


Score Sheet for Multiple Patient Case



**EMERGENCY MEDICINE
ORAL CERTIFICATION EXAMINATION
SIMULATED SITUATION ENCOUNTER**

CANDIDATE NUMBER	EXAMINER NUMBER	PROBLEM NUMBER
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

CANDIDATE-EXAMINER

Please place label in this box.

CRITICAL ACTIONS CHECK LIST

Yes/No		PERFORMANCE RATINGS	
		UNACCEPTABLE	ACCEPTABLE
(1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> DANGEROUS ACTION(S) From scoring guidelines		CHIEF EXAMINER ONLY <input type="radio"/> Dangerous action <input type="radio"/> CA equivalent	
(1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> DANGEROUS ACTION(S) From scoring guidelines		CHIEF EXAMINER ONLY <input type="radio"/> Dangerous action <input type="radio"/> CA equivalent	
(1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> DANGEROUS ACTION(S) From scoring guidelines		CHIEF EXAMINER ONLY <input type="radio"/> Dangerous action <input type="radio"/> CA equivalent	
OVERALL RATINGS (A & B & C)		<input type="radio"/>	<input type="radio"/>

EXAMINER COMMENTS (Write or print clearly. Use back for additional space.)

Examiner Signature _____

Rev 5/11 RD10271-PP1-15

Scoring Screen for eOral Case

Critical Actions
Case e5371 - v1.0

Guidelines
Case Summary
Next Encounter

Case e5371 - v1.0
03:18
Start

Scoring
 View Log
 Flags / Dangerous Actions
 Add Notes

Session Date	Case	Candidate Name / ID	Examiner Name / ID
3/19/15	e5371 - v1.0	/ 55557	/ 612

Data Acquisition

1	2	3	4	5	6	7	8	+
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Problem Solving

1	2	3	4	5	6	7	8	+
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Patient Management

1	2	3	4	5	6	7	8	+
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Resource Utilization

1	2	3	4	5	6	7	8	+
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Health Care Provided (Outcomes)

1	2	3	4	5	6	7	8	+
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<input checked="" type="checkbox"/> Administer Analgesia (PM) <div style="display: flex; justify-content: center; gap: 10px; margin-top: 5px;"> ✓ ✗ + </div>	<input checked="" type="checkbox"/> Evaluate Anemia (PS) <div style="display: flex; justify-content: center; gap: 10px; margin-top: 5px;"> ✓ ✗ + </div>
<input checked="" type="checkbox"/> Obtain Chest X-ray (DA) <div style="display: flex; justify-content: center; gap: 10px; margin-top: 5px;"> ✓ ✗ + </div>	<input checked="" type="checkbox"/> Initiate Antibiotic (PM) <div style="display: flex; justify-content: center; gap: 10px; margin-top: 5px;"> ✓ ✗ + </div>
<input checked="" type="checkbox"/> Address Nursing Staff Concerns (IRCS) <div style="display: flex; justify-content: center; gap: 10px; margin-top: 5px;"> ✓ ✗ + </div>	