

Coaching Best Practices – Presenting a Patient

General Recommendations for Presenting a Patient:

1. You do not always have to be in your comfort zone to be a wonderful and trustworthy physician. Do not undersell yourself.
2. Speak with authority but try to avoid over confidence.
3. Especially on FCR, begin your presentation by introducing yourself to the patient and family. Briefly describe what they can expect to hear. For example, “In the next few minutes, I’ll be sharing a summary of your son’s progress and the next steps in his treatment.”
4. If you are unsure about a topic, state your thoughts as a statement rather than stating them tentatively or as a question. For example, instead of, “I’m not sure, but I think we might want to send for an Xray?” say, “I think we should send for an Xray to evaluate the toe and then we can decide what the next step is.” This helps convey confidence and demonstrates your thought process to families and your attendings.
5. Try to avoid the phrase, “I don’t know if we should...” It is okay to not know all the answers, but you should express confidence in what you do know.
6. Follow a consistent order in all of your presentations. It will be easier for you to plan your presentations in advance and easier for the team to follow if you adhere to a set structure.
7. Include verbal headlines in all of your presentations to alert your listeners and help them register the information you are providing. For example, state, “overnight events,” “vital signs,” “physical exam.”
8. A strong format for a patient presentation includes:
 - a. One sentence summary of events in the last 24 hours (Note: This is a good place to include any patient/family concerns. Overnight events should be described briefly and include what happened and how the team responded.)
 - b. Brief description of vital sign trends, general appearance, physical exam, and any other pertinent positives.
 - c. Detailed description of problem list. For each problem, include an assessment of progress towards the goal, explore differential if needed, state pertinent lab data, and the relevant plan.
 - d. Recap of all orders to be placed.
 - e. Global assessment.

- f. Check to see if patient and/or family has any questions.
9. Remember to always provide pertinent lab and PE findings to support a plan. Sharing the context and rationale for why labs were done and trends over time if the patient has been in the hospital for an extended period of time are more easily understood by patients and families than the values themselves.
10. Give a summary assessment on each patient with your opinion on whether their condition is worsening, unchanged or improving, as this assessment is so vital to making sure the working diagnosis and treatment approach are appropriate.
11. Stay mindful of your position in the room when presenting. Stand next to the patient and at the head of their bed instead of across from them.
12. Problem-based plans are often more intuitive to families than systems-based plans, and can be better for documentation, coding and billing. Systems-based plans are often better with very complex patients and in certain settings such as the ICU. Adapt your plan when needed based on the complexity of the patient, setting, and the preferences of your attending.
13. Make it part of your presentation to elicit nursing concerns or input (especially in the PICU).
14. If the chief concern from admission is resolving at the time of presentation, briefly state why the patient was admitted, that the issue is resolved, and describe the remaining issues. For example, “patient admitted with profuse diarrhea and malabsorption. Now well hydrated and diarrhea resolved. Current issues remain advancing feeds...” Provide short and long term goals based on this new disposition.
15. Especially with complex patients – remind residents that it’s okay for them to not have all the answers to be in control. Give permission to switch into facilitator role when they need input from other team members.
16. If you suspect a diagnosis may be controversial, start with an explicit statement of that. For example, “A diagnosis of asthma in first time wheezing episode is controversial, but this patient is likely to be at risk for recurrent wheezing given his strong family history.” Remember to convey confidence.
17. For any surgical patient, always state the date(s) of surgery.
18. Daily weights are key with fluid overload patients and should be shared with the team.
19. If a parent corrects or clarifies something from your presentation, acknowledge their comment by saying more than, “ok.” Instead, say “Thank you for letting us

know” and follow up with any relevant questions or correct your presentation appropriately.

20. For complex patients, number-list your problems.
21. If you are using an interpreter with a family that is more quiet or reluctant to ask questions, it can be helpful to ask families to explain back to you what they understood to be sure they are truly understanding.
22. When appropriate, inform the senior or attending that you want to be the primary communicator with the family to maximize your learning experience.