
  - 30 minutes for a meal
  - 4 stations
  - Brief break
  - 3 stations



---

## Additional comments

---

- ◆ Can reschedule at no additional cost with verifiable reason
- ◆ No-shows will be charged \$400 for re-scheduling



---

## Step 2CS Video

---



- ◆ The patient encounter  
3:55-6:49



---

## Additional comments

---

- ◆ Same SPs do the same station all day
- ◆ SPs take 2-4 minutes to score examinee performance after they leave the room
- ◆ SPs do not use prompts to direct examinees
- ◆ SP training is extensive
  - Pilot each station 50-60 times before they are considered prepared for scoring



---

## Additional comments

---

- ◆ Checklists vary in length, though inter-personal items are the same
- ◆ If you complete the clinical encounter ahead of time, you may use additional time on the patient note
- ◆ Once you leave the room, you may not re-enter



---

## Additional comments

---

- ◆ Scored in three areas
  - Integrated clinical encounter
  - Communications
  - English proficiency
- ◆ Equally weighted – must pass all three areas to pass exam
- ◆ Integrated clinical encounter emphasizes ability to synthesize patient history and physical findings, not clinical knowledge



---

## Step 2CS Video

---



- ◆ The patient note  
6:50-7:51



---

## Additional comments

---

- ◆ Notes count for 40% of the total score
- ◆ A passing score on the notes requires a passing score in each of the evaluation areas (history/exam, differential, diagnostic follow-up)
- ◆ Assessment of notes is based in part on relationship to patient encounter



---

## Additional comments

---

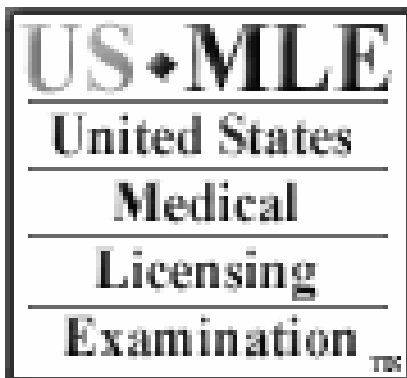
- ◆ At least two raters review each note
- ◆ No more than three cases from the same examinee are assigned to each rater
- ◆ No identifiers on the notes other than the examinee ID number



---

## Step 2CS Video

---



- ◆ Sample patient encounters 7:52-10:15
  - Headache
  - Throat pain



---

## Additional comments

---

- ◆ Basic mistakes can dramatically impact scores (e.g. handwashing)
- ◆ Only “egregious or dangerous behavior” will result in automatic failure
- ◆ No feedback for passing performance – minimal information provided in case of failure

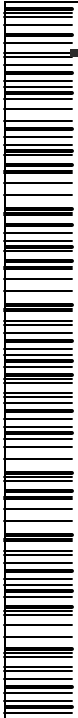


---

## Additional comments

---

- ◆ NBME anticipating 4-6% failure rate
- ◆ Research shows that previous experience with OSCEs improve examinees' performance
- ◆ Failure correlates with performance problems in medical school or inability to synthesize history and exam information in an integrated clinical encounter



---

## For additional information

---

- ◆ National Board of Medical Examiners  
[www.nbme.org](http://www.nbme.org)
- ◆ United States Medical Licensing Exam  
[www.usmle.org](http://www.usmle.org)