

# ALGORITHMIC APPROACH TO MANAGER-STYLE ORAL PRESENTATIONS

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## CC

- a. State Symptom in Context of Problem Based Approach which matches your Differential
- b. Brief Time Course
- c. Identifying Information
- d. Extremely Relevant PMH and Risk Factors (relevant to problem and differential)
  - a. Everything here must be important to understand the problem, differential, or reason for consultation
  - b. Rarely, you should mention imaging or labs if critical to understanding the case
    - i. "We were consulted for the incidental finding of an asymptomatic intracerebral hemorrhage"

## HPI

- e. Briefly summarize USOH
  - a. "Normal, active, fully functional"
  - b. "Residual mild right hemiparesis and can ambulate 50 feet with walker"
  - c. "At baseline, is oriented to self, transfers by lift, and no longer recognizes family members"
- f. Concisely and Chronologically describe Present Symptoms and Patient Experience which Prompted Medical Attention
- g. PLAN AHEAD: Pertinent negative symptoms which relate to differential and localization at the moment
- h. Add functional impact of symptoms (ADLs, ambulation, ability to get back up from fall, etc)
- i. Differential should be clear at this stage, exam findings should be predictable, no surprises after this
  - a. Strive to have minimal interruptions (varies by attendings).
  - b. If resident feels need to clarify, then you may not be conveying the key information
  - c. Your job is to lead listener to your localization and differential

### *Pre-existing condition or illness with direct bearing on HPI*

- j. Put present symptoms in context of pre-existing chronic illness. If the chronic illness is neurological, how was it diagnosed/confirmed
  - a. Show you read about the illness and whether you agree/disagree with the diagnosis
  - b. "MS was diagnosed 5 years ago based upon an episode of optic neuritis in the left eye, confirmed by MRI with an enhancing optic nerve and typical periventricular white matter lesions, two of which were enhancing. There was a cord lesion at C4,5, and CSF was positive for oligoclonal bands, IgG index, and IgG synthesis rate. She started Avonex at that time and..."
- k. DECISION POINT: If pre-existing conditions are complex or unsettled, may need to provide pretext before present symptoms

### *Hospital Course*

- l. Most relevant information (vital signs, early exam, treatments, response to therapy, symptom evolution) upon medical evaluation (EMS, ED, hospitalization).
- m. JUDGEMENT: Almost always leave labs and studies to after exam, unless they are critical to understanding why certain actions were done
- n. DECISION POINT: If hospital course is more important than pre-existing condition information, may need to move hospital course before

## PMH

- o. Review any other significant medical problems, provide details only if relevant. Do not need to list everything.

## Meds

- p. List medications (doses for pertinent ones only)
  - a. May mention compliance, affordability, or other related issues
  - b. Do not list allergies unless pertinent to your plan

## SH

- q. Length may vary by attending. Occupation, education, living arrangements, marriage and support, stressors.

## FH

- r. Keep it brief and highly relevant
  - a. "No pertinent family history upon detailed review"
  - b. "His grandfather on his father's side, father, and 2 brothers of 5 total sibling have/had a similar disorder"

## ROS

- s. Don't do ROS in oral presentation. Cover pertinent positives and negatives in HPI

## PE

- t. VSS or list vital signs (orthostatics if pertinent, trends since admission if pertinent)
- u. General appearance if pertinent (i.e. cachectic, agitated, hallucinating, depressed mood, etc)
- v. Concisely summarize general exam, add couple pertinent negative. If normal, concisely state that "General medical exam normal".
- w. If neuro exam is all normal and diagnosis is such that we expect a normal neuro exam (headaches, seizures), can say "Complete neuro exam is entirely normal".
- x. Mental Status
  - a. If highly pertinent, list what you did and the response
  - b. If not pertinent and negative, say either "complete mental status screen was normal", or "mental status was normal, including orientation, attention, and memory"
  - c. If seeing someone for mental status changes and inattention, and everything else is normal, can list mental status findings and state "complete neuro exam was otherwise non-lateralizing".
- y. Language
  - a. If highly pertinent, list what you did and the response
  - b. If not pertinent and negative, say "complete aphasia screen was normal" or "language had normal comprehension, repetition, fluency, naming"
- z. CN
  - a. List pertinent positives and negatives
  - b. Additional diagnosis-specific maneuvers if pertinent (Dix-Hallpike, INO by saccades, pupil asymmetry in dark, tongue fasciculations, red desaturation, ptosis with prolonged upgaze)
- aa. Motor

- a. "Motor is completely normal"
- b. Central disease = summarize patterns of weakness; peripheral disease = list muscles involved.
- c. Add tone, atrophy, bradykinesia, drift, fine finger and toe tapping as needed
- d. Additional maneuvers (apraxias)
- bb. Reflexes
  - a. Summarize patterns
  - b. "All normal and symmetric with down toes"
- cc. Sensory
  - a. "Detailed sensory exam is normal" or summarize patterns
  - b. Additional maneuvers (neglect, cortical sensory)
- dd. Coordination and gait
  - a. "Coordination and gait is normal"
  - b. F-N, RAM, HNK, stance/Romberg, walking, heels toes
  - c. Gait descriptions: Initiation, speed, stride length, base, arm swing, foot/toe clearance, asymmetries, steps to turn, pain, cautious, spastic/scissoring, staggering, fatigability, posture

### **Imaging and labs**

- ee. Summarize, keep it concise and pertinent
  - a. "CBC, BMP, TSH, EKG, Head CT were all normal"
  - b. "CBC was notable for a WBC of 2.0, ALC of 120, and platelets 42. CMP was notable for creatinine of 2.6, ..."

### **Assessment**

#### *Summarize*

- ff. Only need summary statement if complex case

#### *Localization*

- gg. Provide top localizations and rationale based upon exam and co-localizing findings
  - a. "Based upon symmetric leg weakness, urinary retention, and thoracic sensory level, the most like localization is spinal cord. However, reflexes are absent, so we should also consider a polyradiculitis or peripheral nerve"

#### *Differential*

- hh. Most likely, most dangerous, most treatable, couple zebras
- ii. Use history, exam, studies to support rationale and prioritization
  - a. "The three most likely and important diagnoses would be ischemic stroke, seizure, or migraine. The diagnosis of stroke is supported by... The most likely type of stroke would be cardioembolic based upon... With his fever and white count, we should also consider the stroke may be due to endocarditis, meningitis, or vasculitis..."
  - b. "The diminished vibration and proprioception, loss of pin sensation in a stocking-glove distribution, distal weakness with diminished reflexes and no UMN signs points to a neuropathy. Possible etiologies suggested by the history include..."

#### *Plan*

- jj. Keep it tight, focus on diagnostic testing and acute treatment
  - a. "We were able to get the spine MRI done last night, and the patient is first on the list to get nerve studies to evaluate for demyelination. Based upon the CSF demonstrating high protein with no cells, and rapidly evolving weakness with lost reflexes, we already contacted VIR and lab medicine to get

everything in place for his initial plasma exchange later today. We are monitoring Nifs and FVC for signs of deterioration, and will transfer to the ICU if they trend downward.”

kk. If time permits and pertinent, speak to discharge planning and follow-up

#### *Literature*

- ll. High Impact: NEJM, Neurology, Brain, Annals of Neurology, Lancet Neurology, Lancet, JAMA
- mm. Recent RCTs related to management, recent pubs related to patients presentation and prognosis, guidelines, consensus statements
  - a. “American Academy of Neurology recently reviewed all the evidence for treatment of Bell’s palsy and emphasized...”
  - b. “A recent article in Neurology evaluated outcomes of inadvertently administering tPA for patients with conversion disorder, and they found that the complication rate was very low at <1%.”
  - c. “A recent clinical trial in Neurology randomized patients with GBS to receive either plasma exchange or IVIG, found that the outcome was no different at 6 months, and emphasized tailoring the decision based upon several key patient factors...”
- nn. Google scholar lists most cited at top
- oo. Review articles, general approach articles, meta-analyses not as useful for rounds
- pp. Keep it very brief. Be mindful of time needed for rounding

NOTE: Literature may go before plan if it directly impacts the plan (ding-ding-ding)