

Council of Residency Directors in Emergency Medicine

Education Committee

Recommendations for Creation of Practice ABEM Certifying Exam Cases

****Approved by the CORD Board of Directors****

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With ABEM's transition to the new Certifying Exam in 2026, residency programs must utilize novel cases to prepare their residents for board certification. Though there is limited information on how to create each of ABEM's eight case types, we have drawn from guidelines that exist for simulation case creation.¹ This document serves as a guide, along with case templates and scoring rubrics developed by the CORD Education Committee, for practice case creation in the format of the new Certifying Exam.

General Best Practices:

- Use provided templates to create cases that most closely match ABEM case samples.
- List authors as well as original case authors, with their permission, if case was adapted.
- Cases should have a complete Candidate Task Sheet with clear case parameters and examiner script.
- Include case overview on expected case progression (i.e., cues to move case forward).
- Include examiner instructions to clarify how to approach the case (i.e., role-playing vs. no role-playing)
- Include a case debrief citing credible sources (i.e., pearls/pitfalls of a procedure or work up and management of the illness presented in the case).
- Include a list of materials or personnel needed for the case (i.e., sim task trainers, procedure supplies, ultrasound machine, volunteers/standardized patients, etc.).
- Include clear images and videos (or links) with proper resolution for accurate interpretation.
- Cases should use a scoring tool/framework with supporting validity evidence when applicable (i.e., SPIKES framework).
- Cases should include a complete and clear scoring guide with a suggested minimum passing threshold as well as 1-3 automatic failure criteria.
- Properly cite images and videos used in cases or acknowledge those who provided images/videos. References for case debrief, images, and/or videos should be in the APA format.

Case-Specific Best Practices:

Clinical Decision Making

- Include examiner script with prompts for when to display stimuli to candidates (see template for example).
- List important historical and exam components as well as diagnostic testing, treatments, consultations, and/or actions (i.e., updating patient/family, obtaining repeat vitals, discharge instructions) that candidates should acquire to assess competency.
- Include sample clarifying/follow up questions for the examiner (i.e., “Can you clarify your [blank] exam?” “When would you consider ordering [blank]?” “Can you interpret [blank]?”).
- List 3-4 acceptable diagnoses for the case’s patient presentation for scoring purposes.
- Cases should have one best diagnosis and disposition.

Prioritization

- Provide overview of case scenario including ED setting, provider coverage, nursing staff, number of patients waiting, and other important information (i.e., subspecialty coverage or description of mass casualty event).
- On the initial trackboard, include patient age, sex, chief complaint, and vital signs.
- On the second trackboard, add a brief triage note and relevant stimuli.
- On the third trackboard, provide 2-3 new patients for candidates to triage.
- Include 2-3 best historical, exam, and test elements that should be obtained based on initial triage information to assess candidate competency.
- Include 1-3 best tasks that should be performed for each triaged patient to assess candidate competency.
- Provide best order of triaged patients from most to least ill for examiner reference and scoring.

Difficult Conversations

- Cases should include an overview of ED course and testing done thus far as well as summary of how the case will progress including possible next steps and disposition after disclosure.
- Cases should include likely questions a candidate may ask with sample responses for the examiner's reference.
- Scoring/debriefing should reflect the SPIKES or GRIEV_ING frameworks (see template for sample scoring sheet).

Managing Conflict

- Clearly describe conflict/divergent positions for examiner reference.
- Clearly describe shared interests between the involved parties.
- Include 1-2 acceptable compromises for case resolution.
- Push candidates to pursue a single path forward out of listed acceptable compromises.

Patient-Centered Communications

- Provide exam findings for candidate reference as well as changes following treatment.
- Describe important components of patient-centered care that the candidate should include (i.e., reporting test results, explaining likely diagnosis, next steps/disposition, discharge instructions, and/or asking if the patient has any questions).

Reassessment/Troubleshooting

- List important historical aspects, exam findings, and/or test results that warrant reassessment or retesting by the candidate
- Provide 2-3 likely diagnoses or complications based on initial reassessment
- Push candidate to choose a single best diagnosis and plan

Procedures

- Procedures selected for cases should follow the [list of procedures](#) provided for the Certifying Exam by ABEM.
- Cases should include scoring checklist for both verbal and procedural components to determine competency:
 - Verbal component:
 - Indications, risks, and benefits
 - Obtaining consent for the procedure
 - Discussion of post-procedure care
 - Correct interpretation of test results
 - Performance of steps of procedure:
 - Preparation and positioning
 - Communication with patient during procedure
 - Procedural skill
 - Intraprocedural troubleshooting
 - Post-procedural care

Ultrasound

- Ultrasounds selected for cases should follow the [list of ultrasound exams](#) provided for the certifying exam by ABEM.
- Include 2-3 ultrasound clips/images along with a clinical scenario to be interpreted by the candidate after they perform the ultrasound.
- List which structures or abnormalities need to be identified by the candidate.
- Push candidates to verbalize their probe position and interpretation of the provided ultrasound clips and/or images.
- Cases should include scoring checklist for:
 - Appropriate patient positioning
 - Correct probe selection and probe placement

References

1. Watts PI, McDermott DS, Alinier G, et al. Healthcare Simulation Standards of Best PracticeTM Simulation Design. *Clin Simul Nurs.* 2021;58:14-21.
doi:10.1016/j.ecns.2021.08.009