**10 TIPS TO HELP YOU ENGAGE YOUR AUDIENCE IN A CASE-BASED PRESENTATION**

**ADPATED FROM A LIST BY DAVID BROKIN, M.D.**

1. **Pick a good case**
	1. Use a case that can generate interesting discussion
		1. Focused (while appropriately broad) differential diagnosis
		2. Extensive (while appropriately narrow) workup
		3. Controversial management decisions
	2. It doesn’t have to be a once-in-a-lifetime diagnosis. We can learn just as much from working through a heart failure exacerbation case as we can from a leishmaniosis case.
2. **Keep cases real**
	1. Research your case thoroughly and identify key clinical decision points
	2. Re-create case by presenting information in a step-wise fashion
		1. OK to make small variations to case (based on your chosen learning points)
		2. OK to exclude red herrings unless they relate to the learning points
	3. If your goal is to get the audience to guess that the diagnosis is pulmonary embolism, don’t title the case “Treatment Strategies for Pulmonary Embolism”
3. **Cues at clinical decision points**
	1. Build in stopping points and engage audience at each fork in the road
		1. Don’t allow powerpoint slides to eliminate discussion
	2. Cues may include questions such ass
		1. “What questions would you ask the patient?” after chief complaint
		2. “What features are you looking for on physical exam?”
		3. “Can I get a summary statement?” – often best-placed after HPI/exam
		4. “What is your differential diagnosis?” – often best-placed after summary statement
		5. “What tests do you want to order?” “What results are you expecting?”
		6. “What is your next step?”
4. **Be the facilitator – not the all-knowing, all-powerful source of knowledge**
	1. It’s better to admit a lack of knowledge than to fumble through a topic that you’re not comfortable with
	2. Don’t be afraid to ask chiefs or attendings for their input as well
5. **Clinical reasoning**
	1. Hold the audience to high level of expectation – we’re all doctors (and future doctors) here
	2. Ask for justification and reasoning behind proposed diagnoses or labs or imaging orders
	3. When coming up with a Ddx – ask for supporting and refuting evidence for the most likely diagnoses – coming up with an exhaustive laundry list for each case doesn’t necessarily help us as we work through your specific case
6. **Calling on people**
	1. When asking for audience input, it feels like an eternity of silence. It isn’t. Wait out the silence, answers will eventually come. If the silence gets too long and weird, one of the chiefs will throw something out.
	2. Start with the med students and work your way up. Expect their answers to be appropriate to their knowledge level.
	3. You can always ask for a show of hands…”Who would start antibiotics?” “Who wouldn’t?”
7. **Transitions**
	1. If it seems like things are heading off track (they always do), restate the summary statement and add in newly discovered information
		1. “So back to THIS patient. We have a 60 YOM with PMH of DM2, HTN, and HLP presenting with substernal chest pain brought on by exertion without any significant EKG changes. His troponin just came back at 2.3. What are we going to do?”
8. **Stylistic points**
	1. Relax – the goal is for all of us to learn, not for all of us to see what you do and don’t know
	2. It likely isn’t going to flow the way you imagined it in your head – someone is going to guess the diagnosis in the first 30 seconds or no one is going to ask for the one lab test that would blow the whole thing wide open – that’s okay, just keep on keeping on
9. **Didactics/Time management**
	1. Our goal is to start these things ON TIME – that’s everyone in their seats at 11AM
	2. Your goal should be 20 minutes to work through the case and 5-10 minutes on your teaching points. The focus is working through the case (we’re not asking you to lecture) – you’ll often find that we’ve discussed several of your teaching points in the process and you’ll need less time to formally teach.
10. **Take home points**
	1. Choose 3 points that you really want the residents to remember and re-emphasize those at the very end.