

## **M2 Physical Diagnosis Course Guidelines for the Oral Presentation**

To present a case well takes practice. Ideally, the oral presentation should give the audience a vivid picture of the patient and the patient's medical problems, and should make a strong case for your assessment and plan. It is less detailed than the written history and physical; in general, only "pertinent" information is included. It is hard to learn what is pertinent; therefore, you will need to ask for help before you prepare your presentation.

Each attending will have his or her preference as to how an oral presentation should be given, and may stop you here and there to ask you for more information or to request that you be more concise. It's usually best not to keep asking at each step how much the attending wants to hear; give the presentation you think appropriate, and let the attending stop you if he or she wants to.

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### **General Rules**

- Practice reciting the presentation beforehand if it kills you.
  - Sit up/stand up straight and don't fidget.
  - Articulate, enunciate, project, and provide appropriate inflection to important points. If you don't succeed in keeping your audience awake, they will miss subtle points in your presentation.
  - You may refer to your notes, but do not simply read your presentation aloud.
  - Adhere rigidly to the H&P format: CC, then HPI, then PMH, etc. Make the transition between each section very clear, and don't cross-pollinate. This means:
    - Don't discuss physical exam findings in the history or the review of systems. The history and the ROS should contain only information the patient (or family member, etc.) tells you.
    - Don't introduce elements of the history into the PE. The PE should contain only information you gather by looking at, listening to, or feeling the patient's body.
    - Don't put your conclusions or interpretation in the primary data section (which includes the history, the physical exam, and the tests). Conclusions and interpretation belong only in the summary, impression, and plan.
    - Don't bring up primary data for the first time in the summary, impression, or plan.
  - Keep your presentation to under 10 minutes (when given without interruptions).
  - Don't interrupt your presentation to apologize for deficiencies in your information, to ask questions of the attending, or to make editorial asides about the patient's story.
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### **Presenting the History of Present Illness**

The oral presentation of the history will closely match the written version, as almost everything in it will be pertinent. Make very sure to give a good orienting statement up front.

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### **Presenting the Past Medical History, Family History, and Social History**

This is where you will need to make decisions as to pertinence. There are no rules for what should be mentioned and what left out. If a young person is presenting with chest pain, family history is pertinent; if a 90-year-old is presenting with pneumonia, it isn't. A patient's sexual history is important if gonococcal arthritis is on the differential; if the patient's only problem is a lung mass, it isn't. Again, second-year medical students generally do not yet have the background to know why many things are pertinent, so you should ask for help from those with more experience before you present your case.

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### **Presenting the Physical Exam**

The PE should be presented in an orderly manner, with enough information presented that the listener knows that your exam is thorough. A few things should always be included:

- General appearance (describe the patient vividly; paint a picture for the audience)
- Vital signs (never “stable”)
- All abnormal findings
- Normal findings if they pertain to the patient’s major problems

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### **Presenting Test Results**

Include only data that was available when the patient was admitted (if you like, you can give a follow-up at the end of the presentation). Include only the pertinent pieces of data, which may include normal studies. Never read through the whole list of results.

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### **Presenting the Summary Statement**

The summary statement is presented essentially as written: one or two sentences summing up the important aspects of the history, physical exam, and data findings.

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### **Presenting the Impression and Plan**

As in the write-up, the Impression and Plan section is given as a problem list, but it should not be quite as exhaustive as in the write-up; mention the main problem (or problems) and your differential diagnosis for it, then your plan for further testing and/or treatment.

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Anna Headly, MD, MFA, January 2003

*Adapted from:* Introduction to Clinical Medicine syllabus, Janet M. Hines, MD, University of Pennsylvania School of Medicine