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29 Teaching and Evaluating Medical Students' Oral Presentations Skills in Emergency Medicine

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Background: Medical students receive generalized training in oral presentations yet lack preparation for emergency medicine (EM)-specific presentations, which differ in length, focus, and structure. Prior research suggests that students need further instruction in EM-focused oral presentations.

Objectives: In our pilot study, we assessed the need for training of EM-bound medical students in EM-specific oral presentations and trialed a multimodal curriculum. In this study we implemented a novel grading rubric to evaluate efficacy of the didactic curriculum.

Methods: Fourth-year, EM-bound students from 26 different medical schools rotating in July–October 2018 were voluntarily enrolled. Students (n = 49) completed pre- and post-intervention surveys. Attending physicians graded their oral presentations on their first shift (pre-intervention) and last shift (post-intervention) using a novel grading rubric (Figure 1). During the four-week rotation, students completed a self-paced, multimodal curriculum designed using expert sources (Figure 2). We analyzed data using paired t-test for statistical significance.

Results: In our study population, 61% of students had previous education in oral presentations, but less than 25% received EM-specific training. On pre-intervention surveys, students had an average of 6.4/10 when asked how prepared they felt presenting EM-specific oral presentations and 8.1/10 on post-intervention surveys (p<0.001). Our novel grading rubric assessed nine components of oral presentations with average scores increasing from 3.4/5.0 to 4.0/5.0 after implementation of the curriculum (p<0.05).

Conclusion: Our study suggests that medical students feel ill-prepared for presenting EM-focused oral presentations and have limited EM-specific prior training. Implementation of a multimodal, didactic curriculum created statistically significant increases in the students' feelings of preparedness. Use of a novel grading rubric demonstrated objective increases in students' performance on oral presentations.

PATIENT PRESENTATION RATING TOOL

Note: Please use a score of 3 to indicate performance that is at the expected level for a fourth year student

HISTORY

1. Chief complaint noted as part of introductory sentence					Questions/Comments
1	2	3	4	5	
No Chief complaint	Chief complaint mentioned	Chief complaint clear			

HISTORY

2. HPI starts with clear patient introduction including patient's age, sex, pertinent active medical problems					Questions/Comments
1	2	3	4	5	
No introductory sentence	Intro included CC and most pertinent information	Intro painted a clear picture of patient			<input type="checkbox"/> too much <input type="checkbox"/> too little

HISTORY

3. The HPI includes only relevant PMH and ROS without non-relevant ROS or any physical exam findings					Questions/Comments
1	2	3	4	5	
Information has no clear connection to the active medical problems	Information adequately describes the patient's active medical problems	Information completely and concisely describes all active problems			<input type="checkbox"/> too much <input type="checkbox"/> too little

PHYSICAL EXAM

4. Includes a targeted physical exam including relevant vital signs stating the positive and negative findings that distinguish the diagnoses under consideration and any other abnormal findings					Questions/Comments
1	2	3	4	5	
Either too much or too little information given	Most important information is given with vitals	All important elements of vitals and PE given			<input type="checkbox"/> too much <input type="checkbox"/> too little

SUMMARY STATEMENT

5. Begins assessment with a summary statement that synthesizes the critical elements of the patient's chief complaint, HPI, and pertinent findings on physical exam					Questions/Comments
1	2	3	4	5	
No summary statement or restatement of story without synthesis	Most pertinent information synthesized; may repeat some unnecessary information	Summary statement concisely synthesizes all key information			<input type="checkbox"/> too much <input type="checkbox"/> too little

ASSESSMENT AND PLAN

6. Provides an appropriate differential diagnosis including top "not to miss" diagnoses					Questions/Comments
1	2	3	4	5	
No differential diagnoses are given	A Dox with several possibilities is given for major problems	Extensive Dox with most likely dx and "not to miss"			<input type="checkbox"/> too much <input type="checkbox"/> too little

7. States the diagnostic/therapeutic plan that targets each problem; each item in the plan relates to something listed on the prob list					Questions/Comments
1	2	3	4	5	
Patient plan is not described or is unrelated to the problem list	Plan for the patient addresses most important issues, may omit active but lower priority problems	Patient plan is complete and relates directly to the problem list; all active issues are included			<input type="checkbox"/> too much <input type="checkbox"/> too little

GENERAL ASPECTS

8. Body language and speaking style					Questions/Comments
1	2	3	4	5	
Difficult to understand with distracting gestures	Mostly understandable and engaging with acceptable body language	Understandable and engaging speaking style, professional body language			

9. Length of presentation					Questions/Comments
1	2	3	4	5	
Too long or too short in length	Mostly appropriate in length, may be a little too long or short	Appropriate length for complexity of patient			

Comments:

30 Emergency Department Thoracotomy Education Needs Assessment

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Background: Emergency department thoracotomy (EDT) is a rare and potentially life-saving procedure that emergency medicine (EM) residents must be able to perform correctly. Due to the infrequent occurrence of EDTs, studies evaluating whether EM residents are competent to perform this procedure are rare.

Objectives: To assess EM residents' baseline abilities to perform an EDT on a novel, simulated model.

Methods: This was a prospective, single-site study of EM residents in a four-year, urban, academic residency program. Residents were asked to individually complete an emergent

Multimodal Didactic Curriculum Components				
Modality	Author	Year	Title	Source
Primary Literature	Davenport <i>et al.</i>	2008	The 3-minute emergency medicine medical student presentation: a variation on a theme	1
Supplemental Outline	Davenport <i>et al.</i>	2008	Oral Presentations in Emergency Medicine	1
FOAMed Review	Javier Benitez, MD	2012	Academic Life in EM (ALIEM): "The 3-minute EM student presentation"	1, 2
Video	CDEM/EMRA	2015	Making the Most of Patient Presentations	3
Podcast	EMBasic: Steve Carroll, MD	2012	How to give a good ED patient presentation	4
Podcast Notes	EMBasic: Steve Carroll, MD	2012	How to give a good ED patient presentation	4
Flipped Classroom	Stella Yiu, MD	2013	FlippedEM Classroom: How to Present in the Emergency Department: Part 2: The EM Presentation	5

References:

- Davenport C, Honigman B, Druck J. The 3-minute emergency medicine medical student presentation: a variation on a theme. *Acad Emerg Med.* 2008 Jul;15(7):683-7
- Benitez, J. 2012. Academic Life in EM (ALIEM): "The 3-minute EM student presentation" <https://www.aliem.com/2012/08/the-3-minute-em-student-presentation/>
- Yip, M and Mitra, A. "Making the Most of Patient Presentations" <https://www.saem.org/cdem/education/online-education/medical-student-presentations-video>
- Carroll, S.EMBasic "How to give a good ED patient presentation" <http://embasic.org/wp-content/uploads/2012/03/17-how-to-give-a-good-ed-patient-presentation.pdf>
- Yiu, S. 2013. "How to present in the emergency department" FlippedEMclassroom.com