



Orientation Guide – Pilot Core Competency Capstone for DOs (C3DO) Phase 3

Summary of Important Information and Instructions

NBOME Mission

The mission of the NBOME is to protect the public by providing the means to assess competencies for osteopathic medicine and related healthcare professions.

Contents

Introduction to the C3DO	3
Statement of Purpose	3
The C3DO	3
Day of Activity Preparation	3
Design	4
Standardized Patients (SPs)	5
Doorway Information Sheet/Patient Chart	6
Schedule.....	10
Use of Osteopathic Principles and Osteopathic Medical Treatment	10
Post-encounter Questions – Clinical Decision Making	12
Physician-Patient Communication, Interpersonal Skills, and Professionalism	13
Scoring of the Activity	13
Testing Regulations	14
Following the Activity.....	14
Student FAQs	15

Introduction to the C3DO

This Orientation Guide is designed to be a source of reference for osteopathic students who are participating in the C3DO Phase 3 pilot activities. We recommend that candidates review it before the day of their participation.

There is an FAQ section at the end for quick reference to frequently asked questions, although we recommend candidates review the full guide as it has additional information regarding the pilot activity.

An orientation session will be provided prior to the first patient encounter on the day of the activity.

Statement of Purpose

The Core Competency Capstone for DOs (C3DO) Phase 3 pilot is an evaluation of osteopathic clinical skills administered at participating Colleges of Osteopathic Medicine (COMs). It is standardized across the U.S. with students from different schools. All participating COMs are using a common blueprint of cases to assess the following osteopathic clinical skills: building a history with your patient, physical examination, osteopathic manipulative treatment, interpersonal and communication skills, and clinical decision making.

The C3DO pilot is part of a developmental project to address the recommendations of the [Special Commission on Osteopathic Medical Licensure Assessment](#) to “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.”

We have partnered with your COM to establish a cost-effective, convenient, valid, and reliable assessment of these skills to be delivered at the colleges of osteopathic medicine. While participation in the pilot is not part of your COMLEX-USA examination, your COM is required to provide attestation that you have demonstrated fundamental osteopathic clinical skills necessary for graduation. Your school may be utilizing your performance in the pilot as part of that process. Please inquire with your administration regarding their use of these results. Thank you for your participation.

The C3DO

Day of Activity Preparation

- Dress professionally, avoid heavy perfumes or scents, wear a white lab coat, and bring a standard stethoscope to the examination. Amplified stethoscopes, any similar device that may mimic a recording or communicating device, and any attachments to a standard stethoscope (e.g., light source, decoration other than a name tag) are prohibited. All other diagnostic equipment will be provided.
- Do not wear wristwatches or bring other personal timing devices to the examination.

- You will not be permitted to bring pagers, cell/smartphones, tablets, laptops, MP3 players, manuals, or other clinical or electronic resources into the testing area.
- Candidates will not be permitted to leave the testing center or have contact with others outside of the center by phone or other means until the conclusion of the examination and post-examination survey.

Design

During the activity, candidates will rotate through a series of six standardized patient (SP) encounters. In each encounter, candidates will have 14 minutes to evaluate and treat the patient as they see fit given the time allowed, including conducting the patient interview and building the history, performing indicated physical examination maneuvers, communicating with and counseling the patient, and performing osteopathic manipulative treatment (OMT) as indicated.

These patient-centered skills are evaluated in the context of clinical encounters with SPs for a finite duration. All aspects of evaluation and treatment are required to be personally performed as appropriate in a timely, efficient, safe, and effective manner within that time period.

Following each encounter, candidates will have an additional six minutes to complete a set of post-encounter questions. (See “Post encounter Questions” below for more information.)

Patients present with complaints and reasons for their visit that are common to osteopathic medical practice in the outpatient, primary care, or emergency room settings.

We will be following the [COMLEX-USA Dimension 2 blueprint of clinical presentations](#) for the C3DO. Since there are 10 clinical presentation categories in the blueprint and only six stations in your pilot assessment, not all categories will be represented on each examination. Every candidate should see at least one case that is Community Health and Patient Presentations Related to Wellness and two cases that are clinical presentations related to the Musculoskeletal System. Cases are common presentations for DOs in the outpatient clinical setting. Here are the clinical presentation categories of the COMLEX-USA blueprint:

- Community Health and Patient Presentations Related to Wellness (1 case)
- Human Development, Reproduction, and Sexuality
- Endocrine System and Metabolism
- Nervous System and Mental Health
- Musculoskeletal System (2 cases)
- Genitourinary/Renal System and Breasts
- Gastrointestinal System and Nutritional Health
- Circulatory and Hematologic Systems
- Respiratory System
- Integumentary System

Three (3) cases will include a request from the patient (indicated on the doorway information sheet) that the candidate perform OMT. This will be noted on the doorway information sheet so you can

plan effectively and so you know that, for that encounter, your OMT will be scored by osteopathic physician examiners.

One case will be a wellness case: the patient may not have a “complaint” but will be coming to the doctor for advice, guidance, or help with maintaining wellness. This could be something like asking about immunizations, screening tests, or other healthy lifestyle advice.

While candidates are likely to encounter potentially life-threatening conditions that require prompt diagnosis and intervention, the C3DO does not include advanced cardiac life support or invasive procedures.

When in the encounter with the patient, you do not need perform a comprehensive evaluation in every case. Part of the assessment is evaluation of knowing the most relevant/important/impactful questions to ask and physical examination maneuvers to perform. Therefore, we advise candidates to do the following:

- Treat the patients like they would in the clinic. Students do well when they follow what they have learned: choosing the history questions, physical examination maneuvers, and treatment techniques that are most important to make the diagnosis, based on clinical judgment and training, and to rule out “red flags” for the significant other possibilities that exist for the clinical presentation;
- Perform focused physical examination maneuvers if indicated as they would in any real clinical situation;
- Demonstrate effective physician-patient communication skills, interpersonal skills, and professionalism throughout the examination;
- Accept physical examination findings as real even though the finding may be simulated;
- Avoid sloppiness and short cuts;
- Leave the overhead lights on in the examination rooms. Do not turn them off, for example to perform ophthalmological/funduscopy examination, as this may affect the video digital recording.

Standardized Patients (SPs)

Standardized patients are professionals who are trained to portray clinical scenarios in a predefined fashion in clinical skills testing situations. All patient cases are developed by a committee of osteopathic physicians and faculty members representing the osteopathic medical profession, including the colleges of osteopathic medicine.

NBOME advises candidates to interact with SPs as follows:

- Examine and treat the SPs respectfully, remembering to wash their hands (with soap and water or hand sanitizer) at each station, use appropriate draping for physical examination as necessary, and treat patients gently.
- Treat SPs with **appropriate force**, as they would any patients, to obtain information from the physical examination and perform OMT in a manner that is not excessively forceful or uncomfortable. SPs are involved in repeated physical examinations (e.g., otoscopic exam,

abdominal palpation, etc.) throughout the course of the activity. If the SP states, “Just a moment, Doctor” and indicates physical discomfort, the candidate should either discontinue the maneuver or treatment or modify it to be gentler.

Candidates *may not* personally adjust an SP’s undergarments or perform the following types of physical examinations/testing on SPs:

- Genitourinary examination
- Internal pelvic examination
- Rectal examination
- Female breast examination
- Corneal reflex testing

Candidates *may*:

- Mention these (above) to an SP if they would be important to the case.
- If indicated, perform cardiac, respiratory, and abdominal examinations on SPs as they would with real patients.
- Ask the SP to adjust the location of undergarments. Accept the decision of the SP regarding the ability to comply with the request.
- Use the drape provided for the examination.

Candidates do not need to bring an additional person into the room to serve as an exam chaperone as all encounters are digitally recorded by cameras.

SPs will or will not do the following:

- They will stay in “character” at all times during the examination.
- They will not use any findings cards during the exam.
- They will not respond to artificial items or maneuvers. In other words, candidates may not use or refer to “imaginary” people, equipment, paperwork, interventions, medications, etc., that are not provided for use in the examination rooms. For example, candidates may not instruct a patient to “Take this pill” during the encounter. If asked “How do you feel after taking the pill?” the SP will not acknowledge that anything has been given.

Doorway Information Sheet/Patient Chart

For each exam room, a doorway information sheet will be contained inside the patient chart.

- It will contain a brief statement of the patient’s reason for the visit (similar to a nurse’s note), as well as the patient’s vital signs and instructions to evaluate and treat the patient in 14 minutes “as you see fit.” Information such as the patient’s vital signs should be accepted as current and accurate. Candidates may desire to recheck the patient’s vital signs if the case warrants physician confirmation (for example, rechecking blood pressure

or pulse), but should use the numerical values listed as accurate for the purposes of formulating the differential diagnosis/problem list or evaluation and treatment plan.

- Example: if the doorway states BP is 178/100 you may choose to recheck as you would in clinic. However, since we cannot simulate a blood pressure on an SP you should consider the doorway BP of 178/100 in your clinical decision making.
- In three cases, candidate performance of OMT will be evaluated by physician examiners. These cases are indicated on the doorway information sheet with the phrase:

“Patient is requesting OMT.”

OMT is a scored component in those select cases, but OMT may be used in any encounter where it is deemed appropriate given the patient presentation.

- Radiographic images will be indicated on the doorway information sheet when applicable. Depending on your COM, images will be available either in paper form or electronically on a tablet or computer terminal.
- Any additional information provided, such as relevant x-ray reports, lab results, or EKGs, will also be in the chart.
- Parental consent to evaluate minor SPs (i.e., younger than 18) will be noted on the sheet.
- Scrap paper will be provided for note taking; it will not be scored and will be shredded after the exam.

Two sample doorway information sheets are provided on the next pages, the second being an example of a case for which OMT will be evaluated. These doorway sheets may look different according to your school’s format, but the same information will be contained in your doorway.

SAMPLE DOORWAY INFORMATION SHEET

Patient Name Chris Example

Clinical Setting Family Medicine Office

Case Information This 59-year-old patient complains of shortness of breath.

Vital Signs

<u>Height</u>	70 inches
<u>Weight</u>	175 lbs
<u>BMI</u>	22.95 kg/m ²
<u>BP</u>	126/78 mmHg
<u>Temp</u>	98.6° F
<u>HR</u>	74 bpm
<u>RR</u>	14 bpm

Candidate Instructions

- You have 14 minutes to evaluate and treat the patient as you see fit.

Please do not write on this page.

SAMPLE DOORWAY INFORMATION SHEET

Patient Name Alex Sample
Clinical Setting Family Medicine Office
Case Information This 52-year-old patient complains of neck pain.

Vital Signs

<u>Height</u>	69 inches
<u>Weight</u>	170 lbs
<u>BMI</u>	25.1 kg/m ²
<u>BP</u>	130/80 mmHg
<u>Temp</u>	98.5° F
<u>HR</u>	72 bpm
<u>RR</u>	14 bpm

Candidate Instructions

- You have 14 minutes to **evaluate** and **treat** the patient as you see fit.
- Patient is requesting OMT.

Please do not write on this page.

Schedule

While the timing for the C3DO's scored elements is standardized for all candidates participating in the C3DO pilot, COMs are able to determine the length of time for other elements (e.g., onsite registration and orientation, transition time between encounters, and break) according to local needs and preferences. COMs' C3DO sessions will likely be 3-4 hours in length, but the precise duration will accordingly vary by school. Candidates should check with their COM for more information about the local schedule.

Candidates rotate between stations according to the schedule set by the COM and simulation center staff. Follow proctor/floor manager rotation instructions.

For SP encounters:

- Fourteen minutes are allowed for each SP encounter, which includes reviewing the patient's presenting information (doorway information) prior to entering the room.
- After the 14-minute SP encounter, candidates will have six additional minutes to complete the post-encounter questions.
- In the event that a candidate finishes evaluating and treating the patient in fewer than 14 minutes, they may leave the room and begin working on the post-encounter questions. The candidate will not be permitted to re-enter the exam room for any reason once the exam room door has closed.

There will be a break after the first three encounters. The length of the break will be set by the COM, as well as any protocols regarding refreshments, etc.

Audio prompts will announce the start of each encounter and guide candidates through the process. For example:

- "You may begin your clinical encounter."
- "There are two minutes remaining in the patient encounter."
- "Time is up. Please leave the room and report to your post-encounter station."
- "There are two minutes remaining in the post-encounter activity."
- "Time is up. Please stop working on the post-encounter activity."
- "Please rotate to the next station." (or) "Follow the proctors to the break area."

Candidates will be asked to complete a survey at the completion of the activity.

Use of Osteopathic Principles and Osteopathic Medical Treatment

Candidates are expected to incorporate osteopathic principles and practices into all encounters with Standardized Patients (SPs). Case history and physical examination checklists reflect this in all cases. This includes palpatory diagnosis, osteopathically-oriented history building, OMT, and documentation of osteopathic findings and treatment. The physical examination should be appropriate to the patient's complaint (including structural examination). OMT may be performed in any case where the student feels that it is indicated, **although the performance of OMT is only**

evaluated in cases where the doorway states it has been requested. When performing OMT, please keep in mind:

- Similar to physical examination maneuvers, **OMT techniques should be performed with appropriate force on SPs.**
- **The total duration of the treatment should be approximately three to five minutes for any given patient,** but long enough for a trained physician observer to note the effectiveness and quality of the performance of the technique.
- SPs are trained, within certain limits, to simulate physical and history elements of common neuromusculoskeletal complaints that occur in actual osteopathic physician/student encounters with patients.
- **The patient does not need to be treated to the point of complete clinical resolution of the problem.** The purpose of the scoring of the OMT, as with other encounter aspects, is for student participants to demonstrate their capability of appropriately addressing SPs' medical concerns.
- SPs may be treated with any indicated OMT technique with the exception of high-velocity/low-amplitude (HVLA) or other articulatory mobilization techniques (where a barrier of an articulation is engaged and a thrust is utilized to normalize joint mobility). While HVLA and other articulatory techniques are safe, proven, and effective for treating actual patients with somatic dysfunction, they can create hypermobility if the body is not allowed the opportunity to recover. The SP may not be able to tolerate the possibility that multiple candidates may attempt treating them with these techniques during the typical exam day.

Permitted commonly used techniques include:

- Muscle energy technique
- Strain/Counterstrain
- Functional technique
- Soft tissue/myofascial
- Facilitated positional release
- Still technique
- Spencer technique
- Lymphatic pump
- Osteopathic cranial manipulative medicine
- Fascial release
- Galbreath technique
- Sinus drainage
- As with physical examination maneuvers, candidates should either modify or discontinue the maneuver or modify the forces and positions to make certain that the SP is more comfortable if an SP states, "Just a moment, Doctor" and indicates their physical discomfort. A statement by the SP may not indicate that something was done incorrectly, only that they have experienced some discomfort.
- Scoring of OMT performances will be evaluated by trained physician examiners in the indicated stations. This will most likely be three encounters per testing session. Candidates may perform OMT at any other stations as they deem appropriate.

- OMT performance scores are based on the evaluation of the patient, the degree of appropriateness of technique for the patient’s complaint, and how well the technique is performed. Students may select the technique from the list or another that is commonly taught at the colleges of osteopathic medicine. As in real patient care, multiple techniques may be appropriate; students only need to perform one. In the event that a patient indicates discomfort and another technique is used, the OMT that was performed best will be scored.

Post-encounter Questions – Clinical Decision Making

There will NOT be a patient note (SOAP note) in this pilot examination. Following each 14-minute standardized patient encounter, however, there will be a six-minute period in which candidates will complete post-encounter questions prior to moving to the next encounter. For this activity, you will be asked four questions about the case you just saw. The first question will be a short answer question that will ask for your leading diagnoses for the case you just saw, or in the case of a wellness presentation, may ask about the patient’s risk factors.

Example: What is your leading diagnosis for the patient you just saw? You may list up to 3. Please be specific.

Questions 2-4 will either be a traditional best answer multiple choice question (choose the best answer from 4-5 options) or an extended multiple choice answer (option to choose more than one answer from a list of many—up to 20). Read the questions carefully; they will indicate up to how many answers you may select. In some cases, as in patient care, the best answer is “none.”

Example: Given the patient you just saw, what would you do next? You may choose up to 2. If none is indicated, select “no intervention.”

- Discontinue current thyroid medication
- Do an EKG in the office
- Encourage cessation of all caffeine
- No intervention is indicated at this time
- Order a drug screen
- Order a TSH with Free T4
- Recommend cognitive behavioral therapy for generalized anxiety disorder
- Send the patient to inpatient drug detox program
- Send the patient to the ER via EMS services
- Start SSRI

Your COM has been provided with a video excerpt from a sample patient encounter and a set of four practice questions that go along with the case portrayed in that video. Reading the practice questions after viewing the video clip will demonstrate how a patient encounter can provide the information you need to answer the questions. Your COM has the answer key and scoring notes for the practice questions to assist you with your preparations.

Physician-Patient Communication, Interpersonal Skills, and Professionalism

Physician-patient communication, interpersonal skills, and professionalism are complex and multidimensional. They are best defined in the assessment context as specific observable behaviors and conduct throughout the entire examination and are assessed in five dimensions:

- The candidates' skill in **eliciting information**, the ability to ask questions in an articulate, understandable, straightforward manner and appropriately use open- and closed-ended questions.
- The candidates' **listening skills**, the ability to both listen to and respond appropriately to the patient's statements and questions; the ability to summarize information gathered.
- The candidates' skill in **giving information**, the ability to effectively communicate clear information and explanations; provide education and counseling with regard to the patient's condition and concerns; and facilitate appropriate closure.
- The candidates' **empathic approach**, defined in this context as the ability to demonstrate and communicate (verbally and non-verbally) understanding, concern, and interest in the patient's medical problem and life situation; politeness and mindfulness of the patient's condition.
- The candidates' **professional approach**, which in this context assesses the ability to behave in a therapeutic manner; appear both appropriately confident and knowledgeable; be respectful and collaborative; and demonstrate an adherence to ethical standards.

These attributes are documented by trained SPs using holistic rating tools and extensive quality assurance processes.

Scoring of the Activity

Four scores will be generated from the activity:

1. Data gathering: each case has a checklist for the standardized patient to complete, which includes the history items physical examination items that were selected by osteopathic physicians to be clinically important for that case presentation. Most cases have 15-20 checklist items. Some have more history items than physical examination items and vice versa, depending on the case presentation. A total data gathering score (history building and physical examination) is calculated as a percentage of items attained and averaged across all stations.
2. Performance of OMT: the performance of OMT is evaluated by DO physician examiners across the country. OMT may be performed in any encounter; it will be scored only in those encounters where the patient requests it as noted on the doorway information sheet. Your faculty are excluded from evaluating your performance. The OMT score is provided on a 0-8 scale and is averaged across these encounters.
3. Communication and respectfulness evaluation: described above; this is scored on a 1-5 scale for each of the 5 measured domains in every station (standardized patient encounter) and averaged across all stations.

4. Clinical decision making: each question is worth one point; across the 6 stations, there will be 24 questions (4 per station). A total score is expressed as the percentage of correct items averaged across cases

Testing Regulations

- Candidates are restricted from discussing the clinical cases or the test at any time during the examination, including at breaks, or at any time after the examination.
- Any attempt to gain advance information regarding specific clinical cases is strictly prohibited. Any violations or other disclosure of such material will be taken very seriously.
- Additional behaviors may include, but are not limited to:
 - Disruptive or inappropriate behavior at the testing center
 - Giving or receiving unauthorized assistance during the examination
 - Possessing unauthorized devices, equipment, or materials during the examination (e.g., recording or photographic devices, smartphones, reference materials, or other communication devices)
 - Sharing of examination content before, during, or after the examination
 - Communicating with other candidates in any language other than English at any time while at the test center
 - Failure to follow proctors' instructions, including continuing to evaluate the patient or completing the post-encounter questions after the time limit has expired
 - Note-taking of any kind, except on the scrap sheets provided for that purpose
 - Failure to follow instructions of staff at the center

Following the Activity

Following the activity, you will be asked to complete a post-pilot survey. This will involve questions about your experience in the pilot and about the pilot process in general. Your feedback will be used to improve the process. Your opinions are important to this endeavor to ensure our patients are cared for by osteopathic physicians who have demonstrated the competencies important for the practice of osteopathic medicine. Thank you for your participation in this activity.

Student FAQs

Q. Can we see the rubric we will be graded on?

A. In the C3DO pilots, 2 of the 4 skills are evaluated using rubrics:

1. SPs use rubrics to document communication and interpersonal skills;
2. Physician examiners use a rubric to evaluate the performance of OMT in the 3 indicated encounters.

These rubrics come with in-depth training in their use. The NBOME does not provide the rubrics outside of those limited purposes.

When in a clinical encounter in the C3DO, do what you would do in a real encounter with that patient. This is your opportunity to demonstrate not that you can “follow a rubric,” but that you have the requisite skills as defined by the requirements for the evaluation. These skills are listed in the candidate orientation guide.

Q. What do we do if a patient doesn’t have a “chief complaint?”

A. Sometimes a patient will come to the doctor for advice, guidance, or help with maintaining wellness. These cases are included in C3DO as “wellness” cases. As with all of the patient encounters, talk with the patient to see how you can help them, ask pertinent questions, and, if applicable, perform physical exam maneuvers that will help you to help them. (Note: you may encounter a patient who is wearing street clothes for a wellness case; in this scenario, you would not perform a physical exam.)

Q. How do we do a full H&P during a 14-minute encounter?

A. In C3DO you are asked to perform a “focused history and physical examination,” based on the patient’s chief complaint and needs. A full history and physical examination is not required. The cases are designed with appropriate attention to satisfactory completion within a 14-minute time period.

Q. Why do we only have 14 minutes in C3DO encounters? I have more time when I see patients in clinic.

A. The cases used in the C3DO pilot have been designed within parameters that allow them to be completed by 3rd and 4th year osteopathic students in this timeframe. The cases are developed by DOs across the country, most of whom are directly involved in osteopathic clinical skills education. In your clinics, you will see a variety of patients with varying degrees of complexity and communication challenges; they often have multiple complaints and unknown expectations. In assessment, we can standardize things like limited complexity given time restrictions, and we can direct replies from SPs. If the case development committee feels that a case is too complex or a

patient is too complicated, the case may be modified to allow an osteopathic medical student the opportunity to demonstrate their skills within that time.

Q. How do I limit OMT to 3-5 minutes when it would take longer than that to resolve a patient's condition?

A. For the C3DO, you need to demonstrate your ability to select and perform an appropriate osteopathic technique given the patient's history and physical examination. You do not need to treat patients to the point of complete clinical resolution of the complaint. The recommended time should be adequate to assess and treat a standardized patient with effective OMT that would probably result in some benefit. Perform the techniques as you have been taught.

Q. Will the patients have physical findings cards if they have a finding that can't be simulated (e.g., racing heart)?

A. No. SPs have been trained to demonstrate physical findings that can be simulated, if applicable to their case, but will not have cards or otherwise indicate a finding that cannot be simulated (some cases may use makeup, or "moulage," to simulate a condition or rash). The only exception is the doorway instruction sheet: if it indicates that the patient has, for example, an elevated temperature or elevated pulse, accept that value as accurate.

Q. If we are supposed to rely on the blood pressure reading from the doorway information sheet, does that mean we shouldn't take patients' blood pressure in the room?

A. Do what you would do in a normal patient encounter: if you would recheck a given patient's blood pressure, do that. However, you should use the doorway-provided blood pressure for purposes of your assessment and in answering the questions provided, as that was provided by the case developers for purposes of the case.

Q. How do I prepare for the post-encounter questions?

A. In addition to the information about these questions provided in the orientation guide, we also provide COMs with a sample encounter video and sample post-encounter questions related to that video.

Q. For the short-answer post-encounter questions, asking for diagnoses or risk factors, do we include our justifications?

A. No, answer only the question asked. For instance, if asked for your leading diagnosis, you would enter just that diagnosis, not also the factors that brought you to that determination.

Q. If a post-encounter question asks about, for instance, next steps, should I answer in terms of what is recommended for the condition in general or about that specific patient?

A. The post-encounter questions are all specific to the patient you just saw. You will need to consider the information you gathered during that particular patient's history and physical in order to answer these questions. Learning about that person will tell you whether, for instance, prescribing a particular medication would be helpful or harmful given their medical history, or whether an intervention would be appropriate or inappropriate given their lifestyle.

Q. If a post-encounter question says "select up to 3," do we have to choose 3? If I only want to choose 2, do I check "none" as my 3rd choice?

A. In the "select up to 3" scenario, you *may* choose a 2nd and a 3rd option. You may find 2 responses that are appropriate: then you can select just those two. This gives you the opportunity to select more than one or two options, which aligns with how physicians often think about patients (for example, they may not just order one blood test for a patient). You should select "none" when you think it is more appropriate than the other listed options; do not select that if you are choosing at least one of those other options, as selecting "none" will cancel out other responses.

Q. What do I do if I have technical difficulties during the exam?

A. If you are in an exam room, open the door and flag down a proctor/floor manager—do not leave the room, just lean into the hallway as needed. The proctor/floor manager will come to you and provide you with assistance.

If you are at the computer for the post-encounter questions, flag down a proctor/floor manager from where you are. Do not leave your station; they will come to you.

Q. How long will the break be? Can I bring snacks?

A. Check with your COM. The length of the break is at their discretion, as is whether or not you can bring refreshments.