COMLEX PE
Regional Visit #1

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MSUCOM Assistant Dean, Clerkship
Are we really meeting for 3 hours to discuss how to pass the COMLEX PE?

Yes!..and more
How did we get here?
What do I hope happens this year?
DISCUSSION ITEMS

• Where to find information about the COMLEX PE
• COMLEX PE Basics
• When to take the COMLEX PE
• MSUCOM PE SIM
• How to pass the PE
Does this exam have equal weight to the written exams?
Where To Find COMLEX PE Info

• NBOME.org
  • Know the details
    • Orientation guide
    • Sample encounters
    • SOAP note examples
    • Downloadable SOAP note
COMLEX PE BASICS

• Assessment of fundamental clinical skills

• Eligibility
  • NBOME eligibility
    • Completion of year 2
    • Letter of good standing from COM
    • Successful completion of COMLEX USA Level 1
  • MSUCOM eligibility
    • Must take and pass the MSUCOM PE Simulation prior to taking the COMLEX PE
COMLEX PE BASICS

• Basics
  • Offered in 2 cities
    • Philadelphia and Chicago
  • Full day examination
  • It’s not cheap $1295
  • 12 standardized patient cases
    • Outpatient to ER visits
    • Some provide labs/diagnostics
    • Expected to do OMM on 25-40% of cases
      • OMM 3-5 min treatment
    • 14 min in room to complete encounter
    • 9 min to complete electronic SOAP note
COMLEX PE BASICS

• Scoring
  • Humanistic Domain
  • Biomedical/Biomechanical Domain
    • Data gathering
    • SOAP note
    • OMT

  **Must pass both domains to get a pass score

• Who scores?
  • SP- history and PE skills, communication, professionalism, interpersonal skills
  • NBOME trained and approved Osteopathic physician examiners- eSOAP notes, OMT skills
COMLEX PE BASICS

• Humanistic Domain
  • Eliciting information
  • Listening skills
  • Giving information
  • Respectfulness
  • Empathy
  • Professionalism
COMLEX PE BASICS

• Biomedical/Biomechanical Domain
  • Data gathering (hx/pe)
  • Integrated differential diagnosis and clinical problem solving
• SOAP note
• OMT skills
  • Osteopathic examination/evaluation
  • Patient/physician position for treatment
  • OMT modality selected
  • OMT technique
  • Treatment repetition/duration
  • Post-treatment assessment
March, 2015 to February, 2016 Cycle

National Pass Percentage

Schools (ranked by overall pass percentage for first-time takers)
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<th>2017</th>
<th>2018</th>
<th>2019</th>
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<td>3.3%</td>
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<td>5.0%</td>
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<tr>
<td>DOMAINS</td>
<td>2016</td>
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<td>9</td>
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<tr>
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<td>3</td>
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<td>0</td>
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<td>7</td>
<td>9</td>
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<th>5.0%</th>
<th>3.6%</th>
<th>4.3%</th>
<th>3.6%</th>
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<td>- % lower performance in OMT</td>
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<td>1.0%</td>
<td>1.1%</td>
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<td>3.7%</td>
<td>2.3%</td>
<td>3.2%</td>
<td>2.4%</td>
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When to take the exam?

• By end of July
  • March – July
  • High number of MSU fails in June/July
• Risks if after that time
  • Risking residency positions
  • PD’s may not look at your application until everything is complete
    • Delaying or losing interview opportunities
  • If you fail the exam that you took after July, you next opportunity to take and get a grade may be after rank submission
    • Most programs will not rank students that don’t have a passing grade on COMLEX 1 and 2
• Why the mandatory simulation?
  • Statistics
  • Simulated patients—the more you see, the higher your chance of passing a simulated patient examination

• Why am I required to take the simulation at least 30 days prior to my actual examination?
  • Faculty review
  • Implement suggestions
  • $$ if date altered

• 30 days inbetween comlex PE and PE sim required....45-60 suggested
What is expected for the PE Sim

- Preparation material (D2I) will be sent to you at least 3 weeks in advance of your simulation date
  - Ppts, NBOME site review, quizzes to pass
  - Failure to prepare and complete assignments-no admittance to the simulation event
Committed to Quality Health Care

The National Board of Osteopathic Medical Examiners invites you to learn about us and our commitment to quality health care. Our mission is to provide the means to assess competencies for osteopathic medicine and related health care professions to ensure access to quality care. We achieve this purpose through service and partnership with the medical education and regulatory communities.

Information for...

Osteopathic Medical Students

Find up-to-date information on the pathway to licensure as an osteopathic physician with the COMLEX-USA examination series. Also learn about other resources like our continuing self-assessment tools to assist you throughout your medical education and career.
COMLEX-USA

The Pathway to Osteopathic Medical Practice & Licensure in the United States

COMLEX-USA (Comprehensive Osteopathic Medical Licensing Examination of the United States) is a three-level, national standardized licensure examination designed for licensure for the practice of osteopathic medicine. COMLEX-USA is designed to assess osteopathic medical knowledge, knowledge fluency, clinical skills, and other competencies needed for practice as an osteopathic generalist physician. It is also a graduation requirement for attaining a DO (Doctor of Osteopathic Medicine) degree from colleges of osteopathic medicine in the United States, and for entry into and promotion within graduate medical education (residency) training programs.
MSUCOM PE SIM

• In East Lansing only
• Full day event
  • ½ day in Simulation
  • ½ day in OMM review

• Simulation
  • see 4 patients, observe peers in 4 patients
  • Complete SOAP notes
  • OMM on 2 cases

• OMM
  • Workshop
  • Review of common procedures
• Like in the COMLEX USA Level 2 PE, you will NOT be performing the following (but certainly document in your SOAP note if these are things you would complete in a non-SP situation!);
  • HVLA
  • Sensitive exams- rectal, genital or vaginal examinations, breast examinations, corneal reflex exams
Tips on Passing the PE (and sim!)

• Prepare
• Prepare
• Prepare
• Prepare
Volunteer
Tips on Passing Comlex PE
Prior to entering room....

Scour Doorway Information Sheet
   1. Located inside a folder on door
   2. Look at location of case (office to ED), cc, VS, diagnostics/labs

Formulate **Differential** and think of questions to help differentiate your differential

Make your cheat sheet

Practice getting this down to **30** seconds
Cheat Sheet
Cheat Sheet

Start utilizing now when you see patients
Doesn’t have to be neat…just fast
Don’t get caught up in study materials that change you from OPPQRSTA
OL (open ended question, location)-both often missed
Bottom line uses:
   write your patients concerns/plans to address during assessment
   and plan
Introductions

- Mr./Ms.
- Use your first and last name
- Medical student here to evaluate you today
  - Might say location...’in the office or in the Emergency Dept’ as a reminder to you as to where the case is located!
- Shake hands
- LOOK AT PATIENT

??Wash hands??
History

• ‘tell me what brings you in’  CC
• ‘tell me more about that’
  • Common mistake-’tell me more about that, like when did it begin?’

• LOPPQRST
  • May have to abandon in certain cases  (ex  SIGECAPS, wellness, etc)

• A-Associated Symptoms
History-Associated Symptoms

• **COMMON MISTAKE** with students is they ask ‘have you noticed any associated symptoms with that chest pain?’ Students only ask that question and do not ask further questions to differentiate the CC
  - You MUST use this time to differentiate your CC differential
  - Failure to do so…fail data gathering portion of biomedical/biomechanical domain

• Example: patient with Chest Pain. After OLOPPQRSTA, this is the time to ask differentiating questions to your CC differential (differential of Chest Pain-cardiac, gi, msk, anxiety, pulmonary etc). This is when you ask about palpitations, N/V, diaphoresis, SOB, Cough, wheeze, sputum, travel, stress, pain only with movement, recent new activities like new exercise, acid feeling with lying down or trouble with spicy foods, and more)

• Start building this knowledge base NOW. Read on your CC’s after seeing cases or nightly. Use uptodate or dynamed plus (in MSU library) to broaden differentials for CC’s and questions you should be asking to differentiate
History

- Med
- All (should ask reaction)
- PMH
- PSH
- Soc (smoking, etoh, drugs, occupation, marital status, immunizations, screening examinations, detailed diet)
- Fhx (be careful of length)

- ROS – should be very brief as you should have asked A LOT of systems questions during your Associated Symptoms
Physical Examination

• Prior to PE
  • ‘is there any other information to share or any concerns prior to me doing the physical exam?’
    • Asking this question gives you a second chance to pick up on patients additional concerns like “I think I might have cancer”
    • ??wash hands??—if you haven’t done so on room entry, make sure you do so prior to PE
  • You should perform PE maneuvers to differentiate your differential!
  • No breast exams/pelvics/rectals/corneal reflexes
  • Will see body paint, bandages/braces
    • NO CARDS like you saw in OPC
  • Think head to toe
  • Common mistakes..
    • Only doing heart and lung exam and forgetting to use PE to differentiate (example, in chest pain case differential...see Associated Symptoms slide...you should inspect heart, lungs, legs, palpate area of pain to see if you can reproduce, etc)
    • sequence of abdomen exam (inspect, auscultate, percuss, palpate)
    • Joint exams
      • Inspect joint above and below, inspect opposite joint
Assessment and Plan

• You must provide one. You are the doctor in these cases.
• Area of great weakness as you are not used to providing these...so you must practice
• Use patient terms
• SIT DOWN and give this assessment/plan

• ‘Here is what I think is going on...I think you are having musculoskeletal or muscle pain in your chest’ than ‘here is what I would like to do about that’.....
Assessment and Plan

• You get a 2 minute announcement during the COMLEX PE...you will be nervous and rushing so utilize that cheat sheet section under the line(see slide 27) to help you keep your thoughts together.

• You can, if pressed for time, give this while doing OMT
• Don’t forget about things like OMT, PT, social work, counseling
• Can say ‘I’m going to draw blood for labs’
• Don’t have to give doses to meds
Assessment and Plan

• Example closing
  • Here is what I think is going on. I think you are have a muscle strain in your back. I do not think you have ruptured a disk. I’d like to have you come back in the next week for more OMT, and I’d like to put you on a medicine called Motrin for the pain. Please take the motrin with food and if you have any upset stomach or dark stools, I would like to know about that right away. I will send you home a list of stretching exercises I would like you to do. It is also important for me to know if your pain gets worse, or if you have any pain or weakness in your legs, or if you lose any bowel function. Call me if any of that happens. Does that sound reasonable to you? Do you have any questions or concerns?
  • Shake hands, ‘it was a pleasure meeting you’
OMT

- 3 or 4 patients
- Will often be prompted ‘is there anything you can do for me today...or I had this doctor do some work on my arm in the past..etc”
  - Should make you VERY much consider that an omt case!

- Right technique, right hand placement
- No hvla
- Do not ‘shotgun’ omt on all 12 cases!
- Assess, treat, reassess
How will you introduce OMT to your patient?
OMT

Fast, short, practiced!

‘I’m an osteopathic medical student and would like to use a gentle technique called osteopathic manipulative therapy or OMT to help relax the muscles in your back. Would that be something you are interested in me doing now?’
Patient Concern

- In most cases in sim and COMLEX PE
- Patient concerned about something
  - Examples “I’m worried I might have cancer, Do you think I’m having a heart attack, etc”
  - Patient may meet you at the door with the concern, or you might have it during history taking
  - This is your opportunity to show your humanistic qualities
Patient Concern

- Humanistic qualities
  - Statement of empathy (concern or understanding)..do not just say ‘I’m sorry to hear that’
  - ‘I can certainly understand your concern..I am concerned about that too’
  - ‘I can see why that would worry you’
    - MUST BE DONE WHILE LOOKING AT THE PATIENT!
  - Patient often brings this up right away...so not appropriate to make a decision on their concern without a complete history and PE. You shouldn’t be saying ‘I don’t think this is cancer’ when you haven’t asked all your questions or done a PE. You can instead say “I can see how this concerns you. I’m concerned as well and would like to ask you some more questions and do a physical exam...than we can talk about this after I’ve had a chance to ask questions and examine you..is that ok with you?”

- Write the concern under your cheat sheet line to remember to bring this back up during your assessment/plan (slide 27)
  - Example ‘I know you were worried about having a heart attack, but I think this is all musculoskeletal or muscle pain you are having..not your heart’
MISC

• “just a moment doctor” and look of discomfort means stop and readjust or d/c

• Draping patients
  • Drape will be located near sink
  • You will need to unfold and put onto patient for privacy..I would suggest on all cases

• Pulling out leg rest on tables

• Gloves..you don’t need them. Use the foam.’

• You will have the chance at the COMLEX PE to see the rooms before you start seeing sp patients. Use that time to get acquainted with room...and figure out your smooth entry
HOMEWORK

• Schedule your exam!
• Start utilizing the downloadable SOAP note at least weekly to practice your speed and content. Consider extra time during C3 to practice SOAP notes for any cases.
• Know the NBOME acceptable abbreviations when you are practicing!
• Start building your data gathering knowledge by searching symptoms nightly! Use uptodate or other to read nightly to improve your differentials/questions for patients, etc.
• Start using a cheat sheet
• Start practicing differentials outside a room
• Fill the ‘associated symptoms’
• And many more... review the ppt again!
Misc!

• OMM 3\textsuperscript{rd} year requirement- 2 cases (one in one outpt)
• Look ahead to schedule your omm COMAT exam to avoid N grade at end of year 3
• Read your syllabus!
Case #1

• You are evaluating a 60 y/o female patient with rheumatoid arthritis. On PE you note classic swan neck deformity and ulnar drift. You would like to share this experience with other classmates and ask the patient if you can take a picture of the hand deformities.

• Thoughts?
Case #2

• You are on an outpatient family medicine rotation in a large group practice. The attending physicians and staff are often very casual with one another, with some of the partners often making fun of one another.

• Your thoughts?
Case #3

• You have just completed your psychiatry core rotation. You had the opportunity to review your evaluation by the attending and residents and notice comments that you do not agree with on the evaluation.

• What do you do?
Thank you!