

CCS versus Reality

The strategy outlined in Chapter 2, Conquering the CCS, provides a focused approach to the medical management component of each case. For the most part, providing actual medical care such as ordering tests and treatments and getting results in the computer simulation is a good approximation of reality. Unfortunately, there are aspects of the exam that are confusing and do not directly relate to medical management or accurately reflect real patient care. For example, having to choose the best location for treatment without being able to see the patient is not very realistic. The exam instructions direct you to behave on the exam exactly as you would in reality, but also present several realistic orders and actions that cannot be carried out in the simulation. Test-takers are often left wondering how close their simulated actions should represent real patient care.

■ HOW REALISTIC IS THE CCS?

You can perform the significant components of medical management (e.g., physical exams, treatments, medications, etc.) just as you would for an actual patient. However, there are many important orders that apply to real patients that may not be practical in the computer simulation. For example, when presented with your virtual patient, you can make an order requesting his or her past medical record. While this constitutes routine patient care in reality, is it necessary or useful on the exam? Unless the history specifically states the patient is making a return visit, you never actually receive a prior medical record on the exam. However, the order is among those the computer recognizes and reflects a level of completeness in patient management.

The computer also recognizes the order “Reassure patient.” In reality, you probably reassure your patients at every visit. On the

exam, you have limited time to complete each case. You don't want to continuously order reassurance for your patient in lieu of providing medical intervention. The computer's recognition of certain detailed orders and its failure to recognize others creates a problem for those striving for an outstanding score and thorough patient management. *The exam is not a perfect simulation, and you must deviate from reality.* Because this is true, the question is, by how much? To what level of reality are you held responsible? The exam instructions do not address these questions specifically, and only offer the suggestion that some detailed orders, such as diet and ambulation, receive little weight unless they are somehow essential to the patient's care. However, ordering appropriate screening tests that are not essential to the patient's acute medical care are accounted for in your overall exam performance. You don't want to be left guessing which orders are important and which are not. You want to manage each patient impeccably, and let those scoring the exam determine what is important.

You can learn to approximate reality best on the exam by becoming familiar with the types of commands the test software will recognize. By learning which orders the computer will accept, you will develop a feel for how closely your management must approximate reality. When a specific situation arises, you can then decide whether to pursue the details, or stick to the main points and move on. The list of orders in Box 4.1 represents a small sample of commands the computer recognizes. Some of these orders were selected because they are easily forgotten. Others are things you may informally mention to a patient in reality, but not actually order in the patient's medical record as you must on the exam. Using these orders when appropriate may add a level of completeness to your patient management.

These examples are provided so you do not overlook certain details when managing your computerized patients. Some are also easy to forget while focusing on more critical tests and treatments during this timed exam. Use the sample CCS cases on the practice CD or USMLE website to experiment with these and similar orders until you get a sense of the things the computer will recognize. For instance, try ordering a pizza just to see how the computer responds.

BOX 4.1**UNUSUAL AND EASILY OVERLOOKED
ORDERS RECOGNIZED BY THE CCS**

Medical record request	Bathe patient
Isolation	Comfort patient
Social work consult	Reassure patient
Restrain patient	Limit caffeine/alcohol
Wound dressing	Sun screen
Bandage wound	Medication compliance
Bathroom privileges	Council (brings up a large list of options)
Child protective services consult	Educate (brings up a large list of options)
NPO	Precautions (brings up a large list of options)
Absence note from school or work	Cane
Treat sex partner	Walker
Home glucose monitoring	Call physician if suicidal
Caution (brings up a large list of options)	Vitamins
Pulse oximetry	Consent for procedure
Advance directive	Transcendental meditation
Living will	
Transfuse blood	

GENERAL TIPS ON ORDERING

Orders are made by clicking the “Order Sheet” tab on the top of the computer screen. This brings up a list of the orders you have made, if any, and allows you to make new orders by selecting the “Order” box at the bottom of the screen. If you select “Order,” a blank order form will appear that allows you to type in your order. After typing, you must click on the “Confirm Order” tab. You can write several orders at once by pressing the enter key after each order. You can then click “Confirm Order” only once instead of after each order. *Doing this will save you the extra time required to reselect the “Order Sheet” tab and wait for the computer to process each order individually.* As you become familiar with making orders, you may discover that many orders can be abbreviated. If you type the first three letters of an order, the computer will either recognize it or give you the option to choose among similarly worded commands. Using the order form this

way allows you to broaden your options. By making a general or abbreviated order, you force the computer to generate a list of orders from which you can choose. You may find an order that is better for your patient than the one you originally intended to use. For example, if you believe your patient needs alcohol counseling, you will get many more related treatment options by typing just “alcohol” or “counseling” than you would by typing the entire command.

Making the computer generate lists produces a frightening number of different orders, some you may not even recognize. Don't worry; this does not imply that patient management will be overly demanding or complex. USMLE test-takers are diverse in their abilities, training, and backgrounds. To accurately assess each test-taker's skill, the exam must be able to accommodate all levels of expertise. Remember, almost all of the cases consist of basic medical problems that can be managed using the routine tests and treatments you are already familiar with.