

Original Publication

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Transitions to Inpatient Medicine Clerkship—SOAP: Notes and Presenting on Rounds

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Abstract

Introduction: Students often do not feel prepared or comfortable with oral presentations, and their perception of the purpose and goal of oral presentations differs from that of educators. This educational gap was reported by our students so we created this session as a part of a Transitions to Clerkship course, which prepares medical students for their clinical rotations. **Methods:** The format and content of the session allow students to participate, engage in discussion, and receive real-time feedback from a faculty facilitator in order to learn about daily progress/subjective, objective, assessment, plan (SOAP) notes and presentations in a small-group setting. The materials include a detailed lesson plan and agenda for facilitators, a packet of materials for student use during the session, and an example history and physical with a videotaped patient encounter that serves as the foundation for discussion regarding SOAP notes and presentations. We recommend an orientation for facilitators prior to the session to highlight materials provided and suggest methods for teaching to help minimize variability across the small groups. **Results:** Overall, this session has been well received by students for the last 2 years. Students report feeling more at ease and better prepared for clinical rotations as a result of this session. Session evaluations confirm that this session has been extremely helpful for students; all areas of evaluation have averaged a score above 4.6 (out of 5). **Discussion:** While there are many resources available related to oral presentations and clinical documentation, our materials are unique in that the focus of this session is to provide a small-group, interactive overview of SOAP notes and oral presentations within a single teaching session from a focused clinical scenario.

Keywords

SOAP Notes, Presenting on Rounds, Oral Presentation Skills, Clinical Documentation, Progress Notes, Rounds

Educational Objectives

By the end of this session, students will be able to:

1. Identify pertinent information for pre-rounding, attending rounds, and completing a SOAP note.
2. Highlight differences between daily progress (SOAP) notes and initial history and physical exam notes.
3. Understand the components of a SOAP note and presentation.
4. Complete a note in the SOAP format.
5. Formulate an organized assessment and plan in problem- and system-based forms.
6. Understand in which settings to use problem- versus system-based forms.
7. Present in a concise, organized manner on rounds.

Introduction

The SOAP: Notes and Presenting on Rounds session was created as a part of a Transitions to Clerkship course, a series of lectures and interactive small-group sessions that help aid medical student transition from classroom to clinical rotations. Preclinical medical students receive teaching on histories and

Appendices

- A. Agenda.docx
- B. Facilitator Guide.docx
- C. Pre-Rounding Checklist .docx
- D. SOAP Documentation Tips Pocket Card.docx
- E. Patient Case Information .docx
- F. Progress Note Template .docx
- G. Presenting Checklist and Tips.docx
- H. Session Evaluation.docx
- I. Patient Encounter Video .mp4
- J. Example of Oral Case Presentation.m4a
- K. Sample Progress Notes .docx

All appendices are peer reviewed as integral parts of the Original Publication.

physicals (both notes and presentations) but nothing structured on the daily progress notes and presentations that make up a large part of what they do on clinical clerkships. A small group of teaching faculty from pediatrics and internal medicine worked to design a session to meet this need that could be implemented as small-group sessions with preclinical students before starting their clinical rotations.

A literature review revealed that students often do not feel prepared or comfortable with oral presentations.^{1, 2} Furthermore, students and educators have different perceptions of the purpose and goal of oral presentations.³ In reviewing MedEdPORTAL, we found a variety of materials addressing oral presentation skills, clinical documentation, and presenting on rounds, in the form of workshops, independent-learning modules,⁴ rating tools,⁵ and direct observation.⁶ These materials include a workshop focused on improving resident chart documentation (both inpatient and outpatient)⁷ and a session focusing on introduction to clerkships, which includes specific cases and experience-based training with near-peer teaching.⁸ Further resources found include a curriculum designed to evaluate fourth-year medical students during their clinical rotations; a portion of this curriculum includes an overview on presentations but is not SOAP note specific.⁹

While there are many resources available on MedEdPORTAL relating to components of clinical documentation and the teaching and evaluation of oral presentation skills, our materials are unique in that our goal was to provide a small-group, interactive overview of both SOAP notes and oral daily rounding presentations within a single teaching session and a focused clinical scenario. This form of small-group, interactive sessions has been found to be an effective method of learning for students. Lave and Wenger coined the concept of situated learning¹⁰ in which “knowledge needs to be presented in authentic contexts—settings and situations that would normally involve that knowledge.”¹¹ This educational theory stresses the importance of social interaction, participation, and collaboration, which facilitate and motivate students to engage in learning.

We asked students, interns/residents, and faculty to identify elements key to daily progress/SOAP notes and presentations for core clerkship students. Similarly, we asked them what things core medical students routinely do or do not do that we should focus on in the sessions. We then developed a lesson plan with full materials to teach students about daily progress/SOAP notes and presentations, including hands-on practice with real-time feedback from a faculty member.

Methods

Our target audience is medical students who are closely approaching the start of clinical rotations. [Table 1](#) gives a list of all the files included in our resource, along with descriptions of their contents and how the individual files are referenced throughout the resource and the session.

Table 1. List of All Resource Files

File	File Reference	Description of File
Educational Summary Report	Handout 1	This document
Appendix A. Agenda	Handout 2	Table with recommended time line for session, discussion points that should be covered, and session handouts that correlate with the session
Appendix B. Facilitator Guide	Handout 3	Step-by-step guide for the session with suggested teaching methods and learning points to be covered
Appendix C. Pre-Rounding Checklist	Handout 4	Reference for students outlining steps to take for pre-rounding
Appendix D. SOAP Documentation Tips Pocket Card	Handout 5	Pocket card for students with SOAP components and documentation dos and don'ts (note: this document should be printed four pages/sheet and back and front)
Appendix E. Patient Case Information	Handout 6	Detailed history and physical about a patient case example
Appendix F. Progress Note Template	Handout 7	Template for students to write on during the session
Appendix G. Presenting Checklist and Tips	Handout 8	Reference for students with presentation pearls and steps in preparing for presenting on rounds
Appendix H. Session Evaluation	Handout 9	Sample session evaluation forms
Appendix I. Patient Encounter Video	Video	Short video with a pre-rounding patient encounter to serve as an example for the session
Appendix J. Example of Oral Case Presentation	Audio	Example of oral case presentation
Appendix K. Sample Progress Notes	Appendix	Reference for students that provides progress notes for other clinical rotations: internal medicine (problem based), pediatrics (system based), obstetrics, surgery, and psychiatry

All handouts are in Word format, so can and should be modified to meet an individual program's needs. Packets with materials listed above for facilitators and students are required. Students need all materials except the Educational Summary Report (Handout 1), the agenda (Handout 2/Appendix A), and the facilitator guide (Handout 3/Appendix B).

The length of the session is 90 minutes. We suggest there be one facilitator per eight to 10 students. We recommend recruiting extra facilitators to ensure coverage in case of no-shows, conflicts, etc. We also recommend recruiting faculty from a variety of specialties and considering fellows and chief residents with an interest in medical education as well.

Facilitators should meet 30 minutes prior to the start of the session to discuss materials in the packets and to review the agenda. Orientation should highlight the materials provided to students—sample SOAP notes (Appendix K), pre-rounding checklist (Appendix C), presentation tips (Appendix G), SOAP documentation tips pocket card (Appendix D), progress note template (Appendix F)—and also suggested methods to teach the session (details in the facilitator guide/Appendix B). The facilitator guide gives step-by-step instructions for the session. The agenda (Appendix A) shows a suggested time line for each activity in an easy-to-follow table form. Orientation of facilitators prior to the session has been key to an effective small group for the students.

The video and any technology that will be used during the session should be checked prior to the start of the session. The video (Appendix I) and audio files (Appendix J) should be preloaded on computers before the start of the session to ensure that session time is efficiently used. This will minimize any technical difficulties that could arise during the session. It is recommended that whiteboards or chalkboards be present in the rooms used for the small-group session and that markers or chalk be provided. These can be used to discuss components of SOAP notes or to write an example SOAP note with input from the group of students.

Students should receive the patient case information (Handout 6/Appendix E) before the session so they can review it. We posted it on Blackboard a week prior to the session and notified students to review it before attending the session.

Session evaluations (Appendix H) should be completed by the students and given back to the facilitator immediately after the session has finished.

While this session has been well received by both students and facilitators, there are limitations to it. First, there is variability in how facilitators teach the session. A goal of the facilitator orientation is to mitigate this; however, some degree of variability will be present due to the small-group style and different questions or comments that may come up during the session. Another limitation is students' current level of understanding of clinical clerkships. Lastly, while the session includes an example history and physical, the focus of the session is to teach SOAP note components and how to present in SOAP format. Students receive separate didactic teaching on history and physical exams.

Results

This session has been well received by students for the last 2 years. Students report feeling more at ease and better prepared for clinical rotations as a result of this session. Session evaluations confirm that the session has been extremely helpful for students; all areas of evaluation have averaged a score above 4.6 (out of 5; see Table 2). Students found the session extremely helpful in highlighting what to focus on, as well as in delineating expectations of pre-rounds and attending rounds during clerkships. We plan to hold it again annually for future students and to expand its content. Faculty facilitators were very pleased with the session and felt it was worthwhile. Most plan to participate annually.

Table 2. Session Evaluations for 2014 and 2015

Year	Content	Preparation	Organization	Interactive Exercises	Facilitator
2014	4.68	4.79	4.73	4.61	4.92
2015	4.86	4.84	4.90	4.88	4.97

Scores shown are averages. The possible range of scores was 0-5.

Comments for the session have generally been positive:

- “Knowing what is expected of me helps relieve a lot of anxiety—very helpful session.”
- “Very helpful, I can’t imagine going into clinic without this discussion and tips.”
- “Very interactive. I learned a lot and it was very worthwhile.”
- “Covered a wide topic very concisely—lots of helpful pearls/tips.”

Discussion

This session was designed for preclinical students in medical school; however, it can be used with a variety of learners in the medical field: physician assistants, foreign medical graduates, or nursing students. Engaging students and encouraging them to participate are increasingly difficult in large-group, lecture-style settings. This session encourages students to participate in a small-group setting and outlines expectations that they will have on their clinical rotations.

We suggest timing the session ideally during courses for students to be able to process and go through the materials with enough time before clerkships start. Schedule the session closely in conjunction with electronic medical record training since there is overlap with pre-rounding materials. Sample SOAP notes from different areas of medicine are provided, but specifics and expectations of how to round and present on each rotation are not provided in this session—covering specifics of all rotations would dilute the session’s effectiveness. The session is currently meant to be an overview for inpatient medicine clerkships. The sample progress notes can provide a framework for other rotations. Lastly, there is the opportunity to expand materials to outpatient presentations and encounters as well.

A suggestion received since we implemented this course is to provide a prerecorded example of an oral presentation for the case with which to end the session. This would also be accessible for students after the session for future reference, if needed.

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Ethical Approval

Reported as not applicable.

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