



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

Elizabeth Konon¹, BS, Anna Hagan², MD, Juan Lessing^{1,3}, MD, FACP

¹University of Colorado School of Medicine, ²University of Washington Department of Medicine, ³University of Colorado Department of Medicine

The Why

- Oral case presentations play important roles in patient care, team communication, and med student education, yet are often learned through trial and error.
- **Oral Case Presentation Definition:**
 - Team member presents patient information in standardized manner to all team members with goal of providing justification for diagnostic and therapeutic plan.¹
 - Team members reflect upon presentation and offer additional insight/advice.
- Currently, there is limited guidance/ best practices in the Med Ed literature, especially from the perspective of the learners themselves.

Takeaways

- 7 concrete strategies backed by literature that med students can use to succeed with oral case presentations from the beginning of their clerkships.

Solicit feedback

Purpose: Deliberate practice is a focused, coached effort to improve performance at well-defined tasks.⁵ 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.

Commit to a plan

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."
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

Pre-round the same way every time

Purpose: Studies on Cognitive Learning Theory show that standardization frees working memory, thus improving learning capacity by reducing mental effort and increasing efficiency.²
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.

Pre-round
the same

Take efficient notes while pre-rounding

Purpose: Note-taking aids in both memory and comprehension.³ 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.

Take
Efficient
Notes

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.

Practice
Presenting

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.⁴
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.

Learn the
format

Trend results

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."

Trend
Results

Commit to
a plan

Our Methods

- Literature review (via PubMed, MEDLINE, Web of Science, Embase), English-language, search ending 8/29/2022
- Keywords:
 - Oral case presentation
 - Case presentation
 - Oral presentation
 - Cognitive load theory
 - Deliberate practice medical education
 - Note taking memory
 - SOAP notes
- Selected relevant articles to extract key concepts
- Consulted key stakeholders (students and education experts)
- Iterative process to reach consensus results with seven recommended strategies

References

1. Dell M, Lewin L, Gigante J. What's the story? Expectations for oral case presentations. *Pediatrics*. Jul 2012;130(1):1-4. doi:10.1542/peds.2012-1014
2. Mancinelli M, Gultormsen S, Berendson C. Cognitive load in internal medicine: What every clinical teacher should know about cognitive load theory. *Eur J Intern Med*. Feb 2019;60:4-8. doi:10.1016/j.ejim.2018.08.013
3. Bohay M, Blakely DP, Tamplin AK, Radvansky GA. Note taking, review, memory, and comprehension. *Am J Psychol*. Spring 2011;124(1):63-73. doi:10.5406/amerjpsy.124.1.0063
4. Podder V, Lew V, Ghassemsadeh S. SOAP Notes. *StatPearls*. StatPearls Publishing. Copyright © 2022. StatPearls Publishing LLC; 2022.
5. Ericsson KA. Deliberate practice and the acquisition and maintenance of expert performance in medicine and related domains. *Acad Med*. Oct 2004;79(10 Suppl):S70-81. doi:10.1097/00001888-200410001-00022
*This work resulted in publication in in-Training online journal on 2/27/2023