USMLE-STEP-3 Q&As

United States Medical Licensing Step 3

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QUESTION 1

The modern history of the protection of human research subjects began in the twentieth century in response to human experimentation which occurred during World War II. The Nuremberg Military Tribunal set forth initial basic standards for the conduct of research which ultimately became known as the Nuremberg Code (1947/1948). In subsequent years, these recommendations have been modified and expanded to reflect various aspects of medical ethics in biomedical and behavioral research. These international ethical guidelines include the Declaration of Helsinki (1964), the Belmont Report (1979), CIOMS (1982), and the Common Rule (1991). The concept of justice as described in the Belmont Report means which of the following?

A. ensuring that risks to research subjects are minimized

B. ensuring the protection of privacy

C. maintaining confidentiality

D. ensuring informed consent

E. ensuring the equitable distribution of research burdens and benefits

Correct Answer: E Section: (none)

Explanation:

On September 30, 1978, the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research submitted the report "Ethical Principles and Guidelines for the Protection of Human Subjects of Research," named after the Belmont Conference Center in the Smithsonian Institution. The three ethical principles emphasized in this report include justice, beneficence, and respect for persons. Justice is the equitable distribution of research burdens and benefits. Beneficence is the mechanism to maximize benefits and minimize harm to research subjects. Respect for persons is the ethical principle which prioritizes the respect for individual autonomy and the protection of individuals with reduced autonomy. The principle of respect emphasizes the protection of subjects\\' privacy, maintenance of confidentiality, informed consent, and the utilization of additional safeguards for the protection of vulnerable populations. Health and Human Service (HHS) regulations delineate additional mechanisms to protect human subjects, which include (1) institutional assurances of compliance, (2) Institutional Review Board (IRB) review, and

(3) informed consent. An institutional assurance of compliance is documentation that the institution will follow HHS regulations for the protection of human subjects. An IRB is a committee that has been established to protect human subjects involved in research activities. These committees must have at least five members of varying backgrounds who possess the professional competence to review research activities. Informed consent is the voluntary choice of an individual to participate in research activities. To be truly informed consent, the individual must have a clear and accurate understanding of the purpose of the research, the risks involved, the potential benefits, the procedures to be performed and the alternative modalities of treatment available. Typically, these are in a written consent form. The legal arguments for informed consent emphasize the right of self determination. This is in contrast to the ethical basis of individual autonomy. Therefore, a mere signature by the individual participant does not fulfill the ethical requirements of the informed consent process. Any research study must have scientific validity, a fair selection of individual subjects for populations, protection of vulnerable populations, fair access to the benefits of medical research, acceptable risk-benefit ratios, appropriate informed consent, and independent review of the study. In addition, Data Safety Monitoring Boards are being utilized to further monitor the safety of research protocols and participation.

QUESTION 2

A35-year-old woman with two prior term pregnancies presents for her first prenatal visit at 12 weeks\\' gestation. She recalls having had hypertension near the end of her first pregnancy. She believes her blood pressure has been normal since, but admits that she rarely seeks preventive health care visits, and that her last examination by a physician was more than 2 years ago. Today, you find her blood pressure to be 160/100.

Which of the following antihypertensive agents would be contraindicated for management of her hypertension during pregnancy?

A. labetalol

B. alpha-methyldopa

C. enalapril

D. nifedipine

E. hydralazine

Correct Answer: C Section: (none)

Explanation:

The angiotensin-converting enzyme inhibitors (and angiotensin receptor blockers) are contraindicated in pregnancy due to their potential to cause decreased fetal renal perfusion, ultimately resulting in fetal oliguria, oligohydramnios, renal tubular dysplasia, and neonatal anuric renal failure, as well as defects in ossification of the fetal skull. These adverse effects occur during the second and third trimesters of pregnancy. If a woman conceives while taking an angiotensin-converting enzyme inhibitor, she should be changed to another agent during the first trimester.

Preeclampsia causes 5070% of cases of hypertension in pregnancy. Mild preeclampsia is characterized by an increase in systolic BP of 30 mmHg, an increase in diastolic BP of 15 mmHg, or an absolute reading of 140/90 mmHg in a pregnant patient with minimal proteinuria and pathologic edema. A systolic BP greater than 160/110 mmHg with significant proteinuria (>5000 mg/24 h) and evidence of end-organ damage indicate severe preeclampsia. End organ damage results from increased vascular reactivity, third spacing of fluids, and platelet activation. Complications include oliguria, the syndrome of hemolysis, elevated liver function tests, and low platelets (HELLP) and eclamptic seizures. Seizure prophylaxis is effective in both primary prevention of eclampsia and in prevention of recurrent seizures. Fetal macrosomia occurs more commonly in pregnancies complicated by diabetes. Abnormal labor progress and postpartum hemorrhage as well as breech presentation are not more common in pregnancies complicated by preeclampsia.

QUESTION 3

A75-year-old man undergoes a right colectomy for stage 3 colon cancer. He has a history of emphysema

requiring chronic steroid use. He also has diabetes and coronary heart disease. On postoperative day 2,

the surgeon is called because the patient acutely began to have a large amount of pinkish, serous drainage

from the wound.

There is no evidence of infection. Which of the following factors probably contributed to this complication?

A. the surgeon used a running stitch to close the fascia instead of interrupted sutures

B. coronary artery disease

C. early mobilization of patient

D. aggressive abdominal examination performed on postoperative day 1 by a medical student

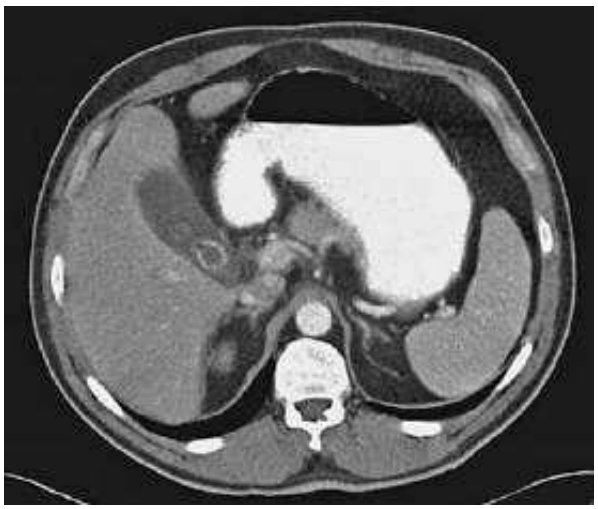
E. pulmonary disease

Correct Answer: E Section: (none)

Explanation: Dehiscence refers to a separation of the fascial layer. Evisceration is when peritoneal contents extrude through the fascial separation. Malnutrition, obesity, diabetes, uremia, malignancy, immunologic abnormalities, steroid use, infection, and coughing which increases intraabdominal pressures are all factors that increase the risk of wound dehiscence. Technical factors are also very important in preventing the dehiscence, but there is no proof that interrupted sutures are better than a running stitch for fascial closure

QUESTION 4

Apatient is evaluated for left-sided abdominal pain and undergoes a CT scan of the abdomen that shows renal calculi. The radiologist reports an incidental finding that is shown in Figure. She has never been symptomatic from this disease. All of her hepatobiliary serologies are within normal limits. Which of the following is an indication for elective surgical treatment?



A. patient is over 50 years old

B. two small (