

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:

<b>1=unsatisfactory 2=needs significant improvement 3=needs slight improvement 4=meets expectations/very good 5=exceeds expectations (truly exceptional); NA = not applicable</b>
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### 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"><li>✓ Signalment is complete.</li><li>✓ History is clear and complete.</li><li>✓ Physical Exam is complete and recorded.</li><li>✓ Previous diagnostic test abnormalities are listed or summarized.</li></ul>	
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"><li>✓ re-visited and either recorded as unchanged <b>OR</b></li><li>✓ re-assessed and/or redefined in light of new data or new thinking.</li></ul>	
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 <b>this case</b> 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"><li>✓ A brief rationale for identifying and setting aside a problem as "low yield" is provided.</li></ul>	
For <u>each</u> significant and/or high yield problem, specific DfDx's or "Rule-Outs" are <b>listed</b> .	
The DfDx's are assessed as to what is <b>most likely in this animal</b> (or herd) and <b>why</b> (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"> <li>✓ 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.</li> <li>✓ 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").</li> </ul>	
<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"> <li>✓ Each day, all active, previously recognized problems are revisited and reassessed.</li> <li>✓ When appropriate, previously recognized problems are connected to new information.</li> <li>✓ 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).</li> </ul>	
<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"> <li>✓ Each day's SOAP is signed.</li> </ul>	
<p>The <b>rationale</b> 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 <b>Master Plan</b> section in which each proposed action is itemized.</p> <ul style="list-style-type: none"> <li>✓ Each item has a box to check off as the action is completed (e.g. <input type="checkbox"/> CBC).</li> <li>✓ The master treatment plan is specific (drug name, dose, route, etc. – as appropriate for a student at this stage of training).</li> </ul>	
<p>Comments: (Plan)</p>	

### Additional Comments: