The United States Medical Licensing Examination® (USMLE®) Step 3 is a key byway for early residents, who typically take the exam during the first year of the graduate medical education training.

When juxtaposed with the USMLE Step 1 and Step 2 exams, Step 3 is a more comprehensive exam and tests more in-depth clinical knowledge and decision-making. Because Step 3 covers the core disciplines, it is recommended that you take this exam while your knowledge of these core areas is still fresh. This is especially true for those in more specialized residencies.

Over the years, the AMA has run dozens of example questions from Kaplan Medical. If you’re preparing for the United States Medical Licensing Examination® (USMLE®) Step 3 exam, you might want to know which questions are most often missed by test-prep takers. We’ve compiled five of our most popular Step 3 cases from Kaplan Medical involving senior patients. Each question comes with an expert explanation of the answer. You can check out all posts in this series.

The AMA selected Kaplan as a preferred provider to support you in reaching your goal of passing the USMLE® or COMLEX-USA®. AMA members can save 30% on access to additional study resources, such as Kaplan’s Qbank and High-yield courses. Learn more.

Think you can answer these popular questions? Find out now.

**Which test for epigastric pain?**

A 36-year-old man comes to see you with recurrent epigastric pain after treatment for multiple duodenal ulcers, for which he was treated with a PPI, amoxicillin, and clarithromycin. Follow-up stool antigen showed no evidence of active *Helicobacter pylori* infection. Today’s endoscopy shows three ulcers in the third and fourth portions of the
duodenum near the ligament of Treitz. The ulcers are 2 cm in size. Serum gastrin level is elevated, and it does not drop after the administration of IV secretin. Which would be the most appropriate test for this patient?

**What’s next to treat a 58-year-old’s chest pain?**
A 58-year-old woman comes to the emergency department with chest pain that has been going on for 30 minutes. She has a history of coronary artery disease (CAD) and underwent coronary angiography with angioplasty and stent placement the previous year. The pain is on the left side of her sternum. It does not alter in quality or intensity when she moves in bed to change position or with breathing. Her current medications are aspirin, metoprolol, lisinopril, clopidogrel and atorvastatin. What should be done?

**A college student with right lower quadrant pain.**
A 22-year-old college student comes to the emergency department with severe right lower quadrant pain. She says the pain started about six hours ago and has progressively worsened. She has no significant medical problems and her only medication is oral contraceptive pills. She is sexually active with one partner, her boyfriend. Her last menstrual period was two weeks ago. What could be the cause of her symptoms?

**What are the next steps to manage leg pain?**
A 79-year-old man with a medical history of colon cancer presents to the emergency department because of right leg pain below the knee for the past four hours. He has never had pain like this before and rates the pain as nine out of 10 in intensity below the knee. The patient denies shortness of breath. Physical examination is significant for absent dorsalis pedis and posterior tibial pulses in the right lower extremity. What should be done.

**What are your treatment options for managing a patient with high LDL?**
A 59-year-old man in generally good health presents for his yearly health exam. He has no complaints. His family history is significant for acute myocardial infarction, of which his father died at age 38, and angina, which his brother has. He does not smoke and drinks alcohol socially. His blood pressure is 129/84 mm Hg. The remainder of the physical

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examination is unremarkable. Which of the following is the most appropriate next step in management of this patient?

Balancing rotations, Step 3 prep

Finding time to study for Step 3 in the midst of a busy year of residency training can be tough. Get advice on how to do it from three physicians who have done so successfully.