

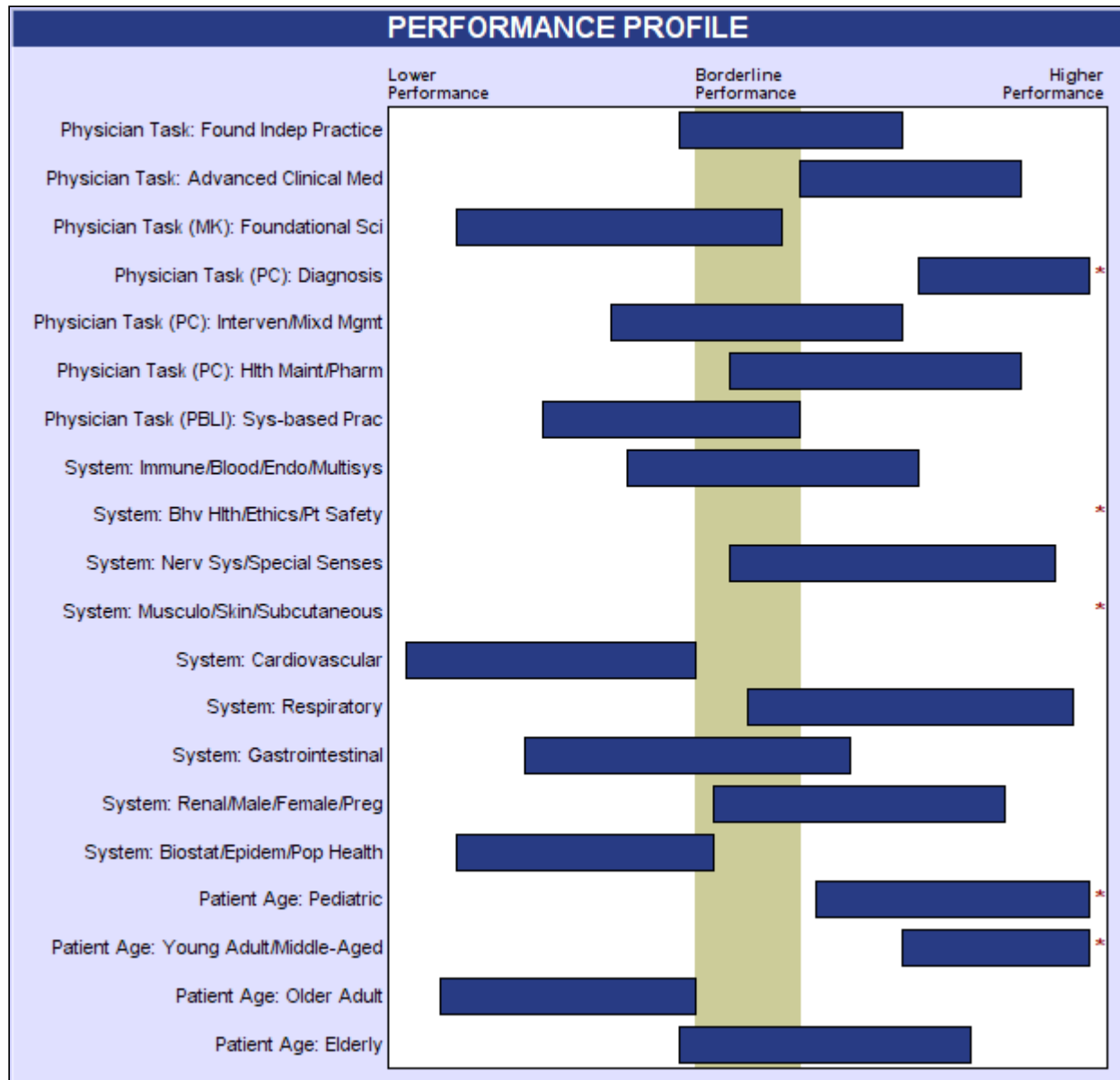
National Board of Medical Examiners®

NBME® Comprehensive Clinical Medicine Self-Assessment (CCMSA) Performance Profile

Name:

Test Date:

Assessment Score: 460



If you would like to view a report that will provide a longitudinal performance profile that displays a tabular history of your performance and graphical profiles for each content area for the last six self-assessments you have taken, please [click here](#).

The material presented in this self-assessment is provided by the National Board of Medical Examiners (NBME) for educational purposes only. Questions presented on the CCMSA are based on situations typically encountered in clinical medicine and reflect the content of the multiple-choice component of USMLE™ Step 3. The CCMSA is not intended to predict a participant's performance on Step 3. The Performance Profile above is designed to serve as a tool to determine areas of relative strength and weakness for various topic areas. Additional information concerning many of these topics can be found in the USMLE Step 3 Content Description and Sample Test Materials (www.usmle.org).

The score you received, indicated above in the top right hand corner, ranges from 10 to 800. It is scaled to have a mean of 500 and a standard deviation of 100 for a reference group of USMLE Step 3 first-takers from accredited U.S. medical schools.

The Performance Profile is provided to aid in self-assessment. The shaded region between the two vertical lines defines a borderline level of performance for each content area; borderline performance is comparable to a high fail or low pass on the overall Step 3 examination. Performance bands indicate areas of relative strength and weakness. Some bands are wider than others. The width of a performance band reflects the precision of measurement: narrower bands indicate greater precision. An asterisk indicates that your performance band extends beyond the displayed portion of the scale. Small differences in the location of bands should not be over-interpreted. If two bands overlap, performance in the associated areas should be interpreted as similar. Because CCMSA is designed to be integrative, many items contribute to more than one content area. Thus, caution should be used when interpreting differences in performance across content areas.

On the Performance Profile: MK—Medical Knowledge; PC—Patient Care; PBLI—Practice-based Learning and Improvement.

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(CCMSA)

Name:

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Performance Profile

Click on the category below to view your correctly and incorrectly answered questions.

Detailed Analysis by Content
Physician Task: Foundations of Independent Practice
Physician Task: Advanced Clinical Medicine
Physician Task: MK: Applying Foundational Science Concepts
Physician Task: PC: Diagnosis
Physician Task: PC: Clinical Interventions/Mixed Mgmt
Physician Task: PC: Health Maint & Disease Prevent/Pharmacotherapy
Physician Task: PBLI: Systems-based Practice/Patient Safety
System: Immune/Blood & Lymph/Endocrine/Multisystem
System: Bhv Health & Soc Sci: Comm Skills/Ethics/Pt Safety
System: Nervous System & Special Senses
System: Musculoskeletal Sys/Skin & Subcutaneous Tissue
System: Cardiovascular
System: Respiratory
System: Gastrointestinal
System: Renal/Urinary & Male/Female Sys & Pregnancy
System: Biostatistics & Epidemiology/Population Health
Patient Age: Pediatric (Birth–17 yrs)
Patient Age: Young Adult/Middle-Aged Adult (18–54 yrs)
Patient Age: Older Adult (55–74 yrs)
Patient Age: Elderly (Older than 74 yrs)

*Because CCMSA is designed to be integrative, many items contribute to more than one score category.

- ✓ 23. A 47-year-old man comes to the emergency department 2 hours after the onset of a pins and needles sensation and weakness in his right leg and a 1-hour history of confusion. Earlier today, he had been scuba diving for 6 hours in deep water driving pilings for a bridge. He has a 3-year history of hypertension treated with a daily calcium-channel blocking agent. He is somnolent. His pulse is 110/min, respirations are 20/min, and blood pressure is 160/90 mm Hg. Diffuse crackles are heard on auscultation. Cardiac examination shows an S₄ gallop. A grade 2/6, systolic ejection murmur is heard over the left sternal border. Muscle strength is 4/5 in the right lower extremity. Neurologic examination shows no other focal findings. Which of the following is the most likely diagnosis?
- A) Air embolism
 - B) Carotid artery dissection
 - C) Endocarditis
 - D) Hypertensive crisis
 - E) Pulmonary embolism
 - F) Subarachnoid hemorrhage



11. An 8-month-old girl is brought to the physician by her mother because of a 3-week history of poor feeding, chronic diarrhea, and pale, foul-smelling stools. The mother says that the symptoms began with colicky abdominal pain following the introduction of solid food to the infant's diet. There is a family history of gluten sensitivity. She is at the 60th percentile for length and 25th percentile for weight. Physical examination shows no other abnormalities. Dysfunction of which of the following cells is the most likely cause of this patient's symptoms?

- A) Enterocytes
- B) Goblet cells
- C) Paneth cells
- D) Parietal cells
- E) Serosal cells

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NBME® Comprehensive Clinical Medicine Self-Assessment (CCMSA)

Longitudinal Performance Profile History of Performance Across Multiple Completed Tests

Name:

Report Date:

Take	Test Date	Timing	Assessment Score
1	7/30/2018	Standard	460

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The graphical performance profiles are provided to aid in self-assessment and are a compilation of profiles for up to the six most recently completed assessments started on or after July 2, 2018*. The performance profile graphs provide an indicator of your performance across multiple completed assessments for each content area. The shaded region defines a borderline level of performance for each content area. Performance bands indicate areas of relative strength and weakness. Some bands are wider than others. The width of a performance band reflects the precision of measurement: narrower bands indicate greater precision. An asterisk indicates that your performance band extends beyond the displayed portion of the scale. Small differences in the location of bands should not be over-interpreted. If two bands overlap, performance should be interpreted as similar. Because the CCMSA is designed to be integrative, many items contribute to more than one content area. Thus, caution should be used when interpreting differences in performance across content areas.

Additional information concerning many of these topics can be found in the USMLE Step 3 Content Description and Sample Test Materials (www.usmle.org).

On the Performance Profile: MK—Medical Knowledge; PC—Patient Care; PBLI—Practice-based Learning and Improvement.

*CCMSA exams started on or after July 2, 2018 cannot be longitudinally compared against those started before July 2, 2018

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NBME® Comprehensive Clinical Medicine Self-Assessment (CCMSA)

Longitudinal Performance Profile History of Performance Profiles Across Multiple Completed Tests

Name:

Report Date:

Performance Profile Bands	
L	Lower Performance
B (shaded area)	Borderline Performance
H	Higher Performance

