

**3<sup>rd</sup>**  
edition



**mastering the**

# **USMLE STEP 2 CS**

## **Clinical Skills Examination**

- ▶ The most comprehensive study guide for the Step 2 CS
- ▶ Includes over 50 practice cases in internal medicine, obstetrics and gynecology, pediatrics, psychiatry, and surgery
- ▶ Features checklists for each standardized patient

**Jo-Ann Reteguiz**

**Mastering the**  
**USMLE**  
**Step 2 CS**  
**(Clinical Skills Examination)**

**3<sup>rd</sup>**  
**edition**

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**McGraw-Hill**

Medical Publishing Division

*New York / Chicago / San Francisco / Lisbon  
London / Madrid / Mexico City / New Delhi  
San Juan / Singapore / Sydney / Toronto*

**Mastering the USMLE Step 2 CS (Clinical Skills Examination), Third edition**

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234567890 QDP/QDP 098765

ISBN 0-07-144334-7

This book was set in New Baskerville by Circle Graphics.  
The editors were Catherine A. Johnson and Mary E. Bele.  
The production supervisor was Richard Ruzycka.  
The cover designer was Aimee Nordin.  
The index was prepared by Andover Publishing Services.  
Quebecor World Dubuque was printer and binder.

This book is printed on acid-free paper.

**Library of Congress Cataloging-in-Publication Data**

Reteguiz, Jo-Ann.

Mastering the USMLE Step 2 CS (Clinical Skills Examination) / Jo-Ann Reteguiz ;  
illustrations by Moira McDonough. — 3rd ed.  
p. ; cm.

Rev. ed. of: Mastering the OSCE, Objective Structured Clinical Examination and CSA,  
Clinical Skills Assessment. 2001.

Includes bibliographical references and index.

ISBN 0-07-144334-7

1. Diagnosis—Examinations, questions, etc. 2. Medical history taking—Examinations,  
questions, etc. 3. Physical diagnosis—Examinations, questions, etc. 4. Clinical  
competence—Examinations, questions, etc. 5. Physicians—Licenses—United  
States—Examinations—Study guides. I. Title: USMLE Step 2 CS (Clinical Skills  
Examination). II. Reteguiz, Jo-Ann. Mastering the OSCE, Objective Structured Clinical  
Examination and CSA, Clinical Skills Assessment. III. Title.

[DNLM: 1. Physical Examination—methods—Problems and Exercises. 2. Clinical  
Competence—Problems and Exercises. 3. Diagnosis—Problems and Exercises. 4. Medical  
History Taking—methods—Problems and Exercises. WB 18.2 R437m 2005]

RC71.R48 2005

616.07'5'076—dc22

2004058197

To my mother, Iris, and father, George, whose love and encouragement  
give special meaning to every journey.

—J.R.

## **WHO WILL FIND THIS BOOK USEFUL:**

- The U.S. medical student required to pass a clerkship standardized patient examination when rotating through the disciplines of internal medicine, family medicine, ob/gyn, pediatrics, psychiatry, emergency medicine, and surgery.
- The U.S. medical student required to pass a senior year multidisciplinary clinical skills examination prior to graduation.
- International and U.S. medical graduates who must pass the Step 2 CS for licensure or ECFMG certification. This book will guide physicians through the standardized patient examination.
- The graduate who has failed the Step 2 CS and must retake the examination.

## **HOW THIS BOOK WILL HELP YOU:**

- Mastering the USMLE Step 2 CS Examination focuses your interviewing and physical examination skills so you are able to finish test stations in the required time limit.
- It explains how you can develop the hidden “checklist” each standardized patient is using at every test station.
- It sharpens your interpersonal skills to improve overall clinical performance.
- It reveals the pitfalls of the standardized patient examination and shows how to avoid them.
- It allows you to practice your approach to the standardized patient examination at home using “real” standardized patient cases.
- It gives you the confidence and experience you need to do your best in any standardized patient interaction.
- It allows you to practice writing clear, organized, and accurate patient notes. Over fifty patient notes are provided to help you develop proficiency in synthesizing and analyzing data.
- It offers great practice for physicians and students when they interact with “real life” patients in the future.

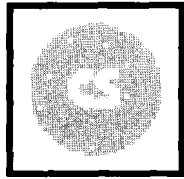
## **HOW TO USE THIS BOOK:**

- Read the information in the early chapters to learn how to prepare for the standardized patient examination.
- Understand the role of the standardized patient. This layperson is often the only person evaluating your performance.
- Learn how to develop, accurately and quickly, the checklist used by the standardized patient at each test station. The examination

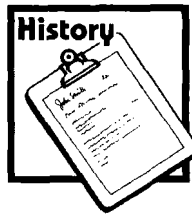
requires you to develop a specific strategy based on the “hidden” checklist. If you can develop the checklist mentally before the actual interaction, the test becomes easy.

- Learn how to write a patient note with complete and relevant information. A good patient note demonstrates your ability to interpret data and manage patients appropriately.
- Use the more than fifty standardized patient cases in this book to practice and grade your checklist developing skills and your patient note writing ability.

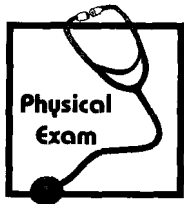
■ Review Pearls:



### Patient Note Pearl



### History-Taking Pearl



### Physical Examination Pearl

# Background

The “gold standard” by which physician competence is measured has eluded medical educators for over a century. Early in the history of medicine, senior physicians mentored and graded their students, but the limitations of this subjective process were obvious. Specialty boards began using the oral examination, which provided more accurate information about a physician’s clinical problem-solving skills and fund of knowledge, but these were not reliable or standardized. Excellent or poor performance on the oral examination reflected the good luck of being asked to discuss a clinical problem seen during training or the bad luck of being asked about a case one had never seen.

In the middle of the twentieth century, using multiple choice questions (MCQ) on a written examination became the method for physician evaluation and, for over four decades, medical schools and licensure bureaus relied on “the written” to assess whether a physician or student was competent. Educators soon realized that, even though MCQ examinations were standardized and reliable, they lacked validity. It was clear that an 80 percent score on the written examination did not mean that the examinee knew 80 percent of all of medicine. Was the paper-and-pencil examination the best way of judging competence? Could educators say that “the written” accurately simulated the tasks future physicians would be expected to perform in “real life” medicine?

In 1963, at the University of Southern California, Dr. Howard Barrows trained a healthy artist’s model to portray a paralyzed patient with multiple sclerosis. In this way, neurology students learned about the disease from a “real” patient instead of a textbook. This was the first standardized patient encounter.

In 1964, Barrows and Abrahamson suggested using standardized patients in a test format to assess student performance in medical school. Using “real” clinical situations and “real” patients, one could assess how students used their knowledge and skills when faced with realistic challenges, rather than trying to infer performance from a standardized written test. This was the beginning of the standardized patient examination.

Over the last forty years, the standardized patient examination has evolved into an important tool for the teaching and assessment of medical students and physicians. It has gained acceptance as a requirement for licensure and medical school graduation. In a world where astronauts practice simulated space exploration before “real” flight and computers simulate everything from golf to warfare, it was only a matter of time before medicine, too, required simulated practice and assessment before allowing a physician to encounter the “real” clinical situation.

# Preface

The purpose of this Step 2 CS review book is to help medical students and physicians faced with the stress of taking a new-format examination become more comfortable with the standardized patient encounter.

As the Medicine Clerkship Course Director at the University of Medicine and Dentistry of New Jersey-New Jersey Medical School, I successfully integrated a standardized patient examination for over 1500 medical students. After 7 years of standardized patient test writing, training, implementation, and grading, I realized that a student could perform poorly due to nervousness and inexperience with this kind of examination. Students would often approach me for tips and advice on how to improve their performance on the standardized patient examination.

The unique qualities of the standardized patient examination make it, understandably, a stressful experience. In less than 15 minutes, a student must interview and examine a patient and accurately formulate a differential diagnosis and plan. At each test station, the examinee must demonstrate excellent communication skills and remarkable composure. In 10 minutes, the student must write a complete and accurate patient note that contains relevant information regarding the history, physical examination, differential diagnosis, and diagnostic workup. This is a test that relies not so much on how much one studies and what one knows but how one does things. This book was written for those examinees who will be competent health providers in the future but, for now, need help preparing for this new kind of test experience.

This book will walk you through the USMLE Step 2 CS examination from beginning to end. The tips provided will give you the guidance and direction you need to do your best. The more than fifty practice cases will sharpen your skills in interviewing, physical examination, communication, and patient note writing preparing you for every possible interaction. Although licensure bureaus, medical schools, and disciplines may vary in small ways, the overall structure of the standardized patient examination will be the same as in this book. So read carefully and relax on the day of the examination. Having the right preparation and confidence for the Step 2 CS can make a challenging experience easy, educational, and fun.

Jo-Ann Retegui  
June 2004



# Acknowledgments

I wish to acknowledge the University of Medicine and Dentistry of New Jersey–New Jersey Medical School and, in particular, the Department of Medicine for its exceptional commitment to patient care and medical education.

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# Section A: The Examination



# Introduction

*Very much more time must be . . . given to those practical portions of the examinations which afford the only true test of . . . fitness to enter the profession. The day of the theoretical test is over.*

SIR WILLIAM OSLER, 1885

## WHAT IS THE STEP 2 CS?

The Step 2 CS (Clinical Skills Examination) is a standardized patient (SP) examination given to U.S., Canadian, and international medical students and graduates and is now a USMLE (U.S. Medical Licensing Examination) requirement for licensure. All graduates wishing to practice medicine in the United States are required to take this examination. The test consists of 10 to 12 stations or encounters (1 to 2 may be experimental stations and are not counted), each lasting 15 minutes. The test mirrors a physician in a clinic, office, emergency room, or hospital setting. Some of the most commonly tested complaints are headache, weakness, hypertension, asthma, impotence, dizziness, peptic ulcer disease, kidney stones, upper respiratory tract infections, and urinary tract infections.

At each station, you will encounter a different SP who is trained to accurately portray a real-life patient. You must ask the SP the appropriate questions to obtain the right history of present illness and then perform the accurate and focused physical examination. Throughout the history and physical examination, you are being graded on your interpersonal skills and proficiency in communication. After the interaction with the SP, you proceed to a 10-minute interstation (post-encounter station) to compose an accurate, organized, and legible written record of the encounter, called the *patient note*.

History taking and performance of a physical examination are considered data-gathering (DG) ability and are evaluated by the SP. The DG score is combined with the patient note score. The health care professional trained to read the patient note rates the note based on legibility, organization, and interpretation of the data (pertinent positives and negatives, differential diagnosis, and workup). The patient note score is automatically reduced if you suggest any dangerous action. The DG and the patient note scores are averaged over 10 stations, so if you perform poorly at one test station, you may be able to compensate by performing well at another. The DG and patient note scores are combined to form the final grade of the first component, called the *Integrated Clinical Encounter* (ICE), of the Step 2 CS.

The SP will evaluate your interpersonal/communication skills (IPS) and proficiency in the spoken English language (ENG). These are the second and third components of the Step 2 CS final grade. The IPS



score is based on your interpersonal skills in interviewing (e.g., use of open-ended questions), giving information to the patient (e.g., counseling), how you interact with the patient (rapport), and your attitude during the interaction. The four IPS skills may be rated as unsatisfactory, marginally satisfactory, good, or excellent.

The ENG score is based on your grammar, pronunciation, and how difficult it is for the SP to understand you. The four ratings used for the ENG score are low, medium, high, and very high comprehensibility. An international graduate examinee who has taken the Test of Spoken English (TSE) and scored above 35 most likely will have no difficulty with the CSE ENG score component.

A below-average score on one of the three components of the Step 2 CS will result in a failure. Your overall score (pass or fail) will be reported to you within 8 weeks of your exam date, but delays in grade reporting are expected. Retake examinations are allowed 3 months after a failure.

The Step 2 CS is a multidisciplinary examination balancing the specialties of Internal Medicine, Surgery, Pediatrics, Obstetrics and Gynecology, Psychiatry, and Family Medicine. Expect to see cases in Cardiology, Pulmonary Medicine, Gastroenterology, and Urology (favorite Step 2 CS topics). There is a mix of subacute, acute, and chronic problems. It is given to candidates daily at Clinical Skills Evaluation Centers in Philadelphia, Pennsylvania; Atlanta, Georgia; Los Angeles, California; Chicago, Illinois; and Houston, Texas (September 2005) at a cost of approximately \$1200. A comprehensive orientation manual and videotape providing practical and useful information about the examination are available at the USMLE website.