



2011-2012 Orientation Guide

COMLEX-USA Level 2-PE

IMPORTANT FACTS

It is recommended that candidates arrive 30 minutes prior to the scheduled examination, allowing for travel delays common to the Greater Philadelphia area.

Candidates are required to bring one source of government-issued legal photo identification and printed confirmation of their scheduled examination from the website or their confirmation email.

Candidates should view the [Instructional Program](#) available online via www.nbome.org.

Candidates should dress professionally, wear a white lab coat and bring a standard stethoscope.

Due to extensive psychometric equating, calibration, and quality assurance processes, **Level 2-PE scores are generally released within 8-10 weeks of the examination date.** Candidates should schedule their Level 2-PE as soon as possible, but no later than the Fall of their 4th year, in order to meet any graduation requirements.

Any irregular conduct will be thoroughly investigated and dealt with according to NBOME's policies and procedures (See [Bulletin of Information](#)).

Overview

This *Orientation Guide* is designed to be one of several sources of reference for osteopathic candidates who have registered for the COMLEX-USA Level 2-PE/Clinical Skills Examination. In addition to reviewing this guide, **it is strongly advised that prior to taking the examination, all registered candidates view the [Instructional Program](#) on COMLEX-USA Level 2-PE available online.** On the day of a candidate's scheduled examination, a detailed orientation session will also be provided on-site at the NBOME National Center for Clinical Skills Testing.

Candidates are encouraged to consult the NBOME website regularly, as any new information regarding COMLEX-USA Level 2-PE will be posted. Candidates are also required to review the information provided in the *NBOME [Bulletin of Information](#)*. This bulletin, as well as other helpful information regarding the examination, is posted on the website at www.nbome.org.

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Statement of Purpose

COMLEX-USA Level 2-PE is the clinical skills component of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA). Consistent with NBOME's mission to protect the public, COMLEX-USA Level 2-PE fulfills the public and licensing authority mandate for enhanced patient safety through the documentation of the clinical skills proficiency of graduates from osteopathic medical schools. The Performance Evaluation augments the written COMLEX-USA Level 2-Cognitive Evaluation (CE) of osteopathic medical knowledge by providing an assessment of fundamental clinical skills. These clinical skills are: doctor-patient communication, interpersonal skills and professionalism, medical history-taking and physical examination skills, osteopathic principles and osteopathic manipulative treatment, and written communication skills (including synthesis of clinical findings, integrated differential diagnosis and formulation of a diagnostic and treatment plan). These patient-centered skills are evaluated in the context of clinical encounters with standardized patients, and are required to be personally performed as appropriate in a timely, efficient, safe, and effective manner. The ability to communicate in the English language is required in each clinical encounter. A passing score for COMLEX-USA Level 2-PE means that the candidate has demonstrated minimal competency in clinical skills for entry into graduate medical education.

Scheduling and Rescheduling

Candidates should visit the NBOME website to register for the examination as soon as they are eligible to take the clinical skills examination. Registered candidates will be able to view exam dates and schedule the examination by an automated online scheduling system (using a secure identification number and password) via the website. Examination dates can be scheduled up to 1 year in advance. Dates on different weekdays as well as many weekend dates will be made available on a continuous basis throughout the testing year, and will be scheduled on a first-come, first-served basis. **Note that both morning sessions (8AM-3:30PM) and evening sessions (2PM-9:30PM) are available throughout the year.** The confirmation page or email of the examination date should be printed and brought to the National Center for Clinical Skills Testing as proof of your appointment time. **Candidates will want to schedule their PE examination as soon as possible, and no later than the Fall of their 4th year, in order to meet any graduation requirements. Candidates who have failed the examination and need a retake date should call NBOME's National Center for Clinical Skills Testing if they are encountering any difficulties with scheduling through the registration system. Further information regarding retesting is available on NBOME's website and is included with the written score reports.**

If candidates must cancel and reschedule any testing date for the COMLEX-USA Level 2-PE examination, significant rescheduling charges may apply. Candidates can cancel a scheduled examination online, unless it is on the same day as the examination. Candidates are advised to contact the NBOME National Center for Clinical Skills Testing (610-825-6551) immediately if encountering travel delays or the need to cancel an exam session on the day of a scheduled examination; failure to notify NBOME prior to the start of the examination session will result in a cancellation fee of \$650 as noted in NBOME's [Bulletin of Information](#).

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Overview of the Examination

NBOME National Center for Clinical Skills Testing

The COMLEX-USA Level 2-PE/Clinical Skills Examination is administered at the NBOME National Center for Clinical Skills Testing in Conshohocken, Pennsylvania (near Philadelphia). The Center has the look and feel of an outpatient clinic, with examination rooms that are equipped with examination/treatment tables, diagnostic equipment (diagnostic otoscopes and direct ophthalmoscopes, blood pressure cuffs, tongue blades, cotton swabs, reflex hammers, tuning forks), sinks, and instant hand sanitizer. The center has been in operation since 2004 and is a state-of-the-art, technologically advanced clinical skills testing facility designed to ensure the necessary safety, security, and standardization required for fairness in high-stakes testing.



Candidates should dress professionally, wear a white lab coat and bring a standard stethoscope to the examination. Amplified stethoscopes, or any similar device that may mimic a recording or communicating device, or any attachments to a standard stethoscope (e.g., light source) are prohibited. Candidates with disabilities including hearing impairment should refer to NBOME's website for an application for testing accommodations. All other diagnostic equipment will be provided. While wrist watches and other personal timing devices are prohibited in the examination, there are clocks in each examination room and near all of the SOAP Note writing desks as well as regular audio timing prompts.

Arriving at the Test Center

Candidates are advised to arrive at the center, well rested and well fed, at least thirty minutes prior to the examination start time. Candidates should anticipate heavy traffic delays, which are common to the Greater Philadelphia area, and plan accordingly. The high stakes nature and complexity of this examination allows little leniency with regard to unforeseen traffic or other such delays. ***Candidates who arrive late for the examination may not be able to take the examination and risk forfeiture of a significant portion of the registration fee.*** Candidates are advised to contact the NBOME National Center for Clinical Skills Testing (610-825-6551) immediately if encountering travel delays or the need to cancel an exam session; failure to notify the NBOME prior to the start of the examination session will result in a cancellation fee of \$650 as noted in NBOME's [Bulletin of Information](#).

Candidates are required to bring one source of government-issued legal photo identification and printed confirmation of their scheduled examination from the website. All candidates will be digitally photographed and biometrically scanned (fingerprint) as part of the registration process. Pagers, cell phones, wrist watches, and other electronic devices are prohibited and must be stored in lockers during the examination. The use of Smartphones, pocket PCs, iPods, MP3 players, other electronic devices, manuals or other clinical resources is not permitted during the examination. Other valuables such as laptop computers, expensive jewelry, etc., should not be brought to the test center as the NBOME cannot be held responsible for these during the examination. Candidates will not be permitted to leave the test center or have contact with others outside of the center by phone or otherwise until the conclusion of the examination.

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Information regarding travel to the center and accommodations is available on the [website](http://www.nbome.org)(www.nbome.org). Student discounts have been negotiated with local hotels for candidates traveling to the area for the exam.

Examination Design

Prior to beginning the examination, candidates will receive a 50-minute orientation. During the 6-hour examination, candidates will rotate through a series of 12 standardized patient encounters. In each encounter, candidates will have 14 minutes to evaluate and treat the patient as they see fit given the time allowed, including the patient interview and history-taking, performing indicated physical examination maneuvers, communicating with and counseling the patient, and performing osteopathic manipulative treatment as indicated. Following each encounter candidates will have an additional 9 minutes to complete a written SOAP Note detailing their clinical findings and assessment of the case.

Patients' presenting complaints and reasons for their visit are those common to osteopathic medical practice in the outpatient, primary care, or emergency room settings. Symptoms and problems are classified as relating to the following systems: respiratory, cardiovascular, neuromusculoskeletal, gastrointestinal, and other (e.g. genito-urinary, behavioral, etc.). All cases are developed by a committee of osteopathic physicians and faculty members representing the osteopathic medical profession, including the osteopathic medical colleges. The set of psychometrically equivalent cases administered on any given test date will match a predefined blueprint which balances cases across the criteria mentioned above. COMLEX-USA assesses the ability to interact with patients who vary in age, gender, and ethnic and cultural background, and will present with clinical presentations that could be acute, chronic, or opportunities for health promotion and disease prevention. This is essential to the construct of the COMLEX-USA Level 2-PE examination. Therefore, requests to alter the types of patients encountered in the examination will not be considered, as this would fundamentally alter what is being assessed.

The Standardized Patient Encounter

Standardized patients are professionals who are trained to portray clinical scenarios in a standardized fashion in clinical skills testing situations. Candidates are advised to interview and evaluate standardized patients as they would with real patients presenting with the same symptoms or problems. Candidates are reminded to respect the standardized patients as with real patients, remembering to wash their hands (with soap & water or instant hand sanitizer) in each station, to use appropriate draping of the patient for physical examination as necessary, and to treat the patients gently.

When taking a medical history and performing a physical examination or treatment, given the 14-minute time limit, it may not be feasible to perform a comprehensive evaluation in every case. Candidates are advised to choose the history questions, physical examination maneuvers, and treatment techniques that are most important to making the diagnosis, based on clinical judgment and training, and to rule out "red flags" for the significant other possibilities existent for the clinical presentation. In addition, candidates should demonstrate effective doctor-patient communication skills, interpersonal skills, and professionalism throughout the examination.

Candidates should accept their physical examination findings as real even though the finding may be simulated. Physical examination maneuvers should be performed as they should in any real clinical situation. Candidates should avoid sloppiness and short cuts. However, the following physical examination maneuvers are prohibited

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on the standardized patients in the examination: genital exams, rectal exams, internal pelvic examinations, female breast exams, and corneal reflex exams. A candidate may mention these exams to the standardized patient if they would be important to the case, and then document the intention to do so in the written SOAP Note. If indicated, cardiac, respiratory and abdominal examinations, for example, should be performed on male and female patients as with real patients. There is no need to bring in an additional person to the room as an exam chaperone, as all encounters are being viewed live and digitally recorded by surveillance cameras. Standardized patients will not use any cue cards or finding cards in this examination and will stay in their “character” at all times during the exam. Candidates are not to use or refer to “imaginary” people, equipment, paperwork, interventions, medications, etc. which are not provided for use in the examination rooms. Standardized patients will not respond to these artificial items or maneuvers. For instance, a candidate may not instruct a patient to “take this pill” during the encounter. If asked “how do you feel after taking the pill?,” the standardized patient will not acknowledge that anything has been given. Parental consent to evaluate standardized patients who are minors (i.e., younger than 18) will be noted on the doorway information sheet in the patient chart.

Standardized patients are involved in repeated physical examinations throughout the course of the day. Just with any patient, candidates should **treat standardized patients gently** and obtain information from the physical examination and utilize OMT in a manner that is not excessively forceful for the patients. If the standardized patient states, “That’s a bit rough, Doctor” the candidate should either modify or discontinue the maneuver or treatment to be more gentle. While candidates are likely to encounter potentially life threatening patient conditions that require prompt diagnosis and intervention, COMLEX-USA Level 2-PE does not currently test advanced cardiac life support or invasive procedures.

Candidates should not turn off the overhead lights in the examination rooms, for example, to perform ophthalmological/fundoscopy examination, as this will affect the video digital recording.

Doorway Information Sheet/Patient Chart

For each exam room, a doorway information sheet will be contained inside the patient chart. The doorway information sheet will contain a brief statement of the patient’s reason for visit (similar to a nurse’s note), as well as the patient’s vital signs, and instructions to evaluate and treat the patient in 14 minutes “as you see fit.” This chart and its contents can be taken into the room and to the SOAP Note writing desk after the encounter. Scrap paper is also provided in the chart for additional note taking and will not be scored, but shredded after the exam.

Information such as the patient’s vital signs should be accepted as accurate for the patient. Candidates may desire to recheck the patient’s vital signs if the case warrants the physician confirming them, but are advised to always consider the numerical values listed on the doorway information sheet as accurate for the purposes of formulating the differential diagnosis/problem list or evaluation and treatment plan. Any additional information provided in some cases such as relevant x-ray reports, lab results, or EKGs will be found in the chart as well.

An example of the Doorway Information sheet is found on the next page:

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DOORWAY INFORMATION

Patient Name Joe Sample
Clinical Setting Family Medicine Office
Case Information This 52 year old male complains of neck pain.

Vital Signs

Height 69 inches
Weight 170 lbs
BMI 25.1 kg/m²
BP 130/80 mmHg
Temp 98.5° F
HR 72 bpm
RR 14 bpm

Candidate Instructions

- You have 14 minutes to **evaluate** and **treat** the patient as you see fit.
- Following the examination you will have 9 minutes to complete a post-encounter SOAP note.

Please do not write on this page.

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Examination Day Schedule

The examination day at the center lasts approximately seven hours. This includes an orientation presentation by NBOME staff, as well as a video program and time for candidates to familiarize themselves with the diagnostic equipment and the examination/treatment tables. Fourteen minutes are allowed for each standardized patient encounter, which includes the time before a candidate enters the room in which the patient's presenting information (doorway information) is reviewed. In the event that a candidate finishes evaluating and treating the patient in fewer than 14 minutes, he/she may leave the room and finish completing the written SOAP Note, however, the candidate will not be permitted to re-enter the room. After the 14 minute encounter time, candidates will have nine additional minutes to complete the written SOAP Note, which will be written at the desk immediately outside of the exam room.

After a set of four encounters, there will be a 30-minute break where a light meal will be provided. Candidates may bring their own food if desired. If a candidate has strict dietary needs, it is recommended that they bring their own food. Refrigeration of personal food is possible, however the ability to cook or reheat food is not. An additional 15-minute break will follow the next four encounters. Timing bells followed by clear audio prompts will announce the start of each encounter and guide candidates along the way. For example:

“You may begin your clinical encounter.”

“Two minutes remaining in the encounter.”

“Time is up in the encounter, please leave the room and report to your SOAP Note desk.”

“Two minutes remaining for the SOAP Note.”

“Time is up, please stop writing.”

“Please rotate to your next station” (or) “Follow the proctors to the break area.”

Candidates will have the opportunity to complete a brief survey at the end of the examination day.

Use of Osteopathic Principles and OMT

Candidates are expected to incorporate osteopathic principles and practices into encounters with standardized patients in COMLEX-USA Level 2-PE where indicated and appropriate. This includes palpatory diagnosis, osteopathically-oriented history taking, documentation of osteopathic findings and treatment, and osteopathic manipulative treatment (OMT). When indicated, a candidate may choose to perform OMT on any patient in the examination, with their consent, provided that the candidate follows the following guidelines:

Standardized patients may be treated with any indicated OMT technique with the exception of High Velocity Low Amplitude (HVLA) or other articulatory mobilization techniques (where a barrier of an articulation is engaged and a thrust is utilized to normalize joint mobility). Similar to physical examination maneuvers, **OMT techniques should be performed gently on standardized patients, and the total duration of the treatment should not be longer than three to five minutes for any given patient**, or until a trained physician observer could note effectiveness and quality of technique. Commonly employed techniques include muscle energy, counterstrain, functional technique, soft tissue/myofascial, facilitated positional release, Still technique, Spencer technique, lymphatic pump, Cranial Osteopathy, fascial release, Galbreath technique and sinus drainage. While HVLA and other articulatory techniques are safe, proven, and effective for treating real patients with somatic dysfunction,

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they can create hypermobility if the body is not allowed the opportunity to recover. The standardized patient may not be able to tolerate the multiple candidates treating them with these techniques during the typical exam day. Similar to certain physical exam maneuvers in the exam, (e.g., rectal exams, etc.), candidates would be advised to document their plan to perform this type of OMT, if indicated, in their written SOAP Note. As with physical examination maneuvers, candidates should either modify or discontinue the maneuver or treatment to be more gentle if a standardized patient states, “That’s a bit rough, Doctor.”

Written SOAP Notes

The Written SOAP Note represents an opportunity to demonstrate written communication skills (in English), document clinical findings, exercise clinical problem-solving skills, formulate a differential diagnosis and a diagnostic and treatment plan. It is acceptable to use either a narrative or a more “bullet” or “laundry list” style for the notes, provided they are written in English and legible. The “S” is for the subjective components, the “O” for objective findings, the “A” for the assessment/differential diagnosis, and the “P” for the plan.

Candidates are instructed to document significant findings from the patient’s history in the “Subjective” portion, and physical examination findings and any other key objective findings in the “Objective” portion. Candidates should try to be as specific as possible when documenting physical findings, avoiding the word “normal”. With the exception of vital signs provided, **under no other circumstances should a candidate document results of physical examination maneuvers or techniques that were not performed, or medical history that was not elicited.** Documenting results of physical examination maneuvers that were not performed, or medical history that was not elicited will be considered irregular conduct and **will be thoroughly investigated and dealt with according to NBOME’s policies and procedures** (see “Professionalism” section below).

For the “Assessment” section, candidates will be evaluated on the ability to make an accurate or plausible diagnosis, as well as to list at least two other diagnostic possibilities for the patient’s presenting problem. This should be listed in a “Differential Diagnoses” format, with the most likely diagnosis for the presenting concern/symptom/issue listed first. Even if the diagnosis is fairly certain or the presenting problem is more for health promotion and disease prevention, candidates should consider and **document at least three potential diagnoses or etiologies in this section.** For “health promotion / disease prevention visit” types of encounters, if providing a differential diagnosis would not be relevant, candidates may list the patient’s problems in a “problem list” format, or list relevant risk factors for the area of concern.

For the “Plan” component, candidates should note any workup or treatment that he/she would propose for the patient, including questions or physical exam maneuvers that you inadvertently did not ask or perform, but would plan to if time allowed. In most cases, specific drugs or drug dosages are not required, but candidates should try to be as specific as possible when referring to diagnostic tests (e.g., serum electrolytes, BUN, creatinine, and glucose as opposed to “blood tests”, “SMA7”, or “Chemistry Panel”). All written SOAP Notes should be written to “stand alone” as the complete documentation for that encounter, as information on the scrap paper or doorway information sheet will not be considered as part of the required documentation.

Candidates should be careful to adhere to the nine minute time limitation on completing their SOAP Notes. Candidates must stop writing immediately upon the overhead announcement to do so. Failure to stop writing at that time will result in a “WARNING” stamp being placed on the back of that particular SOAP Note, and the

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candidate will be issued a warning card. Repeated offense will disqualify that respective note from being scored, with that candidate receiving the minimum score for that particular note.

It is generally advisable to avoid or limit abbreviations in medical documentation due to the lack of standardization and the potential for medical error. If a candidate desires to do so, it is advisable to use only those abbreviations that are considered standardized and would be easily recognized by the osteopathic physician examiners scoring the SOAP Notes. Common English language or medical abbreviations are included in the Common Abbreviation List, which will be available at each SOAP Note writing desk throughout the examination. *The use of uncommon, obscure, confusing and idiosyncratic abbreviations runs the risk of misinterpretation by the physician examiner, which could negatively impact the score on the note.*

SOAP Note Directions (similar to the posting at each writing desk)

Complete a written note documenting your findings in the space provided on the form.

Note that legibility is important as notes are scored by physician examiners. Only information written in the boxes will be considered for scoring. Limit abbreviations to avoid confusion for the examiners; a “Common Abbreviations List” is provided for your reference.

S = Subjective findings

List patient input regarding the problem (s), medical history, etc.

O = Objective findings

List data from your physical examination, lab or imaging studies, etc.


A = Assessment

This is your impression as to the diagnosis, listing at least three possible etiologies for the patient problem/symptom, or concern. Rank in order of likelihood for the given case. For well visits, list at least three problems or risk factors.

P = Plan

This is your plan for preliminary work-up and treatment (indicated diagnostic investigations, other history and physical exam data you would gather & therapeutic interventions). Specific drug dosages are generally not required, but be as specific as possible when referring to diagnostic tests.

A blank SOAP Note form as well as an example written SOAP Note (not necessary exemplary) are provided below:

Test Date: 01/01/2010-AM	SOAP Note
Room/Enc. No: 1/1	
Routing No: 1	
Student id: 000001	
240108001-111-7	
Complete a written note in the SOAP note form in the space provided. Please write in the box only!	
S	
O	
A	P

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Test Date: 01/01/2010-AM

SOAP Note

Room/Enc. No: 1/1

Routing No: 1

Student Id: 000001



249108001-111-7

Complete a written note in the SOAP note form in the space provided. Please write in the box only!

S
 48 year old Caucasian male presents with 3 days of "stabbing pains" in L Lower Quadrant of abdomen. Started 3 days ago, was 2/10, now 10/10 and constant. No associated vomiting but ⊕ nausea. Had loose bowel movement x2 yesterday - none since, no bleeding. Admits to mild fever. Better since not eating much the past day. No urinary symptoms. Has never had this before and never had colonoscopy or flex sigmoidoscopy.

Pmh: no surgery, HTN borderline since 1999-diet treatment, no history of diabetes or heart disease, no hepatitis
 Hypothyroidism diagnosed 5 years ago

Meds: levothyroxine

Allergies: Sulfa

Family HX: adopted -unknown

Nonsmoker, daily beer intake (2-3 beers), no intravenous drug abuse.

Truck driver. Father of 3 teens. Married

O
 VS: T100° P 98 BP 100/60 R16 BMI 25.1
 GEN: in mild distress, lay still, appears well hydrated, Anicteric
 ENT: throat clear, mucous membranes moist
 Neck: Supple
 Lungs: clear Heart: Reg S₁S₂ 98
 Abd: ⊕ BS obese slightly tender L Lower Quadrant and R Lower quadrant ⊖ rebound or guarding. No masses
 Extrem: no rash or edema
 Lumbar: L₅ E RR SR and mild paravertebral muscle tenderness R>L

A	P
Acute Diverticulitis #1	Would perform rectal and guiac testing
Acute Viral Gastroenteritis	✓CBC ✓Abd Flat plate X-ray
Ischemic Colitis (doubt)	OMT: soft tissue- Lumbar performed with mild relief
History of Hypertension & Hypothyroidism	Oral Antibiotic-quinolone
Somatic dysfunction, lumbar	Follow-up - 24 hrs

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SOAP NOTE – Common Abbreviations

It is recommended that you print out names and terms rather than abbreviate when writing your SOAP notes. However, if you desire, you may use common abbreviations when writing your notes, similar to those listed below. Avoid abbreviations that might lead to medical errors.

Abd	abdomen	LP	lumbar puncture
AIDS	acquired immune deficiency syndrome	Lspine	lumbar spine
ETOH	alcohol	MRI	magnetic resonance imaging
b	black	m or ♂	male
BUN	blood urea nitrogen	meds	medications
BMI	body mass index	MVA	motor vehicle accident
CCU	cardiac care unit	MI	myocardial infarction
CPR	cardiopulmonary resuscitation	-	negative
CVA	cerebrovascular accident	Neuro	neurologic
Cspine	cervical spine	NKA	no known allergies
CXR	chest x-ray	NKDA	no known drug allergies
cc:	chief complaint	NIDDM	non insulin-dependent diabetes mellitus
COPD	chronic obstructive pulmonary disease	NSR	normal sinus rhythm
CTA	clear to auscultation	po	orally
c/o	complaining of	OMT	osteopathic manipulative treatment
CBC	complete blood count	ppd	packs per day
CT	computed tomography	PTT	partial thromboplastin time
CHF	congestive heart failure	PMH	past medical history
CABG	coronary artery bypass grafting	PSH	past surgical history
DTR	deep tendon reflexes	PE	physical examination
DM	diabetes mellitus	+	positive
ENT	ears, nose and throat	PT	prothrombin time pupils equal, react to light and accommodation
ECG or EKG	electrocardiogram	PERLA	
ED	emergency department	ROM	range of motion
EMT	emergency medical technician	RBC	red blood cells
E	extended	RRR	regular rate and rhythm
EOM	extraocular muscles	ROS	review of systems
Ext	extremities	R	right
FH	family history	ROT	rotated
f or ♀	female	RO	rule out
F	flexed	SB	side bent
GI	gastrointestinal	SH	social history
GU	genitourinary	Tspine	thoracic spine
HEENT	head, eyes, ears, nose and throat	TIA	transient ischemic attack
HVLA	high velocity, low amplitude	US	ultrasound
hx	history	URI	upper respiratory tract infection
h/o	history of	U/A	urinalysis
HIV	human immunodeficiency virus	w	white
HTN	hypertension	WBC	white blood cells
JVD	Jugular venous distention	WNL	within normal limits
KUB	kidney, ureter, and bladder	∅	without or no
LMP	last menstrual period	yo	year-old
L	left		

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Humanistic Domain: Doctor-Patient Communication, Interpersonal Skills & Professionalism

Doctor-patient communication, interpersonal skills and professionalism are complex and multidimensional, and are best defined in the assessment context as specific observable behaviors and conduct throughout the entire examination. One dimension assesses the candidates' ability to *elicit information*, including the ability to ask questions in an articulate, understandable, straightforward manner, the appropriate use of open-ended questions and facilitative prompts, and a good command of spoken English. A second dimension is that of *listening skills*, assessing the ability to both listen to and respond appropriately to the patient's statements and questions. The next dimension is *giving information*, described as the ability to effectively communicate clear explanations and counseling with regard to the patient's concerns and to facilitate appropriate closure. Next is *respectfulness*, differentiated as the ability to treat the patient in a polite, sensitive and collaborative manner; honoring other's choices and rights, demonstrating appropriate cultural competence, and holding the patient in high regard or esteem. The fifth dimension is *empathy*, defined in this context as the ability to demonstrate and communicate (verbally/non-verbally) understanding, concern and interest in the patient's medical problem and life situation. The last dimension is *professionalism*, which in this context assesses the ability to show an altruistic interest in the patient's welfare, the ability to appear both appropriately confident and therapeutic, and to ensure patient confidentiality and ethical principles. Humanistic domain attributes are evaluated by trained professionals using holistic rating tools and extensive quality assurance processes, and standards are set as informed by input from osteopathic physicians who are representative of osteopathic medical practice from around the country.

Additional Attributes of Professionalism

The assessment of professionalism in COMLEX-USA Level 2-PE extends beyond behaviors that are documented in the examination rooms with standardized patients. Any irregular conduct that would constitute unprofessional conduct, as outlined in NBOME's [*Bulletin of Information*](#), with regard to the application or registration for, the taking of, or the conduct after taking any COMLEX-USA examinations subject to NBOME's policies, could result in invalidation of an examination or disqualification. This includes copying, fraud, or sharing of any examination content or material, use of prohibited reference materials during the examination, and verbally or physically harassing any NBOME staff at any time, including when contacting NBOME for information about failing scores. In addition, misrepresentation of clinical findings **on the medical record (written SOAP Notes) in COMLEX-USA Level 2-PE by documenting medical history that was not elicited, or physical examination maneuvers or techniques that were not performed, is considered irregular conduct and will be thoroughly investigated and dealt with as specified in NBOME's [*Bulletin of Information*](#).**

Scoring and Score Reporting

Candidates' history-taking and physical examination skills will be documented by the standardized patient portraying the case immediately following the encounter. Doctor-patient communication, interpersonal skills, and professionalism will be evaluated by the standardized patient at that time. Written SOAP Notes and OMT skills (by digital recording) will be rated by NBOME trained and approved osteopathic physician examiners.

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Pass or Fail scores will be reported as the overall examination score, and for each of two examination domains which are shown below.

Humanistic Domain: Measures skills in Doctor-patient communication, interpersonal skills, professionalism. Assessed skills within this domain include the ability to elicit information, listening skills, giving information, respectfulness, empathy and professionalism.

Biomedical/Biomechanical Domain: Measures skills in Data-Gathering, osteopathic manipulative treatment, and written SOAP Notes. The Data-Gathering component reflects skills in history-taking and physical examination. The OMT portion represents performance in osteopathic assessment and manipulative treatment in select cases. The written SOAP Note measures written communication (synthesizing information gathered in the clinical encounter), clinical problem-solving, integrated differential diagnosis and formulation of a therapeutic plan. Osteopathic principles are incorporated into each of the three areas.

In order to receive a passing score for the overall examination, a candidate must pass both of the domains. A passing score for COMLEX-USA Level 2-PE means that the candidate has demonstrated minimal competency in clinical skills for entry into graduate medical education. Candidates may compensate for poor performance in one case with stronger performance in another. Similarly, candidates may compensate for substandard performance in some areas of the Biomedical/Biomechanical domain with stronger performance in others. All candidates who receive a failing score for either domain will be provided relative performance feedback (e.g. poor, proficient) for each domain, as well as for each score component for the Biomedical/Biomechanical domain, designed to assist with remediation at their osteopathic medical school or program. This performance feedback provided on the score report represents the **only** feedback that can be reported to candidates who fail the examination. The NBOME will not rescore encounters or components by videotape, or review case specific or general deficiencies with candidates. Information about Candidate Score Confirmation can be found in the [Bulletin of Information](#). Further information regarding failing scores is available on the **COMLEX-USA Level 2-PE Score Reporting [FAQ Document](#)**, which is available on the website. Failing candidates should consult with their school for recommended remediation programs.

Scores will generally be available within 8-10 weeks of the examination date. There are occasionally short delays in score reporting due to circumstances that are out of NBOME's control. Score reports will be forwarded by US mail directly to the candidate as well as the candidate's osteopathic medical school. Pass/Fail results will also be available via secure access through the website. Candidates should consult with NBOME's [Bulletin of Information](#) posted on the website for detailed information regarding score reporting.

Testing Regulations

Candidates are restricted from discussion of the clinical cases or the examination at any time during the test, including breaks, or at any time after the test. Any attempt to gain prior information regarding specific clinical cases is strictly prohibited. Any violations or other disclosure of such material will be taken very seriously by the NBOME and may lead to disqualification and thus jeopardize a candidate's eligibility of licensure. These violations are further detailed in the NBOME's Bulletin of Information, which is available at www.nbome.org.

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All common areas as well as examination and break rooms in the center are monitored with video surveillance. ***Any irregular conduct that is judged as undermining the security of the examination process will be thoroughly investigated and dealt with according to NBOME's policies and procedures.*** These behaviors may include, but are not limited to: disruptive or inappropriate behavior at the center; giving or receiving unauthorized assistance during the examination; possessing unauthorized devices, equipment, or materials during the examination (recording or photographic devices, cellular phones, reference materials or other communications devices); sharing of examination content before, during or after the examination; communicating with other candidates in any language other than English at any time at the center; failure to follow proctors' instructions, including continuing to evaluate the patient or write on the SOAP Note form after the time limit; note-taking of any kind, except on the SOAP Note forms and scrap sheets provided for that purpose; falsifying a candidate's own identity or eligibility to take the examination; failure to adhere to any NBOME examination policy and failure to follow instructions of NBOME staff at the center.

