



2017–2018 Orientation Guide COMLEX-USA Level 2-PE

Summary of Important Information and Instructions

Comprehensive Osteopathic Medical Licensing Examination Level 2-Performance Evaluation (COMLEX-USA Level 2-PE)

Information on the examination is included in this guide and on our website.

NBOME strongly advises candidates to:

- Schedule their Level 2-PE as soon as possible, but no later than the fall of their fourth year, in order to meet any graduation requirements.
- Review this guide, the [Instructional Program](#), the [COMLEX-USA Bulletin of Information](#), and the [tutorial](#) and practice module for the e-SOAP (electronic-Subjective Objective Assessment Plan) Note on our [website](#) before examination day.
- On examination day, plan to arrive 30 minutes before the scheduled start time to allow for travel delays.
- For the exam, dress professionally, wear a white lab coat, and bring a standard stethoscope.

We require that candidates bring with them on the day of the examination:

- One source of government-issued legal photo identification (driver's license preferred).
- Printed proof of their scheduled examination from our website or confirmation email.

Because of extensive psychometric equating, calibration, and quality assurance processes, **Level 2-PE scores are generally released within 8–10 weeks of the examination date**. Score-release schedules are posted on the NBOME [website](#) for examination cohorts.

Any irregular conduct will be thoroughly investigated and dealt with according to NBOME's policies and procedures. Please see the [COMLEX-USA Bulletin of Information](#) for details.

NBOME Mission

The mission of the NBOME is to protect the public by providing the means to assess competencies for osteopathic medicine and related healthcare professions.

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INTRODUCTION TO THE COMLEX-USA LEVEL 2-PE

Recommendations and Requirements

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. We recommend that candidates review it thoroughly before the day of the examination.

On examination day, a detailed orientation session will be provided on-site at the NBOME National Center for Clinical Skills Testing. However, in addition to this guide, NBOME *strongly advises* candidates to review the following information *before* the day of the examination:

- The [COMLEX-USA Bulletin of Information](#).
- The [Instructional Program](#).
- The eSOAP (electronic-Subjective Objective Assessment Plan) [tutorial](#) and practice module—students will *not* have the opportunity to practice writing an e-SOAP Note the day of the exam.

Complete information about the COMLEX-USA Level 2-PE is also on our [website](#). We encourage candidates to consult it regularly for any new information that may be posted.

Statement of Purpose

The Level 2-Performance Evaluation (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 by documenting the clinical skills proficiency of graduates from osteopathic medical schools.

The Level 2-PE augments the written COMLEX-USA Level 2-Cognitive Evaluation (CE) of osteopathic medical knowledge by providing an assessment of six fundamental clinical skills:

1. Doctor-patient communication, including the ability to communicate in the English language for each clinical encounter
2. Interpersonal skills and professionalism
3. Medical history-taking
4. Physical examination
5. Knowledge of osteopathic principles and osteopathic manipulative treatment
6. Complete documentation (including the synthesis of clinical findings, integrated differential diagnosis, and formulation of a diagnostic and treatment plan) in a SOAP format

These patient-centered skills are evaluated in the context of clinical encounters with standardized patients (SPs) and are required to be personally performed as appropriate in a timely, efficient, safe, and effective manner.

A passing score for the COMLEX-USA Level 2-PE means that the candidate has demonstrated minimal competency in clinical skills for entry into graduate medical education.

The NBOME National Centers for Clinical Skills Testing

The COMLEX-USA Level 2-PE is administered at two NBOME National Centers for Clinical Skills Testing (NCCST), one located in Conshohocken, Pennsylvania (near Philadelphia), and one center located in Chicago, Illinois. Each test center is a state-of-the-art, technologically advanced clinical skills testing facility designed to ensure patient safety, security, and standardization required for fairness in high-stakes testing.

Both centers have the look and feel of an outpatient clinic, with examination rooms equipped with examination/treatment tables, test equipment (diagnostic otoscopes and direct ophthalmoscopes, blood pressure cuffs, tongue blades, cotton swabs, reflex hammers, tuning forks), sinks, and hand sanitizer.



Scheduling and Rescheduling

Examination scheduling is done through the NBOME [website](#) or by calling one of the NCCSTs (see above). We recommend that candidates:

- Schedule their Level 2-PE as soon as they are eligible, and select an examination date no later than the fall of their fourth year, in order to meet any graduation requirements. Registered candidates can view available dates and schedule the examination by logging in to the automated online scheduling system using a secure identification number and password.
- Schedule retake examinations through the registration site. If a candidate has any scheduling difficulties, he/she may call the NBOME at 610-825-6551. Further information regarding retesting after failing an examination is available on the [website](#).

Additional information:

- Examination dates at both the Philadelphia and Chicago NCCST are opened for scheduling one year in advance on a rolling basis.
- Dates on various weekdays, and on many weekends, are made available on a continuous basis throughout the testing year and will be scheduled on a first-come, first-served basis.

- Both morning sessions (8 AM–3:30 PM) and evening sessions (2 PM–9:30 PM) are available throughout the year.
- Candidates may cancel a scheduled examination online unless it is on the same day as the test (see below). Cancelling and rescheduling an examination date may be subject to significant rescheduling charges.
- Information regarding travel and lodging is available on the [website](#). Student discounts have been negotiated with local hotels for candidates traveling to the area for the exam.

The COMLEX-USA Level 2-PE Examination

Examination Day Requirements

- **Bring one source of government-issued photo identification (driver's license preferred) and a printed confirmation page or email as proof of the examination date and time.** All candidates will be digitally photographed and biometrically scanned (by fingerprint) as part of the registration process.
- Dress professionally, wear a white lab coat, and bring a standard stethoscope to the examination. Amplified stethoscopes, any similar device that may mimic a recording or communicating device, and any attachments to a standard stethoscope (e.g., light source) are prohibited. All other diagnostic equipment will be provided.
- Candidates with disabilities, including hearing impairment, should refer to our [application for testing accommodations](#).
- Do not wear wrist watches or bring other personal timing devices to the examination. Clocks are located in each examination room and throughout the testing center. Regular audio timing prompts also guide candidates through their tests.
- Do not bring pagers, cell/smartphones, tablets, laptops, iPods, MP3 players, manuals, or other clinical or electronic resources into the testing area. Likewise, do not bring valuables such as jewelry to the test center as the NBOME cannot be held responsible for them. Individual full-sized lockers (large enough to accommodate carry-on luggage) are available for storing all personal belongings; however, the stored items will not be accessible during the examination.
- Arrive at the center well rested and well fed at least 30 minutes before the examination start time. Candidates should anticipate heavy traffic and plan accordingly. The high-stakes nature and complexity of this examination allow little flexibility with regard to unforeseen delays.
- **Candidates who arrive late for the examination may not be able to take the test and risk forfeiting a significant portion of the registration fee.**
- **Candidates should contact NCCST–Philadelphia, 610-825-6551, or NCCST–Chicago, 773-714-0622, immediately if they encounter travel delays or an emergency that requires them to cancel an examination on the day it is scheduled. Failure to notify NBOME before the start of the examination session will result in a no-show fee of \$750, as noted in the [COMLEX-USA Bulletin of Information](#).**

- Candidates will not be permitted to leave the test center or have contact with others outside of the center by phone or other means until the conclusion of the examination.

Examination Design

Before beginning the examination, candidates will receive a 50-minute orientation.

During the 6-hour test, candidates will rotate through a series of 12 standardized patient (SP) encounters. In each encounter, candidates will have 14 minutes to evaluate and treat the patient as they see fit given the time allowed, including conducting the patient interview and taking the history, performing indicated physical examination maneuvers, communicating with and counseling the patient, and performing osteopathic manipulative treatment (OMT) as indicated.

These patient-centered skills are evaluated in the context of clinical encounters with SPs for a finite duration. All aspects of evaluation and treatment are required to be personally performed as appropriate in a timely, efficient, safe, and effective manner within that time period as it may be critical to a patient's health.

Requests to expand the 14-minute patient encounters or to alter the SP mix encountered during the examination will not be considered, as this would fundamentally alter the assessment of the clinical skills evaluated by the COMLEX-USA Level 2-PE examination.

Following each encounter, candidates will have an additional 9 minutes to type an e-SOAP Note detailing their clinical findings and assessment of the case at a computer terminal outside the clinical encounter room.

Standardized Patients (SPs)

Standardized patients are professionals who are trained to portray clinical scenarios in a predefined fashion in clinical skills testing situations. All patient cases are developed by a committee of osteopathic physicians and faculty members representing the osteopathic medical profession, including the colleges of osteopathic medicine.

Patients present with complaints and reasons for their visit which are common to osteopathic medical practice in the outpatient, primary care, or emergency room settings. Symptoms and problems are classified according to the following systems: respiratory, cardiovascular, neuromusculoskeletal, gastrointestinal, and other (e.g., genito-urinary, behavioral, etc.).

The set of psychometrically equivalent cases administered on any given test date will match a predefined blueprint that balances cases across the criteria mentioned above. Essential to the construct of the examination is the ability to interact with patients that vary in age, gender, and ethnic and cultural background. They will present with clinical complaints that could be acute or chronic or are opportunities for health promotion and disease prevention.

While candidates are likely to encounter potentially life-threatening conditions that require prompt diagnosis and intervention, the COMLEX-USA Level 2-PE does not currently test advanced cardiac life support or invasive procedures.

NBOME advises candidates to interact with SPs as follows:

- Interview and evaluate SPs as they would actual patients presenting with the same symptoms or problems.
- Examine and treat the SPs as they would real patients, remembering to wash their hands (with soap and water or hand sanitizer) at each station, use appropriate draping for physical examination as necessary, and treat patients gently.
- Treat SPs with **appropriate force**, as they would any patients, to obtain information from the physical examination and perform OMT in a manner that is not excessively forceful or uncomfortable. SPs are involved in repeated physical examinations (e.g., otoscopic exam, abdominal palpation, etc.) throughout the course of the day. If the SP states, “That’s a bit rough, Doctor,” the candidate should either discontinue the maneuver or treatment or modify it to be gentler.

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. Therefore, we advise candidates to do the following:

- 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 that exist for the clinical presentation.
- Demonstrate effective doctor-patient communication skills, interpersonal skills, and professionalism throughout the examination.
- Accept physical examination findings as real even though the finding is simulated.
- Perform focused physical examination maneuvers as they would in any real clinical situation.
- Avoid sloppiness and short cuts.
- Leave the overhead lights on in the examination rooms. Do not turn them off, for example, to perform ophthalmological/funduscopy examination, as this will affect the video digital recording.
- Note that parental consent to evaluate patients who are minors (i.e., younger than 18) is noted on the doorway information sheet in the patient chart (see below).

Candidates *may not* personally adjust an SP’s undergarments or perform the following types of physical examinations/testing on SPs:

- Genito-urinary examination
- Internal pelvic examination
- Rectal examination
- Female breast examination
- Corneal reflex testing

Candidates *may*:

- Mention the test-prohibited exams to a SP if they would be important to the case and then document the intention to perform them in the e-SOAP Note.
- If indicated, perform cardiac, respiratory, and abdominal examinations on male and female SPs as they would with real patients.
- Ask the SP to adjust the location of undergarments.
- Utilize the drape provided for the examination.

Candidates do not need to bring an additional person into the room to serve as an exam chaperone as all encounters are viewed live and are digitally recorded by surveillance cameras.

SPs will or will not do the following:

- They will stay in “character” at all times during the examination.
- They will not use any cue cards or findings cards during the exam.
- They will not respond to artificial items or maneuvers. In other words, candidates may not use or refer to “imaginary” people, equipment, paperwork, interventions, medications, etc., that are not provided for use in the examination rooms. For example, candidates may not instruct a patient to “Take this pill” during the encounter. If asked “How do you feel after taking the pill?,” the SP will not acknowledge that anything has been given.

Doorway Information Sheet/Patient Chart

For each exam room, a doorway information sheet will be contained inside the patient chart:

- It will contain a brief statement of the patient’s reason for the 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.” Information such as the patient’s vital signs should be accepted as accurate. Candidates may desire to recheck the patient’s vital signs if the case warrants physician confirmation, but we advise considering the numerical values listed as accurate for the purposes of formulating the differential diagnosis/problem list or evaluation and treatment plan.
- Any additional information provided, such as relevant x-ray reports, lab results, or EKGs, will also be in the chart.
- Parental consent to evaluate minor SPs (i.e., younger than 18) will be noted on the sheet.
- Candidates may take the patient chart into the exam room and to the e-SOAP Note completion desk after the encounter.
- Scrap paper is also provided in the chart for additional note taking; it will not be scored and will be shredded after the exam.

A sample doorway information sheet is provided on the next page.

Sample Doorway Information Sheet

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 **e-SOAP Note**.

Please do not write on this page.

Examination Day Schedule

The examination day at the center lasts approximately seven hours. This includes an orientation presentation by NBOME staff, a video program, and time for candidates to familiarize themselves with the diagnostic equipment and the examination/treatment tables before the test begins. It also includes time for candidates to record their findings in e-SOAP Notes and several breaks.

For SP encounters:

- Fourteen minutes are allowed for each SP encounter, which includes reviewing the patient's presenting information (doorway information) before entering the room.
- After the 14-minute SP encounter, candidates will have 9 additional minutes to complete the e-SOAP Note using the computer terminal immediately outside of the exam room.
- In the event that a candidate finishes evaluating and treating the patient in fewer than 14 minutes, he/she may leave the room and begin typing the e-SOAP Note. The candidate will not be permitted to re-enter the room to gain additional information.

After a set of four encounters, candidates will have a 30-minute break during which a light meal will be provided:

- Candidates may bring their own food if desired.
- For candidates with 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."
- "Time is up. Please leave the room and report to your desk."
- "Time is up. Please stop writing."
- "Please rotate to the 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 Osteopathic Medical Treatment

Candidates are expected to incorporate osteopathic principles and practices into encounters with SPs where indicated and appropriate. This includes palpatory diagnosis, osteopathically oriented history taking, OMT, and documentation of osteopathic findings and treatment.

When indicated, a candidate may choose to perform OMT on any SP in the examination, with their consent, provided that the candidate follows the following guidelines:

- Similar to physical examination maneuvers, **OMT techniques should be performed with appropriate force on SPs.**
- **The total duration of the treatment should not be longer than three to five minutes for any given patient,** but long enough for a trained physician observer to note the effectiveness and quality of the technique.
- SPs may be treated with any indicated OMT technique with the exception of high-velocity/low-amplitude (HVLA) or other articular mobilization techniques (where a barrier of an articulation is engaged and a thrust is utilized to normalize joint mobility). While HVLA and other articular techniques are safe, proven, and effective for treating real patients with somatic dysfunction, they can create hypermobility if the body is not allowed the opportunity to recover. The SP may not be able to tolerate the multiple candidates treating them with these techniques during the typical exam day.

Permitted commonly used techniques include:

- Muscle energy
 - Counterstrain
 - Functional technique
 - Soft tissue/myofascial
 - Facilitated positional release
 - Still technique
 - Spencer technique
 - Lymphatic pump
 - Osteopathic cranial manipulative medicine
 - Fascial release
 - Galbreath technique
 - Sinus drainage
- Similar to certain prohibited physical exam maneuvers (e.g., rectal exams, internal pelvic exams), candidates are advised to document their plan to perform this type of OMT, if indicated, in their e-SOAP Note.
 - As with physical examination maneuvers, candidates should either modify or discontinue the maneuver or treatment to be gentler or better attend to patient comfort if a SP states, “That’s a bit rough, Doctor.”

E-SOAP Notes

Overview

The e-SOAP Note represents an opportunity to demonstrate documentation skills (in English). Candidates will record clinical findings, exercise clinical problem-solving skills, and formulate a differential diagnosis and a diagnostic and treatment plan. It is acceptable to use either a narrative or a “bullet” or “laundry list” style, provided the notes are written in English.

With the exception of the vital signs provided, **under no circumstances should candidates document results of physical examination maneuvers or techniques that were not performed or a medical history that was not elicited. Such documentation will be considered irregular conduct and will be thoroughly investigated and dealt with according to NBOME’s policies and procedures** (see “Professionalism” below).

The e-SOAP Note consists of **Subjective** components, **Objective** findings, **Assessment/differential** diagnosis, and the **Plan**:

- Candidates are instructed to document significant findings from the patient’s history in the **“Subjective”** portion.
- Physical examination findings and any other key objective findings are recorded in the **“Objective”** portion. Candidates should try to be as specific as possible when documenting physical findings, avoiding the word “normal.”
- For the **“Assessment”** section, candidates will be evaluated on their 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 done 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” encounters, if providing a differential diagnosis would not be relevant, candidates may list the patient’s complaints in a “problem list” format or list relevant risk factors for the area of concern.
- For the **“Plan”** component, candidates should note the workup or treatment they would propose for the patient, including questions or physical exam maneuvers that they inadvertently did not ask or perform, but would plan to do 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 e-SOAP Notes should be completed to “stand alone” as the only documentation for that encounter, as information on scrap paper or the doorway information sheet will not be considered as part of the required documentation.

Candidates should be careful to adhere to the 9-minute time limit for completing their e-SOAP Notes. At the conclusion of this period, the e-SOAP Note keyboard will be disabled and the computer screen will fade to gray.

A [tutorial](#) for practice in writing the eSOAP Note is available on our website.

We generally advise candidates to avoid or limit abbreviations in medical documentation because of the lack of standardization and the potential for medical error:

- If a candidate desires to use abbreviations, we advise using only those that are considered common and would be easily recognized by the osteopathic physician examiners scoring the e-SOAP Notes.
- **The use of uncommon, obscure, confusing, or idiosyncratic abbreviations risks misinterpretation by the physician examiner, which could negatively impact the score on the Note.**

Common English language or medical abbreviations are included in the “Common Abbreviations List,” which will be available at each e-SOAP Note desk outside the examination room (see below).

SOAP Note Directions (Similar to the Posting at Each Desk)

Complete a Note documenting your findings in the text boxes provided. Please do not type your name on the Note.

Be aware that overall synthesis and linkage, organization, and accuracy are important as Notes are scored by physician examiners.

Limit abbreviations to avoid confusion for the examiners. A “Common Abbreviations List” is provided for your reference (see below).

With the exception of the vital signs provided, under no circumstances should you document results of physical examination maneuvers or techniques that you did not perform or medical history that you did not elicit.

Use the following model in constructing your Note:

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

Provide your impression of the diagnosis, listing at least three possible etiologies for the patient problem, symptom, or concern, ranked in order of likelihood for the given case. For wellness visits, list at least three problems or risk factors.

P = Plan

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

Take advantage of the online practice resources available:

- A [tutorial](#) for practice in writing the e-SOAP Note. The brief module will guide you through the features and navigation of the e-SOAP Note used at the NCCST.
- A sample encounter video that you can use as a basis for the content of your practice Note.
- A sample completed e-SOAP Note, which is also shown below.
- A sample doorway information sheet, which is also shown below.

Sample Completed E-Soap Note

Enc. #: 01			 0:09
Routing #: 1	SOAP Note		
NBOME ID #: 111111			
S			
<p>George Payne is a 45-year-old Caucasian right handed male who presents to the Family Medicine office with a complaint of right-sided chest discomfort for one week. The pain began after moving into a new house. He denies any injury to his chest. The pain is sharp like a knife and constant, and he rates it 3-4/10. The pain radiates through to the back intermittently. It is relieved with a hot shower, ibuprofen, or lying on his left side, but made worse with lifting boxes and taking deep breaths. He has had heartburn in the past, but says that this pain is different and never had anything like this previously. He is concerned that this could be related to his heart.</p> <p>ROS: No palpitations, shortness of breath, diaphoresis, nausea, or vomiting PMH: heartburn occasionally PSH: tonsillectomy Meds: Ibuprofen three times a day ALL: NKDA FH: Mother living and in good health, Father died of heart attack at age 60 SH: Married with 3 children. No tobacco, 6-pack of beer on weekends occasionally, marijuana in high school. Occupation is a roofer.</p>			
O			
<p>Vitals: 70 inches 190 lbs 27.3 kg/m2 BMI 132/80 BP 98.4 Temp 80 HR 16 RR Gen: mildly anxious male in mild distress, occasionally touching R chest wall Heart: regular, no murmurs, S3 or S4 Lung: clear bilateral anterior and posterior, slight increase in pain with deep breath Tspine: Paravertebral tenderness R T4-8 tenderness Chest wall: Tenderness with palpation anterior chest wall mid-clavicular line at rib 4</p>			
A		P	
<ol style="list-style-type: none"> 1. Thoracic somatic dysfunction 2. Costochondritis 3. Rib fracture-unlikely 4. Anginal equivalent-doubt 5. Family history of heart disease 		<ol style="list-style-type: none"> 1. OMT: Balanced ligamentous tension technique. Schedule for additional OMT if pain does not resolve 2. NSAIDS/ moist heat 3. X-ray-rib films r/o fracture 4. EKG r/o acute coronary syndrome vs. prior event 5. Dietary and exercise counseling, including decreasing caffeine consumption and increasing fiber 6. Schedule full physical exam and follow up with primary physician 	

Common Abbreviations List

You may use common abbreviations when creating your notes, similar to those listed below. In general, if you are unsure, we recommend that you spell out names and terms rather than abbreviating them. **Avoid abbreviations that might lead to medical errors.**

Abd	abdomen	L	left
ETOH	alcohol	Lspine	lumbar spine
B	black	MRI	magnetic resonance imaging
BUN	blood urea nitrogen	m	male
BMI	body mass index	Meds	medications
CCU	cardiac care unit	MVA	motor vehicle accident
CPR	cardiopulmonary resuscitation	MI	myocardial infarction
CVA	cerebrovascular accident	–	negative
Cspine	cervical spine	Neuro	neurologic
CXR	chest x-ray	NKA	no known allergies
cc:	chief complaint	NKDA	no known drug allergies
COPD	chronic obstructive pulmonary disease	NIDDM	non-insulin-dependent diabetes mellitus
CTA	clear to auscultation	NSR	normal sinus rhythm
c/o	complaining of	Po	orally
CBC	complete blood count	OMT	osteopathic manipulative treatment
CT	computed tomography	Ppd	packs per day
CHF	congestive heart failure	PTT	partial thromboplastin time
CABG	coronary artery bypass grafting	PMH	past medical history
DTR	deep tendon reflexes	PSH	past surgical history
DM	diabetes mellitus	PE	physical examination
ENT	ears, nose, and throat	+	positive
ECG/EKG	electrocardiogram	PT	prothrombin time
ED	emergency department	PERRLA	pupils equal, round, reactive to light and accommodation
EMT	emergency medical technician	ROM	range of motion
E	extended	RBC	red blood cells
EOMI	extraocular muscles intact	RRR	regular rate and rhythm
Ext	extremities	ROS	review of systems
FH	family history	R	right
f	female	ROT	rotated
F	flexed	RO	rule out
GI	gastrointestinal	SB	side bent
GU	genitourinary	SH	social history
HEENT	head, eyes, ears, nose, and throat	Tspine	thoracic spine
HVLA	high velocity, low amplitude	TIA	transient ischemic attack
hx	history	US	ultrasound
h/o	history of	URI	upper respiratory tract infection
HIV	human immunodeficiency virus	U/A	urinalysis
HTN	hypertension	W	white
JVD	jugular venous distention	WBC	white blood cells
KUB	kidney, ureter, and bladder	WNL	within normal limits
LMP	last menstrual period	Yo	year-old

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

Doctor-patient communication, interpersonal skills, and professionalism are complex and multidimensional. They are best defined in the assessment context as specific observable behaviors and conduct throughout the entire examination and are assessed in six dimensions:

1. The candidates' ability to *elicit information*, including asking questions in an articulate, understandable, straightforward manner; the appropriate use of open-ended questions and facilitative prompts; and a good command of spoken English.
2. The candidates' *listening skills*, the ability to both listen to and to respond appropriately to the patient's statements and questions.
3. The candidates' skill in *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.
4. The candidates' *respectfulness*, defined here as the ability to treat the patient in a polite, sensitive, and collaborative manner; honoring others' choices and rights; demonstrating appropriate cultural competence; and holding the patient in high regard or esteem.
5. The candidates' *empathy*, defined in this context as the ability to demonstrate and communicate (verbally and non-verbally) understanding, concern, and interest in the patient's medical problem and life situation.
6. The candidates' *professionalism*, which in this context assesses the ability to show an altruistic interest in the patient's welfare, to appear both appropriately confident and therapeutic, and to ensure patient confidentiality and ethical principles.

Humanistic domain attributes are evaluated by trained SPs using holistic rating tools and extensive quality assurance processes, and standards are informed by input from communication experts and osteopathic physicians that are representative of osteopathic medical practice from around the country.

Additional Attributes of Professionalism

The assessment of professionalism in the COMLEX-USA Level 2-PE extends beyond behaviors that are documented in the examination rooms with SPs. As outlined in the [COMLEX-USA Bulletin of Information](#), any irregular conduct carries significant penalties:

- Any irregular behavior that would constitute unprofessional conduct with regard to applying or registering for and taking any COMLEX-USA examination, or any irregular conduct after taking the test, could result in invalidation of an examination or disqualification from retaking it. This includes copying, fraudulent use of, or sharing 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 requesting information about failing scores.
- **Misrepresentation of clinical findings on the medical record (e-SOAP Notes) in the 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 by NBOME.**

Scoring and Score Reporting

Candidates' history-taking and physical examination skills will be documented by the SP portraying the patient immediately following the encounter, as will doctor-patient communication, interpersonal skills, and professionalism. Completed e-SOAP Notes and OMT skills (by digital recording) will be rated by NBOME trained and approved osteopathic physician examiners.

Pass or Fail results will be reported as the overall examination score and also for each of the two examination domains:

Humanistic Domain: Measures skills in doctor-patient communication, interpersonal skills, and professionalism. Assessed skills within this domain include the following (see above for additional information on these attributes):

- Eliciting information
- Listening skills
- Giving information
- Respectfulness
- Empathy
- Professionalism

Biomedical/Biomechanical Domain: Measures skills in data-gathering, osteopathic manipulative treatment (OMT), and documentation (e-SOAP Notes).

1. The data-gathering component reflects skills in history-taking and physical examination.
2. The OMT portion represents performance in osteopathic assessment and manipulative treatment in select cases. The following areas are assessed globally for OMT:
 - Osteopathic examination/evaluation
 - Patient/physician position for treatment
 - OMT modality selected
 - OMT technique
 - Treatment repetition/duration
 - Post-treatment assessment
3. The completed e-SOAP Note measures communication (synthesizing information gathered in the clinical encounter), clinical problem-solving, and 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 the COMLEX-USA Level 2-PE means that the candidate has demonstrated minimal competency in clinical skills for entry into graduate medical education. Within the examination, poor performance in one case may be compensated by a stronger performance in another. Similarly, within domains a candidate may compensate for substandard performance in

some areas of the with stronger performance in others (e.g. strong OMT skills may compensate for some deficiencies in data gathering)

- All candidates who receive a failing score for either domain will be provided relative performance feedback 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 that 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 is provided in the [COMLEX-USA Bulletin of Information](#). Further information regarding failing scores is available in the [COMLEX-USA Level 2-PE Post-Examination FAQ](#) on our 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. Occasionally, short delays in score reporting occur because of circumstances that are beyond NBOME’s control.

- Score reports will be available via secure access through our [website](#).
- A personal email is sent to each candidate tested informing them when scores have been posted, and alerts are posted on the NBOME Facebook and in Twitter feeds.
- A score-release calendar is also available on our [website](#) that shows the date range within which a candidate can expect his or her scores based on test date (search for “score release information.”)
- Candidates should consult the [COMLEX-USA Bulletin of Information](#) for detailed information regarding score reporting.

Testing Regulations

All common areas and examination and break rooms at the test 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:**

- Candidates are restricted from discussing the clinical cases or the test at any time during the examination, including at breaks, or at any time after the examination.
- Any attempt to gain advance 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 for licensure.

Additional behaviors may include, but are not limited to:

- Disruptive or inappropriate behavior at the test center
- Giving or receiving unauthorized assistance during the examination
- Possessing unauthorized devices, equipment, or materials during the examination (recording or photographic devices, smartphones, reference materials, or other communication devices)
- Sharing of examination content before, during, or after the examination
- Communicating with other candidates in any language other than English at any time while at the test center
- Failure to follow proctors' instructions, including continuing to evaluate the patient or completing the e-SOAP Note after the time limit
- Note-taking of any kind, except on the 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
- Failure to follow instructions of NBOME staff at the center

Regulations and violations are further detailed in the [COMLEX-USA Bulletin of Information](#).