

OSCE AS A PREDICTOR OF USMLE STEP 2CS SUCCESS



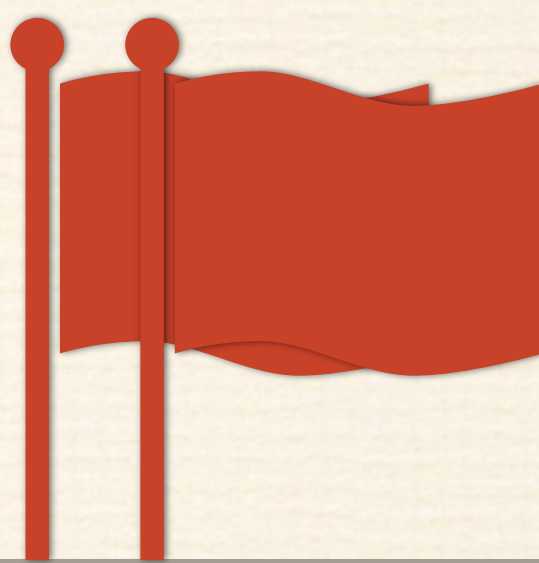
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CURRICULUM TIMELINE

USMLE STEP 1

USMLE STEP 2

CK CS



USMLE STEP 2 CS

STEP 2 assesses the ability of examinees to apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision, and includes emphasis on health promotion and disease prevention.

It ensures that due attention is devoted to the principles of **clinical science and basic patient-centered skills** that provide the foundation for the **safe and effective** practice of medicine.

USMLE STEP 2 CS



USMLE STEP 2CS

Assessment subcomponents:

Communication and Interpersonal Skills (CIS)

Spoken English Proficiency (SEP)

Integrated Clinical Encounter (ICE)

Patient Interview

Physical Examination

Documentation

USMLE STEP 2 CS

12 encounters

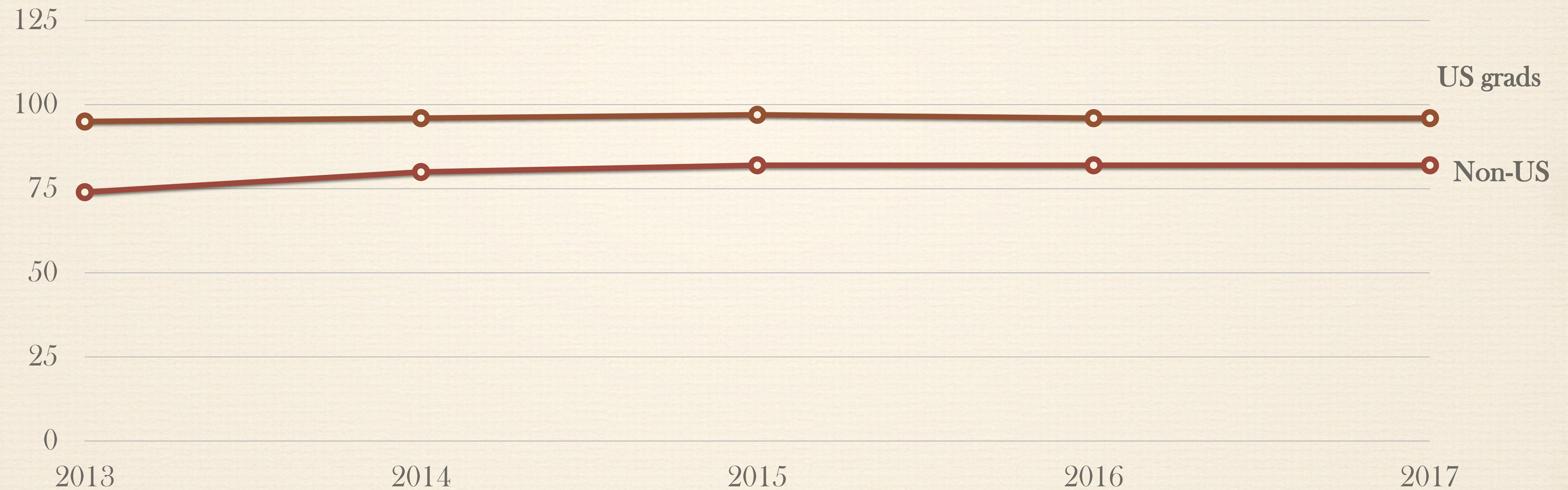
History taking and physical exam

15 min

Patient note writing

10 min

USMLE STEP 2 CS PASSING RATES



OSCE

Objective

Structured

Clinical

Examination

OSCE

PRACTICE

HIGH STAKES



History Taking and Physical Exam:

Cardiovascular

Pulmonary

Musculoskeletal

Nervous

GI

Endocrine

OSCE

Standardized Patient Script -- Case 1: blood in the stool

Age range: 50-60

Gender: Male

Name: John Smith

Affect (including facial expression): concerned and tired

CHIEF COMPLAINT: "I have been seeing blood in my stool"

HISTORY OF PRESENT ILLNESS

- You started to see blood mixed in with your stool about a month ago, and you see it with every bowel movement.
- The blood is bright red, but you do not experience any pain with defecation.
- You typically have solid stools, but you have been experiencing diarrhea for the past few days.
- You sometimes experience cramping and an urgency to go.
- You have had diarrhea 3 times a day since it started.
- You have been feeling more tired lately, and have lost about 10 pounds over the past 6 months.
- Your diet has not changed, and you describe yourself as a "steak and potatoes guy."
- You have tried taking Imodium to ease the diarrhea, which has not worked.
- You haven't noticed anything that makes it worse.
- Besides fatigue, you have no other symptoms.

PAST MEDICAL HISTORY

- Allergies: none
- Medications:
 - Tylenol occasionally for joint pain
- Medical history:
 - No chronic conditions
 - History of hemorrhoids
 - You used to smoke, but you quit 20 years ago.
 - You drink occasionally, a few beers on the weekends
 - Have not had a colonoscopy
- Surgical history:
 - Hemorrhoid resection 6 years ago

SOCIAL HISTORY

- You work as a mechanic and you are happily married with 3 kids. Your wife works in a bank.
- Your oldest child lives nearby, and the other two are off at college.
- You enjoy fishing, and camping during the summer.
- You like to go on walks with your wife after work, but you haven't been going lately because you feel tired. The fatigue has also started to affect you at work.
- Your family is planning a big camping trip in a couple weeks and you want to get this figured out before you go.

Enhanced Progress Note Grading Form

Case #1 – hematochezia

History

History of Present Illness/Chief Complaint: (9 points)

- ☐ 56 year old male
- ☐ CC: "blood in my stool"
- ☐ timing: 1 month, with every BM
- ☐ bright red blood
- ☐ no pain with defecation or abdominal pain
- ☐ 3 day hx of cramping and diarrhea
- ☐ Imodium not helpful
- ☐ associated sx: fatigue, 10 lb weight loss in 6 mo
- ☐ steak and potatoes diet
- ☐ no hx of colonoscopy

Past Medical History: (1 points)

- ☐ no chronic conditions
- ☐ hemorrhoidectomy 6 years ago

Social History: (3 points)

- ☐ Tobacco: quit smoking 20 years ago
- ☐ Alcohol: 2-3 beers per week
- ☐ Drugs: no drug use

Family History: (2 points)

- ☐ brother: IBD
- ☐ father: colon cancer at age 85

Medications/allergies: (2 points)

- ☐ Medications: Tylenol PRN for joint pain
- ☐ Allergies: NKDA

Physical

Vital Signs/General: (1 point)

- ☐ BP =122/75, RR = 16, P = 85, T = 98.4

Physical: (4 points)

- ☐ Lungs: CTAB
- ☐ CV: RRR, no murmurs
- ☐ Abdomen: soft, tender in lower quadrants, nondistended, BS normoactive, no masses or organomegaly
- ☐ Rectal: positive occult blood, stool is dark brown, no masses, skin tags present from previous hemorrhoids, no tenderness

Differential/Workup and Management

Differential Diagnosis 1: (3 points)

- ☐ Diagnosis: internal hemorrhoids
- ☐ History (any one): bright red blood, hx of hemorrhoids, low fiber diet
- ☐ Physical findings (any one): + occult blood, skin tags present
- ☐ Listed as first diagnosis (bonus point)

Differential Diagnosis 2 or 3: (3 points)

- ☐ Diagnosis: colorectal cancer
- ☐ History (any one): age, weight loss, family hx, steak and potatoes diet
- ☐ Physical findings (any one): lower quadrant tenderness, + occult blood

Differential Diagnosis 2 or 3: (3 points)

- ☐ Diagnosis: diverticulitis or IBD or gastroenteritis
- ☐ History (any one): diarrhea, changes in BMs, abdominal cramping
- ☐ Physical findings: lower quadrant tenderness

Workup/Management: (6 points)

- ☐ schedule colonoscopy
- ☐ CBC
- ☐ CMP
- ☐ follow up in 3-6 months
- ☐ dietary adjustment
- ☐ stool studies

Style/Format

Style/Format: (2 points)

- ☐ Appropriately concise opening statement
- ☐ Organized (maybe some headers)

Score: total points ____ /40

Points to Pass: 30

Comments: _____
