

Oral Case Presentation Critique Sheet

Content

- The opening sentence includes only those diagnoses and descriptions that are central to the presenting case or are too important to be ignored.
- The key symptoms are described in detail (onset, duration, location, radiation, aggravating and alleviating factors).
- All *pertinent* positive and negative history is contained in the HPI.
- The assessment includes a discussion of the differential diagnosis.
- The history and physical obtained and performed are complete for the given case.

Form

- The narrative is clear and concise.
- The narrative is presented chronologically. If the patient has chronic medical issues that relate to the presenting problem, they are described first and lead us to the presenting problem.
- The standard sequence of the presentation should be followed: patient ID and informant, then cc, then HPI, etc.
- Information is presented in the appropriate section; i.e. medical history is not reported in the PE section and new PE findings are not revealed during ROS.
- The presentation is appropriate length (not too long and not too brief; a typical admission presentation is approximately 7 minutes long).

Delivery

- The speech is clear and audible.
- There is eye contact.
- The rate of speech is appropriate, not too fast or too slow.
- There are no fillers, such as “like” and “um” that distract the listener.
- Notes are used only as prompts (case is not read-P&S tradition: presentation without notes).
- Body language is appropriate, i.e. not slouching or leaning back in chair. Be aware of nervous physical ticks.