

DC Clinic Name:

Student Name:

Please consider the following statements:

- 1. A. The Master Problem List (MPL) uses appropriate medical terminology.
- B. The MPL is appropriate and complete, but does not contain extraneous information.
- C. The MPL is kept at the front of the medical record at all times

Always	Most of the time	Sometimes	Rarely	Never	N/A
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- 2. The MPL is updated each day (or at each submission during a DC).
 - ✓ New problems are added to the MPL as soon as they are recognized.
 - ✓ Problems are prioritized whenever possible: the most diagnostically useful "HIGH YIELD" problems are listed first each time new problems are added to the list.

Always	Most of the time	Sometimes	Rarely	Never	N/A
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- 3. Problems are defined at the highest level of understanding possible using all the information currently at hand. (See SOAP rubric.)
 - ✓ Problems are combined or redefined as soon as an explanation becomes apparent.
 - ✓ Problems are NOT inappropriately or prematurely combined or redefined.

Always	Most of the time	Sometimes	Rarely	Never	N/A
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- 4. At the end of the case, the problem list is resolved appropriately - ideally, all the active related problems are reduced to a single problem, which is the final diagnosis.

Always	Most of the time	Sometimes	Rarely	Never	N/A
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5. Comments:

SOAP Rubric:

Student Name:

Problem SOAPed:

Please consider the following statements and rate according to the following scale:

**1=unsatisfactory 2=needs significant improvement 3=needs slight improvement
4=meets expectations/very good 5=exceeds expectations (truly exceptional); NA = not applicable**

OVERALL:

CASE SUMMARY: In a POMR, the first entry for a case (page 1) typically summarizes the current status of the case (as might be necessary if the case is being handed over to a new student/clinician). <ul style="list-style-type: none">✓ Signalment is complete.✓ History is clear and complete.✓ Physical Exam is complete and recorded.✓ Previous diagnostic test abnormalities are listed or summarized.	
All <u>active</u> problems are "SOAPed" each day. In addition to new problems, each previously "SOAPed" problem is: <ul style="list-style-type: none">✓ re-visited and either recorded as unchanged OR✓ re-assessed and/or redefined in light of new data or new thinking.	
SOAP's are not inappropriately long or highly repetitive. If a problem is unchanged, this is noted and the reader referred back to a previous SOAP. (e.g. "See Problem #7, page 3"). The students should NOT copy & paste previous entries or just reiterate a previous SOAP.	
Comments:	

SUBJECTIVE / OBJECTIVE:

A brief S/O is written for each active problem:	
Subjective opinion of animal or problem is included (eg, BAR, improving, worsening, etc.)	
Comments: (S/O)	

ASSESSMENT / ANALYSIS:

The problem is explained in general pathophysiological terms. (<i>"the Academic SOAP = for teaching, learning and assessment purposes"</i>)	
The pathophysiologic mechanism(s) most likely in this case is/are explained (based on signalment, history, Dx test results, other animals affected, other problems on the MPL, etc.) " <i>Academic SOAP</i> "	
"Low yield" problems which do not require detailed analysis are appropriately identified & set aside. <ul style="list-style-type: none">✓ A brief rationale for identifying and setting aside a problem as "low yield" is provided.	
For <u>each</u> significant and/or high yield problem, specific DfDx's or "Rule-Outs" are listed .	
The DfDx's are assessed as to what is most likely in this animal (or herd) and why (as well as what is unlikely and why).	
The analysis is clear, concise, and well-reasoned. Assessment gets quickly to the heart of the problem.	

<ul style="list-style-type: none"> ✓ The data is critically analyzed and the possibilities explored and <u>summarized</u>, but the SOAP does not read like an in-depth textbook or like it was copied and pasted from a web page. ✓ Lengthy repetition is avoided by telling the reader to refer to specific information already written elsewhere in the record (e.g. a previous day's SOAP - "See Problem #7, page 3"). 	
<p>As the case progresses and new information is revealed, changes in the student's thinking are clearly explained.</p> <ul style="list-style-type: none"> ✓ Each day, all active, previously recognized problems are revisited and reassessed. ✓ When appropriate, previously recognized problems are connected to new information. ✓ The rationale for redefining or combining problems is made clear. (e.g. "pale mucous membranes" is redefined as "anemia" after a CBC reveals decreased PCV; the anemia should also be characterized and the reasons for the characterization stated). 	
<p>The student looks critically and globally at the "entire case" – effectively bringing observations together and "connecting" potentially related problems on the MPL.</p>	
<p>Comments: (Assessment)</p>	

PLAN

<p>Any additional diagnostic tests or procedures being considered to further define the problem are listed.</p>	
<p>Possible treatment plans related to the problem are listed.</p>	
<p>Plans for client communication are listed (prognosis, treatment options, recommendations/instructions, etc.).</p>	
<p>Detail is sufficient for effective communication with the medical team AND for legal purposes.</p> <ul style="list-style-type: none"> ✓ Each day's SOAP is signed. 	
<p>The rationale for each proposed action (diagnostics, treatments, and client communication) is clear.</p>	
<p>At the bottom of each day's POMR entries, there is a separate Master Plan section in which each proposed action is itemized.</p> <ul style="list-style-type: none"> ✓ Each item has a box to check off as the action is completed (e.g. <input type="checkbox"/> CBC). ✓ The master treatment plan is specific (drug name, dose, route, etc. – as appropriate for a student at this stage of training). 	
<p>Comments: (Plan)</p>	

Additional Comments: