
STYLE/GRAMMAR

- Keep writing amenable to the spoken word (commentary is recorded by the Editor and inserted into the beginning and end of the episode audio)
- Use active voice (*ie, The physician recommended examining the patient's skin to assess for cancerous lesions*); avoid using passive voice (*ie, The patient had her skin examined to assess for cancerous lesions as recommended by the physician*)
- Review about 3 key takeaways from the interview

FORMATTING

- Keep length to no longer than 2 minutes when read aloud (usually either a paragraph or 3 bullet points)
- Expand all acronyms at first use and abbreviate at subsequent mention
- Use “such as” or “for example;” avoid using “i.e.”
- Use AMA style when formatting references (*ie, Wang YA, James WD. Update on rosacea classification and its controversies. Cutis. 2019;104(1):70-3. URL: <https://pubmed.ncbi.nlm.nih.gov/31487337/>*)

QUIZ QUESTIONS

The purpose of writing a case-based, multiple-choice question for a CME activity is to measure the learner's application of knowledge based on the desired results and learning objective(s) of the activity.

Include

- A clear link between the question and learning objective
- Five response options (1 preferred response and 4 plausible distractors)
- Response options of similar length

Avoid

- Negative questions (*ie, All of the following except which medication can be used to treat this condition*)
- Multiple answers in the options (*ie, Both B and D or A, B, and C*)
- True/false response option
- Response options of “none of the above” or “all of the above”
- Vague words such as “rarely,” “occasionally,” or “frequently”
- Absolutes such as “always” and “never”
- Limit gender delineation in stem unless critical to the understanding of the question

Examples

The following are examples of case-based, multiple-choice questions written for a CME activity.

Question 1

Learning Objective: Recognize the signs of malignant lesions in pediatric patients.

Stem: A 12-year-old patient presents to the clinic for evaluation of a tender, enlarging skin growth on his right lower leg present for the past 3 years. The patient's pediatrician diagnosed the patient with a wart and has been unsuccessfully treating the lesion with cryotherapy. A skin biopsy demonstrates squamous cell carcinoma.

Lead Line: Which element of the patient's medical history would most raise the level of suspicion for a squamous cell carcinoma?

- A. Large congenital melanocytic nevus
- B. Langerhans cell histiocytosis
- C. Early onset of acne
- D. Long term voriconazole use
- E. Neurofibromatosis type I

Correct Answer: D

Question 2

Learning Objective: Review best practices for evaluating, diagnosing, and treating patients with rosacea.

Stem: A 48-year-old presents with recurrent central facial burning and redness. The patient describes papules and pustules on the nose. Physical exam reveals prominent telangiectasias across the cheeks. The patient denies dryness, tearing, and/or itching of the eyes. The patient is bothered by the background redness and would like to be as aggressive as possible with treating the condition overall.

Lead Line: What combination of treatments over time is most appropriate for this patient?

- A. Topical azelaic acid, topical metronidazole, and diode laser
- B. Topical hydroquinone, topical oxymetazoline, oral azithromycin, and KTP laser (potassium-titanyl-phosphate)
- C. Topical ivermectin, topical metronidazole, and topical lidocaine
- D. Topical metronidazole, topical oxymetazoline, oral doxycycline, and PDL (pulsed dye laser)
- E. Topical tretinoin, oral doxycycline, and ablative CO2 laser

Correct Answer: D.