Present like a Pro

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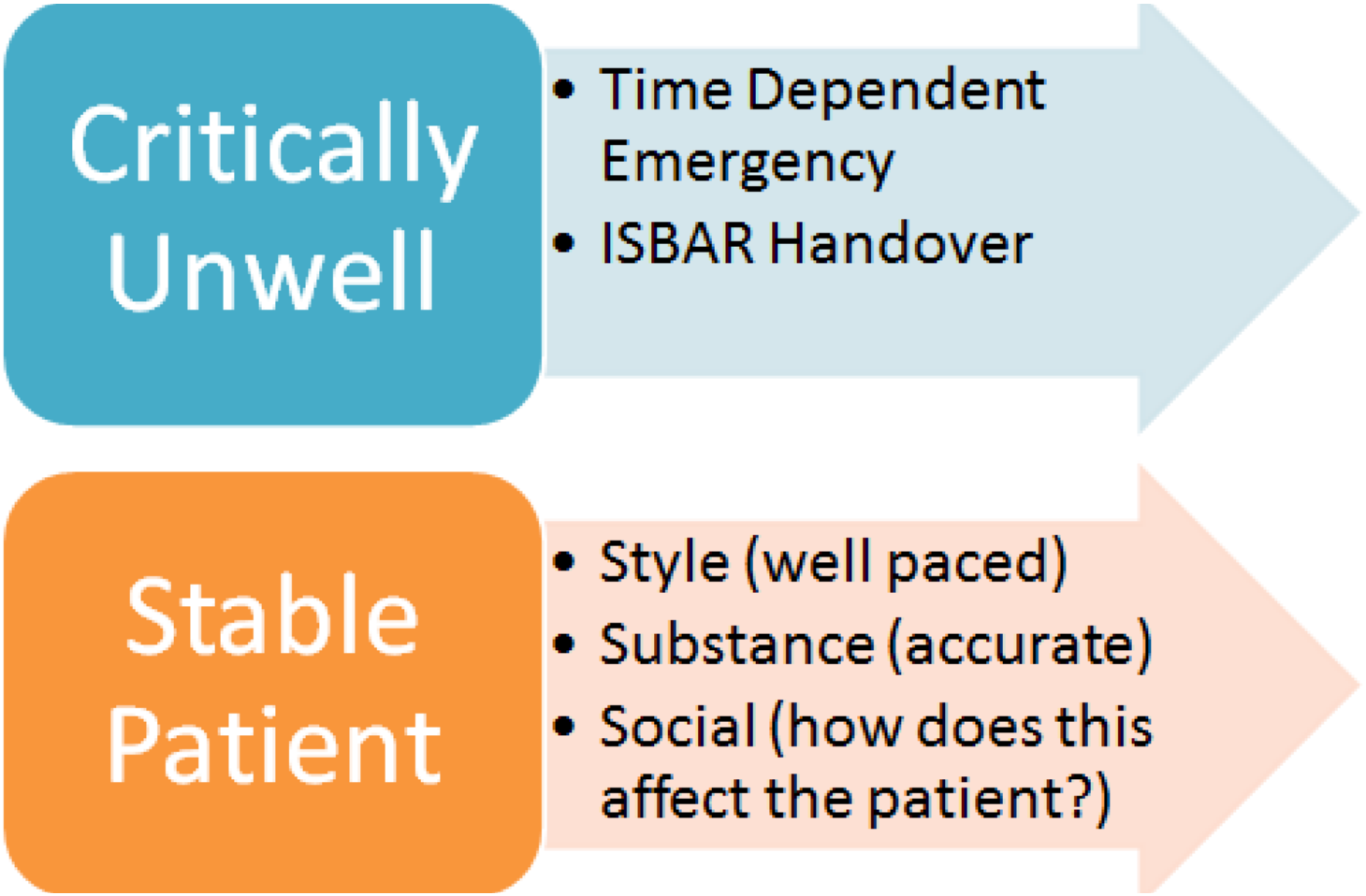
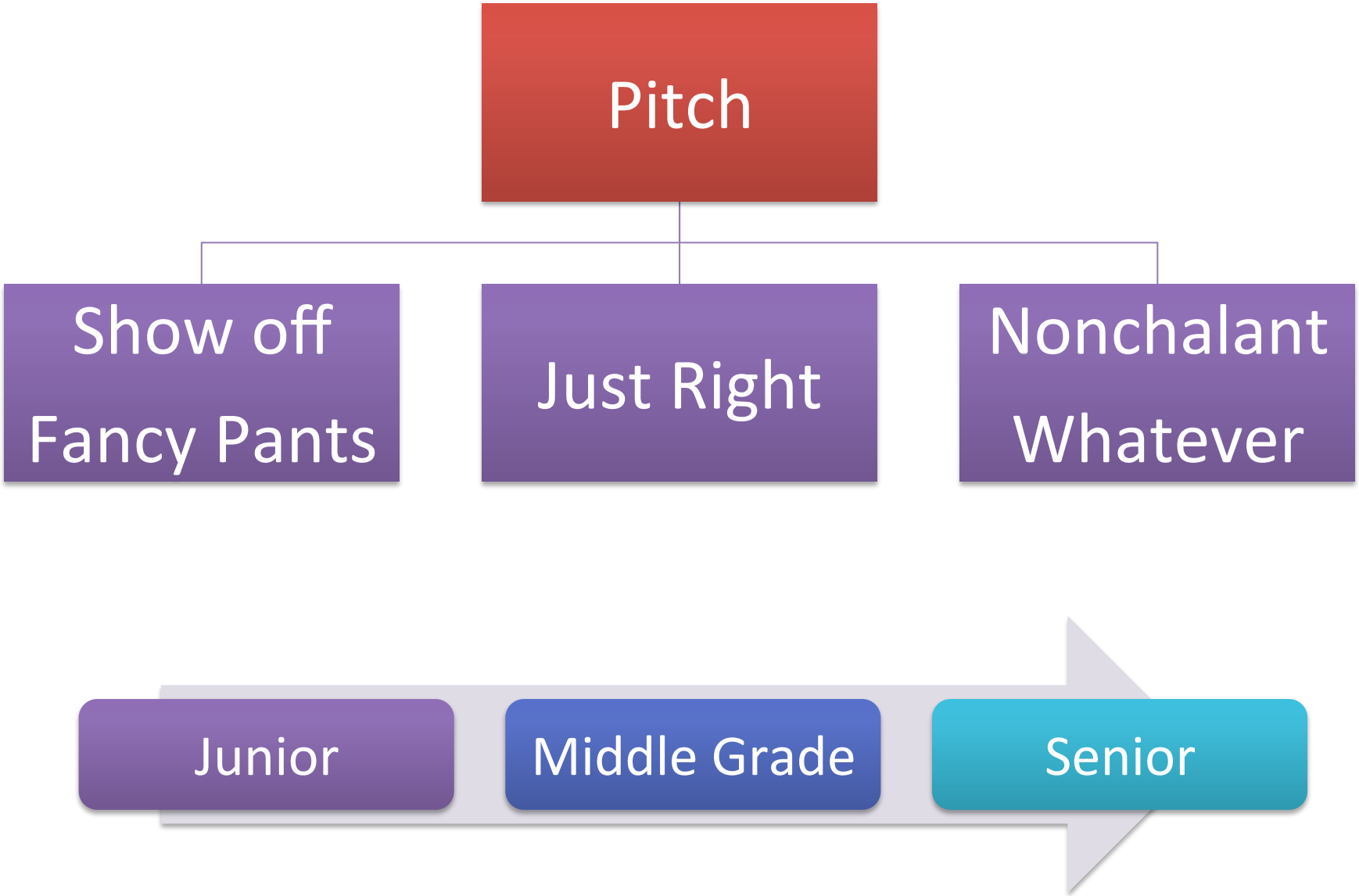
- **Covered in this Talk:**
  - General Tips to get through Emergency Presentations, Phone Calls, Short Cases & Long Cases
  - Techniques
    - ISBAR
    - Short Cases
    - Long Cases
  - Presentation Technique
  - Issues Lists and Management Plans
  - Organising your plan and discussion
  - Example Cases

What Presentation to Use




Pitch
Show off Fancy Pants
Just Right
Nonchalant Whatever
Junior
Middle Grade
Senior

Types of Communicator

(1) Co-operative

(2) Assertive

(3) Submissive

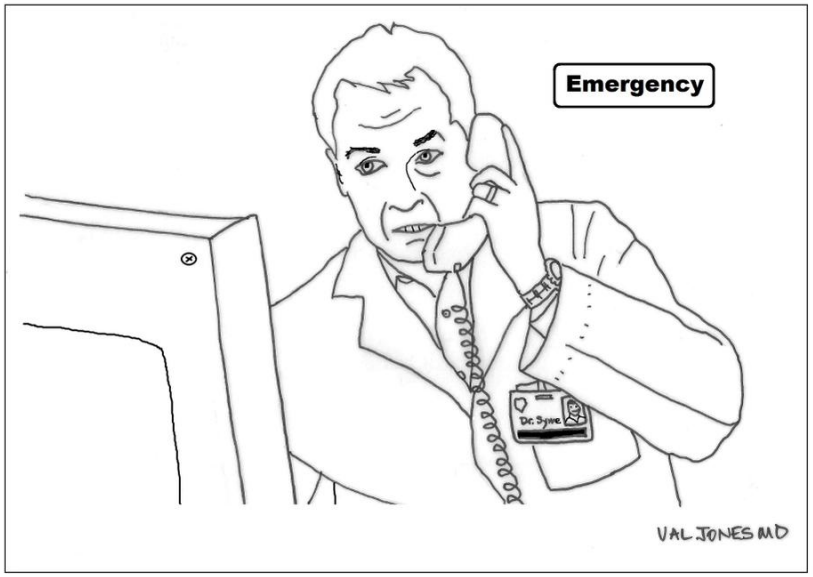
(4) Aggressive

INTRODUCTION	• State your name, designation, ward/unit • State the patient's name, age, sex and/or Admitting Doctor
SITUATION	• "I am calling about" - state the reason for the call or referral • Explain what happened to trigger this conversation • High stakes – medical emergency – time dependent • Articulate your concern
BACKGROUND	• State age sex and reason for admission • History of current problem • State any **relevant** medical, surgical or social background • A brief synopsis of treatment to date
ASSESSMENT	• State the patient's current vital signs and observations, outline what is recorded on the chart • Explain what you think the problem is or what possibilities you are considering • State what you have done for the patient so far
RECOMMENDATION / RESPONSE	• **SO WHAT? Or WHERE TO FROM HERE** • This can include your recommendation, or you can be refer to seeking the other persons recommendation. • State what you are looking for from the other person "I need you to review the patient" (PROVIDE A TIME FRAME) or " I need a management plan for this patient" • READ BACK OR REPEAT WHAT WAS SAID TO CONFIRM WHAT YOU HEARD

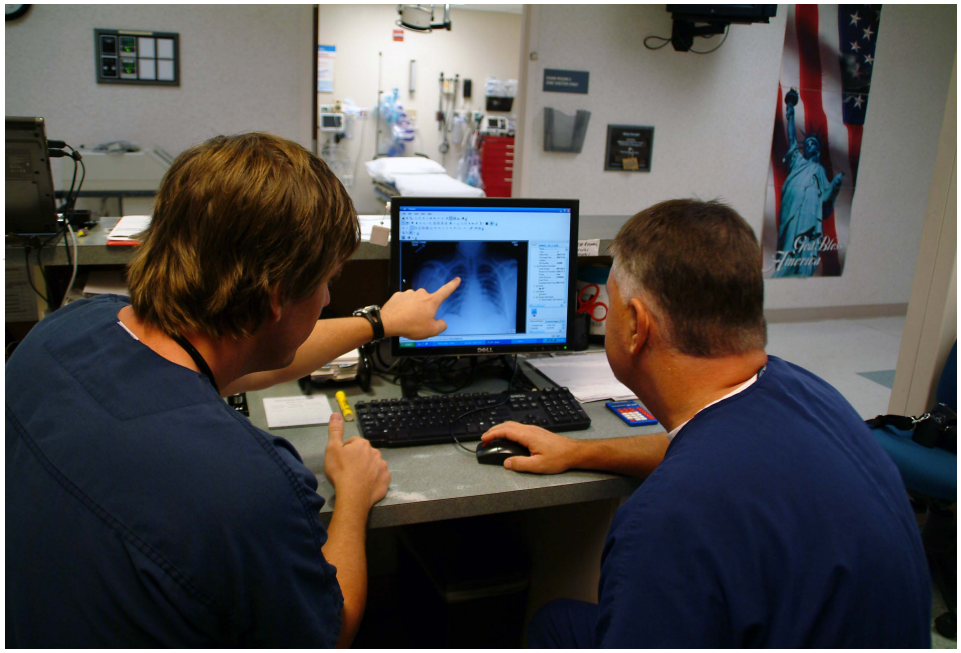
SBAR II

Consultation

Contact – identify yourself, identify them
Communicate – length of conversation will vary by consultant
Core question – be very specific
Collaborate – give them a chance to respond with their proposed plan or additional orders
Close the loop – repeat the plan
Document the date, time & name of the consultation you spoke with



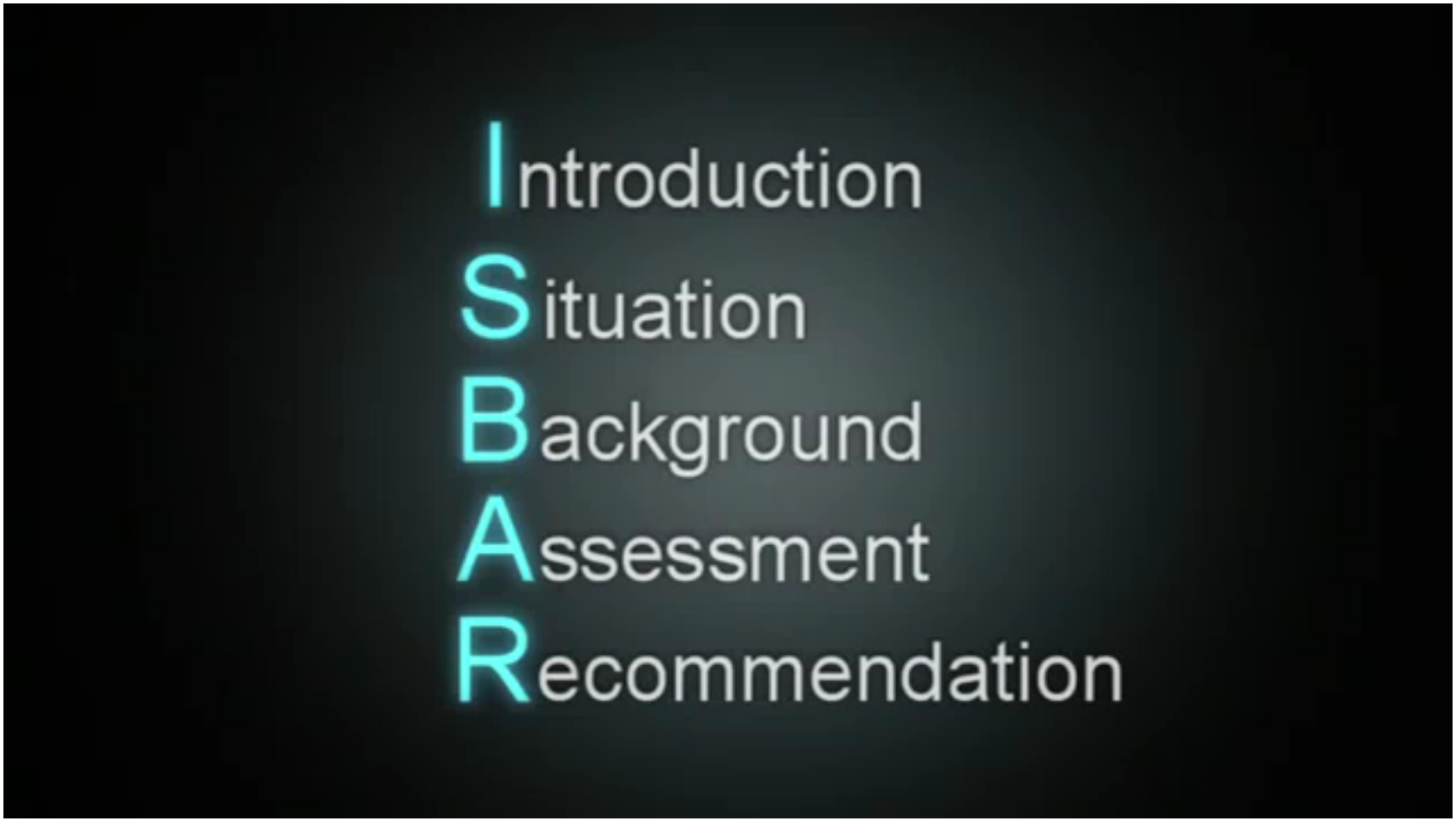
"The admitting diagnosis is: 'We'll need you to take this one for the team.'"



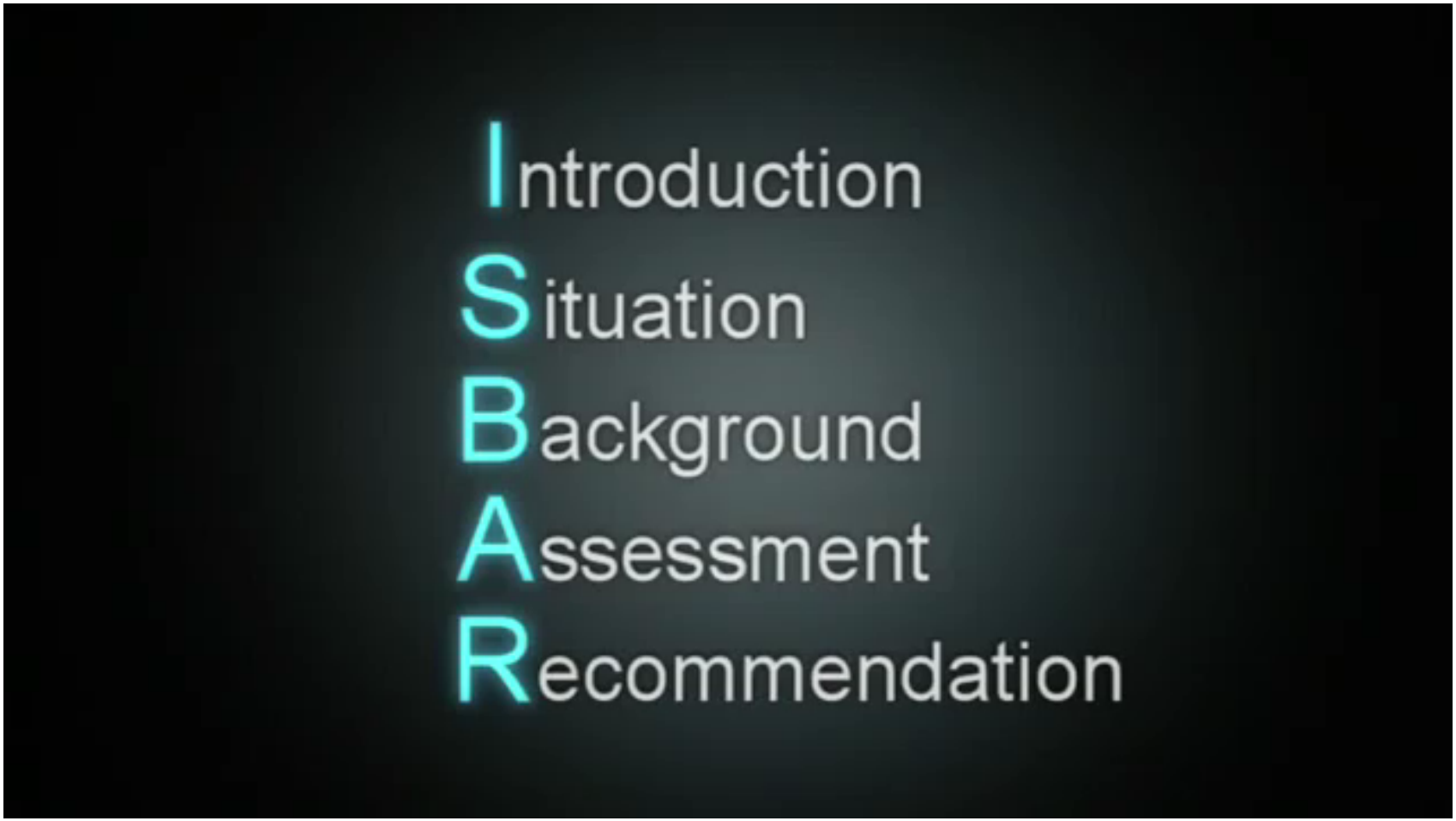
Emergency SBAR

- Situation – what is going on with the patient?
- Background – what is the clinical background, or context?
- Assessment – what do I think the problem is?
- Recommendation – what would I do to correct it?

ISBAR


Introduction
Situation
Background
Assessment
Recommendation

ISBAR 2


Introduction
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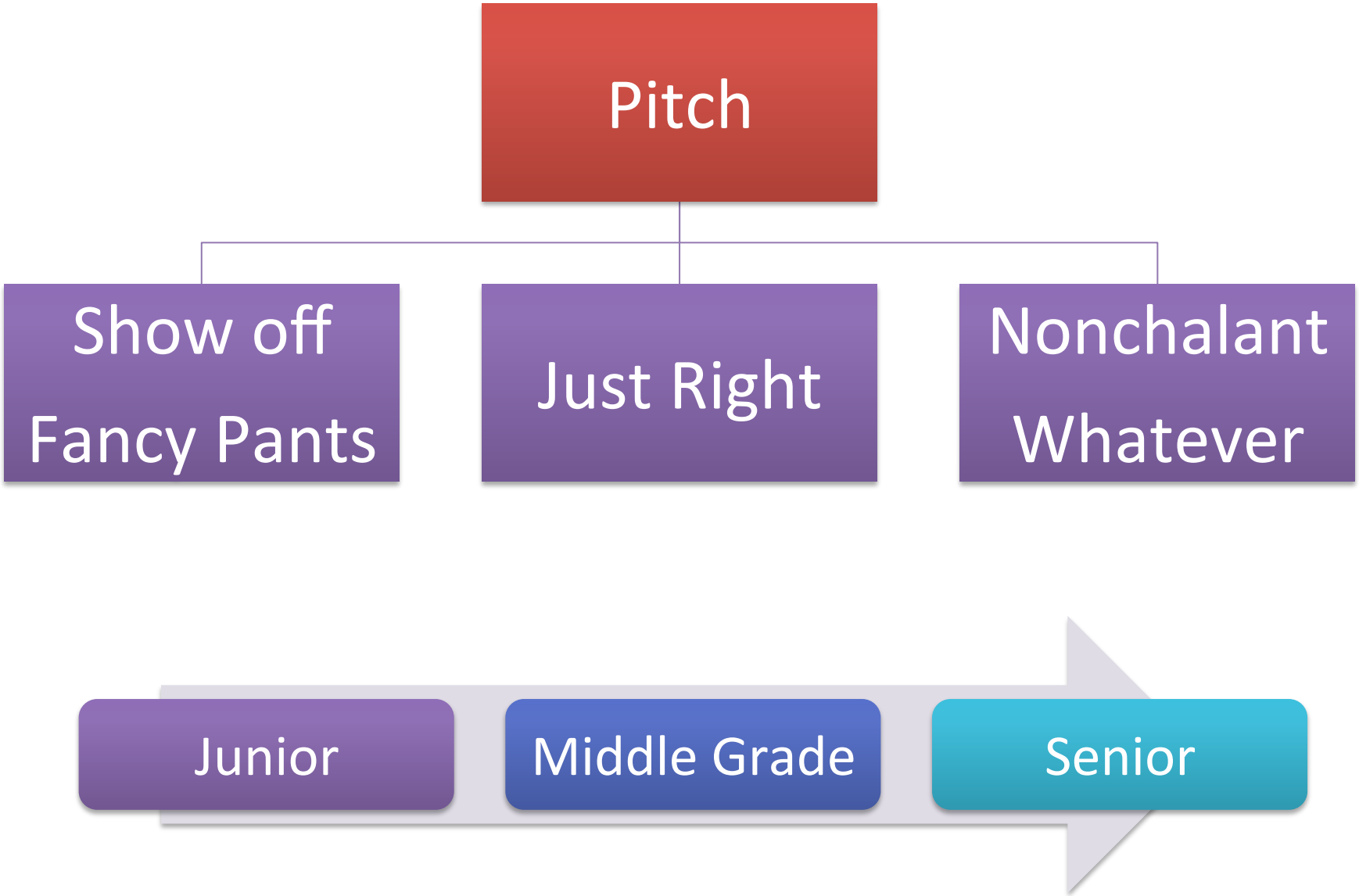
Assessment
Recommendation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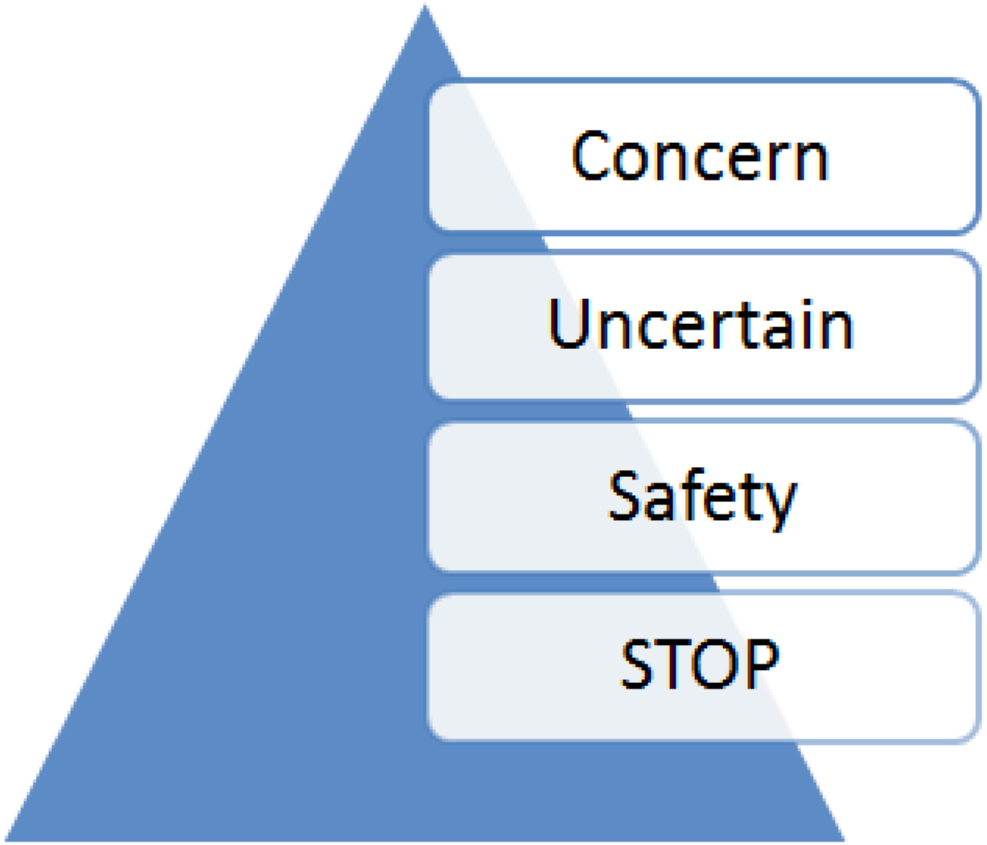
(p)HALT

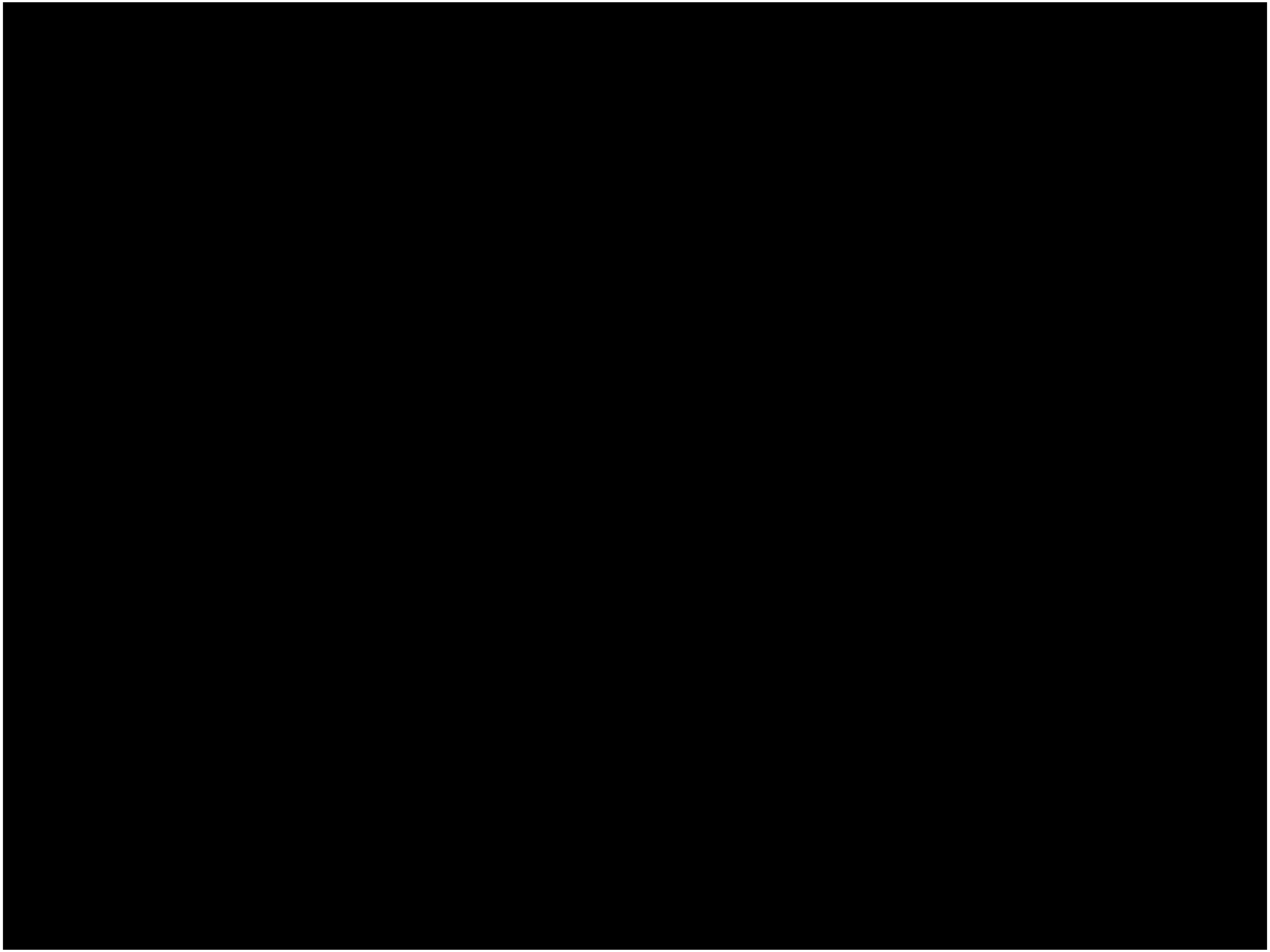
- Hungry
- Angry
- Late
- Tired

Graded Assertiveness



Closed Loop Communication

- Sender communicates a message
- Receiver interprets the message, then acknowledges it's receipt and communicates it back to sender
- Sender confirms that the intended message is received.
- Receiver reports back when the message has been acted upon.




EMERGENCY
EMERGENCY

Short Cases

Short Cases

- 10 minute short case
- Key is a slick exam (that you know inside out)
- Either present as you go (saying aloud findings) with summary at end OR full presentation at end

Short Case

Presentation

- Mrs Smith, 70, presented with___
  - On examination – findings consistent with X (confident) or 'general statement' (if not sure)
  - In more detail ____
  - Pertinent negatives include ____
  - In Summary / Differential Diagnosis

Long Cases

General Tips

- Give the patient **TIME**
  - they will tell you their problems and you can write them down
- Try various methods of **GETTING THE INFORMATION DOWN** – i.e. Pens, Paper and various Templates
- You have a **LONG TIME** – use the time wisely
- Practice **OPENING STATEMENTS** and closing statements as much as possible as this is where the money is

- Seek **FEEDBACK** from experienced registrars or consultants
- Quality **PRACTICE** with examiners under actual exam conditions
  - Do at least 10 good cases under time pressure

Technique

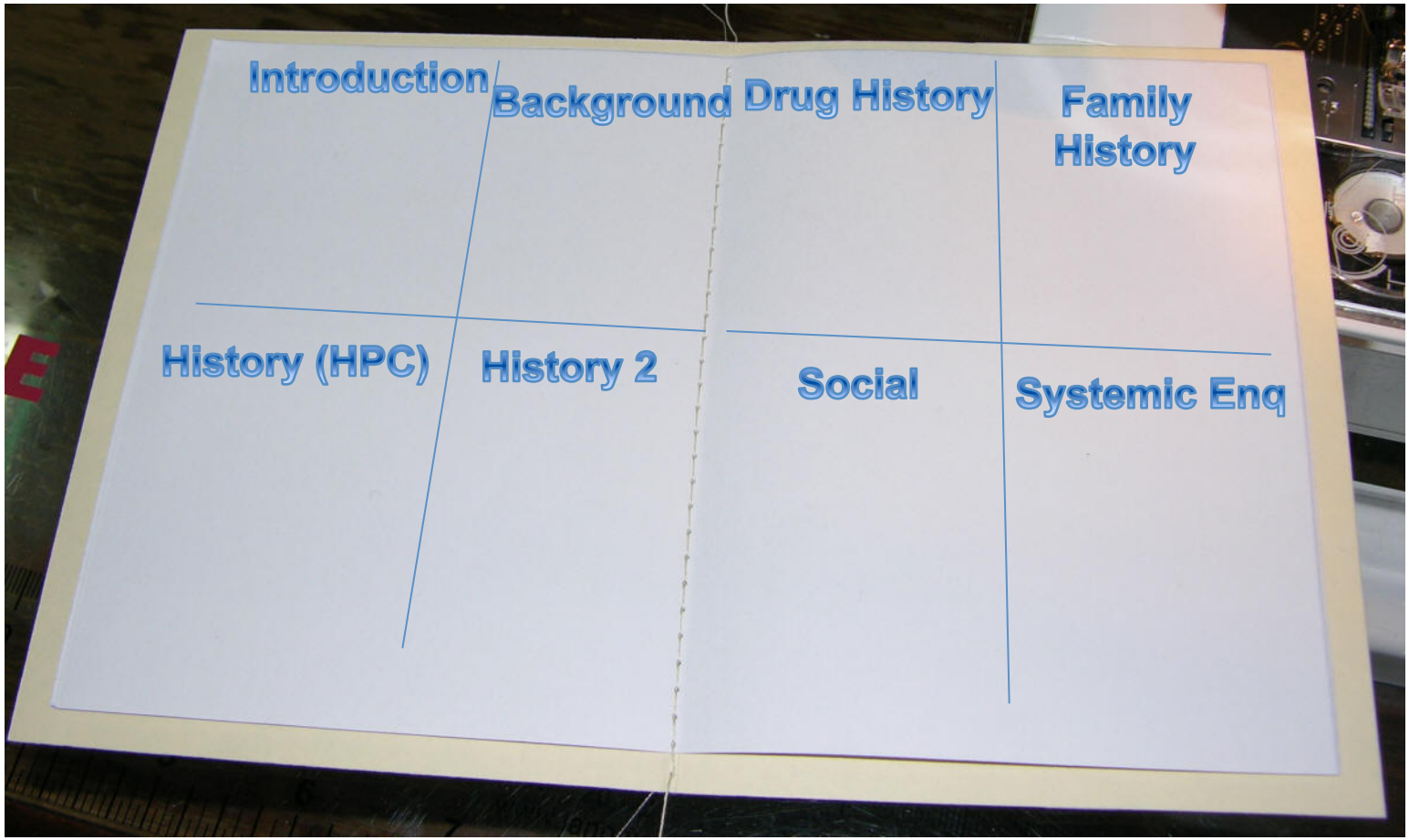
C.C.C.

- The 3 C's
- Diagnosis of acute problem **(Condition)**
- Identify cause of the principal condition and/ or precipitating factors for acute presentations **(Cause)**
- Management of actual or potential complications **(Complications)**

Technique

- You have **60 minutes** with the patient and then a variable amount of time (about 10 minutes) to collect you thoughts and finalise your notes outside the room (expect delays)
- Use an A3 **Manilla folder** divided into two A4 pages and quartered to organised you notes
- Use the back of the folder at right angles to document your Examination and List Issues

Manilla Folder



Manilla Folder

Examination Findings

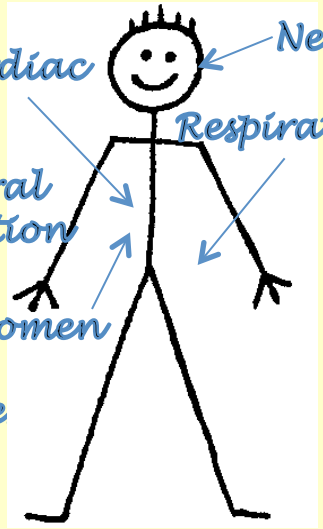
Simple Observations

Vital Signs - BP, Pulse Sats, Temp and Resp Rate

Specific Exam in Detail

Eyes (e.g. Diabetes)
Neurology (e.g. Stroke)
Peripheral Pulses (e.g. Diabete

Head to toe Exam



Issues

Diagnostic, Management or Both

Issue	Investigation(s)	Management
Chest Pain (Diagnostic)	(1) Bedside - e.g. ECG (2) Imaging - e.g. CXR (3) Labs	Specific Supportive Social Follow Up
Social Isolation (Management)		

Alternative - A4 Paper

- Write on One side
- Divide into Sections
- History on 2-3 pages
- Examination on 1 page
- Summary on 1 page
- Issues and Management on 1 page
- Notepad also works but is small and can take up a lot of pages

History Taking

- **Always ask** the patient:
  - What is you major health concern?
  - And what are you most worried about? (you may be surprised at the answer)
- Tell the patient that **you are in an exam**
  - and you may need to rush towards the end, however prior to this establish a bit of a rapport
- Elicit **ICE** – ideas, concerns and expectations
- Detailed **Social History** (ABCDEFGHIJK-LMP)

Social History Blitz

- Alcohol
- Bonking (i.e. important in male diabetics)
- Cigarettes
- Driving
- Employment
- Finances (Social Supports and Benefits)
- Family Support / Carers
- GHB
  - And other Illicit Drugs
- Hobbies
- Immunisations (e.g. Flu and Pneumonia Vac)
- Journeys – Travel (especially overseas)
- Kangaroos (Pets)
- LMP – (12-60F pregnant until proven otherwise)

Before Leaving the Room

- **Collect all you belongings and notes**
- **Examine the patient!!***
  - Don't miss Visual Impairment, Walking Sticks and Mobile Oxygen
  - General Examination for Scars and Classic Signs
- **Cross-Check** - with the patient that you have covered everything
- Leave time to ask the following:
  - Is there something else?
  - Is there anything else on your mind?
  - * Is there anything that the examiners felt was important (or were interested in) that I have not covered?

Think like Sherlock

Presentation Skills

Presentation

- Examiners usually start with pleasantries
  - They will often check if there were any problems with the patient…
- **Examiner**:
  - "*Did you have any issues with your Patient*?"
- **Student Response**:
  - "*There were no major issues, although I had difficulty walking the patient due to their peripheral neuropathy. She was worried because her son, who is her care giver, had to leave half way through to pick up his brother from the airport…*"

- **Introduce yourself** as a medical student who would like to present a summary of a patient history

- State the patient's identity and age:

> ***I had the pleasure of meeting Mr Smith who is a 60 year old gentleman***

- Mention a 'social identifier' or two:

> ***Mr Smith lives with his wife and son and is a retired coal miner and has come to the hospital today for the purpose of the long-case examination***

- State the Presenting Complaint(s):

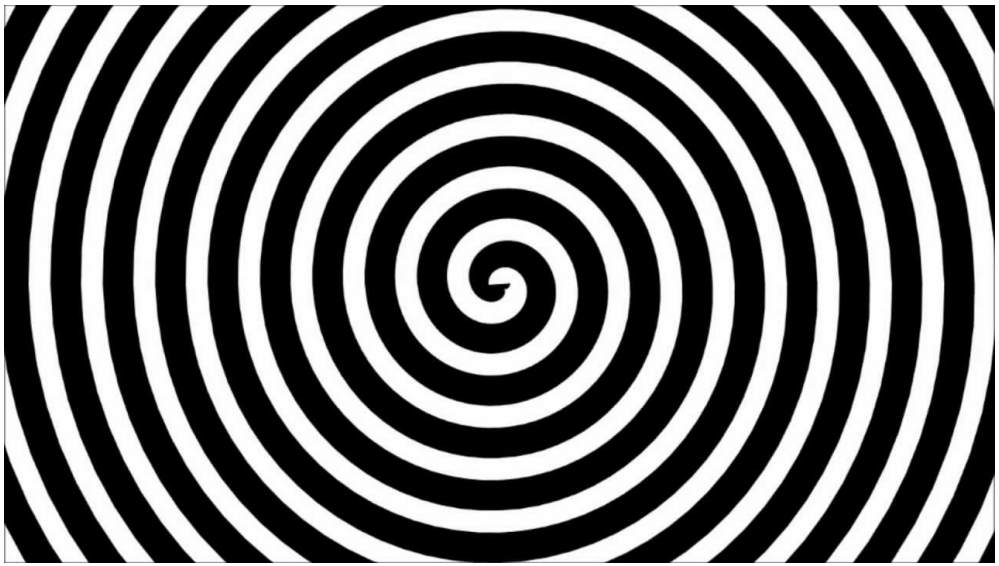
> ***Mr Smith states he presented to hospital one week ago with the following problems:***
>
> ***- Firstly, Intermittent Pleuritic Sounding Chest pain for the last 2 days***
>
> ***- and Secondly, a gradual onset of Shortness of Breath for 3 days***

- State the Relevant Past Medical History and Main Concern:

> **The patient has a relevant past medical history of Asbestosis and Emphysema**
>
> **He is worried about what his new diagnosis of pulmonary embolism means for his future travel plans**
>
> **In more detail...**

Presentation

- Middle Section
  - History (5-7 mins) and Examination (2-3 mins)
  - Avoid Jargon / Abbreviations



Presentation

- Summary (Closing Statement)
  - **Keep Short** – ('Q' for examiners to wake up)
  - Student (deep breath, pause, move papers…)
  - "***In Summary****, Mr Smith is a 70 year old man with a recent admission for chest pain on the background of Ischaemic Heart Disease and Rheumatoid Arthritis. While his recent admission was for severe chest pain which has created a diagnostic issues, his functional deterioration has also created a significant management issue. His main problem seems to be exertional shortness of breath and as a result difficulty with everyday activities of daily living such as driving and cooking. He also continues to smoke which needs to be addressed given his COPD.*"
  - "***In more detail,*** *the (5) issues I would like to address in Mr Smith's case are as follows…" (BE PREPARED TO DISCUSS ANY OF THE ISSUES)*

Presentation Template

Presentation Template

- **Examiner:** *"Ok, can you present you case please?"*
- This a 'Q' for your **Opening Silo:**
- **Student Response:**
  - *"Yes, Today, I had the pleasure of taking a history and examining Mrs Smith" (Formal **Introduction** to patient)*
  - *"Mrs Smith is a 75 year old who's a retired factor worker who lives with her son" (**Social** snapshot)*
  - *"She presented to hospital two weeks ago after having a series of falls" (MAIN **Complaint**)*

Presentation Template 2

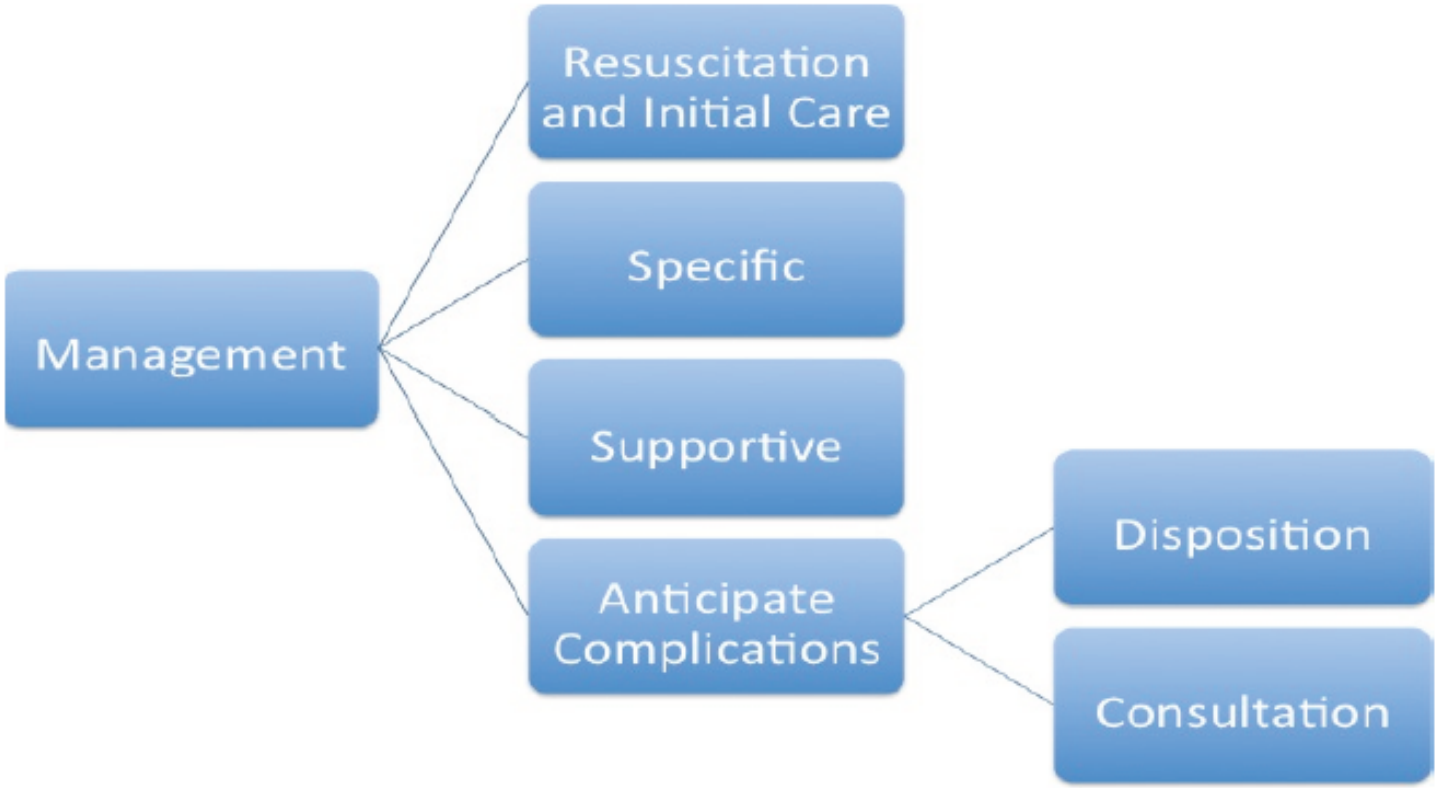
- **Student Response:**
  - *"Her other major concern included worsening shortness of breath and numbness in the legs which I will cover in detail shortly.."*
  - **(Relevant Background)** – *"Of note, Mrs Smith's relevant background includes:*
    - *Ischaemic heart disease*
      - *for 15 years requiring bypass graft in 2001*
    - *Rheumatoid Arthritis*
      - *generally well controlled with Hydroxychloriqine"*

Presentation Template 3

- **Student Response:**
  - *"She also suffers from Diabetes Mellitus which has been treated with oral hypoglycaemics although I note that in the past her **concordance** had been poor. This appears to have recently improved due the use of a Webster Pack and help from her son"*
  - *"The patient's **Main Concern** is the Falls and Leg numbness."*
- *"IN MORE DETAIL …" - (This is a useful 'Q' for moving to the main body of the presentation)*

Organising your Plan

Organising your Plan



Organising your Plan

- In the Exam patient (usually) have **CHRONIC** and **STABLE** conditions with multiple issues
- I suggest you use **The 3 C's*** for each problem to help with planning presentation and discussion
- *Condition, Cause and Complication(s)
  - Diagnosis of acute problem **(Condition)**
  - Identify cause of the principal condition and/or precipitating factors for acute presentations **(Cause)**
  - Management of actual or potential complications **(Complications)**

Organising your Plan

Discharge Planning (HOME)

- Health Literacy
- Organise the patient's follow-up
- Medications
- Explanation and Advice to patient with Instructions of when to return to ED
- See - http://www.ncbi.nlm.nih.gov/pubmed/22151663

Practice Opening Statements for the following Cases

Case Example

Mrs Elsie Croft is a 72 year old obese lady with triple-vessel coronary artery disease, multiple coronary risk factors and a recent myocardial infarction (MI)

She recently presented for angioplasty and stenting of her coronary lesions.

This admission has been complicated by on-going dyspnoea.

She also suffers from persisting diarrhoea (?cause), diabetes mellitus (end-organ damage – retinopathy), hypertension, hyperlipidaemia, carcinoid tumour of the lung, asthma, emphysema and intermittent depression related to chronic disease and living alone.

- PRACTICE AN OPENING AND CLOSING STATEMENT
- WHAT ARE THE ISSUES IN THIS CASE?

Case Example

Mr Jason Kenny is a 65 year old male with severe generalised rheumatoid arthritis presenting with a history of progressive dyspnoea, productive cough and fevers for 1 weeks

He has also had weight loss and malaise over the last 3 months

He has a background of diabetes mellitus, osteoporosis and chronic airflow limitation (COPD).

His independence is severely compromised by poor hand function, limited exercise tolerance despite daily home help services provided for the last 2 years.

His current medications include prednisone, celecoxib, methotrexate, metformin, pamidronate, calcium carbonate, calcitriol, salbutamol and ipratropium bromide.

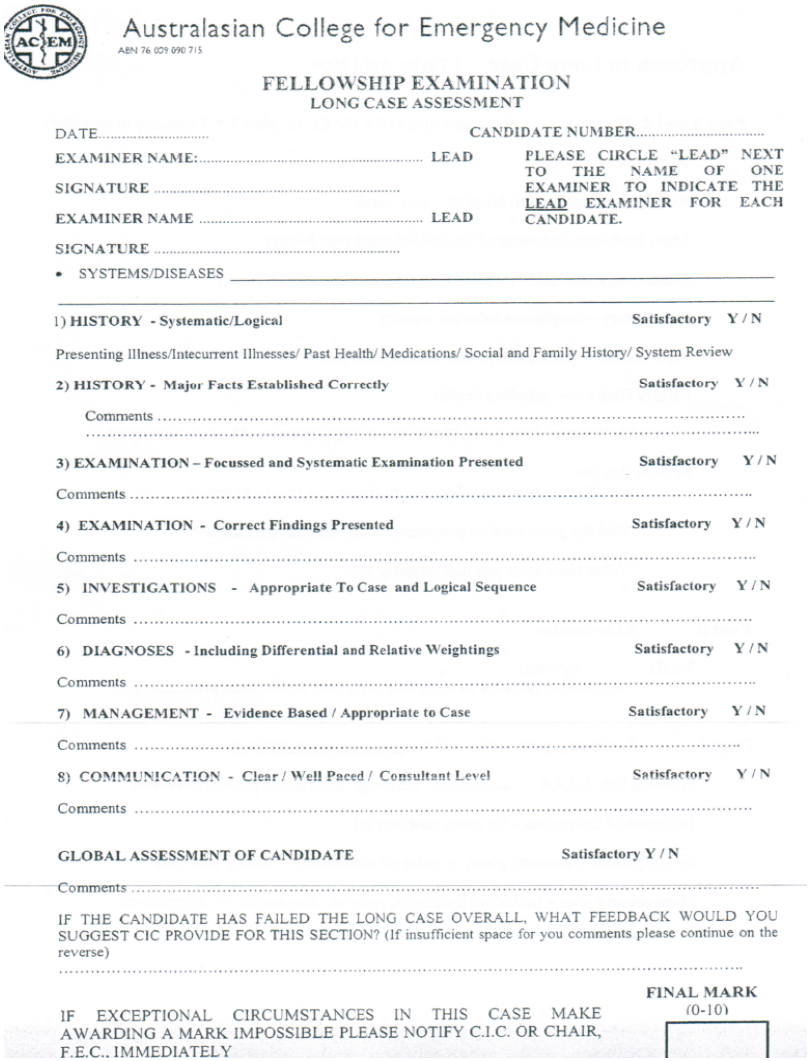
- PRACTICE AN OPENING AND CLOSING STATEMENT
- WHAT ARE THE ISSUES IN THIS CASE?
- WHAT ARE THE POTENTIAL DRUG ISSUES? (*NB avoid brand names*)

Top 12 Classic Cases

- ✓ Chronic Lung Disease
- ✓ Transplant(s)
- ✓ Scleroderma
- ✓ Diabetes with poor control or complications (e.g. Vision, Renal and Peripheral Vascular)
- ✓ HIV
- ✓ Rheumatoid Arthritis
- ✓ Heart Disease (Recent MI, Heart Failure, Valvular Heart Disease)
- ✓ Chronic Liver Disease (e.g. Hepatitis, Alcohol)
- ✓ Obesity
- ✓ Smoking
- ✓ Depression

Marking Sheet

- ✓ For Sydney Uni there are 6 domains for marking
- ✓ These include History, Examination, Social, Synthesis and Management



Australasian College for Emergency Medicine

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FELLOWSHIP EXAMINATION

LONG CASE ASSESSMENT

DATE..... CANDIDATE NUMBER.....

EXAMINER NAME:..... LEAD

SIGNATURE .....

EXAMINER NAME ..... LEAD

SIGNATURE .....

PLEASE CIRCLE "LEAD" NEXT TO THE NAME OF ONE EXAMINER TO INDICATE THE LEAD EXAMINER FOR EACH CANDIDATE.

- SYSTEMS/DISEASES _____

1) **HISTORY - Systematic/Logical** Satisfactory Y / N

Presenting Illness/Intecurrent Illnesses/ Past Health/ Medications/ Social and Family History/ System Review

2) **HISTORY - Major Facts Established Correctly** Satisfactory Y / N

Comments .....

3) **EXAMINATION – Focussed and Systematic Examination Presented** Satisfactory Y / N

Comments .....

4) **EXAMINATION - Correct Findings Presented** Satisfactory Y / N

Comments .....

5) **INVESTIGATIONS - Appropriate To Case and Logical Sequence** Satisfactory Y / N

Comments .....

6) **DIAGNOSES - Including Differential and Relative Weightings** Satisfactory Y / N

Comments .....

7) **MANAGEMENT - Evidence Based / Appropriate to Case** Satisfactory Y / N

Comments .....

8) **COMMUNICATION - Clear / Well Paced / Consultant Level** Satisfactory Y / N

Comments .....

GLOBAL ASSESSMENT OF CANDIDATE Satisfactory Y / N

Comments .....

IF THE CANDIDATE HAS FAILED THE LONG CASE OVERALL, WHAT FEEDBACK WOULD YOU SUGGEST CIC PROVIDE FOR THIS SECTION? (If insufficient space for you comments please continue on the reverse)

.....

FINAL MARK
(0-10)

IF EXCEPTIONAL CIRCUMSTANCES IN THIS CASE MAKE AWARDING A MARK IMPOSSIBLE PLEASE NOTIFY C.I.C. OR CHAIR, F.E.C., IMMEDIATELY

Summary / Take Home

- Emergency
  - I.S.B.A.R.
  - Concise
  - Life Threats
  - Simultaneous Management and Investigations
  - Graded Assertiveness
- Long Case
  - Structured
  - Beginning, Middle and End
  - Issues
    - Diagnostic (and/or)
    - Management
  - Holistic Approach