

Clinical Pathological Case Presentation Competition

Entry Form / Contact Information

Case Presenter (Fellow or Resident) Junior member

Name:

Phone: (cell phone number preferred)

E-mail:

Case Discussant (Attending) Senior member with academic supervisory role over junior member

Name:

Phone: (cell phone number preferred)

E-mail:

Please submit information requested above, along with your case, to: jsuchard@hs.uci.edu

Clinical Pathological Case Presentation Competition

GUIDELINES FOR SUBMISSION

1. Each physician involved with a submission may only be associated with a single submission; i.e. they may not be listed as a potential CPC Presenter or CPC Discussant on more than one case. Multiple submissions may originate from a given fellowship and/or residency program, so long as no participant is listed on more than one case submission. For a given year, however, no more than one case originating from the same institution / educational group (as determined by the CPC Director) can ultimately be chosen for the competition.
2. The Case Discussant (senior member) from each submitting team will be an ACMT member involved in graduate medical education as an attending physician, whether in a Medical Toxicology Fellowship program and/or a residency or fellowship program in a related medical specialty. The senior and junior members will have worked together clinically and thereby have an academic mentor/mentee relationship.
3. The Case Presenter (junior member) from each submitting team will be a medical toxicology fellow, or a fellow or resident from a related medical specialty. It is not necessary that the junior member, by virtue of their chosen specialty, be potentially eligible for board certification in medical toxicology, only that they have worked clinically and have an academic mentor/mentee relationship with the senior member. Thus, the junior member could be a resident in a specialty other than EM, Peds, or Occ Med. Please ask the CPC Director if you have any questions.
4. Cases must be received by application deadline to be considered for entry.
5. Appropriate cases for presentation may include, but are not limited to:
 - An unusual presentation of a common toxicological problem
 - A common presentation of an unusual toxicological problemIn addition, it is required that:
 - The case would be considered to be toxicologic in nature by a prudent Medical Toxicologist.
 - It must be possible to arrive at the true diagnosis with the information provided.
 - The case allows for the generation of a differential diagnosis and discussion of clinical decision-making.
6. Format for submission: Cases should be submitted in two parts:
 - a. Part I: The case, including the medical history, physical examination, diagnostic studies, and any other pertinent information. One suggested format:
 - i. History of Present Illness

information

- ii. Past Medical/Surgical History, and other pertinent

- iii. Medications (as appropriate)

- iv. Physical Examination, including Vital Signs

- v. Ancillary Testing (as appropriate)

- 1. ECG, radiographs, laboratory tests, etc.

- vi. ED and Hospital Course (as appropriate)

b. Part II: The answer, including the means by which the final diagnosis was determined and a statement about the patient's outcome. Including the diagnosis is essential so that highly similar cases are not selected for presentation.

7. Cases will be submitted electronically via e-mail (Word format preferred) along with any associated radiographs, ECGs, and/or clinical photographs. Cases ultimately chosen for the CPC will additionally require submission of the PowerPoint slideshow to be presented at the CPC at least 1 week prior to the competition. Institutional, personal, or patient identifiers should not appear on the case or slides.

8. A completed entry form must accompany the submission.

9. All submissions will be reviewed by a panel to determine the appropriateness for presentation prior to distribution to the discussants. If revisions are deemed necessary (for clarity, fairness, or other indications) or errors in the original submission are discovered, it is the responsibility of the submitting persons to make such changes and to re-submit the case in an expeditious manner. Also, the presentation given on the day of the CPC must also reflect any changes made, to ensure that no data is omitted from or added to the actual presentation, compared to the information the Case Discussant has received.

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GUIDELINES FOR PRESENTATION

1. The Case Presenter has five (5) minutes to present the case. It must be presented as it appears on the original submitted case documentation. No new information may be presented, or information omitted that appeared on the submission.
 - a. The only exceptions to this rule are revisions recommended by the review panel or typographical errors corrected with the permission of the review panel. It remains the responsibility of the submitting program to ensure that any such revisions or changes are forwarded (with assistance from the CPC organizers) to the case discussant in a timely fashion.
2. Following the presentation, the Case Discussant has twenty (20) minutes to discuss the case, emphasizing the thought processes involved in sorting out the case. The discussion should include (variably) a differential diagnosis of clinical findings, supporting and refuting evidence, additional testing that would be helpful, and a conceptual framework to bring together all available evidence. A best guess at the diagnosis should be attempted.
3. The Case Presenter will then have an additional ten (10) minutes in which they will identify the actual diagnosis, describe the further clinical course and outcome of the case, and provide any additional discussion desired (e.g. pathophysiology of the poison, why that particular poison or clinical presentation is important to medical toxicology). Evidence to support the diagnosis and contradict alternative diagnoses (if applicable) should be presented at this time.
4. Presentation time limits will be strictly enforced. Presentations or discussions going over the allotted time will be down-scored by the judging panel.
5. All presentations will be made with PowerPoint slideshows.
6. Slides may contain text and static images. Use of the “Animations” and/or “Transitions” features built-in to PowerPoint is permitted. Video clips and/or audio clips will not be permitted, unless all competitors agree to include them.

a. If a CPC participant wishes to use video or audio clips, they must contact the CPC Director, who will poll the other participants to determine if this may occur if there is unanimous agreement.

7. Presentations will be given using the “Slide Show” function. The “Presenter View” option will not be utilized on the day of the competition; presenters therefore will not be able to use notes embedded electronically within their presentations, although they are free to prepare and use hard-copy notes if desired.

8. The Case Presenters will be judged on presentation style, structure, and case quality, among other features. The Case Discussants will be judged on the educational value, organization, diagnostic reasoning, and presentation clarity, among other features. Determining the correct diagnosis is not required, but will obviously improve a Case Discussant’s score.