75 Years Young: Celebrating the Past, Moving Toward the Future

The NBOME was established by charter in 1934 and has served the public and the osteopathic medical profession with quality service for nearly 75 continuous years. The Board was first established as the National Board of Osteopathic Physicians and Surgeons under the leadership of Charles Haz- zard, D.O. who served as the first President until 1939. The initial licensing examination was offered in an essay-type format. The NBOP issued its first Diplomate’s Certificate in 1935 to Margaret Barnes, D.O.

For many years, the licensing examination was administered as the National Board of Osteopathic Physicians and Surgeons, Parts 1, 2 and 3. That examination sequence used test items in an objective type format. From the late 1960s through the early 1980s Part 3 included a live-patient examination under the supervision of approved examiners. Although the concept was years ahead of its time, the “practical examination” was eliminated in the 1986-1987 testing cycle and replaced with a multiple choice examination with a discipline-based design.

In the late 1980s, the National Board of Osteopathic Medical Examiners was incorporated in the State of Indiana, and in the early 1990s the COMLEX-USA examination sequence was developed. The new basis for the sequence arose from the concept that patients present clinically to the physician with problems, and not as a set of organs or disciplines. Further, these problems require that the physician possess certain knowledge and perform certain tasks in order to deal effectively with those problems. Sensitivity to disease prevention, health promotion and an awareness of the nature of the healthcare delivery systems were all deemed to be requisites for the competent practice of osteopathic medicine. The three Levels of COMLEX-USA became fully implemented in the new bi-dimensional (problems vs. tasks) design in 1998.
March 27, 2009

Frederick G. Meoli, DO, FACOS
National Board of Osteopathic Medical Examiners
8765 W. Higgins Rd
Suite 200
Chicago, IL 60631-4174

Dear Dr. Meoli:

On behalf of the American Association of Osteopathic Examiners (AAOE), I would like to congratulate the National Board of Osteopathic Medical Examiners (NBOME) on their 75th Anniversary!

The NBOME has served the public and the osteopathic profession well. For seventy-five years the NBOME has ensured competence in osteopathic medicine and your products have assisted regulators in ensuring competency. Your organization has shown great leadership from Charles Hazzard, DO, your first volunteer President in 1939, to Frederick G. Meoli, DO, your current full time President, and we commend you.

The AAOE embraces the NBOME values of quality, integrity, accountability, commitment, and safety. These are critical items to ensure our service to the public and the osteopathic profession.

Once again, congratulations on your success and commitment to the public and the profession.

Respectfully,

James M. Andriole, DO
President

Candidates Invited to Participate in 75th Anniversary Celebration

The NBOME is launching a contest to encourage candidates to learn more about the organization’s history. Each candidate has the opportunity to read a brief article on the history and then answer five questions. If they complete this process, their name will be entered into a drawing. Four names from each College of Osteopathic Medicine will be drawn at the executive committee meeting in September. Winners will receive a rebate on their COMLEX fees of $75.

The NBOME is conducting this program to commemorate 75 years of continuous quality service to the osteo-
What is in a Logo? Focusing on Our Osteopathic Roots

Logos and seals have been used by individuals, groups, associations, organizations and even nations to reveal a message about who they are and what they stand for. It has been said that a picture is worth a thousand words, and perhaps that extends to seals and logos as well.

The NBOME was chartered by the American Osteopathic Association following the work of a foresighted committee that recognized the need for a “universal examination” for osteopathic medical licensure in the United States of America in 1934. The Board was then called the National Board for Osteopathic Physicians and Surgeons. The Board administered its first examination in 1935, and the first Diplomate’s Certificate was issued in 1936. However, research indicates that a seal or logo (Figure A) was not adopted until 1951 when the Board became incorporated, in the State of Indiana, as the National Board for Osteopathic Physicians and Surgeons.

This seal was only used to stamp the gold seal placed at the bottom of each Diplomate’s Certificate and for other official documents, and it captures the respect the Board and the osteopathic profession had for its founder A.T. Still. The name of the Board is inscribed about the circumference of the seal. The A.T. Still seal remained the symbol of the Board until it was reincorporated in Indiana in 1986.

The seal created in 1986 (Figure B) embodied the new name and direction of the Board as the National Board of Osteopathic Medical Examiners. The name of the Board is written in full title around the periphery of the seal, and the acronym is inscribed obliquely within the central area of the seal. The book located in the lower left portion of inner circle of the seal symbolizes osteopathic medical knowledge and education. The specially reproduced caduceus represents the importance of the NBOME’s relations with all stakeholders within the osteopathic profession. The closed double ring of the inner circle of the seal represents a commitment to quality, excellence, and the protection of the public. The year 1934, observed between the circles of the seal, indicates the year in which the NBOME was originally chartered. The seal and logo used by the NBOME from 1986 until 2009 is pictured below.

In celebration of 75 years of continuous service to the osteopathic profession and the public, the NBOME redesigned its logo (Figure C) to reflect changing times and a respect for its heritage. The name of the organization is placed in the periphery of the seal, and mention is again given to indicate that the NBOME has served the public and the profession well since 1934. The single inner circular line continues to represent the dedication and commitment of the NBOME to promote its organizational values, including quality, integrity, accountability, professional commitment, and public safety. The book in the lower left portion of the inner circle defines the importance of osteopathic medical knowledge and education to the practice of osteopathic medicine. The DO caduceus speaks to the mission of the NBOME “To provide for the public welfare a means to assess competency in the healthcare disciplines relevant to Osteopathic Medicine.”

The most notable feature in the new seal and logo of the NBOME are the hands placed at the bottom of the inner circle. This symbol carries many meanings within the context of the seal. They include the “laying of the hands” for diagnosis, treatment and healing, which is a corner-

(Continued on page 7)
In celebration of our first 75 years the NBOME has put together an Anniversary display for the AACOM, FSMB and AOA conferences. Be sure to stop by, learn a little more about us and pick up a pen.

We are offering an opportunity for you to be a part of our written history. We are collecting stories of D.O.’s who have taken the examinations of the NBOME.

You can forward your stories to us at history@nbome.org or mail them to our Chicago office, Attn: Laura Hadley.

NBOME: Looking Back

(Continued from page 1)

In the late 1990s, it became apparent to the NBOME that it was not fully testing the competence of the future practitioners as the actual performance of clinical skills was not being assessed. The NBOME undertook the research and development of the COMLEX-USA Level 2 PE (Performance Evaluation) to evaluate the clinical skills of candidates about to enter post-graduate medical training. In September of 2004, the NBOME introduced the implementation of the Level 2 PE. The successful completion of this examination became an accreditation requirement for all graduates of osteopathic medical schools beginning with the Class of 2008.

Until 2005, the COMLEX-USA had been administered twice annually in each of the three Levels in a paper and pencil format at a limited number of locations within the United States. In 2005, the NBOME converted the COMLEX-USA to a computer-based administration offered 40 times per year for each Level nationwide at over 300 professional test centers. Approximately 12,000 administrations of COMLEX-USA are given each year, and the number is growing rapidly as the number of osteopathic medical schools has increased over the years.

As an organization, we have continued to explore innovative avenues in testing. New products and services were introduced in 2008 including, but not limited to, the Comprehensive Osteopathic Medical Self-Assessment Examination (COMSAE), which permits students to access their osteopathic knowledge level prior to taking COMLEX-USA; the Pediatric Dentists In-Service Examination; and the AOBME Part 1 Certifying Examination. The NBOME has also made subject examinations available and is working on a web-enabled system for these examinations in the future.

So join us as we celebrate 75 Years of Ensuring Competence in Osteopathic Medicine and work toward at least 75 more.
What’s Happening at the NCCST

Candidate Scheduling for COMLEX-USA Level 2-PE

The NBOME staff has been extremely responsive to this year’s scheduling challenges in the face of COCA’s enforcement of its policy requiring all students to pass COMLEX-USA Level 2-PE prior to graduation. The NCCST has taken extraordinary efforts, unprecedented by any other licensing examination or body, to accommodate students so that they may have more than one attempt prior to graduating from medical school and matriculating in a postgraduate medical education program. In order to address this concern, staff took several measures: emailed scheduling reminders to students and deans, offered 4000 testing spots prior to January 31, decreased score release interval to 8-10 weeks after examination, and offered online and telephone scheduling support for repeaters.

With 4800 open seats for the 2008-9 testing cycle (4000 before January 31), it appears that our strategy for accommodating students has been successful. More than 93% of the 2009 graduates took the exam before January 31, 2009. Numerous seats remained available for the months of January, February and March. For those first time failers, nearly all re-scheduled and retook the exam prior to April 2, 2009, allowing adequate time to receive a second score report prior to graduation.

We were successful in implementing new scheduling strategies to accommodate students, while working closely with NBOME’s staff and board, AACOM, deans and students. This is a fantastic achievement and deserves special recognition.

Expanded Testing Capacity

With the current construction and expansion at the National Center for Clinical Skills Testing in Conshohocken, our staff is very excited to provide additional testing for the increasing number of osteopathic students entering the profession. With the anticipated opening on September 2009, our staff has been preparing and meeting regularly with contractors, subcontractors (networking, computer software and hardware, HVAC, etc.), and reality management.

Staff needs to be congratulated for their dedication, attention to detail and flexibility as we begin to move into our new space in Conshohocken. Greg Folk, IT Coordinator for the NCCST and project manager for the expansion, and Crystal Wilson, Managing Director, deserve special recognition. Their contributions and input to the project have been invaluable; because of their dedication to the project, NBOME will be able to accommodate the increase in candidate testing for the PE in a newly renovated and state-of-the-art addition. The project is moving forward, and the staff is eager to move into the new space. We look forward to accommodating the increased number of candidates for the clinical skills exam.

Research

Under Bill Roberts, Ed.D., Director of Psychometrics and Research, the NCCST Research Team remains quite active and productive. With multiple publications and presentations over the last year, COMLEX-USA Level 2-PE and the NCCST is attaining a great deal of public and academic recognition for its research accomplishments. Projects include multi-trait analysis of Global Patient Assessment Tool, SOAP note fabrication, generalizability theory, divergent and convergent validity of COMLEX Scores and American College of Osteopathic Pediatricians (ACOP) Program Director's Annual Reports, case sequencing, performance based on handedness, and timing study. Future projects are planned for Osteopathic Manipulative Treatment techniques, Fundamental Osteopathic Medical Core Competencies, videotaped physical exam database impact on standardized patient recall, standardized patient demographics, and emerging technologies. Many more projects are in development, and we look forward to seeing what transpires in the coming months from our research team at the NCCST.

A larger clinical skills testing facility, more candidates for testing, and more research: what more could we ask for at the National Center for Clinical Skills Testing? We are eager and look forward to the challenges and opportunities ahead of us in 2009-2010.
Summary of COMLEX-USA Results by Percent Passing  
2006 - 2008

<table>
<thead>
<tr>
<th>Year</th>
<th>Number Candidates (1st Time/Total)</th>
<th>Pass Rate (1st Time)</th>
<th>Pass Rate (Re-taker)</th>
<th>Pass Rate (Total)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007-2008</td>
<td>3655/4235</td>
<td>90.0%</td>
<td>62.4%</td>
<td>86.2%</td>
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<tr>
<td>2006-2007</td>
<td>3434/4157</td>
<td>88.5%</td>
<td>62.7%</td>
<td>84.0%</td>
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<tr>
<td>2005-2006</td>
<td>3587/4194</td>
<td>90.6%</td>
<td>65.1%</td>
<td>86.9%</td>
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<tr>
<td><strong>Level 2 CE</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2006-2007</td>
<td>3114/3701</td>
<td>88.1%</td>
<td>63.9%</td>
<td>84.4%</td>
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<tr>
<td>2005-2006</td>
<td>2785/3322</td>
<td>87.0%</td>
<td>61.6%</td>
<td>82.9%</td>
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<td><strong>Level 3</strong></td>
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<td></td>
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<tr>
<td>2007-2008</td>
<td>3444/3953</td>
<td>91.0%</td>
<td>69.0%</td>
<td>88.2%</td>
</tr>
<tr>
<td>2006-2007</td>
<td>3173/3770</td>
<td>87.7%</td>
<td>65.4%</td>
<td>84.2%</td>
</tr>
<tr>
<td>2005-2006</td>
<td>2434/2817</td>
<td>88.7%</td>
<td>62.4%</td>
<td>85.1%</td>
</tr>
</tbody>
</table>

The chart presented above represents the report as of the close of the 2007-2008 year. It has been the policy of the NBOME to not report partial cycle data due to the nature of the distribution of the testing population and the bias of the results that may be obtained by making assumptions based on less than the entire cohort. However, to date, there does not appear to be any suggestion of any unanticipated shifts in the pass/fail scores for any Level of the COMLEX-USA examination, including the PE. A more detailed analysis of the performance of candidates taking the COMLEX-USA Level 2 PE is included below.

First-Time Takers Pass/Fail Rates

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<tbody>
<tr>
<td></td>
<td>N</td>
<td>% Tot. Fail</td>
<td>% Pass/Fail</td>
<td>N</td>
<td>% Tot. Fail</td>
<td>% Pass/Fail</td>
</tr>
<tr>
<td>Fail</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humanistic Domain</td>
<td>15</td>
<td>11.1</td>
<td>0.5</td>
<td>55</td>
<td>27.1</td>
<td>1.8</td>
</tr>
<tr>
<td>Biomedical/ Biomechanical Domain</td>
<td>113</td>
<td>83.7</td>
<td>3.9</td>
<td>126</td>
<td>62.1</td>
<td>4.1</td>
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<tr>
<td>Both Domains</td>
<td>7</td>
<td>5.2</td>
<td>0.2</td>
<td>22</td>
<td>10.8</td>
<td>0.7</td>
</tr>
<tr>
<td>Total Fail</td>
<td>135</td>
<td>4.7</td>
<td>203</td>
<td>6.6</td>
<td>222</td>
<td>6.4</td>
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<tr>
<td>Pass</td>
<td>2,721</td>
<td>95.3</td>
<td>2,896</td>
<td>93.5</td>
<td>3,248</td>
<td>93.6</td>
</tr>
<tr>
<td>All Tested</td>
<td>2,856</td>
<td>3,099</td>
<td>3,470</td>
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</tr>
</tbody>
</table>
NBOME Announces Selection of New President/CEO

The National Board of Osteopathic Medical Examiners is proud to announce that John R. Gimpel, D.O., M.Ed. will become the CEO and President on July 1, 2009. Dr. Gimpel brings over 15 years of experience with the NBOME as a Board Member, then later as Director of Clinical Skills Testing and then Vice President for Clinical Skills Testing. Dr. Gimpel also has served as Dean of the University of New England College of Osteopathic Medicine.

Dr. William Ranieri, Chair of the Board of Directors, believes that the organization will have a smooth leadership transition because of the dedication of our current President and CEO, Dr. Frederick Meoli, who will officially retire in mid-summer of 2009 and Dr. Gimpel’s experience and knowledge.

Join us in welcoming our new CEO & President. Dr. Gimpel. The leadership of the NBOME, under the leadership of Dr. Gimpel, will continue to meet our mission to protect the public by providing the means to assess competencies for osteopathic medicine and related health care professions and to strive towards our vision to be the testing organization for the entire osteopathic profession.

Logo

(Continued from page 3)

stone in the philosophy and practice of the osteopathic profession. It also stands for the appropriate and timely use of manual medicine in the form of osteopathic manipulative treatment and, lastly, for the use of hands to save and preserve life as one would do with cardiac compression for resuscitation or surgical intervention. Interestingly, few organizations within the medical field have adopted the figure of a hand or hands with the exception of the American College of Osteopathic Surgeons and the American College of Surgeons.

The change in the seal and logo of the NBOME is a microcosm of its history, its mission and its vision for the future. It is the symbol of the dedication and commitment of the NBOME to the public welfare and to the osteopathic medical profession every time, every day, and in every thing we do.

“They represent the laying of hands... which is the philosophy and practice of the osteopathic profession.”

Meoli honored

(Continued from page 1)

completed his residency in General Surgery at the John F. Kennedy Memorial Hospital University Medical Center in Stratford, New Jersey. He spent many years in academic medicine, including service in various capacities at both the Philadelphia College of Osteopathic Medicine and the University of Medicine and Dentistry of New Jersey - School of Osteopathic Medicine. Dr. Meoli became involved with the NBOME in the late 1980s, and became a Board member in 1988. His work with the organization eventually culminated in his appointment as the President of the Board.

Following a reorganization by the NBOME, Dr. Meoli became the organization’s first President/CEO, a position he has held since 2002.

Frederick Meoli, D.O., FACOS
First President/CEO of the NBOME
A Whole New Look: Updated Website Launched

If you’ve had a chance to visit our website - www.nbome.org - you’ve probably noticed that it has changed its look and feel, and it has gained numerous new features!

As the gateway for information concerning osteopathic medical licensure, bio-medical and clinical self-assessment, and clinical skills performance, it provides access to the registration system, examination FAQ’s, and resources for candidates, osteopathic schools, licensing boards and other stakeholders.

So check us out - let us know what you think.

Visit our new website at www.nbome.org