

Do's and Don't's for MS4 Clerkship Presentations Olive View Medicine Wards

M. Rotblatt, June 20, 2016

Do:

1. Do: 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 cellulites w/abscess. Differential dx includes a DVT, but this is much less likely as there is an associated pus pocket. MRSA is the most likely bacteria as there is an associated abscess; therefore, will 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).
2. Do: Complete a thorough H&P. If a part of the physical exam is not indicated, don't include it or write "not indicated" (or "pt declines", if that is true). Do not write "deferred" as this means that you will return to do it later.

Don't:

1. Don't: Read the *entire* H&P to your attending during the oral presentation. Oral presentations should be more 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. However, it's perfectly acceptable to ask your attending how much information he/she would like you to present, as different attendings have different styles.
2. 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.
3. Don't: Repeat anything in the presentation (oral or written). The listener/reader got it the first time!
4. 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, etc. 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 (shredder) when not needed.
5. Don't: Forget to update/edit any part of your note that you copied from a previous note. This is critical!! Also, don't use any "unapproved abbreviations" anywhere in the medical record

Helpful Hints for Oral Presentations

Effective oral presentations are difficult, and take practice. You should be fairly comfortable with them by now, but 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 (e.g., “65 yo obese Armenian man with h/o of HTN and DM”). Identifying this patient from (for example) a young woman with anxiety disorder helps the listener form a much better differential dx of chest pain.
- **CC:** Use patient’s own words – helpful to know what the patient’s goals are.
- **HPI:** Tell a brief story, try to paint a chronologic picture. This is the most important part of the presentation.
- **PMH:** List patient’s pertinent medical problems (historical or minor PMH/PSH that is not relevant can be omitted from the *oral* presentation).
- **Allergies:** State briefly.
- **Meds:** List pertinent meds (can omit other meds, and doses, unless attending asks)
- **SH:** Present the patient’s living situation and support system (usually 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). Usually omit other ROS from *oral* presentation, unless significantly positive.
- **VS:** State where taken and by whom (ED, ward RN, you) and read slowly enough that they register.
- **PE:** Be organized. OK to list pertinent positives and negatives only, and even to say “entire PE normal except for...”. 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 exam is “not indicated”, it is OK to state that and not to examine those areas).
- **Labs/studies:** Present pertinent results. Avoid the super swift stream of numbers – read them slowly enough so they register. OK to ask attending which parts of the labs he/she would like.
- **Assessment & Plan:** See “Do (1.)” above. Include an Assessment & Plan for every major problem identified. 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. Better (or more experienced) medical students “explain their thinking” rather than simply list what was done overnight.
- **5-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.