



American University of the Caribbean
School of Medicine

The United States Medical Licensing Examination® (USMLE) Step 2 Clinical Skills (CS) Exam - FAQs

1. **What is the USMLE Step 2 CS?** It is part of the USMLE Step 2 exam which tests your ability to take medical histories and perform physical exams on standardized patients, your interpersonal skills, and your proficiency in English. USMLE Step 2 CS is the National Board of Medical Examiner®'s (NBME) answer to the public clamor about testing medical students on competency in relating with patients (empathy, body language, etc.).
 - The test is composed of 12 clinical encounters.
 - For each encounter, you have 15 minutes to perform a history and physical and 10 minutes to write a patient note.
 - You will see 5 patients before a 30-minute lunch break followed by 4 patients before a 15-minute break and then 3 patients.

Evaluation of your performance is based on three separate criteria:

- a) **Integrated Clinical Encounter (ICE):** Evaluates your skills at completing a history and physical, as well as your ability to write the aforementioned Subjective, Objective, Assessment, and Plan (SOAP) note. This is scored via checklist by a physician.
 - b) **Communication and Interpersonal Skills (CIS):** Judges your ability to gather information and develop rapport with patients.
 - c) **Spoken English Proficiency (SEP)**
2. **Is USMLE Step 2 CS a requirement for graduation?** Yes, AUC students must pass both parts of the USMLE Step 2 exam (CK and CS) and receive their scores prior to graduation.
 3. **Are there any prerequisites for USMLE Step 2 CS?** While there are no formal prerequisites for taking the USMLE Step 2 CS, we recommend that you complete your five core rotations prior to sitting for the examination as well as take [Becker Professional Education's complimentary live USMLE Step 2 Clinical Skills Assessment \(CSA\)](#) at least six weeks prior to taking USMLE Step 2 CS.
 4. **When should I take USMLE Step 2 CS?** The Educational Commission for Foreign Medical Graduates® (ECFMG) recommends International Medical Graduates (IMGs) participating in the 2017 Main MATCHSM apply in February 2016. To help insure that the results will be available in time to participate in the 2017 Main MATCH, you must take the USMLE Step 2 CS by December 31, 2016 at the latest.

Students should sign up for the [ECFMG Reporter](#) and monitor the ECFMG Website in order to stay up-to-date on important information related to IMGs such as recommended times for registering for examinations.

5. **What are the logistics I need to consider for USMLE Step 2 CS?** You will need to travel to a regional test center in Atlanta, Chicago, Houston, Los Angeles or Philadelphia to take the examination. Even more importantly than with USMLE Step 2 CK, because of limitations in testing locations, you should **register as early as possible** for the USMLE Step 2 CS so that you get the most flexibility with respect to dates and location.
6. **How much does USMLE Step 2 CS cost?** The 2016 fee is \$1,535. Please reference [ECFMG's Fee Page](#) for more information.
7. **What resources should I use in preparing for the exam?**
- 1) [Becker Professional Education's complimentary live USMLE Step 2 Clinical Skills Assessment \(CSA\) Program](#)
 - 2) In-depth review book such as *First Aid for the USMLE Step 2 CS*
 - 3) If you are working with a Clinical Fellow, s/he can be an excellent source of knowledge and tips for preparing for both Step 2 exams

The USMLE Website also has very useful interactive practice materials including [sample patient notes](#).

8. **How is USMLE Step 2 CS graded?** USMLE Step 2 CS is a **pass/fail examination**. You must pass each of the three sections of the exam to pass the entire exam.
9. **How long will it take to receive my USMLE Step 2CS score?** USMLE Step 2 CS scores are not typically reported until **at least a month** after the exam. This is important to note if you have taken a leave of absence to complete the exam. Your score must be reported before your leave of absence expires. Specific time frames based on test dates may be found on [ECFMG's 2015 and 2016 Schedules for Reporting USMLE Step 2 CS Results](#).
10. **Now that I understand better the logistics of scheduling and taking USMLE Step 2 CS, what types of cases might I see on the actual exam?**
- Acute vs. chronic cases
 - Counseling vs. physical exam cases
 - Follow-up lab results
 - Telephone cases
 - Pediatric cases with the child out of the room
11. **Tell me more about the first major section, the ICE?**
- The ICE includes the following components:
- Taking a full history
 - Completing a focused physical exam
 - Post-exam discussion with patient
 - Completing a post-encounter note

Tips for taking the **history** include:

- Focus on the process
- Keep diagnostic possibilities wide open
- Don't focus on an obvious diagnosis early
- Open-ended questions first, second and third. You can be specific later.
- One question at a time
- Get all the concerns on the table early--“Anything else?”
- Ask ALL appropriate attributes of a symptom
- Location
- Other symptoms
- Chronology/Timing
- Alleviating factors
- Things that make it worse
- Experience of the symptom/Quality
- Severity
- Always ask about:
 - Past Medical History
 - Medications
 - Allergies
 - Social History
 - Occupation, Smoking, Alcohol, Drugs, Sex
 - Family History
 - Review of Systems

After you have gathered all the necessary history, explain to the patient that you will be transitioning into the physical exam. Ask the patient if s/he is comfortable with proceeding.

Tips for performing the **physical exam** include:

- This is a focused exam
- Think about your differential before you do your exam
- Wash hands every time
- Technique matters
- Keep your patients modestly draped
- ALWAYS listen with stethoscope on the skin, never ever through clothing
- Vitals will be given, but you may want to repeat them
- No GU/breast/corneal exams—goes in write up—do talk to your patient about these
- There may be abnormalities!
 - May be real or simulated
 - If you observe something abnormal, it is supposed to be that way

Tips for the managing the **post-encounter discussion with the patient** include:

- Don't just leave the room!
- Discuss differential diagnosis with patient
- Discuss your diagnostic plans with patient (GU exam, for example)
- Be prepared for patient questions

- For example, “Am I going to die?” “Did I do something to cause this?”
Don’t let these sidetrack you from your task.

Tips for writing the **post-encounter note** include:

- 10 minutes per note
- Character limit in each area of 950 characters or 15 lines
- Abbreviations must be acceptable to USMLE
- Typing is required
- You will only be handwriting anything if computer glitch
- Post-encounter note
 - History and Physical
 - History: Describe the history you just obtained from this patient. Include only information – pertinent positives and negatives relevant to this patient’s problem(s).
 - Physical examination: describe any positive and negative findings relevant to this patient’s problem(s). Be careful to include only those parts of examination you performed in this encounter.
 - Data Interpretation
 - Based on what you have learned from the history and physical examination, list up to 3 diagnoses that might explain this patient’s complaint(s). List your diagnoses from most to least likely. For some cases, fewer than 3 diagnoses will be appropriate. Then, enter the positive or negative findings from the history and physical examination (if present) that support each diagnosis. Lastly, list initial diagnostic studies (if any) you would order for each listed diagnosis (e.g., restricted physical exam maneuvers, laboratory tests, imaging, ECG, etc.)

12. What should I do if I get a telephone case?

- Treat the encounter as if the patient were in the room
- Take your time
- Ask all your usual questions
- These are usually pediatric cases

13. Tell me more about the second major section, CIS? The CIS focuses on five functions designed to assess a fuller range of competencies:

1. Fostering the relationship
 - Expressed interest in the patient as a person
 - Treated the patient with respect
 - Listened and paid attention to the patient
2. Gathering information
 - Encouraged the patient to tell his/her story
 - Explored the patients reaction to the illness or problem
3. Providing information
 - Provided information related to the working diagnosis
 - Provided information on next steps

4. Making basic decisions
 - Elicited the patient’s perspective on the diagnosis and next steps
 - Finalized plans for the next steps
5. Demonstrating basic supporting emotions
 - Facilitated the expression of an implied or stated emotion or something important to him/her
 - Helped patients with behavior change

The examinee must also demonstrate the following abilities during the CIS:

- Questioning skills – examples include:
 - Use of open-ended questions, transitional statements, facilitating remarks
 - Avoidance of leading or multiple questions, repeat questions unless for clarification, medical terms/jargon unless immediately defined, interruptions when the patient is talking
 - Accurately summarizing information from the patient
- Information-sharing skills – examples include:
 - Acknowledging patient issues/concerns and clearly responding with information
 - Avoidance of medical terms/jargon unless immediately defined
 - Engaging in the teach back process
 - Clearly providing
 - Counseling when appropriate
 - Closure, including statements about what happens next
- Professional manner and rapport – examples include:
 - Asking about expectations, feelings, and concerns of the patient; support systems and impact of illness, with attempts to explore these areas
 - Showing consideration for patient comfort during the physical examination; attention to cleanliness through hand washing or use of gloves
 - Providing opportunity for the patient to express feelings/concerns
 - Encouraging additional questions or discussion
 - Making empathetic remarks concerning patient issues/concerns; patient feels comfortable and respected during the encounter

Other CIS tips include:

- Introduce yourself every time
- Call your patient Ms. or Mr. or ask!
- Ask open-ended questions
- Make transition statements
- Don’t interrupt your patient!
- Don’t use jargon (Say “high blood pressure” not “hypertension”)
- Empathize
- Be culturally sensitive
- Partner with the patient
 - Ask the patient what they think/want to do
 - Ask the patient if they have questions (and answer them)
 - Teach back
 - Explain what you think and want to do

- Make sure your patient is ok with the plan!
- Counsel patient if appropriate
- Don't forget about closure
- Provide hope and a follow-up plan

Helpful Mnemonics for CS Patient Encounters

LIQOR

L – Location
 I – Intensity
 Q – Quality
 O – Onset
 R – Radiation

AAA

A – Aggravating Factors
 A – Alleviating Factors
 A – Associated Factors

PAM

P – Past Medical History
 A – Allergies
 M – Medications

HUGS

H – HITS – Hospitalizations, Injuries, Trauma, Surgeries
 U – Urinary Problems
 G – Gastro-Intestinal Problems
 S – Sleep Problems

FOSS

F – Family History
 O – OB/GYN
 S – Social History
 S – Sexual History