

Summative Evaluation

Please check off each assessed skill at the appropriate level as observed.

		Incompetent	Below Expectations	Meets Expectations	Exceeds Expectations	Not Observed
Patient Care: Provides safe patient care that incorporates sound clinical judgement, applied medical knowledge while using a patient-centered approach. (EPAs 1,6,8)						
Skills	Gathers accurate data related to the patient encounter from the history, physical exam, and interpretation of common diagnostic & screening tests (1,3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Develops a differential diagnosis appropriate to the context of the patient setting and findings (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Provides a complete, relevant oral patient presentation/summary to attending (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Performs essential clinical procedures (12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Discusses/enters relevant patient orders/prescriptions (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practiced-Based Learning and Improvement: Demonstrate ability to articulate and apply evidenced-based medicine principles and practices to provide						


		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practiced-Based Learning and Improvement: Demonstrate ability to articulate and apply evidenced-based medicine principles and practices to provide effective patient-centered medical care.						
Skills	Critically evaluate medical information and its sources and apply appropriately to decisions relating to patient care (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Apply systemic methods to improve population health. (13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Knowledge: Demonstrate the understanding and application of foundational biomedical and clinical sciences integral to the practice of patient-centered care.						
Skills:	Develop a prioritized differential diagnosis and select a working diagnosis following a patient encounter (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Recommend and interpret common diagnostic and screening tests (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Form clinical questions and retrieve evidence to advance patient care (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Recognize a patient needing higher level of care, be able to stabilize and seek help (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

System-Based Practice: Demonstrates knowledge of larger systems of context of health care and identifies system resources to maximize the health of the individual and the community or population at large; Demonstrates knowledge of how different delivery systems influence the utilization of resources and access to care; demonstrates understanding of variant health delivery systems and their effect on the practice of a physician and the health care of patients. (EPAs 13)						
Skills	Ability to implement patient centered systems of care in a team orientated environment to advance patients' health. (7,9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Identify and utilize effective strategies for assessing patients (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal and Communication Skills: Demonstrate the knowledge, behaviors, and attitudes that facilitate accurate and efficient information gathering, Empathetic rapport building, and effective information giving in all patient care interactions. This includes interactions with the patient, patient's family and caregivers, physician colleagues, and other members of the interprofessional collaborative team. (EPAs 1,9)						
Skills	Establish and maintain the physician-patient relationship .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Conduct a patient-centered interview (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Forms a patient-centered, interprofessional, evidenced-based management plan which includes health promotion and disease prevention. (2,8,9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Give or receive a patient handover to transition care responsibility to another health care provider/team (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Participate as a contributing and integrated member of an interprofessional team (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Professionalism: Demonstrate humanistic behavior; responsiveness to the needs of the patients that supersedes self-interest; accountability to patients, society, and profession; awareness and proper attention to the issues within cultural diversity. (EPAs 1,9,13)						
Skills	Exhibits respect, compassion, probity honesty, and trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Demonstrates commitment to continuous learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Applies ethical principles in the practice of medicine and confidentiality of patient information (13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Contributes to a culture of safety and improvement (13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteopathic Principles and Practice: Demonstrate knowledge of osteopathic principles and practice, demonstrate and apply knowledge of somatic dysfunction diagnosis and Osteopathic Manipulative Treatment						
Skills	Use the relationship between structure and function to promote health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use OPP to perform competent physical, neurologic, and structural examinations (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Perform or recommend OMT as part of the treatment plan (3, 12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Effectively communicate and document treatment details. (5, 8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Discuss informed consent for OPP treatment (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Osteopathic Principles and Practice: Demonstrate knowledge of osteopathic principles and practice, demonstrate and apply knowledge of somatic dysfunction diagnosis and Osteopathic Manipulative Treatment						
Skills	Use the relationship between structure and function to promote health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use OPP to perform competent physical, neurologic, and structural examinations (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Perform or recommend OMT as part of the treatment plan (3, 12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Effectively communicate and document treatment details. (5, 8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Discuss informed consent for OPP treatment (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Grade Please assign a number grade. For example: Below expectations but not failing - 75% Exceeding expectations - 98%		Incompetent (<70%) Below Expectations (70-79%) Meets Expectations (80-89%) Exceeds Expectations (90-100%)				<input type="checkbox"/> %
For the Overall Grade, please follow the competency scale above in context of the expected level of performance based on the Student's level of training.						
Preceptor Signature:		<input type="text"/>				
Student Name:		<input type="text"/>				
Rotation:		<input type="text"/>				


#MedEdTwagTeam
#TweetorialTuesday




This week:
Dropping Pearls with EBM




@GStetsonMD



@JenniferSpicer4



@YihanYangMD



@ChrisDJacksonMD

THE AIM OF A CLINICAL PEARL

- The clinical pearl bridges our learner's clinical observations and their developing evidence-based practice.
- Our learners are often navigating so much clinical data that a well-timed and well-crafted pearl can help them navigate challenging dx & mgmt scenarios



CLINICAL PEARLS

- What is a clinical pearl?
- Some say there are 4 diagnostic criteria for a “clinical pearl.”
- This has been examined before (PMID 18821165), but is not standardized.

► [Med Teach. 2008;30\(9-10\):870-4. doi: 10.1080/01421590802144286.](#)

What is a clinical pearl and what is its role in medical education?

Martin I Lorin ¹, Debra L Palazzi, Teri L Turner, Mark A Ward

Affiliations [+](#) expand

PMID: 18821165 DOI: 10.1080/01421590802144286

Abstract

Background: Despite the advent of evidence-based medicine, clinical pearls, verbal and published, remain a popular and important part of medical education.

Aims: The purpose of this study was to establish a definition of a clinical pearl and to determine criteria for an educationally sound clinical pearl.

Methods: The authors searched the Medline database for material dealing with clinical pearls, examined and discussed the information found, and formulated a consensus opinion regarding the definition and criteria.

Results: Clinical pearls are best defined as small bits of free standing, clinically relevant information based on experience or observation. They are part of the vast domain of experience-based medicine, and can be helpful in dealing with clinical problems for which controlled data do not exist.

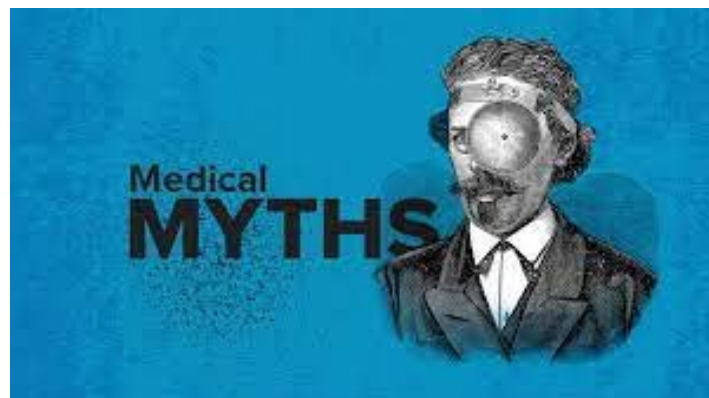
Conclusions: While there are no universally accepted criteria for preparing or evaluating a clinical pearl, we propose some rational guidelines for both.

Similar articles

[What is feedback in clinical education?](#)

MEDICAL MYTHS

- It should be true. This should go without saying, but we should stop perpetuating untruths.
- Ex: “Bronchiolitis peaks on day 4 of illness” is not a pearl; there is no evidence for and actually some evidence against this statement (PMID 33093138)



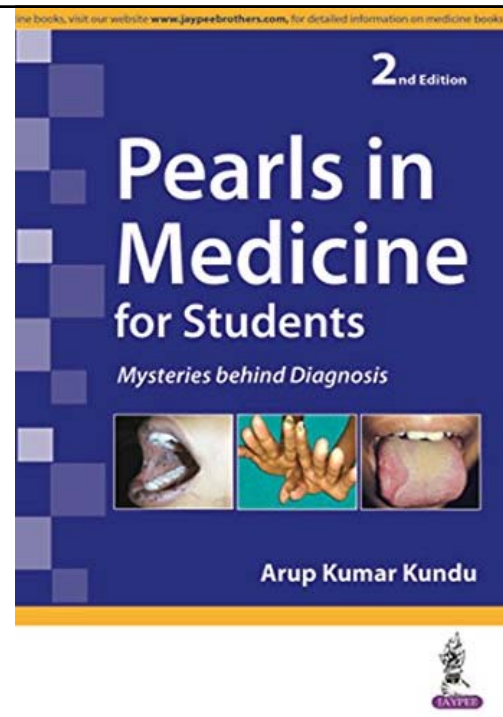
CLINICAL PEARL OR TRIVIA



- It should be clinical.
- The whole point of teaching a pearl is for it to be actionable.
- Ex: "George Washington died of epiglottitis," while interesting, does not affect patient care today; it should therefore be classified more as "trivia"

IS THIS REALLY A PEARL

- It should be little-known. "Pearl" implies that it is rare; if most attendings know it, it's not a pearl.
- Similarly, if it's on the boards, it's not a pearl.
- Ex: "Minocycline can cause lupus" is not a pearl; this is on the IM boards, and clinicians should know it
- So what are some examples of clinical pearls? □
- An example could be: "The most useful physical exam finding for Cushing syndrome is thin skin on the middle finger, with a +LR of 116"



CLINICAL PEARLS

- It should be short. “Pearl” being a small object implies that it is a bite-sized morsel.
- Otherwise it is a lecture, chalk-talk, or framework.
- Ex: The “triangle of dyspnea” is not a pearl, it is a framework.
- Prime your learners to use pearls with caution. Pearls should be used in specific contexts and they do not replace your clinical judgment.
- Much like a stethoscope, a clinical pearl is only as useful as the clinician applying it to a patient scenario.



CLINICAL PEARL “CONTEXT” MATTERS

- Context is everything.
- For each of the pearls above, they do have merit in specific clinical situations.
- Providing learners the appropriate context for the pearl allows them to incorporate these observations in their developing illness and management scripts for diagnoses.

Clinical Pearl	Context
A stroke ain't a stroke until you get 50 of D50	For sudden or acute neurologic deficits, look for hypoglycemia as an important diagnostic mimic.
The hand that gives the pain meds either gives the bowel regimen or disimpacts the patient	Opioids can cause constipation in hospitalized patients, especially in those receiving multiple doses a day
Only thing an ESR tells you is that the lab is open	ESR have specific clinical situations where they are helpful (e.g. vasculitis). Otherwise, elevations of ESR may not provide much diagnostic value.

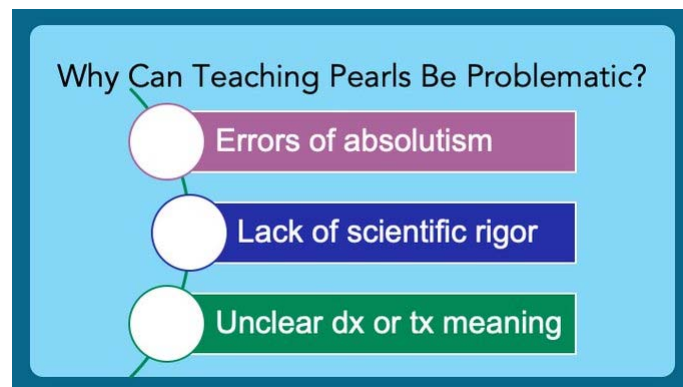
WHAT MAKES A GOOD CLINICAL PEARL

- Clinical pearls have 3 important qualities. They convey a key easily understood clinical point.
- This information could inform dx, mgmt, or both.
- Most important, they should build the knowledge of the receiver, pointing out what is not already known.



WHY CAN TEACHING PEARLS BE PROBLEMATIC

- The teaching of clinical pearls is not perfect Presenting teaching points with qualifiers of ALWAYS or NEVER can misrepresent the reality of clinical practice.
- Some pearls don't withstand scientific rigor. Lastly, pearls with no clear point can confuse learners.



CLINICAL PEARLS

- How do we reclaim the pithiness of the clinical pearl while keeping it scientifically sound and effective in teaching future generations of clinicians?
- Listed below are some of the clinical pearls repeated multiple times throughout my training.
- Over the next few slides, I'll share a framework and illustrate how to be more thoughtful in how we discuss pearls on rounds.

Clinical Pearls I Received During Training

- A stroke ain't a stroke until you get 50 of D50
- The hand that gives the pain meds either gives the bowel regimen or disimpacts the patient
- Only thing an ESR tells you is that the lab is open

HOW PEARLS IMPACT THE PATIENT SCENARIO

- After giving the pearl, it's important to have the learner operationalize its meaning.
- Most pearls have both a dx and tx implication.
- More important than the pearl is the learner's understanding of how it impacts the patient scenario in question.

Clinical Pearl	Diagnostic Meaning	Therapeutic Meaning
A stroke ain't a stroke until you get 50 of D50	Metabolic insults can cause focal neurologic signs	Correcting metabolic derangements (e.g. hypoglycemia) can resolve focal neurologic symptoms if no structural lesions
The hand that gives the pain meds either gives the bowel regimen or disimpacts the patient	Opioid-induced constipation can occur in those on high-dose opioids without bowel regimens	Disimpaction may be necessary for opioid-induced constipation if proper measures not taken
Only thing an ESR tells you is that the lab is open	Indiscriminate ESR testing rarely establishes the diagnosis	Not applicable here

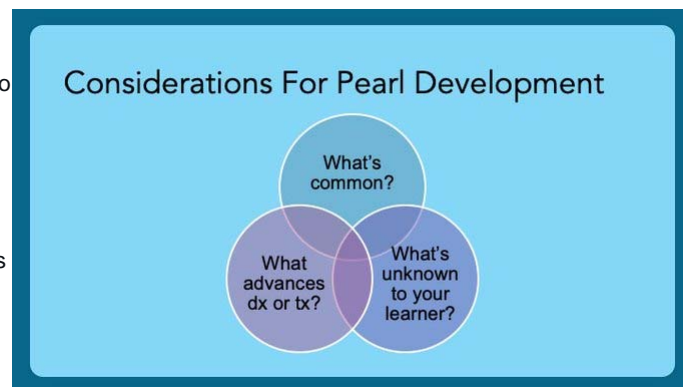
TRUST BUT VERIFY

- Pearls are not eternal. I encourage and model confirming pearls in real-time.
- This confirmation can be searching MKSAP, UpToDate, or ACP Journal Club based on the nature of the pearl.
- I have the learner do it with me, or I ask them to search and report back the next day.



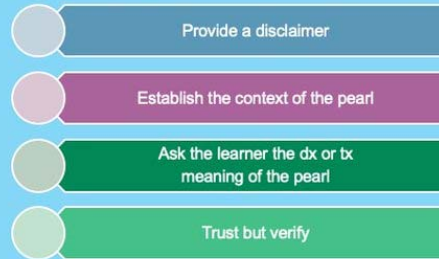
CONSIDERATIONS FOR PEARL DEVELOPMENT

- Your clinical pearls need to serve a purpose to have the most impact.
- As I listen to a learner present a case, I try to think of the 3 questions below when I formulate a pearl.
- Grounding the pearl in one of these questions is the hook to engage your learner about a point.

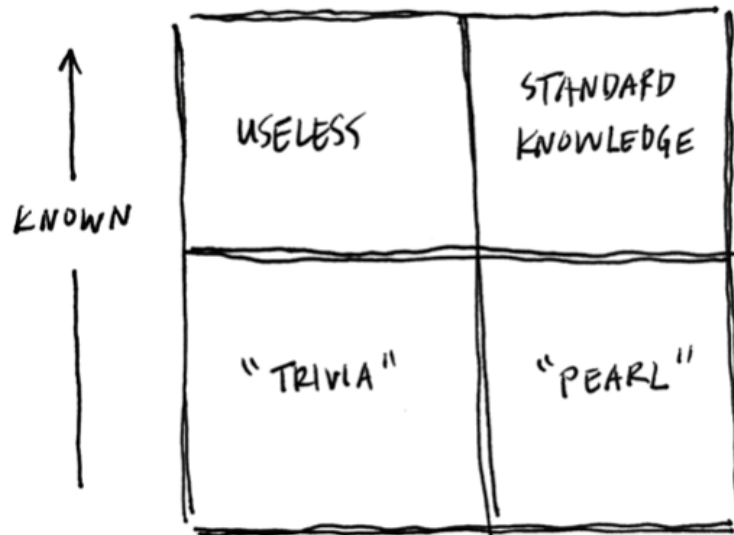


FRAMEWORK FOR TEACHING PEARLS

Leveling Up Your Clinical Pearls



- For those of you who like frameworks, I made one for this meta-educational topic:



PEDIATRICS

HIGH YIELD TOPICS

<input type="checkbox"/>	#	Topic	National Avg
<input type="checkbox"/>	9	Fetal Alcohol Syndrome - Exposure In Utero	89.3%
<input checked="" type="checkbox"/>	31	Rett Syndrome	81.2%
<input type="checkbox"/>	1	Acute Otitis Media - Causative Organism	80.2%
<input type="checkbox"/>	5	Chediak-Higashi Syndrome	79.4%
<input type="checkbox"/>	23	Neurofibromatosis Type 1	75.3%
<input type="checkbox"/>	4	Breast Abscess - 1-month-old	75.0%
<input type="checkbox"/>	48	Cardiac Anomaly In Marfan Syndrome, High Mortality	74.8%
<input type="checkbox"/>	25	Osteogenesis Imperfecta - Additional Findings	74.0%
<input type="checkbox"/>	29	Primary Amenorrhea - Turner's Syndrome	73.6%

>>	<input type="checkbox"/>	#	Topic	National Avg
	<input type="checkbox"/>	46	Syncope	22.0%
	<input type="checkbox"/>	49	Foreign Body Aspiration	27.5%
	<input type="checkbox"/>	19	Karyotype In Kallmann Syndrome	31.3%
	<input type="checkbox"/>	40	Corticosteroids	36.9%
	<input type="checkbox"/>	42	Child And Adolescent Mental Health	38.0%
	<input type="checkbox"/>	12	Gestational Diabetes	38.2%
	<input type="checkbox"/>	3	Leukocyte Disorders	38.8%
	<input type="checkbox"/>	18	Iron Deficiency Anemia - Assessment Question	41.9%
	<input type="checkbox"/>	24	Newborn With UTI	45.6%

ct Exam

View: Classic Save Pause End Test

A 2-year-old boy with a history of asthma is brought to the emergency department by his parents for cough and wheezing that started suddenly 3 hours ago. He had been completely well prior to the onset of these symptoms, without rhinorrhea or fever. His home albuterol had not relieved his symptoms at all. On exam, he has normal vital signs, with wheezing heard in the right lung fields, and clear left lung fields. A chest X-ray demonstrates mild hyperinflation of the right lung, but is otherwise normal. Which of the following is the **BEST** treatment for this patient's condition?

Overall Class Score: 37.9%

[My Class][National]

[24.2%][32.1%] A. Nebulized albuterol

[18.2%][20.3%] B. Nebulized racemic epinephrine

[17.4%][17.4%] C. Oral steroids

✓ [37.9%][27.5%] D. Rigid bronchoscopy

[2.3%][2.7%] E. Subcutaneous epinephrine

A couple brings in their baby boy for a routine visit. The baby smiles back at his parents. He also coos and is able to lift his head off the table when placed in the prone position. The age of this baby is most likely

Overall Class Score: 59.8%

[My class][National]

- [1.5%][2.5%] A. 10 months
- ✓[59.8%][52.3%] B. 2 months
- [26.5%][34.5%] C. 4 months
- [9.1%][9.0%] D. 6 months
- [3.0%][1.7%] E. 8 months

The correct answer is: B

An 8-year-old female was recently admitted to the hospital for splenic sequestration secondary to sickle-cell anemia. She now presents to your outpatient clinic for a well child check. The patient is nervous about visiting the doctor again after her recent hospitalization, and her mother is hoping to make the visit as easy as possible. You inform them that the patient will need vaccinations at this visit, which surprises her mother, who thought the child was up to date on vaccines. Assuming the child is otherwise up to date, which of the following vaccines should she receive at this visit?

Overall Class Score: 65.2%

[My class][National]

- [6.1%][10.4%] A. DTaP vaccination
- [11.4%][9.3%] B. Human papillomavirus vaccination
- [3.0%][5.5%] C. Measles, mumps and rubella vaccination
- ✓[65.2%][61.6%] D. Meningococcal vaccination
- [13.6%][13.2%] E. Tdap vaccination



SURGERY

HIGH YIELD TOPICS

<input type="checkbox"/>	#	Topic	National Avg	
<input type="checkbox"/>	42	Pelvic Trauma	80.2%	-
<input type="checkbox"/>	29	Provocative Test For Carpal Tunnel Syndrome	79.7%	-
<input type="checkbox"/>	36	Malignant Hyperthermia	78.9%	-
<input type="checkbox"/>	46	Clostridium Difficile Colitis	78.2%	-
<input type="checkbox"/>	27	Tarsal Tunnel Syndrome	76.9%	-
<input type="checkbox"/>	41	Trigeminal Neuralgia - Treatment, Medications	76.3%	-
<input type="checkbox"/>	17	Mitral Stenosis	72.6%	I
<input type="checkbox"/>	26	Consent For Confused Patient - Frontal Lobe Tumor	71.9%	-
<input type="checkbox"/>	16	Whipple Procedure - Organs Removed	70.8%	-

>>	#	Topic	National Avg	
<input type="checkbox"/>	1	Large Bowel Obstruction	26.0%	-
<input type="checkbox"/>	32	Spontaneous Pneumothorax - Emergent Treatment	35.0%	-
<input type="checkbox"/>	31	Foreign Body Aspiration	42.2%	
<input type="checkbox"/>	30	Tetralogy Of Fallot	44.2%	-
<input type="checkbox"/>	7	DVT - Highest Risk For Embolization	44.4%	-
<input type="checkbox"/>	14	Wilms' Tumor - Associated Finding	44.9%	-
<input type="checkbox"/>	8	Retinal Detachment	45.2%	-
<input type="checkbox"/>	6	Testicular Cancer	45.9%	-
<input type="checkbox"/>	25	Advanced Directive	47.6%	-

Quiz Preview

NBME Surgery Subject Exam
Test Review
31 of 50

View: **Classic** v

Save Pause End Test

1 A 70-year-old woman presents to the emergency department with complaints of
2 infraumbilical pain, obstipation, and nausea, that started 3 days ago. Her past medical
3 history is significant for hypertension, for which she takes propranolol. She has no surgical
4 history. The patient has not had a recent colonoscopy. Her pulse is 125/min, and blood
5 pressure is 94/70 mm Hg. Physical examination reveals diffuse abdominal tenderness and
6 distension. An abdominal x-ray demonstrates dilation of the small bowel, ascending colon,
7 and transverse colon with decompression of the descending colon. CT from 1 month prior
8 showed similar findings. Laboratory analysis is shown below.

Sodium	140 mEq/L
Potassium	4.8 mEq/L
Blood urea nitrogen	16 mg/dL
Creatinine	0.7 mg/dL

Type here to search 59°F 9:47 PM 5/12/2022

Subject Exam

View: Classic Save Pause End Test

Which of the following is the most appropriate management of this patient?

Overall Class Score: 32.6%

[My class][National]

[26.2%][32.6%] A. Colonoscopy

[6.4%][10.1%] B. Discontinue narcotic medications

✓[32.6%][26.0%] C. Exploratory celiotomy

[26.2%][26.2%] D. Nasogastric tube placement and observation

[6.4%][5.0%] E. Neostigmine

The correct answer is: C

6 of 50

View: Classic Save Pause End Test

1 A 43-year-old woman is brought to the emergency department by ambulance after being
2 involved in motorcycle accident. She has a Glasgow coma scale of 6 and is in significant
3 respiratory distress requiring intubation. The endotracheal tube is placed without difficulty.
4 After intubation, pulse oximetry shows an oxygen saturation of 85%, which continues to
5 drop. Physical examination shows symmetrical anterior chest movement. End-tidal carbon
6 dioxide is undetectable. Which of the following correlates most appropriately with this
7 patient's findings?
8
9
10 Overall Class Score: 54.6%

[My class][National]

[10.6%][7.9%] A. The endotracheal tube is placed appropriately in the trachea

✓[54.6%][57.4%] B. The endotracheal tube is placed inappropriately in the
14 esophagus

[5.7%][3.8%] C. The endotracheal tube is placed inappropriately in the left
17 mainstem bronchus

[8.5%][7.1%] D. The endotracheal tube is placed inappropriately in the right



	#	Topic	National Avg	Me
<input type="checkbox"/>	24	IBD Ulcerative Colitis Maintenance Treatment	57.3%	-
<input type="checkbox"/>	50	Acalculous Cholecystitis	56.7%	-
<input type="checkbox"/>	41	Test To Diagnose SBP	55.1%	-
<input type="checkbox"/>	22	Guillain-Barre Syndrome - Treatment, Medications	54.7%	-
<input type="checkbox"/>	3	Amaurosis Fugax Workup	54.4%	-
<input type="checkbox"/>	10	Bronchiectasis Microorganisms	53.5%	-
<input type="checkbox"/>	44	Transfusion Reactions - Risk Factors	51.7%	-
<input type="checkbox"/>	33	MEN-1 - Diagnosis, Laboratory Workup	51.1%	-
<input type="checkbox"/>	47	Vaccination Schedule For Adult	50.8%	-

A 28-year-old woman presents to the clinic with complaints of intermittent epistaxis and gingival bleeding for the past 3 weeks. History reveals easy bruising over her lower extremities. Her temperature is 36.8°C (98.3°F), pulse is 70/min, respirations are 12/min, and blood pressure is 100/60 mm Hg. Physical examination reveals petechiae bilaterally over the pretibial area. Laboratory data reveals a platelet count of 22,000/μL. Prothrombin time and partial thromboplastin time are normal. A peripheral blood smear reveals a low number of large platelets. Which of the following is the most likely diagnosis?

Overall Class Score: 65.0%

[My class] [National]

- [5.0%] [6.7%] A. Aplastic anemia
- ✓ [65.0%] [57.5%] B. Immune thrombocytopenia purpura
- [12.9%] [19.8%] C. Thrombotic thrombocytopenic purpura
- [12.1%] [12.2%] D. von Willebrand disease
- [3.6%] [3.8%] E. Wiskott-Aldrich syndrome

Exam

View: Classic



Save

Pause

End Test

A 30-year-old male presents to the office with the complaint of abdominal pain and excessive thirst. History reveals he has been urinating more frequently, which he attributes to drinking more fluids. He works in construction and does a lot of heavy lifting daily, but he has noticed being more fatigued than usual. He has a medical history of kidney stones and depression. Laboratory analysis reveals: Sodium 137 mEq/L, Potassium 4.3 mEq/L, Calcium 12.5 mg/dL, Total bilirubin 0.9 mg/dL, Albumin 4.5 g/dL. The next best step in management is

Overall Class Score: 62.9%

[My class] [National]

- [12.9%] [16.5%] A. calculate the corrected calcium level
- [6.4%] [7.8%] B. chest radiograph
- [2.1%] [4.6%] C. measure calcitonin
- ✓ [62.9%] [50.6%] D. measure parathyroid hormone
- [14.3%] [20.5%] E. urinalysis

OBSTETRICS AND GYNECOLOGY

HIGH YIELD
QUESTIONS

>> <input type="checkbox"/>	# <input type="checkbox"/>	Topic <input type="checkbox"/>	National Avg <input type="checkbox"/>	Media <input type="checkbox"/>
<input type="checkbox"/>	26	Medication To Lead To Ovulation, Pregnancy	16.6%	- <input type="checkbox"/>
<input type="checkbox"/>	32	Pregnancy - Caloric Intake	29.1%	- <input type="checkbox"/>
<input type="checkbox"/>	16	Folic Acid Deficiency	31.1%	- <input type="checkbox"/>
<input type="checkbox"/>	10	Cervical Cancer Screening - 30-65 Years Of Age	48.5%	- <input type="checkbox"/>
<input type="checkbox"/>	19	HELLP Syndrome	49.6%	- <input type="checkbox"/>
<input type="checkbox"/>	35	Primary Amenorrhea - Primary Ovarian Failure	51.2%	- <input type="checkbox"/>
<input type="checkbox"/>	2	Endometriosis	51.8%	- <input type="checkbox"/>
<input type="checkbox"/>	34	Pregnancy, Abnormal Alpha-fetoprotein - Work-up	52.7%	- <input type="checkbox"/>
<input type="checkbox"/>	25	Medical-legal Considerations	52.8%	- <input type="checkbox"/>

>> <input type="checkbox"/>	# <input type="checkbox"/>	Topic <input type="checkbox"/>	National Avg <input type="checkbox"/>	Media <input type="checkbox"/>
<input type="checkbox"/>	7	APGAR Scoring - Pink Trunk, Otherwise Normal	76.9%	-
<input type="checkbox"/>	23	Insurance Options	76.0%	-
<input type="checkbox"/>	22	Injection Site Reaction	75.6%	-
<input type="checkbox"/>	42	Symptomatic Hypothyroidism During Pregnancy	74.4%	-
<input type="checkbox"/>	6	3Rd Trimester Bleeding	74.2%	-
<input type="checkbox"/>	18	Gestational Age - Fundus At Level Of Umbilicus	73.8%	-
<input type="checkbox"/>	37	Normal Pregnancy	73.6%	-
<input type="checkbox"/>	9	Bacterial Vaginosis - Causative Organism	73.0%	-
<input type="checkbox"/>	14	Family Planning - Basal Body Temperature Elevated	72.9%	-

Gynecology Subject Exam

View:

A 31-year-old, G2P1011, female presents to the high-risk obstetric clinic for preconception counseling. Her obstetrical history is significant for one miscarriage and her living child was born via Cesarean delivery. Pregnancy with her son was complicated by fetal surgery for spina bifida at 21 weeks. She is hoping to get pregnant again but wants to reduce the risk for spina bifida. The most appropriate recommendation for daily folate supplementation is:

Overall Class Score: 45.4%

[My class][National]

[0.0%][1.4%] A. none

[29.1%][31.9%] B. 400 mcg/day

[12.8%][17.0%] C. 600 mcg/day

[12.1%][18.6%] D. 1000 mcg/day

✓ [45.4%][31.1%] E. 4000 mcg/day

Gynecology Subject Exam

View: Classic ▾



A 31-year-old, G2P1001, Hispanic female at 21 3/7 weeks gestation presents to the obstetric clinic for evaluation due to shortness of breath and uterine contractions. This pregnancy is complicated by increased amniotic fluid index (26.2 cm) at her anatomy ultrasound two weeks ago. Her previous pregnancy was complicated by gestational diabetes and she has a strong history of diabetes in her family. Upon physical examination, the fundal height is 28 cm. The most likely etiology for her increased amniotic fluid is

Overall Class Score: 70.9%

[My class] [National]

- [2.8%] [2.3%] A. congenital varicella infection
- [19.9%] [32.3%] B. duodenal atresia
- ✓ [70.9%] [56.1%] C. gestational diabetes mellitus
- [3.5%] [5.6%] D. hydrops fetalis
- [2.1%] [3.7%] E. twin-to-twin transfusion syndrome



LECOM
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

High Yield Preceptor Questions List

The list of topics below covers high yield questions and topics for preceptors to give their students during their clerkships:

1. Pediatrics
2. Psychiatry
3. OBGYN
4. Pediatrics
5. Family Medicine
6. Surgery

Pediatrics

1. What is the work-up and management of jaundice in a newborn?
2. What are the immunodeficiency syndromes?
3. What is symmetric versus asymmetric intrauterine growth restriction (IUGR)?
4. What are the orthopedic conditions seen in children and their management?
5. What are the common respiratory infections seen in children and their treatments?
6. What is the recommended immunization schedule for children?
7. What are the common dermatologic conditions seen in children?
8. What are the types of neurocutaneous syndromes and their associations?
9. What is transient tachypnea of the newborn (TTN), meconium aspiration, and respiratory distress syndrome (RDS), and how do we diagnose and treat them?
10. What are the common GI pathologies seen in children and how do we diagnose and treat them?
11. What are the typical developmental milestones?
12. How do we diagnose and manage asthma in a child?
13. What are the common renal pathologies seen in children and how do we diagnose and treat them?
14. What is the APGAR Test and what does it indicate?

Internal Medicine

1. What are normal age-related changes in elderly patients regarding physiology and has this ever affected your management in any way?
2. What is the management for anaphylaxis?
3. What is the workup for the different types of anemia?
4. What is the management of depression? What are important things to consider when prescribing a certain antidepressant versus another?
5. What is the management of hemorrhagic and ischemic strokes?
6. What is the differential diagnosis for SJS and TEN (toxic epidermal necrolysis)?
7. What is the differential diagnosis for low back pain? When is getting an MRI the best next step in management?
8. What is the management of a myocardial infarction (STEMI vs NSTEMI)?
9. What is the treatment for a COPD exacerbation?
10. What is the best next step in a patient with hemorrhoids?
11. What is the best next step in an admitted patient with low urine output on postoperative day 2?
12. What is the best next step in a patient with menopausal symptoms? Is the workup age-dependent?
13. What is the workup for erectile dysfunction?
14. What is the diagnostic workup for a patient with suspected Cushing's syndrome?
15. What is the differential diagnosis in a patient presenting with a fluid mass?

Surgery

1. What are the signs and symptoms of a transfusion reaction?
2. What infections are asplenic patients at risk for?
3. What are the causes for a post-op fever?
4. What is the most common cause of a post-op fever in the first 24 hours?
5. What is the management for an acute epidural hematoma?
6. What causes a subarachnoid hemorrhage? How is it diagnosed? How is it treated?
7. What is the most appropriate treatment for invasive cutaneous SCC?
8. What is the management of SCFE (slipped capital femoral epiphysis)?
9. What is the most commonly injured knee ligament and the most sensitive test to diagnose it?
10. What is the treatment for a type A aortic dissection and how is this different than a type B dissection?
11. What is the next step in the management of a patient who presents after an inhalation injury and has perioral burns on examination?
12. What are the 2 common causes of peptic ulcer disease?
13. What is the next step in a patient with gross hematuria after blunt trauma to the bladder?