
UNIT 6 CASE PRESENTATION

Structure

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6.0 OBJECTIVES

After going through this unit you will be able to:

- prepare a case study for presentation by keeping in mind the following points:
 - present the data through charts and diagrams;
 - select and use appropriate audio-visual aids;
 - present the case effectively with specificity; and
 - contribute meaningfully and constructively to the ensuing discussion.

6.1 INTRODUCTION

The case presentation is broadly speaking an actual extension of the case-study method. A Clinical Case Study is conducted and prepared by professional practitioners, be it the legal/medical, or nursing professions. The next step is the presentation of the case study. It could be presented to peer groups, co-professionals or even the team of care-givers concerned with the case under study. This gives the entire team an opportunity to delve into all the intricate details of the case, weigh the pros and cons affecting the various decisions required to manage the case effectively. It also opens up the opportunity for contribution by the entire team to develop insights necessary for efficient clinical management of the case. The presentation thus concludes with a healthy but thorough discussion of the case and its management, the logical culmination of the approach. It thus provides student nurses an opportunity to learn the method of clinical case study, preparation and presentation. This will improve the communication skills of the students besides providing the clinical expertise so essential in their field of practice.

6.2 HOW IS A CASE PRESENTATION PREPARED

The case presentation should conform to the objectives listed below:

Objectives of Case Presentation

Given below are the objectives of case presentation in the nursing profession:

- 1) To give an indepth analysis of the nursing situation.
- 2) To enhance individualised nursing care.

- 3) To create awareness of the preventive and promotive perspectives of care of the patient/client under study and for a holistic approach.
- 4) To seek support from relevant agencies.
- 5) To become familiar with relevant professional literature.
- 6) To document effectively.
- 7) To include health teaching.
- 8) To present the case with appropriate communication skills and use of audio-visual aids.

Outline for a Presentation

Let us to discuss how to make a presentation.

Introduction of Presentation

At the onset of the presentation we need to mention the topic of the presentation, why it is being made and how much time is required. We need to make it clear that it will be open for discussion at the conclusion so that no interruptions are made during the session.

A specimen of the introduction is given below:

Example 1: "I welcome you all to this presentation on "How to prepare a Self Instructional Learning package" for the topic: "SHOCK".

Pathology and Implications for Nursing Care: Being MSc.Nursing students we know that the intended learners for whom we are preparing this package (2nd year Nursing students) are studying Medical Surgical Nursing. The approximate time necessary to complete this Learning Package is 45 minutes."

Introduction to the topic: SHOCK.

"Try to think back to that time of your life before you became a student nurse; what did you understand by the word "shock".....".

Example 2: This is not only an example of introduction but presentation of an important aspect of clinical care for cardiac patients.

"I welcome you all to this presentation on Rehabilitation of Myocardial Infarction patients: Guidelines for self care post Myocardial Infarction". As a clinical specialist nurse in the department of Cardiology it is customary to find increasing number of patients with Myocardial Infarction recovering in various stages of Myocardial Infarction.

Rehabilitation of the patient involves a series of guidelines that must be given to the patient for self care. We shall be discussing these guidelines for Mr. X..... who has recently been diagnosed as a case of Myocardial Infarction.

Goal: To improve quality of life and promote health

Expected Outcomes:

- I) Patient modifies activities during convalescence so that complete recovery is realized.
 - A) Myocardial healing starts early, but is not complete for varying periods — usually 6-8 weeks.
 - B) A Myocardial Infarction usually requires some modification of lifestyle, adaptation to a heart attack is an ongoing process.
 - 1) Patient avoids any activity that produces chest pain, dysnoea or undue fatigue.
 - 2) Avoids extremes of heat and cold and walking against the wind.

Speaking Skills

- 3) Lose weight as directed.
 - 4) Stops smoking.
 - 5) Alternate activity with rest periods, some fatigue is normal and expected during convalescence.
 - 6) Uses personal strengths to compensate for limitations.
 - 7) Eat — 3-4 meals daily — with same amount of food.
 - i) Avoid large meals, eating hurriedly.
 - ii) Restricts caffeine containing beverages, because caffeine can increase Heart Rate, Rhythm and Blood Pressure.
 - iii) Complies with diet prescribed, modifying calories, fat and sodium prescribed.
 - 8) Makes every effort to adhere to the medical regimen, especially in taking medications.
 - 9) Pursue a pleasurable hobby that affords release of tension.
- II) Patient undertakes an orderly program of increasing activity and exercise for long-term rehabilitation.
- A) Engages in a regimen of physical conditioning with a gradual increase in activity level.
 - 1) Walks daily increasing distance/time as prescribed.
 - 2) Monitors pulse during physical activity until maximum level of activity is attained.
 - 3) Avoids activities that tense the muscles, isometric exercise, weight lifting, any activity that requires sudden burst of energy.
 - 4) Avoids physical exercise, immediately after a meal.
 - 5) Exercises, before work, after work, or before retiring.
 - 6) Short term work hours when first returning to work.
 - B) Participates in a daily program of exercise that develops into a programme of regular exercise for a life time.
 - C) Notifies Physician when the following symptoms occur —
 - 1) Chest pressure/pain is not relieved in 15 minutes by Nitroglycerin (and reports to nearest emergency facility).
 - 2) Shortness of breath.
 - 3) Fainting.
 - 4) Slow or rapid heart beat.
 - 5) Swelling of feet & ankles.

Activity logs: Self monitoring, contracts, self test methods undertaken to determine improvement in exercise conditioning.

Rehabilitation Program — 4 stages.

- 1) In hospital stage: “5 - 14 days.”
- 2) Early stage after hospital discharge — 8-12 weeks.

- 3) Later rehabilitation stage which is usually— 4-6 months or longer.
- 4) Ongoing maintenance stage — where in the patient seeks to continue the exercise programme and a high level of achievement in modifying risk factors.

Check Your Progress 1

Say which of the following statements are correct:

- 1) The risk factor of smoking needs to be curbed in lifestyle adaptation. ()
- 2) Large meals, eaten hurriedly must be avoided. ()
- 3) Caffeine containing beverages can be had in convalescence. ()
- 4) Calories, fat and sodium content of food need modification and must be as prescribed. ()
- 5) Exercise before or after work or before retiring or after eating. ()

Outline for Clinical Case Studies that Need to be Presented

- 1) Introduction
- 2) Socio-economic background and present status
- 3) Medical and Health Backgrounds and History
- 4) Details of present illness — including all diagnostic investigations and reports
- 5) Line of treatment adopted — Therapy
- 6) Nursing Care, Problems and Record
- 7) Health Education needs and Health Teaching required
- 8) Conclusion
- 9) Sources of information
- 10) Bibliography
- 11) Report writing
- 12) Presentation per se

6.3 DATA COLLECTION AND COMPILATION OF MATERIAL

To make a good, authentic presentation one needs to collect data and compile it in a scientific manner.

Sources of information can be:

- 1) Patient
- 2) Family, relatives and friends
- 3) Professional workers in and outside the hospital or clinic
- 4) Patients record and reports of investigation
- 5) Any other source

The nurse can improve her conversation skills by communicating effectively. To do this she needs to be focused and systematic in her approach. She may plan to interview the patient, a family member or discuss the investigations or treatment line being planned by

the doctor incharge. All this within the larger context of her case study which she plans to also present.

Chronological listing of events and things of significance adds to the order and systematic handling/compilation of all the facts. Her own observations and reporting will make the presentation replete with authenticity and objectivity, due to her professional training and competence.

6.4 AUDIO-VISUAL AIDS, CHOICE AND METHOD OF USE

Presentation, its success and failure will depend as much on the content as on the manner in which it is presented. While the manner in which it is presented is explained further in this very unit, the major impact made is by the choice of audio-visual aids, and the methods of their use. There are numerous audio-visual aids to choose from. The aids should be visible and audible to all and used when needed, at the appropriate time.

Common Audio-Visual Aids to choose from:

- 1) Chalk/Black Board/White Board.
- 2) Objects, specimens, and models.
e.g. — E.C.G. graph.
X-ray film.
- 3) Specimen; an actual replica of a valve used inside the heart.
- 4) Model — e.g. a model of the heart to explain the anatomy.
- 5) Posters — The cardiac cycle can be presented on the poster to elaborate the physiology/pathology of the heart.
- 6) Charts, flannel graphs/flash cards are other alternative that can be used.
- 7) Projecting Devices : These could be a slide projector, an over head (transparency) projector or use of the computer power point in which the entire contents of the presentation can be projected on to the large screen through a computerized presentation. This is increasingly being used as these can be handled easily, (once the expertise is gained). They can be reviewed, forwarded or highlighted easily and give a real life-like image as well as in motion. Stills can be viewed, as well as bar graphs.

These materials and devices thus make the presentation meaningful, effective and interesting. They sustain interest and arouse discussion. Their use economizes time, effort and material with adequate impact of the presentation made.

Check Your Progress 2

- 1) List 2 audio aids that can be used to enhance a presentation.
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- 2) List 5 visual aids that can be used to improve and make a presentation interesting.
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6.5 HOW TO MAKE THE CASE PRESENTATION

As has been repeatedly emphasised in this unit, besides the content of the material that is included in a clinical case study, the method of preparation (meticulous) and presentation is of equal significance if not more. This squarely rests on effective speech. An able speaker can effectively and impressively communicate verbally and this has an overall influence on the outcome of the presentation. We shall therefore see how speech influences a successful presentation.

Components of Speech

- 1) **Pitch:** Pitch is an attribute of sound which is classified into high, medium, and low which conveys the meaning and tone accurately. (eg. giving emphasis).
- 2) **Tone:** Any sound of distinctive character. It can be high or low.
- 3) **Pause:** It is a short breath or attribute of time, making the audience attentive and the message clear. It may be between words or sentences.
- 4) **Gestures/Facial Expressions:** Movements of various parts of the body that makes the idea more clear. e.g. head, hand, eyes etc.
- 5) **Voice Quality:** It plays a greater role in the process of communication. The various voice qualities are:
 - Nasal quality
 - Breathing quality
 - Thin quality
 - Strident quality
 - Harsh and hoarse quality.
- 6) **Modulation of Voice:** To avoid monotony and convey the appropriate feeling. Loudness of voice is also important. Use of tape recorder to review one's own voice helps improving the speech and voice quality.
- 7) **Poise:** Should be calm and cool while speaking.
- 8) **Accuracy:** Should speak correctly
- 9) **Rate of Speech:** Can be increased, decreased, as required
- 10) **Pronunciation:** Correct pronunciation of words
 - To instruct
 - To actuate
 - To entertain
 - To impress
 - To convince
 - To persuade
 - To adjust
 - To integrate ideas.

Criteria for an Effective Speech

- Confidence in speech
- Good introduction
- Content — meaningful which meets the needs of the audience.
- Coherence — refers to the content, simple, well organised.
- Humour — entertain to break monotony.
- Inspiring
- Conclusion — emphasize key points, include facts which are reliable.

Principles of Effective Speech/Efficiency

- 1) Purpose of Ideas — have a definite aim.
- 2) Data — efficiency begins with gathering of facts and elimination of opinion.
- 3) Principles and Details — learn from professional teachers and one's own experience.
- 4) Classification — orderly, methodically arrange the facts before speaking.
- 5) Records — to note down the effect of speech
- 6) Planning — how you intend to do it - short or long.
- 7) Organization — of content, to act spontaneously.

Guidelines for Effective Speech in Teaching

- Practice Speaking — pay attention to pitch, tone, modulation, pronunciation etc.
- Listen to good speeches.
- Be thorough with the content.
- Stand at ease while speaking.
- Concentrate on what you are saying and what you are supposed to speak.
- Look directly at the audience, look at the eyes of the audience, group.
- Modulate voice.
- To improve language, use clear sound, stress, accent, intonation (raising or lowering of voice in questions, exclamations etc.)

Use of Effective Speech in Nursing

- In public dealing.
- To maintain IPR with patients, team members etc.
- To deliver speeches as teachers.
- To effectively participate in seminar, symposium etc.
- For effective day-to-day communication
- For health education.
- To stimulate and motivate students.
- For effective teaching.
- To develop leadership qualities.
- To develop effective group dynamics.
- To improve quality of care, delegation etc.
- For supervision and guidance.
- For effective interviewing techniques.
- Vocal assertiveness in managerial role.

6.6 CONCLUSION

The content of the case study, the effective choice and use of audio-visual aids coupled with details of effective speech make up the formula for a great presentation. The presenter

can thus stimulate discussion and arrive at the required conclusion in respect of the care and line of treatment of the case being discussed. The active discussion and the lively presentation are a combination of expertise and skillful use of the actual content, appropriate audio-visual aids and the effective (verbal) manner of delivering of the material i.e. speech.

Check your Progress 3

1) What are the components of speech?

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2) List the Principles of effective speech/efficiency.

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3) Enumerate 4 uses of effective speech in Nursing.

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6.7 LET US SUM UP

- A Clinical Case Presentation is a narration of facts and other evidence as in any other case study but does not get restricted to the written form alone but is presented to a group.
- It is analytical, derived from the clinical situation and is discussed with a peer group, health care team etc.
- Effective communication skills, choice of appropriate audio-visual aids are hallmarks of a good presentation.

6.8 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

- 1) ✓
- 2) ✓
- 3) ×
- 4) ✓
- 5) ×

- d) Classification — orderly, methodically arrange the facts before speaking.
 - e) Record — to note down the effect of speeches.
 - f) Planning — how you intend to do it — short or long.
 - g) Organization — of content, to act spontaneously.
- 3) a) To maintain IPR with patients, team members etc.
- b) To effectively participate in seminars, symposium etc.
 - c) For effective day-to-day care
 - d) For health education.

6.9 FURTHER READINGS

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