



A brief review:

**USMLE Step 2 Clinical Skills
(CS) Exam Preparation**

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April 2008



Step 2 CS Preparation

Origins: ECFMG

Minimal competency exam:

'ensuring a minimal level of competency in clinical skills and in oral and written communication skills among U.S. graduates'

Pass - Fail



Step 2 CS Preparation

U of M, 2005-8:

Of ~ **880** students:

13 did **not pass** FIRST time (5,4,2,2)

(**98.6%** pass)



10/13 (**ALL** who took it – 1) passed SECOND time around and most continued with Residency plans

(='a costly and annoying hurdle')

~ **4/13** quite unexpected:

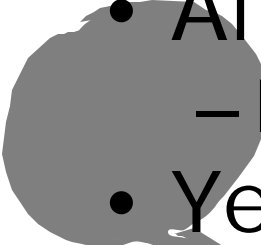

High Step 1 and 2 CK scores

Very satisfactory clerkship and OSCE performances





Preparing for it

- Most schedule for Fall - Winter Year 4
 - After most requireds –
 - PCC +/- EM
 - Year 2 OSCE
 - +/- PCC / OBGYN OSCE [largely dissimilar]
 - USMLE 2CS website: *formats*
 - Preparatory study book
 - Year 4 colleagues
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Step 2 CS Preparation

- Day-long
- Twelve 25-minute stations
 - 11 are scored, 1 in development



Step 2 CS Preparation

Clinical Information:



Age, Gender, "chief complaint"
with vital signs listed on door &
again in room





Step 2 CS Preparation


- No genital/rectal/breast exams
- No children
- Likely will have a telephone medicine case (often a peds case)
- Setting is usually Primary Care or Emergency Room



Step 2 CS Preparation


Timing:

Focused H&P: 15 minutes



Write-up (handwritten or computer): 10 minutes

[can start note whenever finished with H&P]





Step 2 CS Preparation

Checklist items are scored by the SP after the encounter:

yes / no

[except physical exam:

yes / partial / no]



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Interpersonal skills rating:

Excellent



Good

Marginal

Unsatisfactory



Step 2 CS Preparation

Grading:

<p>H & P</p> <p>60%</p> <p>Checklist items</p> <p>Patient evaluated CC / HPI; PQRST etc. Response to prompts Interpersonal skills</p>	<p>"SOAP" note</p> <p>40%</p> <p>Faculty evaluated</p> <p>Consistency thru elements Consistent with H&P Common Differentials included Reasonable, Cost-effective Plan</p>
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Write-up

- Not a true SOAP note
- S, O as usual
- 'A' is a Differential Diagnosis list of up to 5 items in order of likelihood
- 'P' is a list of up to 5 diagnostic interventions (not in order) that would help to narrow the differential diagnosis list

Step 2 CS Preparation

DIFFERENTIAL DIAGNOSIS:

In order of likelihood (with 1 being the most likely), list up to 5 potential or possible diagnoses for this patient's presentation (in many cases, fewer than 5 diagnoses are likely):

- 1.
- 2.
- 3.
- 4.
- 5.

DIAGNOSTIC WORKUP:

List immediate plans (up to 5) for further diagnostic workup:

- 1.
- 2.
- 3.
- 4.
- 5.

Step 2 CS Preparation 'SOAP note' grading rubric

1-3 unsatisfactory 4-6 satisfactory 7-9 excellent

Subjective
And
Objective

Differential list

Diagnostic
Interventions



Step 2 CS Preparation, Write-ups

- Make sure a 'thread' runs through S, O, Differential and Work-up [don't include items in differential that were not mentioned in S/O]
- It's OK to use commonly used abbreviations but beware of excessive use of uncommon ones



Step 2 CS Preparation, Write-ups

- Acknowledge Vital Signs (especially abnormal) – no need to rewrite
- If you use computer, be aware that there is a character limit per section





Step 2 CS Preparation, Write-ups

- It seems permissible to list several labs as 1 item in the diagnostic work-up if they are justified and you are short of space
- It is OK to not complete all 5 in either or both sections



Pitfalls to Avoid

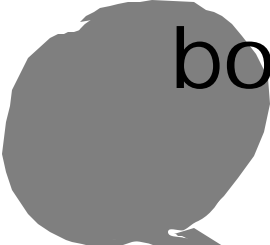

They are interested in confirming that you:

- have *adequate clinical skills*
 - Can *communicate* in English with a patient
 - Can apply *standard* management to *common* problems
 - Can consider *important* differential possibilities
 - Recommend *cost effective* and *reasonable* interventions
- 
- 



Pitfalls to Avoid

Behavioral


- Be confident but not arrogant, bored, angry or dismissive!
 - Use your best patient skills!
 - Don't talk down to patients
 - *Nice guys get good grades!*
- 
- 



Pitfalls to avoid

- Basic Interviewing (pqrst etc.) will be rewarded:

In a patient with acute onset of severe headache, a history of **trauma** is relevant!






Pitfalls to Avoid

- Do not complicate a simple station!
- Think twice before including esoteric diagnoses (which often might then prompt esoteric workups):

In a patient with typical depressive symptoms and who has no physical symptoms, **not** listing Pancreatic Cancer in the differential of top 5 causes





Pitfalls to avoid

- Don't recommend a 'shot gun work-up':

Be specific with your interventions and make sure they link with your differential list.

Generally have a cautious approach to imaging recommendations – often plain X-rays first.

(No total body MRIs!!)



Step 2 CS Preparation

You are well-prepared to take this exam – you probably need to minimally prepare for it - but don't *sweat* it!

Best wishes.