“To protect the public by providing the means to assess competencies for osteopathic medicine and related health care professions”
Mission

To protect the public by providing the means to assess competencies for osteopathic medicine and related healthcare professions
Vision

To be the global leader in assessment for osteopathic medicine and related health care professions
NBOME Board of Directors - December 2013

[Image of a group portrait of the NBOME Board of Directors in December 2013]
Gary L. Slick, DO, MA
Acting within our available resources and consistent with our mission, vision and values, the NBOME will focus on:

- **Continuum of Competency Assessment**: Expand competency assessment across the education, training and practice continuum.
- **Performance Excellence**: Integrate performance excellence in our products, processes and services.
- **Engaged Workforce**: Cultivate the most capable, most qualified and engaged national faculty and staff.
- **International Growth & Development**: Expand our presence in the international arena.
- **Collaboration**: Strengthen collaborative efforts in assessments, research and patient safety across the continuum of osteopathic education and practice.
### Committees

<table>
<thead>
<tr>
<th>Committees</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMLEX-USA Level 1 &amp; Foundational Biomedical Sciences</td>
<td>John E. Thornburg, DO, PhD</td>
</tr>
<tr>
<td>COMLEX-USA Level 2-CE  (Cognitive Evaluation)</td>
<td>Charles A. Finch, DO</td>
</tr>
<tr>
<td>COMLEX-USA Level 2-PE  (Performance Evaluation)</td>
<td>David Kuo, DO</td>
</tr>
<tr>
<td>COMLEX-USA Level 3</td>
<td>Michael F. Oliverio, DO</td>
</tr>
<tr>
<td>Advanced Items</td>
<td>Robert T. Hasty, DO</td>
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### Foundational Biomedical Sciences - Divisions

<table>
<thead>
<tr>
<th>Division</th>
<th>Name</th>
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<tbody>
<tr>
<td>Anatomy</td>
<td>Randy J. Kulesza, PhD</td>
</tr>
<tr>
<td>Biochemistry</td>
<td>Sean M. Lynch, PhD</td>
</tr>
<tr>
<td>Genetics</td>
<td>David P. Gardner, PhD</td>
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<tr>
<td>Microbiology &amp; Immunology</td>
<td>Peter G. Gulick, DO</td>
</tr>
<tr>
<td>Pathology</td>
<td>Mary Jo Robinson, DO</td>
</tr>
<tr>
<td>Pharmacology</td>
<td>Gerald B. Call, PhD</td>
</tr>
<tr>
<td>Physiology</td>
<td>Michael L. Smith, PhD</td>
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</table>
## Clinical Departments

<table>
<thead>
<tr>
<th>Department</th>
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<tbody>
<tr>
<td>Emergency Medicine</td>
<td>James E. Powers, DO</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Joshua S. Coren, DO, MBA</td>
</tr>
<tr>
<td>Internal Medicine, Geriatric Medicine &amp; Dermatology</td>
<td>Glenn H. Nordehn, DO</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>Joseph M. Kaczmarczyk, DO, MPH</td>
</tr>
<tr>
<td>Osteopathic Principles &amp; Practice / Neuromusculoskeletal Medicine</td>
<td>Randy G. Litman, DO</td>
</tr>
<tr>
<td>Pediatric and Adolescent Medicine</td>
<td>Jacqueline M. Kaari, DO</td>
</tr>
<tr>
<td>Preventive Medicine &amp; Health Promotion</td>
<td>James E. Foy, DO</td>
</tr>
<tr>
<td>Psychiatry, Neurology &amp; Clinical Neurosciences</td>
<td>Jed G. Magen, DO, MS</td>
</tr>
<tr>
<td>Radiology &amp; Diagnostic Imaging</td>
<td>Joseph W. Stengel, DO</td>
</tr>
<tr>
<td>Surgery, Surgical Subspecialties &amp; Anesthesia</td>
<td>William R. Henwood, DO</td>
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## Preventive Medicine / Health Promotion - Divisions

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<tr>
<td>Biostatistics &amp; Epidemiology</td>
<td>Alan G. Glaros, PhD</td>
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<tr>
<td>Health Care Delivery &amp; Patient Safety</td>
<td>Oliver W. Hayes, III, DO, MHSA</td>
</tr>
<tr>
<td>Medical Ethics, Jurisprudence &amp; Professionalism</td>
<td>Jonathan R. King, DO, JD</td>
</tr>
<tr>
<td>Public Health &amp; Preventive Medicine</td>
<td>Paul C. Dew, MD, MPH</td>
</tr>
<tr>
<td>Department</td>
<td>Name</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>John W. Becher, DO</td>
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<tr>
<td>Family Medicine</td>
<td>Tracy O. Middleton, DO</td>
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<tr>
<td>Internal Medicine</td>
<td>Gary L. Slick, DO</td>
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<td>Obstetrics &amp; Gynecology</td>
<td>Sheryl A. Bushman, DO</td>
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<td>Osteopathic Principles &amp; Practice / Neuromusculoskeletal Medicine</td>
<td>Karen T. Snider, DO</td>
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<tr>
<td>Pediatrics</td>
<td>Alissa P. Craft, DO</td>
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<tr>
<td>Psychiatry</td>
<td>Ronald R. Paolini, DO</td>
</tr>
<tr>
<td>Surgery</td>
<td>Craig A. Gudakunst, DO</td>
</tr>
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</table>
NBOME 2014 National Faculty Member Locations

- National Faculty Locations
- COMs and the Number of Faculty from Each COM
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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</thead>
<tbody>
<tr>
<td>Mark Dawley, MBA</td>
<td>Senior Managing Director for Cognitive Testing</td>
</tr>
<tr>
<td>Mary Browne, MA</td>
<td>Director for Test Development / Program Co-Manager - Level 2-CE</td>
</tr>
<tr>
<td>Kevin Kalinowski, PhD</td>
<td>Psychometrician - COMAT</td>
</tr>
<tr>
<td>Marc Lukasik, PhD</td>
<td>Senior Test Development Specialist - COMAT</td>
</tr>
<tr>
<td>Eric Przybylski</td>
<td>Senior Test Publishing Specialist</td>
</tr>
<tr>
<td>Haiyan Wu, PhD</td>
<td>Research Associate</td>
</tr>
</tbody>
</table>
Phase 1, Phase 2 and Phase 3 have distinct test forms
School program for assisted self assessment
Phase 1D was released in April of 2013; new forms pending

Visit: [www.nbome.org](http://www.nbome.org) and click on **COMSAE** in the left navigation
COMSAE Phase and COMLEX-USA Level Score Relationship: Timed administrations

Many COMs have shown even higher correlations with timed & proctored administrations

<table>
<thead>
<tr>
<th>COMSAE Phase</th>
<th>N</th>
<th>Correlation with Corresponding COMLEX-USA Level</th>
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<tr>
<td>Phase 1</td>
<td>2629</td>
<td>0.75</td>
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<td>Phase 2</td>
<td>2094</td>
<td>0.68</td>
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<td>Phase 3</td>
<td>279</td>
<td>0.65</td>
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</table>
Comprehensive Osteopathic Medical Achievement Tests

COMAT
National Board of Osteopathic Medical Examiners
COMAT Subject Examinations

- Virtually every COM now enrolled in COMAT Program!
- Seven (7) Core Clinical Disciplines – designed for end of clerkship/clinical rotation or course evaluations (OPP, Surgery, Pediatrics, OB-GYN, Psychiatry, Family Medicine, Internal Medicine); Emergency Medicine coming in 2015!
- Osteopathically distinctive assessments; Content reflects the latest development of the subject and consensus “best-practice” guidelines- blueprints on NBOME website
- Feature learner-centered objectives and teaching and learning resources
- On-line adaptability and flexibility; proctored and secure
- Moderate correlation with COMLEX-USA Level 2-PE performance
COMAT Administration By Subject 2011-2013
Adopting New COMAT Examinations

If they existed, how likely is it your COM would adopt the following COMAT subject examinations?

<table>
<thead>
<tr>
<th></th>
<th>Very likely</th>
<th>Somewhat likely</th>
<th>Somewhat unlikely</th>
<th>Very unlikely</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>Anatomy</td>
<td>4</td>
<td>6</td>
<td>7</td>
<td>2</td>
<td>19</td>
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<tr>
<td>Comprehensive Basic Science</td>
<td>6</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>18</td>
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<tr>
<td>Genetics/Immunology</td>
<td>4</td>
<td>7</td>
<td>4</td>
<td>2</td>
<td>17</td>
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<tr>
<td>Geriatrics</td>
<td>5</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>Intensive Care</td>
<td>1</td>
<td>6</td>
<td>8</td>
<td>4</td>
<td>19</td>
</tr>
<tr>
<td>Neurology</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td>4</td>
<td>18</td>
</tr>
<tr>
<td>Pharmacology</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>Physiology</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>2</td>
<td>19</td>
</tr>
</tbody>
</table>
Take-Home Points about COMAT Program:
Likely for COMAT in July 2015

1. COMAT Emergency Medicine
2. COM Option for iPad COMAT Administration
3. COM Option for secure test center COMAT Administration
Comprehensive Osteopathic Medical Licensing Examination-USA

COMLEX-USA®
National Board of Osteopathic Medical Examiners
http://www.NBOME.org/COMLEXvideo
• COMLEX-USA Level 1

• COMLEX-USA Level 2 – Cognitive Evaluation (CE)

• COMLEX-USA Level 2 – Performance Evaluation (PE)

• COMLEX-USA Level 3
COMLEX-USA Level 1 First-Time Taker Passing Rates

- 2006-07: 88.50%
- 2007-08: 90.00%
- 2008-09: 89.60%
- 2009-10: 89.60%
- 2010-11: 87.60%
- 2011-12: 91.80%
- 2012-13: 90.60%

- 4,611 1st-timers in 2010-11
- 4,853 1st-timers in 2007-08
- 5,056 1st-timers in 2008-09
COMLEX-USA Level 3 First-Time Taker Passing Rates

- 88.70% (2005-06)
- 87.70% (2006-07)
- 91.10% (2007-09)
- 91.90% (2009-10)
- 91.40% (2010-11)
- 95.00% (2011-12)
- 95.10% (2012-13)

- 4,357 1st-timers (2005-06)
- 4,118 1st-timers (2006-07)
- 3,660 1st-timers (2007-09)

www.nbome.org
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Novel Item Formats in COMLEX-USA

- Add to authenticity and validity; Broaden the assessment over an expanded competency subset, across 7 competency domains
- Include use of multimedia test items (e.g., audio, video, patient scenarios, heart and lung sounds) – in COMLEX-USA since 2007
- Newer prototype formats exploring assessment of information-mastery skills, biostatistics, evidence-based medicine, clinical decision-making (following FOMCD)
- Current pilot testing of Clinical Decision-Making (CDM)/Key Features like those used in Medical Council of Canada Qualifying Examination for licensure/registration and elsewhere
Clinical Decision-Making/ Key Feature Test Cases/ Items

Given a patient who presents with...

• What are the challenges associated with the presentation?
  – What are the likely difficulties candidate would encounter?
  – What are the critical errors that could be made?
  – What are diagnostic or management challenges that must be considered?
  – What are the cost-effective/resource utilization or system-based challenges?

• Only the critical points or actions ("key features")
Clinical Decision-Making/Testing Format

Clinical Scenarios - 30-35 cases

Each case has 2-5 questions

Aimed at leading dx/consideration; diagnostic steps (H&P, lab, imaging, etc.) and/or management/follow-up

Responses

Short answer: fill in the blank (e.g. Leading Dx)
Menu: select X# from a list of 15-20 that may include correct, no harm options as well as “KILLER” options
Extended write in: List up to X# (lose credit of exceed #)
Given a woman experiencing third-trimester painless transvaginal bleeding, the candidate will:

• KF 1 – Consider Placenta Previa as a leading diagnosis
• KF 2 – Avoid performing a pelvic examination
• KF 3 – Avoid discharge home
• KF 4 – Order Pelvic ultrasound
Given this Presentation, what steps will you take now?

You may select up to three.

Select 13 if no steps are indicated.

1. Artificially rupture membranes
2. Cervical Swab for Chlamydia
3. CBC
4. CT abdomen
5. Cross and match for transfusion
6. Discharge home to return if bleeding worsens
7. INR
8. Pelvic Ultrasound
9. Manual Pelvic Examination
10. PTT
11. Vaginal probe ultrasound
12. Vaginal swab for group B streptococcus
13. No active steps are needed
Examples of Multi-Media MCQ Test Items

1. Video scenarios to assess aspects interprofessional competency elements such as communication team response in high-stress patient safety situations (example video clip to follow)

2. Avatars with heart and lung sounds attached to clinical cases

3. Patient-physician communication scenarios (cross-cultural and language barrier video clip example to follow)

4. Video scenarios to demonstrate physician findings, structural examination/range of motion abnormalities, and the like (example video clip to follow)
Clinical Skills in COMLEX-USA Performance Evaluation

### COMLEX-USA Level 2-PE First Time-Taker Passing Rates

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Pass</td>
<td>96.1</td>
<td>95.3</td>
<td>93.4</td>
<td>93.5</td>
<td>94.9</td>
<td>94.8</td>
<td>96.1</td>
<td>95.0</td>
<td>94.1</td>
</tr>
<tr>
<td>Fail&lt;sup&gt;a&lt;/sup&gt;</td>
<td>3.9</td>
<td>4.7</td>
<td>6.6</td>
<td>6.5</td>
<td>5.1</td>
<td>5.2</td>
<td>3.9</td>
<td>5.0</td>
<td>5.9</td>
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<tr>
<td>Both Domains</td>
<td>0.1</td>
<td>0.2</td>
<td>0.7</td>
<td>0.7</td>
<td>0.6</td>
<td>0.5</td>
<td>0.3</td>
<td>0.4</td>
<td>0.3</td>
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<tr>
<td>Humanistic Domain</td>
<td>0.7</td>
<td>0.5</td>
<td>1.8</td>
<td>3.5</td>
<td>2.6</td>
<td>2.7</td>
<td>2.3</td>
<td>3.3</td>
<td>3.9</td>
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<tr>
<td>Biomedical/Biomechanical Domain</td>
<td>3.1</td>
<td>4.0</td>
<td>4.1</td>
<td>2.4</td>
<td>1.9</td>
<td>2.0</td>
<td>1.3</td>
<td>1.3</td>
<td>1.7</td>
</tr>
</tbody>
</table>

<sup>a</sup>Overall fail rate
Coming Attractions: COMLEX-USA Level 2-PE

- **eSOAP - July 2014! Tutorial online**
- **Candidate L2-PE Scheduling**
  - Rolling candidate scheduling
  - Test cycle changes to accommodate increased summer demand
- **Research on Second Testing Site Options**
- **Research Publications (J AOA April 2014)**
  - Keyboard Data Entry: Use Among Osteopathic Medical Students and Residents
  - Consistency of Inter-rater Scoring of Student Performances of Osteopathic Manipulative Treatment on COMLEX-USA Level 2-PE
- **In Development**
  - Review of student preparation for COMLEX-USA Level 2-PE
SOAP Note Tutorial

By watching the tutorial below you will learn how to get the most out of the SOAP Note online practice resources available. This brief overview will guide you through the features and navigation of the electronic SOAP Note that will be required for use starting July 1, 2014. There is also a sample encounter video that can be used as a base for the content of your practice note, as well as an example of a completed SOAP Note.

The cues and navigation guidance provided in this tutorial will not appear in the actual SOAP Note during your COMLEX-USA Level 2-PE.
### Setting COMLEX-USA Passing Standards*

<table>
<thead>
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<th>Examination</th>
<th>Year Current Standard Set</th>
<th>Review of Standards Scheduled</th>
<th>Implementation Target Date*</th>
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<td>COMLEX-USA Level 1</td>
<td>February 2010</td>
<td>Fall 2014</td>
<td>May 2015</td>
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<td>March 2009</td>
<td>Spring 2014</td>
<td>June 2014</td>
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<td>COMLEX-USA Level 2-PE</td>
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<tr>
<td>• Humanistic Domain</td>
<td>July 2012</td>
<td>Winter 2016</td>
<td>March 2016</td>
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<tr>
<td>• Biomedical/Biomechanical Domain</td>
<td>July 2013</td>
<td>Winter 2017</td>
<td>March 2017</td>
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<tr>
<td>COMLEX-USA Level 3</td>
<td>September 2009</td>
<td>Summer 2014</td>
<td>March 2015</td>
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The Blue Ribbon Panel on Enhancing COMLEX-USA: Overview

A contemporary, two decision point, competency-based COMLEX-USA examination blueprint and design informed by extensive research on actual osteopathic physician practice, expert consensus, and NBOME National Faculty and Stakeholder Surveys
The Blue Ribbon Panel on Enhancing COMLEX-USA: Destination Plan

- Delivers on NBOME’s mission first and foremost, with validity and reliability remaining paramount
- Balances important secondary uses and stakeholder considerations
The Blue Ribbon Panel on Enhancing COMLEX-USA: Destination Plan (continued)

- Assesses representative measurable outcomes of the 7 *Fundamental Osteopathic Medical Competency Domains*

- Focuses on high-frequency clinical presentations or high-impact health issues that affect patients across the lifespan
The Blue Ribbon Panel on Enhancing COMLEX-USA: Destination Plan (continued)

- Continues COMLEX-USA integration of foundational osteopathic principles and biomedical science concepts across both decision points

- And, where possible, harmonizes with key checkpoints, milestones, and entrustable professional activities that are integral to patient care for entry into practice (excellent alignment with new unified GME accreditation system)
Two Assessment Decision Points (2018-2019)

Decision Point 1
(Graduation/DO Degree)
While in Osteopathic Medical School

Levels 1, Level 2-CE & Level 2-PE
Entry into GME

Decision Point 2
(State Licensure)
While in Residency Training

Levels 3 A-B; Portfolio Components
Entry into Independent Practice
New COMLEX-USA Blueprint:
Focuses the assessment on two dimensions that continue to integrate:

- Osteopathic philosophy of whole person healthcare
- Underlying structure-function relationships
- Interdependence of body systems
- Self-healing and self-regulatory mechanisms, and
- Osteopathic approach to patient care, including osteopathic manipulative medicine and OMT
## Competency Domains Dimension:
Minimum Percentages for Weighting at Decision Points 1 and 2

<table>
<thead>
<tr>
<th>Competency Domains</th>
<th>Minimum % Decision Point 1</th>
<th>Minimum % Decision Point 2</th>
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<tbody>
<tr>
<td>Osteopathic Principles &amp; Practice and Osteopathic Manipulative Treatment</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Osteopathic Patient Care</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Application of Osteopathic Medical Knowledge</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Practice-Based Learning &amp; Improvement</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>Interpersonal &amp; Communication Skills</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Professionalism</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Systems-Based Practice</td>
<td>5%</td>
<td>10%</td>
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### Clinical Presentation Dimension

<table>
<thead>
<tr>
<th>Clinical Presentation Dimension</th>
<th>Minimum %</th>
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<tbody>
<tr>
<td>Community Health and Presentations related to Wellness</td>
<td>12%</td>
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<tr>
<td>Patient Presentations related to Development and Sexuality</td>
<td>5%</td>
</tr>
<tr>
<td>Patient Presentations related to the Endocrine System and Metabolism</td>
<td>5%</td>
</tr>
<tr>
<td>Patient Presentations related to the Nervous System and Mental Health</td>
<td>10%</td>
</tr>
<tr>
<td>Patient Presentations related to the Musculoskeletal System</td>
<td>13%</td>
</tr>
<tr>
<td>Patient Presentations related to the Genitourinary and Reproductive System</td>
<td>5%</td>
</tr>
<tr>
<td>Patient Presentations related to the Gastrointestinal System and Nutritional Health</td>
<td>10%</td>
</tr>
<tr>
<td>Patient Presentations related to the Circulatory and Hematologic System</td>
<td>10%</td>
</tr>
<tr>
<td>Patient Presentations related to the Respiratory System</td>
<td>10%</td>
</tr>
<tr>
<td>Patient Presentations related to the Integumentary System</td>
<td>5%</td>
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Patient-Centered Test Specifications

Assessment at each decision point samples across defined areas for demographics and context of care:

- Patient Demographics: Age/Lifecycle, Gender, Race, Ethnicity, Special Populations
- Context of Care: Ambulatory/Outpatient, Hospital Inpatient, Emergency Settings, Convalescent/Palliative/Other; Acuity (acute, sub-acute, chronic)
Portfolio and Expanded Assessments

Workplace or Other GME Assessment that augments Decision Point 2 of Enhanced COMLEX-USA:

- Potential for harmonization with existing assessments being utilized in GME
- May allow for attestation of certain FOMCD required elements or measurable outcomes that are not currently assessed
- May emphasize the use of current technologies used in clinical decision-making for safe and effective patient care (e.g., Point-of-Care Resources)
- Looking at checkpoints, milestones, and entrustable professional activities (EPAs)
# Target Implementation Dates for COMLEX-USA Structure and Blueprint Enhancements:

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Time</th>
<th>Year</th>
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<tbody>
<tr>
<td>Level 1</td>
<td>400 predominantly multiple-choice questions (MCQs)</td>
<td>1 day</td>
<td>2019</td>
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<tr>
<td>Level 2 – CE</td>
<td>400 predominantly MCQs</td>
<td>1 day</td>
<td>2019</td>
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<tr>
<td>Level 2 – PE</td>
<td>12 station SP-based/OSCE-type Performance Evaluation</td>
<td>1 day</td>
<td>2019</td>
</tr>
<tr>
<td>Level 3 A</td>
<td>MCQs and novel item formats to assess expanded competency subsets including portfolio components, Part 1</td>
<td>1 day</td>
<td>2018</td>
</tr>
<tr>
<td>Level 3 B</td>
<td>MCQs and novel item formats to assess expanded competency subsets including portfolio components, Part 2</td>
<td>1 day</td>
<td>2018</td>
</tr>
</tbody>
</table>
Upcoming Actionable Items:

2. Portfolio and Expanded Assessment Finalization 2014-2016
3. Ongoing CDM/KF and other novel item development and testing and e-SOAP implementation
4. Annual updates to FSMB, AAOE, AACOM, COSGP and CI R, ECOP, AODME, GME and other stakeholders
Osteopathic Performance Assessment and Improvement Module (OPAI M™)

Convenient, meaningful, relevant, cost-effective, defensible and osteopathically distinctive

- Web-based asynchronous platform
- Designed specifically to satisfy AOA OCC component 4 requirements
- Also approved to provide AOA CME credit
- Includes formative assessment
- Interactive and user-friendly with natural navigation
- Customizable, with case studies, video demos, didactic presentations and subject matter experts
NBOME’s Goal:

– To partner with AOA specialty boards, colleges and stakeholders in developing practice assessment programs that are:
  • Convenient
  • User-friendly
  • Practical
  • Relevant

– To create practice assessment programs which can be tailored to individual needs.

NBOME’s own platform is available at:

– Reduced cost
– Increased flexibility

Two OPAIM programs have been produced:

– Medication Safety Communication
– OMT for Low Back Pain during Pregnancy
The Medication Safety Communications OPAI M

This has been approved by the following boards to satisfy AOA-BOS’s OCC component 4:

- AOBP-Pediatrics
- AOBEM-Emergency Medicine
- AOBI M-Internal Medicine
- AOBNMM - Neuromusculoskeletal Medicine

We look forward to partnering with your Specialty Board or College!
NBOME’s Participation in Assessment Across the Continuum

- Education
- Licensure
- Practice

CLIENT

COMLEX-USA
National Board of Osteopathic Medical Examiners

COMAT
National Board of Osteopathic Medical Examiners

COMSAE
National Board of Osteopathic Medical Examiners

OPAIM
National Board of Osteopathic Medical Examiners

COMVEX
National Board of Osteopathic Medical Examiners

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THE CURRENT NBOME CLIENT EXAMINATIONS INCLUDE:

1. American Academy of Pediatric Dentistry in-service examinations

2. American Osteopathic Board of Emergency Medicine (AOBEM) computer-delivered certification examinations

3. AOBEM computer-delivered recertification examinations

4. American Osteopathic Board of Pediatrics (AOBP) computer-delivered certification examinations

5. American College of Osteopathic Pediatrics (ACOP) computer-delivered in-service examinations
THE CURRENT NBOME CLIENT EXAMINATIONS INCLUDE:

6. AOBP computer-delivered recertification examinations
7. American College of Osteopathic Emergency Physicians in-service examinations
8. American College of Osteopathic Family Physicians in-service examinations
9. American College of Osteopathic Internal Medicine (ACOI) web-delivered in-service examinations
10. American College of Osteopathic Surgeons web-delivered in-service examinations
Additional NBOME Services to COMs

• Faculty Development

• COMLEX-USA Faculty Review Program: updated test forms effective June 2014 at Prometric Test Centers nationwide

• COMSAE – Faculty Edition

• Electronic School Summary Reports- to dean’s page of secure CRS system – August/September 2014

• Global Advocacy for Licensure/Registration for DOs
Initiatives to Reach Residency Program Directors

- Website Handout Updated - “What PDs Should Know About COMLEX-USA...”

- Organization of Program Director Associations/Council of Medical Specialty Societies (ACGME program reps) and AODME added to Blue Ribbon Panel and NBOME Liaison Committee

- NBOME Annual Report Sent to All Program Directors (AOA and ACGME programs) - since 2011

- Research: presentations and publications with CORD (EM), ACP (IM), JAOA, etc.

- Exhibit booth at ACGME and AAMC Annual meetings

- ERAS links regarding interpretation of COMLEX-USA scores

- NEW – Smart Phone App and COMLEX-USA Video
NRMP Program Director Survey 2012 Shows 77 percent of ACGME Residency Program Directors Use COMLEX-USA for DOs…

www.nrmp.org
Performance on COMLEX-USA Exams Predicts Performance on EM Residency In-Training Exams

Background
Performance on licensing examinations (COMLEX and USMLE) is used by residency directors to help decide if they will interview a residency candidate, as well as where to place them on their rank list. Although this practice is generalized, to date there is very limited evidence that evaluates accuracy of such exams in predicting performance in EM residencies.

Also, many osteopathic students, who are mandated to take COMLEX, feel they must also incur the cost of taking USMLE in order to be fairly evaluated by allopathic program directors who feel that COMLEX may not predict performance in an allopathic program.

Objective
The purpose of this study is to determine the predictive value of COMLEX scores in assessing performance on EM in-training (IT) exams (ABEM and ACOEP). Our hypothesis is that there will be a direct positive relationship between performance on COMLEX and performance on IT exams.

Methods
This observational, retrospective chart review involved collecting data from a convenience sample of 86 osteopathic residents that graduated from the 4 year dually-accredited EM residency at Einstein Medical Center Philadelphia. All residents took COMLEX 1 and 2, and all but 3 took at least 7 IT exams during residency.

Bivariate regressions at each post-graduate (PG) year with IT scores as outcomes and each COMLEX score as covariate were analyzed. In addition, single multivariable regressions with the IT scores as outcomes and COMLEX 1 and 2 scores together as variables were performed at each PG year.

Results
There was a significant linear correlation between performance on COMLEX 1 (p < 0.01 for all exams) and COMLEX 2 (p < 0.0005 for all exams) and ABEM and ACOEP IT exams.

The correlation for both exams was stronger with COMLEX 2 (ABEM adj R² = 50% PGY1 to 34% PGY4, ACOEP 32% to 13%; Fig. 1) than with COMLEX 1 (ABEM adj R² = 24% PGY1 to 7% PGY4, ACOEP 9% to 2%).

Conclusions
There is a significant correlation between performance on COMLEX 1 and COMLEX 2 and performance on both ABEM and ACOEP EM IT exams. The correlation was strongest between COMLEX 2 and the ABEM exam.

As would be expected, given that COMLEX 2 is a more clinically-oriented exam, COMLEX 2 is a better predictor of performance than COMLEX 1.

This data suggests that performance on COMLEX 2 could be used by residency directors in both allopathic and osteopathic programs to predict resident performance.

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Our mission is to protect the public by providing the means to assess competencies for osteopathic medicine and related health care professions.

The NBOME creates and administers the Comprehensive Osteopathic Medical Licensure Examination of the United States (COMLEX-USA), the examination series that provides the pathway to licensure for osteopathic physicians. COMLEX-USA is accepted in all 50 states and many international jurisdictions.

NBOME...Committed to promoting excellence in osteopathic medical education and assessment.