

For the Office-based Teacher of Family Medicine

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Feature Editor

Editor's Note: In this month's column, Erika Schillinger, MD, and Samuel LeBaron, MD, PhD, of the Center for Education in Family and Community Medicine at Stanford University present an interesting approach to a common and perplexing teaching problem.

I welcome your comments about this feature, which is also published on the STFM Web site at www.stfm.org. I also encourage all predoctoral directors to make copies of this feature and distribute it to their preceptors (with the appropriate *Family Medicine* citation). Send your submissions to williamh@bcm.tmc.edu. William Huang, MD, Baylor College of Medicine, Department of Family and Community Medicine, 5510 Greenbriar, Houston, TX 77005-2638. 713-798-6271. Fax: 713-798-8472. Submissions should be no longer than 3-4 double-spaced pages. References can be used but are not required. Count each table or figure as one page of text.

The Multiple Mini-SOAP Format for Student Presentations of Complex Patients

Erika Schillinger, MD; Samuel LeBaron, MD, PhD

The Challenge

My student has spent 30 minutes with a patient whose problem on the schedule was listed as "HTN follow-up." When I follow my student into the exam room to hear the presentation, he begins by saying that Mrs S is here today with multiple problems. Then, he launches into a complex history that includes borderline hypertension, urinary problems, stress, family dynamics, and cigarette smoking. As the history moves from one problem to another, Mrs S appears impatient. She sighs and fidgets, as if thinking to herself, "Just get to the point!" I find myself feeling the same impatience.

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As my student begins to present the physical exam, my mind is still preoccupied by questions from the history, so I interrupt him to clarify a few points. I also have a few questions regarding the family and marital problems that have arisen recently, although it seems awkward to move on to that topic until we've finished with the smoking, blood pressure, and urinary problems. I'm beginning to feel so scattered that I take a slip of paper out of my pocket to take notes.

The student forges on, presenting findings from a physical exam that, although appropriately focused for each problem, ranges widely from blood pressure measures, cardiac exam, lung exam, and urine dipstick to administration of a brief depression questionnaire.

He's a good student, accustomed to thinking independently. I've encouraged him to offer a plan for

each patient's problems rather than deferring to me. So, he describes an excellent approach to the slightly elevated blood pressure that involves repeated measurements, physical exercise, and weight loss. As he moves on to his plan for the urinary tract infection (UTI), Mrs S glances at me. Although I've been nodding approvingly at my student, I think she's uncertain whether we've finished talking about her blood pressure. She interrupts to ask us for clarification. I feel disorganized and exhausted.

This scenario is one that most clinical preceptors have experienced. No matter how excellent the student, by the time he/she has presented a complex history and physical involving UTI symptoms, borderline hypertension, cigarette smoking, and marital stress, both the patient and preceptor are likely to feel scattered and disorganized.

The patient is eager for answers and strategies, but the doctor just listens to the student silently, head nodding, while a stream of problems floats by, with no resolution until all the problems have been presented.

Both the patient and preceptor feel a need to interrupt the student along the way, to clarify or question, before moving to the next issue. But, they feel awkward and rude bringing up these multiple interruptions. With some experimenting, and discussion with students about how best to present multiple problems in clinic, we've developed an alternative approach to student presentations that are complex: the multiple mini-SOAP (Subjective Objective Assessment Plan) presentation.

Multiple Mini-SOAP Format

For patients who come to clinic with more than one or two problems, a multiple mini-SOAP format allows each problem to be addressed in its entirety before moving on to the next problem. Students need to know that the preceptor expects this different kind of presentation at the outset so they can organize their thoughts accordingly.

The student needs to announce to the preceptor at the beginning of the presentation that the patient has multiple concerns today that will each be considered individually. This is crucial, so the preceptor can manage time effectively. In some cases, this may require the preceptor to ask the patient and student, "Since we only have 10 minutes to talk, before we go further, which of the problems are crucial that we discuss today, and which can be deferred, in case we run out of time?"

For the patient who presents with dysuria, follow-up of her borderline hypertension, cigarette smoking, and marital stress, the student presents each problem in a complete, but brief, SOAP format. He/she starts with a general introduction to the patient and why she is in the clinic. This might be something like, "This is Mrs S, who, as you know, is a 36-year-old woman. She has a number of concerns, including what sounds to me like a urinary tract infection. She is also here for follow-up of her hypertension and marital stress. We also talked about her cigarette smoking. Starting with her first concern . . ." and so on.

Patients like this format. For the above patient, she hears that her dysuria has been understood, examined, and that she will feel better soon with appropriate treatment. She has this reassurance before the discussion moves on to other issues. This helps everyone to move on together, confident that they've understood each other. Full attention can then be focused on her borderline hypertension. Other problems that may not be of particular concern to the patient, but are important to her doctor and student doctor, can also be addressed; such as the cigarette smoking. When patients feel that their primary concerns are taken seriously, they are better able to incorporate new ideas from their doctors, such as lifestyle modification.

Students also like this format. They can present all of their information without multiple interruptions from either anxious patients or preceptors. Presenting, discussing, and treating each problem in turn helps the student and patient feel more involved. This approach encourages continued participation

of student and patient in the assessment and plan for each problem, rather than feeling lost in an undifferentiated jumble of problems and possibilities that have accumulated while presenting multiple problems all at once.

Most preceptors like this format, for a number of reasons. First, the student's understanding of specific clinical problems can be assessed, one at a time. For the patient, hearing a separate mini-SOAP presentation regarding her smoking history, risk factors for heart disease, and ways in which she has tried to quit gives the preceptor clear insight into the student's understanding of the problem. In the more traditional format, the smoking problem might be lost in the mix of other problems, not giving it enough specific attention.

In summary, the multiple mini-SOAP format provides an efficient means of communication between student, patient, and preceptor. It facilitates teaching, decreases interruptions of the student presentation by both patient and preceptor, encourages brief, focused teaching, and assists the preceptor in expressing sympathy and concern toward patients in a way that is appropriate for each problem.

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