

# Introducing TOCSE: A Tool to Bridge Didactic Learning to Clinical Application



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## TARGET-ORIENTED CLINICAL SKILL ENHANCEMENT (TOCSE): PART 2

Part 2 of TOCSE is geared towards 3<sup>rd</sup> year medical students preparing to be in the 4<sup>th</sup> year. It has the following important elements as follows:

- Identifying clinical problems as targets to resolve.
- Writing daily progress notes through *S-O-A-P*.
- Writing the *Assessment*.
- Formulating *Plans* according to assessment.
- Constructing the *TOCSE table*.
- Writing the *Discharge Summary*.

## QUALIFIERS FOR CLINICAL SITUATIONS

Table 1 shows the qualifiers to describe clinical situations in progress notes.

## WRITING DAILY PROGRESS NOTES

Progress notes are a part of the medical record that accounts for a patient's course. It serves as a basis for planning patient care, documenting communication

**Table 1.** Qualifiers for clinical situations.

Sign or Symptom	Qualifier
Difficulty of breathing	RR/min
Pain	0-10/10
Bipedal edema	+ to ++++
Cough, nausea, dizziness	Less or more
Capillary blood sugar	mg/dL
Anemia	Hgb, Hct
Infection	WBC
Fever	Temperature
Jaundice	+ to ++++, less or more
Blood pressure	Systolic and diastolic in mmHg

between the health care provider and any other health professional contributing to the patient's care, and assisting in protecting the legal interest of the patient and the health care providers. It is a document utilized to communicate with colleagues and the health care team, the essentials of our patients' medical issues to help everyone provide the best care to the patient. It is simply a snapshot of what transpired during a patient's visit to a doctor.

Briefly, writing the progress notes follows a specific pattern:

- It has *S-O-A-P* parts. **S** for subjective data, **O** for objective data, **A** for Assessment, and **P** for plan
- *Subjective Data* changes according to whether the patient improves or worsens.
- The results of the work-up go into the *Objective Data*. See Figure 1.

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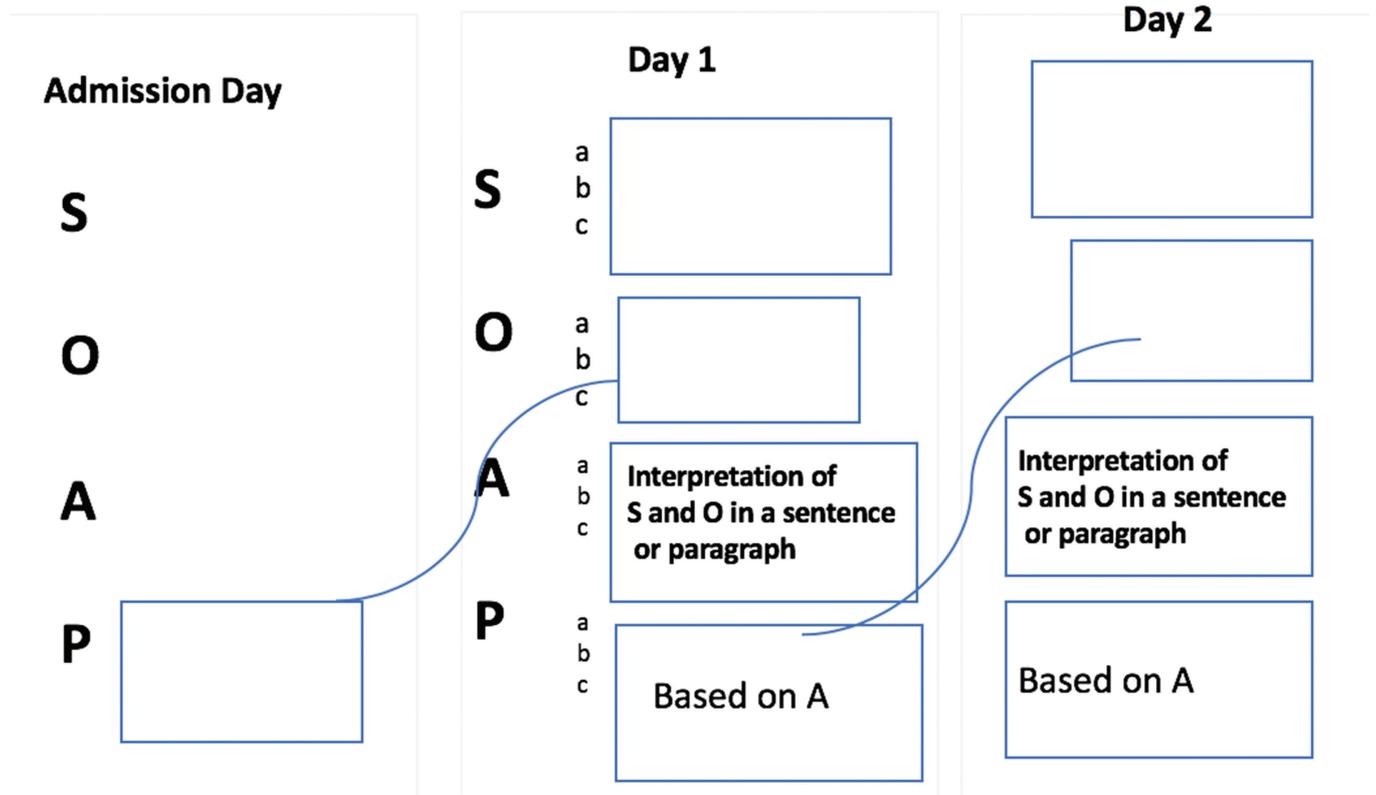


Figure 1. Mapping scheme for writing progress notes.

### How to Formulate Assessment

The dizziness decreased and patient is less nauseous **because** the patient was hydrated and was placed on NPO. The pallor of the patient was resolved **because** of the blood transfusion given and the bleeding stopped. Compared to yesterday, hemoglobin is higher and normalized, BP is lower but not at goal **because** the blood transfusion was enough to normalize the hemoglobin and the medication for BP is not optimum, respectively. Overall the clinical status of the patient has improved and is stable.

Figure 2. Sample of Assessment.

- The changes in the physical examination findings also go into the *Objective Data*.
- The combined data in the S and O are the basis for the *Assessment*.

#### WRITING THE ASSESSMENT

Writing the *Assessment* follows a certain format: 1) Comparing data from yesterday's condition, 2) Giving the reason for the change, and 3) Prognostication of the patient's condition, whether improving, stable, or worsening. The *Assessment* is

the basis for the *Plan*. The *Plan* may remain the same or needs to be revised (Figure 2).

The *Assessment* is written in a paragraph form. Address all changes (signs, symptoms, physical examination findings) in the subjective and objective data with, more importantly, explanation of either the improvement or worsening of each clinical feature based on the management given.

Based on the *Assessment* above, understandably, in the *Plans*, the antihypertensive medication of the patient will be adjusted.

**THE TOCSE TABLE**

The *TOCSE Table* has the following attributes (Table 2):

- The TOCSE table is a summary of the patient’s clinical course.
- It clearly depicts the resolution of acute problems of the patient.
- It shows a correlation of the course of acute problems with appropriate management.

- It shows how the *target outcome* is achieved.
- Data must come from daily progress notes.
- The TOCSE table has the following parts: clinical, biochemical/laboratory, imaging, if any, and treatment.
- Any new clinical problem is added accordingly.

CBG; capillary blood glucose, WBC; white blood cell count, OD, once a day, BID, twice a day, SC, subcutaneous

**Table 2.** Sample of a TOCSE table.

Problem	Target	Admission	Day 1	Day 2	Discharge Day	Prescription	OPD Plan (exact follow-up date)
<b>A. Clinical:</b>							
Jaundice	(-)	+++	++	++	+		
Abdominal pain	0/10	8/10	6/10	3/10	0/10		
Pyuria	(-)	++++		++	(-)		
High blood pressure	120/70	150/100	140/80	130/70	130/70		
CBG 2 hours post-meal	140-180	310	270	188	149		
<b>B. Biochemical/Laboratory</b>							
WBC		23,000					
<b>C. Imaging</b> Chest x-ray							
<b>D. Treatment</b>							
		Ciprofloxacin 500 mg BID Amlodipine 5 mg OD Glargine 14 units daily	Continue meds	Continue meds		Ciprofloxacin 500 mg BID x 7 days Amlodipine 5 mg OD Glargine 14 SC units daily	Repeat CBC

### Discharge Summary

On admission patient was febrile with cough, BP of 150/100, with crackles. Fever and cough resolved on 3<sup>rd</sup> hospital day after initiation of antibiotic treatment. Blood pressure control at 130/80 was noted on 2<sup>nd</sup> hospital day with optimum dose of amlodipine. Goal of capillary blood sugar 2 hours after meal was achieved on 3<sup>rd</sup> hospital day with glargine administration. The patient was discharged improved on 5<sup>th</sup> hospital day.

Figure 3. Sample of Discharge Summary.

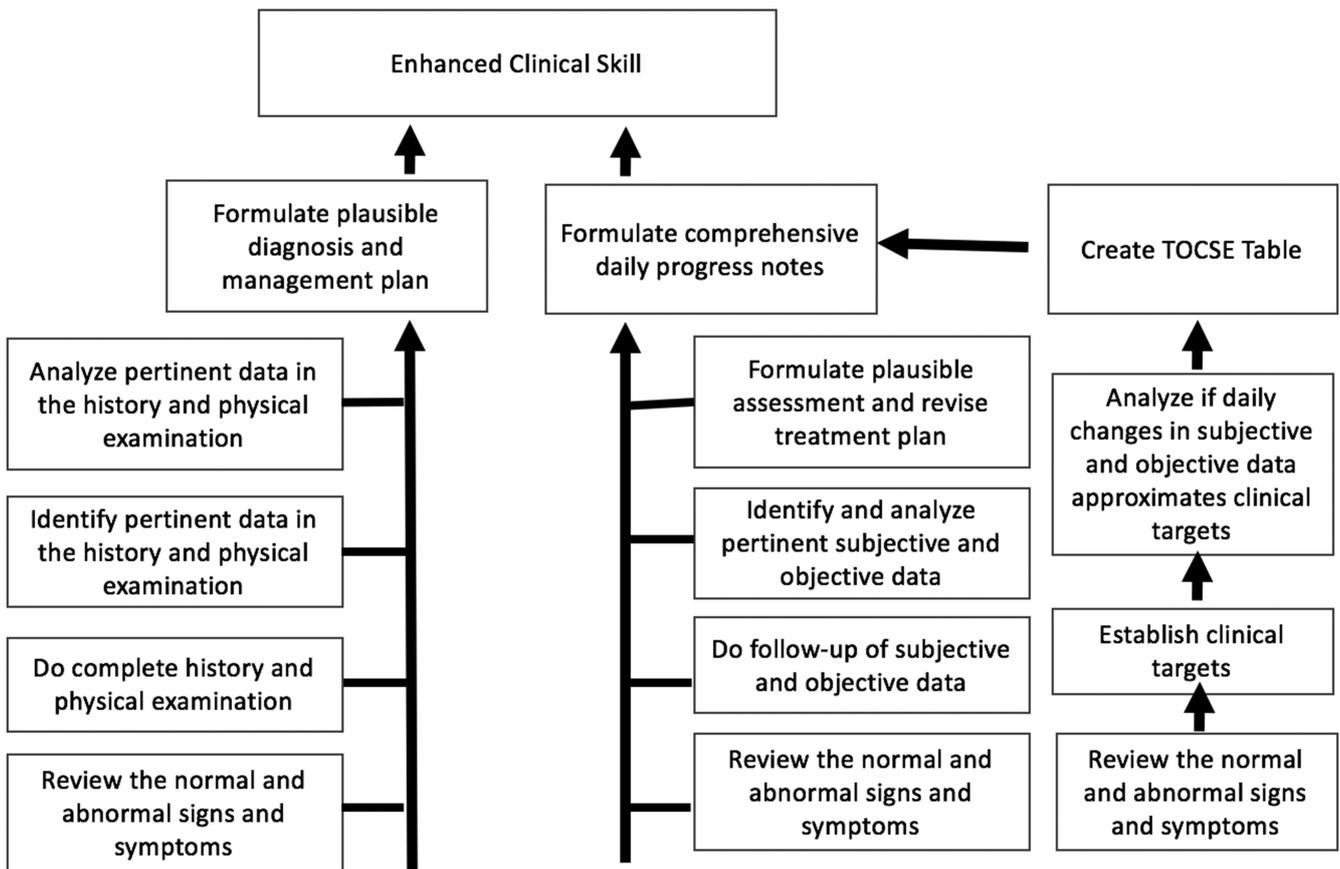


Figure 4. Concept map of Target-Oriented Clinical Skill Enhancement (TOCSE).

### WRITING THE DISCHARGE SUMMARY

The *Discharge Summary* becomes short and brief because details are depicted in the *TOCSE Table* (Figure 3). It is ideal that the *Discharge Summary* and the *TOCSE Table* are given together to the patient upon discharge.

### SUMMARY

The ultimate objective of TOCSE is to further develop and enhance the clinical skills of the students through understanding and application of knowledge on

basic sciences like physiology, pharmacology, biochemistry, pathology, anatomy and pharmacology on signs and symptoms of the patient and hence bridging the gap to clinical application. This skill results in the ability to formulate a plausible diagnosis and comprehensive, practical and cost-effective management plan and eventual resolution of each targeted clinical problem. Figure 4 summarizes the whole concept of TOCSE.



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