Oral Case Presentation

The notion of a "solitary physician" treating his/her patient in today's healthcare system is virtually gone. For this reason, to be effective, clinicians require clear and concise communication in order to take care of patients in this team-based setting.

You can think about OCPs as a combination of both telling a story, but also making sure that this story captures the necessary details that a team needs to take care of their patient.

This is a complex and challenging task, as each OCP may be the only opportunity for a team to consider the data together, and each OCP is unique.

Here are 4 keys to a successful OCP (Oral Case Presentation):

1. Organization format that is expected and predictable
2. Content that is clear
3. Succinct but complete
4. Opportunities for repetition so that team members receive the important pieces of data clearly

What distinguishes an OCP from an H&P is that this story needs to be concise and delivered in a way that will engage listeners.

This is different than just reading what you've written down in your H&P!

Remembering that your team may be tired, distracted, or possibly lost in the details of your patient's story, it is important to periodically give your team members some "signposts" to reorient them to the section of your story you are explaining at any given moment.

For example, when moving from the HPI to the past medical history, you can say something like "Her past medical history is remarkable for..." then begin to list your patient's prior medical problems in a bulled fashion.

View your role as a storyteller.

Because you have already spent time thinking about your patient, you should have an idea of a few diagnoses that may be causing their problem. This is where you should start: Experts build their OCPs with the goal of highlighting the pieces of information that inform whether or not a few potential diagnoses are likely so that listeners can form their own opinions about what's going on as you tell your story.

Remembering that we want to make our presentations clear and succinct, once you get beyond the HPI, the remaining sections should be bulleted or with short narratives whenever possible.

When you reach the physical examination, it is fine to report your exam sections as "normal", unless you want to highlight a particular finding, or the particular section is relevant to the chief complaint.

Your assessment is your last chance to highlight the important things you've found, to tie things together, and to make sure that your team has been led toward the diagnoses you're about to present in your differential. This should provide enough information so that your team can begin to problem-solve without hearing almost anything else from your OCP.

So, to make sure that your team is paying attention, there is a bit of showmanship here: puff out your chest, make eye contact, and with your biggest voice, make sure that you deliver this information as clearly as possible to your team.

The distillation of your patient's story into an assessment is an advanced skill but you will need to try to make this as succinct as possible, generally starting with the patient's age, gender and relevant PMH as you've done in the ID/CC, then including only the most important findings from the patient's HPI, exam, or subsequent diagnostic tests.

The last trick is to use words that capture lots of information.

For example, if Mr. Jones' symptoms have been present for 3 days, we can shorten this to "acute." If he has shortness of breath that begins when walks is relieved by rest, we might shorten this to "intermittent exertional dyspnea".

The oral case presentation is the fundamental way in which we communicate in medicine. To do this effectively, OCPs tell a story that is organized, with clear transitions and clues that demonstrates your reasoning as you go. Presenting these stories with concisely and with enthusiasm will ensure that your patient's story is heard and understood by your team members.