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USMLEHelp

Step 2 CS

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First Edition

USMLEHelp Step 2 CS

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None of the cases listed here are from actual exams – USMLEHelp has constructed them & tested them on their surveyed students, who have given their experiences about their USMLEHelp testing process. Any “experience note” is the experience of our testing protocol, not that of the USMLE organization.

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Welcome to the USMLEHelp Step 2 CS review book. We are sure you will benefit & find this book helpful for you when you study for the Step 2 CS. This exam is marked “easy” by many, however if you are not familiar with Americanisms, it might not be that “easy” for you. We have tried to gear this book for both Americans & foreigners to the country.

This exam is testing your ability to communicate with patients, but also your ability to take a good health history, to sum up the patient’s complaints, & to report them so that everyone can understand what’s going on with the patient.

We occasionally talk about our surveyed students. You will see what they have to say in our

Experience Notes

under various sections. We asked 43 students who took the USMLEHelp Step 2CS simulated examination about their experiences. 38 of them passed the first time around, & 5 of them did not, but those passed on the second try. Our students were foreign IMGs, American graduates, & American IMGs. So, we’ve covered many topics that are beneficial to everyone.

Our book tells you about the exam right at the beginning, so that you know what is high-yield. We want you to be familiar with the test-setup, & not wait until the end of the book to know what you’re up against. Furthermore, we have listed the “reasons for failure” at the beginning as well, not to scare you, but rather to help guide you in doing things correctly.

We wish you the best of luck for the Step 2 CS examination, & would love to hear your experiences! Please visit us on the web at <http://www.usmlehelp.com>!



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Patient note

History – Include significant positive & negatives from history of present illness, past medical history, review of systems, social history & family history

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Write your LIQORAAA & PAM HUGS FOSS on your scratch paper outside the door, so when you go in the room to see your patient, you won't forget to ask those questions!



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Cases: 17 year-old male patient with headache

CC: Gary is a 17 yo m. male patient stating he has a headache.

HPI: This male reports that he was well until 3 days prior when he started to develop an intermittent bilateral headache located frontally, but that radiates to the occipital region. He has no signs of aura & the headache is constant, without pulsation. He wants to participate in the next football game because he is the captain of the football team.

PH: Both parents are healthy. His maternal grandfather died of an MI.

PMH: No previous illnesses. Immunizations are up-to-date. No Hx of recent trauma.

SH: Lives at home with his parents. He does not smoke, no alcohol intake or other drugs.

ROS: Unremarkable

Physical Examination

General: Patient is not in distress, & appears well. Vital signs: HR: 85/min, T: 37°C, R: 12/min, BP: 125/80

HEENT: Conjunctivae & pupillary reflexes normal. ENT was WNL.

Palpation of the neck muscles caused localized pain & tenderness that radiated to the occipital region.

Chest: No wheezing, crackles & breath sounds were normal. Normal heart sounds & rhythm, no evidence of murmurs or rales. Normal S1, S2.

Abdomen: Normal on inspection, soft without tenderness. Bowel sounds normal.

Neuro: Alert, well-oriented x 3. Cranial nerves WNL. Motor 5/5.

BTRs were WNL.

DD:

1. Tension Headache
2. Migraine Headache
3. Cluster Headache
4. Sinus infection with headache
5. Nasal polyp

Diagnostic Workup Plan

1. CBC
2. Electrolytes
3. Cranial x-ray
4. ESR

To most, this note is not that legible.

Perhaps you should try reading it again in better handwriting:

Here are some questions you might want to ask this alcoholic patient:

1. Do you consume alcohol? If so, how much & how often do you drink? If occasional, ask what they mean by that.
2. Ask if they've ever felt the need to **cut down**, feel **annoyed** by the criticism about their drinking, feel **guilty** about drinking, or ever need a drink in the morning to get rid of a hangover (**eyeopener**)?
3. You should ask about support systems, stresses, anxieties which may be leading to the problem
4. Be sure to ask about any symptoms of alcoholic liver disease, any hematemesis, ulcer pain, wasting, gynaecomastia, pigmentations on chest/hands
5. Ask the patient about how alcohol is affecting their relationships at work, with their spouse & kids?
6. Ask if there are any problems with fertility?
7. The most important step is to **counsel this patient**: talk about Alcoholic's anonymous, & Al-non, talk about providing support, Disulfiram/Naltrexone (or "that there are drugs that can help you overcome the initial difficulties:")



Common Questions

When do we drape?

The answer to this question depends mainly on your personality. Some guides will tell you to do this right away, whereas others might leave it open. We feel the best way to know when to do it is by asking the patient! “Would you feel more comfortable with the blanket?” (as you reach for the blanket). Or “Are you cold? Would you like to cover up a little? I know how air conditioning can be – I’ve got so many more layers on than you!”



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Case#. CC: Mr. Rudolph is here for a stuffy nose

Vitals: BP 120/80, Pulse 95, RR 14, Temp 98° F
(36.7° C)

Age: 55 year old male Asian

**What are your
differential diagnoses?**

Tasks:

1. Take a focused history.
2. Perform a focused physical exam (no rectal, genitourinary or female breast exams)
3. Explain your clinical impression & further plans to the patient.
4. Write the patient note after leaving the examining room.

HPI: This patient comes to the office with complaints of a stuffy nose. It started abruptly after he had a late night snack. He has been having this pain (but not as bad as this) for the last 3 weeks.

PMH: He had a stuffy nose as a child

FH: Her father had a stomach ulcer when she was still in school. He has 3 healthy children.

SH: He is a postal worker for over 20 years. Married, non-smoker. Drinks alcohol on the weekends.

PSH: Not significant

**When the doctor palpates
your face, please say
“ow!”**



PE: General appearance: the patient is a well-nourished male who appears pale & ill. He has a reddened nose.

HEENT/Neck: Reddened nose, obvious excoriations, presumably from tissue paper. Increased mucous, erythematous mucous membranes.

Chest/lungs: Some wheezing noted,

Heart/CV: WNL,

Abdomen: WNL,

Extremities: WNL,

Neuro/Psych: WNL

Diagnostic Workup: EGD, EKG, CBC with differential, BMP,

Counsel: Educate family, educate patient, reassurance

DD: Viral infection, sinusitis, Wegener's disease, bacterial infection.

Did you ask if your workup plan was agreeable to the patient?



Complete Patient note for every case! Over 40 cases!

Case: 17 year-old male patient with headache

CC: Gary is a 17 yo w. male patient stating he has a headache.

HPI: This male reports that he was well until 3 days prior when he started to develop an intermittent bilateral headache located frontally, but that radiates to the occipital region. He has no signs of aura, & the headache is constant, without pulsation. He wants to participate in the next football game because he is the captain of the football team.

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4. ESR



Abbreviations

We know that most of you are struggling with the language, & you're probably worried about how you are going to write everything so quickly. We have listed the most common abbreviations you will need for your exam here, in alphabetical order, so you can quickly reference them. This is not a complete list, but this will help you write your note much quicker for the exam.

Again, if you practice using these abbreviations, they will soon become part of your method. Without practicing, these might not be helpful to you, yet harmful. *If you do not feel comfortable using abbreviations, do not use them.* Write the word fully then. No uncommon abbreviations will be accepted at the USMLE exam. Use only abbreviations that are commonly used in the United States.

This might not be a complete list, so please refer to your USMLE hand guide for more.

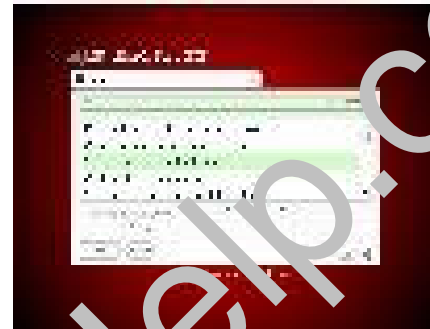
+, &	- And
#	- Number
/	- per (i.e. 3 glasses wine/day)
+	- Positive
x	- Times (Oriented x 3, i.e. oriented to time, self, place)
AA	- African American
alc.	- Alcohol
AXR	- Abdominal X-ray
b.i.d.	- Twice a day
BP	- Blood pressure
BUN	- Blood urea nitrogen
C	- Celsius
CBC	- Complete Blood Count
CBC w/diff	- Complete Blood Count with Differential



Other products we offer:

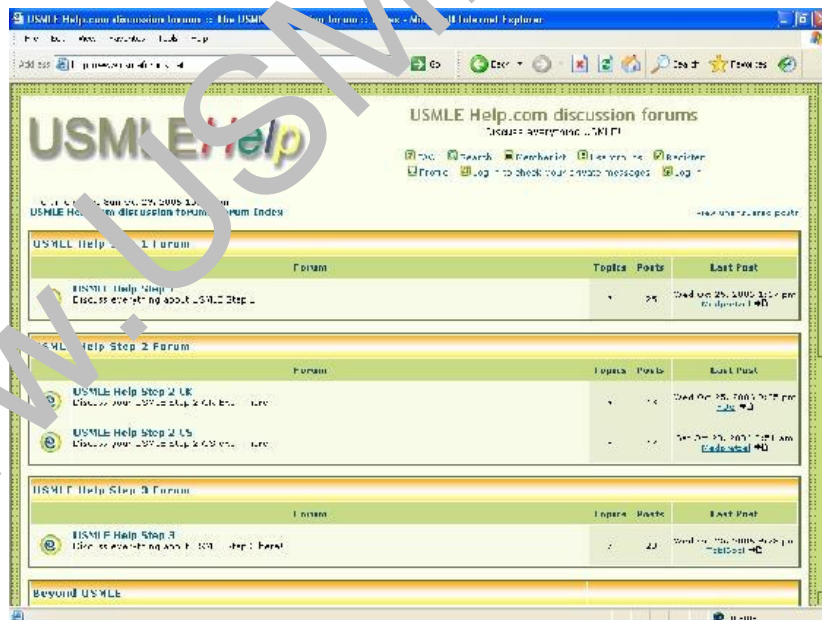


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