

## **Oral Presentations in Emergency Medicine**

**This guide is designed to help medical students establish and refine their presentation skills, with a focus on the emergency medicine presentation. Please note that there are two key elements to giving presentations: good feedback and flexibility of presenting style. You should make sure to use this guide in concert with feedback you get from your attending and should realize each attending will be slightly different. With the ability to modify your presentation based on feedback, we are certain you will develop the skills needed to communicate the critical information of a medical presentation both concisely and completely.**

### **Objectives of the EM Oral Presentation**

1. Tell the patient

Figure A

chief complaint  
(ex. chest pain)

Figure B

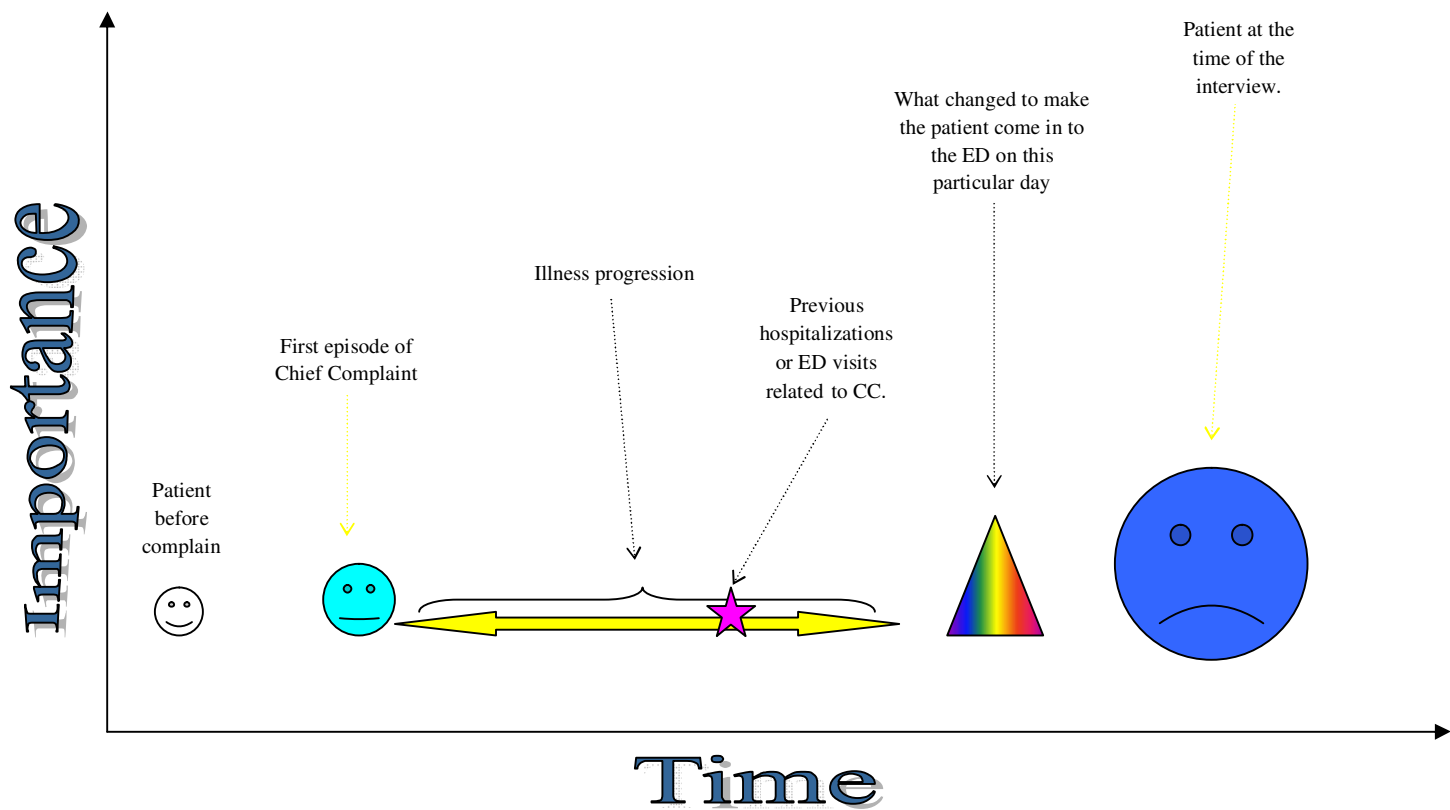
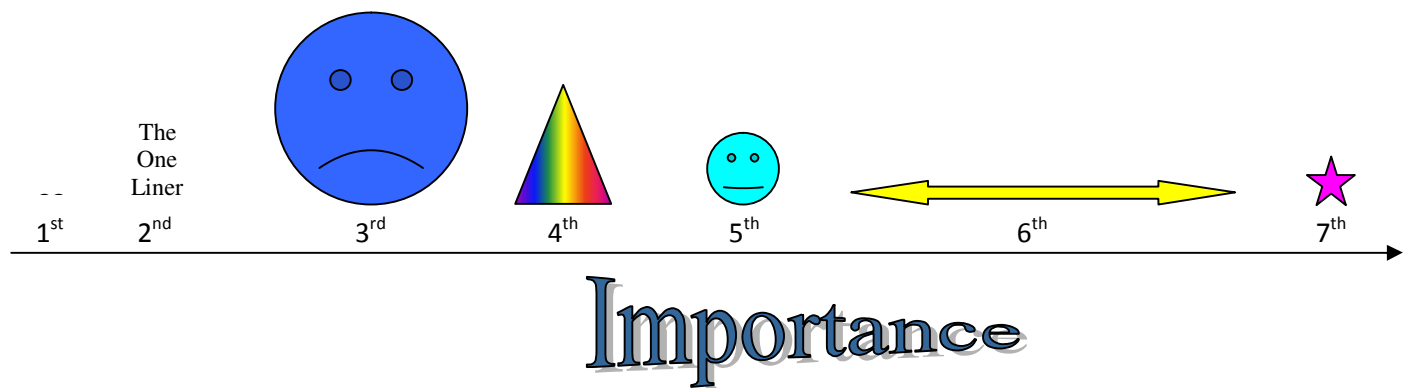


Figure C

Order of HPI in the Oral Presentation



## **Intro**

The overall feel for oral presentations in the emergency department is to give concise sentences in a bullet-point like fashion

Another way to determine

ii) listeners have short attention spans

Method (1) takes in account both of the above rules by having the most important information (    and    ) located at the beginning of the oral presentation

*{#days} ago. The headache is {throbbing, continuous} which is {not} associated with {any} facial symptoms such as tears, facial numbness... No vision changes during episodes. Patient can not recall any triggers. Headache is {not} preceded by auras or exacerbated by exercise."*

**c.**

Why the patient came into the ED is an important piece of information that is often forgotten by medical students. Since the beginning of the patient

*Myocardial Infarction with medical management”*

*—“The patient had a previous emergency department visit for a similar complaint of right upper quadrant abdominal pain 2 days ago. Right upper quadrant ultrasound then was normal. Patient sent home with the diagnosis of Abdominal Pain of Unknown Etiology with ibuprofen for pain.”*

### **What about the PMH, PSH, SocHx, and FmHx**

One might notice the lack of Past Medical History (PMH), Past Surgical History (PSH), Social History (SocHx), and Family History (FmHx) from the above list. Their removal is necessary for a speedy and efficient oral presentation in EM. If all sections were included, the speaker would be tempted to add non-relevant information to fill in the

cases it is usually acceptable to say “*the vitals are within normal limits*”. However, make sure you know the specific values if asked.

For clarification, saying



*which is similar to previous episodes occurring after drinking large quantities of alcohol.”*

C) **1-2 important diagnostic studies or labs if available.**

Example



**We hope you have found this guide to be helpful. Remember, be flexible in your structure and rely on your attending or upper level residents to provide appropriate feedback. Sometimes they need encouragement, so don't be afraid to ask what you could have done better in your presentation. Also, remember that you are still a student. Your presentations still matter in terms of medical care, so err on the side of including more as opposed to less. Lastly, practice! Take advantage of every opportunity to present a patient that you can; you won't get better without trying!**