**TITLE:**

**ABSTRACT:**

**Audience:** *Who is the target audience for this oral boards case?*

**Introduction/Background:** *Why is this topic important in emergency medicine?*

**Educational Objectives**: *Basic purpose and measurable objectives. This is the abstract for the manuscript; these should be identical or a shortened version of the objectives listed in manuscript below.*

**Educational Methods:** *Type of educational method used (oral boards case) and description of how that method is implemented. Include references on those methods as needed.*

**Research Methods:** *How was the educational content evaluated by the learners? How was the efficacy of the educational content assessed?*

**Results:** *Brief explanation of the results of any evaluation or assessment done.*

**Discussion:** *Overall, was the educational content effective? What did you learn from its implementation? What is the main take-away from your experience?*

**Topics:** *List of content covered using keywords.*

**USER INFORMATION:**

**Learner audience:**

* **Level of learners (select all that apply):**
	+ [ ] Medical Students
	+ [ ] Interns
	+ [ ] Junior Residents
	+ [ ] Senior Residents
	+ [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Time required for implementation:**

 **Time for case:** *Typically, 15 minutes for single cases and 30 minutes for triple cases.*

**Time for debriefing (optional, when using oral boards for teaching instead of assessment):** *Typically, 5-10 minutes per case.*

**Recommended number of learners per instructor:** *Typically, 1-3 for oral boards cases.*

**Recommended pre-reading for instructor:** *What should the instructor read, view, listen to before giving the oral boards case? Please insert and upload any podcasts, PowerPoints, reading assignments, etc.*

**Objectives:** *What are the objectives for your learner? By the end of the case, what should the learner achieve? Please write objectives using SMART structure (if you are not familiar with SMART structure, two good references can be found* [*here*](http://usagso-sg.tripod.com/22_learning_objectives.pdf) *and* [*here*](https://uncw.edu/career/documents/WritingSMARTLearningObjectives.pdf)*).*

**Linked objectives and methods:** *How are objectives achieved by the oral boards format? Why did you select this format? Ideally, discuss the conceptual framework you used to develop your content.*

**Topics:** *List of content covered using keywords.*

**Results and tips for successful implementation:** *How is this best implemented? When did you test this on learners? How many learners was it tested on? What results did you get and how did you measure it (eg, with pre-test/post-test data, evaluations from educators, or assessment forms)? Were there any modifications that you made as a result of the implementation? Include any suggestions to help with implementation, including any feedback you received from your learners and instructors.*

**References/suggestions for further reading:** *Please include all references, as well as any further reading assignments, such as book chapters, journal articles, or podcasts.*

**Pearls:** *What are the learning points of this case? What do you expect the learner to know and understand from this case? (This should be a single page handout for learners to receive after they finish the case).*

**For Examiner Only**

**Oral Case Summary**

**Diagnosis:**

**Case Summary:** *Brief background, HPI, and pertinent physical examination features.*

**Order of Case:** *List the anticipated order of events for the case**and what prompts should occur if the examinee does not perform actions, as well as changes in patient status. List the actions that should occur early and later in the case.*

**Disposition:**

**Critical Actions:**

1. *Critical Action 1*
2. *Critical Action 2*
3. *Critical Action 3*
4. *Critical Action 4*
5. *Critical Action 5*

**For Examiner Only**

**Historical Information**

**Chief Complaint:**

**History of Present Illness:**

**Past Medical History:**

**Past Surgical History:**

**Patient’s Medications:**

**Allergies:**

**Social history:**

Smoking:

Tobacco:

Drug use:

**Family history:**

**For Examiner Only**

**Physical Exam Information**

**Vitals:** *HR\_\_\_\_ BP\_\_\_\_/\_\_\_\_ RR\_\_\_\_ Temp \_\_\_\_ O2Sat\_\_\_\_%*

**Weight:**

**General appearance:**

**Primary survey:**

* **Airway:**
* **Breathing:**
* **Circulation:**

**Physical examination:** *Please include all physical exam findings as necessary and whether the learner needs to specifically ask for certain findings. If the exam is within normal limits or has no significant findings, please write “within normal limits.”*

* **General appearance:**
* **HEENT:** *If not normal, can give specific information below:*
	+ **Head:**
	+ **Eyes:**
	+ **Ears:**
	+ **Nose:**
	+ **Oropharynx/Throat:**
* **Neck:**
* **Chest:** *including lung exam*
* **Cardiovascular:**
* **Abdominal/GI:**
* **Genitourinary:**
* **Rectal:**
* **Extremities:**
* **Back:**
* **Neuro:**
* **Skin:**
* **Lymph:**
* **Psych:**

**For Examiner Only**

**Critical Actions and Cueing Guidelines**

1. **Critical Action 1**

*Please explain the critical action here, and how the learner meets that critical action.*

* 1. Cueing Guideline (if applicable):

*If the learner has not yet addressed this critical action, please list a cue that the examiner can use.*

1. **Critical Action 2**

*Please explain the critical action here, and how the learner meets that critical action.*

* 1. Cueing Guideline (if applicable):

*If the learner has not yet addressed this critical action, please list a cue that the examiner can use.*

1. **Critical Action 3**

*Please explain the critical action here, and how the learner meets that critical action.*

* 1. Cueing Guideline (if applicable):

*If the learner has not yet addressed this critical action, please list a cue that the examiner can use.*

1. **Critical Action 4**

*Please explain the critical action here, and how the learner meets that critical action.*

* 1. Cueing Guideline (if applicable):

*If the learner has not yet addressed this critical action, please list a cue that the examiner can use.*

1. **Critical Action 5**

*Please explain the critical action here, and how the learner meets that critical action.*

* 1. Cueing Guideline (if applicable):

*If the learner has not yet addressed this critical action, please list a cue that the examiner can use.*

**Oral Boards Assessment**

*Please insert your case title here*

Learner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Critical Actions:**

[ ]  *Critical action #1*

*[ ]  Critical action #2*

*[ ]  Critical action #3*

*[ ]  Critical action #4*

*[ ]  Critical action #5*

**Summative and formative comments:**

**Milestone assessment:**

|  | Milestone | Did not achieve level 1 | Level 1 | Level 2 | Level 3 |
| --- | --- | --- | --- | --- | --- |
| 1 | **Emergency Stabilization (PC1)** | [ ] Did not achieve Level 1 | [ ] Recognizes abnormal vital signs | [ ] Recognizes an unstable patient requiring interventionPerforms primary assessmentDiscerns data to formulate a diagnostic impression/plan | [ ] Manages and prioritizes critical actions in a critically ill patientReassesses after implementing a stabilizing intervention |
| 2 | **Performance of focused history and physical (PC2)** | [ ] Did not achieve Level 1 | [ ] Performs a reliable, comprehensive history and physical exam | [ ] Performs and communicates a focused history and physical exam based on chief complaint and urgent issues | [ ] Prioritizes essential components of history and physical exam given dynamic circumstances |
| 3 | **Diagnostic studies (PC3)** | [ ] Did not achieve Level 1 | [ ] Determines the necessity of diagnostic studies | [ ] Orders appropriate diagnostic studiesPerforms appropriate bedside diagnostic studies/procedures | [ ] Prioritizes essential testingInterprets results of diagnostic studiesConsiders risks, benefits, contraindications, and alternatives to a diagnostic study or procedure |
| 4 | **Diagnosis (PC4)** | [ ] Did not achieve Level 1 | [ ] Considers a list of potential diagnoses | [ ] Considers an appropriate list of potential diagnosisMay or may not make correct diagnosis | [ ] Makes the appropriate diagnosisConsiders other potential diagnoses, avoiding premature closure |
| 5 | **Pharmacotherapy (PC5)** | [ ] Did not achieve Level 1 | [ ] Asks patient for drug allergies | [ ] Selects an appropriate medication for therapeutic intervention, considering potential adverse effects | [ ] Selects the most appropriate medication(s) and understands mechanism of action, effect, and potential side effectsConsiders and recognizes drug-drug interactions |
| 6 | **Observation and reassessment (PC6)** | [ ] Did not achieve Level 1 | [ ] Reevaluates patient at least one time during the case | [ ] Reevaluates patient after most therapeutic interventions | [ ] Consistently evaluates the effectiveness of therapies at appropriate intervals |
| 7 | **Disposition (PC7)** | [ ] Did not achieve Level 1 | [ ] Appropriately selects whether to admit or discharge the patient | [ ] Appropriately selects whether to admit or dischargeInvolves the expertise of some of the appropriate specialists | [ ] Educates patients appropriately about their dispositionAssigns patient to an appropriate level of care (ICU/Tele/Floor)Involves expertise of all appropriate specialists |
| 22 | **Patient centered communication (ICS1)** | [ ] Did not achieve level 1 | [ ] Establishes rapport and demonstrates empathy to patient (and family)Listens effectively | [ ] Elicits patient’s reason for seeking health care | [ ] Manages patient expectations in a manner that minimizes potential for stress, conflict, and misunderstanding. |
| 23 | **Team management****(ICS2)** | [ ] Did not achieve level 1 | [ ] Recognizes other members of the patient care team during case (nurse, techs) | [ ] Communicates pertinent information to other healthcare colleagues | [ ] Communicates a clear, succinct, and appropriate handoff with specialists and other colleaguesCommunicates effectively with ancillary staff |

**For multiple cases only:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Milestone** | Did not achieve level 1 | Level 1 | Level 2 | Level 3 |
| 8 | **Multi-tasking (PC8)** | [ ] Did not achieve level 1 | [ ] Manages a single patient amidst distractions | [ ] Task switches between different patients | [ ] Employs task switching in an efficient and timely manner in order to manage multiple patients |

Standardized assessment form for oral boards cases. JETem 2016. Developed by: Megan Osborn, MD, MHPE; Alisa Wray, MD; Shannon Toohey, MD

**Stimulus Inventory**

**#1 Patient Information Form**

**#2 x**

**#3 x**

**#4 x**

**#5 x**

**#6 x**

**#7 x**

*Please feel free to add or delete numbers as needed for your stimulus inventory*

*Please insert images or jpegs into the appropriate stimulus page, but also upload as a separate file.*

**Stimulus #1**

**Patient Information**

Patient’s Name: x

Age: x

Gender: x

Chief Complaint: x

Person Providing History: x

Vital Signs:

 Temp: x

 BP: x

 P: x

 RR: x

 Pulse Ox: x

 Weight: x

*The following are suggested formatting for several possible lab results or stimuli. You may include other stimuli as needed.*

**Stimulus #**

**Arterial Blood Gas**

pH x

pCO2 x

pO2 x

HCO3 x

O2 sat x

**Stimulus #**

**CBC**

WBC x

Hgb x

Hct x

Platelets x

Differential

 Neutrophils x

 Lymphocytes x

 Monocytes x

 Eosinophils x

 Bands x

**Stimulus #**

**BMP**

Na x

K x

Cl x

CO2 x

BUN x

Cr x

Glucose x

**Stimulus #**

**Urinalysis**

Appearance x

Color x

Glucose x

Ketones x

Sp Gravity x

Blood x

pH x

Protein x

Nitrite x

Leukocyte x

WBC x

RBC x

Squamous Cells x

Bacteria x

**Stimulus #**

**CXR**

*Insert image here*