

RowanSOM Student Guide

SOAP Refresher for CSCE/COMLEX Level 2-PE

Part 1: Introduction

The SOAP guide is provided to support your preparation for the RowanSOM Comprehensive Clinical Skills Exam (CSCE) and the COMLEX Level 2-PE. General suggestions are provided for your preparation with specific tips for each of the four sections of the SOAP note. The guide is offered as a supplement to other important NBOME resources.

- Orientation Guide: https://www.nbome.org//Content/Exams/COMLEX-USA/COMLEX-USA_L2PE_Orientation_Guide.pdf
- Orientation Video: <https://www.nbome.org/exams-assessments/comlex-usa/comlex-usa-level-2-pe/exam-day/>

*** Please be aware that clerkship OSCEs during your third year of training may require discipline-specific elements that are not described in this guide. It is important that you always refer to clerkship-specific OSCE instructions posted on the clerkship Blackboard site.**

Part 2: SOAP Note Guidelines

Before the Encounter

SOAP note writing is a skill which must be practiced. In preparation for the CSCE/PE, you should practice typing multiple SOAP notes each day, using the patients you see on clerkship rotation for practice. The NBOME offers an online template on which to practice: <https://www.nbome.org/eSoapDemo/>

Key Points:

- Please do not use abbreviations that not commonly accepted. If in doubt, write it out.
- If you have poor typing skills, please take an online typing course. With SOAP note writing for the CSCE/PE, time is of the essence.

S - Subjective

The subjective section must always include the chief complaint, which should be separate from the HPI and in the patient's own words.

Key Points:

- Use CLODIERSS or other mnemonic to help complete HPI.
- Quantify pain on pain scale (i.e. 8/10 at worst, 4/10 at best).
- Make sure you ask and document psychosocial factors – how is the issue affecting the patient's life/employment.

Basic past medical history should include, at a minimum:

- Allergies
- Medications (including prescribed, OTC, and herbal supplements)
 - If you include an OTC or medicine in the history, it should also be listed under medications.
- Past Medical History
- Past Surgical History
- If female: FDLMP (first day of last menstrual period) if still menstruating
- Social History
 - Employment
 - Home life
 - Sexual history (if related to the case or if well visit)
 - Tobacco (document what kind and amount in packs, if long term use, quantify pack years i.e. 1 ppd x 10 years)
 - Alcohol (in ounces, not just in numbers of drinks, and what kind)
 - Caffeine (in ounces and what kind)
 - Recreational drugs – if positive, ask which ones

Review of Systems (ROS)

- ROS can be either separate from HPI or as part of HPI, but MUST be included.
- ROS should be pertinent to the case, but should include a couple of the higher yield items from general, cardiovascular, pulmonary, and GI

O - Objective

Vitals should include units and should be the first thing listed under the objective section. Vitals should include Height, Weight, BMI, BP, temp, HR, RR and pulse ox (if available).

PE should be pertinent and should include a General assessment (i.e. well-appearing, no acute distress).

Key Points:

- Typical order for PE documentation is from head to toe: General, HEENT, Neck/lymph, Cardiovascular, Pulmonary, Abdomen, Musculoskeletal, Extremities, Neurologic, Osteopathic/Structural, and Psychiatric.
- Only the sections pertinent to the CC/HPI should be included in your exam, as well as General, Cardiovascular, Pulmonary, and Abdomen for each patient.
- Do not forget to provide osteopathic/structural exam related to the CC/HPI.
- Osteopathic/structural exam MUST include the diagnosis in appropriate nomenclature, i.e. T1-4 N SRRL.

A - Assessment

Assessment for CSCE/PE differs from the normal assessment you do in actual practice in the ambulatory setting.

Key Points:

For the CSCE/COMLEX 2-PE, you need to do the following:

- Include a MINIMUM of three (3) differentials that are pertinent, unless the patient is being seen for a Well Visit.
- List and number the differentials from MOST Likely to LEAST Likely as if they were the actual medical problems.
- Be sure your assessments are supported by the documentation in your HPI and PE.
- Be sure your assessment for osteopathic exam specifies the REGION -- “somatic dysfunction [region]”

Example: If a patient had a cc of chest pain which was reproducible with palpation:

COMLEX 2- PE	Real Life/Office:
1. Left Pectoralis major strain 2. Somatic Dysfunction Ribs 3. Angina 4. Myocardial infarction 5. GERD 6. HTN (past medical problem) 7. Tobacco use disorder (health risk to address)	1. Atypical Chest pain r/o pectoralis major strain, angina, MI, GERD 2. Somatic Dysfunction Ribs 3. HTN (past medical problem) 4. Tobacco use disorder (health risk to address)

Please note: The least likely items for the CC/HPI/PE, like aortic dissection or pericardial effusion, are not included in the differential.

P - Plan

The plan must be pertinent to the assessment and should be supported by your documentation in the HPI and PE.

Key Points:

- The least invasive/least harmful actions should preferably come first.
- Also, as we do in the office, least expensive testing or treatments should precede those that will be more costly.
- Pay attention to the setting of your case (listed on the chart). If you are in the ER, sending a patient to the ER for evaluation is not an option for the plan.

Example: For the Assessment above:

Plan (Example 1):

1. Stretches and exercises given for pec major, ribs and thoracic area
 2. Recommended ibuprofen 400 mg q6 hours prn pain
 3. OMM, including muscle energy and counterstrain, for rib somatic dysfunction completed after discussing risks/benefits with the patient and gaining verbal permission, with reported improvement
 4. Advised patient to take aspirin 81 mg daily
 5. Will perform EKG
 6. Nitroglycerin as needed
 7. Referred to cardiology for evaluation
 8. Consider ER if pain worsening (or if in ER setting: patient given nitroglycerin, aspirin 325 mg, and morphine, consider cardiac catheterization)
 9. Will have patient chew 325 mg aspirin while in the office
 10. Omeprazole 40 mg daily for reflux
 11. Discussed diet modification including avoidance of spicy and acidic foods
 12. Discussed low salt/DASH diet for HTN
 13. Discussed smoking cessation
- Return in 3-4 weeks for re-evaluation

Plan (Example 2):

1. Stretches and exercises given for pec major, ribs and thoracic area recommended ibuprofen 400 mg q6 hours prn pain
 2. OMM, including muscle energy and counterstrain, for rib somatic dysfunction completed after discussing risks/benefits with the patient and gaining verbal permission, with reported improvement
 3. Advised patient to take aspirin 81 mg daily
 - Will perform EKG
 - Nitroglycerin as needed
 - Referred to cardiology for evaluation
 4. Consider ER if pain worsening (or if in ER setting: patient given nitroglycerin, aspirin 325 mg, and morphine, consider cardiac catheterization)
 - Will have patient chew 325 mg aspirin while in the office
 5. Omeprazole 40 mg daily for reflux
 - Discussed diet modification including avoidance of spicy and acidic foods
 6. Discussed low salt/DASH diet for HTN
 7. Discussed smoking cessation, including use of nicotine replacement patches/gum
- Return in 3-4 weeks for re-evaluation