

**RCEMLearning SAQ Template**

Author guidance:

* Editor[s] will be assigned centrally on submission from RCEMLearning’s Editorial Executive.
* The SAQ will be returned to you to preview ahead of publication within seven days of submission It will occasionally take longer to get it back to you depending on the volume of content in build on submission, but we’ll get it back to you ASAP.
* We’ll notify you when a publication date is assigned. Please be aware there may occasionally be a lag between submission and publication depending on the type and volume of other submissions.
* Please source images from sites registered under a Creative Commons license, or other open access arrangements. All images should be anonymised. If you need an image but are struggling to find one let us know and we’ll do that for you.
* Please ensure images are not smaller than 400px width; ideally 800px is good. For any scans or X-rays they need to be the largest image you can get hold of so 2-3000px width should be normal.
* The following criteria are mandatory and must be fulfilled in order to be eligible for publication:
1. Your submission must be mapped against relevant competences from the RCEM curriculum. Please keep this to a minimum of three competences
2. Your submission must be evidence-based, and references must be made to relevant literature and/or guidelines.
3. References must be provided in Vancouver style.

Guidance from the Section Editors:

Case title

Is it ‘snappy and engaging’? This is what draws people into the site from Social Media. Also, is it relevant to the case?

Curriculum Competency Code[s]

These need to be **relevant.** Around 3 or 4 is a good number; remember some competencies are on the Core and Higher Curriculum so can be linked twice.
We check these at the start, and the end to check they are covered.

Images

Are they relevant, do they add to the case, can we use them from a licensing perspective?

Key Words

As with curriculum codes, are they relevant? We check them to start with, and again at the end.

Short Case Summary

Make sure the answer isn’t given away. This needs to act as a teaser to draw the user in. We typically check this at the start and end.

Questions

You can ask up to 3 questions in total. The chosen topic[s] must be in the current RCEM curriculum. The question terminology should be the same as that used in the RCEM exams – and the [glossary of terms](https://www.rcemlearning.co.uk/wp-content/uploads/Clinical-SAQ-glossary.pdf).

* There should be 3 marks for the whole SAQ. A breakdown of the marking scheme should be included (it can include half marks if necessary).
* The questions should be about aspects of the topic that are relevant and important in the ED. They may be about patient assessment, risk stratification or differential diagnosis, diagnostic tests carried out in the ED, ED management, pitfalls, patient safety and safe discharge.

Model answers

* Model answers must be provided along with an explanation as to why this is the most appropriate. Other answers that would be acceptable should also be included. For example, if the question asks for the two likeliest diagnoses you will need to explain why these are likeliest. Alternatively, if the question asks for two possible diagnoses your model answer must include all of the accepted diagnoses.
* If your gold standard answer is taken from any current UK guidance (e.g. NICE, BTS, ALS) please reference this, ideally using a weblink (see references below).
* Model answers will be given on the session’s final page after all of the user’s answers have been submitted.

Additional Information

The “Additional Information” section aims to provide further learning from the SAQ. It can be up to 1000 words in length and should cover the key aspects of the topic that are relevant to Emergency Medicine. It will form the core knowledge that you would like the learner to take from this SAQ. You need to ask yourself whether the information is relevant and current, and it should be concise.

Key learning points

Are these covered in the session? These are the few things you want the learner to remember, no new ideas should come into this! The learning points should be in bullet point form.

Hyperlinks & References

References to online sources should be hyperlinked (i.e. Cadogan D. [Atrioventricular Nodal Reentrant Tachycardia (AVNRT) Life in the Fast Lane](https://lifeinthefastlane.com/avnrt-ecg/). 2019 [cited 5 March 2019], as opposed to Cadogan D. Atrioventricular Nodal Reentrant Tachycardia (AVNRT) Life in the Fast Lane. 2019 [cited 5 March 2019].
https://lifeinthefastlane.com/avnrt-ecg/

Do the URLs work and are they relevant? Usually 2-3 references is sufficient. If you have more than this, pick out the most recent and use those. Aim to use open access resources if possible. If the source is closed access is there a good review out there of it?

Traditional references should be formatted in the Vancouver style. [This resource](https://www.imperial.ac.uk/media/imperial-college/administration-and-support-services/library/public/vancouver.pdf) is useful for citing guidance

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| --- | --- |
| Title |  |
| Author[s] Name, Grade, Institution, Twitter handle\*\*Including this means you’re granting your permission for your profile to be shared via social media when the session is published |  |
| Editorial review name, gradeInstitution, Twitter handle\* (if you have one) |  |
| RCEMLearning Editorial Executive reviewer |  |
| Date signed off for build by creative lead |  |
| Reason[s] not signed off for build by creative lead |  |
| Date submitting author[s] suggest session should be reviewed (e.g. 1 year from publication, 2 years etc.) |  |
| Curriculum Competency Code[s] | Please select relevant competences from this [curriculum map](https://www.rcemlearning.co.uk/curriculum/) |
| New Curriculum Mapping\*Mandatory | Please also select what [SLO’s from the new curriculum](https://rcemcurriculum.co.uk/) the content relates to, and map codes from [the Syllabus](https://rcemcurriculum.co.uk/the-syllabus-v2-1-20190327/) |
| Specialty Key Terms  (please bold or underline) | Cardiology Critical Care Endocrine Environmental Infectious diseases Metabolic Neurology Paediatrics Trauma Vascular emergencies Abdominal surgery Care of the elderly Diagnostics ENT Surgery Gastroenterology Maxillofacial surgeryMusculoskeletal OphthalmologyRespiratory Urology Toxicology |
| Body part (underline)  | **Body part :** Heart, Head, Face, Eye, Ear, Nose, Throat, Mouth, Neck, Chest, Heart, Shoulder, Upper Arm, Elbow, Forearm, Wrist, Hand, Thumb, Finger, Abdomen, Back, Cervical Spine, Thoracic Spine, Lumbar Spine, Pelvis, Hip, Femur, Knee, Ankle, Lower Leg, Foot, Toe, Skin |
| Images | *If an image is used, please load and send separately, and ensure it is clearly labelled and linked to this document, i.e author & title. Standard guidance for image capture applies. All images MUST be anonymised; if using clinical image[s], evidence of patient consent must be kept by you and available for review. A citation/reference must be provided for the image in order to the session to be published. This will be displayed alongside the image in the published session.*  |
| Key WordsPlease enter as many relevant key words as you need to enable your SAQ to be searchable |  |
| Short Case SummaryThis is a very short case summary that will display on the session’s landing page to attract learners (less than 30 words) |  |
| Case Scenario A summary on how the patient presented in the ED and any relevant history and background info etc (up to 400 words)*NOTE: The scenario will display above each question.* |  |
| Question 1 & suggested mark |  |
| Question 1 model answer |  |
| Question 2 & suggested mark |  |
| Question 2 model answer |  |
| Question 3 & suggested mark |  |
| Question 3 model answer |  |
| Additional information  |  |
| Key learning points |  |
| References  | References should be formatted in the Vancouver styleE.g.1. Cadogan D. [Atrioventricular Nodal Reentrant Tachycardia (AVNRT) Life in the Fast Lane](https://lifeinthefastlane.com/avnrt-ecg/). 2019 [cited 5 March 2019].  |