

DidacticsOnline Interview with Dr. Bray DO



Approach to the Oral Presentation

“This is not easy.”

- Presentation skills are a complex synthesis:
 - Knowledge and experience.
 - Clinical reasoning.
 - Speaking skills.
 - Expectations.

What do we know?

- Observations of student presentations^{1,2}
 - Students believe presentations are driven by formula while attendings see them as driven by context and content
- Surveys of teachers and clerkship leaders^{3,4}
 - Concordance that ideal presentations both report HPI and interpret other elements in context of assessment and plan

1. Haber RJ. JGIM. 2001
3. Green EH, JGIM. 2007
press

2. Lingard LA, Acad Med. 1999.
4. Green EH. Teaching & Learning in Medicine. In
press

Identifying Strengths and Weaknesses

- 5 basic qualities of an oral presentation
 - SOAPS
- Provide a basis for didactic instruction
- Frame evaluation and feedback

5 Basic Qualities of an Effective Presentation: SOAPS

- **S**tory: Identify and describe complaints
- **O**rganization: Facts are where the listener expects.
- **A**rgument: “Makes the Case” for assessment and plan
- **P**ertinence: Only includes information relevant to the assessment and plan
- **S**peech: Fluent, well spoken

Story: 3Cs

- **Chronology**
 - Start with “chief complaint” – reason the patient is “here”
 - Present the “facts” **chronologically** and in **appropriate detail.**
- **Core attributes**
 - e.g. “OPQRST” – onset, palliate/provoke, quality, region/radiation, severity/associated symptoms, temporal aspects
- **Context** of illness- the rest of the history needed to understand the most important problems in the A/P
- Level of detail determined by the context of presentation

Context: 3 Key Elements

- **Audience** --
 - Who are they
 - What do they need to know
- **Purpose.**
 - For clinical care typically “build a case”
 - In conferences, etc may want to “create a mystery” to generate differential diagnosis
- **Time- Occasion** (setting and circumstances)
 - 1-2 line bullet.
 - 1 paragraph synthesis.
 - 3-5 min. targeted, formal presentation on work rounds

Context Drives Content

- Hypothetical 60 year old with NSTEMI
 - Presentation to hospitalist – detailed, comprehensive, “builds a case”
 - Presentation to urology consultant - limited, focused, “builds a case”
 - Presentation to “night float” – limited, broad, “builds a case”
 - Presentation at morning report – detailed, comprehensive, “mystery”

Organization

- Presentations are organized in a standardized format
 - A defined schema helps listener process large amounts of data efficiently
- Key elements
 - Standardized: history before physical, etc.

Argument

- Key elements
 - Commits to a patient-specific assessment/plan
 - Structures rest of presentation to make a coherent case for this
- Presentation should include
 - a synthesis
 - problem by problem A/P

Pertinence

- Key elements
 - Relevant facts included
 - Irrelevant facts excluded
- Relevant facts
 - helps explain/support differential diagnosis
 - Characterize the severity of illness
 - Helps understand and address key issues in evaluation and management

Speech

- Recognizes that this is spoken art form
- Key elements
 - Speed and tone
 - Spoken, not read

What deficit caused this?

- Most problems in presentation can have multiple etiologies
 - 5 potentially correctable deficits (SAFER)

Possible Correctable Deficit: SAFER

- **S**peaking: Poor elocution skills
 - Intrinsic or situational
- **A**cquisition of Data: H&P, review of records
- **F**und of knowledge
- **E**xpectations: Unaware of needs of listener or standards
- **R**easoning: Omits or incorrectly applies clinical reasoning

What deficit caused this?

- Most problems in presentation can have multiple etiologies
 - 5 potentially correctable deficits (SAFER)
- Use iterative questions

Pearls for Learners

- Story
 - Think of the oral case presentation as building a case as an attorney would in a court of law. You are providing information to allow others to come to the assessment and plan you did. You are also providing enough information to have them help you care for your patient.

Pearls for Learners

■ Organization

- Starting with the chief complaint orients your listeners and prepares them for what follows.
- “Don’t eat the dessert before the salad” – never change the basic format of the presentation – it is always the same. (ID, HPI, PMH, MEDS, ALL, SH, etc.).
- Use standard headings to keep your listeners oriented. The relevant past medical history is... On physical exam I found... In summary...
- If you put family history, social history, or parts of the review of systems into the history of present illness, there is no need to repeat it later in presentation

Pearls for Learners

- **Argument**

- An oral presentation is supposed to be a bedtime story not a suspense thriller. Everything is designed to support an assessment and plan that should never be a surprise.

- **Pertinence**

- If you're not sure if a detail is relevant leave it out of the oral presentation. Your listener can always ask for more.
- Think of the oral presentation as the “Cliff's notes” version of the written H&P – it includes all the details you need to understand the plot but not much more.

Pearls for Learners

- **Speech**
 - Practice your presentation before giving it.
- **General:**
 - If you lose people's attention, think about what part of the presentation lost them.
 - If preceptors keep asking for the same types of information after your presentation then include it!
 - The assessment and plan is a wonderful opportunity for you to demonstrate your clinical reasoning and medical knowledge. Don't miss this chance to shine!
 - Always know what your listener is expecting to hear – 2 minutes or 7 minutes? All or some of the labs?
 - Never “act out” the physical exam while you are presenting. Use your words, not your hands.

Remember the 4 C's: A Mnemonic for Effective Oral Presentations

- **COHERENT**
- **CONCISE**
- **COMPLETE**
- **COMPELLING**

Mistakes to Avoid

- Know your Audience
- Organization
- You need to practice
- Do not read your notes

References

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