

## Medical Speak: How to Understand Your Doctor

The stress that comes from having a serious illness is compounded when you don't fully understand what your doctor or your medical chart says. Some basic information can help alleviate your anxiety about what you don't know.

### SOAP

Not the kind you use on your hands. SOAP is an acronym for the standard way that doctors organize their thoughts—and their charting—when they see a patient.

'S' stands for 'subjective.' This is your account of the details: the onset of your symptoms, what they're like, how long they've been there. This information is called subjective because it can't be measured or verified.

'O' stands for 'objective.' This category of information includes everything the doctor can observe and/or measure: vital signs, lab tests, findings on physical examination.

Taken together, the subjective information you provide and the objective information the doctor collects paint a complete picture of your health.

'A' stands for 'assessment.' This category contains the doctor's interpretation of the subjective and objective information.

'P' stands for plan. This outlines what the doctor will do, based on the assessment.

Here's an example of a SOAP note and how it translates into plain English:

#### *Note*

S: pt. c/o breast lump

O: rt breast w/ 2cm. hard, fixed mass

A: Breast mass, concerning for carcinoma

P: Mammogram, refer to breast surgeon

#### *Translation*

Subjective: the patient complains of a breast lump ('complains of' is standard jargon for 'is bringing to my attention.' It doesn't mean that you're a complainer.)

Objective: There's a mass about an inch in diameter in her right breast. It's hard, not soft like breast tissue, and it isn't moving around.

Assessment: I'm concerned that this breast mass might be cancer.

Plan: She needs a mammogram and an expert in breast cancer surgery needs to see her.

## A Medical Alphabet Soup

In addition to SOAP, there are a handful of abbreviations that are commonly used across settings and diagnoses.

CC is ‘chief complaint.’ Again, this isn’t about you being a whiner; it’s medical shorthand for ‘the primary symptom this patient is bringing to my attention.’

HPI is ‘history of present illness.’ This is typically an overview of how long you’ve been ill and what treatments you’ve undergone.

PMH is ‘past medical history.’ This should include all significant medical diagnoses you’ve had.

PSH is ‘past surgical history.’ Ditto on surgical procedures.

SH/FH is ‘social history/family history.’ Tracking illnesses through family ties and across generations can sometimes provide insight into your condition. The significant medical histories of your family members will be included here. This section of your chart may also include brief notes on your occupation, the members of your household, and other factors about your social life that could impact your illness and recovery.

NKDA is ‘no known drug allergies.’ If you’ve ever had a reaction to a medication, be sure to let your doctor know so it can be recorded in your chart, reducing the likelihood that it will be prescribed for you in the future. (Even so, you should always check every new drug that’s prescribed or administered to you to make sure it’s not one you’re allergic to.)

A/P is ‘assessment and plan.’ Sometimes, the assessment and planning portions of the SOAP process are combined under this single heading. This section could be paraphrased as, “what my doctor thinks is going on and what he or she recommends I should do.”

### Who’s who

Particularly if you’re hospitalized, it’s important to know that all white coats are not created equal. Some have more comprehensive information than others. Here are the key players in the hospital setting:

**Interns:** They’re in the first year of practicing medicine after graduating from medical school. All internship programs begin in July, so, depending on the time of year, interns may know little more than a medical student would about your condition and care.

**Residents:** After successfully completing an internship, physicians in training move on to a two- to five-year residency, depending on their chosen area of practice. You’ll see a numeral after the ‘R’ on some residents’ nametags—this identifies their residency year.

**Fellow:** Some residents undertake a fellowship after their residency, receiving additional training in a specialized area of medicine or surgery (cardiology, hematology/oncology, breast surgery, for example). Fellows work very closely with attending physicians; this is the last phase of training before they can become attending physicians themselves.

**Nurse practitioners/ physician assistants:** These individuals aren't physicians, although they are licensed to perform minor physician responsibilities. They report to and work closely with a physician.

**Attending:** Attending physicians are the most knowledgeable physicians. You have one attending physician who is ultimately responsible for your care. Attending physicians are also the most pressed for time and harder to reach, particularly in the hospital.

### **How Doctors Think**

When a doctor doesn't immediately offer a definite cause for your symptom or symptoms, it's not because he or she is trying to evade your question or keep something from you. She's just doing her job the way she learned how to do it.

Doctors are trained to think in terms of a 'differential diagnosis.' Based on the subjective evidence you give them, they make lists in their heads or on paper of possible diagnoses for your symptoms. Then, based on the objective evidence of an exam and/or lab tests, they move diagnoses higher up or lower down on their list of probable causes for your condition.

Eventually, one diagnosis stands out as the most likely. Sometimes, narrowing the list of differential diagnoses down to the most likely culprit happens quickly. Sometimes, doctors need more information—which can even include observing how the condition progresses over time—to define the most likely cause.

If doctors take a shortcut and decide on the first thing that pops into their heads, they can miss something important. Take the sensation of heartburn, for instance. It often results from acid reflux. But you can also feel like you have heartburn if you have an ulcer, gallbladder disease, or angina. You could even feel like you have heartburn if you're having a heart attack.

The process of creating a list of diagnoses and eliminating them, one by one, is what helps your doctor accurately diagnose your condition. If you ever feel like a doctor is jumping to conclusions, consider asking him or her to tell you what other causes might account for your symptoms.

Dr. Chiamonte is a private Health Advocate and the founder of Insight Medical Consultants. She has been quoted by CNN, The Wall Street Journal and USA Today as an expert on patient advocacy.

[www.InsightMedicalConsultants.com](http://www.InsightMedicalConsultants.com)