

# Hot tips for hot cases

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After failing the hot cases, I wrote down all the advice that examiners and other SMOs/senior trainees gave me as I prepared again. The following is their collective wisdom (and some extra strategies I found helpful!)

## Approaching the hot case

- *Take ownership of the patient.* Forget that you are being assessed in an artificial situation, and imagine that you are truly in charge of this patient's care. Ask yourself: what are the major challenges facing this patient? What are my priorities for their management?
- *There is often no right answer.* There may be multiple ways to manage a given problem – or no clear solution. Don't let this put you off. What is important is that you acknowledge competing priorities, choose a course of action, provide a rationale for this but also voice your concerns about the potential pitfalls of your approach and how you will mitigate these.
  - Situations with competing priorities are often chosen for the exam, as they are the best way of assessing your thinking and prioritising.

## Preparation & practice

- *Keep a logbook* of all the hot cases you do. Each time you do one, write down the question, the key examination findings, then your opening statement, a list of the key issues, and the key headings of your management plan. Then practice presenting it over and over again out loud until it sounds just the way you want it to.
  - Alternatively use the attached template and draw the findings on, then write the issues/plan on the back. You can also fill in the findings you missed or things you need to look for in that type of case.
- *Arrive at work 20 minutes early* and do an end-of-bedogram on every patient, before you hear the handover. If there's a new patient (and you're unlikely to have the chance to do a hot case on them) examine them before handover and try to work out a list of their issues. (Then see if you got it right during handover!)
- *Use handover to make a list of priorities/problems/plans for each patient* – mentally moving towards identifying the broader issues rather than just taking in the information. This is the essence of the hot case and how it best prepares you for being a consultant.

- *Repetition creates muscle memory.* If there's a particular type of exam (e.g. neuro) that you think you always mess up, do that exam on every patient in the unit, one after the other. You'll invariably get interrupted or some patients won't be able to be examined, but just do your best. If you don't have to think so hard about what to do, you'll be free to concentrate on what you're seeing.
  - Borrow an old resus mannequin or doll and examine them over and over again until it flows. This will help with speed, saving you precious minutes.
- *Practice looking at radiology with a radiologist.* This will help with the radiology viva also. Note down the details of interesting scans when you're at work, find a friendly radiologist and ask them if they can go through them with you (just do 2-3 at a time for the radiologist's sake!). If you do this every 1-2 weeks, your reading of x-rays and CTs will improve tremendously.

### **The examination**

- *Take a moment at the start to take in the whole picture* – the patient, the bedspace and all the equipment in the room. You will see things then that you may never notice from that point on, as your focus starts to narrow down.
- *Use your 2 minutes after reading the stem to decide how you will prioritise your examination.* Try to formulate hypotheses and work out what you will look for specifically to confirm/deny those hypotheses.
- *Expose the patient fully right from the start*, whilst maintaining dignity with an easily manoeuvrable towel or pillow slip.
  - You may feel embarrassed for the patient, but imagine that they are really depending on you to identify their problems, ultimately enabling better care for them (which is what you are being tested on). You can't examine thoroughly if your patient is tangled up in their sheet!
  - Good exposure from the start also means you won't uncover something late in the piece and run out of time to examine it fully.
- *Don't ignore anything that doesn't make sense to you*, for example an unusual piece of equipment or a monitor you've never seen before. Call it out instead of pretending that it is not there.
  - Similarly, if there is something going on in the bedspace that doesn't quite make sense to you, or that concerns you, state that. You won't have all the background information so it's not expected that you will necessarily be able to piece it all together perfectly. Better to point out

the fact that something doesn't add up rather than pretending nothing is surprising to you.

- *Examine with purpose.* As you build a picture of what is going on, try to examine each system/part of the body/item to confirm the presence or absence of findings you could reasonably expect. It may be helpful to note this out loud to demonstrate to the examiners that you are aware of the important findings you are trying to rule in or out in this situation, and that you are integrating your findings into the clinical picture.
  - However, keep an open mind – there are always surprises! Prioritise your examination to ensure you don't miss the most important systems, but attempting to cover all systems (at least with a brief screening examination if you are running out of time) and exposing well from the start ensures that you won't miss the unexpected drain lurking beneath the sheet or the hemiparesis you weren't expecting.
- *Examine each item you find fully, until you have elicited all the relevant details about that item.* For example, if you see an EVD, it is usually also relevant to note its height, whether this has been adjusted recently, what the output has been, what the fluid in the chamber is like, and to inspect the insertion site.
- *Timing is key!* Learn how long 10 minutes is (at first it may help to have a friend give you 2-minutely reminders). When a case runs too long, think about what could have been streamlined / what needed to be prioritised. Which parts were important, and which were less relevant to the question and could have been left to the end?

### **The presentation**

- *Let go of needing to have all the information before you can make a plan.* You may not know the diagnosis, or have much background information, but you can still identify the patient's key issues and manage the problems you see before you. Part of this may include eliciting further key information with the help of investigations, but don't let this constitute your *whole* management plan.
  - If you are stuck on what to do, consider what is holding the patient back from leaving the ICU. What would need to happen in order for them to be discharged? How could you address these issues to allow them to progress?
  - It is easy to feel that the hot case format is unfair because ordinarily you would have access to more information (and more time). Put this aside! Don't waste energy (or words) worrying about what you can't do – focus on what you *can* do with what you have in front of you.

- *Front-load the important stuff.* You may have come up with a number of issues for your patient, but giving them all the same degree of weighting in your presentation suggests that you don't know what's important. Show the examiner that you know what the priorities are. Vocalise your level of concern – what is most worrying to you about this situation?
  - Candidates commonly tell a linear narrative describing their findings then moving on to the conclusion – see if you can offer the conclusions first, then explain the findings that support them. Aim to answer the question in the first 3 sentences of your presentation. This is true of real-life handovers too – it helps the person listening to have a skeleton they can hang information on as they hear it.
- *Relate the results of investigations you are given back to the patient you have just examined.* This may sound obvious but it is easy to get lost when presented with an array of biochemistry or a complex scan. State what you are looking for, using the investigation to confirm or refute hypotheses you have generated about the patient.

### **Other suggestions**

- If you're having trouble with enthusiasm, motivation or confidence about this task, consider meeting with an educational psychologist.
- Seek out *specific* feedback. If the case did not go well, pin down with the examiner specifically what aspect(s) of it could be improved upon. It is easy to feel embarrassed or as though poor practice cases might reflect badly on you as a clinician, but nobody is thinking that (they are just grateful they are not in your shoes anymore).
- Visiting different units to examine patients in an unfamiliar setting is very important. Do not leave it too late – leave yourself enough time to practice with the new advice you have been given by different examiners.
- Video yourself (seek consent first or just tape the presentation). Mortifying as this can be, it is very informative!

