**Tim’s Oral Boards Tips (in no particular order)**

1. To get the most points on oral boards, it’s really important to have an organized approach. Develop a system that works for you. You will refine it as you go and it will become better and more efficient. You have to start somewhere, so come up with something now if you haven’t already. Mock oral boards give you a chance to start refining it. After each mock oral board, think about how you should change it. Then keep your latest system with notes somewhere where you can go back to it next time.

2. Practice with a friend. When mock oral boards come up during residency, do cases with a friend in the weeks before the mock oral boards. It’s beneficial to act as the examiner and will help you become better at taking the test. I think that running cases actually does improve your skills in managing sick patients, so it’s worthwhile to practice during residency for that reason alone.

3. Find a book with cases. A good place to start is the “Pearls of Wisdom” oral boards review. For peds cases, look at “Pediatric Resuscitation: A Practical Approach”.

4. Make up your own cases. It’s not as difficult as it seems and helps you understand how a case will be designed to modulate depending on your management.

5. You should be able to draw whatever diagrams/mnemonics you use on your paper in about 15-20 seconds for the singles. Some examiners will not give you much time to write before the case starts. Only put what you really need. You’ll get used to where things go in your system and can fill them in as you do the case. They don’t all have to be there when the case starts. You can use the blank space to remind yourself that you need to do something.

6. Take advantage of your magical ability to perform physical exam maneuvers on the test that aren’t always as successful or helpful in real life. Often they will reveal information about the case that is very helpful. For instance, you will have the magical ability to perform a good fundoscopic exam in all patients. Look for classic findings that patients don’t always (or rarely ever) have in real life. If you suspect a tension pneumo, look for tracheal deviation. One of the ways the examiner tests your understanding of pathophysiology is that you know what to look for (even if it doesn’t always show up in real life). You’ll magically be able to palpate that pulsatile abdominal mass in a patient with a AAA. Your sensitive fingertips will feel the olive in the baby with pyloric stenosis and pick up a sausage in the RLQ for the kid with intussusception.

7. Give all altered patients NGT (Naloxone 2mg, 50mL of D50, and thiamine 100mg for adults). Just make it a habit. If you don’t want to give Dextrose, check an accuchek instead. Or do both.

8. It’s a game and can actually be fun. When you practice with your friends, try to stump them. Then you’ll talk about a hard case and look stuff up and actually learn something. When you nail a hard case you’ll have bragging rights. You’re an ER resident, admit it, you’re competitive.

9. Take your time on the test. Be deliberate in what you ask for and take the time to look at all labs and process them. I’ve skimmed labs many times in a rush and missed important stuff that needed attention. Even though your patient may be programmed to spiral, you have time to collect and process info.
10. When you start a complete physical exam (you should eventually do one on all patients), complete it. You'll find that once you get used to it, it will only take you 30 seconds to do a complete exam.

11. Likewise, when you start collecting a complete history (PMH, PSH, SH, FH, Meds, Allergies), do it all. It’s really fast. Patients don’t ramble like they do in real life.

12. When you do a primary assessment, I suggest doing the whole thing before doing any interventions. For example, if the patient sounds like they need to be intubated after your “A” assessment because they’re unresponsive and apneic, have the nurse bag and finish your ABCDE. It will take seconds to do it. You will want to know about the amputated leg that’s bleeding out and have the nurse put a pressure dressing on it while you go back and secure the airway and order your CXR, etc.

13. Have some space on your paper designated as a problem list. Then when you finish a case and the examiner says “the patient’s bed is ready, is there anything else you want to do?” you can look at your list and realize you need to give tetanus, antibiotics, splint a fracture, or whatever the case may be.

14. Get in the habit of giving quick warnings to the patient when you’re doing a rectal or undressing them. Say something like “Mr. Jones, I need to have the nurse put you in a gown so I don’t miss anything”, then undress them and do your exposure. Say “Mr. Jones, I need to check your rectum with my finger in order to do a complete exam”, then say “rectal exam?”. You’ll get points for stuff like that. When you do practice cases with your friends and they rectalize you without warning, squeal to help them remember.

15. Make it a habit to talk to the patient or family at some point in the exam. A good time to do it is right before you call a consultant to dispo the patient. You’ll get points for professionalism and it’s your chance to show that you understand the pathophysiology.

16. I would only write down abnormals on my sheet. That goes for the exam, labs, and imaging. It will help you summarize what’s going on with the patient for the consultant and helps you avoid having unnecessary info on your sheet.

17. Try to write legibly on your sheet. I’ve been unable to read my own writing on my problem list on practice cases because I was rushing. That doesn’t work so well.

18. Don’t panic if you don’t know what the case is right away. If you’re systematic in your data gathering, chances are good that it will become apparent to you at some point. They tend not to have cases with obscure diagnoses on the real test. Likewise, if you think you do know what the case is right away, don’t hone in on that one thing. Keep gathering data with a differential diagnosis in mind. There’s much more to each case than just making the diagnosis. Number one, your initial impression may be wrong, and number two, you need to get all the points you can for data gathering, professionalism, etc.

19. Give a quick summary of the data you’ve gathered to your consultant when you call them. It may help you realize you’ve forgotten to do something and you can take care of it before the case is over.

20. Don’t panic if the patient seems to be deteriorating even though you think your management is appropriate. Some cases are designed to do that and might be testing your ability to manage a difficult airway or provide ACLS.