Guidelines and Judging Criteria for Senior Resident Paper Day

CASE PRESENTATION

All Papers are due by 11:00pm on Sunday, May 17, 2015
PowerPoint presentation is due at 11:00pm Sunday, June 7, 2015
Senior Resident Paper Day, JUNE 10, 2015

A final copy of your research case presentation paper is due May 17th so the written portion can be judged prior to the presentations. Please send your paper to Angela Harrison at angela.harrison@hc.msu.edu. As a reminder, the senior paper submission and presentation are requirements of your SCS graduation, and any late submissions will not be judged.

Please note: Acceptable case study presentations will follow the guidelines set forth by the SCS Orthopedic Surgery Program Directors (see below), and are based on the AAOS Guidelines. If you have questions about the guidelines, contact your program director or Cammie Cantrell: Cammie@msu.edu 517.884.7660.

Guidelines for Case Presentation

- **Paper.** You may use any format that is acceptable for scholarly papers. Please follow the SOAPS guiding principles for research case presentations (pp. 3-4). You must include a title page that includes the title of your paper, your name and hospital. Do not put your name on subsequent pages.
  - Your paper should include:
    - 1) a brief summary of the significance of the case
    - 2) subjective and objective findings
    - 3) results
    - 4) conclusions
  - Please indicate on the title page it is a CASE STUDY presentation. The content of your paper and presentation will be judged by the criteria as listed on page 2. This is the exact form that will be used for grading by the judges, please be sure that your paper and presentation satisfy all of the elements listed. Make sure you do a spell check.

- **Presentations.** The presentations are limited to ten (10) minutes including questions from the audience. Presenters are expected to present rather than read their case study or PowerPoint slides. Presenters are encouraged to use visuals and additional handouts to enhance presentation and audience understanding. Your presentation must be sent electronically to Angela Harrison, SCS Educational Conference Coordinator by 11:00pm on June 7th. All presentations will be loaded and ready to run when you arrive on June 10th. If you have any questions or problems sending your PowerPoint file, contact Angela Harrison at 517-432-0489 or angela.harrison@hc.msu.edu
Orthopedic Surgery Senior Resident Paper Day
Case Presentation Assessment Sheet

PRESENTER: ________________________________

TITLE: ________________________________

DATE: _______________ EVALUATOR: ________________

<table>
<thead>
<tr>
<th>Content Categories</th>
<th>Rating</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
<td>1. IRB: Has an appropriate IRB been done for the research related to this case, if applicable? Is patient confidentiality appropriately addressed?</td>
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<td>2. SOAP: Is the presentation of the subjective and objective considerations of the case given concisely? Does assessment of the case provide a clear presentation of the primary concern for diagnosis and treatment vs. ongoing or ancillary concerns? Does the plan of treatment and action give careful consideration to appropriate patient protocol?</td>
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<td>3. Appropriateness of subject: Does the topic/case build upon or add to the current fund of medical knowledge? Is it clinically relevant?</td>
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<td>4. Clarity: Are the purpose and rationale for presenting the case absolutely clear?</td>
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<td>5. Literature: Has a thorough literature review informed the discussion of the case?</td>
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<td>6. Detail: Is the case background (subjective/objective) explained in sufficient and concise detail?</td>
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<td>7. Adequacy of methods: Are the research methods (e.g., sample, data collection, analysis) conceptually compatible with the research problem? Does the case assessment outline an appropriately exhaustive and appropriately ranked problem list?</td>
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<td>8. Adequacy of summary: Does the summary include limitations, generalizability, implications? Does the case presentation conclude with an adequately described diagnostic/therapeutic plan and a discussion of implications?</td>
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<tr>
<td>9. Organization and Engagement: Did the presentation flow well? Was it logical and easily understood? Was the material appropriately condensed to fit the time allotted? Did the speaker effectively engage the audience?</td>
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<tr>
<td>10. Audiovisual: Were audiovisuals used effectively to promote understanding? Was the quality of the audiovisuals and/or handouts adequate?</td>
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</table>

Total Score (out of 100 maximum)

9-10 = outstanding
7-8 = exceeded expectations
5-6 = solidly met expectations
3-4 = needs to be improved
1-2 = did not meet expectations
Contents of a Research Case Presentation

SOAPS

Key Guiding Principles for the Research Case Presentation: content, order, and focus.

1. **SUBJECTIVE**
   **Purpose:** to give the present illness, past history, and review of systems.

   **Sections:**
   - Introduction: age, race, sex, complaint, and duration
   - Symptom’s past: chronology beginning from when patient felt normal
   - Symptom’s present: modify factors
     - Quality (descriptions such as ‘burning” “heavy” “stabbing pain”)
     - Location
     - Intensity (descriptors such as “mild” “moderate” “severe”)
     - Modifying factors (factors that increase, decrease, or change a symptom)
   - Positives and Negatives accompanying the primary complaint (Ex: Although a smoker and diabetic, the patient may be free from hypertension, high cholesterol levels and familial risk.)

2. **OBJECTIVE**
   **Purpose:** to present what the examination reveals. “Kernels without the cob”

   **Emphasis:**
   - Focus on abnormal
     - Delete minor or peripheral aberrations
     - Focus on the system of chief complaint (more detail is permissible here)
     - Present primary findings of examination
   - Objective Data (presented in this order)
     - Physical
     - Laboratory (simple to complex)
     - Procedural (results of procedures)

3. **ASSESSMENT**
   **Purpose:** to seek differentials as a heuristic for diagnosis.

   **Warnings:**
   - Beware of an easy explanation as a result of tunnel vision.
   - Beware of lumping disparate elements into one large mix.

   **Principles for the Efficacy of Assessment**
   - Keep the list orderly-the sequence parallels the concerns, starting with the presenting problem.
   - Maintain a dichotomy between problems that require present attention and problems that are chronic, minor, stable or quiescent.
   - Consolidate related problems.
   - Be careful not to be too hasty in lumping problems together.
4. **PLAN**
   **Purpose:** to create a plan of treatment and action.

   Two Categories of Plans
   - Diagnostic
   - Therapeutic

5. **SIGNIFICANCE**
   **Purpose:** To explain how this case informs or differs from the broader research literature.

   One case cannot stand alone as research. It is only valid when it is used as a context to discuss the broader research literature in a meta-analysis of that literature. A case at best raises questions that demand recommendations for further research in light of the research that has occurred. A case must have a discussion of the research literature thoroughly integrated into its presentation.

**OTHER CONSIDERATIONS**

   Hospital course – If consistent with initial assessment, it might be inserted after it has an addenda prior to plan. If conflicting with initial assessment, it might be inserted before it has additional data in support of the altered assessment.

   Keep the data homogenous and anticipated, juxtaposed with similar data.

   Maintain balance and flexibility in presenting the data.