

# DEVELOPMENT AND IMPLEMENTATION OF AN INTERPROFESSIONAL SOAP NOTE GRADING TOOL

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# OBJECTIVES

1. Provide rationale for the importance of a standardized grading tool for group assignments.
2. Detail the steps towards development of an interprofessional grading tool for SOAP notes.
3. Detail the stepwise implementation procedure and use of grading tool within the class.

# BACKGROUND/RATIONALE

- Two universities; 4 disciplines
  - University of Maryland Baltimore: Pharmacy, Nursing, Social Work
  - Salisbury University: Respiratory Therapy
- 10 critical care cases mostly using high fidelity mannequins completed over the course of the semester in student teams.
- Each team submits one group SOAP note per case and all students get the same grade.
- A standardized grading tool was needed to ensure consistency since faculty share the grading responsibilities.
- Historically, students struggled as a team to complete the SOAP note early in the semester.

# DEVELOPMENT AND IMPLEMENTATION

- Progress through components of SOAP in stepwise fashion
  - SO for primary problem
  - SOA for primary problem
  - SOAP for primary problem
  - SOAP for all problems
- Points gradually increase from 20-75 points over course of semester
- Each week students received feedback on previous week's SOAP note that they use incorporate into the following SOAP note.

\*\*\*All group members receive the same score. If SOAP note is not received by due date/time outlined in the course schedule, no points will be awarded.

**SUBJECTIVE (S):** Information that the patient reports concerning symptoms, treatments, medical history, etc. Include components as applicable. Potential elements for inclusion are: Chief Complaint/Reason for Encounter; History of Present Illness; review of systems (ROS); Pertinent history (past medical history (PMH), family hx, social hx); Self-reported medication use and behaviors; Self-reported allergies; patient/family interaction, emotional tone/expression, ability to communicate and understand instructions and medical conditions.

CRITERIA	<input type="checkbox"/> includes only subjective data <input type="checkbox"/> clearly & concisely written with a clear thought progression <input type="checkbox"/> includes all pertinent information as above			
	Outstanding (10 pts)	Good (8 pts)	Fair (5 pts)	Poor (2 pts)
Section meets all three criteria	Is not clearly written <u>and/or</u> includes non-subjective data, but still includes all pertinent information	Does not include all pertinent information	Deficiencies in all three criteria	

**OBJECTIVE (O):** Reproducible and verifiable data as applicable. Potential elements for inclusion are: Vital signs; Physical examination; Laboratory data; Testing data (i.e. ECHO); Observations of patient skills; Documented medication use; Documented allergies

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	Outstanding (20 pts)	Good (16 pts)	Fair (10 pts)	Poor (4 pts)
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COMMENTS:

Group: \_\_\_\_\_

Case Name: \_\_\_\_\_

Date: \_\_\_\_\_

Score: \_\_\_\_\_ /50

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<b>Outstanding (30 pts)</b>	<b>Good (24 pts)</b>	<b>Fair (15 pts)</b>	<b>Poor (6 pts)</b>
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COMMENTS:



# CONCLUSIONS

- Creation of a standardized grading tool for all SOAP note assignments has allowed for consistent in grading across disciplines.
- The SOAP note format allowed the students to build upon the skills learned with the previous week's note and facilitated improvement in identifying, assessing, and treating patient related problems.



# Questions?

If one does not ask one never knows...