

Making Progress on Progress Notes

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In a single week, a physician can produce dozens of progress notes totaling tens of thousands of words of clinical text.¹ This content is often redundant² and hard to read,³ falling short as communication, while the resulting cognitive overload risks patient safety,⁴ wastes physician time,⁵ and hampers learning. The problem is well known, but it has proven hard to solve. For several decades, strict billing rules stymied attempts to streamline progress notes. These requirements largely went away in 2021 and 2023, but academic health systems still churn out turgid documentation,⁶ suggesting that their current process is “designed” to do just that.

Two factors are most relevant. First, modern electronic health records (EHRs) slashed the cost of producing text by allowing authors to copy whole notes and drop in reams of data. Text became cheap, and its supply expanded in response. Second, the structure of traditional notes puts up little resistance to the accretion of low-value verbiage. Changing the current equilibrium requires changing at least one of these dynamics. Rigorous training is necessary but likely insufficient, and educators should consider options such as alternative note formats and limits on EHR functionality. In each respect, graduate medical education (GME) offices can take the lead.

Create Standard Curricula on Documentation

GME can partner with residency programs to develop core educational content on clinical writing. Elements might include a session during intern boot camp, annual workshops, and required feedback on core rotations. Creating standardized instruments for the assessment of note quality would set consistent expectations. Some programs might bestow excellence in clinical writing awards to meritorious trainees. The key message for residents is that note quality matters not just to mitigate medico-legal risk, but also to improve clinical reasoning and communication.

As such, the content should stress principles that hold across setting and specialty. For example, residents must learn to include only data relevant to the decisions at hand and to omit stale verbiage, as in copied examinations and problem lists. Trainees should also learn to articulate a clear opinion in their

assessments, preferably in the first line. If this topic sentence does not go first, it tends to go missing. Staking out a position prompts the author to explain their thinking rather than recap history and results. The act of writing then becomes an opportunity to broaden analysis and test logic.

However, awareness of note bloat has been high for years, with little apparent effect. This suggests that stronger interventions are needed.

Propagate Note Structures Conducive to Lean Writing

Content and form go hand in hand, and the classic Subjective, Objective, Assessment, and Plan (SOAP) format enables waste by organizing information into categories. This compels a batched workflow—all the history here, all the labs there—that defaults to exhaustiveness in EHRs. The need to summarize then crowds out analysis. At the same time, these divisions lead junior physicians to repeat themselves as perspective shifts from third-person Subjective to omniscient Objective to first-person Assessment and Plan. Similar criticisms of SOAP go back decades,⁷ as do variants that foreground the assessment.⁸ But these attempted fixes share the same categorical approach that has proven unable to filter the noisy data of EHRs. SOAP is not sacrosanct, and GME offices can lead in exploring other options.

One alternative is constructing the note around an explicit timeline, helping readers pick out new from old. Readers need a story, not scattered symptoms and results, and common practices like leading with an expository one-liner and mixing new results with history are attempts to meet this need. Taken further, progress notes could run in order of background summary, interval events and results, today's symptoms and findings, a fresh assessment, and a daily plan (FIGURE). This approach differs from SOAP by collapsing the tenuous subjective-objective distinction and separating summary from decision-making. Though incremental, these changes should still reduce repetition and yield a stronger narrative.

A more radical option is organizing the entire note by “newsworthiness.” Like a news article, a key function of follow-up notes is to highlight new facts and explain their importance. Journalists accomplish this via the inverted pyramid method, which places the most essential information first. Subsequent paragraphs

DOI: <http://dx.doi.org/10.4300/JGME-D-24-00843.1>

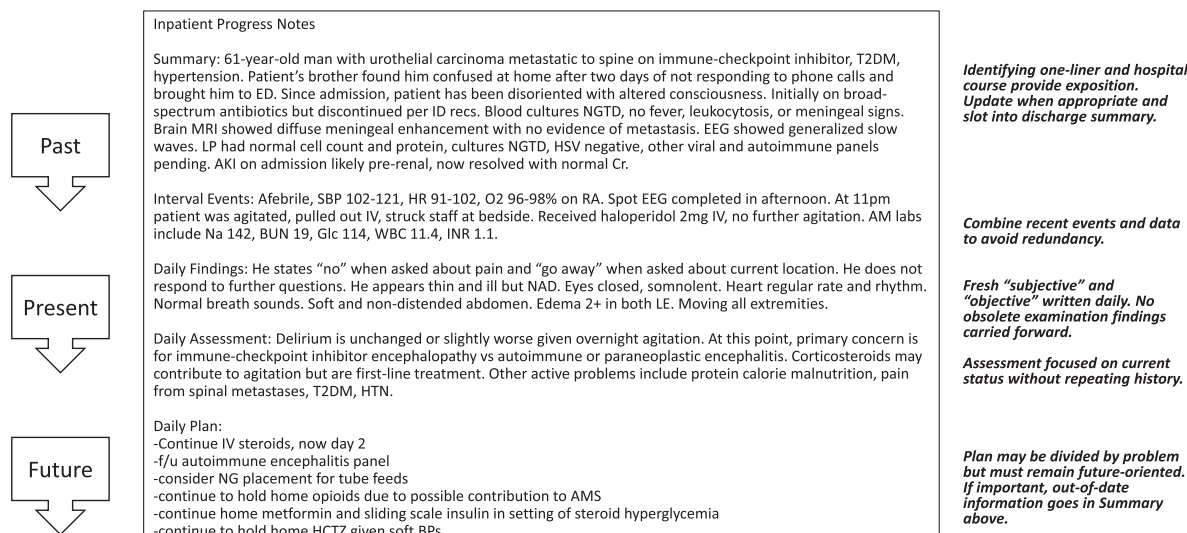


FIGURE
Example of Chronological Note Structure

then supply detail and context in descending order of relevance. Physicians can use the same structure in daily progress notes. For a clinic follow-up, the headline could be the patient's well-managed glucose; for a hospital note, the lead might be the differential for a change in mental status. In a consult note, specific recommendations are the need-to-know element. Clinical details, background, and stable problems then follow in order of importance. With newness and relevance as organizing principles, physicians must consider the value of each finding, then demote or cut inessential data. This is a valuable clinical and educational exercise.

Advocate for Hard Caps on Note Length

For the best chance of success, GME leadership can work with clinical leadership to request ambitious character limits on notes in their institution's EHR installation. This is standard in other contexts; dealing with word limits would place physicians in the same position as every other professional who writes for a living. Like journalists, attorneys, and academics, trainee physicians would have to prioritize and pare down extraneous data. This intervention addresses the core problem of note bloat while preserving individual discretion over means. It complements previously discussed strategies.

Constraints will be especially important as the use of generative artificial intelligence takes off. This technology could soon remake progress notes by providing instant chart review, obviating the need to repeat clinical courses and plans each day, and allowing physicians to focus on new information. If used indiscriminately, however, effortless text production will

only bloat notes further. Clear parameters on the use of such tools are needed.

Writing Is Valuable

As the size of progress notes has ballooned, their usefulness has diminished. GME offices can help clinicians reverse this trend by creating standard educational content, developing new note formats, and calling for external constraints on note length. Writing notes is part of being a physician, and we should learn to do it well.

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