

Preface

This book provides a review of the USMLE Step 2 CS to help ensure that you pass the first time. There is a wealth of detailed information about the exam including scheduling, eligibility, and other logistical information on the USMLE website (<http://www.usmle.org>). This book is not a recapitulation of the website, and you should still read and understand the information there. To limit your study time and ensure you pass the first time, continue reading. The following is a brief description of each chapter:

Chapter 1—Description of the Step 2 CS provides an overview of the basic exam structure including the format, the types of cases you will likely encounter, and how the test is administered. This chapter is intended to provide a basic outline of the exam. Much more information about the exam structure is available on the USMLE website (www.usmle.org).

Chapter 2—Exam Development discusses the purpose of the exam and how diseases and clinical skills were selected for the test to best fulfill the purpose. By learning how the test was developed you can anticipate the types of cases you can expect to see on the exam and prepare accordingly.

Chapter 3—The Standardized Patient provides a description of standardized patients including how they are trained and how they evaluate you. By understanding these patients you will know how they view you and how you can optimize your interaction with them.

Chapter 4—The Day of the Test provides a picture of the exam day and practical information about getting to the test center, what to bring, and what to wear so you arrive prepared and relaxed.

Chapter 5—Seeing Your Patients provides a detailed discussion about interacting with your patients in the typical case. The typical case is one requiring you to take a history, perform a physical exam, communicate with your patient, and write a patient note. A strategy for the entire encounter including an easy-to-remember plan for each step is provided.

Chapter 6—Atypical Cases addresses those cases that don't follow the typical case format. Such cases need to be approached somewhat differently. Atypical case topics are discussed along with possible approaches to these patients.

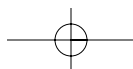
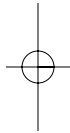
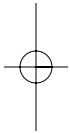


xii • *Blueprints* USMLE Step 2 CS

Chapter 7—Style and Grace discusses several commonly occurring difficult situations that may arise because the exam is a timed simulation with acting that is generally awkward. This chapter provides suggestions for handling the difficult situations gracefully.

Chapter 8—Scoring discusses how your skills will be evaluated. This exam is scored differently than others and understanding the scoring process is essential for superior performance, and it will help streamline your review.

Chapter 9—Practice Cases provides several cases with patient introductions and case objectives similar to those on the actual exam. Sample checklists and patient notes are provided so you can practice and monitor your performance.





Note to Readers

Over the years, testing methods in education have evolved in an attempt to arrive at a format that optimizes a number of variables including reliability, validity, cost, and overall ease of administering medical training exams. In the medical field, where the knowledge and skills of effective practitioners change, the definition of an appropriate exam changes too. Until about 50 years ago, exams in medical education were mostly in oral and essay form. These formats accurately assess an examinee's knowledge, but they are somewhat limited by inconsistent scoring, excessive time to administer, and their inability to cover a broad range of topics.

Because they can be scored consistently and they can cover a lot of material in a short time, multiple-choice exams have become the preferred format. Multiple-choice exams have their own limitations. They have artificial prompts that allow guessing, and they deviate significantly from the way knowledge is applied in most real-world settings. An objective way of assessing clinical skills that combines the strengths of the more traditional exam formats has been sought for years. In the 1970s, the OSCE (Objective Structured Clinical Exam) was born.

The OSCE is an exam where the test-taker goes through a series of stations, each with a standardized clinical task that needs to be completed. An observer at each station has a checklist of predetermined appropriate actions. Scores are assigned based on the number of checks an examinee receives. The exam format is without the artificial prompts of multiple-choice and the checklist, which is hidden from the examinee during the test, provides a level of objectivity. The multitude of stations allows coverage of a sufficient range of material. This exam format has been found effective in a number of settings including dentistry, medicine, and physical therapy. Its strengths and limitations have been thoroughly studied. In 1998, a version of the OSCE called the Clinical Skills Assessment (CSA) was required of foreign medical graduates wishing to practice in the United States. The exam proved to be an accurate assessment of medical knowledge and communication skills. The National Board of Medical Examiners developed an OSCE that is similar to the CSA and it became part of the USMLE Step 2 exam in June of 2004. It is called the USMLE Step 2 Clinical Skills or USMLE Step 2 CS.