The Art of Mastering Oral Case Presentations: A Third Year Medical Student's Perspective

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Oral case presentations are integral for effective team communication and play a critical role in medical student education.^{1,2} Often, oral case presentation skills are learned through trial and error during clerkships.³ While each medical specialty is unique, we present seven universal strategies to help medical students succeed with oral case presentations from the beginning of their clinical experiences.



Definition of oral case presentation:

1. Team member presents patient information in a standardized manner to all team members with the goal of providing justification for their diagnostic and therapeutic plan.⁴

2. Team members reflect upon presentation and offer additional insight/advice.

' Pre-round the same way every time ($igsymbol{ecy}}}}}}}$

Purpose: Studies on Cognitive Learning Theory show that standardization frees working memory, thus improving learning capacity by reducing mental effort and increasing efficiency.⁵ **Do:** Review the chart in the same order every time.

Don't: Get distracted by abnormal results and jump out of order to review them.

Pro-Tip: Communicate with the overnight nurse to get patient updates.

Take efficient notes while pre-rounding

Purpose: Note-taking aids in both memory and comprehension.⁶ This will remind you to share important information when on the spot in front of the team.

Do: As you progress, write less subjective portions and write only harder to remember objective data (e.g. vital signs, lab results). **Don't:** Read your notes verbatim as you present, use them as a reference.

Pro-Tip: Use different colors to make key results stand out.

Run key portions of your presentations by the team 🔎

Purpose: Ensures team members are on the same page and reduces interruptions.

Do: Focus on discussing your top differential/the order of your problem list.

Don't: Give your full presentation as residents are also busy. **Pro-Tip:** Ask your resident when would be the most convenient time to talk.

🖍 Learn the format and stick to it 🔿

Purpose: Using a standardized communication method--typically subjective, objective, assessment, and plan--provides a framework for clinical reasoning makes information retrieval easier.²

Do: Refrain from editorializing (e.g. why you think the patient has abnormal vitals *in the objective section*; save this for the assessment and plan).

Don't: "For vital signs, patient has a *fever* of 38°C which I think is due to pneumonia."

Pro-Tip: Ask what format/content is most relevant to that specialty.

${}^{m{e}}$ Trend results $|\mathcal{N}|$

Purpose: Provides context for abnormal results/vitals, signaling that you understand their significance.

Do: "Hemoglobin is 9 from a baseline of 14."

Don't: "Hemoglobin is 9."

Pro-Tip: Present the range rather than the most recent value. "Heart rate ranged from 76-113" is more informative than "heart rate is 76."

$^{\prime}$ Commit to a plan ${ extstyle }$

Purpose: The assessment and plan showcases your knowledge and clinical reasoning. Provide your thought process for your differential and plan.

Do: "I want to order a chest x-ray to rule out pneumonia."

 $\mbox{Don't: "I am not sure if this is correct...but I think we could consider ordering a chest x-ray?"$

Pro-Tip: Don't allow pauses that invite interruptions.

Solicit feedback

Purpose: Deliberate practice is a focused, coached effort to improve performance at well-defined tasks.[§] Real-time feedback is critical. **Do:** "What would you have included/excluded?" "How would you have prioritized the problem list?"

Don't: Wait until the end of the rotation to solicit feedback. **Pro-Tip:** Note changes made to your assessment and plan by the team and incorporate these into your next presentation.

Disclosures: Dr. Lessing reports serving as an associate editor of the freely-available Diagnostic Excellence course for Aquifer, Inc. He is not involved in Aquifer's freely-available Oral Case Presentation course. Ms. Konon and Dr. Hagan report no disclosures. Author contact: elizabeth.konon@cuanschutz.edu