



## Emergency Medicine Oral Examination Information

### THE EXAMINATION

During the Emergency Medicine Oral Examination, each candidate will be presented with a total of 5 patient cases; two single-patient encounters and one triple-patient encounter. The single-patient encounters require the candidate to manage one patient case at a time, while the triple-patient encounter requires the candidate to manage three patient cases at once.

The patient cases presented are based on real-world scenarios and are intended to reflect typical circumstances encountered in an emergency medicine setting. Candidates will **NOT** be presented with any of the cases they may have submitted for review as part of the certification application process. The cases are not designed to be confusing or obscure, but are intended to allow examiners to see the candidates' thought process in assessing and managing patients. It is important to remember that the Emergency Medicine Oral examination is designed to be a dialogue between the candidate and the presenter. It is **NOT** a simulation or reenactment exercise.

All patient cases have points assigned to "scorable actions" across the categories of:

- History – The candidate should request information regarding any patient medical history relevant to the case, including (but not limited to) onset, course, location, associated symptoms, etc.
- Physical Examination – The candidate should request information regarding the patient's airway, HEENT, lungs/breathing, heart/circulation, back, neurological, musculoskeletal, skin/extremities, and any other areas applicable to the case.
- Data – The candidate should order appropriate laboratory tests and diagnostic examinations, such as (but not limited to) chemistries, CBC, imaging (x-rays, CT, MRI).
- Management – The candidate should indicate recommended (Standard of Care) treatment, including non-operative, operative, and post-operative management.
- Diagnosis/Disposition – The candidate should indicate the final diagnoses and appropriate action (follow-up referral, admission, etc.).

All domains of the examination blueprint are eligible to be topics of the patient cases, including but limited to:

- Orthopedics
- Pediatrics
- Cardiovascular
- Trauma
- OB/Gyn
- Infectious Disease
- Toxicology and Environmental
- Neurology

You should be prepared to handle cases from any or all topics, not just what you see in your own ER.

Each examination station (breakout room) has a minimum of three examiners, one of whom will act as the Presenter.

Banners will appear on the screen to announce the start and end of the examination, as well as provide time reminders during the session.

- The single-patient encounters are 20-minute examination sessions followed by a 10-minute break after the first.

- The timing reminder banners for the single-patient encounter provides a 5-minute and a 1-minute warning.
- The triple-patient encounter is a 40-minute examination session, after which your exam is concluded.
- The timing reminder banners for the triple-patient encounter announces when 10, 20, and 30 minutes have elapsed, and when only 2 minutes remain in the examination session.

### **DURING THE EXAMINATION SESSION**

Once the encounter begins, the candidate will be given a brief introductory summary statement such as *“The patient is a 34-year-old woman with cough and difficulty breathing”*.

The case is now the candidate’s to manage through questions and dialogue with the Presenter. This dialogue may include questions from the candidate such as "How long has she had this cough?" or "Does she have a fever?". Descriptions of candidate actions such as "I'd like to listen to her lungs" or "I'd like to do an HEENT", or requests for specific tests or diagnostics are also expected.

For the purposes of this examination, any test, specialist, lab or unit that may be needed is theoretically available. However, there may be specific circumstances where the results of an examination or test will not be provided until the completion of another task. For example, a candidate may not be able to send a 22-year-old woman with abdominal pain for CT until a physical examination has been performed and the candidate notices she is "crowning".

During the cases, the Presenter may provide prompts such as "How would you like to do that?" or "Please be more specific". These prompts are standard scripted parts of the case to encourage the candidate to provide additional information or detail. These prompts are **NOT** intended to be feedback on candidate performance.

Some cases may include x-rays, scans or other visual aids to assist in managing the case. The candidate may also be asked to interpret them.

### **ENDING THE EXAMINATION SESSION**

The candidate is the only person who can end the examination before time is called. If a stopping point is reached before time is called, the candidate will be asked "Is there anything else you would like to do for this patient?" This is **NOT** an indication that something has been missed; this is asked of all candidates who reach a stopping point early. Take one last look over any notes before responding. If anything has been missed, address it now. Once candidate indicates completion, the session will end.

If the candidate does not reach a stopping point within the allotted time, the session will end when time is called.

### **EXAMINATION SCORING**

The number of points for each category will vary from patient case to patient case. It is important to understand that you can make a correct diagnosis and still not earn enough points to pass that case, as your scores depend on the step-by-step process of how each case is managed.

A candidate's score on any one case is completely independent of his or her score on any other case. To pass, the candidate must, at a minimum, obtain a total score that equals or exceeds the sum of the threshold scores for all of the cases. Therefore, it is possible that a candidate may score less than the threshold score for one case, but still pass the examination, provided he or she scores well enough on the remainder of the cases to offset the lower score. Each case contains approximately the same number of possible points. Therefore, the cases are approximately equally weighted in the overall calculation of candidate's total score.

### **TIPS and ADVICE**

Below are some things to keep in mind to help you provide your examiners the best and most accurate picture of your knowledge and skill.

- **Verbalize!** This can be a challenge. Be sure you talk through what you are doing and why you are doing it. What are you trying to rule out? What are your concerns about what is being described? Why are you requesting certain tests or labs? Remember that your examiners need to assess your management of the case, not just the diagnosis. Tell them about your decision making and thought process in order to be awarded points accordingly. It may be helpful to prepare for this examination by talking through some of your own cases, either on your own or with a colleague.
- **The examiners do not work at your hospital.** The examiners are not aware of the procedures or protocols that are a standard part of your hospital's intake procedure, or if another member of your hospital staff usually performs this function. Do not assume that hospital staff will do anything unless you request or direct it.
- **Be clear and thorough.** Do not order "Trauma Panel 2" or "Cardiac Enzymes". The examiners do not know exactly what is included on the panels or protocols at your hospital, so please be as clear as possible.
- **Try not to get distracted.** You may hear noise from outside your room or coming from an examiner's room. Focus on the cases presented and, if your presenter asks you to repeat something, they are not challenging your action or trying to prompt you to change your response; the presenter probably did not hear you clearly.
- **We are a NATIONAL certifying organization.** The cases presented may be set in the city, country, mountains, desert, etc. You may be asked to manage animal bites or contact with bugs, animals, plants or environmental factors you do not typically see in your region, but may be typical across the country.
- **BREATHE!** We have designed this information sheet regarding the patient cases and the examination process to help you understand what to expect so you can do your best. Remember that you have already completed both the application and written examination, and are an experienced practitioner. You know how to do this – just SHOW us what you know!