



TOURO COLLEGE  
OF OSTEOPATHIC MEDICINE

# COMLEX LEVEL 2 PE PREPARATION TIPS



2018-2019

COMLEX Level 2 PE Preparation Tips

Clinical Education Department  
Touro College of Osteopathic Medicine

# COMLEX Level 2 PE Preparation Tips

## COMLEX LEVEL 2 PE PREPARATION TIPS

### Table of Contents

Section Title (serve as hyperlinks to sections of the document)	Page
<a href="#"><u>Opening Letter for Osteopathic Student Physicians</u></a>	2
<a href="#"><u>General Tips for COMLEX PE Success</u></a>	4
<a href="#"><u>Tips for Data Gathering</u></a>	7
<a href="#"><u>Tips for Osteopathic Manipulative Treatment</u></a>	9
<a href="#"><u>Tips for SOAP Note Writing</u></a>	11
<a href="#"><u>Sample NBOME SOAP Note</u></a>	12
<a href="#"><u>NBOME SOAP Note Template</u></a>	13
<a href="#"><u>Tips for the Humanistic Domain</u></a>	14
<a href="#"><u>Expressing Empathy to Patients</u></a>	18
<a href="#"><u>TUCOM Resources for COMLEX PE Preparation</u></a>	19

# COMLEX Level 2 PE Preparation Tips

## COMLEX LEVEL 2 PE PREPARATION TIPS

### Opening Letter for Osteopathic Student Physicians

---

Dear Student Doctor,

You are about to embark on your preparations for the COMLEX Level 2 PE Exam. You should know that residency program directors are interested in knowing that candidates to their programs have passed this exam. The ideal time for you to take this exam is in the beginning of your fourth year. Students will be made eligible to schedule their COMLEX Level 2 PE Exam upon successful completion of their COMLEX Level 1 Exam. Students may not schedule the PE Exam before January 1st of their third year and must sit for the exam prior to August 31st of their fourth year. Busy Family Medicine and Internal Medicine rotations are the ideal rotations to do just prior to taking your Level 2 PE exam, students are required to complete 1 month of either Family Medicine or Internal Medicine prior to sitting for their exam. Unfortunately, we do have a few students who struggle to pass this exam the first time around every year. By taking your exam in the summer months, you will give yourself plenty of time to study, prepare, and retake your exam well before the residency match process, should you need to do so. It is important to take your preparation seriously. We are happy to work with you to help ensure that your first attempt is a successful one.

The PE is a one-day (**6-hours** and a lunch break) exam that takes place in the NBOME's National Center for Clinical Skills Testing in **Conshohocken, Pennsylvania** (near Philadelphia) or in **Chicago, Illinois** (prepare for travel and potential jet-lag).

The exam is set up in the following way (completing a total of 12 standardized patient encounters):

- **50-minute orientation** – get a lay-out of the examination space, view the equipment and rooms
- **4 Standardized Patient (SP) Encounters**
  - **For each encounter you are expected to:**
    - Complete a full History and Physical (with explanation of your diagnosis, work-up and possible treatment) within the time-limit of **14-minutes**
      - There is a **2-minute warning** for each case
    - Immediately after you finish seeing each patient you will go to a computer to type a **9-minute SOAP Note**.
- **30-minute break** (lunch will be provided by the NBOME)
- **4 SP Encounters**
- **15-minute break** (snack will be provided by the NBOME)
- **4 SP encounters**

Remember to prepare for patients with acute illnesses, chronic disease problems, musculoskeletal complaints (looking for OMM treatment), as well as the need to counsel patients and deal with a couple of challenging patients (crying, fearful, angry, anxious, etc).

The COMLEX Level 2-PE assesses students in two different domains, and all students are required to pass both domains in order to pass the exam:

- **Biomedical/Biomechanical Domain**, which is broken down into the following areas:
  - Osteopathic Principles and/or **OMT**
  - **History Taking and Physical Examination Skills**
  - Integrated Differential Diagnosis and Clinical Problem-Solving
  - Documentation and Synthesis of Clinical Findings (**SOAP Note**)
- **Humanistic Domain**, which encompasses:
  - Physician-patient communication, interpersonal skills, and professionalism

The biggest piece of advice that we have is to **prepare and practice**. It is important to remember that this is an exam and you should prepare and study as you would for all exams. You are being tested on key concepts expected to have been learned throughout your medical education. Get a PE/CS Board Prep Book and work through all of the cases as though they were real. To improve on developing differential diagnoses, practice working through symptoms present by patients using different genders and ages for the same symptoms. For example, what might be the differential diagnosis of a 23-year-old female with abdominal pain verse a 75-year-old male with abdominal pain? Ideally have a room where you need to knock on the door to enter. Have a partner act the case out, time yourself, write a SOAP Note afterwards (timed), and then have your partner give you a critique on your interviewing and interpersonal techniques. This is especially important if you have trouble demonstrating empathy in these actor-based scenarios. The more you practice, the more believable you will be. Try recording some of these practice sessions to watch yourself and learn from them afterward.

- ❖ Be sure to review the Orientation Guide from the NBOME: [Orientation Guide 2018-2019](#)
- ❖ And their instructional videos (from the NBOME): [NBOME COMLEX PE Instructional Video Series](#)
- ❖ Practice with the official NBOME eSOAP Note form: <https://www.nbome.org/eSoapDemo/>
- ❖ These Combank PE review videos may be helpful: <https://www.combankmed.com/products/comlex-level-2-pe/>

Good luck!!

Touro College of Osteopathic Medicine  
Clinical Education Department

## QUICK TIPS FOR COMLEX PE SUCCESS

### General Tips for Success

1. **Dress professionally.** Wash and iron your white coat before the test.
2. When the examination begins and you arrive at the examination room doorway, take a quick minute to read the vital signs and chief complaint (from the doorway information). **Come up with at least 3 differential diagnoses for the chief complaint, write them down, and quickly jot down their associated symptom questions.** This can help the interview go more smoothly. This is also a good time to note any abnormal vital signs (and reminds you to check that all vital signs were normal - circle any abnormal vital sign and be sure to ask your patient about it).
3. **Introduce yourself, shake hands, smile, and make eye contact** with every patient. Act confident (even if you feel very nervous).
4. **WASH YOUR HANDS** before you touch every patient - every time. Get into a routine now so that you don't even have to think about it. I recommend that you wash your hands before you start your physical exam (after the interview) every time. If you choose to wash your hands before the interview, remember to rewash them before your physical exam if you have touched your hair, your face, or another part of your body.
5. **DRAPE the patient** and be respectful of their modesty. Ask them to lift/lower their gown (don't just move the gown yourself). ASK if you can help untie the gown and tie it back up again. Keep as much of them covered as possible, while still allowing you to truly visualize the area that you are working on.
6. **ALWAYS PLACE STETHESCOPE ON SKIN.** Never listen over the gown.
7. **Always let the patient know what you are doing or about to do, and obtain consent.** This can be done effectively through a brief clear explanation in language appropriate for the patient (be aware that very few patients understand medical jargon). For example, "I need to ask you a few questions about your health and what is currently going on with you, will that be ok?"; "I will be writing down what you say, and even though I may be looking at my piece of paper, I will still be listening to you"; "I need to perform a physical examination to better determine what might be your health issue, would that be alright?"; "I would now like to tell you what I think might be going on and what the plan is". It does not have to be phrased exactly like that, but it helps let the patient know what is going on. After explaining your thoughts on your assessment of the patient's issues, ask if they have any questions.
8. Try to look at the **pupils &** in the **mouths** of every patient, along with doing a brief **cardiovascular and respiratory examination.** Then focus on the area that is most related to the patient's chief complaint. You have a limited amount of time, so don't spend too long on any single section of these screening areas.

9. **Have a basic plan for what OMT** you wish to perform on a patient that has a chief complaint of: low back pain, lower extremity pain, upper extremity pain, headache, or upper respiratory infection. The following techniques are those that the NBOME specifically lists on the COMLEX PE Orientation: "Commonly employed techniques include muscle energy, counterstrain, functional technique, soft tissue/myofascial, facilitated positional release, Still technique, Spencer technique, lymphatic pump, Cranial Osteopathy, fascial release, Galbreath technique and sinus drainage." Be comfortable performing an OMT technique for each part of the body. Always ask permission to perform any procedure (OMT or otherwise) if you decide it is warranted.
  
10. **By the latest begin your re-cap at the 2-minute warning.** Tell the patient what you found out during the interview, what you found during the physical exam, and what your assessment and brief plan is. Consider asking the patient if you left anything out or if there is anything else that they feel it is important that you know. Be sure to include the patient into a shared decision making process regarding the management plan. Ask at the end if they have any questions about what you have said or done at the end of the visit.
  
11. **Only write in your SOAP Note the answers to questions and physical exam findings for things that you actually did or asked during the exam.** This is said to be the most common reason people fail. A student may remember that they should have asked a particular question or done a particular exam, and they document in their SOAP note that they did it. This is considered lying and medical fraud. You can always write down in your plan "remember to ask about last menstrual period", or "perform a thorough hip exam at the next visit" or something - indicating that you thought of it and realize it would have been important to do.
  
12. **The First Aid for the USMLE Step 2 CS** is probably the best book out there to review cases, see what checkboxes the standardized patients might be using, and read sample closure statements. Just remember that it is for the USMLE, and so they don't mention OMM examinations or treatment at all. Regardless of the resource that you have, hopefully at this point you have practiced **at least a dozen cases** with a partner and read through all of the possible scenarios.

\* Make sure to use a COMLEX PE specific resource, as there are significant differences between the COMLEX PE and the Step 2 CS. However, you may want to also utilize USMLE CS books (such as **The First Aid for the USMLE Step 2 CS**) for **additional cases**, review cases, see what checkboxes the standardized patients might be using, and read sample closure statements. Just remember that it is for the USMLE, and so they don't utilize OMM or OMT examinations or treatment at all. Regardless of the resource that you have, hopefully at this point you have practiced **at least a dozen cases** with a partner and read through all of the possible scenarios.

## Critical and basic skills that you should practice in EVERY single encounter

---

1. **Introduce yourself formally** (“Hi, I’m Student Doctor Hendriksz”)
2. **Shake the patient’s hand**
3. **Ask the patient how she/he wants to be addressed**
4. **Sit** at or below the level of the patient
5. **Maintain good eye contact**
6. Do not spend *all* the time writing on the chart – make eye contact each time you ask a question
  - a. Remember to use a phrase like “I want to make sure that I remember what you are saying; I may be looking down at my notes, but I am listening to you”.
7. Be as **empathetic** as you can, say to the patient that you are sorry about the patient’s illness and that you will do your best to help him/her to feel better
8. If you are naturally shy, try to convey a confident image
9. **Wash/sanitize** your hands before you begin your physical exam
10. Place your **stethoscope on skin**
11. **Drape** your patient (respect their modesty). If you uncovered an area, remember to cover it back up before moving on to a different area
12. **Clarify transitions** (between the different components of history taking, and between the history and physical exam)
  - a. “I am now going to ask a few questions about your overall health”
  - b. “I am now going to ask a few yes or no questions about symptoms that you may have experienced in the past few weeks”
13. **Close the encounter** as smoothly as possible
  - a. Try to end every encounter with some version of the following three questions/statement: “Did you understand everything that we talked about?” “Do you have any further questions for me?” “Thank you very much, I hope that you feel better very soon.”
14. Always **explain to the patient what you are doing**
15. Make your moves and maneuvers very explicit – remember that it needs to be as realistic as possible.
16. **Don’t break role.** Don’t behave as if you feel this is an act or an exercise. Treat the encounter as a real patient encounter.

## COMLEX PE – DATA GATHERING

It is important to develop a standardized way of interviewing a patient. Develop a fixed set of steps that work for you and perform in this way for each patient.

When the examination begins and you arrive at the examination room doorway, take a quick minute to read the vital signs and chief complaint (from the doorway information).

**Come up with at least 3 differential diagnoses for the chief complaint, write them down, and quickly jot down their associated symptom questions.** This can help the interview go more smoothly. This is also a good time to note any abnormal vital signs (and reminds you to check that all vital signs were normal - circle any abnormal vital sign and be sure to ask your patient about it).

This is also a good time to review the vital signs for the "O" portion of your SOAP note (and reminds you to check that all vital signs were normal - circle any abnormal vital sign and be sure to ask your patient about it).

It may also help you to quickly write out:

CC:

HPI: O-

L-

D-

C-

A-

R-

T-

S-

PMH:

PSH:

Social Hx:

Family Hx:

Allergies:

Medications:

ROS: Neuro-

CV-

Resp-

GI-

Constitutional-



DOORWAY INFORMATION	
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/m <sup>2</sup>
BP	130/80 mmHg
Temp	98.5° F
HR	72 bpm
RR	14 bpm
Candidate Instructions	
<ul style="list-style-type: none"> <li>You have 14 minutes to evaluate and treat the patient as you see fit.</li> <li>Following the examination you will have 9 minutes to complete a post-encounter SOAP note.</li> </ul>	
Please <u>do not</u> write on this page.	

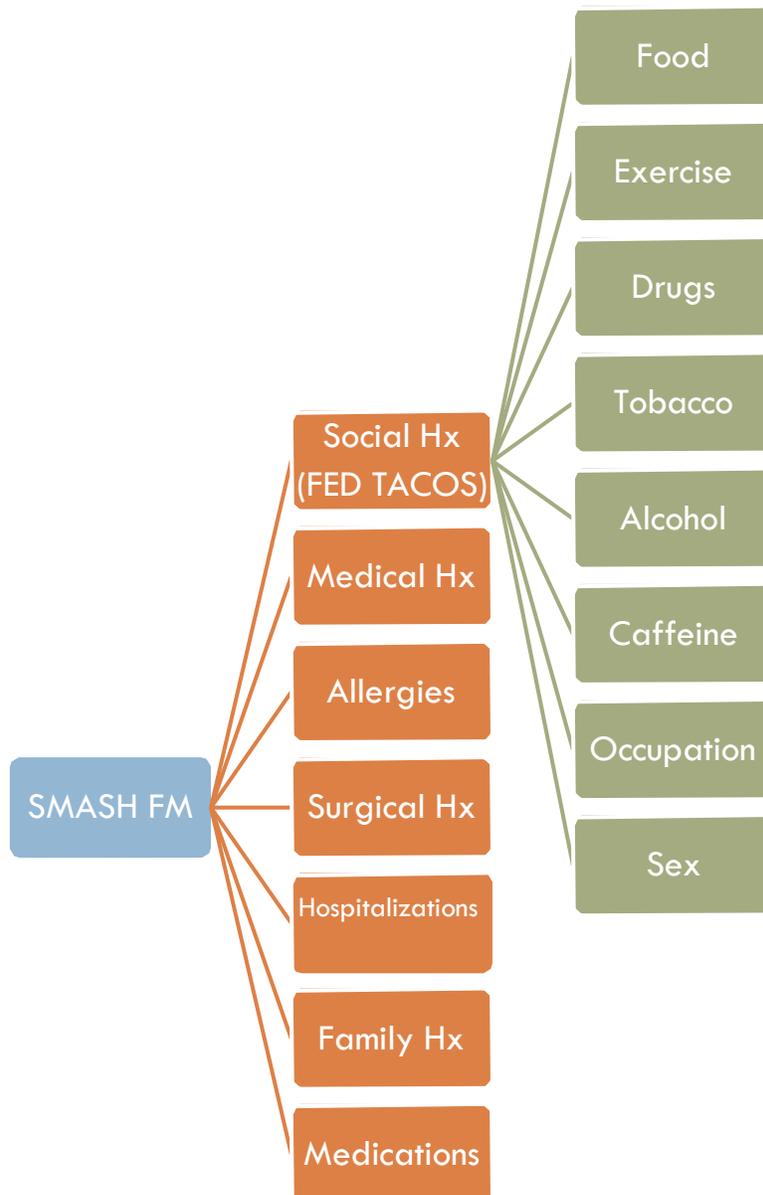
The images above depict a COMLEX PE sample chart with one page of Doorway Information and a blank piece of scratch paper on which examinees may take notes or jot down a scaffolding for their history gathering and physical examination.

Then as you conduct the interview make sure that you are asking questions and filling in each section. If time is an issue, try to write less down and trust yourself to remember important details. If timing is a concern for you, you can also ask questions as you are doing the physical exam. You can run through your pertinent ROS with each portion of the physical (as you look into their eyes, ask about vision changes; after you listen to their heart, ask about chest pain, etc). Remember that you are not doing a thorough ROS, only asking the symptoms pertinent to your differential diagnoses.

Choose some OMT techniques and PRACTICE, PRACTICE, PRACTICE. Work through at least 10 cases with a partner and time yourself. Simulate the real exam as best you can. Know ahead of time what works for you. Make it a routine and a habit, and you should do just fine on the exam.

Here are mnemonics that some students find useful for the data gathering portion:

- **OLDCARTS: Onset, Location/radiation, Duration, Character, Aggravating factors, Relieving factors, Timing, and Severity**
- **SMASH FM: Social hx (see below), Medical hx, Allergies, Surgical hx, Hospitalizations, Family hx, Medications**
  - **FEDTACOS: Food, Exercise, Drugs, Tobacco, Alcohol, Caffeine, Occupation, Sex**



## COMLEX PE – OSTEOPATHIC MANIPULATIVE TREATMENT

You do not need to perform OMT on every patient, but you should plan to perform an osteopathic structural exam (as part of your physical exam) on the majority of your patients. Additionally, have a basic plan for what OMT you wish to perform on a patient that has a chief complaint of: low back pain, lower extremity pain, upper extremity pain, headache, or upper respiratory infection.

You should anticipate performing OMT on 3-5 cases when you feel it is indicated, or when the patient specifically ask for OMT. Remember that OMT is a procedure and you will have to allow time for this additional procedure. Always ask permission to perform any procedure (OMT or otherwise) if you decide it is warranted.

After an appropriate history is taken (including history of trauma, PQRST of pain, first time or recurrent problem), the last half of the encounter during an OMT case may look like this:

- 2 min for physical exam (Heart, Lungs, , Abdomen, OMT Structural exam, and any Neuro exam/special tests if warranted)
- 1 min to explain OMT to the patient and how OMT will help the clinical and get their consent
- 2 min to perform OMT and reassess
- 2 min to end the encounter with a wrap up discussion (follow-up, exercise prescription, behavioral modifications, etc).

Except for HVLA, any OMT technique is permitted to be used on the PE exam per the PE Orientation guide. You do not have to know every technique, but it is a good idea to get comfortable with at least one technique for each part of the body.

For example, for a patient with Headache many students may choose to treat with suboccipital release. Then during the structural exam, this student will look for suboccipital muscle tension/hypertonicity. The treatment with OMT should be indicated for that particular diagnosis. For a shoulder pain case, if OMT is indicated, students are usually comfortable with the Spencer Technique. During the structural exam, after they perform a few special tests for the shoulder, the student may look for decreased shoulder ROM. This would warrant using the Spencer Technique. Similarly, for a Low Back Pain case, many students use lumbar paraspinal soft tissue/MFR technique after they have found lumbar paraspinal hypertonicity/spasms during their structural exam. . In all of these cases do not forget to perform special tests and neurological testing (in particular for LBP, do not forget SLR). Do one or two pertinent techniques that is specific for the patient's condition. If the student practices this format for each typical OMT case, these cases will go smoothly.

Students often have difficulty clearly and succinctly explaining OMT. Practicing how to explain OMT will save valuable time during these cases.

You'll need to find your own style and phrasing so that it feels natural and comfortable for you. Consider saying something along the lines of: "I think osteopathic manipulative treatment, or OMT, may help you a lot. This is a technique where I use my hands to help improve your body's alignment and function. I think that it could help with your \_\_\_\_\_ (pain, breathing, restricted range of motion, etc). Is it okay if I do some OMT on you now? It should not be uncomfortable at all, and if at any point you do not feel comfortable please let me know right away." Never say things such as "I will provide you with a referral to another professional" or "OMT doesn't work".

### COMLEX Level 2 PE Preparation Tips

Keep in mind the humanistic domain when you are applying OMT or any procedure during the PE. Examiners are looking that you constantly maintain professionalism, interpersonal skills and appropriate physician-patient communication.

The following techniques are those that the NBOME specifically lists on the COMLEX PE

Orientation: "Commonly employed techniques include muscle energy, counterstrain, functional technique, soft tissue/myofascial, facilitated positional release, Still technique, Spencer technique, lymphatic pump, Cranial Osteopathy, fascial release, Galbreath technique and sinus drainage."

Additionally, mesenteric lift for IBS or other GI issues (use Chapman's points for diagnosis).

If you are significantly running out of time to perform an OMT technique, doing something as far as treatment is better than nothing (perhaps right after doing the diagnosis). At the very least you are demonstrating appropriate thought processes.

## COMLEX PE – SOAP NOTE WRITING

It is also very important to practice writing as many SOAP notes as possible prior to your exam.

If you are on rotations, then **try to write a SOAP note on every single patient** that you see. Ask your attending to review some of them with you, if possible, but at the very least just writing them will improve your skills. Use the same [SOAP Note Form](#) that is used on the COMLEX PE.

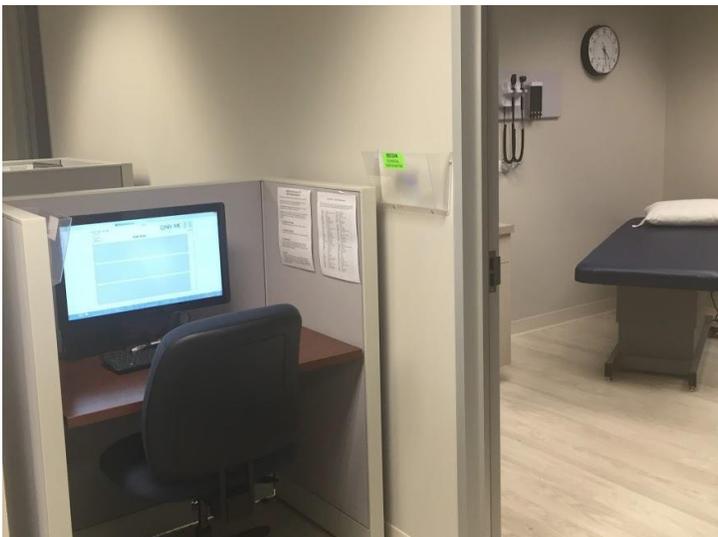
If time is an issue for you, then practice writing a small amount in each section of the SOAP right off the bat. Meaning when you sit down to write the SOAP, first write out your assessments and part of your plan, then jot down a few key parts of the history and the physical. Use the extra time at the end to flesh out the history and physical further. Practice, practice, PRACTICE. Learn what works best for you.

**Remember to only write in your SOAP Note the answers to questions and physical exam findings for things that you actually did or asked during the exam.** This is said to be the most common reason people fail. Some students may remember that they should have asked a particular question or done a particular exam, and they document in their SOAP note that they did it. This is considered lying and medical fraud. You can always write down in your plan "remember to ask about last menstrual period", or "perform a thorough hip exam at the next visit" or something similar - indicating that you thought of it and realize it would have been important to do. If you can't remember if you asked a question or performed a particular exam, then do NOT include it in your note.

### **Practice with the official NBOME eSOAP Note form:**

<https://www.nbome.org/eSoapDemo/>

This form is an exact replica of the form used during the COMLEX PE including an automatic timer.



This photograph shows a COMLEX PE examination room as well as one of the cubicles where SOAP Notes are written. On the wall in every cubicle are two documents: **Common Abbreviations & SOAP Note Directions**. These can be found on pages 13 & 15 of the [NBOME 2018-2019 COMLEX PE Orientation Guide](#)

---

## Sample NBOME SOAP Note

---

From: [NBOME Sample SOAP Note](#)

---

**S:** 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.

ROS: No palpitations, shortness of breath, diaphoresis, nausea, or vomiting

Pmhx: heartburn occasionally

Surghx: tonsillectomy

Meds: Ibuprofen three times a day

ALL: NKDA

Fam Hx: Mother living and in good health, Father died of heart attack at age 60

SocHx: Married with 3 children. No tobacco, 6-pack of beer on weekends occasionally, marijuana in high school. Occupation is a roofer.

---

**O:** VS: 70 inches 190 lbs 27.3 kg/m<sup>2</sup> 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

T spine: Paravertebral tenderness R T4-8 tenderness

Musculoskeletal: Tenderness with palpation anterior chest wall mid-clavicular line at R rib 4

O S E : T-spine: Paravertebral tenderness R T4-8, T4ESrRr

---

### Assessment:

1. Thoracic somatic dysfunction
2. Costochondritis
3. Rib fracture – unlikely
4. Anginal equivalent – doubt
5. Family history of heart disease

### Plan:

1. OMT: Balanced ligamentous tension technique to T-spine. Patient tolerated well with relief of discomfort. Return in 1 week for reassessment and consideration of 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



---

## COMLEX PE – HUMANISTIC DOMAIN

---

**Tip:** It is important to be able to incorporate all of the skills listed in the Humanistic Domain below as you work through the data gathering portion of your exam. (See data gathering section of this handout) Look for opportunities to display the skills assessed in the humanistic domain as you take the patient's history, perform the physical exam, summarize your findings, and discuss the assessment and plan with the patient. Using the concepts learned in the "Fundamentals of Skilled Interviewing (See Bates-Chapter on Interviewing and the Health History) can be a source of demonstrating your humanistic skills as you data gather. For example, encouraging the patient to speak with use of continuers, echoing, and paraphrasing are some good examples of interview techniques that both help you to elicit data and display humanism.

It is critical that you identify and display the skills below. Ensure that you have concrete methods to display each of these skills throughout each encounter.

### Assessed skills within this domain include:

1. **Ability to elicit information**, including the ability to ask 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. **Listening skills**, assessing the ability to both listen to and respond appropriately to the patient's statements and questions.
3. **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. **Respectfulness**, differentiated as the ability to treat the patient in a polite, sensitive and collaborative manner, honoring other's choices and rights, demonstrating appropriate cultural competence, and holding the patient in high regard or esteem.
5. **Empathy**, defined in this context as the ability to demonstrate and communicate (verbally/non-verbally) understanding, concern and interest in the patient's medical problem and life situation. (ex. addressing the patient's deeper concerns, how the current illness has been impacting their life and what support systems that have available to them to deal or manage their current situation)
6. **Professionalism**, which in this context assesses the ability to show an altruistic interest in the patient's welfare, the ability to appear both appropriately confident and therapeutic, and to ensure patient confidentiality and ethical principles.

A good rule of thumb is to treat each patient with the utmost, humanism, respect and courtesy. Practice speaking slowly and clearly.

Use phrases like "I am sorry to hear about that", or "how can I help you to feel better", or "we'll work together to get you feeling better soon" – try as best you can to demonstrate your empathy in each encounter.

**COMLEX Level 2 PE Preparation Tips**

OMT-Ask before you touch. “Am I hurting you?” “Is the pressure ok?” “Does that position feel better or not?” “Are you comfortable in this position?”

**Examples of Empathy Statements**

- “I can see how important this is to you”
- “I understand this can be frustrating”
- “That sounds very challenging”
- “I’d like to help you if I can”
- “Let’s see if we can solve this together”
- “I am sorry to hear that”
- “That sounds painful”

---

## More Humanistic Domain Tips

---

**Introduce yourself and shake hands** and make eye contact with every patient. Act confident (even if you feel very nervous).

**WASH YOUR HANDS** before you touch every patient - every time. Get into a routine now so that you don't even have to think about it. I recommend that you wash your hands before you start your physical exam (after the interview) every time. If you choose to wash your hands before the interview, remember to rewash them before your physical exam if you have touched your hair, your face, or another part of your body.

**DRAPE the patient** and be respectful of their modesty. Ask them to lift their gown (don't just lift the gown yourself). ASK if you can help untie the gown and tie it back up again. Keep as much of them covered as possible, while still allowing you to truly visualize the area that you are working on.

**Always let the patient know what you are doing or about to do, and obtain consent.** This can be done effectively through a brief clear explanation in language appropriate for the patient (be aware that few patients understand medical jargon). For example, "I need to ask you a few questions about your health and what is currently going on with you, will that be ok?"; "I will be writing down what you say, and even though I may be looking at my piece of paper, I will still be listening to you"; "I need to perform a physical examination to better determine what might be your health issue, would that be alright?"; "I would now like to tell you what I think might be going on and what the plan is". It does not have to be phrased exactly like that, but it helps let the patient know what is going on. After explaining your thoughts on your assessment of the patient's issues, ask if they have any questions.

**Use the exam tables appropriately.** Always be mindful of raising the head of the table for those that may need it (can't lay down) and assist the patient back on the table if they've gotten off of it.

Practice, practice, practice. Work through AT LEAST 10 cases with a partner.

Have your partner fill out the Humanistic Evaluation each time and identify where and how you can improve:

	Score	Suggestions for Improvement
<b>Ability to elicit information</b>		
Asked questions in an articulate, understandable, straightforward manner	0 1 2 3 4 5	
Appropriately used of open-ended questions and facilitative prompts	0 1 2 3 4 5	
Demonstrated a good command of spoken English	0 1 2 3 4 5	
<b>Listening skills</b>		
Demonstrated the ability to both listen to and respond appropriately to the patient's statements and questions	0 1 2 3 4 5	
<b>Giving information</b>		
Demonstrated the ability to effectively communicate clear explanations and counseling with regard to the patient's concerns	0 1 2 3 4 5	
Facilitated appropriate closure of the encounter	0 1 2 3 4 5	
<b>Respectfulness</b>		
Demonstrated the ability to treat the patient in a polite, sensitive and collaborative manner	0 1 2 3 4 5	
Honored other's choices and rights	0 1 2 3 4 5	
Demonstrated appropriate cultural competence	0 1 2 3 4 5	
Held the patient in high regard or esteem	0 1 2 3 4 5	
<b>Empathy</b>		
Demonstrated and communicated (verbally/non-verbally) understanding, concern and interest in the patient's medical problem and life situation	0 1 2 3 4 5	
<b>Professionalism</b>		
Demonstrated the ability to show an altruistic interest in the patient's welfare	0 1 2 3 4 5	
Demonstrated the ability to appear both appropriately confident and therapeutic	0 1 2 3 4 5	
Ensured patient confidentiality and ethical principles	0 1 2 3 4 5	

## EXPRESSING EMPATHY TO PATIENTS

(The following is from the Dalhousie Faculty of Medicine Communication Skills Program)

The skills of empathy like any other communication skills can be learned. The challenge is to identify the building blocks of the empathic response which enable residents and other medical learners to integrate the elements of empathy into their natural style so that it is genuine to both doctor and patient.

Empathy is a two stage process:

- 1) the understanding and sensitive appreciation of another person's predicament or feelings
- 2) the communication of that understanding back to the patient in a supportive way.

The key to empathy is not only being sensitive, but overtly demonstrating that sensitivity to the patient, so that they appreciate our understanding and support. It is not good enough to think empathically, you must show it too. Empathy demonstrated in this way overcomes the isolation of the individual in their illness and is strongly therapeutic in its own right. It also acts as a strong facilitative opening, enabling the patient to divulge more of their thoughts and concerns. And ultimately, it reveals the doctor as a caring person.

Many skills in the medical interview show the patient that we are genuinely interested in hearing about their thoughts, including non-verbal communication (an attitude of interest in the patient, use of silence, facial expression) and verbal communication ( tone of voice, use of FIFE ). However, a clear expression of empathy involves overt communication of specific types of phrases.

### What are the verbal skills that allow you to demonstrate empathy?

Empathic statements are supportive comments that specifically link the 'I' of the doctor and the 'you' of the patient. They both name and appreciate the patient's affect or predicament.

### Some examples of empathic communication:

- 'I can see that your husband's memory loss has been very difficult for you to cope with.'
- 'I can appreciate how difficult it is for you to talk about this.'
- 'I can sense how angry you have been feeling about your illness.'
- 'I can see that you have been very upset by her behavior.'
- 'I can understand that it must be frightening for you to know the pain might keep coming back.'

## EMPATHIC STRATEGIES IN THE MEDICAL INTERVIEW

### The N-U-R-S-E approach

Responding to Emotions with Words		
Patient's emotional statement: "These migraines are killing me!"		
Physician's empathetic response: The N-U-R-S-E approach		
N	Name the emotion/feeling	"It sounds like this has been frustrating."
U	Understand the emotion/feeling	"It must be difficult to be in pain like that."
R	Respect the patient	"I'm impressed that you've been able to keep up with your treatment and the rest of your life while having these migraines."
S	Support the patient	"I will help you with these migraines."
E	Explore the emotion	"Tell me more about how these migraines are affecting you."

Adapted from: G.J.Tulsky and R.Arnold. "Communicating a poor prognosis." In R. Portenoy and E. Brueraeds. *Topics in Palliative Care*. Oxford University Press, New York, 2000, as quoted by Anthony Black, Robert Arnold and James Tulsky. *Mastering Communication with Seriously Ill Patients, Balancing Honesty with Empathy and Hope*, New York: Cambridge University Press, 2009

## TOUROCOM Resources for the COMLEX PE

---

1. The Student Promotions Committee – this committee is designed to help support you and guide you. Feel free to contact any of the members of the Student Promotions Committee at any point to help you.
2. Your faculty advisor (or any faculty member)
3. Counseling & Wellness: Please reach out for help with test taking anxiety, depression, etc.
  - a. [lenora.koffman2@touro.edu](mailto:lenora.koffman2@touro.edu); (845) 648-1331 Middletown Campus
  - b. [shelbi.simmons3@touro.edu](mailto:shelbi.simmons3@touro.edu); (212) 851-1199 X 42563 Harlem Campus
4. The Learning Specialist: Please reach out for study advice, time management, etc.

[hope.brennan@touro.edu](mailto:hope.brennan@touro.edu) ; (845)648-1000 x60251 Middletown Campus
5. Combank PE review videos through your Truelearn subscription provided by TouroCOM: <https://www.combankmed.com/products/comlex-level-2-pe/>
6. If you feel like you might benefit from a residential preparatory program (where you go in person and work through cases, receive feedback, and advanced training), then some of our students have found success through: <http://www.wvsom.edu/Programs/cec-pe-prep>
7. The NBOME Materials are very helpful and should be seen as vital to your preparation:
  - a. The Orientation Guide: <http://www.nbome.org/docs/PEOrientationGuide.pdf>
  - b. Their instructional videos: [NBOME COMLEX PE Instructional Video](#)
  - c. The official NBOME eSOAP Note form: [NBOME SOAP Note Demo](#)
8. Bates's Visual Guide to Physical Examination: great review for proper physical exam (available from COM library): <http://batesvisualguide.com>