



BOOK REVIEW

BOOK REVIEW:
PRESENTING YOUR CASE: A CONCISE
GUIDE FOR MEDICAL STUDENTS

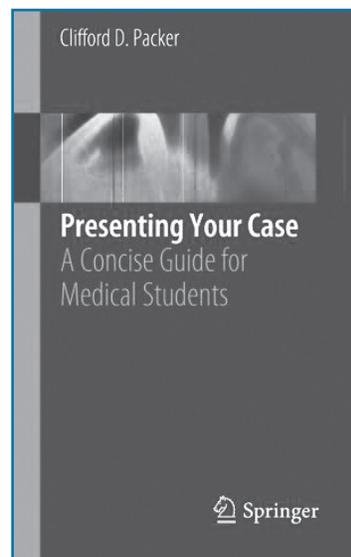
Avital O'Glasser, MD, FACP, FHM

Dr. O'Glasser (oglassea@ohsu.edu, Twitter @aoglasser) is a hospitalist and the medical director of the pre-operative medicine clinic at Oregon Health & Science University.

In the day and age of scrolling rather than flipping, I was excited to recently receive a new medical education book that I anticipate will become a staple on the shelves of internal medicine clinician educators. Dr. Clifford Packer, who has published multiple pieces in *SGIM Forum* about clinical vignette writing and authored a textbook on the subject (*Writing Case Reports: A Practical Guide from Conception through Publication*)¹, just published *Presenting Your Case: A Concise Guide for Medical Students*.² I am excited to review it for the *Forum* audience.

In writing this book, Dr. Packer draws upon his near two decades as an internal medicine clerkship director. Beginning with his preface and arcing through the entire work, Dr. Packer acknowledges and grapples with the weight that has historically been placed on the oral presentation, especially for medical students. Why has the oral presentation become the make-it-or-break-it for the third-year clerkship? Why is it such a challenge for both those on the delivery and the receiving ends of the content? Why is it that “students who struggle are sometimes viewed as disorganized and lacking in medical knowledge” (p. vii)? With this book, he aims to “to demystify and deconstruct” (p. viii) this “rite of passage” (p. vii).

Dr. Packer's book is very comprehensive and very well outlined. Just as he encourages the student and the attending to bring structure and form to the entire oral presentation from start to finish, so too is this book organized in manner highly conducive to learning. Dr. Packer addresses each major section of the presentation in stepwise fashion, beginning with dissecting the traditional structure of the H&P from the HPI to the assessment/plan and one's diagnostic reasoning.



Without spoiling the contents (and to encourage you to read it yourselves), I want to highlight some favorite features of the work. I think I stood up and cheered when I read his section that the oral presentation should not be a verbatim regurgitation and recitation of the written notes. I thoroughly appreciated chapter 3, “Variations on the Oral Presentation,” that provides structure yet flexibility for presentations for night float admissions, transfer admissions, and calling a consultant. I think my #ProudtobeGIM colleagues and clinical educators will also greatly appreciate the section on tailoring the oral presentation to the ambulatory setting in addition to the inpatient setting.

Communicating social determinants of health and one's understanding of patients in the context of their illnesses is discussed extensively. High value care, especially as it pertains to discussions of testing and management, is the subject of chapter 10. Chapter 14 incorporates novel technology such as point-of-care ultrasound, and the information it affords us, into oral presentations. Further use of technology, such as using smartphones on rounds to reference the literature in real time, is also discussed.

Dr. Packer argues that the oral presentation is about far more than sharing isolated data point after data point—especially in the day and age of the electronic medical record, where the attending can (and by many accounts should be) accessing and reviewing mounds of data points before teaching rounds. The process, with the ability to recognize and communicate pertinent negatives and positives, must be dynamic and fluid—and he effectively paints the landscape of what that ideally entails. There is a holistic and broader view on the purpose of teaching rounds as a whole—and the emphasis on diag-

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nostic reasoning, the ability to navigate through differential diagnoses, and the importance of maintaining curiosity is deeply appreciated by this reader. Dr. Packer tells the student, “Let us know what you’re thinking, then, but show us the evidence. Your assessment is a thesis: it must be argued for and defended” (p. 96). This immediately conjures connections to Dr. Gurpreet Dhaliwal’s discussion with *The Curbsiders* that one’s assessment and plan should be like a lawyer’s closing argument.³

I was also highly impressed and engaged by some of the broad themes that Dr. Packer is able to weave through his piece. The oral presentation is not a static event—it is an active process that depends on conversation between the presenter and the attending (this is not to be confused with frequent *interruptions*). There is also a fascinating discussion on the history and role, or lack thereof, for use of the Socratic Method versus “pimping” on rounds. Although I might argue that pimping is never acceptable, Dr. Packer provides an eloquent differentiation between “benign” and “malignant” pimping—focusing on the intent and value of the line of question, rather than the term used to describe it.

Finally, I was also highly impressed by Dr. Packer’s overarching emphasis on the learners and the culture of safety that is essential for the success of the received oral presentation. As stated in the preface, “*I have seen students literally writhing with anxiety as they present their patients*” (p. vii). He is compassionate to the student who might feel that the entire clerkship grade rests on the evaluation of the presentation, which is only a snapshot of a student’s performance on a rotation. He absolutely respects the learning needs of the students along with the ability for students to be empowered to advocate for their patients and drive their care forward. The tone throughout is respectful and empowering, including creating safe for students to be able to admit and vocalize their uncertainty. The message, in short: “speak up on rounds, engage in discussion, and satisfy your curiosity...stand up for your patients...present your case well, and others will listen” (p.8).

I highly recommend this book to my colleagues in academic internal medicine, and I suspect that clinician educators outside of internal medicine will also find it highly applicable. I think students

and residents, especially residents with a keen focus and interest in teaching others, will find this a very worthwhile addition to their personal libraries. It is informative yet sprinkled with a healthy dose of humor—for example, “adherence to Occam’s Razor is an aspirational goal that is sometimes unattainable” (p.102).

It is a fast, facile, highly informative, and delightfully insightful read.

References

1. Packer C, Berger G, Mookherjee, S. *Writing Case Reports: A Practical Guide from Conception through Publication*. New York: Springer; 2017.
2. Packer CD. *Presenting Your Case: A Concise Guide for Medical Students*. Switzerland: Springer, 2019.
3. Dhaliwal G, guest. The Curbsiders. Episode 90. Clinical reasoning: Become an expert diagnostician. <http://thecurbsiders.com/medical-education/90-clinical-reasoning-become-expert-diagnostician>. Debuted April 9, 2018. Accessed July 15, 2019.

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