Communicating with Healthcare Colleagues (Part II)

Dear Nursing Colleague:

Last issue we discussed Hand-Off Communication and why it is an essential skill for a telephone triage nurse to master.

How can we structure our nurse-nurse and nurse-physician communications so that we have a great hand-off? Last issue we discussed the acronym and hand-off mnemonic “SBAR”.

**SOAP:** Another acronym and hand-off mnemonic is SOAP. I think that I like this even better for nurse-to-physician communication because all physicians have been trained to write medical notes and present cases using this format. SOAP stands for:

- S: Subjective
- O: Objective
- A: Assessment
- P: Plan

**S-SOAP-Q:** You can improve your hand-off phone communications even more by giving a quick snapshot (summary statement) at the beginning of the call and offering a brief time for questions at the end of the phone call. This changes the acronym from SOAP to S-SOAP-Q!

![S-SOAP-Q Diagram]

One sentence summary.

Patient’s symptoms (reason for call).

Measured values (temp, RR, blood glucose).

Nurse assessment and triage disposition.

Your recommendation or plan.

Ask and answer questions.

Try S-SOAP-Q the next time you call a doctor on the phone about a patient.

Regards, David Thompson, MD

In this Issue:

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References:


SSOAPQ - Case Scenario and Example Script

Case Scenario: It is 7 pm on a Tuesday night and you (the triage nurse) have just finished speaking with a 32 year old female with urinary symptoms and a positive urine culture suggestive of cystitis.

<table>
<thead>
<tr>
<th></th>
<th>Example S-SOAPQ Script</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>Snapshot</td>
</tr>
<tr>
<td></td>
<td>Hi Dr. Smith, this is Kathy from the HealthPoint Call Center calling about Jane Smith who has a positive urine culture and who I think probably needs an antibiotic prescription.</td>
</tr>
<tr>
<td>S</td>
<td>Subjective</td>
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<td></td>
<td>Additional details are that ... Jane Smith, is 32 year old female with dysuria, frequency ... for the last three days. She has no fever or back pain. She is not pregnant, has no current medical problems. She is allergic to penicillin.</td>
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<tr>
<td>O</td>
<td>Objective</td>
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<td></td>
<td>A urine culture from the office two days ago is positive for ... E.Coli.</td>
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<tr>
<td>A</td>
<td>Assessment</td>
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<td></td>
<td>Based on her symptoms, the triage guideline, and the culture result, I think that she probably has a bladder infection (cystitis).</td>
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<tr>
<td>P</td>
<td>Plan</td>
</tr>
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<td></td>
<td>The triage guideline recommends that I contact you and discuss giving her a prescription for an antibiotic.</td>
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<tr>
<td>Q</td>
<td>Questions?</td>
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<td></td>
<td>What antibiotic would you recommend?</td>
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Winter Preparedness

For those of who live in the North, you know that the winter weather is upon us! Here is a nice link that lists ways you, your family, your friends, and your patients can prepare for and respond to winter storms. [http://www.fema.gov/about/regions/regioni/winterprep.shtml](http://www.fema.gov/about/regions/regioni/winterprep.shtml)

A Training Exercise

- Create your own role-playing scenarios like the one to the left ... Perhaps a febrile child, a teenager with a head injury, a 40 year old with "severe" back pain that has been present for 6 months, etc.
- Act them out at your next staff meeting.