Teaching the Skill of Oral Case Presentation

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"Oral Case Presentations: It's More Than Just Talk"
Learning Objectives

Upon completion of this session the participant will be able to…

- 1. Report the multiple skills gained by using oral case presentations
- 2. Demonstrate how to successfully teach students how to write meaningful summary statements
- 3. Implement oral case presentations exercises in your curriculum

Setting the Stage

- Compare and contrast skills of the "required comprehensive inpatient H and P write up" vs "the bedside oral case presentation"

OCP

- Why
  - The purposes of teaching this skill
- What
  - Introducing clinical reasoning skills terminology
- How
  - The methods used (the nuts and bolts)

What's the Point?

- Student learns time management on rounds
- Student learns what to keep and what to leave behind
- Student learns how to think like a doctor
- Student learns how to hand off patients and how to consult a subspecialist

How to Get it Done

Week 1
- **Prepare**: Give explicit instructions and expectations for the next session. (more on this in a minute)
- **Handout:** OCP primer (good, bad, ugly)

Week 2
- 1 student presents (interrupt when at SS)
- Other students listen and write their own summary statement
- Student presenter then resumes OCP from SS
- Give immediate feedback

Week 3
- Students instructed in sign offs and consult request
- Student read OCP without interruption
- Other students assigned to write a Sign Off or Consult Request using scripts

Week 4
- Grand Rounds Prep
- Instructions on writing inpatient daily progress notes on complex patients

Instructions and Expectations Week 1

- 6 elements in OCP
  - 1. HPI (no or little PMH/ROS)
  - 2. PE (focused)
  - 3. Summary Statement(SS)
  - 4. Dif DX (focused)
  - 5. Impression (commit)
  - 6. Plan (generalized)

OCP Prep Talk: continued

- Two minute time rule
- May use same patient used in "write up"
- Write it down. Practice. Rewrite.
- It is to be read not memorized

HPI: nuts and bolts

- 1. Logical and chronological
- 2. Detailed symptoms and discriminators
- 3. Severity of illness (impact on daily activity)
- 4. Include medical sources of information
  - Not just what was done but what was thought
- 5. What is on parent's mind?
- 6. Justify admit
- (Above similar to "write up")
- 7. Omit PMH and ROS unless explicitly pertains to reason for admission

Physical Exam: WSRoM

- Vitals
- Growth (percentiles)
- Organ system focused to: "Where's the money?"

Summary Statement: Do not omit

- SS **Translates** all of HPE and PE into 2 sentences
- Introduce concepts and terminology of "clinical reasoning"
  - "Hypothesis driven history gathering"
  - Compare and contrast "illness scripts"
  - "Pattern Recognition"
- Long Dif Dx in "HDHG"
- Short Dif Dx following SS

Differential Diagnoses: Make it quick

- Dif Dx formed around SS and not around problem list
- Short and practical Dif DX
- Needs to fit the HPI and PE
- Expand Dif Dx later if clinical course requires

The Impression: make a commitment

- Just say it
- Don't explain it unless asked

Management Plan: make it short

- General plan (not to repeat admit orders here)
- Know all and give details if asked

Patient Handoff Script

- Summary statement (translate HPI and PE using 2 sentences)
- Summary of pertinent labs and images
- Working diagnosis
- Things to do
- Management advice (what ifs)

Consult Request Script

- Summary statement
- Working Diagnosis
- Labs and images pending that are pertinent to the consultant
- Specific question or request that needs addressing

References

- Guidebook for Clerkship Directors 4th Edition. Bruce Morgenstern editor-in-chief. Stuart, E et al, Chapter 8:Clinical Reasoning;125-158.
- Oral Case Presentation Primer(unpublished).. Mike Dell MD(Rainbow, Cleveland and MedU CLIPP chief editor)
- Summary Statements. Presented by Norm Berman MD (MedU) as a COMSEP workshop, 2012.
- Bannister SL et al. Using the Student Case Presentation to Enhance Diagnostic Reasoning. *Pediatrics.* 2011;128(2):211-213.