

# Presentation skills for finals

Dr Heather Lewis

Honorary Clinical Lecturer

Newham University Hospital

# Overview

- Review of the generic skills needed when presenting
- Specific presentation scenarios
- Tips and tricks of good presentations

# Generic skills

- Fluent
- Coherent
- Succinct

# Generic tips for presenting

- Be logical – present in the order you examined – then you won't forget anything!
- State positive findings and relevant negatives
- Always summarise at the end
- Know 2 or 3 differentials for common examination findings and how to distinguish them

# Starting your presentation

- Remove stethoscope
- Hold your hands behind your back
- Look at the examiners directly (look at their nose if you don't want to look them in the eye)

# To complete my examination I would like to...

- Cardiovascular:
  - “Perform a peripheral vascular exam, fundoscopy and a urine dipstick”
- Respiratory:
  - “Perform a peak expiratory flow measurement, check the oxygen saturations, and examine the sputum”
- Gastrointestinal:
  - “Examine the external genitalia and the hernial orifices and perform a digital rectal examination”

# To complete my examination I would like to...

- Neurological:
  - “perform a complete peripheral nervous system examination, a cranial nerve examination and fundoscopy”

# The presentation

- Always start with:
- “I examined the ..... system of this .....(age) year old man/ woman”
- Present in the sequence you examined in
  - General inspection
  - Close inspection
  - Hands
  - Face
  - Palpation
  - Percussion
  - Auscultation



# Always comment on...

- Whether the patient looked well or unwell
- Whether the patient was comfortable at rest
- Any peripheral paraphernalia of disease around the bed
- Any peripheral stigmata of disease on inspection of the patient

# The presentation:

- Explain the positive findings at each stage and relevant negatives i.e.
  - Murmur – “no peripheral signs of infective endocarditis or heart failure”
  - Jaundice “no peripheral stigmata of chronic liver disease, no hepatosplenomegaly and no ascites”
  - Wheeze “no evidence of nebulisers/ oxygen, no tar staining, no hyperexpansion of the chest”
  - Right sided upper limb weakness “no right sided facial droop, normal reflexes, no fixed flexion deformities of the arm”

# The presentation

- Practice stating your findings in a professional way i.e.
  - “On auscultation of the anterior chest wall”
  - Not “when I listened to the front of the chest”

# Presenting normal findings

- Respiratory:
  - “Chest expansion was .....cm and equal on both sides”
  - “The percussion note was resonant throughout both lung fields”
  - “Breath sounds were normal, and there were no added sounds”
  - “Vocal resonance was normal”

# Presenting normal findings

- Cardiovascular:
  - “The pulse was ... beats per minute and regular. The character and volume as assessed at the carotids were normal”
  - “The apex beat was in the 5<sup>th</sup> intercostal space, mid-clavicular line”
  - “There were no heaves or thrills”
  - “Auscultation of all four areas of the heart revealed normal heart sounds and no added sounds”

# Presenting normal findings

- Gastrointestinal:
  - “Palpation of the abdomen revealed no masses or organomegaly”
  - “Percussion of the abdomen was normal”
  - “Auscultation of the abdomen revealed normal bowel sounds, and there were no hepatic or renal bruits”

# Presenting normal findings

- Peripheral Neurological System:
  - “Tone was normal”
  - “Power was 5/5 on flexion and extension of the hip, knee and ankle”
  - “Co-ordination was normal”
  - “Sensation in all lower limb dermatomes was normal to light touch (and pain if tested). There was no evidence of peripheral neuropathy. Vibration sense and proprioception were normal”

# Presenting normal findings

- Cranial nerves:
  - “Cranial nerves 1 to 12 were intact”



# Completing your presentation

- Always end with
  - “In summary my findings were.....
    - List your findings
  - My differential diagnosis in this case is.....
    - Your top 3 differential diagnoses

# Examples – Aortic stenosis

- I examined the cardiovascular system of this 67 year old gentleman
- On general inspection the patient appeared well and comfortable at rest
- In the hands there were no stigmata of infective endocarditis
- The pulse rate was 72 beats per minute and was slow rising in nature
- The JVP was not raised
- The apex beat was not displaced
- On auscultation of the praecordium a loud ejection systolic murmur could be heard in all 4 areas, but was loudest in the aortic area, and radiated to the carotids.
- There were no basal crepitations or pedal oedema
- In summary this gentleman has an ejection systolic murmur which radiates to the carotids, associated with a slow rising pulse with no evidence of infective endocarditis or heart failure.
- These findings are consistent with a diagnosis of aortic stenosis
- My differential diagnosis of an ejection systolic murmur would include pulmonary stenosis and hypertrophic obstructive cardiomyopathy

# Example - Ascites

- I examined the gastrointestinal system of this 44 year old woman
- She appeared well and comfortable at rest
- There were no peripheral paraphernalia of gastrointestinal disease
- On general inspection she was jaundiced and had a distended abdomen
- There was no asterixis
- She had evidence of chronic liver disease with palmar erythema, spider naevi and caput medusa
- Palpation of the abdomen revealed 4cm splenomegaly and no hepatomegaly. There were no masses
- There was evidence of shifting dullness on percussion
- Auscultation of bowel sounds was normal
- In summary this patient has ascites and splenomegaly, in association with palmar erythema, spider naevia and caput medusa
- This is consistent with a diagnosis of decompensated chronic liver disease
- My differential diagnosis would include Budd Chiari syndrome or malignancy with peritoneal metastases

Any questions?