

## Helpful Hints for 3<sup>rd</sup> year Medical Student Presentations

Olive View Medicine Wards

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1. **Make sure your written H&P is well organized, thorough and includes all elements.** Be detailed within each category. Review it with your intern before signing, and make a copy to review with your attending.
2. **Concentrate on your Assessment & Plan in both your written and oral presentations.** List your differential diagnoses, if applicable, and explain why your top diagnosis is most likely, and why others are less likely. Explain your thought processes, and why you (or your team) chose the studies and therapies. Don't simply parrot the orders and treatment given without analyzing "why":  
e.g., Cellulitis/abscess – "Severe tender erythema and drainage of the thigh most likely represents a cellulitis w/abscess. Differential dx of a swollen leg includes a DVT, but this is very unlikely in this case as there is an associated pus pocket. Staph aureus is the most likely bacteria as there is an associated abscess. Therefore, we decided to tx with IV Vancomycin empirically, which will cover both strep and staph, including MRSA, until the wound culture sensitivities are back. We also ordered an X-ray to r/o gas gangrene and osteomyelitis as the infection appears severe."
3. **Don't read the *entire* H&P** to your attending during the oral presentation (see next page). Oral presentations should be succinct (ideally limit to < 5 minutes). Your job is to verbally present relevant information only, but have all the other information available to you in case your attending asks. It's perfectly acceptable to ask your attending how much information he/she would like you to present, as different attendings have different styles.
4. **Don't read directly** from your written H&P or your notes when you give your oral presentation. This is usually very boring for the listeners. Feel free to glance down at your H&P or notes if you need to, but practice presenting to the attending and the team in your own words.
5. **Don't repeat anything** in the presentation (oral or written). The listener/reader got it the first time!
6. **Don't place copies of your H&P (or any record with patient identification) in the trash;** use a shredder instead. Be sensitive to patient confidentiality. Also, don't carry the EKG or other chart documents around in your pocket. These need to be in the chart once completed. If you need to, make a copy for yourself, and dispose of properly (in shredder) when not needed.
7. **For daily progress notes, use a SOAP note format** in your written notes and oral presentations. Your interns may be more focused and skip some areas during presentations, but you should be complete. Standardize your daily presentation as much as possible, that way you won't miss anything.
8. **For the written progress notes, if you cut & paste, be sure to edit the notes very carefully!** Update all the information (subjective comments, exam findings, labs, assessments, plans, etc.) so that the note accurately reflects the current day's situation. Old information that is not updated/edited/removed can get you in trouble - clinically, administratively and legally!!

## Helpful Hints for Oral Presentations of New Patients

Effective oral presentations are difficult, and take practice. The written H&P should be thorough and detailed; the oral presentation is more focused and should not run over 5-7 minutes max. The following hints should help you master the art of the oral presentation:

- **ID:** Brief description of age, gender, ethnicity, and pertinent (not excessive) PMH. If you are presenting a patient with chest pain for example, a “65 yo obese Armenian man with h/o HTN, DM and CAD” vs. a “25 yo woman with anxiety disorder” really helps to set the tone for the listener.
- **CC:** May be helpful to use patient’s own words.
- **HPI:** Tell a brief story, try to paint a chronologic picture. This is the most important part of the presentation. Can add a brief ED course at the end (only present labs/studies here that are essential for ED management).
- **PMH:** List patient’s pertinent medical problems (historical or minor PMH/PSH that are not relevant can be omitted from the *oral* presentation).
- **Allergies:** State briefly (or can omit from *oral* presentation if OK with the attending).
- **Meds:** List pertinent meds (note: some attendings like a full med list with doses – ask!)
- **SH:** Present the patient’s living situation and support systems (important for discharge planning) in addition to habits.
- **FH:** Almost always omit from *oral* presentation (“non-contributory”), unless pertinent.
- **ROS:** If pertinent to HPI, discuss in that section (pertinent positives or negatives). Present other positive ROS in this section; can usually omit negative ROS from the *oral* presentation.
- **VS:** State where and by whom (ED, ward RN, you) and read slowly enough that they register.
- **PE:** Be organized. The first few times you present, your attending may want a thorough presentation of all normals/abnormals. But it is usually OK to list pertinent positives and negatives only, and even to say “entire PE normal except for...” once the attending trusts your exam or later in your training. This works best for patients with localized disease. However, you will be expected to have done a thorough screening PE (including screening HEENT, GU and neuro exam) on all patients, so if your attending asks you for any aspect of the exam you should be able to answer. (If a rectal or pelvic are “not indicated”, it is OK to state that and not to examine those areas. Do not say “deferred” as this means you will do it later). If your exam findings are different than others, please state our own findings. We understand that exams may differ from different examiners; that’s part of the learning process. It’s OK to say “other examiner noted...” if different than yours.
- **Labs/studies:** Present pertinent results. Avoid the super swift stream of numbers – read them slowly enough so they register. OK to ask which labs your attending would like.
- **Assessment & Plan:** See #2 on the first page. Include an Assessment & Plan for every major problem identified, and don’t jump to the plan w/o making an assessment first! Try to emphasize a differential diagnosis and analyze why you are recommending your treatment plan. Again, explain your choices (or the teams’ choices) for the studies and therapies that were utilized. The best (or more experienced) medical students “explain their thinking” rather than simply list what was done so far. Think of yourself as a debater, trying to persuade an interested judge in the merits of your arguments. If the patient has been in the hospital for a while, it’s OK to comment on the course briefly (“pt initially thought to have \_\_\_\_; tx consisted of \_\_\_\_; pt responded well/poorly/etc.)
- **5-7 minute limit:** These guidelines will help you be efficient and stay under time limit:
  - Don’t repeat yourself
  - Don’t editorialize (i.e., stay on topic in each section, and don’t qualify or try to further explain yourself once you’ve made a statement)
  - Don’t “plan creep” (i.e., wait to discuss your plan in the A&P section, not before then)
  - It’s OK to leave out minor details if the presentation seems too long. Your attending will ask you pertinent questions during or at the end of your presentation. As long as you know the answers, don’t worry about not including everything in your presentation initially.