

COMLEX Level 2 PE Exam

Common Tips for COMLEX Level 2 PE

General Preparedness

- PRACTICE : It is the best tip for exam.
- SLEEP : Go there well rested and be presentable and comfortable in your clothes. Avoid too much jewelry and make up. Look nice but not loud.
- AVOID STIMULANTS : Don't over do it.
- KEEP IT LIGHT : Eat a light breakfast.
- Carry your energy resources to the exam.
- “MOVE ON” : Think about the current case, not about the previous or next.

Patient Data Sheet

- Read it carefully.
- Make a mental note of chief complain(s) and vitals.
- Mentally go over the differentials.
- Do not panic, if it is a case you haven't heard or prepared, try to think broadly or generally. By all means.
- Keep your cool.
- Do not make the diagnosis right at the door. Even if its obvious, always write down at least 3 differentials. Else you will be blank later.
- Do not start writing on scratch paper or anywhere else unless the bell rings and you are asked to start !!!!!

Opening Scenario

- BE POLITE: KNOCK: Three raps should be ok, do not wait for the patient to answer, just enter after knocking.
- BE COURTEOUS : In case the SP is changing or adjusting himself/ herself when you enter, say sorry and step back. Ask them to let you know when they are ready.
- BE OBSERVANT: Note the habitus and decubitus of patient. Perform a quick general exam as you are talking to the patient. Keep those things in mind, write them down if something is particular.
- BE RESPECTFUL: Always ask the patient if they are ok with you taking notes. No one would mind, but its good to ask.

Interviewing the patient

- **MAKE PATIENT COMFORTABLE FIRST:** Before you start, ask the patient if they want anything done to make them feel more comfortable. Usually its a good idea to drape them below the waist as you talk. That way you would remember the draping.
- **MAKE YOURSELF COMFORTABLE:** Sit down if possible. Sit facing the patient, usually closer to the head end of the bed or in the middle, at some distance from the bed, make direct eye contact. Be in a comfortable position yourself.
- **BE SLOW AND STEADY:** Be slow as you ask questions, let them have time to answer. Ask one question at a time. E.g. Asking “ Do you have HTN or DM ?” will confuse the patient. So ask one by one. Do you have HTN ? when they reply, ask Do you have DM ?
- **BE PROFESSIONAL:** When asking for sensitive information, let them know it is confidential.

Preparing for Objective

- You will have an idea about which is the most important system to examine, as you read the door info in most cases.
- By the time you wrap interviewing the patient, you would definitely know what system you want to give the highest priority to.
- Make a mental note. Its better to have a habit of writing down all systems on the scratch paper, so you wont forget any.
- Write down mnemonics, for Objective, if you have any.
- JACCOL is a good one for General exam- Jaundice, Anemia (pallor), Cyanosis, Clubbing, edema, Lymphadenopathy.
- SHN - Skin, Hair, Nails-- good to observe them.

Objective

- Know which system is most important in that case.
- Start with the most important system.
- In a CNS case, be quick but efficient. CNS exam takes longer, so practice it many times before the exam. Other systems may be examined quickly in this case.
- Prepare the questionnaire for MMSE well. Make mnemonics, if it helps. In a case where you have to do MMSE, write down the points.
- Always auscultate the abdomen before you touch it.
- Always write down your findings, the most important ones.
- Explains, offers and performs OMM (Osteopathic Manipulative Medicine) if indicated.

Objective

- Look for edema and peripheral pulses in all CVS cases.
- Look for signs of poor perfusion in extremities esp. in diabetics, smokers. Signs include smooth shiny skin, loss of hair, non healing or poorly healing wounds, loss of sensation.
- Check for peripheral monofilament sensation in diabetics, operators of heavy or moving machinery, smokers. Monofilaments are there in the back of reflex hammer.
- Always change the cover when using otoscope. Learn how to use otoscope and ophthalmoscope, at least learn how to appear confident in front of patient.
- Carry some Q-tips and alcohol swabs with you. Always clean the chest piece of stethoscope with alcohol swab before auscultating a new patient, if possible also between auscultating RS, CVS and abdo in same patient.

Osteopathic Manipulative Medicine (OMM):

- OMM should be considered for every standardized patient (SP) encounter. But it should be performed only if it is indicated.
- OMM should not be performed every cases in your exam.
- Generally 3-5 cases need OMM in your exam.
- If, OMM is indicated, it has to be explained briefly why it is helpful.
- Permission has to be taken from patient before OMM is performed.

Contd...

Osteopathic Manipulative Medicine (OMM): (Contd...)

- If OMM is indicated, it has to be done in this encounter; it should not be deferred to next follow up.
- If you forget to perform OMM, then you have to mention in the plan with intent to perform.
- You should not document any OMM that is not performed as any false documentation is a violation of professionalism competency and can result in failure of examination.

Osteopathic Manipulative Medicine (OMM): (Contd...)

- As SP undergoes OMT multiple times in a day, following OMT are prohibited.
 - High Velocity Low Amplitude (HVLA) technique
 - Thrust techniques through an engaged barrier
- It should be applied gently and duration of OMT should be limited to 3 to 5 minutes.

Osteopathic Manipulative Medicine (OMM): (Contd...)

- OMT techniques recommended for exam:
 - Counter strain
 - Cranial Osteopathy
 - Facilitated Positional Release
 - Galbreath Technique
 - Lymphatic Techniques
 - Muscle energy
 - Myofascial
 - Sinus drainage techniques
 - Still technique
 - Spencer technique

Osteopathic Manipulative Medicine (OMM): (Contd...)

- You should perform it correctly to get all points. You should make sure that patient and physician's position are correct, not exceed more than 5 minutes, and also proper hand placement and your confidence is very important during procedure.
- All patients with musculoskeletal complaints should get OMT but it can be considered for other patients as well.

Osteopathic Musculoskeletal Examination:

- **Inspection:** Any skin changes, swelling.
- **Range of Motions:** Active range of motions of bilateral involved joint and passive range of motions if limitation to active range of motion detected.
- Range of motion and any limitation.
- **Palpation:**
 1. Any tenderness, tissue texture changes
 2. Chapman points, viscero-somatic reflexes
 3. Somatic dysfunction

Closure: Assessment and Plan discussion

- Explain to the patient in lay man's language.
- Give them time to understand everything that you say.
- Let them speak and ask questions.
- If by mistake you use a technical or medical term, immediately add, "that is to say in simple terms" and then explain to them in simplified ways.
- Always use transition sentences.
- Offer counseling but be open ended. If patient refuses it, tell them I would suggest this, we have options, if at any time you wish to quit (say smoking or Alcohol).

Closure: Assessment and Plan discussion (Contd...)

- Always try to give them atleast 2 differentials. When the final warning bell rings, you should have finished physical exam and be in a closing conversation.
- Give them possibilities that you are considering. Even if the diagnosis is looking at you in the face, never never never commit to it. Tell them thats the top possibility, but you need to rule out other things.
- Tell them what labs you are going to draw, how soon to expect results and what after the results. Most common labs are available the same day or by next day. Microbiology takes more time.
- Always let them know that you would meet or talk again once you have the results and then a more definitive answer to their questions and a further plan would be available for discussion.
- Follow up is essential in every single patient.

Plan

- Medications - doses of medicines are optional
- OMM, if HVLA or Thrust techniques are indicated then mentioned here.
- Testing – blood tests, imaging studies
- Holistic/humanistic Help
- Referral- only if it is absolutely indicated.
- Return Visit

Counseling the Patient

- Smoking
- Alcohol
- Illegal drug use
- High risk sexual behavior
- Food
- Exercise
- Contraception
- Seat belt

Breaking bad news

- Breaking bad news such as a grave diagnosis, like HIV, Cancer, etc can be difficult.
- Each patient reacts differently.
- Learn how to tell them.
- Be objective, not emotional.
- It is ok to let the patient weep, if they are sad on hearing bad news. Give them some time to regain composure.
- Offer support. Offer tissues.
- Offer information about what can be done after the bad news.
- Let them know you will guide them thru the management. Let them know about support groups, psychiatrists, behavioral therapist, etc.

Mistakes you should avoid in exam

- **BEING UNDER PREPARED FOR THE DAY** :Not sleeping the night before. If possible, take the day off and relax. If possible don't study much on the day prior. Having too much caffeine, alcohol, heavy breakfast before the exam is a bad idea.
- **NOT FOLLOWING THE INSTRUCTIONS** : Writing on the scratch paper or anywhere else before the bell rings. Entering the room without knocking.
- **POOR PATIENT RAPPORT** : Not introducing yourself. Not making a good eye contact or firm hand shake with the patient.
- **MAKING IT DIFFICULT** : Not draping the patient. Making them uncomfortable or embarrassed (if by mistake you forget to drape them, or don't drape enough immediately apologize and correct yourself).

Mistakes you should avoid in CS exams (Contd...)

- **BEING UNPROFESSIONAL** :Not asking permission to examine them or do certain maneuvers.
- **BAD HYGIENE** : Not washing hands before examination. Not cleaning your stethoscope with alcohol swab.
- **BAD TIME MANAGEMENT**: Interviewing the patient too long, so that you don't have enough time for physical examination. Still examining the patient when the final warning bell rings is bad time management.
- **DISCOURTEOUS BEHAVIOR**: Not giving a formal closure, even if its short. Not thanking the patient in the end. These are both discourteous behaviors.
- **POOR SOAP NOTE** : You need to write SOAP note in 9 minutes. Be quick and write legibly. Also check accepted common abbreviations from its Orientation guide to save time and space.

Precious pearls for an edge over others

- **ASK FOR : RECENT TRAVEL HISTORY:** Communicable diseases, respi.tract infections, GI tract infections, DVT (prolonged flight).
- **ASK FOR : SICK CONTACT HISTORY:** Communicable diseases.
- **ASK FOR : DETAILED MEDICATION HISTORY :** Recent change in meds, addition of new meds, change in dose of any meds, OTC products being used by patient, Herbal or chinese medicines being used by patient. Make it a routine so you wont forget.
- **ASK FOR : IN FEMALE PATIENT :** Menstrual,Obstetric history in female pt of child bearing age group. In post menopausal age ask if patient is taking Calcium + Vit D supplements +/- Alendronate (Fosamax). Fosamax is usually once a week tablet.
- **ADDITIONALLY :** History of Breast and ovarian CA in family, symptoms of menopause, HRT in past or currently--wherever relevant and when time permits.

Precious pearls for an edge over others (Contd...)

- SOCIAL HISTORY: Ask for social and living conditions.
- LIVING CONDITIONS: In nursing home patient always ask the reason they are in NH, esp. if patient is middle aged or not very old.
- PEDIATRIC PATIENTS: Always ask for developmental history, milestones achieved so far (accd. to age of patient), immunization history, difficult perinatal period, congenital malformations in family.
- IMMUNIZATION IN ADULT PATIENTS: In pts over 65 ask if they have had annual flu shot that year. Also a good idea to ask in smokers or COPD patients.

Happy Reading