

# USMLE Step 2 CS for Japanese Medical Students

**Preparing for Success** 

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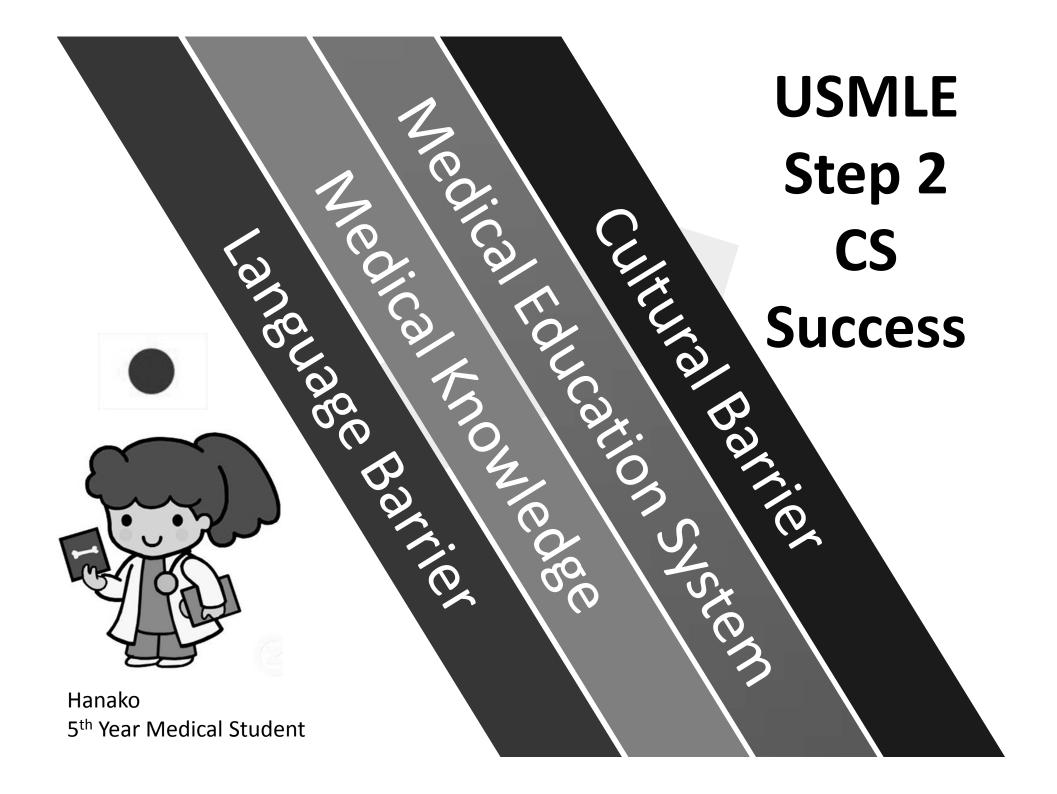


# STEP 2 CS

- The Clinical Skills test focuses on the ability to work with North American patients
- Evaluates clinical interaction skills
- It is not an English language test, but it evaluates the candidates English communication skill
- Pass/Fail examination

# How much does it cost and where do I take it?

- 2013 Costs
  - -Test Fee \$1,440 (¥126,950)
  - -Travel expenses:
    - Flight
    - Accommodation
    - Food, transportation, etc.
- Location:
  - Only in U.S.
  - Test Centers: Atlanta, Chicago, Houston, Los Angeles, Philadelphia



# **Evaluation Components**

ICE

 Integrated Clinical Encounter

CIS

 Communication and Interpersonal Skills

SEP

Spoken English Proficiency



# Integrated Clinical Encounter

### Data gathering:

- History
- Physical examination

#### Patient note:

- Summarizing findings
- -Justified diagnostic impression
- Diagnosis oriented initial work-up



# Communication and Interpersonal Skills

- —Fostering the relationship
- Gathering information
- Providing information
- -Making decisions
- –Supporting emotions



# Communication and Interpersonal Skills

- Questioning skills
  - Clear and precise questions
- Information sharing skills
  - -Explanations
  - Answering questions from the SP
- Professional manner and rapport
  - Empathy and interaction

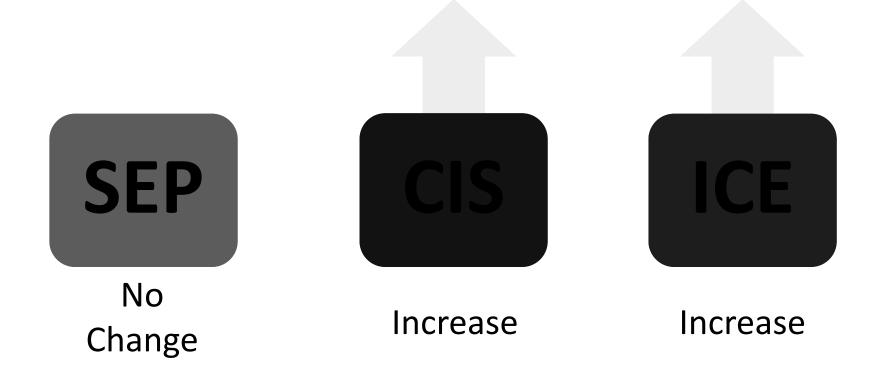


# Spoken English Proficiency

Clarity of communication with patients is evaluated for:

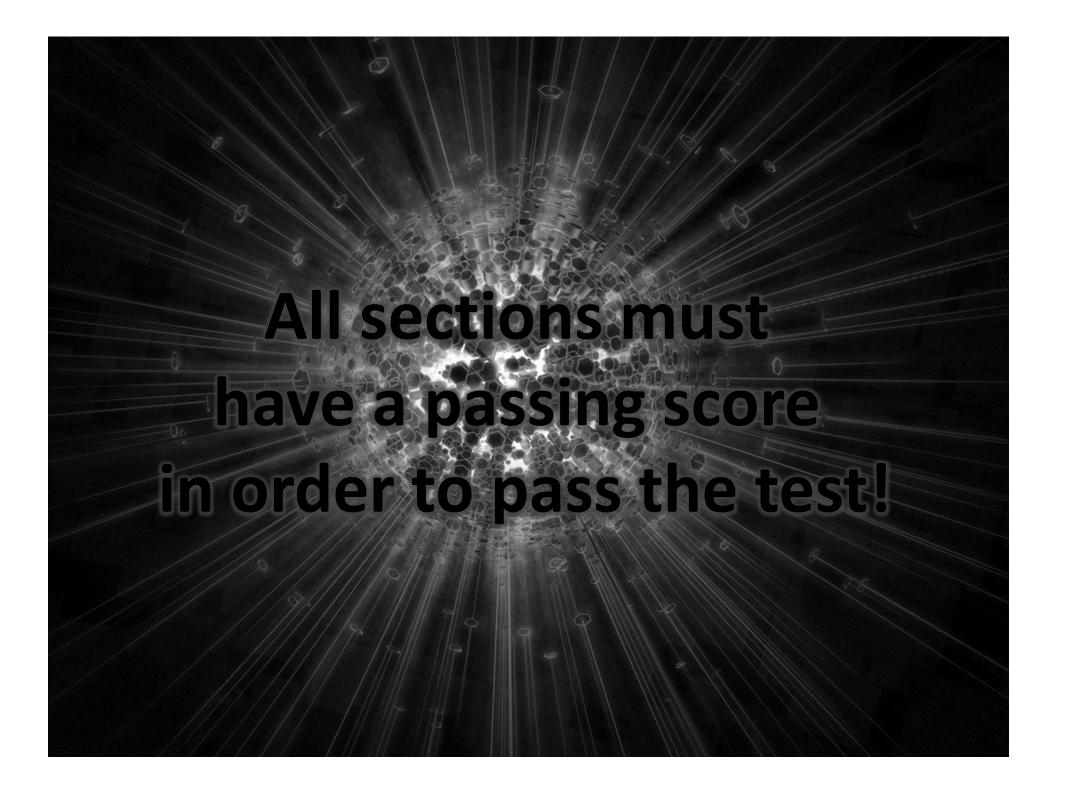
- Pronunciation
- Proper word choice
- Minimizing the necessity to repeat questions or statements

# Pass Requirements from January 1<sup>st</sup>, 2013



"the overall passing rate for examinees from international medical schools will be approximately 18% lower"

USMLE official announcement (December 21st, 2013)



# **USMLE CS Structure**

- 12 Patient Stations
  - -15 min clinical encounter
  - -10 min patient note composition
  - 11 stations are graded and 1 station is for testing future questions
  - -Some may be phone cases
- Each case is based on common presenting complaints in North America

# **Areas Evaluated**

Cardiovascular

Constitutional

Gastrointestinal

Genitourinary

Musculoskeletal

Neurological

Psychiatric

Respiratory

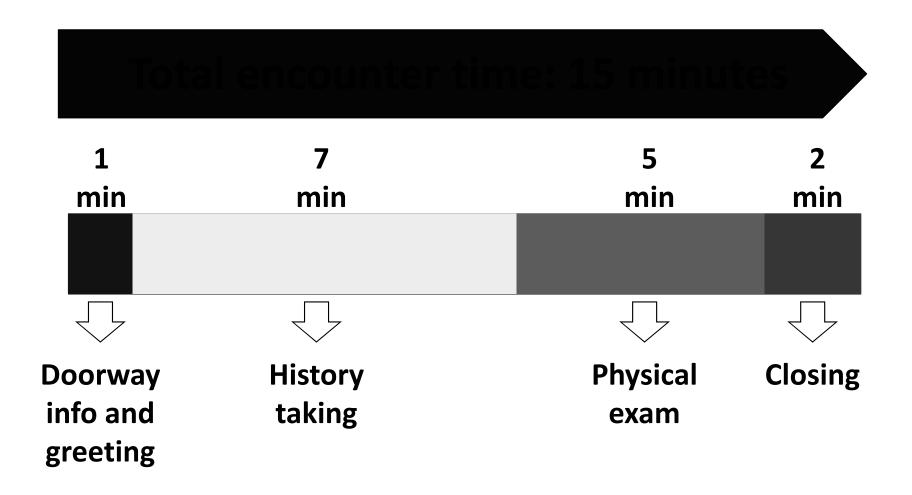
OB/GYN Peds

### **USMLE 2 CS Encounter**

- 1. Chief complaint and vital signs (Initially provided)
- 2. History of present illness
- 3. Past history (Medical and social)
- 4. Physical examination
- 5. Diagnostic impression
- 6. Follow-up plan (labs, imaging)
- 7. Health promotion counseling
- 8. Questions from the patient



# Typical Time Distribution



#### **USMLE CS Clinical Note**

- Done immediately after encounter
- Allotted time is 10 min
- Must be typed using a computer (no paper)
- Must include all relevant positive and negative findings
- Sections:
  - History
  - Physical Exam
  - Data interpretation

#### The Clinical Note

### History

 Describe the history you just obtained from this patient. Include only information relevant (pertinent positives and negatives) to this patient's problem.

#### Physical Examination

 Describe any positive and negative findings relevant to this patient's problems.

### Data Interpretation

 Based on what you learned from the history and physical, list up to 3 diagnoses that might explain this patient's complaint. Justify using positive and negative findings. List initial diagnostic studies.

## Narrative vs. Bullets

HISTORY: Describe the history you just obtained from this patient. Include only information (pertinent positives and negatives) relevant to this patient's problem(s).

Ms. Bingham is a 24 yo woman who complains of worsening sore throat since yesterday morning. She has never had a similar problem in the past. The pain is worse with swallowing; nothing makes it better. There is no SOB or difficulty swallowing. She has fatigue and has had some anorexia since the symptoms began. She has had some fevers but has not taken her temperature. There are no sick contacts at home or at work.

ROS: No chest pain, SOB, abdominal pain, headache

PMHx: none

PSHx: none

FHx: no significant medical issues in the family

SHx: married with 2 children, No ETOH or drugs, monogamous with husband

HISTORY: Describe the history you just obtained from this patient. Include only information (pertinent positives and negatives) relevant to this patient's problem(s).

- 24 yo woman who complains of worsening sore throat since yesterday morning
- never had a similar problem in the past
- worse with swallowing; nothing makes it better
- denies SOB or difficulty swallowing
- fatigue and some anorexia since symptoms began
- subjective fever but has not taken her temperature
- no sick contacts at home or at work

ROS: No chest pain, SOB, abdominal pain, headache

PMHx: none PSHx: none

FHx: no significant medical issues in the family

SHx: married with 2 children, No ETOH or drugs, monogamous with husband



#### **EXAMINEE INSTRUCTIONS – JAMES THOMAS**

#### 1. Opening Scenario

James Thomas, a 28-year-old male has come to the outpatient clinic today due to persistent headache.

#### 2. Vital Signs

Temperature: 97.7°F (36.5°C)

Blood Pressure: 115/78 mm Hg

Heart Rate: 80/min Respirations: 14/min

#### 3. Examinee Tasks

- 1. Obtain a history to this patient's problem
- Perform a relevant physical examination
   (Do not perform a breast, pelvic/genital, corneal reflex or rectal examination).
- 1. Discuss your impressions and any initial plans with the patient.
- 2. After leaving write a clinical note on the computer

CONFIDENTIAL MATERIALS – NOT FOR DISTRIBUTION

# **CS** Tips

- 1. Practice, practice and more practice
- 2. Look for horses not zebras
- 3. Learn to listen and react
- 4. Speak clearly and confidently
- 5. Layman, layman and more layman
- 6. Bullets are faster than words