Assessing Oral Presentations: Using the SOAPS-SAFER method (Green et al.)

KeriLyn Bollmann, M.D.
Director, Resident as Educator program
Clinical Assistant Professor
University of Arizona COM Phoenix
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Objectives

- Define the critical elements and purpose of the oral presentation as it relates to individual specialties
- Learn the SOAPS-SAFER tool as a method to assess and improve the oral presentation
- Work with teams to develop interdisciplinary interpersonal skills
How would you define the oral case presentation?
Oral case presentations

- No “universal” definition
- Most would agree purpose is to relay information
  - To simplify work
  - Also to assess the trainee’s understanding of the case
Oral case presentations

- A standard of the medical profession
- Helps guide medical care
- Not just because you want to impress
What would you want to know?

- The most important task is to understand the needs of the listener
- This differs among specialties
Think of this sample case

- 38 year old pregnant woman with Type 1 DM and schizophrenia presents with a femur fracture after a fall
What do most students think?

- Students believe that oral case presentations follow a set formula. Often they feel frustrated because of difficulty understanding what is “relevant.

  (Attendings actually believe that presentations should be flexible and relevant according to situation)

What do most attendings want?

Most attendings value:

- A full, complete HPI
- A pertinent selection of other history, physical exam, and laboratory data
- A prioritized problem list

- Green et al. Expectations for Oral Case Presentations for Clinical Clerks: Opinions of Internal Medicine Clerkship Directors. 2009 JGIM.
The 4 C’s of oral presentations

• COHERENT
• CONCISE
• COMPLETE
• COMPELLING

Rich Simons, Sr. Assoc. Dean of Education at Penn State
SOAPS-SAFER

- A method to organize the content of an oral presentation (SOAPS) so as to provide effective feedback on correctable deficits for the learner (SAFER)
S.O.A.P.S

- **Story**: Identify and describe complaints
  - Chronology, core attributes, context
- **Organization**: Facts are where the listener expects.
- **Argument**: “Makes the Case” for assessment and plan
- **Pertinence**: Only includes information relevant to the assessment and plan
- **Speech**: Fluent, well spoken
S.A.F.E.R.

- **Speaking**: Poor elocution skills
  - Intrinsic or situational
- **Acquisition of Data**: H&P, review of records
- **Fund of knowledge**
- **Expectations**: Unaware of needs of listener or standards
- **Reasoning**: Omits or incorrectly applies clinical reasoning
Best Practices

- **Point of care**
  - Take notes
  - Reinforce what they did right

- **Afterwards, when you have more time**
  - Let them self-assess “how do you think that went?”
  - Provide *generalizable* feedback
  - Let them try again
  - Try not to tell them “how it’s done”
Best Practices

• If clinical decision making still unclear, have them write it down (H&P, SOAP note, etc.) and then re-present
  ▪ Junior learners may need extra time/resources to develop the assessment and plan
Putting it into practice…

- Interdisciplinary groups discuss a case presentation and report back to community