Strategies for Step 2 CS

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How Am I Evaluated?

• Communication and Interpersonal Skills (CIS)
  » Interpersonal skills such as eye contact, active listening, showing empathy and the wrap-up portion of the exam

• Spoken English Proficiency (SEP)
  » Pronunciation, word-choice and minimizing the need to repeat questions or statements

• Integrated Clinical Encounter (ICE)
  » History and physical exam as well as diagnostic impressions, justification of the potential diagnoses and initial patient diagnostic studies
Common Issues Students Face

• Running out of time in the encounter
  » Only 15 minutes in the room with the patient and 10 minutes outside of the room to write your note

• No “game plan” for tackling each encounter
  » Students see the chief complaint and walk in without thinking about the possible differential diagnoses

• Failing to hit every portion of the history and/or physical exam

• Poor reviews from SPs on interpersonal skills

• Lack of documentation
  » If you do not document it, it did not happen
Managing Time in the Room

• 5-7 minutes in order to get the full history
  » Spend more time on the HPI than anything else but be sure to ask questions regarding the other parts of the history

• 3-5 minutes to do a brief physical exam
  » At a minimum you should do the physical exam that pertains to the chief complaint (i.e., a heart and lung exam for chest pain)
  » As time permits do your “routine outpatient exam”

• 3-5 minutes to wrap up the encounter with the patient
  » Go over initial diagnostic impression and what you want to do to work the patient up
  » Ask “do you have any questions or concerns?”
  » Almost all standardized patients have a “difficult question” for you to answer
The Game Plan

- Before entering the room create a brief template, including:
  - All portions of the history (HPI, past medical history, family history and social history)
  - A section for documentation of your physical exam findings (can also be used as a place to remind you to do a physical exam)
  - A space for differential diagnoses
- Once you see the chief complaint, write down the top 3-5 most common/don’t miss problems for that chief complaint
  - Example: Chest pain (ACS, PE, GERD, pneumothorax, aortic dissection)
- Can also serve as a template for your documentation
Sample Game Plan

CC: Chest pain

HPI: OPQRST/A

Med Hx: Problems
Medications
Surgeries
Allergies

Fam Hx:

Soc Hx: W/ whom do you live?
Occupation
+/- Sex hx
Tob
ETOH
Drugs

Box: ACS, PE, GERD, pneumothorax
aortic dissection

PE: Vitals

Gen:
HEENT:
Heart:
Lungs:
Abd:
Extremities:
Neuro:
Dos and Don’ts

• Do:
  » Make a game plan before you go in the room
  » Think about your differential for the chief complaint
    • You can always add/subtract diagnoses as the encounter goes along
  » Document everything you did in the room

• Don’t:
  » Try to be perfect (time is limited in this exam)
    • Example: It does not matter if you get every detail of the HPI if you get none of the medical, family or social histories
  » Forget about the patient wrap-up (this is where you get the majority of your CIS points)