Basic Human Pathology
MCB 458
Cases
Lectures
Tests
### Case Records of the Massachusetts General Hospital

#### Case 2-2015 — A 25-Year-Old Man with Abdominal Pain, Syncope, and Hypotension


- CME
- Comments
- Poll

#### Case 1-2015 — A 66-Year-Old Woman with Metastatic Breast Cancer after Endocrine Therapy


- CME

### Clinical Problem-Solving

#### Diagnosing One Letter at a Time


- CME

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**By Specialty**

- All Specialties
  - Primary Care
  - Pediatrics
  - Clinical Practice (410)
  - Hematology/Oncology (202)
  - Pulmonary
  - Critical Care (161)
  - Infectious Disease (147)
  - Neurology/Neurosurgery (121)
  - Gastroenterology (120)
  - More

**By Article Type**

- All Types
  - Case Records of the Massachusetts General Hospital (403)
  - Clinical Problem-Solving
Pathology of the Presentation

When you see the patient, you will gather a lot of data. Only some of it will be important enough to include in your presentation. Key questions to consider (and which will be in the mind of the listener):

Why is the patient here and why now?
The Subjective Findings
Begin your presentation by identifying the patient

Use a name and a limited amount of demographic information (e.g. Ms. Rodriguez is a 38 year old female in bed 3).

Don’t call patients “the woman in room 2” or “the man with right arm pain”.
State the chief complaint, and give a limited amount of history of present illness.

Provide relevant details.

**How long has the symptom or problem been present?**

Has the patient had previous episodes?

Is this an exacerbation of a previously diagnosed chronic condition?

What makes the symptom get worse? Better?
Has the patient sought care regarding the problem in the past? If so, what was done?

If the symptom is a pain, describe things such the character of the pain (e.g. sharp, dull, pulsating, constant, etc.); whether it radiates versus staying in one place; and any accompanying or associated symptoms (e.g. the person says they become nauseated or diaphoretic when the pain comes on).

Briefly state how long symptoms have been present, exacerbating/relieving factors, whether the patient has had similar problems in the past, and if the patient has tried treatments prior.
In preferably two sentences or less, indicate PMH.

You can report it as a single sentence, such as “Ms. Foster has a 10 year history of hypertension, has end stage renal disease and has been on dialysis for 3 years.

In limited cases, it is also appropriate to indicate that the patient does not have a history of such-and-such disease.

For example, if the patient is a 60 year old male with a chief complaint of crushing chest pain associated with exertion and he says that he has no known medical problems, it is appropriate to state that the patient denies any history of angina or myocardial infarction.
Keep in mind that the purpose of reporting the PMH is so that you and your listener can consider what aspects of the patient’s PMH may directly or indirectly affect how you will manage the patient.

For example, the patient’s chief complaint may be cold like-symptoms, which they define as a runny nose, nasal congestion, moderately decreased energy level, and sneezing.
Social History

Report whether the patient smokes, drinks, and uses any recreational or street drugs.

In certain specific situations, other aspects of the social history should also be reported. For example, it is important to inform the listener of the patient’s living (e.g. patient lives alone, is a group home resident, lives in a dormitory, is a prisoner, etc.) if, in light of the chief complaint, the living situation affects disposition or may suggest that other people are at significant risk for similar illnesses.

Mentioning during your presentation that a patient has been a victim of domestic or other interpersonal violence is very important.
Social History (con)

Other aspects of the social history to consider including in your presentation:

• if the patient has emigrated here from another country, and if so, when

• if the patient has been outside of the country within the past year

• information about the patient’s occupation if it is relevant to the chief complaint or would affect disposition or treatment
Allergies

Medications
The Objective Findings
Vitals

If all the vital signs are normal, you can say this.

But make sure to read the chart, and inform your listeners of any vitals that are not normal.

For example suppose that the patient has a fever but all other vitals are normal. You can say that “vitals remarkable for a temperature of 101.3 degrees, with remaining vitals within normal limits.”

It is helpful to report a pulse ox and finger stick in the vitals if these numbers are important to the patient’s disease process.
Physical Findings

*Look at the physical examination (PE) as a screening tool to show the cause of the chief complaint.* It’s not meant to be a comprehensive physical that one would do as part of routine well-baby or well-adult care. You don’t have to state every single detail that you found during the exam.

*Start with the patient’s general appearance*, then give the findings from the physical exam that are relevant to the chief complaint and any findings that help to either rule in or rule out disease.
Physical Findings

Findings are pertinent if they:

• help rule in or rule out disease

• are related to the chief complaint

• are grossly abnormal requiring immediate attention
Laboratory and Radiology Findings

- help rule in or rule out disease
  - know the normal values!!!!
  - know what the test is for!!!
Case Summary & Differential Diagnosis
GENERATING YOUR CASE STUDY

Rachel J. Carlson May 2019 ©
A Guide to Case Presentations

Print-out document to accompany doc.com module 37: The Oral Presentation
For more information please see http://webcampus.drexelmed.edu/docom/

1. General Description – Giving an oral presentation on ward rounds is an important skill for medical student to learn. It is medical reporting which is terse and rapidly moving. After collecting the data, you must then be able both to document it in a written format and transmit it clearly to other health care providers. In order to do this successfully, you need to understand the patient’s medical illnesses, the psychosocial contributions to their HPI and their physical diagnosis findings. You then need to compress them into a concise, organized recitation of the most essential facts. The listener needs to be given all of the relevant information without the extraneous details and should be able to construct his/her own differential diagnosis as the story unfolds. Consider yourself an advocate who is attempting to persuade an informed, interested judge the merits of your argument, without distorting any of the facts.
Lectures & Tests
Robbins Basic Pathology, 10th Edition

Authors: Vinay Kumar & Abul K. Abbas & Jon Aster

Part of the trusted Robbins and Cotran family, Robbins Basic Pathology provides a readable, well-illustrated and concise overview of the principles of human pathology that's ideal for today's busy students. This thoroughly revised edition c...view more

1 Review(s)

DOODY'S REVIEW SERVICE™ EXPERT REVIEW

[Book cover image]
THE ONE-BEST-ANSWER FAMILY

In contrast to true-false questions, one-best-answer questions make explicit that only one option is to be selected. These items are the most widely used multiple-choice item format. They consist of a stem (e.g., a clinical case presentation) and a lead-in question, followed by a series of choices, with one correct answer and anywhere from three to five distractors. This question describes a situation (in this instance, a patient scenario) and asks the test-taker to indicate the most likely cause of the problem.

Stem:
A 32-year-old man has a 4-day history of progressive weakness in his extremities. He has been healthy except for an upper respiratory tract infection 10 days ago. His temperature is 37.8°C (100.0°F), pulse is 94/min, respirations are 42/min and shallow, and blood pressure is 130/80 mm Hg. He has symmetric weakness of both sides of the face and the proximal and distal muscles of the extremities. Sensation is intact. No deep tendon reflexes can be elicited. Babinski sign is present.

Lead-in:
Which of the following is the most likely diagnosis?

A. Acute disseminated encephalomyelitis
B. Guillain-Barré syndrome*
C. Myasthenia gravis
D. Poliomyelitis
E. Polymyositis

Note that the incorrect options are not wholly wrong. The options can be diagrammed as follows:

<table>
<thead>
<tr>
<th>D</th>
<th>C</th>
<th>A</th>
<th>E</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Least Likely Diagnosis</td>
<td>Most Likely Diagnosis</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Why this Format
TWELVE TIPS

Twelve tips for presenting a clinical problem solving exercise

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Abstract

Background: Lectures are moderately effective for teaching medical knowledge but generally fail at promoting clinical reasoning. In a clinical problem solving (CPS) conference, a clinician is presented an unknown medical case in a stepwise fashion. These popular conferences highlight clinical reasoning and foster active learning to a greater degree than lecture-based education.

Aim: In the absence of literature which addresses the organization of these conferences, we present a guide for the teacher (case presenter) to maximize the session’s educational value.

Methods: Practical issues for case selection, preparation, and presentation are addressed. The predominant theme is to retain an emphasis on real-time reasoning and to minimize the artificial nature of solving an unknown case from presented material rather than a live patient.

Conclusions: The successful execution of the CPS engages both the audience and the discussant in real-time problem solving and relies upon the tenants of experiential learning and clinical reasoning rather than the traditional structure of the medical case presentation.
WEB PAPER

E-learning and deliberate practice for oral case presentation skills: A randomized trial

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Abstract

**Background:** Oral case presentations are critical for patient care and student assessment. The best method to prepare early medical students for oral presentations is unknown.

**Aim:** We aimed to develop and evaluate a curriculum of on-line learning and deliberate practice to improve pre-clinical students' case presentation skills.

**Methods:** We developed a web-based, interactive curriculum emphasizing conciseness and clinical reasoning. Using a waitlist control design, we randomly assigned groups of second-year students to receive the curriculum in December 2010 or in April 2011. We evaluated their presentations at three time points. We also examined the performance of an untrained class of students as a historical comparison.

**Results:** We evaluated 132 second-year medical students at three time points. After the curriculum, mean scores of the intervention students improved from 60.2% to 70.1%, while scores of the waitlist control students improved less, from 61.8% to 64.5% ($p < 0.01$ for between-group difference in improvement). Once all students had received the curriculum, mean scores for the intervention and waitlist control students rose to 77.8% and 78.4%, respectively, compared to 68.1% for the untrained comparison students ($p < 0.0001$ compared to all curriculum students).

**Conclusion:** An on-line curriculum followed by deliberate practice improved students' oral presentation skills.