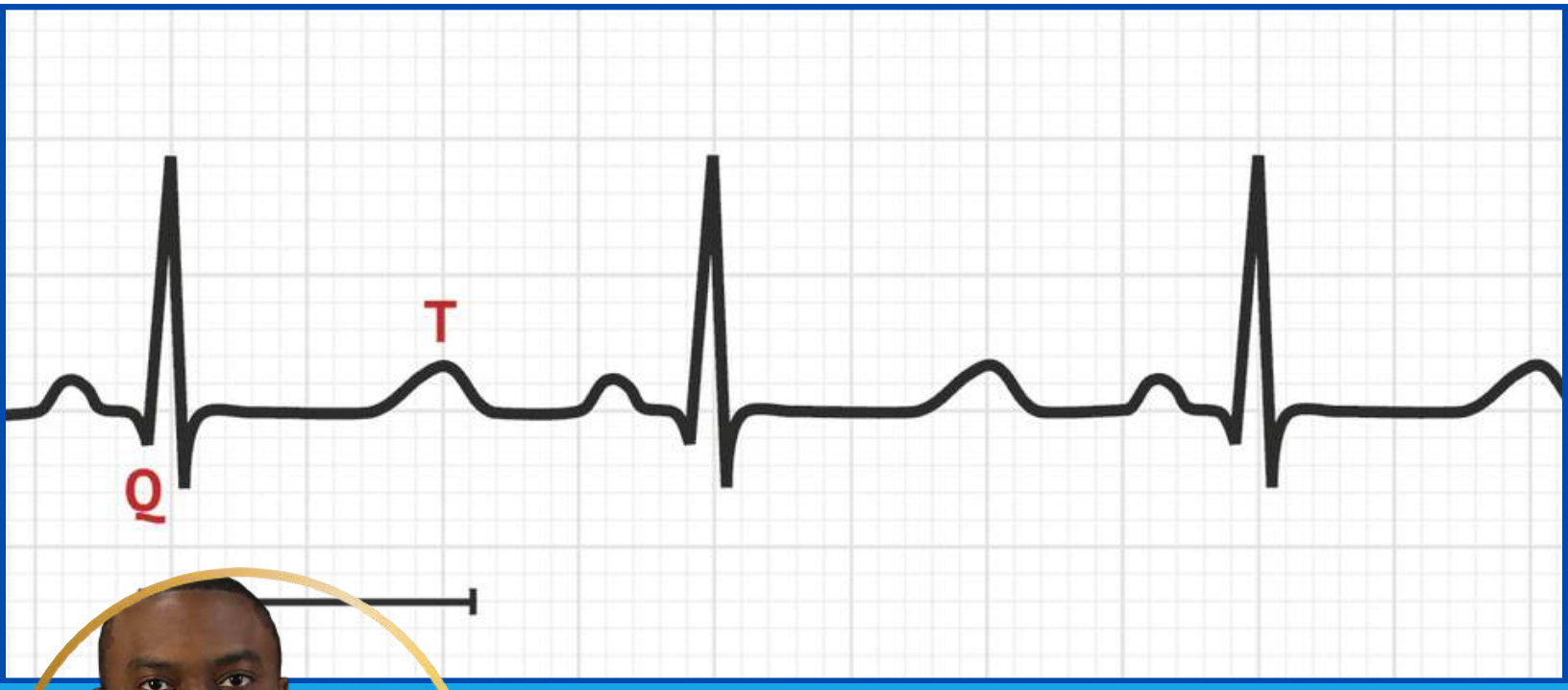
USMLE MASTERCLASS BOOTCAMP WORKBOOK



USMLE HIGH-YIELD REVIEW FOR STEP 1, 2CK & 3

SMASHUSMLE REVIEWS
TRAINING YOU TO BECOME A BETTER PHYSICIAN

DR. ADELEKE ADESINA, DO, FAAEM

About This eBook

Are you ready to tackle the CBSE, CCSE or USMLE exam? For first-timers, the USMLE exam is regarded as the most difficult test on the planet. The vast amount of knowledge you are expected to know is breathtaking.

We at SmashUSMLE Reviews have decoded the USMLE, and this eBook will serve as the ultimate guide to give you the underground secret blueprint of how to answer any USMLE question without stress or anxiety.

USMLE questions are notoriously challenging, requiring advanced multi-step reasoning to answer successfully. To pass the exam, it is essential to adopt a systematic approach to thinking.

This eBook will guide you through the USMLE questions from Smashusmle Qbank with a focused strategy, offering both subject-specific preparation and techniques to maintain composure when facing difficult or unfamiliar questions.

Warning: What you are about to learn can create some new neuronal pathways in your brain on how to tackle the USMLE, and the effects cannot be undone.

With these questions you will....

- Be able to solve any USMLE question with confidence.
- Analyze and predict what NBME questions writers are asking with better accuracy.
- Familiarize yourself with skills necessary to handle a 8-9 hour USMLE marathon exam
- Smile and enjoy studying medicine again.
- Pass your CBSE and USMLE the first time around.

About Dr. Adeleke Adesina, DO, FAAEM

Dr. Adesina graduated Summa Cum Laude with a degree in Biochemistry and General Biology from Bloomfield College. He earned his Doctorate from Rowan School of Osteopathic Medicine in 2012, where he also served on the Admissions Committee and was inducted into the Gold Humanism Honor Society. Dr. Adesina completed his residency in Emergency Medicine at St. Luke's University Hospital in Allentown, PA. He is a board-certified Emergency Medicine physician at Houston Methodist Hospital in Texas.

As the founder of SmashUSMLE Reviews, Dr. Adesina has authored several influential books, including the "SmashUSMLE Step 1 High Yield Review" and "USMLE and COMLEX Success Secrets." His work has been published in PubMed and KevinMD.com. Additionally, he is a prominent YouTube influencer with over 150,000 subscribers.

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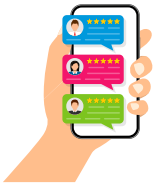

Over 10,000 US and International medical graduates have used the EASE method techniques to passed their CBSE, CCSE and USMLE. Read some of our Student reviews

I started medical school at age 43. I was struggling with my CBSE for 5 weeks and my score did not change. I came across Smashusmle reviews took Dr. Adesina's USMLE masterclass and it changed my life. The Masterclass was intense and your breath of knowlege is so amazing combined with your clinical experience made the USMLE so easy for me. I passed my CBSE and Step 1 on my first attempt. I scored 237 on Step 2CK and matched into Anesthesiology.

Regina Rousseau, MD
Anesthesiology Resident
St. Georges School Medicine

I graduated 13 years ago from medical school. I had been out of school for a long time. I am mom, married with kids. I was very busy and needed a study schedule and comprehensive review. I used Smashusmle for my Step 1 with Dr. Adesina and his team truly support you through the whole process. Once I learned the EASE method and took the Masterclass I was able to understand all the main concepts and it helped me. I passed step 1 and took step 2CK while 33 weeks pregnant. I scored 262 on Step 2CK. I matched into Emergency medicine.

Le-ann Lue-Fatt, MD
Matched Emergency Medicine

I attended Ross University. I had seen your youtube video on heart sounds and love it. I took the USMLE masterclass and learned so much. I scored a 230. I failed Step 2Ck and passed with 234 on second attempt. SmashUSMLE courses and strategy really helped me solidify the concepts and reinforce all my weak areas on the USMLE. I matched into internal medicine.

Jeanette Adereti MD
Internal Medicine
Ross University School Medicine

I took CBSE 5 times and had one final attempt left. I felt devastated and almost lost hope. I had transfer from 2 previous medical schools and this was my last chance. I discovered Smashusmle reviews and I have to say this program changed my life. I have tried all other resources and failed. I learned the EASE method, attended Dr. Adesina's USMLE Masterclass and had a tutor. I was able to pass my CBSE and Step 1. This was the best day of my life and my greatest accomplishment. I definitely recommend this program to any IMG or med student, trust me, you will never regret it. Its worth it.

Jesica Perira, MD Student
Trinity School Medicine

Watch More Testimonials Here

Scan QR Code to Watch Our Student Reviews

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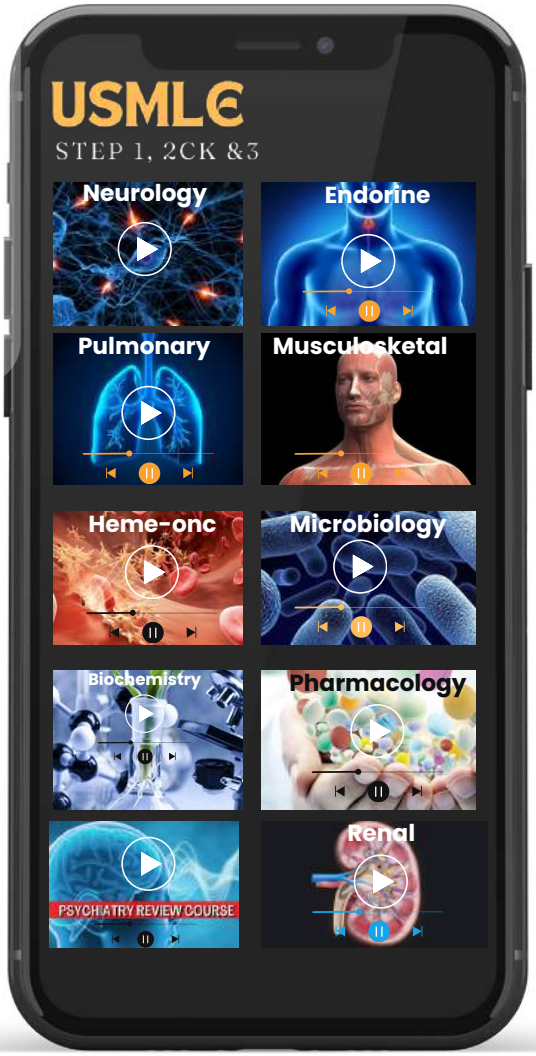

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Got it correct?
Circle one!

Question Review

Case Study 1

A 35-year-old female presents to the outpatient clinic complaining of dyspnea, hoarseness, fatigue, and hemoptysis. Her pulse is irregularly irregular. Her past medical history is significant for rheumatic fever. Cardiac auscultation reveals a delayed rumbling mid-late diastolic murmur after an opening snap in the mitral area.

What is the most likely diagnosis?

Answer:

The most likely diagnosis is _____

Additional Questions:

- What is the most important intervention known to alter prognosis? What is symptomatic treatment?
  _____
- What is the effect of this pathology on the pulmonary circulation?
  _____
- What is the cause of the irregularly irregular pulse?
  _____
- What is the cause of patient's hoarseness?
  _____

Got it correct?
Circle one!

Question Review

Case Study 2

A 48-year-old male presents to the emergency department complaining of chest pain, dyspnea, and diaphoresis. He has a long history of stable angina. The diagnosis of acute MI was confirmed by ECG and laboratory tests. The patient suddenly deteriorated on the second day of his admission, where he developed severe worsening dyspnea, hemoptysis, and symptoms and signs suggestive of right-sided heart failure.

What is the most likely diagnosis?

Answer:

The most likely diagnosis is _____

Additional Questions:

- What is the most common cause of mitral regurgitation (MR)?
  _____
- What is the pathophysiology of acute MR?
  _____
- What are the most common causes of chronic MR from most common to least common?
  _____
- What is the complication of untreated chronic MR?
  _____

Got it correct?
Circle one!

Question Review

Case Study 3

A 65-year-old male with history of hypertension and coronary artery disease presents to the emergency department with sudden-onset right-side hemiplegia. The diagnosis of ischemic stroke is confirmed. Her pulse is regular but her heart rate is 150 bpm.

What is the most likely diagnosis?

Answer:

The most likely diagnosis is _____

Additional Questions:

- How is the pathogenesis of atrial flutter different from atrial fibrillation?
  _____
- When is hemodynamic compromise more likely in atrial flutter?
  _____

Got it correct?
Circle one!

Question Review

Case Study 4

A 12-year-old boy with recent history of myocarditis presents with symptoms and signs suggestive of congestive heart failure. Radiography reveals cardiomegaly. The patient complains of mild chest pain that is unresponsive to nitroglycerin. Echocardiography shows LV dilation and hypokinetic walls.

What is the most likely diagnosis?

Answer:

The most likely diagnosis is _____

Additional Questions:

- What are the other causes of dilated cardiomyopathy?
  _____
- What is the treatment of dilated cardiomyopathy?
  _____

Got it correct?
Circle one!

Question Review

Case Study 5

A 17-year-old boy presents to ED with sudden onset of syncope while playing football. He has a history of recurrent episodes of syncope during exercise. Family history is positive for sudden death during a soccer match that occurred in a 20-year-old cousin. Physical examination reveals an S4 heart sound.

What is the most likely diagnosis?

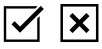
Answer:

The most likely diagnosis is _____

Additional Questions:

- What is the pathology in HOCM?
  _____
- What is the treatment of HOCM?
  _____

Got it correct?
Circle one!



Question Review

Case Study 6

A 25-year-old female patient with established history of hemochromatosis presents to the clinic complaining of congestive heart failure and distended jugular veins. Echocardiography reveals an EF > 60%.

What is the most likely diagnosis?

Answer:

The most likely diagnosis is _____

Additional Questions:

- What are the causes of primary restrictive cardiomyopathy?
  _____
- Which type of secondary restrictive cardiomyopathy has no treatment?
  _____

Got it correct?
Circle one!

Question Review

Case Study 7

A 55-year-old female patient presents to the outpatient clinic due to right upper quadrant abdominal pain. A recent ultrasonography revealed she has gallstones, and the surgeon suggested an elective cholecystectomy.

Which of the following is recommended before going to surgery for this patient?

A. Surgery must be delayed for six months

B. Administer an ACE inhibitor, a beta-blocker and spironolactone

C. Only perform an ECG and if it is unremarkable you can go for surgery

D. A diagnostic catheterization is mandatory

Got it correct?
Circle one!

Question Review

Case Study 8

A 6-week-old infant is brought a Pediatric clinic for check-up due to poor feeding. He was born at term via vaginal delivery following an uncomplicated pregnancy. On physical examination, you observe hypotonia, lethargy, a large, protruding tongue and coarse facial features.

Which of the following time would have been ideal for screening this disease in this patient?

A. At 20 weeks gestation through amniocentesis

B. Placental blood examination at the time of delivery

C. At 1 and 5 minutes intervals immediately after birth

D. Prior to discharge a newborn screening test

Got it correct?
Circle one!

Question Review

Case Study 9

A newborn boy is evaluated in the neonatal intensive care unit. The patient was born at 35 weeks gestation to a 24-year-old-primigravida via a forceps-assisted vaginal delivery. The pregnancy was complicated due to an early rupture of membranes, APGAR scores were 6 and 8 at 1 and 5 minutes respectively. There's a soft, boggy and well-demarcated swelling superficial to the periosteum that crosses sutures. Overlying skin of the swelling is normal. The remainder of the head and neck examination is unremarkable.

Which of the following is the most likely diagnosis?

A. Cephalhematoma

B. Hydrocephalus

C. Plagiocephaly

D. Caput succedaneum

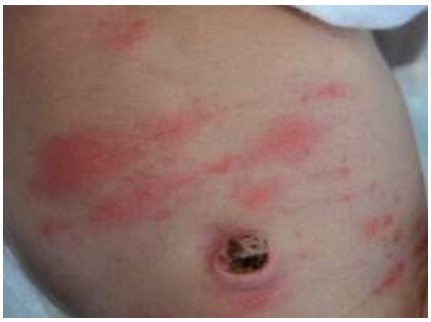
Got it correct? Circle one!

Question Review

Case Study 10

A 5-day-old is brought to the newborn nursery by the mother due to rash. She reports that rash develops over the last 24 hours. The baby was born at 40 weeks gestation via vaginal delivery to a 31-year-old primigravid. The mother received routine prenatal care, and the baby's postnatal care was also uncomplicated. The patient has been breast feeding every 2-3 hours. His temperature is 98.6 F, pulse is 143/min and respiratory rate is 32/min. On physical examination, there are scattered erythematous papules on his chest and back, as shown in the Figure. Examination otherwise is unremarkable.

Which of the following is the best next step in management?



A. Start intravenous valacyclovir

B. Start intravenous pencillin

C. Topical steroids

D. Observation and Reassurance

Got it correct?
Circle one!

Question Review

Case Study 11

A 4-week-old male infant is brought to the emergency department due to forceful projectile nonbilious vomiting. Palpation of the abdomen with the hips flexed show a positive olive sign. There are visible peristaltic waves.

What is the most likely diagnosis?

Answer:

The most likely diagnosis is _____

Additional Questions:

- How is the diagnosis of HPS confirmed?
  _____
- What are the expected electrolyte abnormalities in patients with HPS?
  _____
- What is the treatment of HPS?
  _____

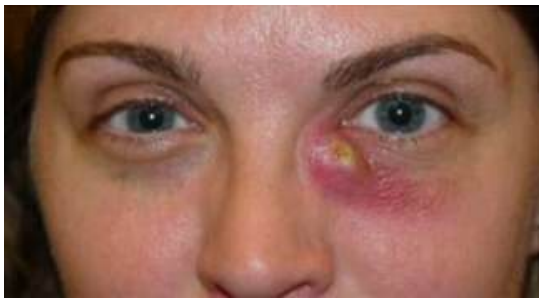
Got it correct? Circle one!

Question Review

Case Study 12

A 50-year-old male patient presents with right eye redness, pain, swelling and increased lacrimation. Eye examination reveals redness over the lacrimal sac. Digital pressure on the lacrimal sac shows purulent discharge. The patient does not have a fever.

What is the appropriate treatment for this patient?



A. Systemic antibiotics + warm compresses

B. Warm compresses alone

C. Dacryocystorhinostomy in the acute stage

D. Topical antibiotics are enough in all cases

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