

Keys to Success for Step 2 CS

Reasons for poor performance on Step 2 CS

- **Time management**
 - Nervous, anxious, and taking too long to perform tasks
 - Unable to take a focused history and perform a focused physical examination in 15 minutes
 - Not being focused during history taking and physical examination
 - Focused means focused - no reason to be too thorough
- **Overconfidence**
 - Speaking English fluently does not guarantee a good score.
 - Many students scoring > 90th percentile on Steps 1 and 2 have failed CS.
 - Test assesses communication skills, how one collects and digests information to reach a diagnosis, and writing proficiency.
 - Failure is usually due to poor English, poor communication skills, or poor note writing.

Tips for success on Step 2 CS

- **Examination preparation**
 - Study the most common chief complaints in the United States and their differential diagnoses.
 - You have only 7-8 minutes to take a good history; the rest of the time is for the physical examination.
- **Time management**
 - Try to be halfway through the physical examination when the announcement that 5 minutes are left is made.
 - Be sure to collect data as 80% of students fail due to poor data gathering.
 - The first patient may be the most difficult, but make the best use of your time without leaving early or rushing the patient.
 - Be efficient in history taking and allow time to cover all sections.
- **Introduction**
 - Review vital signs and patient information on the door.
 - Remember to knock on door.
 - Always address the patient by name before introducing yourself.
 - **Poor:** "Hi, my name is Dr. _____. How are you doing today? What brings you here?"
 - **Good:** "Hello Mr./Ms. _____(patient's last name). I am (student) Dr. _____(your last name). What brings you in today?"

- While washing your hands, continue the conversation and maintain eye contact with the patient.
- Shake the patient's hand and smile showing your teeth.
- **History taking**
 - Keep as close as possible to the chief complaint and history.
 - Use broad, open-ended questions such as “Have you had any problems with your heart before?”
 - The SP is usually anxious to answer the question and will tell you the important information.
 - Expect common chief complaints and make a mental note of what to ask.
- **Bedside manner/communication**
 - Be polite and smile, even if the patient is being difficult.
 - Use common sense to communicate effectively rather than talk too much.
 - If patient is in pain, don't begin interrogating immediately. Ask if he/she can answer a few questions to help you figure out what is going on.
 - Try not to have lengthy pauses during the interview or examination.
 - Difficult patients may not answer your questions politely (by design)
 - Be professional and maintain your composure.
 - Remember that they have been told to act that way and try to figure out the reasons for their behavior.
 - “Mr. _____, you seem to be angry. Could you please tell me what’s wrong so that I can help you?”
 - Remember that confidence is the key to success.
- **Physical examination**
 - Always wash your hands before doing an examination.
 - Focus the physical examination on the chief complaint and differential diagnosis.
 - Drape the patient appropriately.
 - Explain what you are going to do before performing the examination.
 - “I am going to listen to your heart now with my stethoscope on your chest.”
 - Help move the patient from one position to another.
 - Always ask the patient to untie his/her gown and then help tie it at the end of the examination.
- **Closing the interview**
 - Sit on the stool after completing the examination to summarize your findings and the plan.
 - Discuss your possible diagnoses (don't panic if there is only one).
 - Do not say that you know the diagnosis.
 - Explain that you may have to do more testing to confirm the possible diagnoses.
 - Tell the patient that you would like to meet again once tests are done to discuss the results and a plan.
 - Offer counseling and ask if the patient has any questions.

- Standard patients almost always have questions, so don't avoid them.
- Be prepared to answer challenging questions.
 - "Is this a heart attack?"
 - Your response: "It really doesn't look like an episode of a heart attack because the pain is chronic, postural, and increased by breathing. I can't rule out the possibility completely, so I'm going to do some investigating and will get back to you."
- Make sure that the patient understands your plan.
- **Writing the note**
 - Memorize the patient note format and practice writing notes on various cases before the examination.
 - You can use standard abbreviations.
 - Remember that you have spent a lot of time, money, and effort on the examination, so there is much at stake.