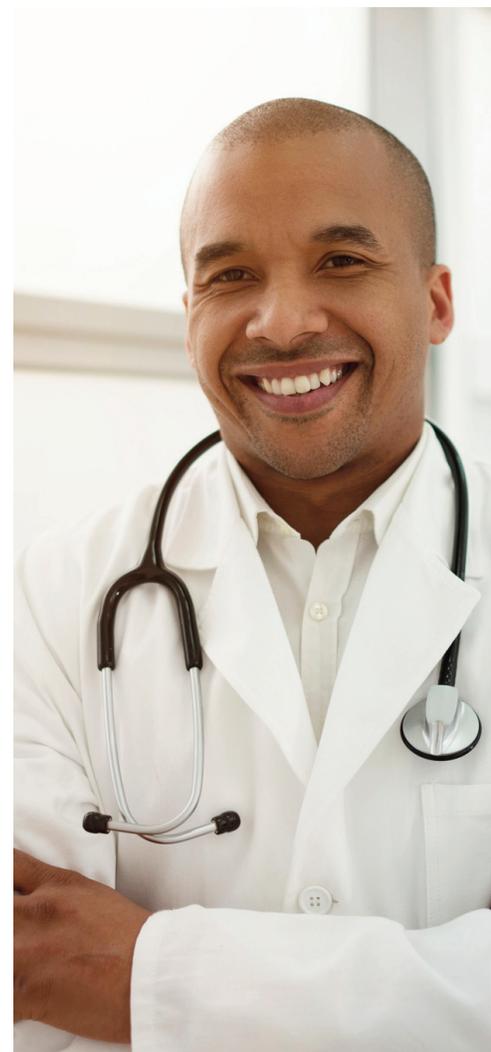


Step 2 Clinical Knowledge (CK)



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Introduction

This booklet is intended to help you prepare for the Step 2 Clinical Knowledge (Step 2 CK) component of the United States Medical Licensing Examination® (USMLE®).

The information in this booklet, sample test materials and tutorials, and other informational materials are available on the USMLE website (<http://www.usmle.org>).

In addition to the information in this booklet, you should review relevant sections that appear in the USMLE *Bulletin of Information*.

Sample test materials are available on the USMLE website, in downloadable computer format, with tutorials, and as sample items in a booklet. You **must** run the tutorial and sample items to become familiar with the test software prior to your test date. The tutorial provided at the beginning of the Step 2 CK examination has fewer screens and less detailed information than the tutorial available in the Step 2 practice materials on the USMLE website.

In addition, the practice materials on the USMLE website include items with associated audio or video findings, a sequential item set, and an abstract item set (a summary of an experiment or clinical investigation, accompanied by two or more questions). Before your test date, you should become familiar with all item formats that may be used in the actual examination.

Please monitor the USMLE website (<http://www.usmle.org>) announcements section to check for changes in the test delivery software and to access updated practice materials. You must obtain the most recent information before taking any USMLE examination.

Examination Format

Step 2 CK consists of multiple-choice questions prepared by test material development committees composed of prominent faculty members, teachers, investigators, and clinicians with recognized expertise in their respective fields. Committee members are selected to provide broad representation from the academic, practice, and licensing communities across the United States and Canada.

Step 2 CK is a one-day examination. It is divided into eight 60-minute blocks and administered in one 9-hour testing session. The number of questions per block on a given examination form will vary but will not exceed 40. The total number of items on the overall examination form will not exceed 318.

There is also a minimum allotment of 45 minutes of break time and a 15-minute optional tutorial. The amount of time available for breaks may be increased by finishing a block of test items or the optional tutorial before the allotted time expires.

Purpose and Design of the Examination

Step 2 CK assesses an examinee's ability 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. Step 2 CK ensures that due attention is devoted to principles of clinical sciences and basic patient-centered skills that provide the foundation for the safe and competent practice of medicine under supervision.

Test questions focus on the principles of clinical science that are deemed important for the practice of medicine under supervision in postgraduate training.

Content Description

The content description that follows is not intended as a curriculum development or study guide. It provides a flexible structure for test construction that can readily accommodate new topics, emerging content domains, and shifts in emphasis. The categorizations and content coverage are subject to change. Broadly based learning that establishes a strong general understanding of concepts and principles in the basic sciences is the best preparation for the examination.

Content Outline

All USMLE examinations are constructed from an integrated content outline, available on the USMLE website (<http://www.usmle.org/pdfs/usmlecontentoutline.pdf>), which lists content organized according to general principles and individual organ systems. Test questions are classified into one of 18 major categories, depending on whether they focus on concepts and principles that are applicable across organ systems or within individual organ systems.

Sections focusing on individual organ systems are subdivided according to normal and abnormal processes, including principles of therapy.

While not all topics listed in the content outline are included in every USMLE examination, overall content coverage is comparable in the various examination forms that will be administered to different examinees for each Step.

Most organ systems are subdivided into normal and abnormal processes, and include subcategories of specific disease processes. In most instances, knowledge of normal processes is evaluated in the context of a disease process or specific pathology. See Tables 1 and 2 (pages 5 and 6).

Table 1. Step 2 CK Test Specifications: Systems and Processes*

System	Range
General Principles of Foundational Science**	1% – 3%
Immune System Blood & Lymphoreticular Systems Behavioral Health Nervous System & Special Senses Skin & Subcutaneous Tissue Musculoskeletal System Cardiovascular System Respiratory System Gastrointestinal System Renal & Urinary Systems Pregnancy, Childbirth, & the Puerperium Female Reproductive System & Breast Male Reproductive System Endocrine System Multisystem Processes & Disorders	85% – 95%
Biostatistics & Epidemiology/Population Health Interpretation of the Medical Literature	1% – 5%

*Percentages are subject to change at any time. See the USMLE website (<http://www.usmle.org>) for the most up-to-date information.

**The General Principles category for the Step 2 CK examination includes test items concerning normal processes not limited to specific organ systems. These test items are typically related to normal development. Categories for individual organ systems include test items concerning those normal and abnormal processes that are system-specific.

Physician Tasks/Competencies

An additional organizing construct for Step 2 CK design is physician tasks and competencies, as shown in Table 2. More information about the physician tasks and competencies outline is available on the USMLE website (<http://www.usmle.org/pdfs/tcom.pdf>).

Items are constructed to focus on assessing one of the competencies listed below.

Table 2. Step 2 CK Test Specifications: Physician Tasks/Competencies

Competency	Range
Medical Knowledge/Scientific Concepts	10% – 15%
Patient Care: Diagnosis <ul style="list-style-type: none">• History/Physical Examination• Laboratory/Diagnostic Studies• Diagnosis• Prognosis/Outcome	40% – 50%
Patient Care: Management <ul style="list-style-type: none">• Health Maintenance/Disease Prevention• Pharmacotherapy• Clinical Interventions• Mixed Management• Surveillance for Disease Recurrence	30% – 35%
Professionalism Systems-based Practice/Patient Safety Practice-based Learning	3% – 7%

Step 2 Clinical Knowledge MCQ Content and Competency Examples

Examples of MCQ items focused on each of the competencies and a sampling of topics from different areas of the content outline are shown below.

Competency: Medical Knowledge/Scientific Concepts: Applying foundational science concepts **Content Area: Cardiovascular System**

A 55-year-old man has had crushing substernal chest pain on exertion over the past 6 weeks. He had a myocardial infarction 2 months ago. He takes nitroglycerin as needed and one aspirin daily. He has smoked two packs of cigarettes daily for 30 years. Examination shows normal heart sounds and no carotid or femoral bruits. Treatment with a β -adrenergic blocking agent is most likely to improve his symptoms due to which of the following mechanisms?

- (A) Decreasing myocardial contractility
- (B) Dilating the coronary arteries
- (C) Peripheral vasodilation
- (D) Preventing fibrin and platelet plugs

Answer: A

Competency: Patient Care: Diagnosis: Laboratory and diagnostic studies **Content Area: Behavioral Health**

A 17-year-old girl comes to the physician for an examination prior to entering college. She reports that she feels well but is nervous about leaving home for the first time. She states that she has tried to diet to improve her appearance but that food restriction often "backfires" because she becomes hungry and then engages in episodes of binge eating. She reports a loss of control during these episodes, saying "It's like I stop thinking at all and before I know it, I have eaten two pizzas." She induces vomiting several times during each binge and has developed a pattern of bingeing and purging every evening. She has no history of serious illness and takes no medications. She is 165 cm (5 ft 5 in) tall and weighs 57 kg (125 lb); BMI is 21 kg/m². Vital signs are within normal limits. Physical examination shows dry mucous membranes, erosion of enamel on the lingual surface of the front teeth, and hypertrophy of the parotid gland. Serum studies are most likely to show which of the following sets of findings in this patient?

- | | Potassium | Bicarbonate |
|-----|------------------|--------------------|
| (A) | Decreased | decreased |
| (B) | Decreased | increased |
| (C) | Increased | decreased |
| (D) | Increased | increased |
| (E) | Normal | decreased |
| (F) | Normal | increased |

Answer: B

Competency: Patient Care: Diagnosis
Content Area: Musculoskeletal System

A hospitalized 57-year-old man has had severe progressive pain in his left knee since awakening 2 hours ago. He was admitted to the hospital 2 days ago for an acute myocardial infarction. Cardiac catheterization showed occlusion of the left anterior descending artery, and he underwent placement of a stent. Current medications include aspirin, metoprolol, lisinopril, simvastatin, clopidogrel, and heparin. Vital signs are within normal limits. Examination of the knee shows a large effusion. The knee is hot to touch and erythematous. He holds the knee in 30 degrees of flexion; the pain is exacerbated with further flexion or extension. Laboratory studies show:

Hematocrit	40%
Leukocyte count	13,000/mm ³
Serum	
Ca ²⁺	9.2 mg/dL
Urea nitrogen	15 mg/dL
Creatinine	1.0 mg/dL
Albumin	3.6 g/dL

An x-ray of the left knee shows calcification of the synovium. Which of the following is the most likely diagnosis?

- (A) Deep venous thrombosis
- (B) Gonorrhea
- (C) Gout
- (D) Hemarthrosis
- (E) Pseudogout
- (F) Septic arthritis

Answer: E

Competency: Patient Care: Management: Clinical interventions
Content Area: Female Reproductive System & Breast

A previously healthy 27-year-old nulligravid woman comes to the emergency department because of a 2-day history of moderate-to-severe pain and swelling of the left labia. She is sexually active and uses condoms inconsistently. Her temperature is 37.2°C (99°F), pulse is 92/min, respirations are 18/min, and blood pressure is 115/75 mm Hg. Pelvic examination shows a 4 x 3-cm, tender, fluctuant mass medial to the left labium majus compromising the introital opening. Which of the following is the most appropriate next step in management?

- (A) Administration of intravenous metronidazole
- (B) Administration of intravenous penicillin G
- (C) Ultrasound-guided needle aspiration of the mass
- (D) Incision and drainage
- (E) Vulvectomy

Answer: D

Competency: Practice-based Learning
Content Area: Biostatistics

A cohort study is conducted to compare the incidence of adverse effects of a recently approved antihypertensive pharmacotherapy with that of conventional therapy. A total of 20,000 patients are enrolled. Twelve thousand are prescribed the recently approved therapy, and 8,000 are prescribed conventional therapy. Patients in the study and control groups are matched for baseline blood pressure, age, and gender. Data are collected from the records of the patients' ongoing clinical care. Results show that those receiving the newly approved treatment have twice the incidence of fatigue compared with those receiving the conventional treatment. The results are statistically significant ($p=0.01$). Which of the following potential flaws is most likely to invalidate this study?

- (A) Publication bias
- (B) Selection bias
- (C) Type I error
- (D) Type II error

Answer: B

Competency: Professionalism
Content Area: Social Sciences

Three days after hospitalization for diabetic ketoacidosis, an 87-year-old woman refuses insulin injections. She says that her medical condition has declined so much that she no longer wishes to go on living; she is nearly blind and will likely require bilateral leg amputations. She reports that she has always been an active person and does not see how her life will be of value anymore. She has no family and most of her friends are sick or deceased. On mental status examination, she is alert and cooperative. She accurately describes her medical history and understands the consequences of refusing insulin. There is no evidence of depression. She dismisses any attempts by the physician to change her mind, saying that the physician is too young to understand her situation. She says, "I know I will die, and this is what I want." Which of the following is the most appropriate next step in management?

- (A) Discharge the patient after she has signed an "against medical advice" form
- (B) Seek a court order to appoint a legal guardian
- (C) Offer insulin but allow the patient to refuse it
- (D) Admit to the psychiatric unit
- (E) Administer insulin against the patient's wishes

Answer: C