Can SOAPES? Notes Help us Clean Up Our Act?

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“Questions Remaining” are the new “Learning Issues”

- At the end of a patient encounter, there are usually remaining or ongoing questions about which thorough and curious caretakers need more information
- These are analogous to LEARNING ISSUES identified by Problem Based Learning small group members at the ends of small group activities
- ONGOING QUESTIONS are the CLINICIAN’S EQUIVALENT of a BASIC SCIENCE STUDENT’s LEARNING ISSUES

Curriculum Objectives

- For core curricular diagnoses, menus of critical thinking challenges, safety concerns and ongoing questions are generated:
  - Diabetes/What is Goal HGAIC?, Which is more important, BS or BP?, Does patient know how to recognize and respond to hypoglycemic symptoms? Why does this patient have nephropathy but no retinopathy?
  - HTN/What are latest JNC recommendations?, Which antihypertensive should I start in this patient? Does patient know how to avoid and/or respond to orthostatic complications? What are the indicators that I should consider secondary hypertension in this patient?
  - CAD/Which kind of stress test should be obtained in this particular patient situation? When should you prescribe statins for elderly patients? This patient is on 7 medications, what are the risks of side effects at this time? Can this patient take their medications safety? How will we make sure medication reconciliation is done correctly upon discharge? Is surgical intervention indicated for this patient?

Educational Plan

- Written record protocol and clinical skills curriculum is amended to include SOAPES? format
- Faculty guide to evidence base, safety concerns and ongoing questions generation and evaluation by diagnosis is created
- EMR, hospital information technology input to add evidence and safety and ongoing questions hard-stops

Sample SOAPES? Note

- It is challenging to inculcate a habit of inquiry in learners
- We have used the SOAP note structure to codify the written communication structure for episodic patient encounters
- We utilize written records of all sorts as a proxy for several competencies—medical knowledge, patient care, communication skills, practice based learning and improvement, systems based practice and even professionalism
- The SOAPES? Format responds to national calls for improving training in problem solving and in medical error reduction—and the extra components can serve as evaluation tools for competency in PBL and I and SBP, in addition to supporting the habit of inquiry and reflective practice
- The ONGOING QUESTIONS continue the theme of LEARNING ISSUES introduced in our PBL curriculum

References


Anatomy of a SOAPES? Note

- Subjective: Patient continues to complain of cough productive of purulent sputum intermittent phlegm color, chest, BPPVL, rales and wheezes of breath. He denies fevers in his, his last temperature was 37.2 and he has a normal level of exertion. Previous history: 2005: Pneumonia, treated with antibiotics. 2006: Asthma, status asthmaticus, treated with oral corticosteroids. Past medical history: no known chronic medical condition. Family history: father, mother and brother all have hypertension. Social history: non-smoker, drinks lightly, sedentary lifestyle.
- Objective: BP 128/80 HR 22 Temp 100.4 Pkiva 85% on 2L nasal canula/ nasal cannula/CORONARY APPEARANCE: Patient looks tired but not in distress. Patient referred to patient, place and time. HPI: No external risk factors, minor mandible asymmetry.
- Assessment: CARRIAGE: 85% verbal, non-free outside or minor burn marks/ANOMALIES: Normal, normal chest, no broken bones in palpation.
- Plan: LABS: PUL: 22 yesterday, today’s reading pending.
- Safety risks: Patient is at risk for TPA/Heparin therapy, consider anticoagulation for at least 14 days.
- Questions remaining: Is patient at risk for TPA/Heparin therapy, consider anticoagulation for at least 14 days.