**MSK Resident End of Rotation Oral Examination: Tips and Guidance**

* An oral exam will be administered to each resident within the last week of their MSK rotation.
* This exam will consist of cases appropriate to your R-level. It will focus on topics in the assigned reading for your rotation, and all topics from previous MSK rotations. E.g. For an R3 resident, any topic from the R3, R2, and R1 reading lists are fair game.
* For residents whose MSK rotation is “split” between a few weeks early in the academic year and a few weeks later in the academic year, your MSK oral exam will be administered in the last week of the last MSK rotation of your academic year. If you happen to take vacation or are away for most or all of the last MSK rotation of your academic year, you will still be required to take the oral exam when you return, and this exam will be scheduled ASAP after your return from vacation or leave, during a time that is least disruptive to the clinical service, which may include exam times before 8 AM or after 5 PM.

Exam Structure

* 10 cases
* Most cases will have follow-up questions to test your knowledge of anatomy, pathophysiology, associated radiologic findings, and patient management.
* You will be graded on your ability to coherently and intelligently discuss the case findings and to generate an appropriate differential diagnosis.
* 60% will be considered the threshold for passing the exam.
* Your performance on the oral exam will be included in your MedHub Evaluation for your MSK rotation.

Example scoring of sample case:

|  |  |  |
| --- | --- | --- |
|  | Max. Score | Examinee Score |
| Findings:  -Mass centered in subcutaneous soft tissues  -Bright on T1 and dark on fat saturated sequences, following fat signal  -Thin internal septae  -No thickened septae  -No nodular nonadipose or enhancing components  -No invasion of adjacent soft tissue or osseous structures | 6 |  |
| Ddx: lipoma, atypical lipomatous tumor, less likely liposarcoma | 3 |  |
| Question 1: What MR features would favor liposarcoma over lipoma? | 3 |  |

Tips for taking a case:

1. A cursory history will be provided for each case, except those which only test imaging anatomy.
2. State the history and describe the type of imaging that has been provided to you.
   1. For example: “35 year old female presents with knee pain after a twisting injury. I have been presented with 3 MRI images of the knee: an axial T2 with fat saturation, a sagittal proton density with fat saturation, and a coronal proton density."
3. Look at all the images before starting your discussion of the imaging findings.
4. Find the major abnormality (or abnormalities) and describe it.
5. Describe all additional findings.
6. Describe all pertinent negatives.
7. Provide a differential diagnosis (top three Ddx), listing most probable diagnosis first.
8. Tell the examiner what you would do next regarding next imaging steps or patient management steps.
   1. For example: “I would immediately call the ordering provider and recommend emergent surgical consultation for this patient with suspected necrotizing fasciitis.”
   2. Another example: “I would call the ordering provider to ask if the patient has any clinical signs or symptoms of a septic shoulder joint. I would inquire whether the patient has an elevated WBC and/or elevated inflammatory markers. If there were clinical and laboratory signs of septic arthritis of the shoulder, I would recommend joint fluid sampling and urgent consultation with orthopedic surgery.”