

Why the Whole Patient Matters

The osteopathic profession distinguishes itself as treating the whole patient, not just symptoms. DOs are trained to “look beyond your symptoms to understand how lifestyle and environmental factors impact your well-being.”¹

In NBOME assessments, this means that a patient’s **occupation, geographic location, religion, cultural heritage, family structure, housing arrangement, and socioeconomic status** may be appropriate to include in a clinical scenario when the information is pertinent to the testing point of the question.

Diversity, equity, and inclusion is a [core value](#) for the NBOME and is integrated throughout the [COMLEX-USA Master Blueprint](#) and COMAT learner-centered objectives.

Learn more about our approach [here](#).

¹American Osteopathic Association. (2022, January 19). *What is Osteopathic Medicine?* <https://osteopathic.org/what-is-osteopathic-medicine/>

How to Incorporate Mindful Language

Consider these best practices:

- Use the patient’s perspective (e.g., “The patient says that she identifies as ...”).
- Portray shared decision-making, and be mindful to avoid paternalism.
- Avoid implying blame or using victimizing language. In other words, avoid terms like failed, admits, and denies when describing patient behavior.
- Ensure that language is accessible to non-US-born test-takers.
- Incorporate spirituality and complementary treatment modalities as important aspects of patient care.
- Avoid naming cities or countries if the scenario promotes stigma or bias, or if test-takers would be unfamiliar with the location.
- Be mindful that the distractors, or wrong answer options, do not imply bias or stigma.

Apply the NBOME Question Bias Checklist

For each test question, including any attached media, apply the **NBOME Question Bias Checklist** to ensure:

1. The test question is free from information that may be upsetting, insulting, or offensive to test-takers.
2. The test question is free from content that could be perceived as promoting stereotypes related to age, disability, sex, gender, sexual orientation, ethnicity, and/or socially defined race.
3. The test question is free from content that could be perceived as promoting bias, shame, or stigma toward any group of test-takers.
4. The test question does not present or imply biological differences between socially defined racial or ethnic groups.
5. The test question is free from content that may elicit an inappropriate emotional reaction (e.g., laughter, disgust, or hurt).

Excerpts from the NBOME Mindful Language Guide for New Test Questions

Topic	Quick Notes
Age	<ul style="list-style-type: none"> • Include positive portrayals of aging and sexual activity in older stages of life. • Avoid bias toward young people, such as implying that they do not understand what is happening.
Body Weight	<ul style="list-style-type: none"> • Include height/weight or body mass index (BMI) rather than defining a person by the interpretation of their body weight. Do not use phrases like “obese man” or “thin woman.” • Avoid assumptions about lifestyle/diet based on BMI.
Disability	<ul style="list-style-type: none"> • Promote patient autonomy in depictions of disability. • Avoid verbiage that has a history of being used disparagingly. • Avoid highly descriptive narrative portrayals of mental illness and neurocognitive conditions.
Ethnicity	<ul style="list-style-type: none"> • Ethnicity is a sociopolitical construct for classifying humans based on shared cultural similarities. • Patient ethnicity is not typically included in exam content.
Gender	<ul style="list-style-type: none"> • Include diverse gender roles, and avoid stereotypes. • Use self-identified language to describe patients who are transgender. • Specify the pronouns the patient uses only when necessary to avoid confusion, and never use pronouns that contradict the patient’s pronouns.
Geography	<ul style="list-style-type: none"> • Specify regions of the country or world when they are relevant to the testing point and should be familiar to all test-takers. • Avoid referring to entire continents (e.g., “traveled to Africa”). • Do not test geographical knowledge. • Avoid uses of “rural” or “urban” that require inferences about the community or site of care.
Housing	<ul style="list-style-type: none"> • Include a patient’s housing information when relevant. • Avoid associating substance use and violence with people who are unhoused.
Immigration	<ul style="list-style-type: none"> • Portray immigrants positively, and avoid bias or stereotypes. • Avoid the use of “undocumented” or “illegal immigrant.”
Language	<ul style="list-style-type: none"> • Avoid assuming the test-taker is monolingual. When a patient is a non-English speaker, say “The patient and physician do not have a shared language.” • Do not use ethnicity to imply the patient’s primary language.

Topic	Quick Notes
Reproductive Health	<ul style="list-style-type: none"> • Include pregnant patients of varying ages, and avoid negative stereotypes of younger/older patients. • Consider portraying scenarios with nonbinary and transgender patients in the context of reproductive health care.
Race	<ul style="list-style-type: none"> • Do not test race-based medicine. • Avoid including race as a proxy for biology. • Ensure descriptions of skin conditions do not assume light skin tones. • Include diverse skin tone representations in media exhibits.
Relationships	<ul style="list-style-type: none"> • Include diverse family and relationship structures. • Include sexual history using nonjudgmental language. • Avoid specifying a patient’s sexual orientation. Indicate the gender of a patient’s sexual partners only when pertinent. • Avoid use of “adoption” to imply unknown family history.
Religion and Spirituality	<ul style="list-style-type: none"> • Specify a person’s religious beliefs, not their religion, when relevant to a question. • Avoid assuming a patient is religious. If “call the hospital chaplain” is a distractor, the scenario should include details about the patient’s religion. • Avoid linking ethnicity with religion.
Socio-economic Status	<ul style="list-style-type: none"> • Use nonjudgmental, specific language to describe aspects of a patient’s socioeconomic status. • When relevant, provide details about a patient’s access to care and technology. • Be mindful that occupation is not used as a stand-in for socioeconomic status.
Substance Use	<ul style="list-style-type: none"> • Portray nonjudgmental scenarios of patients with alcohol and substance use disorders. • Do not define patients by their substance use.
Traditional Medicine	<ul style="list-style-type: none"> • Consider how traditional, complementary, or alternative treatments may coexist with osteopathic medicine. • Do not generalize traditional, complementary, or alternative medicine as harmful, backwards, or ineffective.

Note: Language is evolving, and our guidance is subject to change. Implementation will take place over time.
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