

**UWSOM Student Oral Case Presentation IX (OCP-9) Name: \_\_\_\_\_**

**Instructions:**

See back of page for explanation of each item.

1. Circle the appropriate level for each of the 9 items.
2. Total the number of points in each column and combine for a total score.
3. Please review your assessment with the student and provide feedback where improvement is needed.

	Unclear, irrelevant or multiple elements missing	Some improvement recommended	Clear and complete
<b>ID/CC</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>HPI: Current situation</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>HPI: Current symptoms</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>HPI: Essential background</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>MSE</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Pertinent medical history and labs</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Assessment: Formulation</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Assessment: DDx</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Plan</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Column Totals</b>			

**Grand total (9-27 points)**

Comments (optional):

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Evaluator: \_\_\_\_\_ (please print)  
 (May be an attending, fellow or senior resident in select situations)

Date: \_\_\_\_\_

**General instructions:** All areas should be covered in the OCP but the details and extent of the material/history will vary considerably depending on the patient and context, i.e., if it is an outpatient vs. inpatient encounter, if they have severe mental illness vs. more isolated concerns. The OCP need not be all inclusive; it should be accurate and concise, containing only enough information to clearly describe the patient without overwhelming/confusing the listener. The OCP should be 5-10 minutes in length, longer is not recommended as completeness with brevity is a skill to develop.

**ID/CC** This should include the patient's age, gender, preferred pronouns, and a summary of the chief complaint and why/how the patient was brought to the hospital. It is generally essential to know if the patient was self-referred or brought in by police/ family/friend/provider and for what reason.

**HPI: Current Situation** What is going on now - symptoms and situation. May include patient quotes, events leading to exacerbation of symptoms, or collateral information. Important psychosocial stressors should be included here.

**HPI: Current symptoms** A psychiatric ROS: Psychiatric symptoms that are not necessarily related to the the CC should be reviewed and summarized. This allows for the description of symptoms that may not be of primary concern but clearly impact the understanding of the patient. Pertinent positives and negatives should be included as well as mention of substance use.

**HPI: Essential background** A brief review of current and past psychiatric care, trauma history, employment, and living situation. This should include current medications, past hospitalizations, essential past treatment (e.g., ECT, LAIs, extensive psychotherapy, classes of medications tried (details of each medication likely not relevant), etc.), and suicide attempts. Exhaustive reporting is not intended. Family psychiatric history should be briefly included.

**MSE:** concisely describe the appearance, speech, mood, affect, thought processes and content, insight, judgment and cognition in your patient. this is an essential part of the presentation but can be brief.

**Pertinent medical history and labs** Include only information and symptoms that help clarify or understand the mental health issues. For instance, a benign PE and labs in a depressed patient can be very briefly reported, but if a structural brain lesion is being considered in the DDx the neurologic exam would be essential.

**Assessment: Formulation** An assessment (formulation) is not a short version of the clinical facts, but an interpreted evaluation incorporating your ideas about WHY things happened as they did, HOW this particular person is affected, and WHAT needs to happen next in the clinical situation. We encourage students to consider the "4Ps" and social determinants of health in their formulation to aid them when discussing the patient (summarized in an abridged from below).

**Assessment: DDx** The DDx should be discussed in term of the most likely to least likely diagnoses and how the one would go about evaluating/differentiating these possibilities.

**Plan** For the plan, references to treatment protocols or literature is not expected but general recommendations are.

"The Four Ps"			
Predisposing factors	Precipitating factors	Perpetuating factors	Protective factors
Family hx	Acute medical issues/trauma	Chronic medical issues	Treatment engagement
Developmental hx	Substance intoxication	Chronic substance abuse	Resiliency
Personality/cognitive issues	Acute psychosocial stressors	Chronic psychosocial stressors	Psychosocial supports
Sociocultural background	Developmental age	Maladaptive behaviors	Adaptive coping