

Anesthesia Toolbox

General Comments for all Submitted Mini PBLDs

1. **Keep all author identifying information on a cover sheet (author/co-author names, institutions, city/state, etc.) to be uploaded to EditorialManager.**
2. We have provided you with a sample Mini PBLD. Please use this Mini PBLD as a template for your Mini PBLD – use the exact same font, style, bullets, bolding, reference format, etc.
3. The Mini PBLD should be in a word document.
4. Label your **Mini PBLD filename** according to our naming convention:
 - a. Example: Airway Mini PBLD 1: ETT Exchange 01142021
 - b. Note the 8-digit code at the end that indicates the date of your submission. We use the date to track versions of your submission. Subsequent submissions for revised lectures should have a new date in the filename.
5. **At the top of the Mini PBLD list the authors, academic rank, and affiliations.**
6. **After the authors, please list any relevant disclosures.**
7. **Please provide 3-5 Learning Objectives for your Mini PBLD**
 - a. Make sure the flow of the Mini PBLD achieves the stated learning objectives
 - b. Refer to the Learning Objectives Lecture (*attached*)
 - c. Provide learning objectives that:
 - Are congruent with identified gaps, and to reflect our CME mission to improve (at least) competence.
 - List each objective in learner-oriented, not faculty-oriented, terms
 - List each objective in measurable terms (do not start an objective with “Understand”)
 - Consist of only one action or outcome
 - Complete this statement: “Upon completion of this learning activity, participants should be able to...”
8. **How to write a great Mini PBLD**
 - a. Begin with an interesting case (does not have to be a rare syndrome or complication) that is relevant to the learners
 - i. The case description should be 3-4 sentences of description that include real-world details (helps with relevancy).
 - ii. The case can be routine but should have options for the learners to consider in management. Good PBLDs cause participants to consider the facts and make decisions or judgments that they must then justify.
 - iii. Questions should be open ended and stimulate critical thinking (analysis, synthesis of information).
 - b. The case(s) should evolve and roughly follow the learning objectives (gradual revelation of new details)
 - i. The evolution of the case is designed to cause the learners to consider new options and reanalyze the facts/data.
 - ii. Twists and turns in the case are good. They should stimulate some controversy and push the learners to consider options that might not be obvious from the beginning of the case.

- iii. The new details should keep the case interesting.
 - c. The PBLD may contain a learning exercise that is developed during the evolution of the case. For example, the exercise might be a chart listing management options for the case with the pros and cons of each option.
9. The case questions should be in regular font. Following each question, include a detailed answer for the instructor to review. These answers will be used to create an instructor version of the Mini PBLD.
 10. Please see the attached Mini PBLD as an example of a good Mini PBLD.
 11. **References:** References should be included where appropriate within the text and listed as Author last name and year of publication (Smith,2019). All studies cited should be referenced. The references should include the full citation and should be listed at the end of the Mini PBLD and be in alphabetical order.

Please note the proper format:

Last name first name initial, comma only between authors. Title. Source. Year; Volume: Pages.

List no more than 3 authors then use et al. Do not use the et al after one or two authors.

No italics, no quote marks or doi information.

Journal:

Carli F, Mayo N, Klubien K, et al. Epidural analgesia enhances functional exercise capacity and health-related quality of life after colonic surgery: Results of a randomized trial. *Anesthesiology* 2002; 97:540-9

Book:

Barash PG, Cullen BF, Stoelting RK. *Clinical Anesthesia*, 3rd edition. Philadelphia, Lippincott-Raven Publishers, 1997, pp 23-4 (not preferred as books cannot be linked)

Chapter:

Blitt C. Monitoring the anesthetized patient, *Clinical Anesthesia*, 3rd edition. Edited by Barash PG, Cullen BF, Stoelting RK. Philadelphia, Lippincott-Raven Publishers, 1997, pp 563-85

12. Please make sure all figures/drawings/art/pictures are your own, royalty free, and/or properly cited if from a journal article. It's easy to take a picture with your phone of interesting things and use those in your presentation. Make sure all pictures avoid other people or HIPPA protected information.

Scientific Integrity

The goal of the Toolbox is to provide educational material that is of high quality. The ASA provides the following guidelines when preparing educational material for their CME events and these should also be considered for Toolbox presentations.

- Presentations must be free of commercial bias for or against any product.
- Presentations must give a balanced view of therapeutic options. Faculty use of generic names will contribute to this impartiality. If trade names are used, those of several companies should be used rather than only that of a single supporting company.
- Presentations that include commercial products must present objective information about those products, based on scientific methods generally accepted in the medical community.
- Information presented must conform to the generally accepted standards of experimental design, data collection and analysis.
- If unapproved uses of a product or service are discussed, inform the audience.
- The content of slides and reference materials are the ultimate responsibility of the faculty author.
- The preponderance of slides included in the presentation should reflect original thoughts and organization of the speaker.

- It is the responsibility of the faculty presenter to obtain written permission for print inclusion of material that is under copyright protection.
- Material presented from trial results must include information on study design, subject selection and participation/compliance, therapeutic agents administered including source/dosage, adverse effects encountered, funding source, etc.
- Faculty must offer a balanced presentation of all available trial data that is pertinent to the topic.
- The preponderance of data presented from clinical trials should be from peer-reviewed publications.

Intellectual Property

Authors retain all rights to submitted content. You may use, alter, create derivative works, etc for your submitted content. You do not give up any or your rights to your content but submitting it to the toolbox.

The Anesthesia Toolbox agreement grants a limited license for the toolbox to publish your submitted content and for toolbox members to use the content for educational purposes within their institution. In addition, the toolbox agreement allows the toolbox to create CME or subscription products within the toolbox for sale. Revenues generated from such products are intended to make the toolbox a self-sustaining organization.

The Anesthesia Toolbox is meant to be a high-quality publishing outlet for faculty to share educational resources and work product. **The Toolbox peer review process** is structured in the same manner as a traditional print journal. We maintain an editorial board and staff, we subject all works to peer-review in much the same way as print journals including invited expert reviewers that respond with written critiques of submitted material.

Publication and Academic Credit

Once material is published in the Anesthesia Toolbox it can be used to support promotion and advancement for the author. The Anesthesia Toolbox uses established conventions for citing digital content and online resources.

We highly recommend you view these videos to help you craft engaging lectures:

- <http://vimeo.com/24148123>
- <https://vimeo.com/101543862>