NBOME

report

from the special commission on osteopathic medical licensure assessment

NBOME

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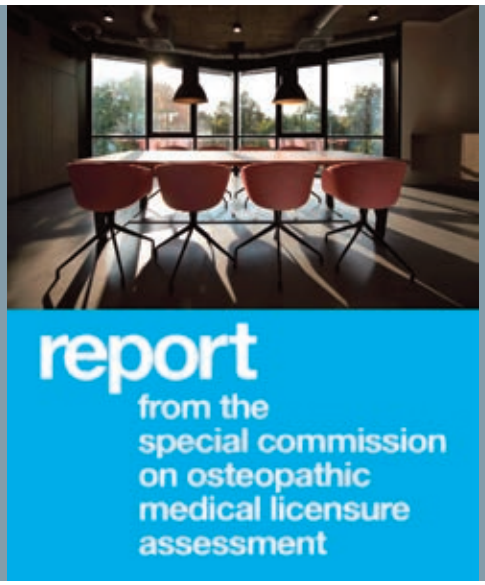

APPENDIX 1
ORGANIZATIONAL FEEDBACK EMAIL

NBOME
NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS

Request for Organizational Input: Special Commission for Osteopathic Medical Licensure Assessment Phase 1

On February 11, 2021, the NBOME announced the suspension of the COMLEX-USA Level 2-PE due to the pandemic and the establishment of a Special Commission for Osteopathic Medical Licensure Assessment to review options moving forward.

As we move forward with this essential work, our first and most important objective is to establish defensible pathway(s) for verification of clinical skills in the licensure process for the Classes of 2021 and 2020. Our second objective is to delineate defensible pathways for the Class of 2022. These are the Phase 1 objectives. We want to ensure pathways for progression to licensure for our students and residents, while not losing the trust earned from patients, the public, licensing authorities and others that DO graduates have the requisite skills for entry into post graduate training. The NBOME is inviting you to share your feedback on these first phase goals.

REQUEST

The NBOME values its stakeholder organizations' opinions on this topic. Therefore, we are requesting a formal position statement from your organization. All responses, including individual responses on a separate survey, will be reviewed by the Special Commission as part of this critical decision-making process. This response will be limited to the assessment of clinical skills. Future work of the Special Commission will focus on the entire COMLEX-USA licensure examination.

We request that your organization addresses these topics:

1. Which clinical skills remain important to assess for osteopathic physician licensure (in particular those which were previously assessed by the COMLEX-USA Level 2-PE)? These skills are all defined and further detailed in NBOME's Fundamental Osteopathic Medical Competency Domains: Guidelines for Assessment for Osteopathic Medical Licensure and the Practice of Osteopathic Medicine 2016 (FOMCD 2016) and also referenced in AACOM"s Osteopathic Considerations for Core Entrustable Professional Activities (EPAs) for Entering Residency:

1. Physician-patient communication (Competency Domain (CD) 5)
2. Interpersonal skills (CD 5)
3. Professionalism (CD 6)
4. Medical interviewing (data gathering/history taking) (EPA 1, CD 2)
5. Performing a physical examination (EPA 1, CD 1, CD 2)
6. Osteopathic palpatory diagnosis (CD 1)
7. Performing OMT (EPA 12, CD 1)
8. Electronic documentation of a patient encounter (EPA 5, CD 5)
9. Clinical problem solving (EPA 3, EPA 10, CD 2, 4)
10. Integrated differential diagnosis, including OPP/OMT where appropriate (EPA 2, CD 1, CD 5)

11. Formulation of an indicated, safe and cost-effective diagnostic and treatment plan EPA 3 EPA 4, CD1, CD 2, CD 5, CD 7)

2. What recommendations does your organization have regarding assurance that graduates possess these skills in the absence of the Level 2-PE, in particular for the Class of 2022?

3. Please specify the benefits and challenges of your recommendations.

FORMAT/TIMING

If your organization wishes to provide its input, please email an official statement to COMLEXCommission@nbome.org by **March 12, 2021.**

In addition, individuals can provide feedback by completing our individual stakeholder survey.

We appreciate your participation.

Sincerely,

Richard LaBaere II, DO, MPH
NBOME Chair, NBOME Special Commission on Osteopathic Medical Licensure Assessment
Associate Dean for Graduate Medical Education and DIO
A.T. Still University-Kirksville College of Osteopathic Medicine
Vice-Chair, NBOME Board of Directors

MISSION

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

NBOME
NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS

APPENDIX 1B

CLINICAL SKILLS SURVEY ORGANIZATIONAL POSITION STATEMENTS

aacom®
AMERICAN ASSOCIATION OF
COLLEGES OF OSTEOPATHIC MEDICINE

Position Statement
prepared for the
Special Commission for Osteopathic Medical Licensure Assessment Phase I

March 12, 2021

To help inform NBOME's decision regarding the COMLEX-USA Level 2-PE, the American Association of Colleges of Osteopathic Medicine (COMs) solicited input from its Board of Deans, Assembly of Osteopathic Graduate Medical Educators (AOGME), and other AACOM affiliates.

Recent data from the Board of Deans indicates a strong preference not to continue the COMLEX Level 2-PE in its current form (68 percent of respondents). In addition, 24 out of 38 respondents said continuation of COMLEX Level 2-PE will disadvantage or create risk for our students, and 29 out of 38 said it will increase student frustration with osteopathic medical education. Similar sentiments have been expressed by others involved in this discussion, including members of our clinical educator group and the Council of Osteopathic Student Government Presidents (COSGP).

Underlying this feedback is concern 1) that there is inadequate empirical evidence that COMLEX Level 2-PE predicts residency and physician practice performance, and 2) the high pass rates for COMLEX Level 2-PE of more than 90 percent, may not differentiate among graduates as desired. In addition, data on how a standardized national assessment protects the public is not easily identified, nor are details on where and how it protects the public. Ideally, such data should be provided by an independent source.

Regarding the questions asked, see below:

1) **Which clinical skills remain important to assess for osteopathic physician licensure (in particular those which were previously assessed by the COMLEX-USA level 2-PE)?**

This is a challenging question in that it may be argued all of the skills below are important to assess for licensure of the osteopathic physician. The more important questions are perhaps when these skills should be assessed, who should assess them, how they should be assessed, and to what level of performance.

1. Physician-patient communication
2. Interpersonal skills
3. Professionalism
4. Medical interviewing

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Suite 250
Bethesda, Maryland 20814
301-968-4100
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5. Performing a physical examination
6. Osteopathic palpatory diagnosis
7. Performing OMT
8. Electronic documentation of a patient encounter
9. Clinical problem solving
10. Integrated diagnosis, including OPP/OMT where appropriate
11. Formulation of an indicated, safe and cost-effective diagnostic and treatment plan

AACOM is committed to maintaining the high quality of physicians graduating from osteopathic medical schools. The clinical skills items noted above and highlighted in the request for input are all important to assess as part of graduation from an osteopathic medical school and preparedness for residency. An important question is whether they should be part of a pre-graduation licensure assessment.

Separating preparedness for residency and readiness for unsupervised practice, the performance expectations during assessment may be quite different for a student with years of GME ahead of them offering opportunity for further skills development and a resident preparing for the final steps of licensure where entry into practice is rapidly approaching.

With this in mind, evaluation of the skills associated with the use of osteopathic manipulative medicine should likely occur both prior to graduation and prior to entering practice (#'s 6,7 and 10). The former by the COM and the latter as part of the licensure sequence. Of note, the current manner of assessing OMM for licensure has been questioned due to 1) lack of an individual assessor present during the examination, and 2) an inability to evaluate the potential effect of the work of the student.

Communication and interpersonal skills (#'s 1 and 2), documentation of a clinical encounter (#8), and the ability to think broadly and develop a differential diagnosis (#'s 9 and 11) may be better placed in closer proximity to unsupervised practice and included as a final step for licensure and entry into practice. This does not mean they should not be addressed at an appropriate level by the COM prior to graduation as part of a residency readiness assessment.

2) What recommendations does your organization have regarding assurance that graduates possess these skills in the absence of the level 2-PE, in particular for the class of 2022?

Although there is value in an assessment of an osteopathic medical student's clinical skills that is undertaken externally to the student's medical school, clinical skills can be evaluated longitudinally at both the undergraduate and graduate medical education (GME) level.

In the absence of COMLEX Level 2-PE, we believe that COMs can perform the necessary assessment of osteopathic medical students and ensure they possess the required skills.

OSCE's can evaluate each of the above skills and in colleges of osteopathic medicine OSCE's are used to assess foundational skills that include medical interviewing, giving a physical exam, and clinical knowledge. The technical skills of palpatory diagnosis, OMT, physical diagnosis, require

a different level of assessment and are perhaps best accomplished with direct physician oversight or in a clinical setting, as published in research as recent as 2020.

Although potential conflicts of interest must be addressed, COMs have indicated a strong interest in managing the assessment of clinical skills at their own schools using a standardized rubric.

3) Please specify the benefits and challenges of your recommendations.

The benefits of COM-based assessments are many, including leveraging the existing infrastructure at the COMs, including their ability to address local issues more quickly. In addition, the COMs can offer remediation earlier for at-risk students and offer the potential to enrich the UME to GME transition with stronger hand-offs. The testing in this setting can provide formative feedback for students, which has been lacking in the current assessment system for clinical skills.

The challenges with transitioning to this type of assessment of clinical skills will be the additional financial demands and responsibility placed upon the COMs, availability of simulation labs and resources, and balancing the scheduling needs of all students enrolled in the medical school. Curriculum, training, and validated assessments tools will be needed to facilitate this effort among COMs.

In conclusion, AACOM strongly recommends NBOME remove the COMLEX Level 2-PE in its current form (as a pre-graduation requirement) from the licensure series requirement for 2022 and seek to develop a more effective permanent system to assess clinical skills at the appropriate time along the UME-GME continuum. Consideration should be given to the proximity of the assessment of clinical skills for licensure and actual entry into practice.

On behalf of the Association,

Robert A. Cain, DO
President and CEO

AAOE

American Association of Osteopathic Examiners

TO: National Board of Osteopathic Medical Examiners

FROM: American Association of Osteopathic Examiners

DATE: March 16, 2021

RE: Clinical Skills Assessment for Osteopathic Medical Licensure

As the representative organization for all osteopathic physicians (DOs) who sit on state and territorial medical licensing and disciplinary boards (Boards), the American Association of Osteopathic Examiners (AAOE) appreciates this opportunity to provide comments regarding pathways for assessment and verification of fundamental clinical skills for osteopathic medical students (OMS). The AAOE is also mindful and appreciative of the steps that the National Board of Osteopathic Medical Examiners (NBOME) has taken to ensure the safety of both examinees and the public during the current public health emergency and beyond, including its decision to convene a representative stakeholder group (of which AAOE is a part) to carefully review the future of the clinical skills assessment.

In addition to protecting the public through our roles as Board members, AAOE members also serve in various other professional capacities, including as osteopathic medical school deans and residency program directors, and as such, can offer a broad perspective on how this decision could affect osteopathic medical students and postgraduate trainees as they progress through the examination series and work towards full medical licensure.

The AAOE surveyed its members, and based upon the feedback received through this and other routes, there appears to be a consensus that a separate examination may not be necessary, but that the skills identified as NBOME's Fundamental Osteopathic Medical Competency Domains and the American Association of Colleges of Osteopathic Medicine's Core Entrustable Professional Activities are critical and must continue to be assessed in some manner.

The AAOE sincerely appreciates its inclusion on the NBOME's Special Commission on Osteopathic Medical Licensure, and we look forward to participating in discussions around how best to ensure that osteopathic physicians – and the patients that they care for – remain safe, during and after the pandemic. We also thank the NBOME for the steps that it has already taken to ensure the safety of examinees and the public throughout this challenging period.

Thank you for considering these comments and please do not hesitate to reach out to myself or to Raine Richards, JD, AAOE Staff Liaison, at rrichards@osteopathic.org, should you have any questions.

142 E. Ontario
Chicago, IL 60611

www.aaoe-net.org

312-202-8199
312-202-8499 fax

Fraternally,

J. Michael Wieting, DO
President, AAOE

CC: Thomas L. Ely, DO, President, AOA
Joseph A. Giaimo, DO, President-elect, AOA
Alexios Carayannopoulos, DO, Vice President, AAOE
Jan Zieren, DO, Secretary-Treasurer, AAOE
Barbara Walker, DO, Immediate Past President, AAOE
Kevin Klauer, DO, EJD, Chief Executive Officer, AOA
David Pugach, JD, Senior Vice President of Public Policy, AOA
Raine Richards, JD, Director, State Government Affairs, AOA & Staff Liaison, AAOE

From: Bruce Williams
To: COMLEXCommission
Cc: Nicole Bixler, DO, FACOFP
Subject: Special Commission for Osteopathic Medical Licensure Assessment
Date: Thursday, March 11, 2021 11:22:42 PM

Good Evening,

Thank you for requesting input from the American College of Osteopathic Family Physicians (ACOFP) for the Special Commission for Osteopathic Medical L
Please see our responses below.

Sincerely,

Bruce R. Williams, D.O., FACOFP
President- Elect
American College of Osteopathic Family Physicians
1087 NW South Shore Drive
Lake Waukomis, MO 64151
(816)769-5774

Request for Organizational Input:

Special Commission for Osteopathic Medical Licensure Assessment Phase 1

On February 11, 2021, the NBOME announced the suspension of the COMLEX-USA Level 2-PE due to the pandemic and the establishment of a Special Commission for Osteopathic Medical Licensure Assessment to review options moving forward.

As we move forward with this essential work, our first and most important objective is to establish defensible pathway(s) for verification of clinical skills in the licensure process for the Classes of 2021 and 2020. Our second objective is to delineate defensible pathways for the Class of 2022. These are the Phase 1 objectives. We want to ensure pathways for progression to licensure for our students and residents, while not losing the trust earned from patients, the public, licensing authorities and others that DO graduates have the requisite skills for entry into post graduate training. The NBOME is inviting you to share your feedback on these first phase goals.

REQUEST

The NBOME values its stakeholder organizations' opinions on this topic. Therefore, we are requesting a formal position statement from your organization. All responses, including individual responses on a separate survey, will be reviewed by the Special Commission as part of this critical decision-making process. This response will be limited to the assessment of clinical skills. Future work of the Special Commission will focus on the entire COMLEX-USA licensure examination.

We request that your organization addresses these topics:

1.Which clinical skills remain important to assess for osteopathic physician licensure (in particular those which were previously assessed by the COMLEX-USA Level 2-PE)? These skills are all defined and further detailed in NBOME's Fundamental Osteopathic Medical Competency Domains: Guidelines for Assessment for Osteopathic Medical Licensure and the Practice of Osteopathic Medicine 2016 (FOMCD 2016) and also referenced in AACOM"s Osteopathic Considerations for Core Entrustable Professional Activities (EPAs) for Entering Residency:

1. Physician-patient communication (Competency Domain (CD) 5)
2. Interpersonal skills (CD 5)
3. Professionalism (CD 6)
4. Medical interviewing (data gathering/history taking) (EPA 1, CD 2)
5. Performing a physical examination (EPA 1, CD 1, CD 2)
6. Osteopathic palpatory diagnosis (CD 1)
7. Performing OMT (EPA 12, CD 1)
8. Electronic documentation of a patient encounter (EPA 5, CD 5)
9. Clinical problem solving (EPA 3, EPA 10, CD 2, 4)
10. Integrated differential diagnosis, including OPP/OMT where appropriate (EPA 2, CD 1, CD 5)
11. Formulation of an indicated, safe and cost-effective diagnostic and treatment plan EPA 3 EPA 4, CD1, CD 2, CD 5, CD 7)

ACOFP feels that all of the above competencies are critical as Osteopathic Family Physicians and that all should be assessed. All the listed competencies are important in being an osteopathic physician. However, the question lies in who should be responsible to assess each one. Various competency assessments may be performed by other responsible medical organizations (eg. medical schools, GME programs, hospitals, etc.). For example, OMT competency is assessed by the AOBFP.

2. What recommendations does your organization have regarding assurance that graduates possess these skills in the absence of the Level 2-PE, in particular for the Class of 2022?

ACOFP feel's this would best be done by the Colleges of Osteopathic Medicine (COM). Competencies assessed with the Level 2 PE are also assessed at each COM. Some COMs even have "barrier exams" that prevent students from taking Level 2 PE until they have met the COM's minimum threshold. Standardized rubrics and assessment protocols and practices that are shared among the COMs can help assure that every graduate can meet the minimal competency standards tested by NBOME.

3. Please specify the benefits and challenges of your recommendations.

The COM's have both the infrastructure and the responsibility to assure that graduates are prepared for residency and have the skills necessary to be a practicing Osteopathic Family Physician. With the student being able to complete this assessment on their home campus, there would potentially be less cost and anxiety in having their skills assessed in familiar surroundings. We feel there should be the availability of a national resource for the ability of all schools to access, to have consistency, within the profession, for assessment. We also anticipate some challenges with logistics (timing of the assessment, longitudinal vs a scheduled time to assess, costs, faculty demands, etc.)

The COM's currently use OSCE's to evaluate students and these could be further developed to provide a reliable assessment of the student's competencies.

FORMAT/TIMING

If your organization wishes to provide its input, please email an official statement to COMLEXCommission@nbome.org by March 12, 2021.

In addition, individuals can provide feedback by completing our individual stakeholder survey.

We appreciate your participation.

Sincerely,

Richard LaBaere II, DO, MPH

NBOME Chair, NBOME Special Commission on Osteopathic Medical Licensure Assessment

Associate Dean for Graduate Medical Education and DIO

A.T. Still University-Kirksville College of Osteopathic Medicine

Vice-Chair, NBOME Board of Directors

American College of Osteopathic Internists • Stay True to Why You Pursued Medicine

March 12, 2021

Dear Dr. Gimpel and the NBOME Team:

Thank you very much for opportunity for ACOI to provide organizational input on the Special Commission on Osteopathic Medical Licensure Assessment (Phase I). We recognize the immense pressure that NBOME is facing with the suspension of the COMLEX-USA Level 2-PE assessment and appreciate the inclusion of feedback from osteopathic internists and specialists as you make this critical decision on how to proceed for current classes and beyond.

Please find the ACOI's collected feedback to the questions below:

1. Which clinical skills remain important to assess for osteopathic physician licensure (in particular those which were previously assessed by the COMLEX-USA Level 2-PE)? These skills are all defined and further detailed in NBOME's Fundamental Osteopathic Medical Competency Domains: Guidelines for Assessment for Osteopathic Medical Licensure and the Practice of Osteopathic Medicine 2016 (FOMCD 2016) and also referenced in AACOM's Osteopathic Considerations for Core Entrustable Professional Activities (EPAs) for Entering Residency:

ACOI recognizes that all these skills are clearly important competencies. However, it is difficult determine who would be responsible for the testing/verification of these qualities as well as verification for licensure.

Many respondents complimented NBOME on the delivery of the COMLEX-USA Level 2-PE assessment and recommended, if NBOME works with the Colleges of Osteopathic Medicine (COMs), that NBOME provide coaching on how to evaluate and standardize the evaluation of clinical skills. One additional recommendation was for NBOME to serve as the oversight group to osteopathic boards in order to develop consistent testing among COMs and assist in monitoring outcomes of the schools' testing centers.

The ranked responses to the specific skills outlined in the request were as follows:
Every respondent (100%) emphasized the need to include:
Physician-patient communication (Competency Domain (CD) 5)
Performing a physical examination (EPA 1, CD 1, CD 2)
Clinical problem solving (EPA 3, EPA 10, CD 2, 4)

Of secondary priority, with 83% of respondents selecting:
Professionalism (CD 6)
Medical interviewing (data gathering/history taking) (EPA 1, CD 2)

ACOI.org
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Osteopathic palpatory diagnosis (CD 1)
Integrated differential diagnosis, including OPP/OMT where appropriate (EPA 2, CD 1, CD 5)

The third priority (50% - 80% selecting):
Interpersonal skills (CD 5)
Electronic documentation of a patient encounter (EPA 5, CD 5)
Formulation of an indicated, safe and cost-effective diagnostic and treatment plan EPA 3 EPA 4, CD1, CD 2, CD 5, CD 7)

Fewer respondents (33%) selected the following clinical skill:
Performing OMT (EPA 12, CD 1)

2. What recommendations does your organization have regarding assurance that graduates possess these skills in the absence of the Level 2-PE, in particular for the Class of 2022?

Colleges of Osteopathic Medicine (COMs) could assure certain degrees of competence, which is within their purview and would travel reduce costs for students. This would combine physical diagnostic competency with problem-based education. This evaluation could be done in-person or through web-based simulation.

In terms of timing, COMs should be clear on assessing competencies by the third year of training. NBOME could work with the schools to develop standardized models, possibly incorporating the successful performance of OSCEs, at accredited COMs. This would allow the procurement of patients and for assessments to be delivered in a semi-standardized manner across the nation. While this evaluation would be more subjective than the existing Level 2-PE, it may be appropriate given the current challenges associated with the pandemic.

Additionally, in the absence of a Level 2-PE, NBOME could advocate for standardized MSPE formatting and content to assess these skills in a de-centralized fashion. AACOM could administer standardized OMM/OMT simulated examinations at COMs, which is reported on the MSPE. The MPSE would need transparent and clear identification of these skill assessments, remedial performance, and peer-comparison to "replace" the level 2-PE.

However, there was some concern for the time and financial constraints facing schools, with respondents noting that many programs may not be able to implement this additional evaluation without significant assistance. This is especially true for programs that are not currently testing in all identified competency areas.

3. Please specify the benefits and challenges of your recommendations.

Benefits: One of the benefits of moving the assessments closer to the COMs would be the significant savings realized by osteopathic medical students through reduced/eliminated travel costs to take the assessment. Additionally, a modified process would benefit COMs, Program Directors, and provide overall system benefits.

The above recommendations would help decentralize the licensing process and provide COMs with resources to teach, assess, and adjudicate performance. Program Directors would benefit from improved transparency and would have greater assurance that candidates are prepared for post-graduate training. Systemically, there would benefits of consistent processes for competency assessments, which may allow for more standardization among COMs.

The largest challenges identified were possible reluctance to cooperate from the COMs, as they may not have the financial resources to implement a universally applied process. Additionally, it may be difficult to achieve consistency in evaluation, which has not been a concern with the NBOME administration of skills evaluations.

Primarily, respondents voiced concern for the COMs' ability to execute a program of this scale with limited time and financial resources. Additionally, respondents acknowledged the challenge of potential revenue loss to NBOME, and the potential implications for sustainability of osteopathic assessment programs.

In closing, ACOI would like to formally thank NBOME for the opportunity to participate in this process. ACOI remains eager and willing to help however possible as NBOME and the Special Commission navigate this process.

Sincerely,

Karen Caruth
Executive Director
American College of Osteopathic Internists

ACOi

American College of Neuropsychiatrists

American College of Osteopathic Neurologists and Psychiatrists

A Practice Affiliate of the American Osteopathic Association

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March 12, 2021

Richard LaBaere II, DO, MPH
NBOME Chair, NBOME Special Commission on Osteopathic Medical Licensure Assessment
Associate Dean for Graduate Medical Education and DIO
A.T. Still University-Kirksville College of Osteopathic Medicine
Vice-Chair, NBOME Board of Directors

Dr. LaBaere:

The Board of Governors of the American College of Osteopathic Neurologists and Psychiatrists supports the efforts of NBOME to uphold the stringent standards of evaluation and the integral complexities of doing so within reduced parameters.

We agree that assessment of the listed areas remain parallel to expectations within and outside the healthcare realm. With virtual options now near-seamlessly a part of our daily lives we support using this technology to develop options to adequately evaluate these entities while producing defensible outcome measures.

Understanding the changing landscape and providing alternative assessment options can be made to ensure the Osteopathic medical students have proficiency in these areas. Now more than ever the Osteopathic community needs to support, integrate and communicate to prepare the next generation of competent and compassionate physicians.

Sue

Sue Wesserling, MBA, Executive Director
American College of Osteopathic Neurologists and Psychiatrists

1. Which clinical skills remain important to assess for osteopathic physician licensure (in particular those which were previously assessed by the COMLEX-USA Level 2-PE)?

AMA Policy D-275.950, "Retirement of the National Board of Medical Examiners Step 2 Clinical Skills Exam for US Medical Graduates: Call for Expedited Action by the American Medical Association" advocates that any replacement examination mechanisms be instituted immediately in lieu of resuming existing USMLE Step 2-CS and COMLEX Level 2-PE examinations when the COVID-19 restrictions subside. The COMLEX clinical skills examination is intended to evaluate the seven core competencies of osteopathic medical education. Six core competencies mirror those of the LCME, and the seventh is Osteopathic Philosophy/Osteopathic Manipulative Medicine. These are fundamental skills and are evaluated at every level of education. The core competencies were, and continue to be, important fundamentals for osteopathic physician qualifications for licensure. It is the obligation of the college/school to deliver and evaluate students accordingly. The issue is not that they do or do not need to be assessed, but whether a standardized exam is necessary for assessment.

2. What recommendations does your organization have regarding assurance that graduates possess these skills in the absence of the Level 2-PE, in particular for the Class of 2022?

Our recommendations are based upon the history of the clinical skills exam. The exam first applied to international graduates for whom systems-based practice, professionalism, medical knowledge, and spoken language/communication assessment was deemed important. Once the architecture for the exam was in place and it was evaluated to be a successful tool, standardized outcomes were possible, though not necessary.

Due to changes throughout the educational experience and the availability of innovations since the initial implementation of the exam, it is even clearer that national clinical skills examinations are not necessary to evaluate these competencies. Every institution has an Objective Structured Clinical Examination (OSCE). Many, if not all, have Simulation (SIM) Centers. These methods allow schools to longitudinally educate, train, and assess in ways that were not available when the Step 2/Level 2 exams were written. These skills are continually taught in medical schools and therefore, the schools are the most appropriate and qualified place for assessment. Standards requiring curricular inclusion of the core competencies are evaluated by both COCA and LCME at the institutional level. Individual student assessment is the responsibility of the medical

school. From an international perspective, as well, “bedside rounds” and clinics are also a standard and successful part of the curriculum outside of the United States.

We recommend the use of random sampling of OSCE’s from each school for the accreditor to review. Recordings may be made to be shared with the student, and these could then be shared on a random basis with either the NBME or NBOME. The current Accelerating Change in Medical Education Consortium can serve as a clearing house for best practices that can be shared ultimately with all schools of medicine, both allopathic and osteopathic.

We suggest the NBOME and NBME craft scripts for OSCE utilization: narratives to improve inter-examiner reliability that could be developed and distributed to schools, designed to capture the core competencies of undergraduate medical education. Educational programs could be developed and shared at both in person and digital sessions. With respect to clinical skills, institutions could address the history and physical and look to "entrustable" elements for clarification and enhancement.

Taking innovations over time into consideration, we do not advocate for a standardized assessment, but rather a formal assessment of clinical skills for each medical school. This could be a standardized process at an institutional level (i.e., LCME standard) to ensure a formal assessment, but we do not recommend that the assessment itself be standardized among schools.

Below are AMA policies relevant to these recommendations to ensure graduates possess necessary skills without standardized assessment:

Clinical Skills Assessment During Medical School D-295.988

1. Our AMA will encourage its representatives to the Liaison Committee on Medical Education (LCME) to ask the LCME to determine and disseminate to medical schools a description of what constitutes appropriate compliance with the accreditation standard that schools should "develop a system of assessment" to assure that students have acquired and can demonstrate core clinical skills.

2. Our AMA will work with the Federation of State Medical Boards, National Board of Medical Examiners, state medical societies, state medical boards, and other key stakeholders to pursue the transition from and replacement for the current United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS) examination and the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) Level 2-Performance Examination (PE) with a requirement to pass a Liaison Committee on

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Medical Education-accredited or Commission on Osteopathic College Accreditation-accredited medical school-administered, clinical skills examination.

3. Our AMA will work to: (a) ensure rapid yet carefully considered changes to the current examination process to reduce costs, including travel expenses, as well as time away from educational pursuits, through immediate steps by the Federation of State Medical Boards and National Board of Medical Examiners; (b) encourage a significant and expeditious increase in the number of available testing sites; (c) allow international students and graduates to take the same examination at any available testing site; (d) engage in a transparent evaluation of basing this examination within our nation's medical schools, rather than administered by an external organization; and (e) include active participation by faculty leaders and assessment experts from U.S. medical schools, as they work to develop new and improved methods of assessing medical student competence for advancement into residency.

4. Our AMA is committed to assuring that all medical school graduates entering graduate medical education programs have demonstrated competence in clinical skills.

5. Our AMA will continue to work with appropriate stakeholders to assure the processes for assessing clinical skills are evidence-based and most efficiently use the time and financial resources of those being assessed.

6. Our AMA encourages development of a post-examination feedback system for all USMLE test-takers that would: (a) identify areas of satisfactory or better performance; (b) identify areas of suboptimal performance; and (c) give students who fail the exam insight into the areas of unsatisfactory performance on the examination.

7. Our AMA, through the Council on Medical Education, will continue to monitor relevant data and engage with stakeholders as necessary should updates to this policy become necessary.

Clinical Skills Training in Medical Schools D-295.960

Our AMA: (1) encourages medical schools to reevaluate their educational programs to ensure appropriate emphasis of clinical skills training in medical schools; (2) encourages medical schools to include longitudinal clinical experiences for students during the "preclinical" years of medical education; (3) will evaluate the cost/value equation, benefits, and consequences of the implementation of standardized clinical exams as a step for licensure, along with the barriers to more meaningful examination feedback for both examinees and US medical schools, and provide recommendations

based on these findings; and (4) will evaluate the consequences of the January 2013 changes to the USMLE Step II Clinical Skills exam and their implications for US medical students and international medical graduates.

Demonstration of Clinical Competence H-275.956

It is the policy of the AMA to (1) support continued efforts to develop and validate methods for assessment of clinical skills; (2) continue its participation in the development and testing of methods for clinical skills assessment; and (3) recognize that clinical skills assessment is best performed using a rigorous and consistent examination administered by medical schools and should not be used for licensure of graduates of Liaison Committee on Medical Education (LCME)- and American Osteopathic Association (AOA)-accredited medical schools or of Educational Commission for Foreign Medical Graduates (ECFMG)-certified physicians.

3. Please specify the benefits and challenges of your recommendations.

Benefits:

Longitudinal student assessment allows continuous evaluations that exceed the ability of a single high stakes/high cost/high risk session to grade an individual student's performance. AMA policy (see above) addresses these principles and deems the examination to be unnecessary.

Schools have the tools and perform student assessment throughout the curriculum. With the advent of global inclusion of OSCE and SIM Centers at medical schools the need for a central testing site for such purpose is no longer identified. There are savings accrued by eliminating the cost to the student for the examination, travel, and time spent away from clinical rotations. Innovations will continue to be made with refinements of existing tools, introduction of new tools, and means of education and assessment as yet unknown.

An additional benefit of these recommendations is that comprehensive exams allow for feedback and, when needed, remediation. According to one example, “At our school, we did a half-day standardized OSCE at the end of the MS3 year. Passing this was required to advance to the MS4 year, and the exam was more comprehensive, in my opinion, than the Step 2 CS exam. Plus, we received feedback on our performance and if students failed, they were put on an individualized learning and remediation plan. This kind of actionable, growth-oriented feedback was lacking from the Step 2 CS examination.”

GME is moving into the realm of individualized learning plans for residents in their regular reviews to ensure we are assessing competencies and identifying deficits in real time. This should be the same for students and allows for incorporation of real-time feedback, which will better prepare students and smooth the transition to residency.

This also allows for flexibility within the exam elements as desired competencies change. Even if the NBOME (or COCA) requires certain core clinical skills to be assessed, schools will have the flexibility of adding assessments for additional skills that are deemed vital by the teaching faculty.

Challenges:

One challenge is the need for schools to implement, in some cases, something new, which requires time and resources. However, while there may be many instances in which the assessments must become more formalized than they currently are, most graduates leave with general competency skills. Some schools will have to build in new formal assessments but will be capable of doing so. 2020 graduates had nearly all education complete when the pandemic stopped the testing process, and 2021 graduates will have also had a large number of clinical experiences, so these years are not likely to have been adversely affected by lacking the Step 2 CS exam. By the 2022 graduation, schools could still institute some type of formal assessment, even if not done in the same way for the entire class.

Potential variability across schools is another challenge. LCME and/or COCA may find it challenging to take on the responsibility of ensuring that medical schools are appropriately assessing clinical skills. However, statements with the requirement that schools assess students' clinical skills could be suggested for consideration by LCME and COCA.

Another challenge is the need to address the perception of some that the Step 2/Level 2 are needed to protect the public. This perception may be changed by demonstrating that this role is served by the accrediting bodies that oversee the institutions. This message highlights the strengths of schools accredited by the LCME or COCA and identifies the continued need and importance for assessment of students who did not train at an institution accredited by them. Specifically, students who are not ECFMG-certified or did not attend a LCME or AOA school must continue to be evaluated on their clinical skills before being granted a license to practice in the US. For these cases, the ECFMG offers multiple pathway options. A new Pathway 6 (for applicants who do not meet eligibility requirements in Pathways 1-5 and/or failed Step 2 CS one or more

times) will be open for applications in July 2021. This pathway uses the ECFMG's Mini-Clinical Evaluation Exercise (Mini-CEX) to evaluate the applicant's clinical skills.

AMERICAN OSTEOPATHIC ASSOCIATION

142 E. Ontario St.
Chicago, IL 60611
888.626.9262
osteopathic.org

AOA Organizational Input

Special Commission on Osteopathic Medical Licensure Assessment Phase 1

March 2020

The American Osteopathic Association (AOA) thanks the National Board of Osteopathic Medical Examiners (NBOME) for this opportunity to provide input regarding defensible pathway(s) for assessment and verification of fundamental clinical skills for osteopathic medical students. The AOA appreciates the thoughtful and deliberate steps the NBOME has undertaken in order to address the concerns of stakeholders - osteopathic medical students, medical educators, licensing authorities, and the public - to develop innovative and standardized ways to assess clinical skills and other fundamental competencies for the public good and patient safety, confirming the competency of the nation's future osteopathic physicians. The AOA appreciates its participation in the Special Commission on Osteopathic Medical Licensure and stands ready to assist the NBOME to identify and develop solutions in support of osteopathic medical student interests, while preserving the NBOME's mission of preserving public safety through competency assessment.

The AOA proudly represents its professional family of 151,000 DOs and osteopathic medical students nationwide. The AOA offers board certification through its 16 specialty certifying boards in 27 specialties and 49 subspecialties. In preparing this statement, the AOA sought input from its Board of Trustees.

1. Which clinical skills remain important to assess for osteopathic physician licensure (in particular those which were previously assessed by the COMLEX-USA Level 2-PE)?
   The AOA strongly believes that all the clinical skills listed are important and should continue to be assessed in osteopathic medical students.

2. What recommendations does your organization have regarding assurance that graduates possess these skills in the absence of the Level 2-PE, in particular for the Class of 2022?
   The AOA also believes that there is an opportunity for the assessment of the fundamental osteopathic clinical skills to occur locally through the Colleges of Osteopathic Medicine, with clear guidance, faculty development, and requirements from NBOME, AACOM, AOA, and COCA. During this period of alternative assessment, the AOA believes that the NBOME should conduct a comprehensive review of COMLEX Level 2-PE to determine that the current testing model truly assesses the fundamental osteopathic clinical skills and meets the expectation of the licensing authorities and the public. The AOA recognizes that this may take additional time and would result in continuing to suspend the COMLEX Level 2-PE requirement for the Class of 2022.

3. Please specify the benefits and challenges of your recommendations.
   Innovative alternative assessment options would reduce the financial burden on osteopathic medical students and eliminate additional travel. In addition, a deliberative, comprehensive review of the efficacy and modality of the COMLEX Level 2-PE exam will provide validity and credence to the recommendations from the Special Commission on Osteopathic Medical Licensure on the COMLEX-USA licensure pathway. The challenge will be to provide this review in the most time-effective manner.

The AOA wishes to thank the NBOME again for the opportunity to provide this statement and supports the process the NBOME has undertaken to address concerns of osteopathic medical students.

Sincerely,

Thomas L. Ely, D.O.

Thomas L. Ely, DO
President

AOAO
AMERICAN OSTEOPATHIC ACADEMY OF ORTHOPEDICS

AOAO Response to NBOME Request for Organizational Input

March 10, 2021

The American Osteopathic Academy of Orthopedics suggests the following per your request.

1. Which clinical skills remain important to assess for osteopathic physician licensure (in particular those which were previously assessed by the COMLEX-USA Level 2-PE)? These skills are all defined and further detailed in NBOME's Fundamental Osteopathic Medical Competency Domains: Guidelines for Assessment for Osteopathic Medical Licensure and the Practice of Osteopathic Medicine 2016 (FOMCD 2016) and also referenced in AACOM"s Osteopathic Considerations for Core Entrustable Professional Activities (EPAs) for Entering Residency:

1. Physician-patient communication (Competency Domain (CD) 5)
2. Interpersonal skills (CD 5)
3. Professionalism (CD 6)
4. Medical interviewing (data gathering/history taking) (EPA 1, CD 2)
5. Performing a physical examination (EPA 1, CD 1, CD 2)
6. Osteopathic palpatory diagnosis (CD 1)
7. Performing OMT (EPA 12, CD 1)
8. Electronic documentation of a patient encounter (EPA 5, CD 5)
9. Clinical problem solving (EPA 3, EPA 10, CD 2, 4)
10. Integrated differential diagnosis, including OPP/OMT where appropriate (EPA 2, CD 1, CD 5)
11. Formulation of an indicated, safe and cost-effective diagnostic and treatment plan EPA 3 EPA 4, CD1, CD 2, CD 5, CD 7)

AOAO Response: All of these are important and should remain important.

2. What recommendations does your organization have regarding assurance that graduates possess these skills in the absence of the Level 2-PE, in particular for the Class of 2022?

AOAO Response:

One option would be to move forward with similar COMLEX PE examinations at their home institution and be graded by faculty from different institutions.

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AMERICAN OSTEOPATHIC ACADEMY OF ORTHOPEDICS

They can film the encounters during the PE. In some institutions during medical school, practice assessments are filmed. This could easily be done and reviewed/graded without negative effect. This would include OMM as well. There could be representatives from NBOME who would review these taped clinical skill assessment to determine competency.

If there needed to be in person assessment for OMM, that could be done from either one traveling certified physician or neighboring institutions.

They could have separate clinical scenarios in one room at their home institution and different patients to change the setting if necessary.

3. Please specify the benefits and challenges of your recommendations.

AOAO Response: Benefits to #2 would be less stress and less cost for the students. Challenges would obviously be building the infrastructure/cost at all the various institutions.

Below are some additional thoughts from a few of our Orthopedic Residency Program Directors:

"Which clinical skills remain important to assess for osteopathic physician licensure? 1-11 are all important clinical skills in assessing a physician. I further feel they all carry weight as an osteopathic physician. I do not see how we could eliminate a skill without compromising the evaluation of the entire physician.

"Recommendations: Perhaps specific classes on all of these skills can be designed into a medical school class which grade student doctors ability at these skills. There can be pass / fail grade provided in academic transcript."

"Benefits Challenges: All osteopathic medical schools would have to agree to take over this testing process instead of in falling on the NBOME. There would need to be national standard maintained. There is a likely cost to the medical schools providing this test which should be an added cost of tuition. These skills may be assessed during standard required primary care rotations during the 4th year rotation. If COVID-19 caused suspension of particular rotations then alternate active rotations can be used to make testing process i.e., emergency medicine or Cardiology rotation."

"Here are the elements in the Complex exams EPA- 1,2,3,4,5,10,12 CD-1,2,3,4,5,6,7 EPA 1: Gather a history and perform a physical examination. EPA 2: Prioritize a differential diagnosis following a clinical encounter. EPA 3: Recommend and interpret common diagnostic and screening tests. EPA 4: Enter and discuss orders and prescriptions. EPA 5: Document a clinical encounter in the patient record. EPA 6: Provide an oral presentation of a clinical encounter. EPA

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7: Form clinical questions and retrieve evidence to advance patient care. EPA 8: Give or receive a patient handover to transition care responsibility. EPA 9: Collaborate as a member of an interprofessional team. EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management. EPA 11: Obtain informed consent for tests and/or procedures. EPA 12: Perform general procedures of a physician. EPA 13: Identify system failures and contribute to a culture of safety and improvement. My comments for the NBOME 1. I believe the burden of proof for a student's success for graduation should be on the Medical Schools and this alone. 2. I think the departure of the USMLE 2 is a secondary thought 3. With the COVID year(s) 2020 and 2021 graduates I am concerned the incoming students since many have not had all formal rotations (many virtual at best), are not as qualified to step in at a PGY1 level. 4. I think it will add burden to the residency programs to get them up to date, but will affect their potential rotations and call duty responsibilities. 5. I am not even sure if COMLEX alone can help this situation 6. The strongest thing to help the students is to get them for in person rotations, yet protected amidst the pandemic. 7. The answer is not in residencies, it is in med schools, the curriculum should be pass fail. Just my thoughts, all are important, in MED school is where it belongs."

Respectfully submitted,

James S. Mason, D.O.

James S. Mason, D.O., FAOAO
Executive Director, American Osteopathic Academy of Orthopedics
2209 Dickens Road
Richmond, VA 23230

From: Stephen R. Winn
To: COMLEXCommission
Cc: "Marc G. Kaprow, DO, FACOI"; "Stephen R. Winn"; "Larson, Michelle"
Subject: Request for Organizational Input due by March 12, 2021
Date: Wednesday, March 10, 2021 10:46:38 AM

Please find the FOMA comments below. Let us know you have received this e-mail. Thank you & Stay Safe:

"The Florida Osteopathic Medical Association appreciates the opportunity to comment on the retooling of the NBOME examination. As we understand, the NBOME serves to designate Osteopathic students and physicians who have demonstrated the minimal level of competence needed to ascertain licensure. Rather than using a standardized test, we believe the competencies evaluated in a skills examination are more easily gauged by longitudinal observation. These skills are frequently evaluated during both undergraduate medical education and graduate medical education programs. For decades our profession produced competent, compassionate physicians without subjecting them to a high cost and high stakes physical skills examination. Many of our colleagues feel that the test isn't really needed to produce good physicians. As a result the students and residents currently view the clinical skills examination as unnecessary, inconvenient and creating significant challenges, including financial challenges, and challenges relating to travel.

The further argument is that the evaluation of these skills is ubiquitous in accredited programs, and should serve as an assurance that Diplomates of the NBOME have the requisite physical skills to safely and effectively perform the duties of a physician. The role of the NBOME is to ensure that the public is getting care at a particular standard that reflects competence. The concern with allowing entities outside the NBOME to certify that competence is that both schools and residencies are not standardized, and from an outside perspective are under pressure to produced licensed and licensable graduates. While Osteopathic physicians are able to practice with equality we are at times judged more harshly by the public, and benefit from having a process requiring a higher standard to practice that is beyond reproach.

We would encourage the NBOME to consider revising the Clinical Skills Examination to ensure that these competencies are still objectively measured, but also taking into account the concerns of the students and residents. The NBOME should consider incorporating the clinical skills examination to administration on site at the schools. The exam or elements of the exam could be scheduled in tandem with one or both of the COMLEX steps, allowing students to complete these tasks as a component of their usual testing. To ensure both standardization

and compliance the NBOME could provide any combination of examiners, patients, or marshals to ensure the appropriate administration of the exam. This "hybrid" approach would allow students to consolidate travel and testing, potentially lessening their expenses. The downside for this is that scheduling will not be done at their convenience per se, however that is already the case. The students in a particular examination administration would all go through the exam within a few days, but the schools should already be able to accommodate this. Likewise, digital recordings should already be available for either a secondary score check or to address challenges. With respect to the current testing centers, these could still be used for make up examinations, or at the request of students.

Ultimately, as a profession we do not see the decision by the USMLE to stop these evaluations as a reason to stop these evaluations within our profession. By the same token, there is a clear need to make sure that our distinctiveness does not unduly burden our future colleagues."

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—

Marc G. Kaprow, DO, MHA, FACOI
Associate Professor, Internal Medicine, UCF-COM
Clinical Associate Professor, Internal Medicine, KPCOM-NSU
National Health Policy Fellow, American Osteopathic Assn
President, Florida Osteopathic Medical Assn

From: Nicholas Parise
To: COMLEXCommission
Subject: Illinois Medical Licensing Board Organizational Input
Date: Friday, March 12, 2021 4:10:24 PM

Dear Dr. LaBaere II,

As the Osteopathic member of our medical licensing board, I asked my fellow members for the opportunity to prepare a statement regarding the questions posed in the NBOME request for organizational input.

I am currently inaugural program director for a Hospice and Palliative Medicine Fellowship entering its 6th year.

I also served as the Course Director for the Introduction to Clinical Medicine at Midwestern University/Chicago College of Osteopathic Medicine from 2004-2012, founded and directed an Internal Medicine residency for 6 years and took a position as CCOM Associate Dean of Postdoctoral Education, which involved serving as a resource and assisting multiple associated GME programs.

I believe I attended the FSMB when FOMCD 2016 was introduced to Osteopathic state board delegates. The content is comprehensive and detailed and all the skills described remain important for licensure.

Osteopathic education is consistent with quality medical education standards endorsed by nationally accepted accrediting agencies, and it is likely that common skills necessary for successful medical practice can be determined by means other than in person evaluation previously assigned to the PE portion of the COMLEX or its CS partner for USMLE.

Medical education programs are increasingly utilizing the concept of the *Simulation Laboratory*. It has come a long way from basic life support mannequins and rapidly becoming mind-bendingly sophisticated. I find it reasonable to believe that Artificial Intelligence eventually combined with Disneyesque humanoid robotics will respond with non-scripted, contemporaneous, device generated custom reactions, be programmed to identify characteristics displayed by the trainee and assign and record scores. The scores would ostensibly be free of variability of interpretation or unintended bias. At this time many areas of medical education are increasing use of simulation labs and it is becoming a standard for establishing competence within the training program.

Can this be employed to assure skills required for medical licensure?

One scenario may be to stage simulation at points throughout pre and post-doctoral training. The skills may be ranked in order as an expected competence for a given level of training; with, a deadline for passing which would entitle the candidate to engage the next or re-try after feedback. The simulation events and scores may be carved out of the routine transcript and reported in the same fashion as the current COMLEX and USMLE.

For example, topic 1 as listed in the Organizational Input Request:

Physician-Patient Communication A (Competency Domain 5) OMS II SCORE 236 (Pass 185)

Physician-Patient Communication B (Competency Domain 5) PGY II SCORE 290 (pass 185)

This may be considered essential before medical student clerks encounter patients in wholly clinical setting; however, it may also be useful to re-assess with a second version at PGY II level when encounters are not always personally faculty supervised.

Simulation can cover the most of the skills identified in the FOMCD. However, skill number 6: Osteopathic Palpatory Diagnosis and skill number 7: Performing OMT may not as easily transition to simulation technology. By definition they require personal contact. These assessments may also be performed nearing completion of the training program at the training institution, however inhouse staff has an interest in results. A possible consideration would be a NBOME Evaluator Certification Program for establishing regional DO observation/executing the ensuring NBOME standards.

With regard to the class of 2022, In the absence of Level-2 PE.

It may be that for our purpose of licensure and consideration of candidates using USMLE scores as well, there may be no option for equal consideration if COMLEX is required addend its content.

Nicholas G. Parise, DO, MS, FACOI, FAAHPM

Member, Illinois Medical Licensing Board

From: Nicole J. Thompson -MDH-
To: COMLEXCommission
Subject: Response from Maryland Board of Physicians
Date: Wednesday, March 17, 2021 1:27:21 PM

Good day, NBOME,

Below is a response to the Request for Organizational Input for the Special Commission for Osteopathic Medical Licensure Assessment Phase 1 from the Maryland Board of Physicians-Licensure department. Please see below responses to the questions noted.

1. Which clinical skills remain important to assess for osteopathic physician licensure (in particular those which were previously assessed by the COMLEX-USA Level 2-PE)? These skills are all defined and further detailed in NBOME's Fundamental Osteopathic Medical Competency Domains: Guidelines for Assessment for Osteopathic Medical Licensure and the Practice of Osteopathic Medicine 2016 (FOMCD 2016) and also referenced in AACOM"s Osteopathic Considerations for Core Entrustable Professional Activities (EPAs) for Entering Residency:

1. Physician-patient communication (Competency Domain (CD) 5)
2. Interpersonal skills (CD 5)
3. Professionalism (CD 6)
4. Medical interviewing (data gathering/history taking) (EPA 1, CD 2)
5. Performing a physical examination (EPA 1, CD 1, CD 2)
6. Osteopathic palpatory diagnosis (CD 1)
7. Performing OMT (EPA 12, CD 1)
8. Electronic documentation of a patient encounter (EPA 5, CD 5)
9. Clinical problem solving (EPA 3, EPA 10, CD 2, 4)
10. Integrated differential diagnosis, including OPP/OMT where appropriate (EPA 2, CD 1, CD 5)
11. Formulation of an indicated, safe, and cost-effective diagnostic and treatment plan EPA 3 EPA 4, CD1, CD 2, CD 5, CD 7)

This question is not applicable to the Board of Physicians process in determining the qualification of licensure for a physician.

2. What recommendations does your organization have regarding assurance that graduates possess these skills in the absence of the Level 2-PE, in particular for the Class of 2022?

We would recommend the physicians pass Levels 1, Level 2, and Level 3. This will show the physicians have the skills needed, even in the absence of Level 2-PE, to qualify for licensure and show the skills needed to successfully practice medicine in our state.

3. Please specify the benefits and challenges of your recommendations.

Benefits-this will help the physician to satisfy one of the licensure requirements for Maryland physicians. Challenges-none are identified at this time.

--
Nicole J. Thompson, MS
Physician Licensure Supervisor
MDH-Maryland Board of Physicians
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Student Osteopathic Medical Association
"Commitment to Osteopathic Pride and Excellence"
Attention: Student Osteopathic Medical Association
142 East Ontario Street | Chicago, Illinois 60611

March 12, 2021

National Board of Osteopathic Medical Examiners
ATTN: Special Commission for Osteopathic Medical Licensure Assessment Phase 1

Commission Members,

This letter is to address the NBOME's March 1st, 2021 request for stakeholder input on topics as addressed by the Special Commission for Osteopathic Medical Licensure Assessment Phase 1. I would like to provide a little background information before addressing requests within the aforementioned email. In late February, SOMA conducted a survey regarding continuation of the Level 2-PE. In this survey, 95% of the 3,209 respondents called for the permanent cancellation and discontinuation of the Level 2-PE. Of the 1,628 respondents who provided testimonies, our organization found general themes regarding Osteopathic student concerns with:

1. safety with travel and interactions at testing sites between students and standardized patients
2. the limited number of examination centers and their locations near densely populated metropolitan centers
3. difficulties new graduates and PGY-1s would likely face with attempting to take the PE in addition to Level 3 during intern year
4. redundancy created by assessing clinical skills that are often tested by trained faculty at COMs
5. Osteopathic students bearing additional financial burden as a result of this exam and associated travel fees
6. additional testing burden for Osteopathic students as compared to their allopathic counterparts

SOMA echoes the concerns as listed above and, based on student feedback, our organization is concerned that the continuation of the COMLEX Level 2-PE could cause inadvertent, long-term negative impacts on the future of Osteopathic medicine. Based on the feedback SOMA has received, it is clear that current and potential Osteopathic medical students view the COMLEX Level 2-PE as an unsubstantiated barrier to pursuing medicine through the Osteopathic route. In regard to your request and in complement to the previous points, SOMA opposes the continuation of the COMLEX Level 2-PE and/or the introduction of future NBOME examinations which seeks to evaluate skills already assessed at the COM-level.

Per the COCA Accreditation Standard 6, Osteopathic medical schools must create a curriculum that meets their program objectives which are, *"...statements of the knowledge, skills, behaviors, and attitudes that Osteopathic medical students are expected to demonstrate as evidence of their achievement prior to successful completion of the program."* Further, COCA Element 5.4 titled *"Patient Care Supervision"* states that appropriate supervision by a licensed healthcare professional is required for clinical encounters. The combination of these important curricular priorities ensure that students are equipped for future clinical practice as resident physicians and beyond.

Student Osteopathic Medical Association
"Commitment to Osteopathic Pride and Excellence"
Attention: Student Osteopathic Medical Association
142 East Ontario Street | Chicago, Illinois 60611

While SOMA believes the NBOME's goals to assure proper licensure and public safety are aimable pursuits, it is currently unclear how continuing the Level 2-PE or similar substitutes will benefit the students, profession, or patients the examination is intended to protect. It is the opinion of our organization that the clinical skill examinations continue to be overseen by existing requirements as already outlined by COCA. In the interests of our members and profession, SOMA is calling for immediate, permanent cancellation of the COMLEX Level 2-PE and for clinical skill assessments to be solely evaluated by Colleges of Osteopathic Medicine, with sustained oversight of COCA.

It is our honor to represent the interests of our Osteopathic medical students and we thank you for the opportunity to work alongside NBOME as a stakeholder. However, until more is made publicly known by the Special Commission regarding the direction NBOME will take regarding skills examination, we regretfully cannot provide a more comprehensive statement on specifics as outlined within the March 1 email. In the interim, we ask the Special Commission to make decisions which provide equitable solutions to the issues as listed above. These concerns are member-derived and applicable for most foreseeable outcomes regarding the re-introduction of a skills-based examination within the examination sequence for Osteopathic licensure. We look forward to our continued work together and the ways our members will help shape the conversation.

NICHOLAS C. HARRIEL
NATIONAL SOMA PRESIDENT
STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

OPDA

March 15, 2021

Richard LaBaere II, DO, MPH
NBOME Chair, NBOME Special Commission on Osteopathic Medical Licensure Assessment
Associate Dean for Graduate Medical Education and DIO
A.T. Still University-Kirksville College of Osteopathic Medicine
Vice-Chair, NBOME Board of Directors

Dear Dr. LaBaere and members of the NBOME Special Commission on Osteopathic Medical Licensure Assessment;

On behalf of the Organization of Program Director Associations (OPDA) Executive Committee, thank you for the opportunity to provide our organizational response regarding verification of clinical skills in osteopathic physician licensure.

Regarding the first question, "Which clinical skills remain important to assess for osteopathic physician licensure," we believe all of the clinical skills listed are important.

Regarding question two, "What recommendations does your organization have regarding assurance that graduates possess these skills in the absence of the Level 2-PE, in particular for the Class of 2022?" we are heartened by the recent announcement of the joint effort between the AACOM, AAMC, ACGME, and ECFMG to develop resources and to identify and promote assessment and well-being tools for medical students and residency programs preparing for the 2021-2022 academic year. Given the complexities of our medical education system, moving forward, this type of cooperation between organizations responsible for the education, assessment, certification, and licensure of physicians from medical school throughout clinical practice will become ever more crucial.

Although the AACOM, AAMC, ACGME, ECFMG effort is focused on assisting with the transition of 2021 medical school graduates into their first post-graduate year of education and training, and question two of the NBOME Special Commission request specifies the Class of 2022, we look forward to the broader effort underway by the Coalition for Physician Accountability's Undergraduate Medical Education (UME) to Graduate Medical Education (GME) Transition Review Committee (UGRC) to provide recommendations that more comprehensively address limitations in the current UME GME transition (physicianaccountability.org). This includes improving medical student assessments. It is exciting to consider the potential from this degree of collaboration between organizations and medical education experts, also including the input of learners and members of the public.

One benefit of this collaborative approach is the appreciation of the interconnectedness of the UME GME transition. When addressing assessments, there is optimism that recommendations created by representatives from various stakeholders in the transition will value the multiple different perspectives.

Building trust and transparency is another critical requirement for success both short and long term, and is facilitated by the engagement of multiple voices. The entire UME GME transition, including assessments, has the potential to contain significant bias against certain groups. Strategies used to teach and assess clinical skills should prioritize fairness and equity for all involved, and their development should include representation from groups historically disadvantaged in medical education.

The challenge of a collaborative approach lies in organizing the effort, and in the necessity of moving beyond the siloes of the current system. There is no current single oversight organization with the power to operationalize change, therefore responsibility and accountability must be shared by all involved in developing solutions.

While the Coalition for Physician Accountability's UGRC is poised to deliver recommendations with a timeline for adoption and implementation stretching over several years, we feel a similar collaborative approach although smaller in scope could successfully address the question of assuring clinical skills acquisition, demonstration, and retention by the Class of 2022.

Again, we thank you for this opportunity,

Elise Lovell, MD
Chair, Organization of Program Director Associations

1. COCA should develop standards to hold schools accountable.

2. NBOME should provide COM with standardized cases and training to standardize across COMs. Given enough lead time, schools could modify and build on their in-house MOCK-PE Assets to closely approximate the two current training sites in PA and IL.

3. COMs should evaluate and test the students. The Dean should sign off on a letter signifying the student has passed level 1, level 2CE, and has met clinical skills standard. Schools already do a version of this process in preparing their students for the COMLEX 2-PE. They can use the model for the MOCK PE in-house training to develop their own clinical skills test.

   Pros- Students save on travel, housing, and all of the related stress in preparing and taking the PE test. This would also force COMs to strengthen and invest in their own PE prep / check-off process and assets. If schools find that building their own in-house PE site is too costly or cumbersome, they could contract with nearby COMS adjacent to their state that have done more capital expenditures on this matter.

   Cons – it will be challenging to adequately verify and validate all of the COMS testing models. COMs regularly provide judgment on competency for their students with in-house testing covering many domains already, so this disadvantage would decrease over time as those schools build up their PE testing procedures and assets.

PENNSYLVANIA
OSTEOPATHIC
MEDICAL
ASSOCIATION

717-939-9318
Fax: 717-939-7255
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March 11, 2021

Richard LaBaere, II, DO, MPH
Chair
NBOME Special Commission on Osteopathic Medical Licensure Assessment
101 West Elm Street, Suite 150
Conshohocken, PA 19428

RE: REQUEST FOR ORGANIZATIONAL INPUT
SPECIAL COMMISSION FOR OSTEOPATHIC MEDICAL LICENSURE ASSESSMENT PHASE 1

Dear Dr. LaBaere:

The Pennsylvania Osteopathic Medical Association (POMA) received your request for a "formal position" on the topic of the COMLEX-USA Level 2-PE and the components pathway to licensure to the NBOME Special Commission during the ongoing COVID pandemic on Monday, March 8, 2021. Unfortunately, the time allowed to respond to meet your Friday, March 12, 2021 deadline, significantly limits our ability to hold vigorous discussions in which we would prefer to engage our POMA Board of Trustees and other interested leaders. The POMA has been able to formulate the following thoughts on this important topic with the input of our elected and staff leadership, and some other knowledgeable physicians within our association.

The POMA understands the difficulties imposed by the pandemic on the ability to safely test our graduates but believes that unique and innovative methods should be incorporated to assess the skills needed for licensure and for the practice of Osteopathic Medicine.

We have also been requested to address the NBOME's Fundamental Osteopathic Medical Competency Domains: Guidelines for Assessment for Osteopathic Licensure and the Practice of Osteopathic Medicine 2016 (FOMCD 2016) and referenced in the AACOM's Osteopathic Considerations for Core Entrustable Professional Activities (EPAs) for Entering Residency and to comment on which of these skills "remain important to assess for osteopathic physician licensure." The POMA believes that under normal circumstances, outside those created by the ongoing pandemic, that ***ALL*** the 11 listed criteria of the FOMCD 2016 and EPAs have relevancy to the graduates of colleges of Osteopathic Medicine and their pathway to licensure. Regarding the skills essential to evaluate during this unique time of the pandemic, POMA believes that the following FOMCD 2016 and EPA criteria should continue to be assessed as a means to evaluate skills required for licensure:

- Physician-patient communication competency
- Interpersonal skills
- Professionalism
- Medical interviewing
- Performing a physical examination
- Integrated differential diagnosis, including OPP/OMT where appropriate.

1330 EISENHOWER BOULEVARD, SUITE 100, HARRISBURG, PA 17111-2319
Osteopathic Physicians – Treating People, Not Just Symptoms

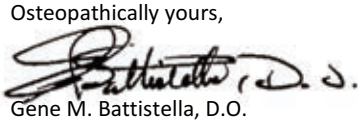
Dr. Richard LaBaere, II, DO, MPH
March 11, 2021
Page Two

The POMA believes the following criteria under these same guidelines be resumed in a safe manner as the pandemic allows:

- Osteopathic palpatory diagnosis
- Performing OMT

The POMA feels that by continuing to provide for appropriate skills assessment, whether virtually or in-person, we will continue to demonstrate to our patients and the public the competency and trust in the Osteopathic licensure of our graduates commensurate with the high level of training that our COMs provide.

Osteopathically yours,



Gene M. Battistella, D.O.
President

TOURO UNIVERSITY
CALIFORNIA
COLLEGE OF OSTEOPATHIC MEDICINE

TUCOM – CA Response to NBOME REQUEST FOR INFORMATION

The NBOME values its stakeholder organizations' opinions on this topic. Therefore, we are requesting a formal position statement from your organization. All responses, including individual responses on a separate survey, will be reviewed by the Special Commission as part of this critical decision-making process. This response will be limited to the assessment of clinical skills. Future work of the Special Commission will focus on the entire COMLEX-USA licensure examination.

We request that your organization addresses these topics:

1. Which clinical skills remain important to assess for osteopathic physician licensure (in particular those which were previously assessed by the COMLEX-USA Level 2-PE)? These skills are all defined and further detailed in NBOME's Fundamental Osteopathic Medical Competency Domains: Guidelines for Assessment for Osteopathic Medical Licensure and the Practice of Osteopathic Medicine 2016 (FOMCD 2016) and also referenced in AACOM"s Osteopathic Considerations for Core Entrustable Professional Activities (EPAs) for Entering Residency:

1. Physician-patient communication (Competency Domain (CD) 5)
    a. Confirm that the student can communicate effectively and respectfully, in a culturally competent manner with the patient and family. They must be able to demonstrate shared decision making with their patient and families.

1310 Club Drive · Vallejo California 94592
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2. Interpersonal skills (CD 5)

a. Confirm that the student can communicate effectively and respectfully, in a culturally competent manner with all members of the healthcare team. They must be able to demonstrate shared decision making with consultants and other members of the healthcare team.

3. Professionalism (CD 6)

a. The student must demonstrate the capability to always show professional behavior such as on time arrival, being always a team member. Willing to always learn and work hard for their patients, families, and members of their healthcare team. Being prepared to do what it takes to get the work done. Do not watch the clock to focus on when a shift ends but when the care is safe to transition. The student should always show their dedication to the profession and the calling of being an Osteopathic Physician and always behave with honor. Be on time with all work, paperwork, etc.

4. Medical interviewing (data gathering/history taking) (EPA 1, CD 2)

a. The student must be able to demonstrate the ability to complete and thorough history in a timely, professional, and accurate manner. The history should be concise and gathered in plain language from the patient and family in a culturally competent way. It must be thoroughly organized and make sense to the chief complaint or reason for the visit. It must include all the pertinent positives and negatives as well as any RED FLAG information.

5. Performing a physical examination (EPA 1, CD 1, CD 2)

a. The student must demonstrate a thorough chief complaint driven physical exam in an organized manner and in a culturally competent way. They must be able to communicate to the patient and family what they are doing and why as they are doing it. They must also be able to recognize any abnormal findings or RED FLAG physical findings. They must show themselves to be well versed in what is considered normal in the patient population in which they are examining such as children, adults, geriatrics, males, females, nonbinary, transgender, ethnicity, etc. They must also be able to conduct a head-to-toe complete physical exam with all normal and common abnormal/normal variants.

6. Osteopathic palpatory diagnosis (CD 1)

a. The student must demonstrate the knowledge, comfort, ability and palpatory exam skills in all aspects of OPD. From normal to abnormal including craniosacral, myofascial, musculoskeletal, bony, regional, and specific levels of the somatic dysfunction or lesions in all populations of patients.

7. Performing OMT (EPA 12, CD 1)

a. The student must demonstrate the knowledge, comfort, ability with hands on skills in all aspects of OMT including craniosacral, myofascial, musculoskeletal, HVLA, soft tissue, regional,etc and to address/treat at the specific levels of the somatic dysfunction or lesions in all populations of patients. They must also know all indications, relative contraindications, and contraindications to each modality of OMT in each patient population.

8. Electronic documentation of a patient encounter (EPA 5, CD 5)

a. The student must demonstrate the ability to create a culturally competent record in a timely manner with thorough documentation of the full patient encounter including all relevant information provided by the H&P, the family, previous records, any diagnostic studies, an appropriate differential diagnosis with medical decision making and of course the final impression/diagnosis/plan. The documentation must also include all pertinent positives, negatives, RED FLAGS, somatic dysfunctions/OPDs and appropriate information from other encounters/consults in a cohesive and readable format that provides the needed information for appropriate care, follow up, and in a way that meets CMS criteria for billing.

9. Clinical problem solving (EPA 3, EPA 10, CD 2, 4)

a. The student must demonstrate the ability to create an appropriate differential diagnosis related to the chief complaint with detailed medical decision making including the assessment and plan. This must also include all appropriate ancillary testing, consulting, treatment, and disposition. They must also be able to communicate this verbally, written, and to all members of the healthcare team and the patient/family in all patient populations. This must also include back up plans or additional work up/ interventions if the initial plans fail.

10. Integrated differential diagnosis, including OPP/OMT where appropriate (EPA 2, CD 1, CD 5)

a. The student must demonstrate the ability to create an appropriate differential diagnosis related to the chief complaint with detailed medical decision making including any OPDs/somatic dysfunctions found during the encounter. The assessment and plan must include appropriate OMM/OPP services/treatment for the chief complaint, in response to the clinical findings, and the potential final diagnoses. They must also be able to communicate this verbally, written, and to all members of the healthcare team and the patient/family in all patient populations.

11. Formulation of an indicated, safe and cost-effective diagnostic and treatment plan EPA 3 EPA 4, CD1, CD 2, CD 5, CD 7)

a. the student must demonstrate the ability to synthesize all relevant information from the H&P, the medical record, and all other sources of information to develop an assessment and treatment plan that is evidenced based for the diagnosis/es, safe, efficient, and cost-effective manner in accordance with the choosing widely campaign.

3. What recommendations does your organization have regarding assurance that graduates possess these skills in the absence of the Level 2-PE, for the Class of 2022?
    a. We see this as multiple possibilities:
        i. Continue with PE as is but with multiple national centers to decrease cost, stress, and travel for our students.
        ii. Create a standard PE that would be given at each COM during the third/fourth years in collaboration with COCA, AACOM, NBOME, AOA.
        iii. Allow each COM to create its own PE to be given as part of the curriculum to be approved by NBOME/COCA/AACOM/AOA.
        iv. Allow each COM to create its own PE to be given as part of the curriculum without regulatory approval.

4. Please specify the benefits and challenges of your recommendations.

   i. Benefits: No real change, we still show our hands on distinctiveness, will show consistency and not caving to the political whims to end grades in medicine. Challenges: cost for multiple sites. Operational challenges of multiple sites.

   ii. Benefits: will still meet the goal of a standard assessment with keeping our hands on distinctiveness. Cheaper for students and for NBOME, Less stress for students. Challenges: increase work and cost for each COM.

   iii. Benefits: More flexibility, cheaper, allows for regulatory oversight and approval. Helps with some standardization. Less stressful for students. Challenges: increased cost and work for COMs, not completely standardized, may create regional differences that may be more difficult to overcome.

   iv. Benefits: easier, cheaper, faster, less stress for students. Challenges: more work and costs for COMs, no standardization at all, may introduce even more perceived biases.

We at TUCOM – CA would like to thank you for allowing our input. If you have any questions, please do not hesitate to contact me as below.

K. Scott Whitlow, D.O., FAAEM
Associate Dean - Clinical Education
Professor of Emergency Medicine and Medical Toxicology
Touro Univ. - CA - COM
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(C) 661-619-8191

From: Harp, William
To: COMLEXCommission
Subject: Re: Request for Organizational Input: NBOME Special Commission for Osteopathic Medical Licensure Assessment Phase 1
Date: Monday, March 8, 2021 1:53:27 PM

Dear Commission:

Thank you for the opportunity to provide input about Virginia's licensing process.

The Virginia Board of Medicine does not have examination requirements for applicants seeking a training license for internship/residency. The Board depends upon the assessment of the postgraduate program to make a determination whether the individual is a good fit for the program. If so, the Director for Graduate Medical Education will fill out the Board's form stating that the applicant will be participating in one of the institution's training programs.

That being said, all 11 Core Activities are important to successful participation in postgraduate training, especially 1, 4, 5, 10 & 11.

I hope this is helpful to the work of the Commission.

With kindest regards,

William L. Harp, MD
Executive Director
Virginia Board of Medicine

From: VOMA
To: COMLEXCommission
Subject: RE: Individual Stakeholder Survey: NBOME Special Commission for Osteopathic Medical Licensure Assessme
Date: Tuesday, March 9, 2021 12:34:24 PM

Hello,

Thank you for the opportunity to provide our feedback on assessment or verification of clinical skills. We appreciate your regarding us as stakeholders, as we have two colleges of osteopathic medicine in our state and are very interested in anything that affects our students and future physicians.

Unfortunately, our association is not really in a place to add input of any value. This is not our area of expertise. I have sent this request to our board as well as our COMs in case they want to guide us in a response, but might not have any input given the short turn-around time. IF we receive any input, I will be glad to update you.

Thank you for your consideration.

Maria S. Harris
Executive Director
Virginia Osteopathic Medical Association
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Richmond, VA 23238
Phone (804) 269-0136
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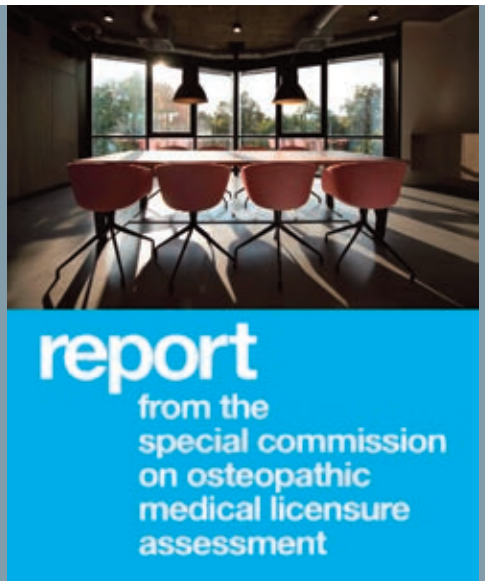


APPENDIX 2
INDIVIDUAL STAKEHOLDER SURVEY EMAIL

NBOME
NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS

INDIVIDUAL STAKEHOLDER SURVEY
Special Commission for Osteopathic Medical Licensure Assessment Phase 1

Survey on Clinical Skills Assessment or Verification for Licensure

On February 11, the NBOME announced the postponement of the COMLEX-USA Level 2-PE due to the pandemic and the establishment of a Special Commission for Osteopathic Medical Licensure Assessment to review options moving forward.

As we move forward with this essential work, our first and most important objective is to establish defensible pathway(s) for verification of clinical skills in the licensure process for the Class of 2021 (and 2020). Our second objective is to delineate defensible pathways for the Class of 2022. These are the Phase 1 objectives. We want to ensure pathways for progression and licensure for our students and residents, while not losing the trust earned from patients, the public, licensing authorities and others that DO graduates have the requisite skills. The NBOME is inviting you to share your input on how to accomplish these Phase 1 objectives.

Fundamental clinical skills for the practice of osteopathic medicine are defined and further detailed in NBOME's Fundamental Osteopathic Medical Competency Domains: Guidelines for Assessment for Osteopathic Medical Licensure and the Practice of Osteopathic Medicine 2016 (FOMCD 2016) and also referenced in AACOM's Osteopathic Considerations for Core Entrustable Professional Activities (EPAs) for Entering Residency.

This survey is designed to gather feedback for Phase 1 of the Special Commission's work, particularly as this relates to temporary pathways for the Class of 2022 and to lay the foundation for Phase 2. Responses to this survey will be accepted through **March 12, 2021**. Please click below to take the survey. This is a sharable link.

Take the Survey

ARE YOU FOLLOWING US ON SOCIAL?

MISSION

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

NBOME
NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS

National Board of Osteopathic Medical Examiners | 101 W. Elm Street, Suite 150, Conshohocken, PA 19428

report
from the special commission on osteopathic medical licensure assessment

APPENDIX 2B
INDIVIDUAL STAKEHOLDER SURVEY

NBOME®
NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS

Individual Stakeholder Survey: Special Commission for Osteopathic Medical Licensure Assessment Phase 1

Survey on Clinical Skills Assessment or Verification for Licensure

On February 11, the NBOME announced the postponement of the COMLEX-USA Level 2-PE due to the pandemic and the establishment of a Special Commission for Osteopathic Medical Licensure Assessment to review options moving forward.

As we move forward with this essential work, our first and most important objective is to establish defensible pathway(s) for verification of clinical skills in the licensure process for the Class of 2021 (and 2020). Our second objective is to delineate defensible pathways for the Class of 2022. These are the Phase 1 objectives. We want to ensure pathways for progression and licensure for our students and residents, while not losing the trust earned from patients, the public, licensing authorities and others that DO graduates have the requisite skills. The NBOME is inviting you to share your input on how to accomplish these first phase goals.

Fundamental clinical skills for the practice of osteopathic medicine are all defined and further detailed in NBOME's Fundamental Osteopathic Medical Competency Domains: Guidelines for Assessment for Osteopathic Medical Licensure and the Practice of Osteopathic Medicine 2016 (FOMCD 2016) and also referenced in AACOM's Osteopathic Considerations for Core Entrustable Professional Activities (EPAs) for Entering Residency.

This survey is designed to gather feedback for Phase 1 of the Special Commission's work, particularly as this relates to temporary pathways for the Class of 2022, and to lay the foundation for Phase 2. This survey will close on March 12, 2021, and takes 20-30 minutes to complete.

* 1. I am answering this survey from the perspective of my role as (select the best answer):

- ◯ Premedical student interested in osteopathic medicine
- ◯ Osteopathic Medical student
- ◯ Other medical student
- ◯ Osteopathic medical resident or fellow (DO)
- ◯ Other Medical Resident (MD, MBBS, etc.)
- ◯ Faculty, staff, administration of an osteopathic medical school
- ◯ Faculty staff, administration of ACGME-accredited residency program
- ◯ Osteopathic physician in practice/patient care (at least 20% FTE)
- ◯ Other physician in practice (MD, MBBS, etc.)
- ◯ State Medical or osteopathic medical board member
- ◯ State osteopathic association/society leader/trustee/director
- ◯ Osteopathic practice society/association leader/trustee/director
- ◯ Health care team member, Nursing professional, social worker
- ◯ Patient/patient advocate/public member
- ◯ Other (please specify)

The following skills have been assessed in the COMLEX-USA Level 2-PE as part of the licensure pathway for DOs since 2004. For each skill in questions #2 - 12, please check the methods that you feel our profession could use for the Class of 2022 to assure DO graduates are ready for entry into an accredited residency program as part of their pathway for eligibility to take COMLEX-USA Level 3 and apply for licensure as an osteopathic physician:

- Physician-patient communication (Competency Domain (CD) 5)
- Interpersonal skills (CD 5)
- Professionalism (CD 6)
- Medical interviewing (data gathering/history taking) (EPA 1, CD 2)
- Performing a physical examination (EPA 1, CD 1, CD 2)
- Osteopathic palpatory diagnosis (CD 1)
- Performing OMT (EPA 12, CD 1)
- Electronic documentation of a patient encounter (EPA 5, CD 5)
- Clinical problem solving (EPA 3, EPA 10, CD 2, 4)
- Integrated differential diagnosis, including OPP/OMT where appropriate (EPA 2, CD 1, CD 5)
- Formulation of an indicated, safe and cost-effective diagnostic and treatment plan EPA 3 EPA 4, CD1, CD 2, CD 5, CD 7)

* 2. What do you think are the best approaches for licensure assessment or verification of **Physician-patient communication (Competency Domain (CD) 5)**? (check all that apply)

- [ ] National standardized clinical skills examination
- [ ] COM, SOM or teaching hospital based clinical skills examination
- [ ] School-based OMT lab assessment
- [ ] Other (please specify)
- [ ] Evaluation by preceptors
- [ ] Evaluation by patients on clinical rotations
- [ ] Online/virtual modules

* 3. What do you think are the best approaches for licensure assessment or verification of **Interpersonal skills (CD 5)**? (check all that apply)

- [ ] National standardized clinical skills examination
- [ ] COM, SOM or teaching hospital based clinical skills examination
- [ ] School-based OMT lab assessment
- [ ] Other (please specify)
- [ ] Evaluation by preceptors
- [ ] Evaluation by patients on clinical rotations
- [ ] Online/virtual modules

* 4. What do you think are the best approaches for licensure assessment or verification of **Professionalism (CD 6)**? (check all that apply)

- [ ] National standardized clinical skills examination
- [ ] COM, SOM or teaching hospital based clinical skills examination
- [ ] School-based OMT lab assessment
- [ ] Other (please specify)
- [ ] Evaluation by preceptors
- [ ] Evaluation by patients on clinical rotations
- [ ] Online/virtual modules

* 5. What do you think are the best approaches for licensure assessment or verification of **Medical interviewing (data gathering/history taking) (EPA 1, CD 2)**? (check all that apply)

- [ ] National standardized clinical skills examination
- [ ] COM, SOM or teaching hospital based clinical skills examination
- [ ] School-based OMT lab assessment
- [ ] Other (please specify)
- [ ] Evaluation by preceptors
- [ ] Evaluation by patients on clinical rotations
- [ ] Online/virtual modules

* 6. What do you think are the best approaches for licensure assessment or verification of **Performing a physical examination (EPA 1, CD 1, CD 2)**? (check all that apply)

- [ ] National standardized clinical skills examination
- [ ] COM, SOM or teaching hospital based clinical skills examination
- [ ] School-based OMT lab assessment
- [ ] Other (please specify)
- [ ] Evaluation by preceptors
- [ ] Evaluation by patients on clinical rotations
- [ ] Online/virtual modules

* 7. What do you think are the best approaches for licensure assessment or verification of **Osteopathic palpatory diagnosis (CD 1)**? (check all that apply)

- [ ] National standardized clinical skills examination
- [ ] COM, SOM or teaching hospital based clinical skills examination
- [ ] School-based OMT lab assessment
- [ ] Other (please specify)
- [ ] Evaluation by preceptors
- [ ] Evaluation by patients on clinical rotations
- [ ] Online/virtual modules

* 8. What do you think are the best approaches for licensure assessment or verification of **Performing OMT (EPA 12, CD 1)**? (check all that apply)

- [ ] National standardized clinical skills examination
- [ ] COM, SOM or teaching hospital based clinical skills examination
- [ ] School-based OMT lab assessment
- [ ] Other (please specify)
- [ ] Evaluation by preceptors
- [ ] Evaluation by patients on clinical rotations
- [ ] Online/virtual modules

* 9. What do you think are the best approaches for licensure assessment or verification of **Electronic documentation of a patient encounter (EPA 5, CD 5)**? (check all that apply)

- [ ] National standardized clinical skills examination
- [ ] COM, SOM or teaching hospital based clinical skills examination
- [ ] School-based OMT lab assessment
- [ ] Other (please specify)
- [ ] Evaluation by preceptors
- [ ] Evaluation by patients on clinical rotations
- [ ] Online/virtual modules

* 10. What do you think are the best approaches for licensure assessment or verification of **Clinical problem solving (EPA 3, EPA 10, CD 2, 4)**? (check all that apply)

- [ ] National standardized clinical skills examination
- [ ] COM, SOM or teaching hospital based clinical skills examination
- [ ] School-based OMT lab assessment
- [ ] Other (please specify)
- [ ] Evaluation by preceptors
- [ ] Evaluation by patients on clinical rotations
- [ ] Online/virtual modules

* 11. What do you think are the best approaches for licensure assessment or verification of **Integrated differential diagnosis, including OPP/OMT where appropriate (EPA 2, CD 1, CD 5)**? (check all that apply)

- [ ] National standardized clinical skills examination
- [ ] COM, SOM or teaching hospital based clinical skills examination
- [ ] School-based OMT lab assessment
- [ ] Other (please specify)
- [ ] Evaluation by preceptors
- [ ] Evaluation by patients on clinical rotations
- [ ] Online/virtual modules

* 12. What do you think are the best approaches for licensure assessment or verification of **Formulation of an indicated, safe and cost-effective diagnostic and treatment plan EPA 3 EPA 4, CD1, CD 2, CD 5, CD 7)**? (check all that apply)

- [ ] National standardized clinical skills examination
- [ ] COM, SOM or teaching hospital based clinical skills examination
- [ ] School-based OMT lab assessment
- [ ] Other (please specify)
- [ ] Evaluation by preceptors
- [ ] Evaluation by patients on clinical rotations
- [ ] Online/virtual modules

* 13. What do you consider to be the limitations to the following assessment approach: **National standardized Clinical Skills exam**? (check all that apply)

- [ ] Inconvenience to candidates
- [ ] Cost to candidate
- [ ] Assuring accuracy of evaluators (rater training)
- [ ] Development of scoring rubrics
- [ ] Bias of evaluators
- [ ] Other (please specify)
- [ ] Having a standard requirement
- [ ] Skills not directly observed
- [ ] Artificial environment
- [ ] Excessive burden on COM

* 14. What do you consider to be the limitations to the following assessment approach: **COM, or teaching hospital based clinical skills examination**? (check all that apply)

- [ ] Inconvenience to candidates
- [ ] Having a standard requirement
- [ ] Cost to candidate
- [ ] Skills not directly observed
- [ ] Assuring accuracy of evaluators (rater training)
- [ ] Artificial environment
- [ ] Development of scoring rubrics
- [ ] Excessive burden on COM
- [ ] Bias of evaluators
- [ ] Other (please specify)

* 15. What do you consider to be the limitations to the following assessment approach: **School based OMT lab assessment**? (check all that apply)

- [ ] Inconvenience to candidates
- [ ] Having a standard requirement
- [ ] Cost to candidate
- [ ] Skills not directly observed
- [ ] Assuring accuracy of evaluators (rater training)
- [ ] Artificial environment
- [ ] Development of scoring rubrics
- [ ] Excessive burden on COM
- [ ] Bias of evaluators
- [ ] Other (please specify)

* 16. What do you consider to be the limitations to the following assessment approach: **Evaluations by preceptors**? (check all that apply)

- [ ] Inconvenience to candidates
- [ ] Having a standard requirement
- [ ] Cost to candidate
- [ ] Skills not directly observed
- [ ] Assuring accuracy of evaluators (rater training)
- [ ] Artificial environment
- [ ] Development of scoring rubrics
- [ ] Excessive burden on COM
- [ ] Bias of evaluators
- [ ] Other (please specify)

* 17. What do you consider to be the limitations to the following assessment approach: **Evaluations by patients on clinical rotations**? (check all that apply)

- [ ] Inconvenience to candidates
- [ ] Cost to candidate
- [ ] Assuring accuracy of evaluators (rater training)
- [ ] Development of scoring rubrics
- [ ] Bias of evaluators
- [ ] Other (please specify)
- [ ] Having a standard requirement
- [ ] Skills not directly observed
- [ ] Artificial environment
- [ ] Excessive burden on COM

* 18. What do you consider to be the limitations to the following assessment approach: **Online/virtual module**? (check all that apply)

- [ ] Inconvenience to candidates
- [ ] Cost to candidate
- [ ] Assuring accuracy of evaluators (rater training)
- [ ] Development of scoring rubrics
- [ ] Bias of evaluators
- [ ] Other (please specify)
- [ ] Having a standard requirement
- [ ] Skills not directly observed
- [ ] Artificial environment
- [ ] Excessive burden on COM

* 19. Is formative assessment of these skills (assessment for learning, not to a standard) acceptable to assure minimal competence for licensure?

	Yes	No	Not sure
Physician-patient communication	○	○	○
Interpersonal skills	○	○	○
Professionalism	○	○	○
Medical interviewing (data gathering/history taking)	○	○	○
Performing a physical examination	○	○	○
Osteopathic palpatory diagnosis	○	○	○
Performing OMT	○	○	○
Electronic documentation of a patient encounter	○	○	○
Clinical problem solving	○	○	○
Integrated differential diagnosis, including OPP/OMT where appropriate	○	○	○
Formulation of an indicated, safe and cost-effective diagnostic and treatment plan	○	○	○

* 20. What evidence would you find acceptable to verify an osteopathic medical student or graduate possesses this skill: **Physician-patient communication**? (check all that apply)

- ☐ Dean or administrative attestation for general clinical skills proficiency
- ☐ Pass/Fail grade on a clinical skills examination
- ☐ Recording of proficiency for each skill by clinical rotation preceptor
- ☐ Recording of proficiency for each skill by the COM
- ☐ Other (please specify)

* 21. What evidence would you find acceptable to verify an osteopathic medical student or graduate possesses this skill: **Interpersonal skills**? (check all that apply)

- [ ] Dean or administrative attestation for general clinical skills proficiency
- [ ] Pass/Fail grade on a clinical skills examination
- [ ] Recording of proficiency for each skill by clinical rotation preceptor
- [ ] Recording of proficiency for each skill by the COM
- [ ] Other (please specify)

* 22. What evidence would you find acceptable to verify an osteopathic medical student or graduate possesses this skill: **Professionalism**? (check all that apply)

- [ ] Dean or administrative attestation for general clinical skills proficiency
- [ ] Pass/Fail grade on a clinical skills examination
- [ ] Recording of proficiency for each skill by clinical rotation preceptor
- [ ] Recording of proficiency for each skill by the COM
- [ ] Other (please specify)

* 23. What evidence would you find acceptable to verify an osteopathic medical student or graduate possesses this skill: **Medical interviewing (data gathering/history taking)**? (check all that apply)

- [ ] Dean or administrative attestation for general clinical skills proficiency
- [ ] Pass/Fail grade on a clinical skills examination
- [ ] Recording of proficiency for each skill by clinical rotation preceptor
- [ ] Recording of proficiency for each skill by the COM
- [ ] Other (please specify)

* 24. What evidence would you find acceptable to verify an osteopathic medical student or graduate possesses this skill: **Performing a physical examination**? (check all that apply)

- [ ] Dean or administrative attestation for general clinical skills proficiency
- [ ] Pass/Fail grade on a clinical skills examination
- [ ] Recording of proficiency for each skill by clinical rotation preceptor
- [ ] Recording of proficiency for each skill by the COM
- [ ] Other (please specify)

* 25. What evidence would you find acceptable to verify an osteopathic medical student or graduate possesses this skill: **Osteopathic palpatory diagnosis**? (check all that apply)

- [ ] Dean or administrative attestation for general clinical skills proficiency
- [ ] Pass/Fail grade on a clinical skills examination
- [ ] Recording of proficiency for each skill by clinical rotation preceptor
- [ ] Recording of proficiency for each skill by the COM
- [ ] Other (please specify)

* 26. What evidence would you find acceptable to verify an osteopathic medical student or graduate possesses this skill: **Performing OMT**? (check all that apply)

- [ ] Dean or administrative attestation for general clinical skills proficiency
- [ ] Pass/Fail grade on a clinical skills examination
- [ ] Recording of proficiency for each skill by clinical rotation preceptor
- [ ] Recording of proficiency for each skill by the COM
- [ ] Other (please specify)

* 27. What evidence would you find acceptable to verify an osteopathic medical student or graduate possesses this skill: **Electronic documentation of a patient encounter**? (check all that apply)

- [ ] Dean or administrative attestation for general clinical skills proficiency
- [ ] Pass/Fail grade on a clinical skills examination
- [ ] Recording of proficiency for each skill by clinical rotation preceptor
- [ ] Recording of proficiency for each skill by the COM
- [ ] Other (please specify)

* 28. What evidence would you find acceptable to verify an osteopathic medical student or graduate possesses this skill: **Clinical problem solving**? (check all that apply)

- [ ] Dean or administrative attestation for general clinical skills proficiency
- [ ] Pass/Fail grade on a clinical skills examination
- [ ] Recording of proficiency for each skill by clinical rotation preceptor
- [ ] Recording of proficiency for each skill by the COM
- [ ] Other (please specify)

* 29. What evidence would you find acceptable to verify an osteopathic medical student or graduate possesses this skill: **Integrated differential diagnosis, including OPP/OMT where appropriate**? (check all that apply)

- [ ] Dean or administrative attestation for general clinical skills proficiency
- [ ] Pass/Fail grade on a clinical skills examination
- [ ] Recording of proficiency for each skill by clinical rotation preceptor
- [ ] Recording of proficiency for each skill by the COM
- [ ] Other (please specify)

* 30. What evidence would you find acceptable to verify an osteopathic medical student or graduate possesses this skill: **Formulation of an indicated, safe and cost-effective diagnostic and treatment plan**? (check all that apply)

- [ ] Dean or administrative attestation for general clinical skills proficiency
- [ ] Pass/Fail grade on a clinical skills examination
- [ ] Recording of proficiency for each skill by clinical rotation preceptor
- [ ] Recording of proficiency for each skill by the COM
- [ ] Other (please specify)

* 31. In your opinion, how strongly do you feel that failing the COMLEX-USA Level 2-PE indicates a student is not ready for supervised practice in residency?

Not very strongly (1) — **Very strongly (5)**

* 32. In your opinion, how strongly do you feel that failing the Level 2-PE indicates that a student is not ready for unsupervised practice (licensure)?

Not very strongly (1) — **Very strongly (5)**

* 33. Do you consider it important that an evaluation of student clinical skills be conducted independently of school-based exams?

Not important (1) — **Very important (5)**

* 34. If these fundamental osteopathic clinical skills are not assessed as part of a licensure pathway, are you concerned this would impact resources for clinical skills training at medical school and in residency training programs (e.g., communication and interpersonal skills, OMT skills, Standardized Patient Programs, and other fundamental clinical skills)?

- ◯ Yes
- ◯ No
- ◯ Not sure

Please explain.

35. What ideas do you have that would help assure that patients who seek care from DOs can trust that the profession can attest to their having demonstrated minimal competency in fundamental clinical skills for the privilege of licensure?

36. What evidence can you provide (peer-reviewed studies, expert consensus manuscripts, or personal opinion) that has informed your insights and should be considered by the Special Commission?

37. Do you have any other comments to share with the NBOME Special Commission for Osteopathic Medical Licensure Assessment?

APPENDIX 2C

INDIVIDUAL STAKEHOLDER SURVEY SUMMARY RESULTS MARCH 2021

Special Commission on Osteopathic Medical Licensure Assessment: Survey Results

Summary results presented to the Special Commission on March 28, 2021 by Jeanne Sandella, DO, Associate VP, Communications & Research, and Jack Boulet, PhD, MA, Senior Research Consultant

Survey Sample

	Frequency	Percent
Faculty staff, administration of ACGME-accredited residency program	135	2.48
Faculty, staff, administration of an osteopathic medical school	211	3.87
Health care team member, Nursing professional, social worker	6	0.11
Osteopathic Medical student	4376	80.28
Osteopathic medical resident or fellow (DO)	525	9.63
Osteopathic physician in practice/patient care (at least 20% FTE)	83	1.52
Osteopathic practice society/association leader/trustee/director	4	0.07
Other (please specify)	35	0.64
Other Medical Resident (MD, MBBS, etc.)	5	0.09
Other medical student	13	0.24
Other physician in practice (MD, MBBS, etc.)	1	0.02
Patient/patient advocate/public member	30	0.55
Premedical student interested in osteopathic medicine	3	0.06
State Medical or osteopathic medical board member	18	0.33
State osteopathic association/society leader/trustee/director	6	0.11

Best Approaches for Licensure Assessment

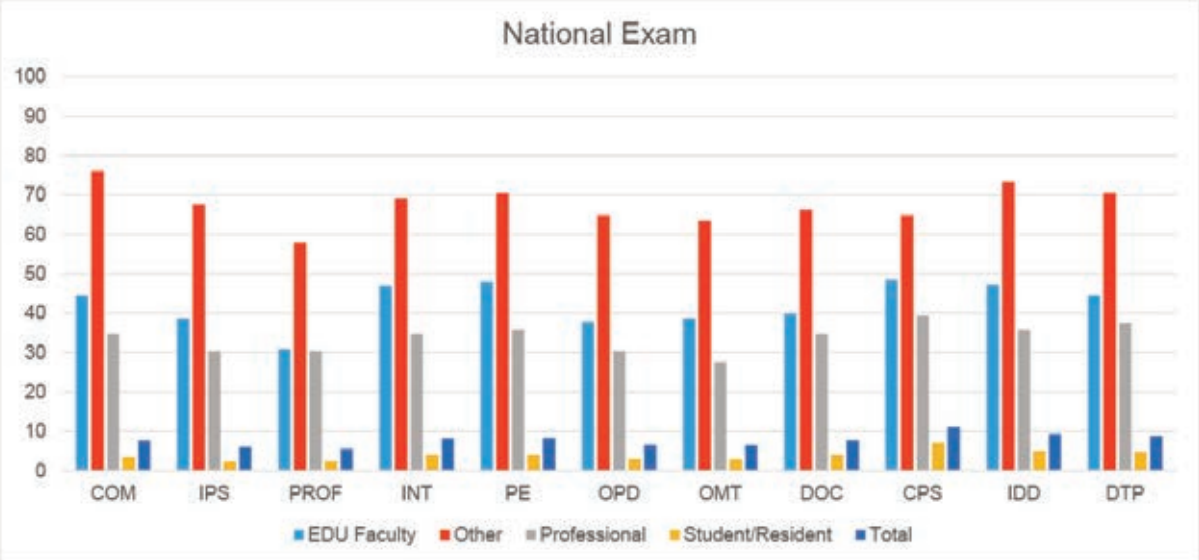
- What do you think are the best approaches for licensure assessment or verification of clinical skills?

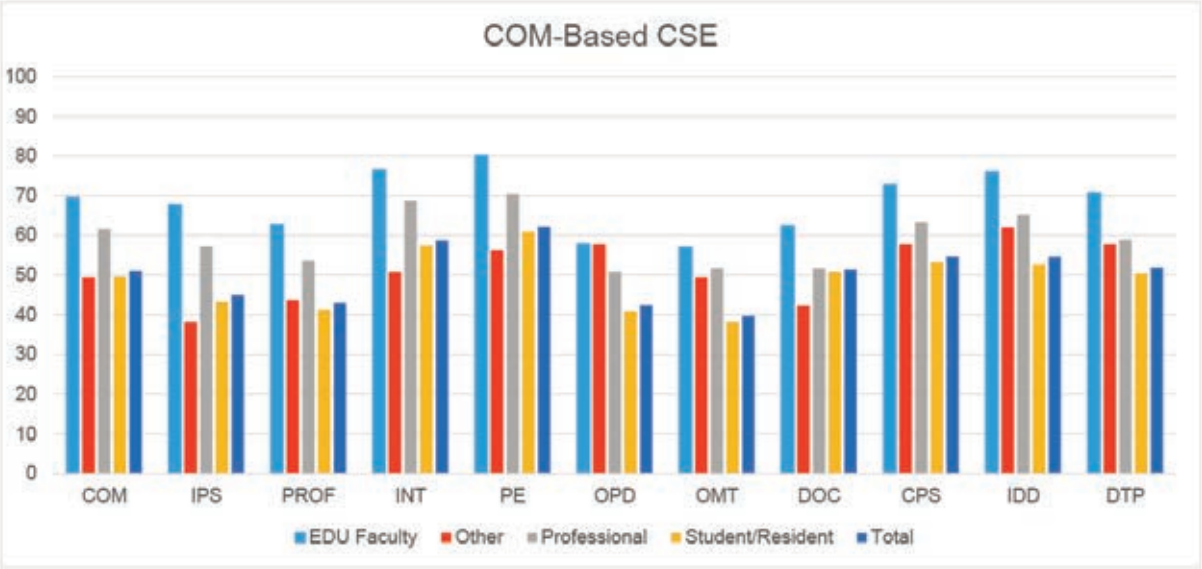
Acceptable Evidence?

- Physician-patient communication (COM)

- Interpersonal skills (IPS)
- Professionalism (PROF)
- Medical Interviewing (INT)
- Physical Examination (PE)
- Osteopathic palpatory diagnosis (OPD)
- Performing OMT (OMT)
- Electronic Documentation (DOC)
- Clinical problem solving (CPS)
- Integrated differential diagnosis (IDD)
- Diagnostic treatment plan (DTP)

Approaches for Licensure Assessment




COM-Based CSE
100
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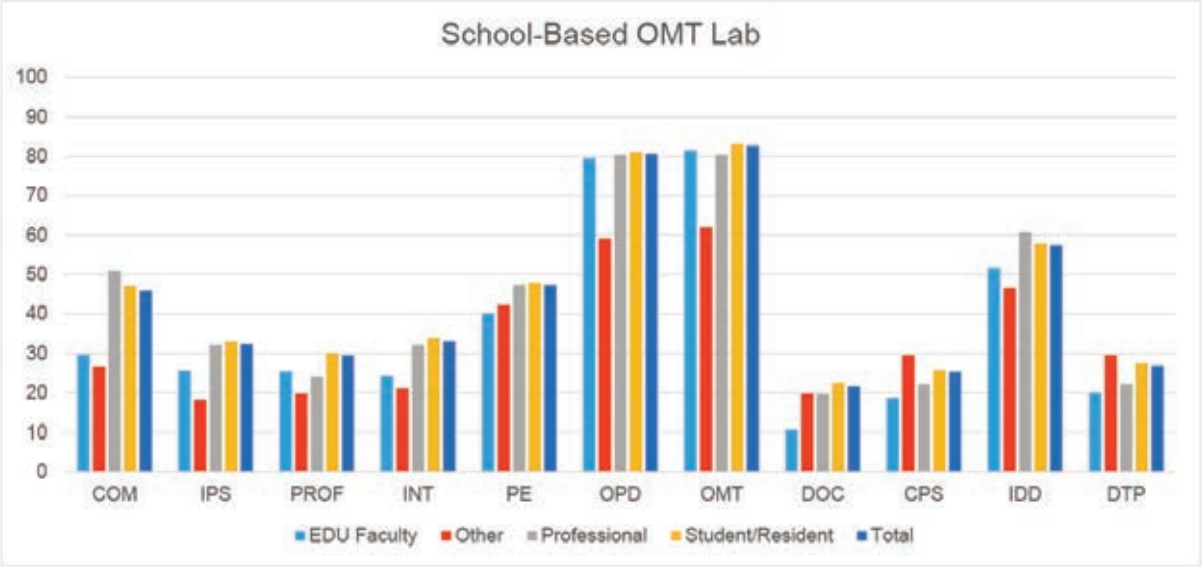
80
70
60
50
40
30
20
10
0
COM
IPS
PROF
INT
PE
OPD
OMT
DOC
CPS
IDD
DTP
EDU Faculty
Other
Professional
Student/Resident
Total


School-Based OMT Lab
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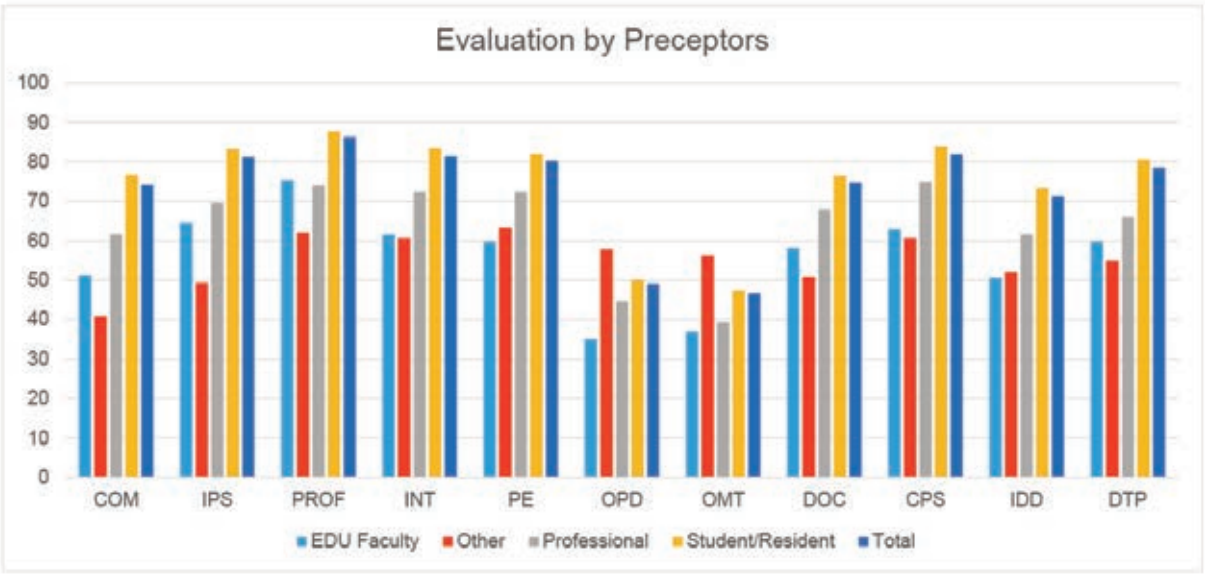
OPD
OMT
DOC
CPS
IDD
DTP
EDU Faculty
Other
Professional
Student/Resident
Total


Evaluation by Preceptors
100
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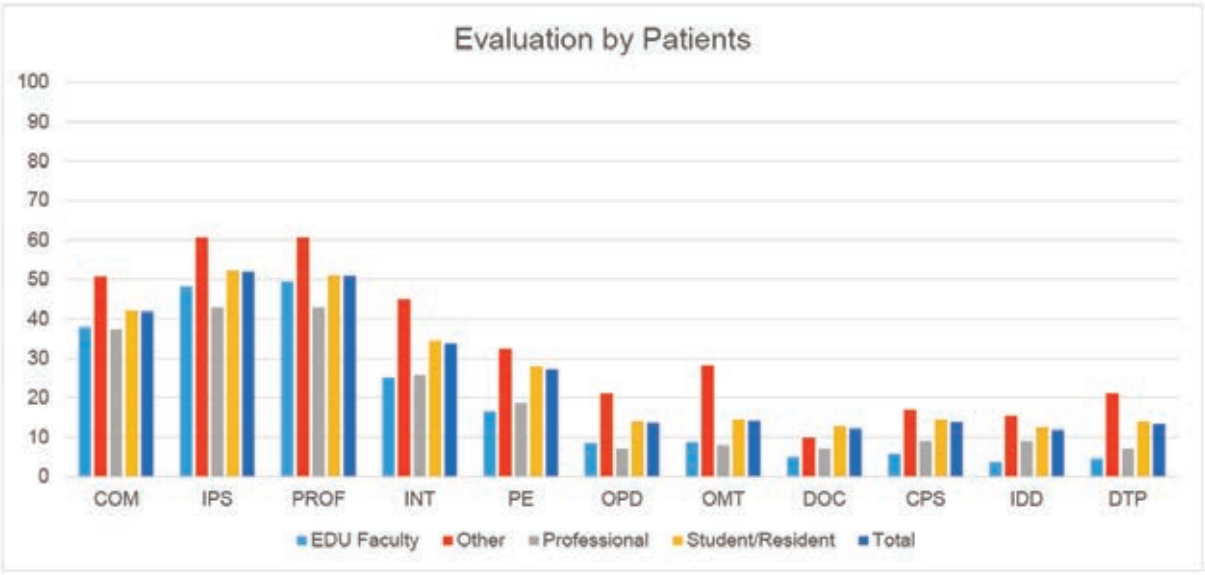
CPS
IDD
DTP
EDU Faculty
Other
Professional
Student/Resident
Total


Evaluation by Patients
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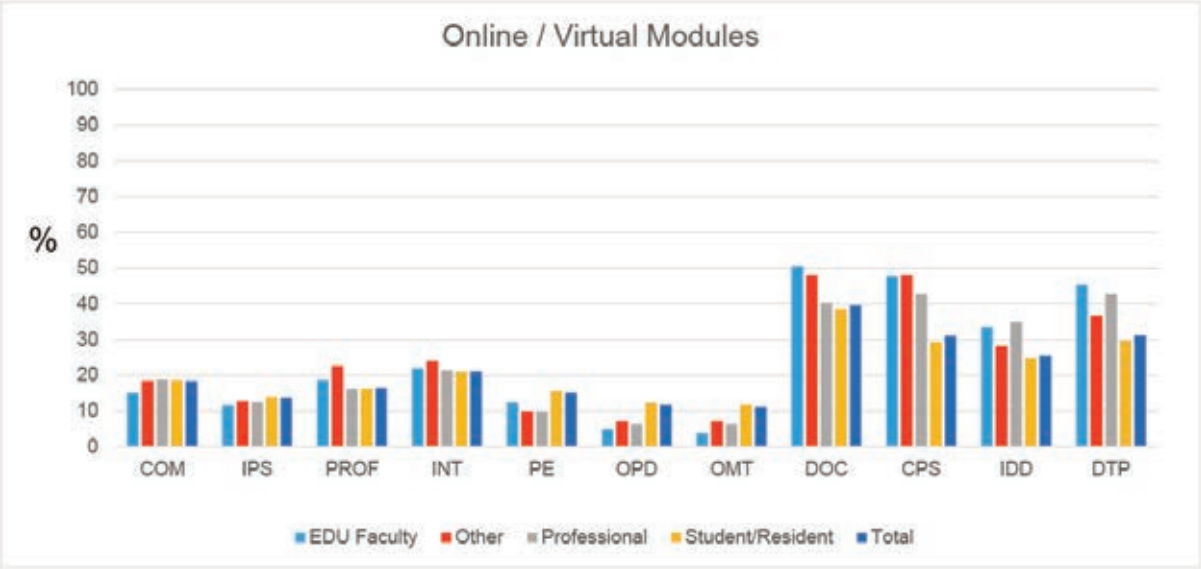
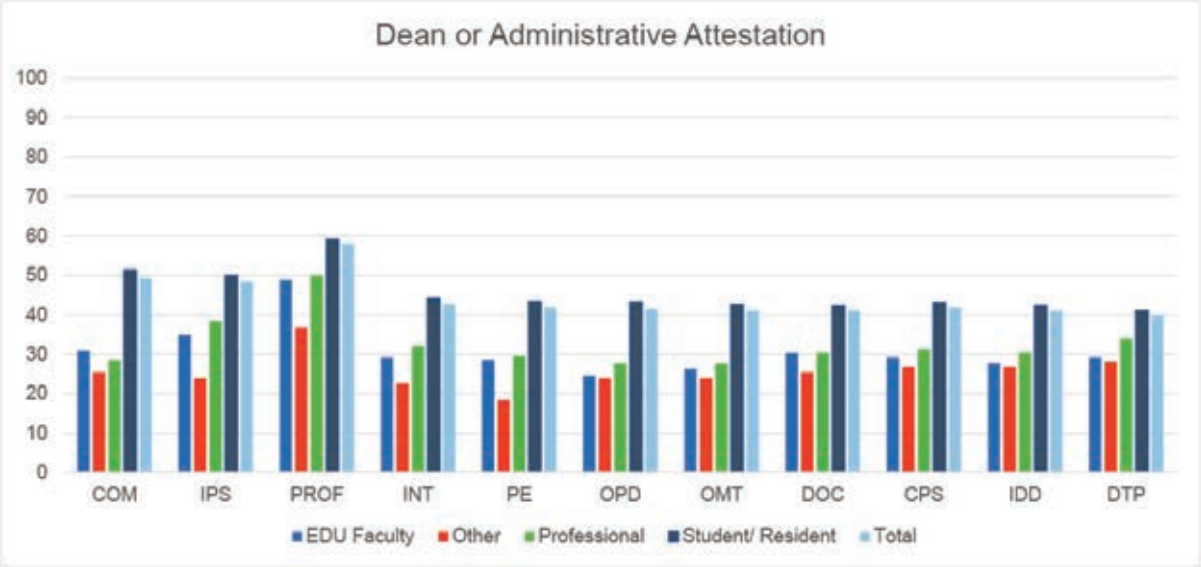
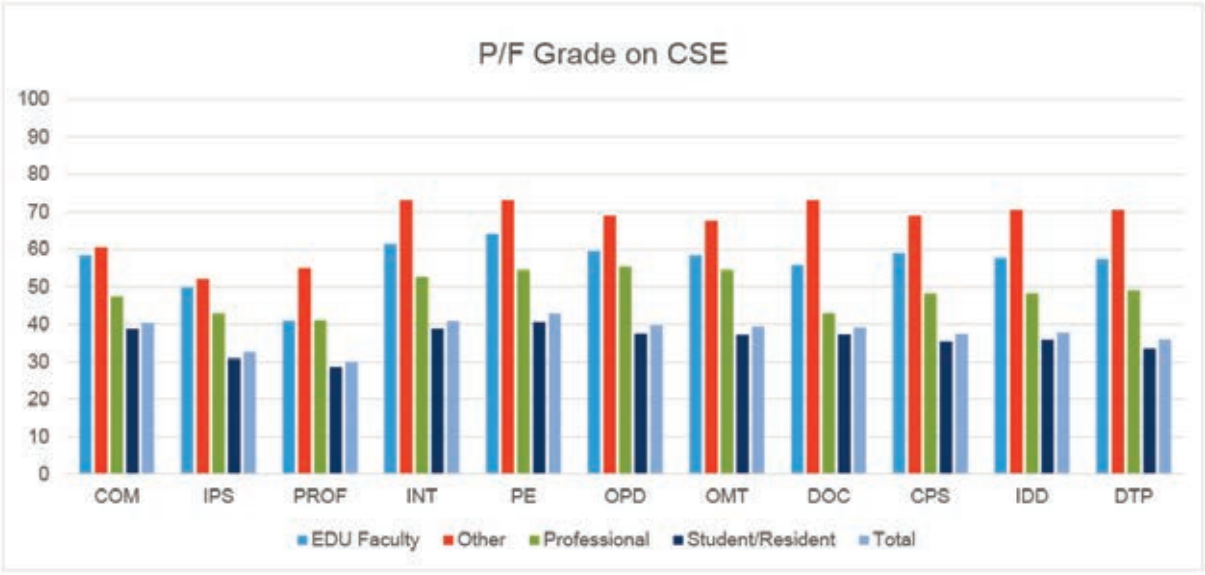
CPS
IDD
DTP
EDU Faculty
Other
Professional
Student/Resident
Total



Acceptable Evidence

- What evidence would you find acceptable to verify that an osteopathic student or graduate possesses specific skills?




P/F Grade on CSE
100
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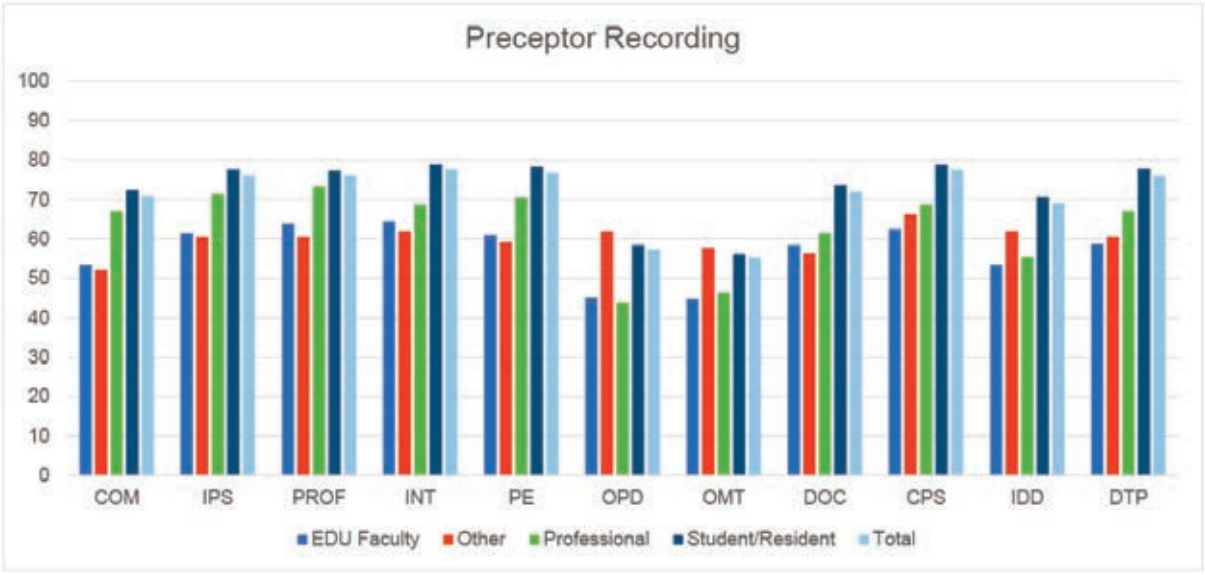
OMT
DOC
CPS
IDD
DTP
EDU Faculty
Other
Professional
Student/Resident
Total


Preceptor Recording
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PROF
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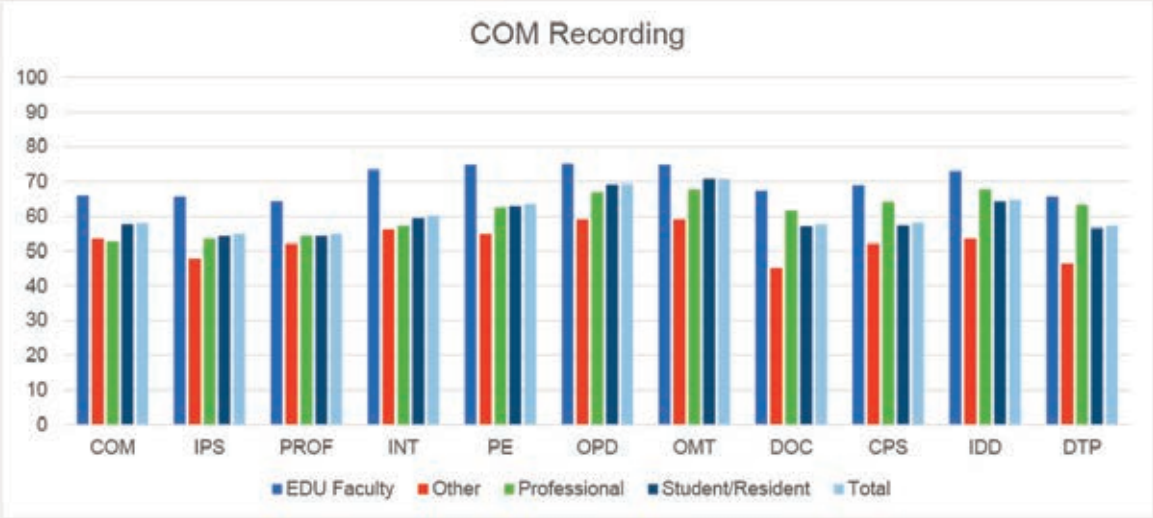
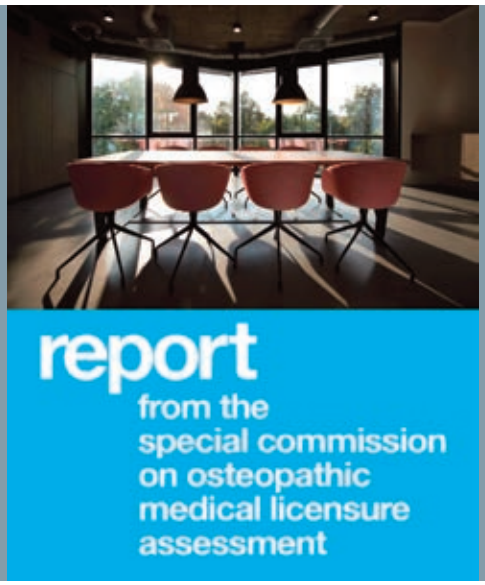
OPD
OMT
DOC
CPS
IDD
DTP
EDU Faculty
Other
Professional
Student/Resident
Total



Conclusion

- Students do NOT want a national examination (other stakeholders do)
- Approaches vary by skill/stakeholder group
- Attestation is not really viewed as acceptable evidence
- Belief that evaluation by preceptors or COM-based assessment has some value
- Assessment of reasoning skills via online modules?
- OMT assessed in school-based OMT lab?
- Small but vocal group that does not identify with "osteopathic distinctiveness" or need to assess (at all)?



APPENDIX 3
ECSA INVENTORY QUESTIONS

Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Welcome to the Evidence of Clinical Activities Inventory for the Class of 2022

The National Board of Osteopathic Medical Examiners (NBOME) Board of Directors has approved an enhanced attestation pathway for members of the Class of 2022 to ensure competency for osteopathic clinical skills as part of the COMLEX-USA series. This will allow students who were unable to take COMLEX-USA Level 2-PE to have documentation that clinical skills competency was achieved, allowing them to be eligible to take COMLEX-USA Level 3.

As part of that enhancement, each College of Osteopathic Medicine (COM) will fill out an enhanced attestation form for the COM and, if applicable, its branch campuses. The purpose of this step is to inform the NBOME of evaluation tools and activities that are being used, or that have been used, to assess the class of 2022's competency in fundamental osteopathic clinical skills. For this task, COMs will not provide evidence for each individual student, only describe the tools used for their evaluation of clinical skills for students in the class of 2022 as a whole.

COMs may complete one form for main and branch/multiple campuses as long as the evaluation tools used at each location for the class of 2022 are the same; a separate form must be completed for any campus that varies from the others. The COM will need to appoint one contact person for the form, regardless of the number of campuses included. This person must know and understand the curriculum elements that pertain to the evaluation of clinical skills. The contact person will be responsible for the information provided, and will be the person the NBOME contacts if needing any clarification.

Before completing the form, please refer to the supplementary document "Completing the 'Evidence of Clinical Skills Activities' Form." This document will assist you in compiling the necessary information and completing the submission.

Please keep in mind that the evaluation activities listed in the form are common examples provided for convenience. If the COM uses any activities that differ from the ones listed, please select "Other" and briefly describe the activity. The skills are

mapped to Entrustable Professional Activities (EPAs) and Competency Domains (CDs) to make it easier to identify the skills for which your COM uses an activity.

The information supplied on the inventory will be used to support the attestation provided by the COM for the Class of 2022. Specific information for each COM will not be shared or published. Reports of de-identified data in the aggregate may be shared publicly and used to inform future osteopathic clinical skills education and assessment practices.

This form will need to be submitted by September 30, 2021.

If you have any questions or would like to provide supporting documentation for any of the tools or activities you are using, you may send them to ClinicalSkills@nbome.org.

Thank you for verifying the evaluation tools your COM is using!

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

* 1. Institution name

2. Branch campuses included in this attestation form

Campus 1

Campus 2

Campus 3

Campus 4

* 3. Full name of contact person

* 4. Title of contact person

* 5. Email address of contact person

* 6. Phone number of contact person

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- OMM, OPP & OMT – Osteopathic palpatory diagnosis (CD 1); Performing OMT (EPA 12, CD 1)

5

* 7. For the above Clinical Skill please indicate all tools or activities which are used fo evaluating students. (Select all that apply)

- [ ] Capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT
- [ ] Capstone performance assessment or comprehensive clinical skills exam (without OMT)
- [ ] OMT practical assessment
- [ ] OMT assessment or direct observation of performance of structural examination/OMT
- [ ] A series of formative (i.e., low-stakes, used for training) standardized patient (SP) based exams
- [ ] Direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty
- [ ] Portfolio assessment that includes OMT
- [ ] Portfolio assessment that does NOT include OMT
- [ ] Assessment of direct observation of clinical interactions
- [ ] Mini-clinical evaluation exercises
- [ ] Documentation exercises
- [ ] Patient surveys
- [ ] 360 degree assessment
- [ ] Clinical rotation evaluations that involved OMT (e.g., OMM rotation, Primary care rotation evaluation where OMT is documented/demonstrated)
- [ ] Clinical rotation evaluations that include direct observation of physical examination/structural examination skills
- [ ] Clinical rotation evaluations that do NOT involve OMT, physical examination nor structural examination skills
- [ ] Other: Please describe the tool or activity you are using to assess this skill

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- OMM, OPP & OMT – Osteopathic palpatory diagnosis (CD 1); Performing OMT (EPA 12, CD 1)

For the following questions, please refer to the Evidence Level Table in the Attestation Supplement.

8. Choose the appropriate Level - A, B or C - for the capstone performance assessment or comprehensive clinical skills exam that includes OMT.

- ○ Level A
- ○ Level B
- ○ Level C

9. Choose the appropriate Level - A, B or C - for the capstone performance assessment or comprehensive clinical skills exam (without OMT).

- ○ Level A
- ○ Level B
- ○ Level C

10. Choose the appropriate Level - A, B or C - for the OMT practical assessment.

- ○ Level A
- ○ Level B
- ○ Level C

7

11. Choose the appropriate Level - A, B or C - for the OMT assessment or direct observation of performance of structural examination/OMT.

- Level A
- Level B
- Level C

12. Choose the appropriate Level - A, B or C - for the series of formative SP based exams.

- Level A
- Level B
- Level C

13. Choose the appropriate Level - A, B or C - for the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty.

- Level A
- Level B
- Level C

14. Choose the appropriate Level - A, B or C - for the portfolio assessment that includes OMT.

- Level A
- Level B
- Level C

15. Choose the appropriate Level - A, B or C - for the portfolio assessment that does NOT include OMT.

- Level A
- Level B
- Level C

8

16. Choose the appropriate Level - A, B or C - for the assessment of direct observation of clinical interactions.

- Level A
- Level B
- Level C

17. Choose the appropriate Level - A, B or C - for the mini-clinical evaluation exercises.

- Level A
- Level B
- Level C

18. Choose the appropriate Level - A, B or C - for the documentation exercises.

- Level A
- Level B
- Level C

19. Choose the appropriate Level - A, B or C - for the patient surveys.

- Level A
- Level B
- Level C

20. Choose the appropriate Level - A, B or C - for the 360 degree assessment.

- Level A
- Level B
- Level C

9

21. Choose the appropriate Level - A, B or C - for the clinical rotation evaluations that involved OMT.

- Level A
- Level B
- Level C

22. Choose the appropriate Level - A, B or C - for the clinical rotation evaluations that include direct observation of physical examination/structural examination skills.

- Level A
- Level B
- Level C

23. Choose the appropriate Level - A, B or C - for the clinical rotation evaluations that do NOT involve OMT, physical examination, nor structural examination skills.

- Level A
- Level B
- Level C

24. Choose the appropriate Level - A, B or C - for the other assessment tool or activity used.

- Level A
- Level B
- Level C

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- OMM, OPP & OMT – Osteopathic palpatory diagnosis (CD 1); Performing OMT (EPA 12, CD 1)

25. What year(s) does the capstone performance assessment or comprehensive clinical skills exam that includes OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

26. What year(s) does the capstone performance assessment or comprehensive clinical skills exam (without OMT) take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

11

27. What year(s) does the OMT practical assessment take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

28. What year(s) does the OMT assessment or direct observation of performance of structural examination/OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

29. What year(s) does the series of formative SP based exams take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

30. What year(s) does the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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31. What year(s) does the portfolio assessment that includes OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

32. What year(s) does the portfolio assessment that does NOT include OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

33. What year(s) does the assessment of direct observation of clinical interactions take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

34. What year(s) do the mini-clinical evaluation exercises take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

13

35. What year(s) does the documentation exercise(s) take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

36. What year(s) do the patient surveys take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

37. What year(s) does the 360 degree assessment take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

38. What year(s) does the clinical rotation evaluations that involved OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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39. What year(s) does the evaluation from clinical rotation evaluations that include direct observation of physical examination/structural examination skills take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

40. What year(s) does the evaluation from clinical rotation evaluations that do NOT involve OMT, physical examination nor structural examination skills take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

41. What year(s) does the other assessment tool or activity take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- OMM, OPP & OMT – Osteopathic palpatory diagnosis (CD 1); Performing OMT (EPA 12, CD 1)

42. Is there a standard for the successful completion of the capstone performance assessment or comprehensive clinical skills exam that includes OMT?

- [ ] Yes
- [ ] No

43. Is there a standard for the successful completion of the capstone performance assessment or comprehensive clinical skills exam (without OMT)?

- [ ] Yes
- [ ] No

44. Is there a standard for the successful completion of the OMT practical assessment?

- [ ] Yes
- [ ] No

16

45. Is there a standard for the successful completion of the OMT assessment or direct observation of performance of structural examination/OMT?

- [ ] Yes
- [ ] No

46. Is there a standard for the successful completion of the series of formative SP based exams?

- [ ] Yes
- [ ] No

47. Is there a standard for the successful completion of the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty?

- [ ] Yes
- [ ] No

48. Is there a standard for the successful completion of the portfolio assessment that includes OMT?

- [ ] Yes
- [ ] No

49. Is there a standard for the successful completion of the portfolio assessment that does NOT include OMT?

- [ ] Yes
- [ ] No

50. Is there a standard for the successful completion of the assessment of direct observation of clinical interactions?

- [ ] Yes
- [ ] No

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51. Is there a standard for the successful completion of the mini-clinical evaluation exercises?

- [ ] Yes
- [ ] No

52. Is there a standard for the successful completion of the documentation exercises?

- [ ] Yes
- [ ] No

53. Is there a standard for the successful completion of the patient surveys?

- [ ] Yes
- [ ] No

54. Is there a standard for the successful completion of the 360 degree assessment?

- [ ] Yes
- [ ] No

55. Is there a standard for the successful completion of the clinical rotation evaluations that involved OMT?

- [ ] Yes
- [ ] No

56. Is there a standard for the successful completion of the clinical rotation evaluations that include direct observation of physical examination/structural examination skills?

- [ ] Yes
- [ ] No

18

57. Is there a standard for the successful completion of the clinical rotation evaluations that do NOT involve OMT, physical examination nor structural examination skills?

- [ ] Yes
- [ ] No

58. Is there a standard for the successful completion of the other indicated tool or activity?

- [ ] Yes
- [ ] No

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- OMM, OPP & OMT – Osteopathic palpatory diagnosis (CD 1); Performing OMT (EPA 12, CD 1)

59. Are there remediation/additional activities for students who do not achieve the set standard for the capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT?

- [ ] Yes
- [ ] No

60. Is there a remediation/additional activity for students who do not achieve the set standard for the capstone performance assessment or comprehensive clinical skills exam (without OMT)?

- [ ] Yes
- [ ] No

61. Is there a remediation/additional activity for students who do not achieve the set standard for the OMT practical assessment?

- [ ] Yes
- [ ] No

20

62. Is there a remediation/additional activity for students who do not achieve the set standard for the OMT assessment or direct observation of performance of structural examination/OMT?

- [ ] Yes
- [ ] No

63. Is there a remediation/additional activity for students who do not achieve the set standard for the series of formative SP based exams?

- [ ] Yes
- [ ] No

64. Is there a remediation/additional activity for students who do not achieve the set standard for the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty?

- [ ] Yes
- [ ] No

65. Is there a remediation/additional activity for students who do not achieve the set standard for the portfolio assessment that includes OMT?

- [ ] Yes
- [ ] No

66. Is there a remediation/additional activity for students who do not achieve the set standard for the portfolio assessment that does NOT include OMT?

- [ ] Yes
- [ ] No

21

67. Is there a remediation/additional activity for students who do not achieve the set standard for the assessment of direct observation of clinical interactions?

- [ ] Yes
- [ ] No

68. Is there a remediation/additional activity for students who do not achieve the set standard for the mini-clinical evaluation exercises?

- [ ] Yes
- [ ] No

69. Is there a remediation/additional activity for students who do not achieve the set standard for the documentation exercises?

- [ ] Yes
- [ ] No

70. Is there a remediation/additional activity for students who do not achieve the set standard for the patient surveys?

- [ ] Yes
- [ ] No

71. Is there a remediation/additional activity for students who do not achieve the set standard for the 360 degree assessment?

- [ ] Yes
- [ ] No

72. Is there a remediation/additional activity for students who do not achieve the set standard for their clinical rotation evaluations that involved OMT?

- [ ] Yes
- [ ] No

22

73. Is there a remediation/additional activity for students who do not achieve the set standard for their clinical rotation evaluations that include direct observation of physical examination/structural examination skills?

- [ ] Yes
- [ ] No

74. Is there a remediation/additional activity for students who do not achieve the set standard for their clinical rotation evaluations that do NOT involve OMT, physical examination, nor structural examination skills?

- [ ] Yes
- [ ] No

75. Is there a remediation/additional activity for students who do not achieve the set standard for the other indicated tool or activity?

- [ ] Yes
- [ ] No

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- OMM, OPP & OMT – Osteopathic palpatory diagnosis (CD 1); Performing OMT (EPA 12, CD 1)

* 76. After remediation/additional activities are complete how do you ensure competency is achieved for the capstone performance assessment or comprehensive clinical skills exam that includes OMT?

* 77. After remediation/additional activities are complete how do you ensure competency is achieved for the capstone performance assessment or comprehensive clinical skills exam (without OMT)?

* 78. After remediation/additional activities are complete how do you ensure competency is achieved for the OMT practical assessment?

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* 79. After remediation/additional activities are complete how do you ensure competency is achieved for the OMT assessment or direct observation of performance of structural examination/OMT?

* 80. After remediation/additional activities are complete how do you ensure competency is achieved for the series of formative SP based exams?

* 81. After remediation/additional activities are complete how do you ensure competency is achieved for the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty?

* 82. After remediation/additional activities are complete how do you ensure competency is achieved for the portfolio assessment that includes OMT?

* 83. After remediation/additional activities are complete how do you ensure competency is achieved for the portfolio assessment that does NOT include OMT?

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* 84. After remediation/additional activities are complete how do you ensure competency is achieved for the assessment of direct observation of clinical interactions?

* 85. After remediation/additional activities are complete how do you ensure competency is achieved for the mini-clinical evaluation exercises?

* 86. After remediation/additional activities are complete how do you ensure competency is achieved for the documentation exercises?

* 87. After remediation/additional activities are complete how do you ensure competency is achieved for the patient surveys?

* 88. After remediation/additional activities are complete how do you ensure competency is achieved for the 360 degree assessment?

* 89. After remediation/additional activities are complete how do you ensure competency is achieved for the clinical rotation evaluations that involved OMT?

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* 90. After remediation/additional activities are complete how do you ensure competency is achieved for the clinical rotation evaluations that include direct observation of physical examination/structural examination skills?

* 91. After remediation/additional activities are complete how do you ensure competency is achieved for the clinical rotation evaluations that do NOT involve OMT, physical examination, nor structural examination skills?

* 92. After remediation/additional activities are complete how do you ensure competency is achieved for the other tools or activities indicated?

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- History-taking – Medical interviewing: data gathering/history taking (EPA 1, CD 2)

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* 93. For the above Clinical Skill please indicate all tools or activities which are used for evaluating students. (Select all that apply)

- [ ] Capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT
- [ ] Capstone performance assessment or comprehensive clinical skills exam (without OMT)
- [ ] OMT practical assessment
- [ ] OMT assessment or direct observation of performance of structural examination/OMT
- [ ] A series of formative (i.e., low-stakes, used for training) standardized patient (SP) based exams
- [ ] Direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty
- [ ] Portfolio assessment that includes OMT
- [ ] Portfolio assessment that does NOT include OMT
- [ ] Assessment of direct observation of clinical interactions
- [ ] Mini-clinical evaluation exercises
- [ ] Documentation exercises
- [ ] Patient surveys
- [ ] 360 degree assessment
- [ ] Clinical rotation evaluations that involved OMT (e.g., OMM rotation, Primary care rotation evaluation where OMT is documented/demonstrated)
- [ ] Clinical rotation evaluations that include direct observation of physical examination/structural examination skills
- [ ] Clinical rotation evaluations that do NOT involve OMT, physical examination nor structural examination skills
- [ ] Other: Please describe the tool or activity you are using to assess this skill

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- History-taking – Medical interviewing: data gathering/history taking (EPA 1, CD 2)

For the following questions, please refer to the Evidence Level Table in the Attestation Supplement.

94. Choose the appropriate Level - A, B or C - for the capstone performance assessment or comprehensive clinical skills exam that includes OMT.

- ○ Level A
- ○ Level B
- ○ Level C

95. Choose the appropriate Level - A, B or C - for the capstone performance assessment or comprehensive clinical skills exam (without OMT).

- ○ Level A
- ○ Level B
- ○ Level C

96. Choose the appropriate Level - A, B or C - for the OMT practical assessment.

- ○ Level A
- ○ Level B
- ○ Level C

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97. Choose the appropriate Level - A, B or C - for the OMT assessment or direct observation of performance of structural examination/OMT.

- Level A
- Level B
- Level C

98. Choose the appropriate Level - A, B or C - for the series of formative SP based exams.

- Level A
- Level B
- Level C

99. Choose the appropriate Level - A, B or C - for the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty.

- Level A
- Level B
- Level C

100. Choose the appropriate Level - A, B or C - for the portfolio assessment that includes OMT.

- Level A
- Level B
- Level C

101. Choose the appropriate Level - A, B or C - for the portfolio assessment that does NOT include OMT.

- Level A
- Level B
- Level C

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102. Choose the appropriate Level - A, B or C - for the assessment of direct observation of clinical interactions.

- Level A
- Level B
- Level C

103. Choose the appropriate Level - A, B or C - for the mini-clinical evaluation exercises.

- Level A
- Level B
- Level C

104. Choose the appropriate Level - A, B or C - for the documentation exercises.

- Level A
- Level B
- Level C

105. Choose the appropriate Level - A, B or C - for the patient surveys.

- Level A
- Level B
- Level C

106. Choose the appropriate Level - A, B or C - for the 360 degree assessment.

- Level A
- Level B
- Level C

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107. Choose the appropriate Level - A, B or C - for the clinical rotation evaluations that involved OMT.

- Level A
- Level B
- Level C

108. Choose the appropriate Level - A, B or C - for the clinical rotation evaluations that include direct observation of physical examination/structural examination skills.

- Level A
- Level B
- Level C

109. Choose the appropriate Level - A, B or C - for the clinical rotation evaluations that do NOT involve OMT, physical examination, nor structural examination skills.

- Level A
- Level B
- Level C

110. Choose the appropriate Level - A, B or C - for the other assessment tool or activity used.

- Level A
- Level B
- Level C

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- History-taking – Medical interviewing: data gathering/history taking (EPA 1, CD 2)

111. What year(s) does the capstone performance assessment or comprehensive clinical skills exam that includes OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

112. What year(s) does the capstone performance assessment or comprehensive clinical skills exam (without OMT) take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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113. What year(s) does the OMT practical assessment take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

114. What year(s) does the OMT assessment or direct observation of performance of structural examination/OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

115. What year(s) does the series of formative SP based exams take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

116. What year(s) does the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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117. What year(s) does the portfolio assessment that includes OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

118. What year(s) does the portfolio assessment that does NOT include OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

119. What year(s) does the assessment of direct observation of clinical interactions take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

120. What year(s) do the mini-clinical evaluation exercises take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

121. What year(s) does the documentation exercise(s) take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

122. What year(s) do the patient surveys take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

123. What year(s) does the 360 degree assessment take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

124. What year(s) does the clinical rotation evaluations that involved OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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125. What year(s) does the evaluation from clinical rotation evaluations that include direct observation of physical examination/structural examination skills take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

126. What year(s) does the evaluation from clinical rotation evaluations that do NOT involve OMT, physical examination nor structural examination skills take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

127. What year(s) does the other assessment tool or activity take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- History-taking – Medical interviewing: data gathering/history taking (EPA 1, CD 2)

128. Is there a standard for the successful completion of the capstone performance assessment or comprehensive clinical skills exam that includes OMT?

- [ ] Yes
- [ ] No

129. Is there a standard for the successful completion of the capstone performance assessment or comprehensive clinical skills exam (without OMT)?

- [ ] Yes
- [ ] No

130. Is there a standard for the successful completion of the OMT practical assessment?

- [ ] Yes
- [ ] No

131. Is there a standard for the successful completion of the OMT assessment or direct observation of performance of structural examination/OMT?

- [ ] Yes
- [ ] No

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132. Is there a standard for the successful completion of the series of formative SP based exams?

- [ ] Yes
- [ ] No

133. Is there a standard for the successful completion of the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty?

- [ ] Yes
- [ ] No

134. Is there a standard for the successful completion of the portfolio assessment that includes OMT?

- [ ] Yes
- [ ] No

135. Is there a standard for the successful completion of the portfolio assessment that does NOT include OMT?

- [ ] Yes
- [ ] No

136. Is there a standard for the successful completion of the assessment of direct observation of clinical interactions?

- [ ] Yes
- [ ] No

137. Is there a standard for the successful completion of the mini-clinical evaluation exercises?

- [ ] Yes
- [ ] No

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138. Is there a standard for the successful completion of the documentation exercises?

- [ ] Yes
- [ ] No

139. Is there a standard for the successful completion of the patient surveys?

- [ ] Yes
- [ ] No

140. Is there a standard for the successful completion of the 360 degree assessment?

- [ ] Yes
- [ ] No

141. Is there a standard for the successful completion of the clinical rotation evaluations that involved OMT?

- [ ] Yes
- [ ] No

142. Is there a standard for the successful completion of the clinical rotation evaluations that include direct observation of physical examination/structural examination skills?

- [ ] Yes
- [ ] No

143. Is there a standard for the successful completion of the clinical rotation evaluations that do NOT involve OMT, physical examination nor structural examination skills?

- [ ] Yes
- [ ] No

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144. Is there a standard for the successful completion of the other indicated tool or activity?

- [ ] Yes
- [ ] No

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- History-taking – Medical interviewing: data gathering/history taking (EPA 1, CD 2)

145. Is there a remediation/additional activity for students who do not achieve the set standard for the capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT?

- [ ] Yes
- [ ] No

146. Is there a remediation/additional activity for students who do not achieve the set standard for the capstone performance assessment or comprehensive clinical skills exam (without OMT)?

- [ ] Yes
- [ ] No

147. Is there a remediation/additional activity for students who do not achieve the set standard for the OMT practical assessment?

- [ ] Yes
- [ ] No

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148. Is there a remediation/additional activity for students who do not achieve the set standard for the OMT assessment or direct observation of performance of structural examination/OMT?

- [ ] Yes
- [ ] No

149. Is there a remediation/additional activity for students who do not achieve the set standard for the series of formative SP based exams?

- [ ] Yes
- [ ] No

150. Is there a remediation/additional activity for students who do not achieve the set standard for the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty?

- [ ] Yes
- [ ] No

151. Is there a remediation/additional activity for students who do not achieve the set standard for the portfolio assessment that includes OMT?

- [ ] Yes
- [ ] No

152. Is there a remediation/additional activity for students who do not achieve the set standard for the portfolio assessment that does NOT include OMT?

- [ ] Yes
- [ ] No

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153. Is there a remediation/additional activity for students who do not achieve the set standard for the assessment of direct observation of clinical interactions?

- [ ] Yes
- [ ] No

154. Is there a remediation/additional activity for students who do not achieve the set standard for the mini-clinical evaluation exercises?

- [ ] Yes
- [ ] No

155. Is there a remediation/additional activity for students who do not achieve the set standard for the documentation exercises?

- [ ] Yes
- [ ] No

156. Is there a remediation/additional activity for students who do not achieve the set standard for the patient surveys?

- [ ] Yes
- [ ] No

157. Is there a remediation/additional activity for students who do not achieve the set standard for the 360 degree assessment?

- [ ] Yes
- [ ] No

158. Is there a remediation/additional activity for students who do not achieve the set standard for their clinical rotation evaluations that involved OMT?

- [ ] Yes
- [ ] No

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159. Is there a remediation/additional activity for students who do not achieve the set standard for their clinical rotation evaluations that include direct observation of physical examination/structural examination skills?

- [ ] Yes
- [ ] No

160. Is there a remediation/additional activity for students who do not achieve the set standard for their clinical rotation evaluations that do NOT involve OMT, physical examination, nor structural examination skills?

- [ ] Yes
- [ ] No

161. Is there a remediation/additional activity for students who do not achieve the set standard for the other indicated tool or activity?

- [ ] Yes
- [ ] No

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- History-taking – Medical interviewing: data gathering/history taking (EPA 1, CD 2)

* 162. After remediation/additional activities are complete how do you ensure competency is achieved for the capstone performance assessment or comprehensive clinical skills exam that includes OMT?

* 163. After remediation/additional activities are complete how do you ensure competency is achieved for the capstone performance assessment or comprehensive clinical skills exam (without OMT)?

* 164. After remediation/additional activities are complete how do you ensure competency is achieved for the OMT practical assessment?

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* 165. After remediation/additional activities are complete how do you ensure competency is achieved for the OMT assessment or direct observation of performance of structural examination/OMT?

* 166. After remediation/additional activities are complete how do you ensure competency is achieved for the series of formative SP based exams?

* 167. After remediation/additional activities are complete how do you ensure competency is achieved for the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty?

* 168. After remediation/additional activities are complete how do you ensure competency is achieved for the portfolio assessment that includes OMT?

* 169. After remediation/additional activities are complete how do you ensure competency is achieved for the portfolio assessment that does NOT include OMT?

* 170. After remediation/additional activities are complete how do you ensure competency is achieved for the assessment of direct observation of clinical interactions?

* 171. After remediation/additional activities are complete how do you ensure competency is achieved for the mini-clinical evaluation exercises?

* 172. After remediation/additional activities are complete how do you ensure competency is achieved for the documentation exercises?

* 173. After remediation/additional activities are complete how do you ensure competency is achieved for the patient surveys?

* 174. After remediation/additional activities are complete how do you ensure competency is achieved for the 360 degree assessment?

* 175. After remediation/additional activities are complete how do you ensure competency is achieved for the clinical rotation evaluations that involved OMT?

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* 176. After remediation/additional activities are complete how do you ensure competency is achieved for the clinical rotation evaluations that include direct observation of physical examination/structural examination skills?

* 177. After remediation/additional activities are complete how do you ensure competency is achieved for the clinical rotation evaluations that do NOT involve OMT, physical examination, nor structural examination skills?

* 178. After remediation/additional activities are complete how do you ensure competency is achieved for the other tools or activities indicated?

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Physical exam: focused & general physical exam skills – Performing a physical examination (EPA 1, CD 1-2)

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* 179. For the above Clinical Skill please indicate all tools or activities which are used for evaluating students. (Select all that apply)

- [ ] Capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT
- [ ] Capstone performance assessment or comprehensive clinical skills exam (without OMT)
- [ ] OMT practical assessment
- [ ] OMT assessment or direct observation of performance of structural examination/OMT
- [ ] A series of formative (i.e., low-stakes, used for training) standardized patient (SP) based exams
- [ ] Direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty
- [ ] Portfolio assessment that includes OMT
- [ ] Portfolio assessment that does NOT include OMT
- [ ] Assessment of direct observation of clinical interactions
- [ ] Mini-clinical evaluation exercises
- [ ] Documentation exercises
- [ ] Patient surveys
- [ ] 360 degree assessment
- [ ] Clinical rotation evaluations that involved OMT (e.g., OMM rotation, Primary care rotation evaluation where OMT is documented/demonstrated)
- [ ] Clinical rotation evaluations that include direct observation of physical examination/structural examination skills
- [ ] Clinical rotation evaluations that do NOT involve OMT, physical examination nor structural examination skills
- [ ] Other: Please describe the tool or activity you are using to assess this skill

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Physical exam: focused & general physical exam skills – Performing a physical examination (EPA 1, CD 1-2)

For the following questions, please refer to the Evidence Level Table in the Attestation Supplement.

180. Choose the appropriate Level - A, B or C - for the capstone performance assessment or comprehensive clinical skills exam that includes OMT.

- ○ Level A
- ○ Level B
- ○ Level C

181. Choose the appropriate Level - A, B or C - for the capstone performance assessment or comprehensive clinical skills exam (without OMT).

- ○ Level A
- ○ Level B
- ○ Level C

182. Choose the appropriate Level - A, B or C - for the OMT practical assessment.

- ○ Level A
- ○ Level B
- ○ Level C

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183. Choose the appropriate Level - A, B or C - for the OMT assessment or direct observation of performance of structural examination/OMT.

- Level A
- Level B
- Level C

184. Choose the appropriate Level - A, B or C - for the series of formative SP based exams.

- Level A
- Level B
- Level C

185. Choose the appropriate Level - A, B or C - for the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty.

- Level A
- Level B
- Level C

186. Choose the appropriate Level - A, B or C - for the portfolio assessment that includes OMT.

- Level A
- Level B
- Level C

187. Choose the appropriate Level - A, B or C - for the portfolio assessment that does NOT include OMT.

- Level A
- Level B
- Level C

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188. Choose the appropriate Level - A, B or C - for the assessment of direct observation of clinical interactions.

- Level A
- Level B
- Level C

189. Choose the appropriate Level - A, B or C - for the mini-clinical evaluation exercises.

- Level A
- Level B
- Level C

190. Choose the appropriate Level - A, B or C - for the documentation exercises.

- Level A
- Level B
- Level C

191. Choose the appropriate Level - A, B or C - for the patient surveys.

- Level A
- Level B
- Level C

192. Choose the appropriate Level - A, B or C - for the 360 degree assessment.

- Level A
- Level B
- Level C

193. Choose the appropriate Level - A, B or C - for the clinical rotation evaluations that involved OMT.

- Level A
- Level B
- Level C

194. Choose the appropriate Level - A, B or C - for the clinical rotation evaluations that include direct observation of physical examination/structural examination skills.

- Level A
- Level B
- Level C

195. Choose the appropriate Level - A, B or C - for the clinical rotation evaluations that do NOT involve OMT, physical examination, nor structural examination skills.

- Level A
- Level B
- Level C

196. Choose the appropriate Level - A, B or C - for the other assessment tool or activity used.

- Level A
- Level B
- Level C

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Physical exam: focused & general physical exam skills – Performing a physical examination (EPA 1, CD 1-2)

197. What year(s) does the capstone performance assessment or comprehensive clinical skills exam that includes OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

198. What year(s) does the capstone performance assessment or comprehensive clinical skills exam (without OMT) take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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199. What year(s) does the OMT practical assessment take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

200. What year(s) does the OMT assessment or direct observation of performance of structural examination/OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

201. What year(s) does the series of formative SP based exams take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

202. What year(s) does the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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203. What year(s) does the portfolio assessment that includes OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

204. What year(s) does the portfolio assessment that does NOT include OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

205. What year(s) does the assessment of direct observation of clinical interactions take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

206. What year(s) do the mini-clinical evaluation exercises take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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207. What year(s) does the documentation exercise(s) take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

208. What year(s) do the patient surveys take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

209. What year(s) does the 360 degree assessment take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

210. What year(s) does the clinical rotation evaluations that involved OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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211. What year(s) does the evaluation from clinical rotation evaluations that include direct observation of physical examination/structural examination skills take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

212. What year(s) does the evaluation from clinical rotation evaluations that do NOT involve OMT, physical examination nor structural examination skills take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

213. What year(s) does the other assessment tool or activity take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Physical exam: focused & general physical exam skills – Performing a physical examination (EPA 1, CD 1-2)

214. Is there a standard for the successful completion of the capstone performance assessment or comprehensive clinical skills exam that includes OMT?

- [ ] Yes
- [ ] No

215. Is there a standard for the successful completion of the capstone performance assessment or comprehensive clinical skills exam (without OMT)?

- [ ] Yes
- [ ] No

216. Is there a standard for the successful completion of the OMT practical assessment?

- [ ] Yes
- [ ] No

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217. Is there a standard for the successful completion of the OMT assessment or direct observation of performance of structural examination/OMT?

- [ ] Yes
- [ ] No

218. Is there a standard for the successful completion of the series of formative SP based exams?

- [ ] Yes
- [ ] No

219. Is there a standard for the successful completion of the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty?

- [ ] Yes
- [ ] No

220. Is there a standard for the successful completion of the portfolio assessment that includes OMT?

- [ ] Yes
- [ ] No

221. Is there a standard for the successful completion of the portfolio assessment that does NOT include OMT?

- [ ] Yes
- [ ] No

222. Is there a standard for the successful completion of the assessment of direct observation of clinical interactions?

- [ ] Yes
- [ ] No

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223. Is there a standard for the successful completion of the mini-clinical evaluation exercises?

- [ ] Yes
- [ ] No

224. Is there a standard for the successful completion of the documentation exercises?

- [ ] Yes
- [ ] No

225. Is there a standard for the successful completion of the patient surveys?

- [ ] Yes
- [ ] No

226. Is there a standard for the successful completion of the 360 degree assessment?

- [ ] Yes
- [ ] No

227. Is there a standard for the successful completion of the clinical rotation evaluations that involved OMT?

- [ ] Yes
- [ ] No

228. Is there a standard for the successful completion of the clinical rotation evaluations that include direct observation of physical examination/structural examination skills?

- [ ] Yes
- [ ] No

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229. Is there a standard for the successful completion of the clinical rotation evaluations that do NOT involve OMT, physical examination nor structural examination skills?

- [ ] Yes
- [ ] No

230. Is there a standard for the successful completion of the other indicated tool or activity?

- [ ] Yes
- [ ] No

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Physical exam: focused & general physical exam skills – Performing a physical examination (EPA 1, CD 1-2)

231. Is there a remediation/additional activity for students who do not achieve the set standard for the capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT?

- [ ] Yes
- [ ] No

232. Is there a remediation/additional activity for students who do not achieve the set standard for the capstone performance assessment or comprehensive clinical skills exam (without OMT)?

- [ ] Yes
- [ ] No

233. Is there a remediation/additional activity for students who do not achieve the set standard for the OMT practical assessment?

- [ ] Yes
- [ ] No

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234. Is there a remediation/additional activity for students who do not achieve the set standard for the OMT assessment or direct observation of performance of structural examination/OMT?

- [ ] Yes
- [ ] No

235. Is there a remediation/additional activity for students who do not achieve the set standard for the series of formative SP based exams?

- [ ] Yes
- [ ] No

236. Is there a remediation/additional activity for students who do not achieve the set standard for the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty?

- [ ] Yes
- [ ] No

237. Is there a remediation/additional activity for students who do not achieve the set standard for the portfolio assessment that includes OMT?

- [ ] Yes
- [ ] No

238. Is there a remediation/additional activity for students who do not achieve the set standard for the portfolio assessment that does NOT include OMT?

- [ ] Yes
- [ ] No

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239. Is there a remediation/additional activity for students who do not achieve the set standard for the assessment of direct observation of clinical interactions?

- [ ] Yes
- [ ] No

240. Is there a remediation/additional activity for students who do not achieve the set standard for the mini-clinical evaluation exercises?

- [ ] Yes
- [ ] No

241. Is there a remediation/additional activity for students who do not achieve the set standard for the documentation exercises?

- [ ] Yes
- [ ] No

242. Is there a remediation/additional activity for students who do not achieve the set standard for the patient surveys?

- [ ] Yes
- [ ] No

243. Is there a remediation/additional activity for students who do not achieve the set standard for the 360 degree assessment?

- [ ] Yes
- [ ] No

244. Is there a remediation/additional activity for students who do not achieve the set standard for their clinical rotation evaluations that involved OMT?

- [ ] Yes
- [ ] No

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245. Is there a remediation/additional activity for students who do not achieve the set standard for their clinical rotation evaluations that include direct observation of physical examination/structural examination skills?

- [ ] Yes
- [ ] No

246. Is there a remediation/additional activity for students who do not achieve the set standard for their clinical rotation evaluations that do NOT involve OMT, physical examination, nor structural examination skills?

- [ ] Yes
- [ ] No

247. Is there a remediation/additional activity for students who do not achieve the set standard for the other indicated tool or activity?

- [ ] Yes
- [ ] No

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Physical exam: focused & general physical exam skills – Performing a physical examination (EPA 1, CD 1-2)

* 248. After remediation/additional activities are complete how do you ensure competency is achieved for the capstone performance assessment or comprehensive clinical skills exam that includes OMT?

* 249. After remediation/additional activities are complete how do you ensure competency is achieved for the capstone performance assessment or comprehensive clinical skills exam (without OMT)?

* 250. After remediation/additional activities are complete how do you ensure competency is achieved for the OMT practical assessment?

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* 251. After remediation/additional activities are complete how do you ensure competency is achieved for the OMT assessment or direct observation of performance of structural examination/OMT?

* 252. After remediation/additional activities are complete how do you ensure competency is achieved for the series of formative SP based exams?

* 253. After remediation/additional activities are complete how do you ensure competency is achieved for the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty?

* 254. After remediation/additional activities are complete how do you ensure competency is achieved for the portfolio assessment that includes OMT?

* 255. After remediation/additional activities are complete how do you ensure competency is achieved for the portfolio assessment that does NOT include OMT?

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* 256. After remediation/additional activities are complete how do you ensure competency is achieved for the assessment of direct observation of clinical interactions?

* 257. After remediation/additional activities are complete how do you ensure competency is achieved for the mini-clinical evaluation exercises?

* 258. After remediation/additional activities are complete how do you ensure competency is achieved for the documentation exercises?

* 259. After remediation/additional activities are complete how do you ensure competency is achieved for the patient surveys?

* 260. After remediation/additional activities are complete how do you ensure competency is achieved for the 360 degree assessment?

* 261. After remediation/additional activities are complete how do you ensure competency is achieved for the clinical rotation evaluations that involved OMT?

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* 262. After remediation/additional activities are complete how do you ensure competency is achieved for the clinical rotation evaluations that include direct observation of physical examination/structural examination skills?

* 263. After remediation/additional activities are complete how do you ensure competency is achieved for the clinical rotation evaluations that do NOT involve OMT, physical examination, nor structural examination skills?

* 264. After remediation/additional activities are complete how do you ensure competency is achieved for the other tools or activities indicated?

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Post-encounter documentation: synthesis of findings, integrated differential diagnosis, formulation of a diagnostic and treatment plan – Electronic documentation of a patient encounter (EPA 5, CD 5); Clinical problem solving (EPA 3, 10; CD 2, 4); Integrated differential diagnosis, including OPP/OMT where appropriate (EPA 2; CD 1, 5); Formulation of an indicated, safe and cost-effective diagnostic and treatment plan (EPA 3-4; CD1-2, 5, 7)

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* 265. For the above Clinical Skill please indicate all tools or activities which are used for evaluating students. (Select all that apply)

- [ ] Capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT
- [ ] Capstone performance assessment or comprehensive clinical skills exam (without OMT)
- [ ] OMT practical assessment
- [ ] OMT assessment or direct observation of performance of structural examination/OMT
- [ ] A series of formative (i.e., low-stakes, used for training) standardized patient (SP) based exams
- [ ] Direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty
- [ ] Portfolio assessment that includes OMT
- [ ] Portfolio assessment that does NOT include OMT
- [ ] Assessment of direct observation of clinical interactions
- [ ] Mini-clinical evaluation exercises
- [ ] Documentation exercises
- [ ] Patient surveys
- [ ] 360 degree assessment
- [ ] Clinical rotation evaluations that involved OMT (e.g., OMM rotation, Primary care rotation evaluation where OMT is documented/demonstrated)
- [ ] Clinical rotation evaluations that include direct observation of physical examination/structural examination skills
- [ ] Clinical rotation evaluations that do NOT involve OMT, physical examination nor structural examination skills
- [ ] Other: Please describe the tool or activity you are using to assess this skill

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Post-encounter documentation: synthesis of findings, integrated differential diagnosis, formulation of a diagnostic and treatment plan – Electronic documentation of a patient encounter (EPA 5, CD 5); Clinical problem solving (EPA 3, 10; CD 2, 4); Integrated differential diagnosis, including OPP/OMT where appropriate (EPA 2; CD 1, 5); Formulation of an indicated, safe and cost-effective diagnostic and treatment plan (EPA 3-4; CD1-2, 5, 7)

For the following questions, please refer to the Evidence Level Table in the Attestation Supplement.

266. Choose the appropriate Level - A, B or C - for the capstone performance assessment or comprehensive clinical skills exam that includes OMT.

- ○ Level A
- ○ Level B
- ○ Level C

267. Choose the appropriate Level - A, B or C - for the capstone performance assessment or comprehensive clinical skills exam (without OMT).

- ○ Level A
- ○ Level B
- ○ Level C

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268. Choose the appropriate Level - A, B or C - for the OMT practical assessment.

- Level A
- Level B
- Level C

269. Choose the appropriate Level - A, B or C - for the OMT assessment or direct observation of performance of structural examination/OMT.

- Level A
- Level B
- Level C

270. Choose the appropriate Level - A, B or C - for the series of formative SP based exams.

- Level A
- Level B
- Level C

271. Choose the appropriate Level - A, B or C - for the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty.

- Level A
- Level B
- Level C

272. Choose the appropriate Level - A, B or C - for the portfolio assessment that includes OMT.

- Level A
- Level B
- Level C

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273. Choose the appropriate Level - A, B or C - for the portfolio assessment that does NOT include OMT.

- Level A
- Level B
- Level C

274. Choose the appropriate Level - A, B or C - for the assessment of direct observation of clinical interactions.

- Level A
- Level B
- Level C

275. Choose the appropriate Level - A, B or C - for the mini-clinical evaluation exercises.

- Level A
- Level B
- Level C

276. Choose the appropriate Level - A, B or C - for the documentation exercises.

- Level A
- Level B
- Level C

277. Choose the appropriate Level - A, B or C - for the patient surveys.

- Level A
- Level B
- Level C

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278. Choose the appropriate Level - A, B or C - for the 360 degree assessment.

- Level A
- Level B
- Level C

279. Choose the appropriate Level - A, B or C - for the clinical rotation evaluations that involved OMT.

- Level A
- Level B
- Level C

280. Choose the appropriate Level - A, B or C - for the clinical rotation evaluations that include direct observation of physical examination/structural examination skills.

- Level A
- Level B
- Level C

281. Choose the appropriate Level - A, B or C - for the clinical rotation evaluations that do NOT involve OMT, physical examination, nor structural examination skills.

- Level A
- Level B
- Level C

282. Choose the appropriate Level - A, B or C - for the other assessment tool or activity used.

- Level A
- Level B
- Level C

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Post-encounter documentation: synthesis of findings, integrated differential diagnosis, formulation of a diagnostic and treatment plan – Electronic documentation of a patient encounter (EPA 5, CD 5); Clinical problem solving (EPA 3, 10; CD 2, 4); Integrated differential diagnosis, including OPP/OMT where appropriate (EPA 2; CD 1, 5); Formulation of an indicated, safe and cost-effective diagnostic and treatment plan (EPA 3-4; CD1-2, 5, 7)

283. What year(s) does the capstone performance assessment or comprehensive clinical skills exam that includes OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

284. What year(s) does the capstone performance assessment or comprehensive clinical skills exam (without OMT) take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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285. What year(s) does the OMT practical assessment take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

286. What year(s) does the OMT assessment or direct observation of performance of structural examination/OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

287. What year(s) does the series of formative SP based exams take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

288. What year(s) does the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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289. What year(s) does the portfolio assessment that includes OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

290. What year(s) does the portfolio assessment that does NOT include OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

291. What year(s) does the assessment of direct observation of clinical interactions take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

292. What year(s) do the mini-clinical evaluation exercises take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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293. What year(s) does the documentation exercise(s) take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

294. What year(s) do the patient surveys take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

295. What year(s) does the 360 degree assessment take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

296. What year(s) does the clinical rotation evaluations that involved OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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297. What year(s) does the evaluation from clinical rotation evaluations that include direct observation of physical examination/structural examination skills take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

298. What year(s) does the evaluation from clinical rotation evaluations that do NOT involve OMT, physical examination nor structural examination skills take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

299. What year(s) does the other assessment tool or activity take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Post-encounter documentation: synthesis of findings, integrated differential diagnosis, formulation of a diagnostic and treatment plan – Electronic documentation of a patient encounter (EPA 5, CD 5); Clinical problem solving (EPA 3, 10; CD 2, 4); Integrated differential diagnosis, including OPP/OMT where appropriate (EPA 2; CD 1, 5); Formulation of an indicated, safe and cost-effective diagnostic and treatment plan (EPA 3-4; CD1-2, 5, 7)

300. Is there a standard for the successful completion of the capstone performance assessment or comprehensive clinical skills exam that includes OMT?

- [ ] Yes
- [ ] No

301. Is there a standard for the successful completion of the capstone performance assessment or comprehensive clinical skills exam (without OMT)?

- [ ] Yes
- [ ] No

302. Is there a standard for the successful completion of the OMT practical assessment?

- [ ] Yes
- [ ] No

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303. Is there a standard for the successful completion of the OMT assessment or direct observation of performance of structural examination/OMT?

- [ ] Yes
- [ ] No

304. Is there a standard for the successful completion of the series of formative SP based exams?

- [ ] Yes
- [ ] No

305. Is there a standard for the successful completion of the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty?

- [ ] Yes
- [ ] No

306. Is there a standard for the successful completion of the portfolio assessment that includes OMT?

- [ ] Yes
- [ ] No

307. Is there a standard for the successful completion of the portfolio assessment that does NOT include OMT?

- [ ] Yes
- [ ] No

308. Is there a standard for the successful completion of the assessment of direct observation of clinical interactions?

- [ ] Yes
- [ ] No

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309. Is there a standard for the successful completion of the mini-clinical evaluation exercises?

- [ ] Yes
- [ ] No

310. Is there a standard for the successful completion of the documentation exercises?

- [ ] Yes
- [ ] No

311. Is there a standard for the successful completion of the patient surveys?

- [ ] Yes
- [ ] No

312. Is there a standard for the successful completion of the 360 degree assessment?

- [ ] Yes
- [ ] No

313. Is there a standard for the successful completion of the clinical rotation evaluations that involved OMT?

- [ ] Yes
- [ ] No

314. Is there a standard for the successful completion of the clinical rotation evaluations that include direct observation of physical examination/structural examination skills?

- [ ] Yes
- [ ] No

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315. Is there a standard for the successful completion of the clinical rotation evaluations that do NOT involve OMT, physical examination nor structural examination skills?

- [ ] Yes
- [ ] No

316. Is there a standard for the successful completion of the other indicated tool or activity?

- [ ] Yes
- [ ] No

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Post-encounter documentation: synthesis of findings, integrated differential diagnosis, formulation of a diagnostic and treatment plan – Electronic documentation of a patient encounter (EPA 5, CD 5); Clinical problem solving (EPA 3, 10; CD 2, 4); Integrated differential diagnosis, including OPP/OMT where appropriate (EPA 2; CD 1, 5); Formulation of an indicated, safe and cost-effective diagnostic and treatment plan (EPA 3-4; CD1-2, 5, 7)

317. Is there a remediation/additional activity for students who do not achieve the set standard for the capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT?

- [ ] Yes
- [ ] No

318. Is there a remediation/additional activity for students who do not achieve the set standard for the capstone performance assessment or comprehensive clinical skills exam (without OMT)?

- [ ] Yes
- [ ] No

319. Is there a remediation/additional activity for students who do not achieve the set standard for the OMT practical assessment?

- [ ] Yes
- [ ] No

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320. Is there a remediation/additional activity for students who do not achieve the set standard for the OMT assessment or direct observation of performance of structural examination/OMT?

- [ ] Yes
- [ ] No

321. Is there a remediation/additional activity for students who do not achieve the set standard for the series of formative SP based exams?

- [ ] Yes
- [ ] No

322. Is there a remediation/additional activity for students who do not achieve the set standard for the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty?

- [ ] Yes
- [ ] No

323. Is there a remediation/additional activity for students who do not achieve the set standard for the portfolio assessment that includes OMT?

- [ ] Yes
- [ ] No

324. Is there a remediation/additional activity for students who do not achieve the set standard for the portfolio assessment that does NOT include OMT?

- [ ] Yes
- [ ] No

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325. Is there a remediation/additional activity for students who do not achieve the set standard for the assessment of direct observation of clinical interactions?

- [ ] Yes
- [ ] No

326. Is there a remediation/additional activity for students who do not achieve the set standard for the mini-clinical evaluation exercises?

- [ ] Yes
- [ ] No

327. Is there a remediation/additional activity for students who do not achieve the set standard for the documentation exercises?

- [ ] Yes
- [ ] No

328. Is there a remediation/additional activity for students who do not achieve the set standard for the patient surveys?

- [ ] Yes
- [ ] No

329. Is there a remediation/additional activity for students who do not achieve the set standard for the 360 degree assessment?

- [ ] Yes
- [ ] No

330. Is there a remediation/additional activity for students who do not achieve the set standard for their clinical rotation evaluations that involved OMT?

- [ ] Yes
- [ ] No

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331. Is there a remediation/additional activity for students who do not achieve the set standard for their clinical rotation evaluations that include direct observation of physical examination/structural examination skills?

- [ ] Yes
- [ ] No

332. Is there a remediation/additional activity for students who do not achieve the set standard for their clinical rotation evaluations that do NOT involve OMT, physical examination, nor structural examination skills?

- [ ] Yes
- [ ] No

333. Is there a remediation/additional activity for students who do not achieve the set standard for the other indicated tool or activity?

- [ ] Yes
- [ ] No

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Post-encounter documentation: synthesis of findings, integrated differential diagnosis, formulation of a diagnostic and treatment plan – Electronic documentation of a patient encounter (EPA 5, CD 5); Clinical problem solving (EPA 3, 10; CD 2, 4); Integrated differential diagnosis, including OPP/OMT where appropriate (EPA 2; CD 1, 5); Formulation of an indicated, safe and cost-effective diagnostic and treatment plan (EPA 3-4; CD1-2, 5, 7)

* 334. After remediation/additional activities are complete how do you ensure competency is achieved for the capstone performance assessment or comprehensive clinical skills exam that includes OMT?

* 335. After remediation/additional activities are complete how do you ensure competency is achieved for the capstone performance assessment or comprehensive clinical skills exam (without OMT)?

* 336. After remediation/additional activities are complete how do you ensure competency is achieved for the OMT practical assessment?

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* 337. After remediation/additional activities are complete how do you ensure competency is achieved for the OMT assessment or direct observation of performance of structural examination/OMT?

* 338. After remediation/additional activities are complete how do you ensure competency is achieved for the series of formative SP based exams?

* 339. After remediation/additional activities are complete how do you ensure competency is achieved for the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty?

* 340. After remediation/additional activities are complete how do you ensure competency is achieved for the portfolio assessment that includes OMT?

* 341. After remediation/additional activities are complete how do you ensure competency is achieved for the portfolio assessment that does NOT include OMT?

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* 342. After remediation/additional activities are complete how do you ensure competency is achieved for the assessment of direct observation of clinical interactions?

* 343. After remediation/additional activities are complete how do you ensure competency is achieved for the mini-clinical evaluation exercises?

* 344. After remediation/additional activities are complete how do you ensure competency is achieved for the documentation exercises?

* 345. After remediation/additional activities are complete how do you ensure competency is achieved for the patient surveys?

* 346. After remediation/additional activities are complete how do you ensure competency is achieved for the 360 degree assessment?

* 347. After remediation/additional activities are complete how do you ensure competency is achieved for the clinical rotation evaluations that involved OMT?

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* 348. After remediation/additional activities are complete how do you ensure competency is achieved for the clinical rotation evaluations that include direct observation of physical examination/structural examination skills?

* 349. After remediation/additional activities are complete how do you ensure competency is achieved for the clinical rotation evaluations that do NOT involve OMT, physical examination, nor structural examination skills?

* 350. After remediation/additional activities are complete how do you ensure competency is achieved for the other tools or activities indicated?

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Doctor-patient communication & Interpersonal skills: eliciting information, rapport building, empathy, active listening, and giving information – Physician-patient communication (CD 5); Interpersonal skills (CD 5)

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* 351. For the above Clinical Skill please indicate all tools or activities which are used for evaluating students. (Select all that apply)

- [ ] Capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT
- [ ] Capstone performance assessment or comprehensive clinical skills exam (without OMT)
- [ ] OMT practical assessment
- [ ] OMT assessment or direct observation of performance of structural examination/OMT
- [ ] A series of formative (i.e., low-stakes, used for training) standardized patient (SP) based exams
- [ ] Direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty
- [ ] Portfolio assessment that includes OMT
- [ ] Portfolio assessment that does NOT include OMT
- [ ] Assessment of direct observation of clinical interactions
- [ ] Mini-clinical evaluation exercises
- [ ] Documentation exercises
- [ ] Patient surveys
- [ ] 360 degree assessment
- [ ] Clinical rotation evaluations that involved OMT (e.g., OMM rotation, Primary care rotation evaluation where OMT is documented/demonstrated)
- [ ] Clinical rotation evaluations that include direct observation of physical examination/structural examination skills
- [ ] Clinical rotation evaluations that do NOT involve OMT, physical examination nor structural examination skills
- [ ] Other: Please describe the tool or activity you are using to assess this skill

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Doctor-patient communication & Interpersonal skills: eliciting information, rapport building, empathy, active listening, and giving information – Physician-patient communication (CD 5); Interpersonal skills (CD 5)

For the following questions, please refer to the Evidence Level Table in the Attestation Supplement.

352. Choose the appropriate Level - A, B or C - for the capstone performance assessment or comprehensive clinical skills exam that includes OMT.

- ○ Level A
- ○ Level B
- ○ Level C

353. Choose the appropriate Level - A, B or C - for the capstone performance assessment or comprehensive clinical skills exam (without OMT).

- ○ Level A
- ○ Level B
- ○ Level C

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354. Choose the appropriate Level - A, B or C - for the OMT practical assessment.

- Level A
- Level B
- Level C

355. Choose the appropriate Level - A, B or C - for the OMT assessment or direct observation of performance of structural examination/OMT.

- Level A
- Level B
- Level C

356. Choose the appropriate Level - A, B or C - for the series of formative SP based exams.

- Level A
- Level B
- Level C

357. Choose the appropriate Level - A, B or C - for the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty.

- Level A
- Level B
- Level C

358. Choose the appropriate Level - A, B or C - for the portfolio assessment that includes OMT.

- Level A
- Level B
- Level C

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359. Choose the appropriate Level - A, B or C - for the portfolio assessment that does NOT include OMT.

- Level A
- Level B
- Level C

360. Choose the appropriate Level - A, B or C - for the assessment of direct observation of clinical interactions.

- Level A
- Level B
- Level C

361. Choose the appropriate Level - A, B or C - for the mini-clinical evaluation exercises.

- Level A
- Level B
- Level C

362. Choose the appropriate Level - A, B or C - for the documentation exercises.

- Level A
- Level B
- Level C

363. Choose the appropriate Level - A, B or C - for the patient surveys.

- Level A
- Level B
- Level C

364. Choose the appropriate Level - A, B or C - for the 360 degree assessment.

- Level A
- Level B
- Level C

365. Choose the appropriate Level - A, B or C - for the clinical rotation evaluations that involved OMT.

- Level A
- Level B
- Level C

366. Choose the appropriate Level - A, B or C - for the clinical rotation evaluations that include direct observation of physical examination/structural examination skills.

- Level A
- Level B
- Level C

367. Choose the appropriate Level - A, B or C - for the clinical rotation evaluations that do NOT involve OMT, physical examination, nor structural examination skills.

- Level A
- Level B
- Level C

368. Choose the appropriate Level - A, B or C - for the other assessment tool or activity used.

- Level A
- Level B
- Level C

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Doctor-patient communication & Interpersonal skills: eliciting information, rapport building, empathy, active listening, and giving information – Physician-patient communication (CD 5); Interpersonal skills (CD 5)

369. What year(s) does the capstone performance assessment or comprehensive clinical skills exam that includes OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

370. What year(s) does the capstone performance assessment or comprehensive clinical skills exam (without OMT) take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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371. What year(s) does the OMT practical assessment take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

372. What year(s) does the OMT assessment or direct observation of performance of structural examination/OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

373. What year(s) does the series of formative SP based exams take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

374. What year(s) does the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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375. What year(s) does the portfolio assessment that includes OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

376. What year(s) does the portfolio assessment that does NOT include OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

377. What year(s) does the assessment of direct observation of clinical interactions take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

378. What year(s) do the mini-clinical evaluation exercises take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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379. What year(s) does the documentation exercise(s) take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

380. What year(s) do the patient surveys take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

381. What year(s) does the 360 degree assessment take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

382. What year(s) does the clinical rotation evaluations that involved OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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383. What year(s) does the evaluation from clinical rotation evaluations that include direct observation of physical examination/structural examination skills take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

384. What year(s) does the evaluation from clinical rotation evaluations that do NOT involve OMT, physical examination nor structural examination skills take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

385. What year(s) does the other assessment tool or activity take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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Clinical Skill

- Doctor-patient communication & Interpersonal skills: eliciting information, rapport building, empathy, active listening, and giving information – Physician-patient communication (CD 5); Interpersonal skills (CD 5)

386. Is there a standard for the successful completion of the capstone performance assessment or comprehensive clinical skills exam that includes OMT?

- [ ] Yes
- [ ] No

387. Is there a standard for the successful completion of the capstone performance assessment or comprehensive clinical skills exam (without OMT)?

- [ ] Yes
- [ ] No

388. Is there a standard for the successful completion of the OMT practical assessment?

- [ ] Yes
- [ ] No

108

389. Is there a standard for the successful completion of the OMT assessment or direct observation of performance of structural examination/OMT?

- [ ] Yes
- [ ] No

390. Is there a standard for the successful completion of the series of formative SP based exams?

- [ ] Yes
- [ ] No

391. Is there a standard for the successful completion of the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty?

- [ ] Yes
- [ ] No

392. Is there a standard for the successful completion of the portfolio assessment that includes OMT?

- [ ] Yes
- [ ] No

393. Is there a standard for the successful completion of the portfolio assessment that does NOT include OMT?

- [ ] Yes
- [ ] No

394. Is there a standard for the successful completion of the assessment of direct observation of clinical interactions?

- [ ] Yes
- [ ] No

109

395. Is there a standard for the successful completion of the mini-clinical evaluation exercises?

- [ ] Yes
- [ ] No

396. Is there a standard for the successful completion of the documentation exercises?

- [ ] Yes
- [ ] No

397. Is there a standard for the successful completion of the patient surveys?

- [ ] Yes
- [ ] No

398. Is there a standard for the successful completion of the 360 degree assessment?

- [ ] Yes
- [ ] No

399. Is there a standard for the successful completion of the clinical rotation evaluations that involved OMT?

- [ ] Yes
- [ ] No

400. Is there a standard for the successful completion of the clinical rotation evaluations that include direct observation of physical examination/structural examination skills?

- [ ] Yes
- [ ] No

110

401. Is there a standard for the successful completion of the clinical rotation evaluations that do NOT involve OMT, physical examination nor structural examination skills?

- [ ] Yes
- [ ] No

402. Is there a standard for the successful completion of the other indicated tool or activity?

- [ ] Yes
- [ ] No

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Doctor-patient communication & Interpersonal skills: eliciting information, rapport building, empathy, active listening, and giving information – Physician-patient communication (CD 5); Interpersonal skills (CD 5)

403. Is there a remediation/additional activity for students who do not achieve the set standard for the capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT?

- [ ] Yes
- [ ] No

404. Is there a remediation/additional activity for students who do not achieve the set standard for the capstone performance assessment or comprehensive clinical skills exam (without OMT)?

- [ ] Yes
- [ ] No

405. Is there a remediation/additional activity for students who do not achieve the set standard for the OMT practical assessment?

- [ ] Yes
- [ ] No

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406. Is there a remediation/additional activity for students who do not achieve the set standard for the OMT assessment or direct observation of performance of structural examination/OMT?

- [ ] Yes
- [ ] No

407. Is there a remediation/additional activity for students who do not achieve the set standard for the series of formative SP based exams?

- [ ] Yes
- [ ] No

408. Is there a remediation/additional activity for students who do not achieve the set standard for the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty?

- [ ] Yes
- [ ] No

409. Is there a remediation/additional activity for students who do not achieve the set standard for the portfolio assessment that includes OMT?

- [ ] Yes
- [ ] No

410. Is there a remediation/additional activity for students who do not achieve the set standard for the portfolio assessment that does NOT include OMT?

- [ ] Yes
- [ ] No

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411. Is there a remediation/additional activity for students who do not achieve the set standard for the assessment of direct observation of clinical interactions?

- [ ] Yes
- [ ] No

412. Is there a remediation/additional activity for students who do not achieve the set standard for the mini-clinical evaluation exercises?

- [ ] Yes
- [ ] No

413. Is there a remediation/additional activity for students who do not achieve the set standard for the documentation exercises?

- [ ] Yes
- [ ] No

414. Is there a remediation/additional activity for students who do not achieve the set standard for the patient surveys?

- [ ] Yes
- [ ] No

415. Is there a remediation/additional activity for students who do not achieve the set standard for the 360 degree assessment?

- [ ] Yes
- [ ] No

416. Is there a remediation/additional activity for students who do not achieve the set standard for their clinical rotation evaluations that involved OMT?

- [ ] Yes
- [ ] No

114

417. Is there a remediation/additional activity for students who do not achieve the set standard for their clinical rotation evaluations that include direct observation of physical examination/structural examination skills?

- [ ] Yes
- [ ] No

418. Is there a remediation/additional activity for students who do not achieve the set standard for their clinical rotation evaluations that do NOT involve OMT, physical examination, nor structural examination skills?

- [ ] Yes
- [ ] No

419. Is there a remediation/additional activity for students who do not achieve the set standard for the other indicated tool or activity?

- [ ] Yes
- [ ] No

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Doctor-patient communication & Interpersonal skills: eliciting information, rapport building, empathy, active listening, and giving information – Physician-patient communication (CD 5); Interpersonal skills (CD 5)

* 420. After remediation/additional activities are complete how do you ensure competency is achieved for the capstone performance assessment or comprehensive clinical skills exam that includes OMT?

* 421. After remediation/additional activities are complete how do you ensure competency is achieved for the capstone performance assessment or comprehensive clinical skills exam (without OMT)?

* 422. After remediation/additional activities are complete how do you ensure competency is achieved for the OMT practical assessment?

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* 423. After remediation/additional activities are complete how do you ensure competency is achieved for the OMT assessment or direct observation of performance of structural examination/OMT?

* 424. After remediation/additional activities are complete how do you ensure competency is achieved for the series of formative SP based exams?

* 425. After remediation/additional activities are complete how do you ensure competency is achieved for the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty?

* 426. After remediation/additional activities are complete how do you ensure competency is achieved for the portfolio assessment that includes OMT?

* 427. After remediation/additional activities are complete how do you ensure competency is achieved for the portfolio assessment that does NOT include OMT?

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* 428. After remediation/additional activities are complete how do you ensure competency is achieved for the assessment of direct observation of clinical interactions?

* 429. After remediation/additional activities are complete how do you ensure competency is achieved for the mini-clinical evaluation exercises?

* 430. After remediation/additional activities are complete how do you ensure competency is achieved for the documentation exercises?

* 431. After remediation/additional activities are complete how do you ensure competency is achieved for the patient surveys?

* 432. After remediation/additional activities are complete how do you ensure competency is achieved for the 360 degree assessment?

* 433. After remediation/additional activities are complete how do you ensure competency is achieved for the clinical rotation evaluations that involved OMT?

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* 434. After remediation/additional activities are complete how do you ensure competency is achieved for the clinical rotation evaluations that include direct observation of physical examination/structural examination skills?

* 435. After remediation/additional activities are complete how do you ensure competency is achieved for the clinical rotation evaluations that do NOT involve OMT, physical examination, nor structural examination skills?

* 436. After remediation/additional activities are complete how do you ensure competency is achieved for the other tools or activities indicated?

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Professionalism: respectfulness, accountability, ethical behavior, and cultural competency – (CD 6)

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* 437. For the above Clinical Skill please indicate all tools or activities which are used for evaluating students. (Select all that apply)

- [ ] Capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT
- [ ] Capstone performance assessment or comprehensive clinical skills exam (without OMT)
- [ ] OMT practical assessment
- [ ] OMT assessment or direct observation of performance of structural examination/OMT
- [ ] A series of formative (i.e., low-stakes, used for training) standardized patient (SP) based exams
- [ ] Direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty
- [ ] Portfolio assessment that includes OMT
- [ ] Portfolio assessment that does NOT include OMT
- [ ] Assessment of direct observation of clinical interactions
- [ ] Mini-clinical evaluation exercises
- [ ] Documentation exercises
- [ ] Patient surveys
- [ ] 360 degree assessment
- [ ] Clinical rotation evaluations that involved OMT (e.g., OMM rotation, Primary care rotation evaluation where OMT is documented/demonstrated)
- [ ] Clinical rotation evaluations that include direct observation of physical examination/structural examination skills
- [ ] Clinical rotation evaluations that do NOT involve OMT, physical examination nor structural examination skills
- [ ] Other: Please describe the tool or activity you are using to assess this skill

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Professionalism: respectfulness, accountability, ethical behavior, and cultural competency – (CD 6)

For the following questions, please refer to the Evidence Level Table in the Attestation Supplement.

438. Choose the appropriate Level - A, B or C - for the capstone performance assessment or comprehensive clinical skills exam that includes OMT.

- ○ Level A
- ○ Level B
- ○ Level C

439. Choose the appropriate Level - A, B or C - for the capstone performance assessment or comprehensive clinical skills exam (without OMT).

- ○ Level A
- ○ Level B
- ○ Level C

440. Choose the appropriate Level - A, B or C - for the OMT practical assessment.

- ○ Level A
- ○ Level B
- ○ Level C

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441. Choose the appropriate Level - A, B or C - for the OMT assessment or direct observation of performance of structural examination/OMT.

- Level A
- Level B
- Level C

442. Choose the appropriate Level - A, B or C - for the series of formative SP based exams.

- Level A
- Level B
- Level C

443. Choose the appropriate Level - A, B or C - for the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty.

- Level A
- Level B
- Level C

444. Choose the appropriate Level - A, B or C - for the portfolio assessment that includes OMT.

- Level A
- Level B
- Level C

445. Choose the appropriate Level - A, B or C - for the portfolio assessment that does NOT include OMT.

- Level A
- Level B
- Level C

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446. Choose the appropriate Level - A, B or C - for the assessment of direct observation of clinical interactions.

- Level A
- Level B
- Level C

447. Choose the appropriate Level - A, B or C - for the mini-clinical evaluation exercises.

- Level A
- Level B
- Level C

448. Choose the appropriate Level - A, B or C - for the documentation exercises.

- Level A
- Level B
- Level C

449. Choose the appropriate Level - A, B or C - for the patient surveys.

- Level A
- Level B
- Level C

450. Choose the appropriate Level - A, B or C - for the 360 degree assessment.

- Level A
- Level B
- Level C

451. Choose the appropriate Level - A, B or C - for the clinical rotation evaluations that involved OMT.

- Level A
- Level B
- Level C

452. Choose the appropriate Level - A, B or C - for the clinical rotation evaluations that include direct observation of physical examination/structural examination skills.

- Level A
- Level B
- Level C

453. Choose the appropriate Level - A, B or C - for the clinical rotation evaluations that do NOT involve OMT, physical examination, nor structural examination skills.

- Level A
- Level B
- Level C

454. Choose the appropriate Level - A, B or C - for the other assessment tool or activity used.

- Level A
- Level B
- Level C

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Professionalism: respectfulness, accountability, ethical behavior, and cultural competency – (CD 6)

455. What year(s) does the capstone performance assessment or comprehensive clinical skills exam that includes OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

456. What year(s) does the capstone performance assessment or comprehensive clinical skills exam (without OMT) take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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457. What year(s) does the OMT practical assessment take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

458. What year(s) does the OMT assessment or direct observation of performance of structural examination/OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

459. What year(s) does the series of formative SP based exams take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

460. What year(s) does the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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461. What year(s) does the portfolio assessment that includes OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

462. What year(s) does the portfolio assessment that does NOT include OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

463. What year(s) does the assessment of direct observation of clinical interactions take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

464. What year(s) do the mini-clinical evaluation exercises take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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465. What year(s) does the documentation exercise(s) take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

466. What year(s) do the patient surveys take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

467. What year(s) does the 360 degree assessment take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

468. What year(s) does the clinical rotation evaluations that involved OMT take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

129

469. What year(s) does the evaluation from clinical rotation evaluations that include direct observation of physical examination/structural examination skills take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

470. What year(s) does the evaluation from clinical rotation evaluations that do NOT involve OMT, physical examination nor structural examination skills take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

471. What year(s) does the other assessment tool or activity take place? (Click all that apply)

- [ ] OMS1
- [ ] OMS2
- [ ] OMS3
- [ ] OMS4

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Professionalism: respectfulness, accountability, ethical behavior, and cultural competency – (CD 6)

472. Is there a standard for the successful completion of the capstone performance assessment or comprehensive clinical skills exam that includes OMT?

- [ ] Yes
- [ ] No

473. Is there a standard for the successful completion of the capstone performance assessment or comprehensive clinical skills exam (without OMT)?

- [ ] Yes
- [ ] No

474. Is there a standard for the successful completion of the OMT practical assessment?

- [ ] Yes
- [ ] No

131

475. Is there a standard for the successful completion of the OMT assessment or direct observation of performance of structural examination/OMT?

- [ ] Yes
- [ ] No

476. Is there a standard for the successful completion of the series of formative SP based exams?

- [ ] Yes
- [ ] No

477. Is there a standard for the successful completion of the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty?

- [ ] Yes
- [ ] No

478. Is there a standard for the successful completion of the portfolio assessment that includes OMT?

- [ ] Yes
- [ ] No

479. Is there a standard for the successful completion of the portfolio assessment that does NOT include OMT?

- [ ] Yes
- [ ] No

480. Is there a standard for the successful completion of the assessment of direct observation of clinical interactions?

- [ ] Yes
- [ ] No

132

481. Is there a standard for the successful completion of the mini-clinical evaluation exercises?

- [ ] Yes
- [ ] No

482. Is there a standard for the successful completion of the documentation exercises?

- [ ] Yes
- [ ] No

483. Is there a standard for the successful completion of the patient surveys?

- [ ] Yes
- [ ] No

484. Is there a standard for the successful completion of the 360 degree assessment?

- [ ] Yes
- [ ] No

485. Is there a standard for the successful completion of the clinical rotation evaluations that involved OMT?

- [ ] Yes
- [ ] No

486. Is there a standard for the successful completion of the clinical rotation evaluations that include direct observation of physical examination/structural examination skills?

- [ ] Yes
- [ ] No

133

487. Is there a standard for the successful completion of the clinical rotation evaluations that do NOT involve OMT, physical examination nor structural examination skills?

- [ ] Yes
- [ ] No

488. Is there a standard for the successful completion of the other indicated tool or activity?

- [ ] Yes
- [ ] No

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Professionalism: respectfulness, accountability, ethical behavior, and cultural competency – (CD 6)

489. Is there a remediation/additional activity for students who do not achieve the set standard for the capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT?

- [ ] Yes
- [ ] No

490. Is there a remediation/additional activity for students who do not achieve the set standard for the capstone performance assessment or comprehensive clinical skills exam (without OMT)?

- [ ] Yes
- [ ] No

491. Is there a remediation/additional activity for students who do not achieve the set standard for the OMT practical assessment?

- [ ] Yes
- [ ] No

135

492. Is there a remediation/additional activity for students who do not achieve the set standard for the OMT assessment or direct observation of performance of structural examination/OMT?

- [ ] Yes
- [ ] No

493. Is there a remediation/additional activity for students who do not achieve the set standard for the series of formative SP based exams?

- [ ] Yes
- [ ] No

494. Is there a remediation/additional activity for students who do not achieve the set standard for the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty?

- [ ] Yes
- [ ] No

495. Is there a remediation/additional activity for students who do not achieve the set standard for the portfolio assessment that includes OMT?

- [ ] Yes
- [ ] No

496. Is there a remediation/additional activity for students who do not achieve the set standard for the portfolio assessment that does NOT include OMT?

- [ ] Yes
- [ ] No

136

497. Is there a remediation/additional activity for students who do not achieve the set standard for the assessment of direct observation of clinical interactions?

- [ ] Yes
- [ ] No

498. Is there a remediation/additional activity for students who do not achieve the set standard for the mini-clinical evaluation exercises?

- [ ] Yes
- [ ] No

499. Is there a remediation/additional activity for students who do not achieve the set standard for the documentation exercises?

- [ ] Yes
- [ ] No

500. Is there a remediation/additional activity for students who do not achieve the set standard for the patient surveys?

- [ ] Yes
- [ ] No

501. Is there a remediation/additional activity for students who do not achieve the set standard for the 360 degree assessment?

- [ ] Yes
- [ ] No

502. Is there a remediation/additional activity for students who do not achieve the set standard for their clinical rotation evaluations that involved OMT?

- [ ] Yes
- [ ] No

137

503. Is there a remediation/additional activity for students who do not achieve the set standard for their clinical rotation evaluations that include direct observation of physical examination/structural examination skills?

- [ ] Yes
- [ ] No

504. Is there a remediation/additional activity for students who do not achieve the set standard for their clinical rotation evaluations that do NOT involve OMT, physical examination, nor structural examination skills?

- [ ] Yes
- [ ] No

505. Is there a remediation/additional activity for students who do not achieve the set standard for the other indicated tool or activity?

- [ ] Yes
- [ ] No

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Clinical Skill

- Professionalism: respectfulness, accountability, ethical behavior, and cultural competency – (CD 6)

* 506. After remediation/additional activities are complete how do you ensure competency is achieved for the capstone performance assessment or comprehensive clinical skills exam that includes OMT?

* 507. After remediation/additional activities are complete how do you ensure competency is achieved for the capstone performance assessment or comprehensive clinical skills exam (without OMT)?

* 508. After remediation/additional activities are complete how do you ensure competency is achieved for the OMT practical assessment?

139

* 509. After remediation/additional activities are complete how do you ensure competency is achieved for the OMT assessment or direct observation of performance of structural examination/OMT?

* 510. After remediation/additional activities are complete how do you ensure competency is achieved for the series of formative SP based exams?

* 511. After remediation/additional activities are complete how do you ensure competency is achieved for the direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty?

* 512. After remediation/additional activities are complete how do you ensure competency is achieved for the portfolio assessment that includes OMT?

* 513. After remediation/additional activities are complete how do you ensure competency is achieved for the portfolio assessment that does NOT include OMT?

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* 514. After remediation/additional activities are complete how do you ensure competency is achieved for the assessment of direct observation of clinical interactions?

* 515. After remediation/additional activities are complete how do you ensure competency is achieved for the mini-clinical evaluation exercises?

* 516. After remediation/additional activities are complete how do you ensure competency is achieved for the documentation exercises?

* 517. After remediation/additional activities are complete how do you ensure competency is achieved for the patient surveys?

* 518. After remediation/additional activities are complete how do you ensure competency is achieved for the 360 degree assessment?

* 519. After remediation/additional activities are complete how do you ensure competency is achieved for the clinical rotation evaluations that involved OMT?

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* 520. After remediation/additional activities are complete how do you ensure competency is achieved for the clinical rotation evaluations that include direct observation of physical examination/structural examination skills?

* 521. After remediation/additional activities are complete how do you ensure competency is achieved for the clinical rotation evaluations that do NOT involve OMT, physical examination, nor structural examination skills?

* 522. After remediation/additional activities are complete how do you ensure competency is achieved for the other tools or activities indicated?

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Enhanced Attestation - Evidence of Clinical Skills Activities Inventory

Please indicate below whether or not you will submit supplemental documentation. Then, email the documentation to ClinicalSkills@nbome.org.

523. Will you submit supplemental documentation?

- [ ] Yes
- [ ] No

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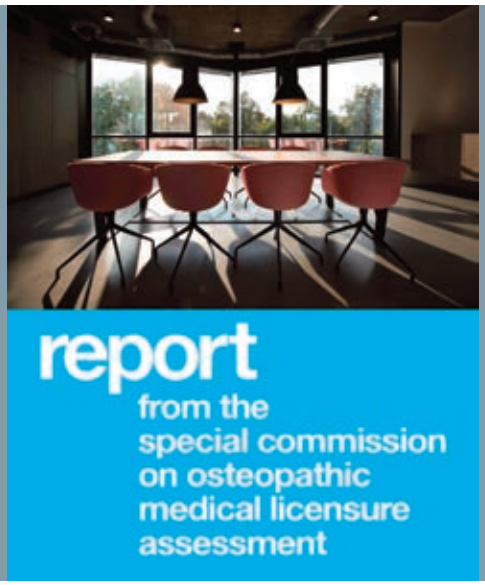


APPENDIX 3B
ECSA INVENTORY ANALYSIS

Enhanced Attestation
Evidence of Clinical Skills Activities Inventory
Final Report

Summary

The Evidence of Clinical Skills Activities Inventory was developed to collect information on assessment practices at Colleges of Osteopathic Medicine (COMs), namely osteopathic principles and performance of osteopathic manipulative treatment, physical examination skills, history taking, formulating a diagnostic and treatment plan, physician patient communication and interpersonal skills, and professionalism. Thirty of 34 eligible main campuses (88%) completed the inventory. The COMs employ many tools to assess their students, with specific methods varying by year in the curriculum and clinical skill being evaluated. Most COMs have a capstone performance assessment or comprehensive clinical skills exam that includes OMT. Based on defined criteria, this capstone performance or comprehensive clinical skills exam was reported to be of high quality. However, few COMs (n=3) provided any documentation to support the validity of their assessment(s). While the capstone performance or comprehensive clinical skills exam was often administered in the 3rd or 4th year, several COMs either did not have one or did not administer it in the 3rd or 4th year. Depending on the skill domain assessed, most COMs indicated that criterion-referenced performance standards were employed and that remediation activities were offered to students who did not meet the performance standard. Most COMs also had an OMT practical assessment that was reported to be of high-quality. This assessment generally took place earlier in the curriculum and had defined performance standards. As expected, clinical rotation assessment activities occurred mostly in the 3rd and 4th year of the curriculum. Based on the survey responses, all COMs had clinical rotation activities/assessments for most, but not all, clinical skills as defined. These assessments were quite variable in terms of quality, with most not being judged to be acceptable for high-stakes evaluation. While most COMs offered remediation activities for those with below standard performance, some did not. Furthermore, based on the responses, some of the remediation activities may not allow for a final determination of competence.

Enhanced Attestation
Evidence of Clinical Skills Activities Inventory

Background

On February 11, 2021, the Comprehensive Osteopathic Medical Licensing Examination of the United States Level 2 Performance Evaluation (COMLEX-USA Level 2-PE) was indefinitely suspended. The NBOME formed the Special Commission on Osteopathic Medical Licensure Assessment (Special Commission) to explore and recommend strategies to fill the assessment gap created by the indefinite suspension of COMLEX-USA Level 2-PE. Initial surveys of the profession (both by organization position statements and individual surveys) indicated that 1) the profession was in agreement that these skills are important to measure, 2) the Colleges of Osteopathic Medicine (COMs) have and can play a future role in this assessment and 3) it is important to have a defined performance standard for these skills.

The Evidence of Clinical Skills Activities Inventory was developed to inform this work by providing a means to collect information on assessment practices at COMs. Understanding the state of clinical skills assessment at the COMs is an essential step in deciding how fundamental osteopathic clinical skills can continue to be measured in a reliable and valid manner.

Through conversation with the Special Commission, the NBOME team crafted an Inventory that asked about assessment activities associated with each of the fundamental osteopathic clinical skills, their level of rigor, the academic year in which they take place, whether they include standards of performance and, if so, whether there are associated remediation activities. The inventory also solicited information on how the programs ensured the competency of their graduates. The survey was built so that the information could be entered online and logic could be programmed to limit the administration of irrelevant questions based on earlier responses. The inventory questions reflect, for the most part, the skills measured in the COMLEX-USA Level 2-PE, namely: osteopathic principles and performance of osteopathic manipulative treatment; physical examination skills; history taking; formulating a diagnostic and treatment plan; physician patient communication and interpersonal skills; and professionalism.

The NBOME attended the AACOM board of deans meeting on June 24, 2021 and held an informational webinar for deans on July 20, 2021. This was done to introduce the deans to the purpose of the inventory and its content before it was released. The inventory was distributed on July 30, 2021, accompanied by a user guide. The guide provided information about the purpose of the Inventory, defined the fundamental osteopathic clinical skills, offered suggestions about how to report on activities conducted at multiple campuses, and furnished detailed information about the question types.

Support

The NBOME established multiple paths of assistance to support the COMs in completing the inventory. We provided a specific email address so that COM personnel working on the Inventory could seek assistance from the NBOME clinical skills team. We also held three webinars during the 2 month completion window. All COM deans and, when applicable, the staff member whom a dean had indicated as point person for completing the Inventory, were invited to attend these webinars as needed. At these webinars, the NBOME team reviewed portions of the Inventory and answered attendees' questions. The webinars were recorded, with recordings shared with COMs on request.

Inventory Administration

The inventory was sent to 58 COMs and branch campuses. Of the 58 total campuses, 51 were eligible to participate. COMs with multiple branch campuses were given the option to complete the inventory once for all campuses or individually for each branch. Most COMs elected to complete one inventory for all branches and locations. Campuses that did not have graduates for the class of 2022 were exempted from completion. Of the 37 main campus COMs that currently have students, three campuses do not have a class of 2022, leaving 34 total eligible COMs (main campuses and main campuses that completed the inventory for all branch campuses). Thirty of these COMs (88%) completed the inventory. We received a total 42 completed inventories (84% of all campuses). The difference between completion rates for total campuses and main campuses reflects the fact that some non-participants had multiple campuses.

Analysis

The analysis was based on 30 completed main campus reports (some included data for branch campuses). Five of the main clinical skill assessment activities are reviewed in detail as part of this report: capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT; capstone performance assessment or comprehensive clinical skills exam (without OMT); OMT practical assessment; clinical rotation evaluations that involved OMT (e.g., OMM rotation, primary care rotation evaluation where OMT is documented/demonstrated); clinical rotation evaluations that include direct observation of physical examination/structural examination skills. Descriptive data enumerating the use of other tools and activities (e.g., portfolio assessments, direct observation of clinical encounters or structural examinations/OMT or standardized patient encounters, 360 degree assessment) is also provided. Summary data for Level of Evidence (rigor of the assessment – A), Year of Assessment (when assessment occurs in the curriculum - B), Available Standard (is there a criterion-referenced performance standard - C), Remediation/ Additional Activities for Below-Standard Performance (D), and efforts to ensure that graduates with substandard performance who complete remediation activities achieve competence (How do you Ensure Competence is Achieved – E) is provided for the 5 main clinical skills assessment activities noted above.

Quantitative

Frequency counts and percentages were employed to summarize the quantitative data. For each clinical skill, the number and percentage of COMs indicating that the assessment activity takes place was tallied. Then, based on the positive responses, percentages for the question of interest (e.g., availability of a standard, year activity takes place in the curriculum) were calculated.

Qualitative (open-ended responses)

For those respondents who indicated that their COMs both have a standard for an assessment activity and require remediation or an additional activity for students who do not meet that standard, we asked what follow-up activities were used to ensure that competency had been achieved after remediation. This was an open-text field, allowing respondents to provide details regarding their COM's approach.

Based on an initial review of the text, we found that the responses tended to fall into discrete categories, with many of the approaches embraced by multiple COMs. The tables for the qualitative analyses (2E-6E) detail the number of times that a respondent noted that their COM uses a particular approach to ensure that competency has been achieved after remediation. Since many COMs use a multi-pronged approach to assure post-remediation competency in a skill, a COM may be reflected in multiple rows within a given table.

Some responses could not be included in the analysis. For instance, a respondent might have noted "established standard/criteria" or "there is a standard for the successful completion." Although we appreciate that there are follow-up activities following substandard performance and remediation at these COMs, such responses do not provide information regarding "What are the follow-up activities to ensure competency is achieved"; accordingly, they are included in the table as "response doesn't address question."

Results

A summary of the tools or activities used for evaluating students is presented in Table 1. Most COMs have a capstone performance assessment or comprehensive clinical skills exam that includes OMT. Similarly, most COMs have an OMT practical assessment, often encompassing the measurement of other clinical skills domains. The use of direct observation of standardized patient encounters is employed by almost all COMs. Portfolio assessments (both with and without OMT), 360 degree assessments, and patient surveys are rarely used. As expected, clinical rotation evaluations are commonplace.

Table 1.

Tools or Activities Used for Evaluating Students by Clinical Skill Domain

	Clinical Skill Domain					
Tools or Activities	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
Capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT	27 (90)	28 (93)	28 (93)	29 (97)	29 (97)	29 (97)
Capstone performance assessment or comprehensive clinical skills exam (without OMT)	7 (23)	17 (57)	19 (63)	17 (57)	17 (57)	17 (57)
OMT practical assessment	27 (90)	11 (37)	20 (67)	9 (30)	15 (50)	14 (47)
OMT assessment or direct observation of performance of structural examination/OMT	26 (87)	16 (53)	21 (70)	12 (40)	14 (47)	14 (47)
A series of formative (i.e., low-stakes, used for training) standardized patient (SP) based exams	18 (60)	26 (87)	25 (83)	22 (73)	25 (83)	26 (87)
Direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty	23 (77)	30 (100)	29 (97)	28 (93)	28 (93)	29 (97)
Portfolio assessment that includes OMT	7 (23)	6 (20)	6 (20)	5 (17)	3 (10)	3 (10)
Portfolio assessment that does NOT include OMT	0 (0)	3 (10)	2 (7)	2 (7)	1 (3)	1 (3)
Assessment of direct observation of clinical interactions	20 (67)	25 (83)	22 (73)	18 (60)	19 (63)	19 (63)
Mini-clinical evaluation exercises	9 (30)	14 (47)	16 (53)	9 (30)	11 (37)	12 (40)
Documentation exercises	20 (67)	26 (87)	22 (73)	24 (80)	12 (40)	8 (27)
Patient surveys	0 (0)	1 (3)	1 (3)	0 (0)	1 (3)	1 (3)
360 degree assessment	1 (3)	1 (3)	1 (3)	2 (7)	2 (7)	3 (10)
Clinical rotation evaluations that involved OMT (e.g., OMM rotation, Primary care rotation evaluation where OMT is documented/demonstrated)	30 (100)	23 (77)	26 (87)	25 (83)	23 (77)	23 (77)
Clinical rotation evaluations that include direct observation of physical examination/structural examination skills	23 (77)	29 (97)	30 (100)	25 (83)	25 (83)	26 (87)
Clinical rotation evaluations that do NOT involve OMT, physical examination nor structural examination skills	9 (30)	19 (63)	15 (50)	18 (60)	17 (57)	20 (67)

( ) percent

Capstone Performance or Comprehensive Clinical Exam including OMT

Table 2A summarizes the rigor of the capstone performance assessment or comprehensive clinical exam that includes OMT. The reported quality of the assessment, based on its likelihood of yielding reliable and valid estimates of ability, was high (evidence level A – see appendix A). Evidence level A included a number of criteria including, amongst others, clear purpose and design, defined performance standards (criterion-referenced), standardization, and a broad sampling of patient conditions that are aligned with osteopathic medical practice. While all COMs were afforded the opportunity to provide documentation concerning the quality of their capstone performance or comprehensive clinical skills exam including OMT, only three (of 30, 10%) chose to do so.

Table 2A

Level of Evidence (Capstone Performance including OMT)

Capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	27 (90)	28 (93)	28 (93)	29 (97)	29 (97)	29 (97)
Level						
A	27 (100)	28 (100)	28 (100)	29 (93)	29 (100)	28 (93)
B				1 (7)		1 (7)
C	0	0	0	0	0	0

( ) percent

Table 2B provides summary data on when the capstone performances were conducted. While some are conducted early in the curriculum, most take place in the 3rd or 4th year. Some COMs have capstone assessments across multiple years. For all skills domains, several COMs do not have a capstone performance that includes OMT in the 3rd or 4th year.

Table 2B

Year of Assessment (Capstone Performance including OMT)

Capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	27 (90)	28 (93)	28 (93)	29 (97)	29 (97)	29 (97)
Year						
1	9 (33)	11 (39)	11 (39)	9 (31)	10 (34)	11 (38)
2	13 (48)	16 (57)	17 (61)	17 (59)	17 (59)	16 (55)
3	14 (52)	17 (61)	16 (57)	18 (62)	18 (62)	18 (62)
4	10 (37)	12 (43)	11 (39)	10 (34)	11 (38)	12 (41)
3 and 4	4	6	5	4	5	6
3 or 4	20 (67)	23 (77)	22 (73)	24 (80)	24 (80)	24 (80)

( ) percent

Table 2C provides information about whether there is a defined standard for successful completion of the capstone performance assessment or comprehensive clinical skills exam. For COMs with capstone performances that include the assessment of OMT, they all report having standards for successful completion, regardless of the skill being assessed.

Table 2C

Available Standard (Capstone Performance including OMT)

Capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	27 (90)	28 (93)	28 (93)	29 (97)	29 (97)	29 (97)
Standard						
Yes	27 (100)	28 (100)	28 (100)	29 (100)	29 (100)	29 (100)

( ) percent

Table 2D provides summary data on whether there are remediation or additional activities required for students who do not achieve the set standards. For most COMs and most skills domains, remediation activities are required.

Table 2D

Remediation/ Additional Activities for Below-Standard Performance (Capstone Performance including OMT)

Capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	27 (90)	28 (93)	28 (93)	29 (97)	29 (97)	29 (97)
Remediation						
Yes	27 (100)	27 (96)	27 (96)	28 (97)	28 (97)	27 (93)

( ) percent

Table 2E provides summary data (based on coding of qualitative comments) concerning efforts to ensure competency. As noted in quantitative results, the vast majority of COMs reported that they use a capstone with OMT to evaluate all six fundamental osteopathic clinical skills, ranging from 27 COMs reporting use of that activity to assess OMM, OPP, and/or OMT to 29 COMs reporting use of it to assess post-encounter documentation, doctor-patient communication skills, and professionalism. However, there is much greater variation in approaches used to ensure post-remediation competency for students who did not meet a standard in the capstone with OMT activity.

While a sizable number of COMs, ranging from 16 (Professionalism) to 19 (history-taking) report ensuring post-remediation competency by requiring students to retake either part or the entire capstone with OMT assessment, this is only 55% and 68%, respectively, of those COMS with a remediation activity for students who had not met the standard. The next most common approach for confirming post-remediation competency is individual performance review with the student, which ranged from two COMs for OMM, OPP, OMT to eight COMs for doctor-patient communication and interpersonal skills.

One school provided an "N/A" response for OMM, OPP, OMT, noting that "No students required remediation for OMM, OPP, OMT after this event."

One COM integrated a reading assignment into their post-remediation activity for those who had not met the standard for professionalism in the capstone with OMT: "Student is required to meet with program coordinator to review aspects of professionalism that were deemed lacking/inappropriate. Student may be given readings/literature on consequences of lack of professionalism. 'Mock' OSCE encounters with faculty, SPs and/or students may take place to help improve performance in this area."

Other COMs distinguished between the different skills when determining appropriate approaches to ensure post-remediation competency for students who had not met the standard. For instance, one respondent (COM) noted, "If humanism is the only area that student failed, we don't usually require a repeat OSCE, but go over the deficiencies with the student with recommendations for improvement. To be honest, we rarely have a student fail an OSCE because of communication or interpersonal skills deficiency."

Table 2E

How do you Ensure Competence is Achieved

Capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	27 (90)	28 (93)	28 (93)	29 (97)	29 (97)	29 (97)
retake assessment, either complete or abbreviated	17 (63)	19 (68)	17 (61)	18 (62)	17 (59)	16 (55)
direct observation by faculty	2 (7)	1 (4)	1 (4)	0 (0)	0 (0)	1 (3)
monitor for recurring issues in future assessments	1 (4)	1 (4)	1 (4)	2 (7)	2 (7)	2 (7)
retake clerkship/rotation	0 (0)	0 (0)	0 (0)	0 (0)	1 (3)	1 (3)
demonstration of specific skill	3 (11)	3 (11)	3 (11)	3 (10)	3 (10)	3 (10)
provision of additional assessments	1 (4)	0 (0)	1 (4)	0 (0)	1 (3)	2 (7)
individual review with student	2 (7)	5 (18)	6 (21)	6 (21)	8 (28)	6 (21)
take additional course/retake course	1 (4)	1 (4)	0 (0)	0 (0)	0 (0)	0 (0)
response doesn't address question	3 (11)	3 (11)	3 (11)	3 (10)	3 (10)	3 (10)
reading/writing assignment	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (3)
n/a	1 (4)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

( ) Percent

Capstone Performance or Comprehensive Clinical Exam NOT including OMT

As shown in Table 3A, many COMs have capstone performance assessments that do not include OMT. Interestingly, six COMs provided information concerning the appraisal of OMM/OPP/OMT for this assessment category. Similar to the responses concerning capstone performance with OMT, the assessments, if conducted, were deemed to be psychometrically sound (Level A).

Table 3A

Level of Evidence (Capstone Performance not including OMT)

Capstone performance assessment or comprehensive clinical skills exam that DOES NOT include assessment of OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	7 (23)	17 (57)	19 (63)	17 (57)	17 (57)	17 (57)
Level						
A	7 (100)	17 (100)	19 (100)	16 (94)	17 (100)	16 (94)
B				1 (6)		1 (6)
C	0	0	0	0	0	0

( ) percent

Table 3B provides summary data on when the capstone performances (not including OMT) were conducted. For those colleges that have them, many are conducted early in the curriculum, with few taking place in the 4th year. Some COMs have capstone assessments without OMT across multiple years. For all skills domains, a capstone performance that does not include OMT only takes place in just over 50% of the COMs. This is likely due to the fact that many COMs have capstone performance assessments that include OMT or OMT practical assessments.

Table 3B

Year of Assessment (Capstone Performance not including OMT)

Capstone performance assessment or comprehensive clinical skills exam that DOES NOT include assessment of OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	7 (23)	17 (57)	19 (63)	17 (57)	17 (57)	17 (57)
Year						
1	5 (71)	13 (76)	13 (68)	11 (65)	12 (71)	12 (75)
2	6 (85)	14(82)	15 (79)	14 (82)	14 (82)	13 (81)
3	5 (71)	10 (59)	11 (58)	10 (59)	10 (59)	9 (56)
4	1 (14)	4 (24)	3 (16)	3 (18)	4 (24)	4 (25)
3 and 4	3	4	2	2	3	3
3 or 4	5 (71)	10 (59)	12 (63)	11 (65)	11 (65)	10 (63)

( ) percent

Table 3C provides information whether there is a defined standard for successful completion of the capstone performance assessment or comprehensive clinical skills exam (not including OMT). For COMs

with capstone performances without OMT, they all reporting having standards for successful completion.

Table 3C

Available Standard (Capstone Performance not including OMT)

Capstone performance assessment or comprehensive clinical skills exam that DOES NOT include assessment of OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	7 (23)	17 (57)	19 (63)	17 (57)	17 (57)	17 (57)
Standard						
Yes	7 (100)	17 (100)	19 (100)	17 (100)	17 (100)	17 (100)

( ) percent

Table 3D provides summary data on whether there are remediation or additional activities required for students who do not achieve the set standards. For all COMs with these assessments, and all skills domains, remediation activities are required.

Table 3D

Remediation/ Additional Activities for Below-Standard Performance (Capstone Performance not including OMT)

Capstone performance assessment or comprehensive clinical skills exam that DOES NOT include assessment of OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	7 (23)	17 (57)	19 (63)	17 (57)	17 (57)	17 (57)
Remediation						
Yes	7 (100)	17 (100)	19 (100)	17 (100)	17 (100)	17 (100)

( ) percent

Table 3E provides summary data (based on qualitative comments) concerning efforts to ensure competency. Fewer COMs use a capstone without OMT to assess the six fundamental osteopathic clinical skills but, compared with the capstone with OMT, a smaller percentage of those who do use a capstone without OMT assess post-remediation competency by requiring students to retake the activity. For the capstone with OMT, only two skills (doctor-patient communication skills and professionalism) dipped below 60% of the COMs requiring students to retake the activity; for the capstone without OMT, this ratio flipped, with only two skills (OMM, OPP, OMT and Post-encounter documentation) going

above 60%. Individual performance review with the student remained the second most popular response, but this topped at five COMs out of 18 for doctor-patient communication and interpersonal skills.

Table 3E

How do you Ensure Competence is Achieved

Capstone performance assessment or comprehensive clinical skills exam that DOES NOT include assessment of OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	7 (23)	17 (57)	19 (63)	17 (57)	17 (57)	17 (57)
retake assessment, either complete or abbreviated	5 (71)	10 (59)	10 (53)	11 (65)	9 (53)	9 (53)
direct observation by faculty	1 (14)	1 (6)	1 (5)	0 (0)	0 (0)	1 (6)
monitor for recurring issues in future assessments	1 (14)	1 (6)	2 (11)	1 (6)	1 (6)	1 (6)
demonstration of specific skill	1 (14)	3 (18)	3 (16)	3 (18)	3 (18)	2 (12)
provision of additional assessments	0 (0)	0 (0)	1 (5)	0 (0)	1 (6)	1 (6)
individual review with student	1 (14)	3 (18)	3 (16)	3 (18)	5 (29)	4 (24)
response doesn't address question	1 (14)	2 (12)	2 (11)	2 (12)	3 (18)	2 (12)

( ) Percent

OMT Practical Assessment

Table 4A summarizes the rigor of the OMT Practical Assessment. The reported quality of this assessment, based on its likelihood of yielding reliable and valid estimates of ability, was high for the OMM, OPP, OMT domain (evidence level A – see appendix A).

Table 4A

Level of Evidence (OMT Practical Assessment)

	OMT practical assessment					
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	27 (90)	11 (37)	20 (67)	9 (30)	15 (50)	14 (47)
Level						
A	25 (83)	10 (91)	19 (95)	9 (100)	14 (93)	10 (67)
B	2 (7)	1 (9)	1 (5)		1 (7)	4 (33)
C	0	0	0	0	0	0

( ) percent

Table 4B provides summary data on when the OMT Practical Assessments were conducted. While some are conducted later in the curriculum, most take place in the 1st or 2nd year. Some COMs have OMT Practical Assessments across multiple years.

Table 4B

Year of Assessment (OMT Practical Assessment)

	OMT practical assessment					
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	27 (90)	11 (37)	20 (67)	9 (30)	15 (50)	14 (47)
Year						
1	26 (96)	11 (100)	20 (100)	7 (78)	15 (100)	13 (93)
2	26 (96)	11 (100)	20 (100)	8 (89)	15 (100)	13 (93)
3	9 (30)	6 (55)	9 (45)	6 (67)	8 (53)	5 (36)
4	8 (30)	5 (45)	7 (35)	4(44)	4 (27)	3 (21)
3 and 4	5	3	4	2	2	1
3 or 4	12 (40)	8 (27)	12 (40)	8 (27)	10 (33)	1 (3)

( ) percent

Table 4C provides information whether there is a defined standard for successful completion of the OMT Practical Assessment. For COMs with OMT Practical Assessments, they all report having standards for successful completion.

Table 4C

Available Standard (OMT Practical Assessment)

	OMT practical assessment					
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	27 (90)	11 (37)	20 (67)	9 (30)	15 (50)	14 (47)
Standard						
Yes	27 (100)	11 (100)	20 (100)	9 (100)	15 (100)	13 (93)

( ) percent

Table 4D provides summary data on whether there are remediation or additional activities required for students who do not achieve the set standards. For most COMs and most skill domains, remediation activities are required.

Table 4D

Remediation/ Additional Activities for Below-Standard Performance (OMT Practical Assessment)

	OMT practical assessment					
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	27 (90)	11 (37)	20 (67)	9 (30)	15 (50)	14 (47)
Remediation						
Yes	26 (96)	11 (100)	20 (100)	9 (100)	15 (100)	13 (93)

( ) percent

Table 4E summarizes the responses for the OMT practical assessment. Among those COMs that use an OMT practical assessment to assess the clinical skills, there is wide variation in approaches to ensuring post-remediation competency. OMM, OPP, OMT is the skill with the highest number of COMs requiring students to retake the assessment after remediation (n=17, 63%). This compares to 82% of the 11 COMs using an OMT practical assessment to assess history-taking that require students who do not meet the history-taking standard to retake the assessment. Likewise, 78% of the nine COMs using an OMT practical assessment to assess post-encounter documentation require students to retake the assessment if they do not meet the standard. Only eight of 14 (57%) COMs that use an OMT practical assessment to assess professionalism require students to retake the assessment if they do not meet the standard.

Demonstration of a specific skill was the next most common approach to ensuring post-remediation competency after an OMT practical assessment, with individual performance review with the student following closely behind. Some respondents noted that students continue to be evaluated in the skills

assessed by an OMT practical as they progress through their medical education. For instance, one wrote "Students must repeat the practical assessment with OMT faculty present, along with evaluating the core competency of OPP/OMT with each clinical rotation and evaluation." Others emphasized that their students do not continue to progress until they have met the OMT practical's standards, such as the respondent who wrote "Students must pass the practical, which is a direct observation experience. If students do not pass the practical, a remediation exam must be taken and passed. If they do not pass the remediation practical, the student must repeat the course."

Table 4E

How do you Ensure Competence is Achieved

OMT practical assessment						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	27 (90)	11 (37)	20 (67)	9 (30)	15 (50)	14 (47)
retake assessment, either complete or abbreviated	17 (63)	9 (82)	12 (60)	7 (78)	9 (60)	8 (57)
direct observation by faculty	3 (11)	0 (0)	2 (10)	0 (0)	0 (0)	0 (0)
monitor for recurring issues in future assessments	1 (4)	0 (0)	2 (10)	0 (0)	1 (7)	0 (0)
take additional course/retake course	2 (7)	1 (9)	1 (5)	0 (0)	1 (7)	0 (0)
demonstration of specific skill	3 (11)	2 (18)	2 (10)	1 (11)	3 (20)	2 (14)
provision of additional assessments	1 (4)	0 (0)	1 (5)	0 (0)	1 (7)	0 (0)
individual review with student	3 (11)	2 (18)	2 (10)	2 (22)	2 (13)	2 (14)
response doesn't address question	3 (11)	1 (9)	3 (15)	1 (11)	2 (13)	3 (21)

( ) Percent

Clinical Rotation Evaluation that Involves OMT

Table 5A

As shown in Table 5A, all COMs have a clinical rotation evaluation of OMM, OPP, and OMT. Many of these evaluations also target history taking, physical examination, documentation, communication, and professionalism. However, other than OMM, OPP, and OMT, several COMs did not evaluate the other skills as part of this assessment. Few of the COMs considered these evaluations to be at Level A with respect to rigor (psychometrically sound and defensible). Some COMs indicated that their clinical rotation evaluations were at Level C, potentially yielding unreliable or questionably valid scores.

Level of Evidence (Clinical Rotation Evaluation that Involves OMT)

Clinical rotation evaluation that involves OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	30 (100)	23 (77)	26 (87)	25 (83)	23 (77)	23 (77)
Level						
A	3 (10)	3 (13)	3 (12)	3 (12)	3 (13)	2 (7)
B	20 (67)	17 (74)	20 (77)	20 (8)	18 (78)	19 (83)
C	7 (23)	3 (13)	3 (12)	2 (8)	2 (7)	2 (9)

( ) percent

Table 5B provides summary data on when the clinical rotation evaluations that include OMT are conducted. As would be expected, most of these evaluations occur in the 3rd and 4th years. For OMM, OPP, OMT, all COMs conducted an assessment in the 3rd year of medical school.

Table 5B

Year of Assessment (Clinical Rotation Evaluation that Involves OMT)

Clinical rotation evaluation that involves OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	30 (100)	23 (77)	26 (87)	25 (83)	23 (77)	23 (77)
Year						
1	0 (0)	2 (9)	1 (4)	1 (4)	1 (4)	0 (0)
2	1 (3)	3 (13)	3 (12)	4 (16)	3 (13)	1 (4)
3	30 (100)	23 (100)	26 (100)	24 (96)	23 (100)	23 (100)
4	26 (87)	19 (83)	22 (85)	20 (80)	19 (83)	21 (91)
3 and 4	22	19	22	20	19	21
3 or 4	23 (100)	23(100)	26 (100)	24 (96)	23 (100)	23 (100)

( ) percent

Table 5C provides information whether there is a defined standard for successful completion of the clinical rotation evaluation that involves OMT. Interestingly, for the assessment of OMM, OPP, OMT, only 23 (77%) of the COMs reported having defined standards. For other skills, at least when they are assessed, performance standards are utilized.

Table 5C

Available Standard (Clinical Rotation Evaluation that Involves OMT)

Clinical rotation evaluation that involves OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	30 (100)	23 (77)	26 (87)	25 (83)	23 (77)	23 (77)
Standard						
Yes	23 (77)	22 (96)	26 (100)	24 (96)	23 (100)	23 (100)

( ) percent

Table 5D provides summary data on whether there are remediation or additional activities required for students who do not achieve the set standards. For most COMs and most skills domains, remediation activities are required for substandard performance on the clinical rotation.

Table 5D

Remediation/ Additional Activities for Below-Standard Performance (Clinical Rotation Evaluation that Involves OMT)

Clinical rotation evaluation that involves OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	30 (100)	23 (77)	26 (87)	25 (83)	23 (77)	23 (77)
Remediation						
Yes	23 (77)	22 (96)	25 (96)	23 (92)	22 (96)	22 (96)

( ) percent

Table 5E summarizes the qualitative responses for clinical rotation evaluations that involve OMT. When describing the activities used to ensure post-remediation competency for students who did not meet standards for clinical rotation evaluations that involved OMT, the majority indicated that students are required to repeat work. Some responses were clear that the work to be completed is the entire rotation itself, while other responses suggested that what needs to be repeated is the assessment or a portion of it. (e.g., “repeat evaluation of performance.”) For our analysis, we combined these two approaches as they both require reassessment of an aspect of the original activity, but left them distinct in Table 5E for more precise reporting.

Exactly half of those COMs assessing post-remediation competency for students who did not meet an OMM, OPP, OMT standard in clinical rotation evaluations that involved OMT required some form of repeated activity to ensure competency. This 50% was the lowest of the skills, with the percentage of COMs requiring a repeated activity for a standard not met in clinical rotation evaluations that involved OMT increasing for the other skills. 61% of COMs evaluating history-taking in clinical rotation evaluations that involved OMT required a repeat activity.

One respondent reported that, at their COM, a student who does not meet the standard for OMM, OPP, OMT might be “required to retake COMAT if necessary.” A respondent at another COM noted that there are “formalized assessments” after remediation for students who do not meet the physical exam standard, both in clinical rotation evaluations that involved OMT and in those that involved direct observation of physical examination/structural examination skills.

One respondent provided clear information regarding the consequences for students who fail to meet the standard for any skill that the COM assesses through a rotation of any type: “The student will repeat the failed rotation in the same discipline at a training site assigned by the COM. A student failing any two (2) clinical rotations … will receive one of the following: 1. Probation (A student on probation cannot travel for [the] COM in any capacity, serve in any club or organization, and no added degree work will be allowed.) 2. Recommendation for dismissal (A student failing any three (3) clinical rotations … will be recommended for dismissal from the [COM]).”

Some respondents reported that their COMs have different strategies based on the skill in question. For example, one respondent noted that, across different rotations, for both doctor-patient communication skills and professionalism "If this is the only area of the clinical rotation that the student did not demonstrate competency in, this is generally approached with personal feedback from clerkship director and/or other faculty and student is observed to assure remediation of deficiencies."

Table 5E

How do you Ensure Competence is Achieved

Clinical rotation evaluations that involved OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	30 (100)	23 (77)	26 (87)	25 (83)	23 (77)	23 (77)
retake assessment, either complete or abbreviated	4 (13)	6 (26)	5 (19)	7 (28)	4 (17)	5 (22)
direct observation by faculty	2 (7)	1 (4)	1 (4)	1 (4)	1 (4)	1 (4)
monitor for recurring issues in future assessments	1 (3)	1 (4)	2 (8)	2 (8)	2 (9)	3 (13)
retake clerkship/rotation	11 (37)	8 (35)	9 (35)	8 (32)	9 (39)	8 (35)
demonstration of specific skill	1 (3)	3 (13)	1 (4)	2 (8)	1 (4)	2 (9)
provision of additional assessments	0 (0)	0 (0)	1 (4)	0 (0)	2 (9)	0 (0)
individual review with student	3 (10)	4 (17)	4 (15)	4 (16)	4 (17)	4 (17)
take additional course/retake course	1 (3)	1 (4)	1 (4)	1 (4)	1 (4)	0 (0)
retake COMAT/shelf exam	1 (3)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
response doesn't address question	2 (7)	3 (13)	4 (15)	3 (12)	3 (13)	3 (13)

( ) Percent

Clinical Rotation Evaluation that Includes Direct Observation of Physical Examination (PE) Skills

As shown in Table 6A, all COMs have clinical rotation evaluations that include direct observation of physical examination skills. These evaluations also target other skills, but not for all COMs. Documentation and communication were not part of the evaluation for five (17%) of the COMs. Similar to the previous section (clinical rotation evaluation that involves OMT), these evaluations were rarely deemed to be Level A, suggesting that their use is primarily as assessment "for learning" as opposed to "of learning." Some COMs indicated that these rotation evaluations were Level C, implying that their administration may not be standardized.

Table 6A

Level of Evidence (Clinical Rotation Evaluation that Includes Direct Observation of PE Skills)

Clinical rotation evaluation that includes direct observation of PE skills						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	23 (77)	29 (97)	30 (100)	25 (83)	25 (83)	26 (87)
Level						
A	2 (9)	2 (7)	2 (7)	3 (12)	3 (12)	2 (8)
B	15 (65)	22 (76)	23 (77)	20 (80)	20 (80)	21 (81)
C	6 (26)	5 (17)	5 (17)	2 (8)	2 (8)	3 (12)

( ) percent

Table 6B provides summary data on when the clinical rotation evaluations that include direct observation of PE skills are conducted. As would be expected, most of these evaluations occur in the 3rd and 4th years. For physical examination (PE) skills, all COMs had an evaluation in the 3rd or 4th years of the curriculum. For all skills, with the exception of communication, all COMs that had these evaluations conducted them in either the 3rd or 4th year. Some COMs also had clinical skills evaluations in the 1st and 2nd years.

Table 6B

Year of Assessment (Clinical Rotation Evaluation that Includes Direct Observation of PE Skills)

Clinical rotation evaluation that includes direct observation of PE skills						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	23 (77)	29 (97)	30 (100)	25 (83)	25 (83)	26 (87)
Year						
1	0 (0)	1 (3)	1 (3)	1 (4)	1 (4)	0 (0)
2	1 (4)	3 (10)	3 (10)	3 (12)	3 (12)	2 (8)
3	23 (100)	29 (100)	30 (100)	25 (100)	24 (96)	26 (100)
4	22 (96)	27 (93)	29 (97)	24 (96)	24 (96)	26 (100)
3 and 4	22	27	29	24	24	26
3 or 4	23 (100)	29(100)	30 (100)	25 (100)	24 (96)	26 (100)

( ) percent

Table 6C provides information about whether there is a defined standard for successful completion of the clinical rotation evaluation that includes PE. For all skills, including PE, some COMs, albeit a minority, do not report having performance standards.

Table 6C

Available Standard (Clinical Rotation Evaluation that Includes Direct Observation of PE Skills)

Clinical rotation evaluation that includes direct observation of PE skills						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	23 (77)	29 (97)	30 (100)	25 (83)	25 (83)	26 (87)
Standard						
Yes	20 (87)	27 (93)	24 (80)	24 (96)	23 (92)	23 (88)

( ) percent

Table 6D provides summary data on whether there are remediation or additional activities required for students who do not achieve the set standards for the clinical rotation evaluation. For most COMs and most skills domains, at least where assessments are made, remediation activities are required. It is interesting to note that some COMs that conduct these evaluations do not report having remediation/additional activities for below-standard performance.

Table 6D

Remediation/ Additional Activities for Below-Standard Performance (Clinical Rotation Evaluation that Includes Direct Observation of PE Skills)

Clinical rotation evaluation that includes direct observation of PE skills						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	23 (77)	29 (97)	30 (100)	25 (83)	25 (83)	26 (87)
Remediation						
Yes	20 (87)	27 (93)	27 (90)	24 (96)	23 (92)	23 (88)

( ) percent

Table 6E summarizes how COMs ensure competence for clinical rotation evaluations that include direct observation of physical examination/structural examination skills. As with the previously described activity (clinical rotation evaluations that involved OMT), we combined retaking the assessment and retaking the rotation for our summary analysis.

The skill for which the greatest number of respondents reported that students must retake an activity after failing to meet a standard was documentation, at 64%. The skill with the lowest requirement of retaking an activity is professionalism, with 53% of COMs requiring a retake.

Similar to clinical rotation evaluations that involved OMT, one respondent reported that their COM may require a student to take a “shelf exam” to demonstrate competency after remediation. They required the shelf exam only for those students who had not met the physical exam standard. Also for the physical exam standard, another respondent noted that students who do not meet the standard need to demonstrate post-remediation competency through “remediation with written exams.”

Table 6E

How do you Ensure Competence is Achieved

Clinical rotation evaluations that include direct observation of physical examination/structural examination skills						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	23 (77)	29 (97)	30 (100)	25 (83)	25 (83)	26 (87)
retake assessment, either complete or abbreviated	5 (22)	6 (21)	5 (17)	6 (24)	4 (16)	4 (15)
direct observation by faculty	1 (4)	1 (3)	1 (3)	1 (4)	0 (0)	1 (4)
monitor for recurring issues in future assessments	2 (9)	2 (7)	2 (7)	1 (4)	1 (4)	2 (8)
retake clerkship/rotation	8 (35)	11 (38)	12 (40)	10 (40)	11 (44)	10 (38)
demonstration of specific skill	2 (9)	3 (10)	1 (3)	2 (8)	1 (4)	2 (8)
provision of additional assessments	0 (0)	0 (0)	1 (3)	0 (0)	2 (8)	1 (4)
individual review with student	3 (13)	4 (14)	4 (13)	4 (16)	3 (12)	2 (8)
take additional course/retake course	1 (4)	1 (3)	1 (3)	1 (4)	1 (4)	0 (0)
retake COMAT/shelf exam	0 (0)	0 (0)	1 (3)	0 (0)	0 (0)	0 (0)
reading/writing assignment	0 (0)	1 (3)	0 (0)	0 (0)	0 (0)	0 (0)
response doesn't address question	2 (9)	3 (10)	4 (13)	3 (12)	3 (12)	4 (15)

( ) Percent

Discussion

The Enhanced Attestation: Evidence of Clinical Skills Activities Inventory provides valuable, current information about assessment practices at Colleges of Osteopathic Medicine (COMs). With a response rate of nearly 90%, we can be reasonably confident that the results generalize to all COMs.

For most COMs, the assessment practices were sound, incorporating multiple modalities, fixed standards, and remediation activities for those students who did not meet performance standards. This was not surprising given the introduction of COMLEX-USA Level 2-PE in 2004 and the subsequent impetus on the part of the COMs to ensure that their students were prepared for this licensing examination. There was, however, considerable variability in assessment activities across COMs. The majority of COMs, but not all, have a high-quality capstone performance assessment or comprehensive clinical skills exam that includes OMT. However, only 3 COMs (10%) provided any evidence to support the psychometric rigor of this assessment. Most of the capstone performances or comprehensive clinical skills exams were administered in the 3rd or 4th year of the curriculum. Nonetheless, some COMs either did not have one or did not administer it in the 3rd or 4th year.

Most COMs indicated that criterion-referenced performance standards were employed and that remediation activities were offered to students who did not meet the performance standard. Unfortunately, little information was provided as to how the standards were set or the nature of the remediation activities. Most COMs had an OMT practical assessment that was reported to be of high-quality. This assessment generally took place earlier in the curriculum and, based on the inventory responses, had defined performance standards. Clinical rotation assessment activities occurred mostly in the 3rd and 4th year of the curriculum. These clinical rotation activities/assessments were conducted for most, but not all, clinical skills. Interestingly, the clinical rotation assessments were quite variable in terms of quality, with most not being judged to be acceptable for high-stakes evaluation. Most COMs offered remediation activities for those with below standard performance. However, some of the remediation activities may not allow for the final determination of competence.

Although the numbers vary, not all COMs that have a remediation activity for students who do not meet a standard require additional activities to ensure post-remediation competency. The requirement for post-remediation assessment varied by clinical skill. Of the COMs that require post-remediation activities, the most common follow-up activity is a required retake of the assessment. For our analysis, we combined into one category (retake assessment, either complete or abbreviated) responses that reflect a belief that ensuring post-remediation competency requires reassessing a student in the original activity. This obscures, however, the great variety of ways that respondents described such reassessment occurring at their COMs. It was interesting to note that some COMs indicated that retaking an assessment is not necessary if a student did not meet a standard in communication or professionalism, emphasizing instead personal review by faculty and individualized feedback. The use of reading or writing assignments to ensure post-remediation competency with communication and professionalism skills was also described, potentially compromising the validity of the assessment of these skills. Overall, while remediation activities were available at most COMs, for most clinical skills, strategies to ensure competence were lacking, or inappropriate, in some assessment areas.

For most COMs, there was an emphasis on evaluating student competency in the fundamental osteopathic clinical skills throughout a student's medical education, with several respondents highlighting multi-course or multi-year processes. This finding is consistent with the introduction of clinical experiences earlier in the curriculum. Nevertheless, there still remain some COMs that do not have a comprehensive, standardized, clinical skills assessment program that covers the entire curriculum.

Based on the summary of inventory data from a large proportion of the Colleges of Osteopathic Medicine, there is evidence to suggest that high-quality assessment practices are in place for most fundamental osteopathic clinical skills. Nevertheless, assessment strategies across COMs can be quite variable, performance standards may not exist, and evidence to support the psychometric adequacy of any summative/capstone assessments of clinical skills is currently lacking. As a result, a final determination of the competence of an individual graduate from some COMs, at least with respect to fundamental osteopathic clinical skills, may be error-prone. Efforts to help standardize assessment practices across COMs, embracing some of the high-quality practices that are currently in place, will help ensure some consistency and accuracy with respect to the determination of clinical skills competency for all osteopathic graduates.

Appendix A

Enhanced Attestation for the Class of 2022 Guide: Completing the "Evidence of Clinical Skills Activities 2022" (ECSA) Inventory

Purpose

This guide is designed to assist the Colleges of Osteopathic Medicine (COMs) when filling out the "Evidence of Clinical Skills Activities 2022" (ECSA) Inventory, required as part of enhanced attestation for fundamental osteopathic clinical skills for the Class of 2022. This Enhanced Attestation is the pathway for eligibility to take COMLEX-USA Level 3 for graduates in the Class of 2022 (in lieu of taking COMLEX-USA Level 2-PE, which is suspended). This documentation will assist the National Board of Osteopathic Medical Examiners (NBOME) and the COMs in verification of the competencies of DO graduates of the Class of 2022 in their pathway to licensure. The ECSA Inventory can be completed via this link: https://www.surveymonkey.com/r/NCFRPWJ.

The NBOME appreciates the COMs' commitment to verification of fundamental osteopathic clinical skills competencies in students' pathway for osteopathic medical licensure, and to ensuring that their graduates are fully prepared for entrance to graduate medical education. The ECSA Inventory process is designed to support the COMs by assisting with the verification process and to enable collaboration on future continuous quality improvement and innovations in clinical skills assessment. COMs will provide a record of activities used to assess competency in each clinical skill previously tested in the COMLEX-USA Level 2-PE. These inventories are integral to future assessment and verification strategies for fundamental osteopathic clinical skills for licensure being studied by the NBOME.

Contact Person

Each COM is asked to designate one contact person who is responsible for the information provided on the ECSA Inventory. This person's role and title (e.g., Course or Program Director, Associate Dean of Clinical Education) may vary, but it should be the person at the COM most knowledgeable about the activities used to evaluate the graduating students. Although the contact person may seek assistance with completing the ECSA Inventory, the contact person is ultimately responsible for the information's completeness and accuracy. If the NBOME has any questions when reviewing the submission, the NBOME will reach out to the contact person for clarification.

Please email the NBOME at ClinicalSkills@nbome.org with the name and email address of the contact person as soon as that person is assigned. We will then invite the contact person to webinars designed to support those carrying out the ECSA Inventory process at the COMs. The dates for these webinars are listed below and are optional.

Multiple Campuses

A single ECSA Inventory can be completed for both a COM and its branch campuses if all evaluation tools are the same. All included campuses must be listed in the ECSA Inventory's

institution section, and the designated contact person will be responsible for any listed campuses. A COM is responsible for completing a separate ECSA Inventory for any branch that varies from the others in the activities used to evaluate the Class of 2022, whether completed by the same contact person or by another designated for that branch.

Defining the Skills

The ECSA Inventory seeks information about activities used to monitor student performance in six clinical skills. The skills are mapped to Entrustable Professional Activities (EPAs) and Competency Domains (CDs). For more information about the EPAs and CDs, please see

- EPAs: https://www.aacom.org/docs/default-source/med-ed-presentations/core-epas.pdf?sfvrsn=10
- CDs: https://www.nbome.org/Content/Exams/All/FOMCD_2016.pdf

The six skills and their related EPAs and CDs are:

- **OMM, OPP & OMT** – Osteopathic palpatory diagnosis (CD 1); Performing OMT (EPA 12, CD 1)
- **History-taking** – Medical interviewing: data gathering/history taking (EPA 1, CD 2)
- **Physical exam: focused & general physical exam skills** – Performing a physical examination (EPA 1, CD 1, CD 2)
- **Post-encounter documentation: synthesis of findings, integrated differential diagnosis, formulation of a diagnostic and treatment plan** – Electronic documentation of a patient encounter (EPA 5, CD 5); Clinical problem solving (EPA 3, EPA 10, CD 2, 4); Integrated differential diagnosis, including OPP/OMT where appropriate (EPA 2, CD 1, CD 5); Formulation of an indicated, safe, and cost-effective diagnostic and treatment plan (EPA 3, EPA 4, CD1, CD 2, CD 5, CD 7)
- **Doctor-patient communication & Interpersonal skills: eliciting information, rapport building, empathy, active listening, and giving information** – Physician-patient communication (CD 5); Interpersonal skills (CD 5)
- **Professionalism: respectfulness, accountability, ethical behavior, and cultural competency** – Professionalism (CD 6)

Activity Evidence

The ECSA Inventory seeks information about activities that are used to evaluate students in the Class of 2022 at each COM. Performances specific to individual students are not being requested; student data will be retained by the policy at each COM.

The online form is designed with branching logic, with some questions contingent on earlier responses. Accordingly, COMs may see more questions for some skills than for others.

First, COMs are asked to document all activities that are used to evaluate their students for each clinical skill. Common examples of evidence are listed for convenience. If a COM evaluates student performance in a clinical skill through a method that is not listed, please select "other" and briefly describe the activity in the provided field.

Second, we ask the COM to self-assess their selected activities, estimating the qualities of the activities according to a "SORT" taxonomy model defined below. These evidence levels are

based on the quality of the assessment method used with an activity and its likelihood of yielding reliable and valid estimates of competence.

Evidence Level	Assessment Qualities	Examples
A	• Clear purpose and design • Broad sampling of patient conditions that is aligned with osteopathic medical practice • Measures appropriate clinical skills domain(s) • Robust and well-documented training of evaluators and other staff participants. • Produces reasonably accurate and consistent scores • Provides an opportunity for students to learn • Targeted to appropriate level of student ability • Clearly defined performance standards; well-documented, criterion-referenced standard setting • Standardized • Fair (e.g., student names replaced with numbers when scoring post-encounter activities)	• Multi-station standardized patient clinical skills assessment • End of year multi-station OSCE in which students must pass to progress to the next year of study • End of Clinical Rotation OSCEs
B	• Measures some relevant clinical skills domains • Requires performance at a certain standard for advancement. • Clearly mapped to skills. Some but limited training of evaluators. • Multiple evaluations exist across raters of an individual's performance. • Compels students to respond with best effort • Potential for biased ratings or scores (inadequate rater training) • Related but peripheral constructs may be considered in assigning scores or making competence decisions • Less standardization	• Rotation assessments from trained preceptors with a checklist for rating • Portfolio containing feedback from peers and preceptors, self-reflections, and scores from assessments reviewed by a committee • Communication skills simulations with preceptor/simulated patient feedback
C	• May not include direct observation of student performance	• Global rating performance evaluations on rotations

	• Little to no training of evaluators • May not yield consistent scores (biased ratings) or decisions • Questionable fairness (e.g., lack of rater calibration; minimal training of raters) • Unstandardized	• Patient surveys

Additional questions that follow include:

- *In what year does the activity take place?*
  Options are OMS1, OMS2, OMS3, and OMS4; select all applicable.
- *Is there a standard for the successful completion of the activity?*
  The standard is the level used to evaluate the activity such that there are consequences for not reaching a certain outcome (e.g., pass/fail, a minimum score that must be reached for promotion/advancement). This implies that the standard has been communicated to students and that it bears a consequence for substandard performance as defined. A participatory activity alone (e.g., completing a module with no assessment) would yield a "no" to this question.
- *Is there a remediation/additional activity for students who do not achieve a set standard?*
  This question will appear only if you indicate that there is a standard for the activity. Select yes if there are any interventions undertaken when students do not meet the standard (e.g., required remediation or educational activity, retake of an exam).
- *What are the follow up activities to ensure competency is achieved?*
  This question will appear only if you indicate that there is a form of remediation/additional activity for students who do not meet the standard. In this open-text field, please list the applicable intervention(s). Examples might include: retaking the assessment, repeating a rotation, meeting with the preceptor for additional practice, etc.

Again remember that these are branching questions; you will not see a question about remediation, for example, if you do not state that there is a standard for that particular activity.

Assistance with the ECSA Inventory

The ECSA Inventory requires self-assessment regarding a wide range of skills and activities and, as such, will take time to complete fully. The process is important to assuring the profession and the public that the attestations for the class of 2022 are based on evidence of competency in fundamental osteopathic clinical skills, as well as being integral for future collaborative continuous quality improvement and innovations. We appreciate the time and effort COM Deans and contact persons will expend to complete the ECSA Inventory of their current methods to monitor student performance in those skills.

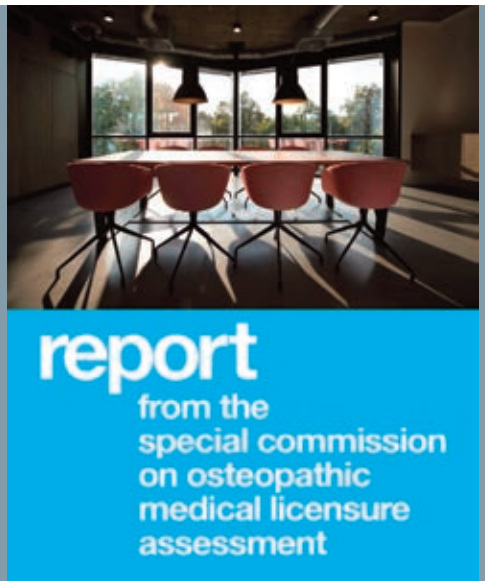
We have a team available at the NBOME to assist COMs in completing the ECSA Inventory. We hosted a webinar on Tuesday, July 20 to introduce COM Deans to the enhanced attestation process before release of the ECSA Inventory. We will also offer three optional informational webinars to support the COMs through the ECSA Inventory process:

- August 9, 2-3 p.m. ET
- August 31, 3-4 p.m. ET
- September 20, 12-1 p.m. ET

During these meetings, NBOME staff will answer any questions and assist participants with any issues they may have in completing the ECSA Inventory. Invitations to the webinars will be sent to the Dean and to the contact person, if one has been indicated.

NBOME staff will also regularly monitor the email account ClinicalSkills@nbome.org for any questions regarding the ECSA Inventory and will create a FAQ based on the questions we receive through email or during the webinars. This FAQ will be updated as we receive additional questions. Through this process, we hope to make this a collaborative undertaking and to use COM feedback to refine the process for all involved.

Please do not hesitate to contact the NBOME at ClinicalSkills@nbome.org with any questions or suggestions.



APPENDIX 4

AACOM SPECIAL COMMISSION FEEDBACK MAY 2022

May 10, 2022

Richard LaBaere, DO, Chair
National Board of Osteopathic Medical Examiners
101West Elm Street, Suite 150
Conshohocken, PA 19428

RE: COMLEX-USA Level 2-Performance Evaluation (Level 2-PE)
AACOM response and recommendations

Dear Dr. Labaere:

The American Association of Colleges of Osteopathic Medicine (AACOM) wishes to thank the NBOME Special Commission for its dedicated work and for this opportunity to respond to the invited feedback about the recently released recommendations. Thank you for giving AACOM additional time to prepare this report.

We would also like to take this opportunity to suggest a collaborative effort involving the NBOME, COCA and AACOM with the goals of assuring meaningful, innovative and safe educational progression along the continuum of medical education with the overarching goal of the assurance for public safety.

AACOM represents the nation's 38 accredited osteopathic medical schools where more than 34,000 osteopathic medical students, or 25% of the future physician workforce are enrolled. Following the publication of NBOME's recommendations for COMLEX Level 2 PE, AACOM invited and received thoughtful feedback from its board, assemblies, councils, and students. Our understanding is that the NBOME and its Board of Directors are set to chart a "course of action" that will address the future of clinical skills assessment (COMLEX Level 2-PE) for medical education and licensure of osteopathic students and physicians, respectively, along with other aspects of the COMLEX licensure examination series.

Based on the broad and thoughtful feedback AACOM has received through its membership, the following suggestions and recommendations are being forwarded for your consideration at this time:

(1) complete and permanent discontinuation of the COMLEX Level 2-PE examination component (no longer to be required of any graduating senior from a COCA-approved institution).

(2) NBOME to work together with the COCA and AACOM so that osteopathic medical education standards can be identified along the medical education continuum that will address individual student performance of clinical skills at the level of the COM without requiring direct assessment at an NBOME-affiliated testing center (current or proposed).

(3) Building off existing language in COCA Standard 11, AACOM is hopeful that the COCA will assist in assuring targeted COM accreditation standards that will meet and/or exceed the NBOME's expectations to have a national standard for assessment of an individual's clinical

skills by the COMs.

Such an approach will allow the appropriate regulatory body to maintain control of COM accreditation activities and should address the assessment of individual skills to a level acceptable for licensure. While the testing of clinical skills at two dedicated NBOME testing centers has a historic and educationally sound rooting back to the educational landscape in the early 2000s, the COMs have advanced in the past twenty years to provide advanced testing facilities in their own schools. This is an impressive sign of the growth and commitment of osteopathic education in the nation's osteopathic medical colleges and demonstrates the ability to 'pivot and adjust' to the ongoing dynamics and needs in the medical education landscape. Part of this success, so we assume, has supported in large part the ability to create the Single Accreditation System for GME.

(4) Creation of collaborative and integrated research opportunities that involve data from the NBOME, COCA and AACOM should be undertaken. The goal remains the assurance that osteopathic medical education continues to educate and train competent graduates with the necessary clinical skills to assure a foundation for high quality patient care and to assure that the public remains safe.

AACOM and its component societies, councils, and student representation are committed to this opportunity for the osteopathic profession's overall leadership role in the transformation of assessment in a way that promotes longitudinal, competency-based education along with innovative approaches that may help the osteopathic profession to lead with unique contributions. Capitalizing on that opportunity will require collaboration across organizations and a willingness to think differently if we are to make the future.

AACOM would like to propose a collaborative effort in which the national osteopathic entities affecting osteopathic medical education (NBOME, COCA and AACOM) come together to sculpt new assessment approaches including those of clinical skills inclusive of osteopathic approaches.

We are looking forward to discussing the information contained within this communication and to exploring together innovative ideas and implementation opportunities to advance assessment along the continuum of medical education.

Sincerely,

Margaret Wilson, DO
Chair

Robert A. Cain, DO
President and CEO

CC: Jed Brinton, JD, Secretary, COCA
John Kauffman, DO, Chair, COCA

Overview

The overall reaction by AACOM members to the recommendations produced by the NBOME Special Commission addressing the future of clinical skills assessment has been rather muted.

The recommendations have been noted to lack detail, a concern to COM leaders. However, they may offer a pathway forward that is reasonably aligned to suggestions offered in our communications to NBOME of April 2021 and October 2021. Additional dialogue is needed to obtain greater understanding.

Clarification is needed as to the meaning of terminology and conditions described, such as 'indefinitely suspended' and 'oversight.' It is unfortunate that an opportunity did not present itself to engage in more extensive dialogue about the recommendations during the recent AACOM Educating Leaders conference.

The language associated with Recommendation #1 creates uncertainty about the direction NBOME wishes to go with assessment of clinical skills. We have been informed this is intentional so that the NBOME board can consider the future of the COMLEX Level 2-PE examination based upon feedback.

Recommendation #1

Establish COM-based COMLEX-USA national standardized assessment which includes an in-person, hands-on evaluation of fundamental osteopathic clinical skills including interpersonal and communications skills and OMT, with quality assurance.

The words *national standardized assessment* can be interpreted in different ways. Will this ultimately describe a threshold (i.e. a national standard for assessment) above which all COMs should perform and are free to innovate or a national standardized assessment that is inflexible, determined by the NBOME (with or without COM partnership), and requires a high degree of monitoring by the NBOME? We note that the challenges of organizing and maintaining such an approach across sixty campuses are potentially prohibitive to its execution, and therefore suggest a threshold (national standard for assessment) be developed.

The language associated with Recommendation #1 also contains what might be limited insight into the NBOME and/or Special Commission's mindset. A request for information from NBOME that might help AACOM to understand the rationale of the Special Commission was submitted.

For the purpose of licensure assessment, it is important to have a performance standard to which each individual is held, regardless of the osteopathic college attended. Therefore, the Special Commission recommends that the NBOME begin working with the COMs to provide an assessment that allows for the standardized measurement of osteopathic clinical skills at the COMs with appropriate national oversight and defined national performance standards.

The highlighted areas suggest not only a singular standard, but also a singular assessment with oversight by the NBOME.

Recommendation #10

Explore test delivery advances that may improve efficiency, convenience, or accuracy in testing without sacrificing security and rigor.

Accompanying text for Recommendation #10

The Special Commission also discussed the applicability of progress testing for making competency decisions. Technology could provide a platform for storing and aggregating student work and performance measures over time. There was general consensus, however, that evidence was lacking as to whether this strategy would yield results that were comparable to the current licensing examination series.

Some form of longitudinal assessment is preferred by many deans and AACOM remains of the opinion that there is opportunity to evolve high-stakes barrier testing into a longitudinal model reflecting ongoing development of an individual while still protecting the public.

Should an approach that relies upon a single high-stakes assessment of clinical skills continue, any COM-based summative assessment is perhaps best placed toward the end of the year two. This would establish readiness for supervised work in the clinical environment of years three and four and potential readiness for residency when combined with rotation evaluations and other skills assessment. If NBOME feels strongly that some form of a national standardized assessment of clinical skills is needed, it should be placed in the first year of residency allowing for testing to occur in closer proximity to practice and reflecting readiness for unsupervised practice. The graduation requirement for COMLEX Level 2-PE can then be discontinued.

As we consider next steps, AACOM believes that all oversight for this initiative must come from COCA and that the relationship between the COCA and the NBOME should evolve in order to accommodate a national standard for assessment.

The COCA should undertake accreditation standard changes that assure facilities and methodologies exist at each COM that, if properly monitored by the COCA, will meet or exceed any expectations of the NBOME for clinical skills assessment of the individual to qualify for licensure. With such a system in place, conferral of the DO degree by the COM is attestation of meeting the expectation of the NBOME for clinical skills assessment.

The assessment of clinical skills to the standard noted above should not come with additional costs transferred from NBOME to the COMs. The costs should reflect only a new level of assessment of clinical skills to a standard set by the COCA.

Although it has been suggested the COCA is focused upon programmatic assessment and the NBOME is focused upon individual assessment, there appears to be a basis for individual assessment via existing COCA accreditation standards.

Standard 11: Program and Student Assessment and Outcomes

A COM must assess both programmatic and individual student outcomes to ensure that the COM meets its mission. Additionally, a COM must use the data from programmatic and individual outcomes to continuously improve all aspects of the COM.

The medical regulatory systems continue to evolve. The ACGME now reports to each COM aggregated milestone performance data about its students that can serve as confirmation of its education efforts, inclusive of clinical skills. This downstream assessment data could be shared with the COCA to assure the NBOME that proper monitoring is in place of COM graduate performance—albeit aggregated and not individualized. Importantly, the ACGME milestone program also serves as a downstream recovery mechanism should a COM graduate fail to progress in a way that leads to independent practice. The ability to obtain a license to practice is severely (although not completely) restricted without completion of an accredited residency program.

With proper protections in place, identifying a way to couple the existing NBOME attestations with the ACGME COM performance reports could provide a useful feedback loop for performance improvement and quality assurance. One could argue that before a new system of assessment is developed and executed, there is opportunity over the next several years to study the outcomes associated with use of the model that is currently in place.

NBOME is one contributor to the regulatory system designed to protect the public. While its role is oversight of the assessment of the individual leading to licensure, the public good is also served through the UME and GME accreditation programs, the board certification process, and monitoring of the individual physician by state medical boards. The system necessarily has redundancy. Importantly, there are new elements as noted above that have been introduced to enhance this existing monitoring system. No doubt others will be developed.

Responses from the AACOM Community

The AACOM Board of Deans met on April 21, 2022, along with members of the COSGP, ECOP, and AOGME to address the Special Commission recommendations.

Section 1
Questions asked by COM Deans

Nine types of questions could be identified from early feedback. They are categorized below.

1. Facilities
Will all individual COMs provide high stake assessment or just the COMs "approved" by NBOME?
Will there be basic requirements or some standardization for facilities where testing occurs?

2. Faculty/Staff
Who will provide training to the faculty/staff executing the exam-the COM or NBOME?

3. Standardized Patients
Who will provide training to the SPs?
Will NBOME be training SPs if the NBOME is setting the metrics?

4. Exam Content and Standardization
What domains or areas will be assessed? (It is understood this is yet to be determined and will likely be very similar to the PE - it would be nice to review the de-identified inventory to get a sense of current practices)
Who will provide the cases/OSCEs to be tested - COMs or NBOME (standardized)?
Will variability be permitted in how a COM determines minimal competency?
Will the NBOME be setting requirements for the "OSCE" and competency bars OR will the NBOME be defining curriculum related to developing the student performance?
Will the assessment be one final capstone like the current PE or a series of assessments?
Do we need a standardized exam to accomplish this, or do we need some minimum competencies that COMs need to show that they meet to move students on?

5. Exam Reliability/Validity
How is the quality of the assessment delivery determined - will the NBOME make site visits?
How is reliability and standardization in grading assured - from COMs or NBOME?

6. Exam Security
What issues of exam security need to be addressed?

7. Grading and Reporting

Will the COM or NBOME determine an individual students' pass or failure on the assessment?
Who will verify the P/F to the licensing board or others?
Clarity of who is grading the exam must be described, COM faculty or a national faculty? COM faculty are already stretched thin, so will there be compensation? Will faculty be grading their own students?

8. Timeline

What is the timeline for implementing this change?
When in the training process does this exam occur? end of year 2, prior to year 4? etc.

9. General

Will the attestation by the deans continue to suffice until this COM-based assessment program is fully operational?
Can students test at any COM or just the college awarding their degree?
What will be the process for class 2023?
Does NBOME have an idea of what the cost impact might be for a COM and its students?
What is the end goal?
What is the expectation of the student once they complete this?
What information is gained by the COM and what information is gained by the student, and how does it impact the student in their preparation for residency training?
What liability issues exist holding the exam at COMs?

Section 2
Comments from OME Community

Based upon a conversation with NBOME leadership the following questions were developed and presented to members of the AACOM community. These questions were intended to elicit feedback that might be useful to NBOME as it shapes the product that emerges from deliberation by their board in June.

1. What would represent a practical execution in your opinion of Recommendation 1? (Including standard-setting and score-reporting) Of other recommendations?
2. What would not represent a practical execution of Recommendation 1? Of other recommendations?
3. What obstacles do you see to the successful execution of the Recommendations?
4. What timeline is necessary to successfully execute the Recommendations? (Including interim solutions such as an extension of the current COM attestation)
5. How could the Recommendations bring value to the COM or the student experience? (Such as shared administration of assessment between COMs to reduce student travel)

Responses are organized using the same categories introduced in section 1. These individual comments are shared for your awareness and do not necessarily reflect the general opinion of the community.

Facilities
1. As the COMS have different facility settings, e.g. variable numbers of exam rooms, there should be no minimal requirement for facility design or layout. As opposed to video captured assessments, COM faculty typically provide live assessment of clinical skills. This is an assessment of clinical skills which should not be burdened by high technology requirements.

Faculty/Staff
1. My staff is supportive of the spirit of the recommendations, but more details are necessary for meaningful discussion.

Standardized Patients
1. COM utilization of SP's varies. COVID presents a risk, especially to the geriatric population commonly represented by SPs. Unnecessary expense would be incurred if SPs are sent by the NBOME for the assessments. COMs should have control of SP utilization and training.

Exam Content and Standardization
1. Agree, this has to be precise, as opposed to the Level 2-PE where the domains were not clearly defined. If a student failed the Biomedical/Biomechanical domain, they received no clarity into what deficiencies were identified.
2. Quality assurance including but not limited to standard setting, psychometrics, validity and reliability of exam, standardized patients must be considered.
3. COMS should be responsible for OMM and Clinical Skills assessment – there should be no replacement for the Level 2-PE. As that is unlikely, the NBOME should create a Clinical

Skills Competency Committee with a representative from each COM. A compiled Competency Assessment should provide each skill to be assessed. Standardized Assessments should be constructed with defined passing performance clearly defined as well as a remediation process.

4. Standardization would bring consistency to clinical skills so that residency programs would anticipate set skill competency from every DO graduate.
5. ECOP opinion poll notes 55% of the ECOP believe that the clinical skills assessment should be held at national centers. If the clinical skills assessments are held at the COMs, then it should be using standardized materials and a centralized off-site scoring. COMs should not oversee all aspects of the test including administration, rubrics and scoring. The ECOP identified several areas of concerns with the COM model that warrant further investigation.

Exam Reliability/Validity

1. At this moment there is a wide range of what is occurring at the COMs with respect to clinical performance assessment. Some schools do not have any "final" assessment, others have students doing a CPE with 12 cases. It is important that there is a valid, standardized national assessment for all students. This provides equity, quality assurance and validity for students, the COCA and the public.
2. The NBOMEs mission is to ensure public safety by assuring physicians have a minimal competency in certain things.
3. In test-taking experience, test-taking flexibility may be limited at COMs due to curricular scheduling and logistics.

Exam Security

Grading and Reporting

Timeline

1. We need to know when in the clinical training timeline this will occur.
2. The COMs should have complete autonomy to assess the students at the training level of their choice. If the curriculum is integrated to allow for assessment at the end of the OSMII year, assessment should be permitted. Requiring OMSIII and IV students to return to their school for assessment from across the US is another unnecessary expense.
3. Timeline for implementation would be for creation of the Assessment over the 2022-2023 academic year, integration into COM curriculums for the 2023-2024 academic year with attestation remaining intact for the Classes of 2023, 2024, 2025. The Class of 2026 would require the new Assessment.
4. Our OMSIII and IV students have already passed all of their OMM and Clinical Examination courses. We always prepared our students to be able to take the PE by the end of the OMSII year. Full history and physical exams and OSCEs. My thought was that this would need to be built over the next year, then put into the curriculum for the incoming students. Wouldn't be ready to assess until 2026.
5. As administered, the PE is substantiating preparedness to enter residency, not individual practice. If anything, the test remains misplaced and should be moved to associated with part 3 not part 2. Attestation of skills acquired is a diploma, passage of a board exam is a license. Licensure can be obtained in most states at successful completion of PGY 1. That's where

this "protect the public" exam should be. Residencies attest to much also, including in good standing for part 3, and truly see the clinical skills every day.

General

1. Difficult to specify which recommendation is of greatest concern because of lack of details.
2. Still not clear what the overall goal or outcome is expected for the clinical skills evaluation.
3. Our OMM course assures the safe delivery of OMM. Our Clinical Examination course assures that our students have achieved competency in taking histories, performing physical examinations, developing a differential diagnosis and creating treatment plan with the patient, all humanistically. Passing those courses attests to the student having achieved the competencies so that they can care for patients safely as third year students before starting clinical rotations.
4. The cost will be borne by the student, rather the COM. All COMs will need to increase tuition as I doubt many can just reallocate existing funds to ramp this up. Therefore, it remains a cost burden to our specific students.
5. ECOP opinion poll notes that 93% believe that passing a clinical skills assessment should be BOTH a part of licensure and graduation requirement and 100% of respondents believe that passing a clinical skills assessment should be part of the COM's graduation requirement.
6. A cost analysis/ effectiveness study is necessary that includes but is not limited to the following: number of SPs, training and quality assurance of SPs, proximity of lodging to the test centers and transportation cost to center, hiring of additional personnel, responsibilities of personnel at COMs for COM model, cost of personnel at each COM for COM model.

Section 3
COSGP National Survey Results Regarding NBOME Special Commission on Osteopathic Medical Licensure Assessment Recommendation One

In light of the release of the recommendations from the NBOME's Special Commission on Osteopathic Medical Licensure Assessment, the Council of Osteopathic Student Government Presidents (COSGP) released a survey to determine the general osteopathic medical student response to recommendation one. The survey was conducted in two parts: the first part consisted of the current SGA president at each COM sending a survey to their students to gauge their constituents' opinions regarding the recommendation. The survey utilized at each COM was based on the survey shared with the Deans of each COM to create congruency between the student and administrator responses. The second phase consisted of the SGA president filling out a second survey that highlighted their COM's student opinion related to the recommendation. As a national organization dedicated to advocating for all osteopathic medical students, the COSGP stance related to the Special Commission's recommendation is developed from these COM student responses.

The second survey was completed by 22 COM sitting SGA presidents. Of these 22 responses, 20 were against recommendation one, 2 were in favor and none abstained from recommendation one. According to the survey results, the major reason for being against recommendation one was related to the financial impact from this type of examination (72%). The next biggest concern according to the survey results was in regards to the impact recommendation one would have on auditions and residency (50%). Some survey comments indicated that with the NBME having USMLE Step 2 CS indefinitely suspendered, the addition of COMLEX Level 2 PE back into the osteopathic licensing pathway would create potential barrier and hurdles that would negatively affect osteopathic medical students in finding audition rotations and Matching. While these were the two largest student concerns based on the survey results received, there were a minority of responses that expressed concern regarding the standardization of the exam (18%) and how the test would actually look (14%).

Overall, the students represented by the survey results would like more transparency and details related to the recommendations from the Special Commission. Along with this, students have expressed concerns regarding the validity of the survey results. The time frame in which data was collected was too narrow to collect meaningful data from all osteopathic medical students across the country. This may have led to the data potentially being skewed toward one end of the spectrum. The amount of survey results received is small compared to the amount of COMs that exist. Therefore, the survey results may not be an accurate representation of all osteopathic medical students. COSGP is dedicated to working with the AACOM to amplify student voices on matters that impact the students.