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DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

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**MICHIGAN BOARD OF MEDICINE
RULES COMMITTEE WORK GROUP
MEETING MINUTES
APRIL 8, 2019**

The Michigan Board of Medicine Rules Committee Work Group, met on April 8, 2019, at 611 West Ottawa Street, Upper Level Conference Room 4, Lansing, Michigan 48933.

CALL TO ORDER

Weston MacIntosh, Analyst, Boards and Committees Section, called the meeting to order at 12:32 p.m.

ATTENDANCE

Members Present: Mohammed Arsiwala, MD
Michael Chafty, MD
Michael Chrissos, MD
John McGinnity, PA
Paul Sophiea, Public Member
Eric Stocker, Public Member
Rosalie Tocco-Bradley, MD

Members Absent: Terri Tahnoose, Public Member

Staff Present: Debi Haigh, Analyst, Licensing Division
Dawn Gage, Manager, Licensing Division
Weston MacIntosh, Analyst, Boards and Committees Section
LeAnn Payne, Board Support, Boards and Committees Section

Public Present: Stacey Hettinger, Michigan State Medical Society

WELCOME

MacIntosh explained that Department leadership has mandated that all rules committee meetings will be open to the public to receive input on the rules draft from the public earlier in the rulemaking process. MacIntosh reminded the public that the Rules Committee will make final recommendations on the proposed rule changes to the Board.

MacIntosh explained the plan for the flow of the meeting.

RULES DISCUSSION – Attached to the minutes are the proposed draft rules.

R 338.2401 Definitions.

The Rules Committee agreed with the changes in the rule as presented. There was no public comment.

R 338.2403 Minimum Language Standard.

MacIntosh explained that the rule states: An applicant must demonstrate a working knowledge of the English language if the applicant's education or training was taught outside of the United States by taking the Test of English Foreign Language TOEFL - IBT exam.

Dr. Rao had expressed his concern at the prior Board meeting that this is an unnecessary exam, because the United States Medical Licensing Examination (USMLE) addresses this issue, and he felt taking the TOEFL is redundant. MacIntosh supplied a copy of the USMLE Step 2 CS to the Work Group. (Copy attached.)

MacIntosh gave three options:

- Keep TOEFL rule but add language that the applicant must pass speaking, listening, writing, and reading if the applicant's medical school education was in a language other than English.
- Replace the rule with the United States Medical Licensing Examination/Step 2 CS.
- Add language that the applicant must pass either the TOEFL or the USMLE

Hettinger from MSMS stated that Michigan is the only state that mandates the TOEFL.

Arsiwala suggested adopting language that mandates TOEFL for individuals who come from a non-English speaking country and exempt individuals raised in the United States or have attended an English-speaking medical school.

Chrissos stated he feels TOEFL is beneficial.

Stocker stated that from a public member point of view, he felt the TOEFL is beneficial to protect the public.

Chrissos stated that taking the exam is important and believes it is more than an English test.

Hettinger stated that it would be great to use compromising language to encompass all suggestions. MacIntosh will work on new language and present it at the next work group meeting.

R 338.2405

MacIntosh explained that rescission of the rule is necessary, as statute covers it.

The Rules Committee agreed to rescind. There was no public comment.

R 338.2407 Telehealth

MacIntosh explained that the Rule reiterates what is stated in the Statute.

No one presented proposed changes to the rule. Neither the Rules Committee or the public had any comments.

R 338.2409 Prescribing of drugs by Physicians Assistants procedures and protocols.

MacIntosh gave the Committee the history of this rule and indicated that it mirrored the statute.

Hettinger stated MSMS agrees with the proposed rule. The MSMS would like to add clarification "as written under the practice agreement."

R 338.2411 Delegation of prescribing controlled substances to an advanced practice registered nurse.

The Rules Committee agreed with all the changes in the rule as presented. There was no public comment.

R 338.2413 Training standards for identifying victims of human trafficking

The Rules Committee agreed with all the changes in the rule as presented. There was no public comment.

R 338.2421 Accreditation standards for approval of medical schools and medical residency programs.

The Rules Committee agreed with all the changes in the rule as presented. There was no public comment.

R 338.2423 Medical doctor; license requirements; United States and Canadian graduates.

The Rules Committee agreed with all the changes in the rule as presented. There was no public comment.

R 338.2425 Medical doctor; license requirement; foreign graduates.

The Rules Committee agreed with all the changes in the rule as presented. There was no public comment.

R 338.2427 Licensure by endorsement

The Rules Committee agreed with all the changes in the rule as presented. There was no public comment.

R 338.2429 Educational limited license

The Rules Committee agreed with all the changes in the rule as presented. There was no public comment.

R 338.2431 Examination; adoption; passing scores; limitation on attempts; time limitation.

MacIntosh explained the changes would offer individuals who are going to school for a dual degree (example: PhD, MBA) the opportunity to apply for a variance, to allow for an extension to complete the USLME after 7 years. Individuals would have to show evidence they have completed a fellowship or have graduated from a dual degree program.

Chafty expressed concern of needing safeguards to ensure only legitimate candidates apply.

Arsiwala stated the language would need to be specific.

Hettinger said that she understood that the Board will decide approval or denial of a variance.

The Rules Committee agrees to the change to help individuals taking dual degree programs.

R 338.2433 Rescinded

MacIntosh explained this rule merged with another rule.

The Rules Committee agreed with all the changes in the rule as presented. There was no public comment.

R 338.2435 Clinical academic license.

The Rules Committee agreed with all the changes in the rule as presented. There was no public comment.

R 338.2437 Re-licensure

Haigh raised concern about how this will affect individuals with revoked licenses on re-licensure.

MacIntosh stated that the current language addresses this issue.

R 338.2441 License Renewals

Chafty questioned if there should be a certain number of hours mandated each year, rather than 150 hours total within 3 years.

Hettinger told the committee that the MSMS does not have an issue with the rule.

Arsiwala states the rule allows physicians flexibility in obtaining required continuing education hours.

R 338.2443 Acceptable continuing education; requirements; limitations

MacIntosh explained that the Committee had proposed adding section (1)(d), mandating that licensees renewing a license must have earned a minimum of 2 hours of continuing education related to controlled substances prescribing. This is in addition to continuing education mandated by subrule (1)(c) of this rule.

Arsiwala stated that removal of the controlled substance continuing education was necessary because MAPS is available.

Chafty, Chrissos, McGinnity agree with Arsiwala on this issue.

Stocker stated that as a public member, he defers to the professional members on this. However, there is a benefit in educating doctors how to recognize abuse and help with awareness of the opioid epidemic.

Arsiwala suggested moving (d) under (c)(x) and to change the language, ensuring pain quality and awareness of the opioid epidemic.

ADJOURNMENT

MacIntosh recapped the changes he will be making:

- R 338.2403 update TOEFL language.
- R 338.2409 add language “pursuant to a practice agreement.”

- R 338.2443 move language under(d) to (c)(x) and to change the language, ensuring pain quality and awareness of the opioid epidemic.

MacIntosh adjourned the meeting at 2 :15 p.m.

Prepared by:
LeAnn Payne, Board Support
Bureau of Professional Licensing

April 15, 2019

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

DIRECTOR'S OFFICE

MEDICINE - GENERAL RULES

Filed with the ~~Secretary~~ **secretary** of ~~State~~ **state** on

These rules ~~become effective~~ **take effect** immediately upon filing with the ~~Secretary~~ **secretary** of ~~State~~ **state** unless adopted under section 33, 44, or 45(a)(6) of the ~~administrative procedures act~~ of 1969, **1969** PA 306., **MCL 24.233, 24.244, or 24.245a**. Rules adopted under these sections become effective 7 days after filing with the ~~Secretary~~ **secretary** of ~~State~~ **state**.

(By authority conferred on the director of the department of licensing and regulatory affairs by sections 16145, 16148, **16174, 16204**, 16215, **16287, 17031**, 17033, and 17048~~(5)~~, and **17076** of the **public health code**, 1978 PA 368, MCL 333.16145, 333.16148, **333.16174, 333.16204**, 333.16215, **333.16287, 333.17031**, 333.17033, and 333.17048~~(5)~~, and **333.17076**, and Executive Reorganization Order Nos. ~~1996-1, 1991-9, 1996-2, 2003-1, and 2011-4~~, **MCL 330.3101, 338.3501**, 445.2001, 445.2011, and 445.2030)

R 338.2401, R 338.2403, R 338.2409, R 338.2411, R 338.2413, R 338.2421, R 338.2423, R 338.2425, R 338.2427, R 338.2429, R 338.2431, R 338.2435, R 338.2437, R 338.2441, and R 338.2443 of the Michigan Administrative Code are amended, R 338.2407 is added, and R 338.2405 and R 338.2433 are rescinded, to read as follows:

PART 1. GENERAL PROVISIONS

R 338.2401 Definitions.

Rule 101. **(1)** As used in these rules:

~~(1)~~ **(a)** "Board" means the **Michigan** board of medicine created ~~in~~ **under** section 17021 of the code, MCL 333.17021.

~~(2)~~ **(b)** "Code" means **the public health code**, 1978 PA 368, MCL 333.1101 to 333.25211.

~~(3)~~ **(c)** "Department" means the department of licensing and regulatory affairs.

(2) A term defined in the code has the same meaning when used in these rules.

R 338.2403 ~~Minimum English language requirement.~~ **English language requirement. standard.**

Rule 103. An applicant for a ~~medical license or an educational limited medical license~~ **initial licensure** whose educational program was taught in a language other than English shall meet the requirements of the code and these rules and shall **must** demonstrate a working knowledge of the English language. **language if the applicant's educational or**

training program was taught outside of the United States. To demonstrate a working knowledge of the English language, the applicant ~~shall~~ **must** establish that he or she obtained a total score of not less than 80 on the ~~test~~ **Test** of English as a ~~foreign~~ **Foreign** language ~~Language internet-based~~ **Internet-Based** test ~~Test~~ (TOEFL-IBT) administered by the ~~educational~~ **Educational** testing ~~Testing~~ **Service** and obtained the following section scores:

- (a) **Not less than 15 on the reading section.**
- (b) **Not less than 18 on the listening section.**
- (c) **Not less than 22 on the speaking section.**
- (d) **Not less than 17 on the writing section.**

R 338.2405 ~~Name of practitioner; display name.~~ **Rescinded.**

~~Rule 105. A licensee shall not engage in the practice of medicine under a personal name other than the name under which he or she is licensed by the board.~~

R 338.2407 Telehealth.

Rule 107. (1) Consent for treatment must be obtained before providing a telehealth service under section 16284 of the code, MCL 333.16284.

(2) Proof of consent must be maintained in the patient's up-to-date medical record and retained in compliance with section 16213 of the code, MCL 333.16213.

(3) A physician providing a telehealth service may prescribe a drug if the physician is a prescriber acting within the scope of his or her practice and in compliance with section 16285 of the code, MCL 333.16285, if he or she does both of the following:

(a) If medically necessary, refers the patient to a provider that is geographically accessible to the patient.

(b) Makes himself or herself available to provide follow up care services to the patient, or to refer the patient to another provider, for follow up care.

(4) A physician providing any telehealth service must do both of the following:

(a) Act within the scope of his or her practice.

(b) Exercise the same standard of care applicable to a traditional, in-person health care service.

Rule 338.2409 ~~Delegation to Prescribing of drugs by physician's assistants; written authorization; requirements. procedures and protocols.~~

Rule 109. (1) Under sections 17048(2) and 17076(2) of the code, MCL 333.17048(2) and MCL 333.17076(2), A physician who supervises a physician's assistant may prescribe a drug, including a controlled substance that is included in schedules 2 to 5 of part 72 of the code, MCL 333.7201 to MCL 333.7231, subject to the following requirements: under sections 17048 and 17049 of the code, MCL 333.17048 and 333.17049, shall establish a written authorization that delegates to the physician's assistant the performance of medical care services or the prescribing of schedule 2 to 5

controlled substances, or both. The written authorization shall contain all of the following information:

~~(a) The name, license number, and signature of the supervising physician.~~

(a) If a physician's assistant prescribes a drug, the physician's assistant's name must be used, recorded, or otherwise indicated in connection with that prescription.

~~(b) The name, license number, and signature of the physician's assistant.~~

(b) If a physician's assistant prescribes a drug that is included in schedules 2 to 5, the physician's assistant's DEA registration number must be used, recorded, or otherwise indicated in connection with that prescription.

~~(c) The limitations or exceptions to the delegation of any medical care services or prescription of scheduled 2 to 5 controlled substances.~~

~~(d) The effective date of delegation.~~

~~(2) The supervising physician shall review and update a written authorization prior to the renewal of the physician's assistant's license or in the interim as needed. A supervising physician shall note the review date on the authorization. Under sections 17048(2) and 17076(3) of the code, MCL 333.17048(2) and MCL 333.17076(3), a physician's assistant may order, receive, and dispense complimentary starter dose drugs, including controlled substances that are included in schedules 2 to 5 of part 72 of the code, MCL 333.7201 to MCL 333.7231, subject to the following requirements:~~

(a) If a physician's assistant orders, receives, or dispenses a complimentary starter dose drug, the physician's assistant's name must be used, recorded, or otherwise indicated in connection with that order, receipt, or dispensing.

(b) If a physician's assistant orders, receives, or dispenses a complimentary starter dose drug that is included in schedules 2 to 5, the physician's assistant's DEA registration number must be used, recorded, or otherwise indicated in connection with that order, receipt, or dispensing.

~~(3) The supervising physician shall maintain the written authorization at the supervising physician's primary place of practice.~~

~~(4) The supervising physician shall provide a copy of the signed, written authorization to the physician's assistant.~~

~~(5) The supervising physician shall ensure that an amendment to the written authorization is in compliance with subrules (1), (2), (3), and (4) of this rule.~~

~~(6) A supervising physician shall not delegate the prescription of a drug or device individually, in combination, or in succession for a woman known to be pregnant with the intention of causing either a miscarriage or fetal death.~~

Rule 338.2411 Delegation of prescribing controlled substances to ~~nurse practitioner or nurse midwife~~; **an advanced practice registered nurse**; limitation.

Rule 111. (1) A physician may delegate the prescription of controlled substances listed in schedules 2 to 5 to a registered nurse who holds a specialty certification under section 17210 of the code, MCL 333.17210, with the exception of a nurse anesthetist, if the ~~supervising~~ **delegating** physician establishes a written authorization that contains all of the following information:

(a) The name, license number, and signature of the ~~supervising~~ **delegating** physician.

- (b) The name, license number, and signature of the nurse practitioner, ~~or nurse midwife,~~ **or clinical nurse specialist.**
- (c) The limitations or exceptions to the delegation.
- (d) The effective date of the delegation.
- (2) The ~~supervising~~ **delegating** physician ~~shall~~ **must** review and update a written authorization on an annual basis from the original date or the date of amendment, if amended. The ~~supervising~~ **delegating** physician ~~shall~~ **must** note the review date on the written authorization.
- (3) The ~~supervising~~ **delegating** physician ~~shall~~ **must** maintain a written authorization at the ~~supervising~~ **delegating** physician's primary place of practice.
- (4) The ~~supervising~~ **delegating** physician ~~shall~~ **must** provide a copy of the signed, written authorization to the nurse practitioner, ~~or nurse midwife,~~ **or clinical nurse specialist.**
- (5) The ~~supervising~~ **delegating** physician ~~shall~~ **must** ensure that an amendment to the written authorization is in compliance with subrules (1), (2), (3), and (4) of this rule.
- (6) A ~~supervising~~ **delegating** physician ~~shall not~~ **may** authorize a nurse practitioner, ~~or a nurse midwife,~~ **or a clinical nurse specialist** to issue a ~~multiple prescription~~ **prescriptions allowing the patient to receive a total of up to a 90-day supply for** of a schedule 2 controlled substance. ~~with a quantity greater than a 30-day supply.~~
- (7) A ~~supervising~~ **delegating** physician ~~shall~~ **must** not delegate the prescription of a drug or device individually, in combination, or in succession for a woman known to be pregnant with the intention of causing either a miscarriage or fetal death.

R 338.2413 Training standards for identifying victims of human trafficking; requirements.

Rule 113. (1) ~~Pursuant to~~ **Under** section 16148 of the code, MCL 333.16148, an individual seeking licensure or licensed ~~shall~~ **must** complete training in identifying victims of human trafficking that meets the following standards:

- (a) Training content ~~shall~~ **must** cover all of the following:
 - (i) Understanding the types and venues of human trafficking in this state or the United States.
 - (ii) Identifying victims of human trafficking in health care settings.
 - (iii) Identifying the warning signs of human trafficking in health care settings for adults and minors.
 - (iv) Resources for reporting the suspected victims of human trafficking.
- (b) Acceptable providers or methods of training include any of the following:
 - (i) Training offered by a nationally recognized or state-recognized, health-related organization.
 - (ii) Training offered by, or in conjunction with, a state or federal agency.
 - (iii) Training obtained in an educational program that has been approved by the board for initial licensure, or by a college or university.
 - (iv) Reading an article related to the identification of victims of human trafficking that meets the requirements of subdivision (a) of this subrule and is published in a peer review journal, health care journal, or professional or scientific journal.
- (c) Acceptable modalities of training may include any of the following:

- (i) Teleconference or webinar.
- (ii) Online presentation.
- (iii) Live presentation.
- (iv) Printed or electronic media.

(2) The department may select and audit a sample of individuals and request documentation of proof of completion of training. If audited by the department, an individual ~~shall~~ **must** provide an acceptable proof of completion of training, including either of the following:

(a) Proof of completion certificate issued by the training provider that includes the date, provider name, name of training, and individual's name.

(b) A self-certification statement by an individual. The certification statement ~~shall~~ **must** include the individual's name and either of the following:

(i) For training completed ~~pursuant to~~ **under** subrule (1)(b)(i) to (iii) of this rule, the date, training provider name, and name of training.

(ii) For training completed ~~pursuant to~~ **under** subrule (1)(b)(iv) of this rule, the title of article, author, publication name of peer review journal, health care journal, or professional or scientific journal, and date, volume, and issue of publication, as applicable.

(3) ~~Pursuant to~~ **Under** section 16148 of the code, MCL 333.16148, the requirements specified in subrule (1) of this rule apply ~~to~~ **for** license renewals beginning with the ~~first~~ **2017** renewal cycle ~~after the promulgation of this rule~~ and for initial **licensure beginning December 6, 2021**. ~~licenses issued 5 or more years after the promulgation of this rule.~~

PART 2. LICENSES

R 338.2421 Accreditation standards for approval of medical schools and medical residency programs.

Rule 121. (1) The board approves and adopts by reference the standards for accrediting medical schools developed and adopted by the Liaison Committee on Medical Education, ~~2450 N Street NW, Washington D.C. 20037,~~ **655 K Street, NW, Suite 100, Washington, DC 20001-2399**, set forth in the publication entitled "Functions and Structures of a Medical School", ~~June 2013~~ **March 2018** edition, which is available at no cost on the committee's website at: www.lcme.org. The board ~~shall consider~~ **considers** any medical school accredited by the Liaison Committee on Medical Education approved by the board.

(2) The board approves and adopts by reference the standards for approval of a postgraduate training program developed and adopted by the Accreditation Council for Graduate Medical Education, ~~Suite 2000, 515 North State Street, Chicago, IL 60654,~~ **401 N. Michigan Avenue, Suite 2000, Chicago, Illinois 60611**, effective ~~January 1, 2014,~~ **July 1, 2016**, and are available at no cost on the council's website at: www.acgme.org/acgme/web. The board ~~shall consider~~ **considers** any medical ~~post graduate~~ **postgraduate** training program accredited by the Accreditation Council ~~for~~ Graduate Medical Education approved by the board.

(3) The board approves and adopts by reference the standards for approval of a resident training program by the College of Family Physicians of Canada, 2630 Skymark Avenue, Mississauga, Ontario, Canada L4W 5A4, set forth in the publication entitled “Specific Standards for Family Medicine Training Programs Accredited by the College of Family Physicians of Canada,” 2013 2016 edition available at no cost from the college’s website at: http://www.cfpc.ca/Residency_Program_Accreditation. The board ~~shall consider~~ **considers** any residency program accredited by the College of Family Physicians of Canada approved by the board.

(4) The board approves and adopts by reference the standards for approval of a resident training program by the Royal College of Physicians and Surgeons of Canada, 774 Echo Drive, Ottawa, Ontario, Canada K1S 5N8 set forth in the publication entitled “General Standards of Accreditation,” June 2013 edition, available at no cost from the college’s website: <http://www.royalcollege.ca/portal/page/portal/rc/credentials>. The board ~~shall consider~~ **considers** any residency program accredited by the Royal College of Physicians and Surgeons as approved by the board.

(5) The board approves and adopts by reference the standards for approval of a resident training program by the Canadian Medical Association’s Conjoint Accreditation Services, 1867 Alta Vista Drive, Ottawa, Ontario, Canada K 1G 5W8, set forth in the publication entitled “Requirements for Accreditation,” 2014 edition, available at no cost from the association’s website at: <http://www.cma.ca/learning/conjointaccreditation>. The board ~~shall consider~~ **considers** any residency program accredited by the Conjoint Accreditation Service ~~to be~~ approved by the board.

(6) Copies of the standards and criteria adopted by reference in subrules (1), (2), (3), (4), and (5) of this rule are available for inspection and distribution at a cost of **10 cents per page** from the Board of Medicine, Bureau of ~~Health Care Services~~, **Professional Licensing**, Department of Licensing and Regulatory Affairs, 611 W. Ottawa, P.O. Box 30670, Lansing, ~~MI~~ **Michigan** 48909.

Rule 338.2423 Medical doctor; license requirements; United States and Canadian graduates.

Rule 123. An applicant for a medical license who graduated from a medical school ~~located in~~ **inside** the United States, its territories, or the Dominion of ~~Canada~~ **Canada**, ~~shall submit the required fee and a completed application on a form provided by the department. In~~ **in** addition to ~~meeting~~ **satisfying** the requirements of the code, and these rules, the applicant ~~shall meet~~ **must satisfy** all of the following requirements:

(a) ~~Submit the required fee and a completed application on a form provided by the department.~~

(a) ~~(b) The applicant shall possess~~ **Possess** a degree from a medical school that ~~meets~~ **satisfies** the standards set forth in R 338.2421(1).

(b) ~~(c) The applicant shall have passed~~ **Passed** all ~~components~~ **parts** of the ~~United States Medical licensure Licensing examination~~ **Examination (USMLE)** for medical doctors adopted by the board under R 338.2431.

(c) ~~(d) The applicant shall have completed~~ **Completed** a minimum of 2 years of postgraduate clinical training in a program that ~~meets~~ **satisfies** the requirements of R 333.2421(2), **338.2421(2)**, (3), (4), or (5). ~~A certificate of completion of the postgraduate~~

training may be submitted to the department 15 days prior to the scheduled date of completion.

(e) Submit a certificate of completion of the postgraduate training required under subrule (d) of this rule to the department no more than 15 days prior to the scheduled date of completion.

R 338.2425 ~~Medical doctor; Licensure; license requirements; foreign graduates; qualifications. graduates.~~

Rule 125. ~~To establish eligibility for licensure as a medical doctor, an~~ **An applicant for a medical license** who graduated from a medical school located outside the United States, its territories, or the Dominion of Canada, **in addition to satisfying the requirements of the code, the applicant shall complete must satisfy all of** the following requirements:

(a) Submit the required fee and a completed application on a form provided by the department.

~~(b) Submit evidence of~~ **Have certification provided by directly to the department from** the educational commission ~~on for~~ foreign medical graduates **(ECFMG) directly to the department. verifying that the applicant has satisfied both of the following requirements:**

(i) Graduated from a medical school listed in the World Directory of Medical Schools.

~~(e) (ii) Successfully have passed part 3~~ **Passed all parts** of the United States medical **Medical licensure Licensing examination Examination (USMLE) adopted in under R 338.2431(1)(e).**

~~(d) (c) Complete~~ **Completed a minimum of two 2** years of postgraduate **clinical** training in a program that satisfies **the requirements of R 338.2421(2), (3), (4) or (5).**

(d) Submit a certificate of completion of the postgraduate training required under subrule (c) of this rule to the department no more than 15 days prior to the scheduled date of completion.

(e) Demonstrate a working knowledge of the English language if the applicant's educational program was taught in a language other than English. To demonstrate a working knowledge of the English language, the applicant ~~shall~~ **must** establish that he or she ~~meets~~ **satisfies** the requirements in R 338.2403.

R 338.2427 Licensure by endorsement.

Rule 127. (1) An applicant for a Michigan medical license by endorsement ~~shall~~ **must** submit the required fee and a completed application on a form provided by the department. ~~An applicant who satisfies the requirements of the code and this rule is presumed to meet the requirements of section 16186(1)(a) and (b) of the code, MCL 333.16186(1)(a) and (b).~~

(2) An applicant for a medical license ~~shall meet~~ **must satisfy either 1** of the following requirements:

(a) Has first been licensed in **good standing in** another state ~~to~~ **and** actively ~~engage~~ **engaged** in the practice of medicine for **at least 10 years before** ~~prior to~~ the date of the filing the application. ~~for a Michigan license.~~

(b) Has **first** been licensed in **good standing in** another state, ~~has completed 3 years of post-graduate training, and has passed all components of the United States medical licensure examination adopted in R 338.2431.~~ **and actively engaged in the practice of medicine less than 10 years prior to the date of filing the application and satisfies both of the following requirements:**

(i) **Passed all parts of the United States Medical Licensing Examination (USMLE) adopted under R 338.2431.**

(ii) **Completed a minimum of 2 years of postgraduate clinical training in a program that satisfies the requirements of R 338.2421(2), (3), (4) or (5).**

(3) An applicant's license ~~shall~~ **must** be verified by the licensing agency of any state of the United States in which the applicant holds a current license or has ever held a license as a medical doctor. Verification includes, but is not limited to, showing proof that the applicant's license is in good standing and, if applicable, any disciplinary action taken or pending against the applicant.

R 338.2429 Educational limited license.

Rule 129. (1) An individual not eligible for a Michigan medical license ~~shall~~ **must** obtain an educational limited license before engaging in postgraduate training.

(2) An applicant for an educational limited license who is from a medical school located ~~in~~ **inside** the United States, its territories, or the Dominion of Canada, in addition to ~~meeting~~ **satisfying** the requirements of the code, ~~and these rules,~~ **shall must** satisfy all of the ~~following:~~ **following requirements:**

(a) Submit the required fee and a completed application on a form provided by the department.

(b) Have documentation provided directly to the department from a medical school that ~~meets~~ **satisfies** the requirements of R 338.2421(1) verifying that the applicant has graduated or is expected to graduate ~~in~~ **within** 3 months of the date of the application.

(c) Have documentation provided directly to the department verifying that the applicant has been accepted into a ~~post-graduate~~ **postgraduate** training program that ~~meets~~ **satisfies** the requirements of R 338.2421(2).

(3) An applicant for an educational limited license who is from a medical school located outside the United States, its territories, or the Dominion of Canada, in addition to ~~meeting~~ **satisfying** the requirements of the code, ~~and these rules,~~ **shall must** satisfy all of the ~~following:~~ **following requirements:**

(a) Submit the required fee and a completed application on a form provided by the department.

(b) Have certification provided directly from the ~~education~~ **educational** commission ~~on~~ **for** foreign **medical graduates (ECFMG) to the department** verifying that the applicant has satisfied both of the following requirements:

(i) Graduated from a medical school listed in the ~~international medical education directory.~~ **World Directory of Medical Schools.**

(ii) ~~Successfully completed all components~~ **Passed parts 1 and 2 of the United States Medical Licensing Examination (USMLE) adopted in under R 338.2431(4).**

(c) Have documentation provided directly to the department verifying that the applicant has been accepted into a postgraduate training program that ~~meets~~ **satisfies** the requirements of R 338.2421(2).

(d) ~~That the applicant has~~ **Demonstrate** a working knowledge of the English language if the applicant's ~~education~~ **educational** program was taught in a language other than English. To demonstrate a working knowledge of the English language, the applicant ~~shall~~ **must** establish that he or she ~~meets~~ **satisfies** the requirements in R 338.2403.

(4) ~~Pursuant to Under~~ section 17012(2) of the code, MCL 333.17012(2), an educational limited license may be renewed not more than 5 years.

R 338.2431 Examination; adoption; ~~passing scores.~~ **scores; limitation on attempts; time limitations.**

Rule 131. (1) The board adopts the United States Medical ~~License~~ **Licensing Examination (USMLE)** developed and administered by the Federation of State Medical Boards (FSMB) which consists of the following ~~components:~~ **parts:**

- (a) USMLE – part 1.
- (b) USMLE – part 2.
- (c) USMLE – part 3.

(2) The passing score for each ~~component~~ **part** of the USMLE accepted for licensure ~~shall be~~ **is** the passing score established by the FSMB.

(3) An applicant cannot make more than 3 attempts to pass any part of the USMLE.

(4) An applicant must successfully pass all parts of the USMLE within 7 years from the date that he or she first passed any part of the USMLE. An applicant may request consideration of a variance of the 7 year requirement by providing, at a minimum, proof of both of the following requirements to the board:

(a) That the applicant has already passed all parts of the USMLE, but that the time taken to pass all parts is more than 7 years.

(b) That the applicant has completed 1 of the following activities:

(i) Graduation from an accredited graduate degree program in addition to medical school.

(ii) Completion of a residency or fellowship program with demonstrated consistent participation in the program.

R 338.2433 ~~Examination eligibility; limitation on attempts.~~ **Rescinded.**

Rule 133. (1) ~~To be eligible to sit for any component of the USMLE adopted in R 338.2431, an applicant shall satisfy the requirements of the FSMB.~~

~~(2) An applicant shall make not more than 3 attempts to pass any part of the USMLE.~~

~~(3) An applicant shall successfully pass all components of the USMLE within 7 years from the date that he or she first passed any component of the USMLE.~~

~~(4) If an applicant fails to pass the USMLE part 3 within 4 years of first sitting for the USMLE part 3, he or she shall complete 1 year of postgraduate training that meets the standards adopted by reference in R 338.2421(2), (3), (4), or (5) before again sitting for the USMLE part 3.~~

R 338.2435 Clinical academic limited license.

Rule 135. (1) An applicant for a clinical academic limited license ~~shall~~ **must** submit the required fee and a completed application on a form provided by the department. In addition to ~~meeting~~ **satisfying** the requirements of the code, ~~and these rules~~, the applicant ~~shall~~ **must** satisfy both **of** the following requirements:

~~(a) Have graduated from a medical school that satisfies either of the following requirements:~~ **Have documentation provided directly to the department verifying that the applicant has been appointed to a position in an academic institution as defined in section 17001(1)(a) of the code, MCL 333.17001(1)(a).**

~~(i) Meets the standards set forth in R 338.2421(1).~~

~~(ii) Is certified by the Educational Commission on Foreign Medical Graduates (ECFMG).~~

~~(b) Be appointed to a teaching or research position in an academic institution as defined in section 17001(1)(a) of the code, MCL 333.17001(1)(a).~~ **Provide documentation from 1 of the following entities:**

(i) Verification provided directly to the department from a medical school that satisfies the requirements of R 338.2421(1), indicating that the applicant has graduated or is expected to graduate within 3 months of the date of the application.

(ii) Certification provided directly to the department from the ECFMG indicating that the applicant has satisfied both of the following requirements:

(A) Graduated from a medical school listed in the World Directory of Medical Schools.

(B) Passed parts 1 and 2 of the USMLE adopted under R 338.2431.

(2) An applicant whose program was taught in a language other than English ~~shall~~ **must** demonstrate a working knowledge of the English language. To demonstrate a working knowledge of the English language, the applicant ~~shall~~ **must** establish that he or she ~~meets~~ **satisfies** the requirements in R 338.2403.

R 338.2437 Relicensure.

Rule 137. (1) An applicant whose Michigan medical license has lapsed for less than 3 years preceding the date of application for relicensure may be relicensed under section 16201(3) of the code, MCL 333.16201(3), if the applicant ~~meets~~ **satisfies both all** of the following requirements:

(a) Submits the required fee and a completed application on a form provided by the department.

(b) Submits proof to the department of ~~accumulating~~ **completing** not less than 150 hours of continuing education that ~~meets~~ **satisfies** the requirements of R 338.2443 during the 3 years immediately preceding the date of the application for relicensure.

(c) Establishes that he or she is of good moral character as defined under sections (1) to (7) of the occupational license for former offenders act, 1974 PA 381, MCL 338.41 to 338.47.

(d) An applicant who holds or has ever held a license to practice medicine must establish all of the following requirements:

(i) Disciplinary proceedings are not pending against the applicant.

(ii) If sanctions have been imposed against the applicant, the sanctions are not in force at the time of application.

(iii) A previously held license was not surrendered or allowed to lapse to avoid discipline.

(2) An applicant whose Michigan medical license has been lapsed for 3 years but less than 5 years shall **must submit fingerprints as set forth in section 16201(4) of the code, MCL 333.16201(4), and** satisfy the requirements of ~~R 338.2437(1)~~ **subrule (1) of this rule** and ~~any~~ **1** of the following requirements:

(a) Presents ~~evidene~~ **proof** to the department that he or she ~~was~~ **is** actively licensed **and in good standing** as a medical doctor in another state. ~~at any time during the 3-year period immediately preceding the date of application.~~

(b) ~~Takes and passes the Special Purpose Examination (SPEX) offered by the FSMB. The passing score shall be the score established by the FSMB for passing. Completes 1 of the following during the 3 years immediately preceding the date of the application for relicensure:~~

(i) ~~Takes and passes the Special Purpose Examination (SPEX) offered by the FSMB. The passing score is the passing score established by the FSMB.~~

(ii) ~~Successfully completes a postgraduate training program that satisfies the requirements of R 338.2421(2), (3), (4), or (5).~~

(iii) ~~Successfully completes a physician re-entry program accredited by the coalition for physician enhancement (CPE).~~

(iv) ~~Successfully completes a physician re-entry program affiliated with a medical school that satisfies the requirements of R 338.2421(1).~~

~~(e) Successfully completes a postgraduate training program that satisfies the requirements of R 338.2421(2), (3), (4), or (5).~~

~~(d) Successfully completes a physician re-entry program that satisfies either of the following requirements:~~

~~(i) Accredited by the coalition for physician enhancement.~~

~~(ii) Affiliated with a medical school that satisfies the requirements of R 338.2421(1).~~

(3) An applicant whose Michigan medical license has been lapsed for 5 years or more shall **must submit fingerprints as set forth in section 16201(4) of the code, MCL 333.16201(4), and** satisfy the requirements of ~~R 338.2437(1)~~ **subrule (1) of this rule** and ~~any~~ **1** of the following requirements:

(a) Presents ~~evidene~~ **proof** to the department that he or she ~~was~~ **is** actively licensed **and in good standing** as a medical doctor in another state. ~~at any time during the 3-year time period immediately preceding the date of application.~~

(b) ~~Successfully completes a post-graduate training program that satisfies the requirements of R 338.2421(2), (3), (4), or (5).~~ **Completes both of the following during the 3 years immediately preceding the date of the application for relicensure:**

(i) Takes and passes the SPEX offered by the FSMB. The passing score is the passing score established by the FSMB.

(ii) Successfully completes 1 of the following training options:

(A) A postgraduate training program that satisfies the requirements of R 338.2421(2), (3), (4), or (5).

(B) A physician re-entry program that is accredited by the CPE.

(C) A physician re-entry program affiliated with a medical school that satisfies the requirements of R 338.2421(1).

~~(e) Successfully completes a physician re-entry program that satisfies either of the following requirements:~~

~~(i) Accredited by the coalition for physician enhancement.~~

~~(ii) Affiliated with a medical school that satisfies the requirements of R 338.2421(1).~~

(4) If required to complete the requirements of subrule ~~(2)(b)~~ ~~(2)(c)~~, ~~(2)(d)~~, or ~~(3)(b)~~, ~~(3)(b)~~ or ~~3(e)~~ of this rule, the applicant may obtain an educational limited license for the sole purpose of completing that training.

(5) An applicant with an educational limited license may be relicensed under section 16201(3) or (4) of the code, MCL 333.16201(3) or (4), if he or she complies with subrule (1) of this rule and R 338.2429.

(6) An applicant ~~shall~~ **must** have his or her license verified by the licensing agency of any state of the United States in which the applicant holds or has ever held a license to practice as a medical doctor. Verification ~~shall~~ **must** include information **that** the license is in good standing and, if applicable, the record of any disciplinary action taken or pending against the applicant.

PART 3. CONTINUING EDUCATION

Rule 338.2441 License renewals.

Rule 141. (1) This part applies to an application for renewal of a medical license under section 17031 of the code, MCL 333.17031 and a medical special volunteer license under section 16184 of the code, MCL 333.16184.

(2) An applicant for license renewal who has been licensed in the 3-year period immediately preceding the application for renewal ~~shall~~ **must** accumulate a minimum of 150 hours of continuing education in activities approved by the board under R 338.2443 during the 3 years immediately preceding the application for renewal.

(3) Submission of an application for renewal ~~shall constitute~~ **constitutes** the applicant's certification of compliance with the requirements of this rule. The licensee ~~shall~~ **must** retain documentation of ~~meeting~~ **satisfying** the requirements of this rule for 4 years from the date of applying for license renewal. Failure to ~~comply with~~ **satisfy** this rule is a violation of section 16221(h) of the code, MCL 333.16221(h).

(4) The department may select and audit a sample of licensees who have renewed their license and request proof of compliance with subrule ~~(2)~~ **(2) of this rule**. If audited, a licensee ~~shall~~ **must** submit documentation as specified in R 338.2443.

Rule 338.2443 Acceptable continuing education; requirements; limitations.

Rule 143. (1) The 150 hours of continuing education required pursuant to **under R 338.2441 shall comply with must satisfy the following, following requirements**, as applicable:

(a) Credit for a continuing education program or activity that is identical or substantially identical to a program or activity for which the licensee has already earned credit during the renewal period ~~shall not~~ **cannot** be granted.

(b) A minimum of 1 hour of continuing education ~~shall~~ **must** be earned in the area of medical ethics.

(c) ~~Beginning 1 year after the effective date of these rules,~~ **For license renewals filed December 6, 2017, or later,** a minimum of 3 hours of continuing education ~~shall~~ **must** be earned in the area of pain and symptom management pursuant to **under** section 17033(2) of the code, MCL 333.17033(2). Continuing education hours in pain and symptom management may include, but are not limited to, any of the ~~following:~~ **following areas:**

- (i) Public health burden of pain.
- (ii) Ethics and health policy related to pain.
- (iii) Michigan pain and controlled substance laws.
- (iv) Pain definitions.
- (v) Basic sciences related to pain including pharmacology.
- (vi) Clinical sciences related to pain.
- (vii) Specific pain conditions.
- (viii) Clinical physician communication related to pain.
- (ix) Management of pain, including evaluation and treatment and non-pharmacological and pharmacological management.
- (x) Ensuring quality pain care.
- (xi) Michigan programs and resources relevant to pain.

(d) Effective 1 year after the date this rule was amended, licensees renewing a license must have earned a minimum of 2 hours of continuing education related to controlled substances prescribing. This is in addition to continuing education required by subrule (1)(c) of this rule.

~~(d)~~ **(e)** A minimum of 75 continuing education credits ~~shall~~ **must** be obtained through category 1 programs listed in subrule (2) of this rule.

(2) The board ~~shall consider~~ **considers** any of the following **activities** as acceptable category 1 continuing education:

	Activity and Proof of Completion	Number of Continuing Education Hours granted/permitted for the activity
a	Attendance at or participation in a continuing education program or activity related to the practice of medicine, which includes but is not limited to, live in-person programs, interactive or monitored teleconference, audio-conference, or web-based programs, online programs, and journal articles with a self-study component or	The number of continuing education hours for a specific program or activity shall be is the number of hours approved by the sponsor or the approving organization for the specific program. A maximum of 150 hours of continuing education may be earned for this activity during the renewal period.

	<p>other self-study programs approved or offered by any of the following: following organizations:</p> <ul style="list-style-type: none"> • American Medical Association • Michigan State Medical Society • Accreditation Council for Continuing Medical Education • American Osteopathic Association. • Michigan Osteopathic Association. <p>If audited, the licensee shall must submit a copy of the letter or certificate of completion showing the licensee's name, number of continuing education hours earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date on which the program was held or the activity completed.</p>	
b	<p>Taking and passing a specialty board certification or recertification examination for a specialty board recognized by the American Board of Medical Specialties. Specialties or the American Board of Physician Specialties.</p> <p>If audited, the licensee shall must provide evidence proof from the specialty board of the successful passing of the examination.</p>	<p>Fifty hours of continuing education credit shall be granted for each A specialty board certification or recertification examination successfully passed during the renewal period. period is granted 50 hours of continuing education credit. A maximum of 50 hours of continuing education may be earned for this activity in each renewal period.</p>
c	<p>Successfully completing an activity that is required for maintenance of a specialty certification for a board recognized by the American Board of Medical Specialties or the American Board of Physician Specialties that does not meet satisfy the requirements of subdivision subrule 2(a) or 2(b) of this rule.</p> <p>If audited, the licensee shall must provide proof from the specialty board</p>	<p>One hour of continuing education shall is granted for every 60 minutes spent on the activity. A maximum of 30 hours may be earned for this activity in each renewal period.</p>

	that the activity was required for maintenance of certification, that the activity was successfully completed and the date of completion.	
d	<p>Participation in a clinical training program that satisfies any of the requirements of R 338.2421(2), (3), (4) or (5) or is accredited by a board recognized by the American Board of Medical Specialties. Specialties or the American Board of Physician Specialties. To receive credit, the licensee shall must be enrolled for a minimum of 5 months in a 12-month period.</p> <p>If audited, the licensee shall must submit a letter from the program director verifying the licensee participated in the program.</p>	<p>Fifty hours of continuing education credit per year may be granted for this activity. A maximum of 150 hours of continuing education credit shall may be granted earned per a renewal period.</p>

(3) The board ~~shall consider~~ **considers** any of the following **activities** as acceptable category 2 continuing education:

	Activity and Proof of Completion	Number of Continuing Education Hours granted/permitted for the activity
a	<p>Serving as a clinical instructor for medical students or residents engaged in a post-graduate postgraduate training program that satisfies requirements of R 338.2421(2), (3), (4), or (5).</p> <p>To receive credit, the clinical instructorship shall must not be the licensee’s primary employment function.</p> <p>If audited, the licensee shall must submit proof of scheduled instructional hours and a letter from the program director verifying the licensee’s role.</p>	<p>Two hours of continuing education shall be is granted for each 50 to 60 minutes of scheduled instruction. Additional credit for preparation of a lecture shall not cannot be granted. A maximum of 48 hours of continuing education may be earned for this activity in each renewal period.</p>
b	<p>Initial presentation of a scientific exhibit, poster, or paper to a professional medical organization.</p> <p>If audited, the licensee shall must submit a copy of the document</p>	<p>Two hours of continuing education shall be is granted for each presentation. No additional credit shall be is granted for preparation of the presentation. A maximum of 24 hours of continuing education may be earned in this activity</p>

	presented with evidence proof of presentation or a letter from the program sponsor verifying the date of the presentation.	in each renewal period. Pursuant to Under R 338.2443(1)(a) , credit for a presentation shall be is granted only once per renewal period.
c	<p>Publication of a scientific article relating to the practice of medicine in a peer-reviewed journal or periodical.</p> <p>If audited, the licensee shall must submit a copy of the publication that identifies the licensee as the author or a publication acceptance letter and documentation of the peer-review process.</p>	<p>Six hours of continuing education shall be is granted for serving as the primary author. Three hours of continuing education shall be is granted for serving as a secondary author. A maximum of 24 hours of continuing education may be earned for this activity in each renewal period. Pursuant to Under R 338.2443(1)(a), credit for an article shall be is granted once per renewal period.</p>
d	<p>Initial publication of a chapter or a portion of a chapter related to the practice of medicine in either of the following: following textbooks:</p> <ul style="list-style-type: none"> • A professional health care textbook. • A peer-reviewed textbook. <p>If audited, the licensee shall must submit a copy of the publication that identifies the licensee as the author or a publication acceptance letter.</p>	<p>Five hours of continuing education shall be is granted for serving as the primary author. Two hours of continuing education shall be is granted for serving as a secondary author. A maximum of 24 hours of continuing education may be earned for this activity in each renewal period. Pursuant to Under R 338.2443(1)(a), credit for publication shall be is granted once per renewal period.</p>
e	<p>Participating on any of the following: following committees:</p> <ul style="list-style-type: none"> • A peer review committee dealing with quality of patient care as it relates to the practice of medicine. • A committee dealing with utilization review as it relates to the practice of medicine. • A health care organization committee dealing with patient care issues related to the practice of medicine. • A national or state committee, board, council, or association related to the practice of medicine. <p>Participation in a committee, board, council, or association is considered</p>	<p>Eighteen hours of continuing education shall be is granted for participating on a committee. A maximum of 18 hours of continuing education may be earned for this activity in each renewal period.</p>

	<p>acceptable by the board if it enhances the participant's knowledge and understanding of the field of medicine. If audited, the licensee shall must submit a letter from an organization official verifying the licensee's participation in at least 50% of the regularly scheduled meetings of the committee, board, council, or association.</p>	
f	<p>Until 3 years after the effective date of this rule, December 6, 2019, attendance at or participation in a continuing education program activity that had been approved by the board prior to the effective date of this rule but does not satisfy the requirements of subrule (2)(a) of this rule.</p> <p>If audited, the licensee shall must submit a copy of the letter or certificate of completion showing the licensee's name, number of continuing education hours earned, sponsor name or the name of the organization that approved the program or activity for continuing education credit, and the date on which the program was held or the activity was completed.</p>	<p>The number of continuing education hours for a specific program or activity shall be is the number of hours approved by the board. A maximum of 36 hours of continuing education may be earned for this activity.</p>
g	<p>Independently reading a peer-reviewed journal that does not satisfy the requirements of subrule (2)(a) of this rule. The reading shall must have been completed prior to the effective date of this rule.</p> <p>If audited, a licensee shall must submit a bibliography listing the journal, article, authors, publication date, and date read.</p>	<p>Two hours of continuing education credit shall be is granted for each article read. A maximum of 18 hours of continuing education may be earned for this activity.</p>
h	<p>Prior to the effective date of this rule, December 6, 2016, completing a multimedia self-assessment program that does not meet satisfy the requirements of subrule (2)(a) of this rule. The self-assessment program shall must</p>	<p>The number of continuing education hours shall be is the number of hours approved by the activity sponsor. A maximum of 18 hours of continuing education credit may be earned for this activity.</p>

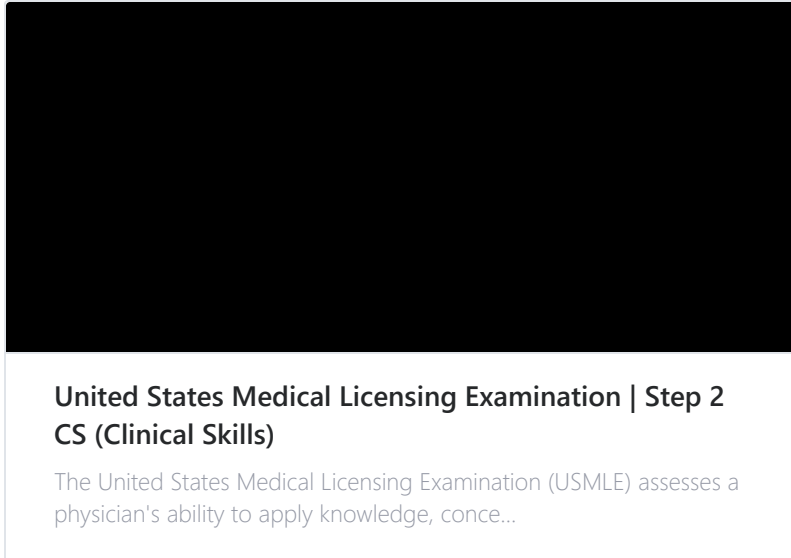
	<p>improve the licensee's knowledge and understanding of the practice of medicine.</p> <p>If audited, the licensee shall must submit a certificate of self-assessment provided by the program sponsor.</p>	
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From: venkat rao
To: [Payne, LeAnn \(LARA\)](#); [MacIntosh, Weston \(LARA\)](#); [Mohammed Arsiwala](#)
Subject: info on English testing on USMLE-CS STEP2
Date: Wednesday, March 20, 2019 8:38:17 PM

here is the info on the USMLE test we talked about today. I am enclosing more detailed info as requested at the meeting

Venkat Rao

[United States Medical Licensing Examination | Step 2 CS \(Clinical Skills\)](#)



Scoring the Step 2 CS Exam

Step 2 CS is designed to evaluate your ability to gather information that is important for a given patient presentation. During your physical examination of the standardized patient, you should attempt to elicit important positive and negative signs. Make sure you engage the patient in discussion of your initial diagnostic impression and the diagnostic studies you will order.

The patients may ask questions, and you will see a range of personalities and styles in asking questions and presenting information. You should address each patient's concern as you would in a normal clinical setting.

The ability to communicate effectively with patients, demonstrating appropriate interpersonal skills, is essential to safe and effective patient care. Step 2 CS is intended to determine whether physicians seeking an initial license to practice medicine in the United States, regardless of country of origin, can communicate effectively with patients. The standardized patients assess communication skills, interpersonal skills, and English-speaking skills via carefully developed rating scales on which the standardized patients (SPs) have received intensive training.

On the patient note, your ability to document the findings from the patient encounter, diagnostic impression, and initial diagnostic studies will be rated by physician raters. You

will be rated based upon the quality of documentation of important positive and negative findings from the history and physical examination, as well as the differential diagnoses, justification of those diagnoses, and diagnostic assessment plans that you list. **As is the case with other aspects of Step 2 CS scoring, physician raters receive intensive training and monitoring to ensure consistency and fairness in rating.**

Scoring the Subcomponents

USMLE Step 2 CS is a pass/fail examination.

Examinees are scored on three separate subcomponents: Communication and Interpersonal Skills (CIS), Spoken English Proficiency (SEP), and Integrated Clinical Encounter (ICE). Each of the three subcomponents must be passed in a single administration in order to achieve a passing performance on Step 2 CS.

The **CIS subcomponent** includes assessment of the patient-centered communication skills of fostering the relationship, gathering information, providing information, helping the patient make decisions, and supporting emotions. CIS performance is assessed by the standardized patients, who record these skills using a checklist based on observable behaviors.

Examinees demonstrate the ability to foster the relationship by listening attentively, showing interest in the patient as a person, and by demonstrating genuineness, caring, concern, and respect.

Examinees demonstrate skills in gathering information by using open-ended techniques that encourage the patient to explain the situation in his/her own words and in a manner relevant to the situation at hand, and by developing an understanding of the expectations and priorities of the patient and/or how the health issue has affected the patient.

Examinees demonstrate skills in providing information by using terms the patient can understand and by providing reasons that the patient can accept. These statements need to be clear and understandable and the words need to be those in common usage. The amount of information provided needs to be matched to the patient's need, preference, and ability. The patient should be encouraged to develop and demonstrate a full and accurate understanding of key messages.

Examinees demonstrate helping the patient make decisions by outlining what should happen next, linked to a rationale, and by assessing a patient's level of agreement, willingness, and ability to carry out next steps.

Examinees demonstrate the ability to support emotions when a clinical situation warrants it by seeking clarification or elaboration of the patient's feelings and by using statements of understanding and support.

The SEP subcomponent includes assessment of clarity of spoken English communication

within the context of the doctor-patient encounter (for example, pronunciation, word choice, and minimizing the need to repeat questions or statements). SEP performance is assessed by the standardized patients using a global rating scale, where the rating is based upon the frequency of pronunciation or word choice errors that affect comprehension and the amount of listener effort required to understand the examinee's questions and responses.

The ICE subcomponent includes assessments of both data gathering and data interpretation skills. Scoring for this subcomponent consists of a checklist completed by the standardized patients for the physical examination portion of the encounter, and global ratings provided by trained physician raters. The patient note raters provide ratings on the documented summary of the findings of the patient encounter (history and physical examination), diagnostic impressions, justification of the potential diagnoses, and initial patient diagnostic studies.

Copies of the patient note template, sample patient note styles, and software to practice typing the note are available in the [practice materials](#). Although it is not feasible to list every action that might affect an examinee's patient note score, the descriptions below are meant to serve as examples of actions that would add to or subtract from the score.

The following are examples of actions that would result in higher scores on the patient note:

- Using correct medical terminology
- Providing detailed documentation of pertinent history and physical findings. For example: writing "pharynx without exudate or erythema" is preferable to stating that the pharynx is clear.
- Listing only diagnoses supported by the history and findings (even if this is fewer than three)
- Listing the correct diagnoses in the order of likelihood, with the most likely diagnosis first
- Supporting diagnoses with pertinent findings obtained from the history and physical examination

The following are examples of actions that would result in lower scores on the patient note:

- Using inexact, nonmedical terminology, such as *pulled muscle*
- Listing improbable diagnoses with no supporting evidence

- Listing an appropriate diagnosis without listing supporting evidence
- Listing diagnoses without regard to the order of likelihood