MASTER PROBLEM LIST: (MPL)

☐ The MPL uses appropriate medical terminology.

☐ The MPL is complete and does not contain extraneous information (i.e. it does not include information that fails to meet the definition of a clinical “problem”).

☐ The MPL is updated as the case unfolds and new information becomes available.
  - Whenever possible, problems are prioritized as they are added: the most diagnostically useful "HIGH YIELD" problems are listed first each time new problems are added to the list.
  - New problems are added to the MPL as soon as they are recognized.
  - Problems are combined or redefined when an explanation becomes apparent.
  - Problems are NOT inappropriately or prematurely combined or redefined.

SOAP:

SUBJECTIVE / OBJECTIVE:

☐ A brief S/O is written for each active problem, or at the beginning of the day:
☐ Subjective opinion of animal or problem is included (eg, BAR, improving, etc.)

ASSESSMENT / ANALYSIS:

☐ GENERAL MECHANISMS: The problem is explained in general pathophysiological terms.

☐ MECHANISMS IN THIS CASE: The pathophysiologic mechanism(s) MOST LIKELY in THIS case is/are explained (based on signalment, history, Dx test results, etc.)

☐ DF Dx LIST: For EACH significant and/or high yield problem, SPECIFIC DF dx’s or “Rule-Outs” are listed.

☐ CLINICAL REASONING: The DF dx’s are assessed as to what is most likely in THIS animal (or herd) and WHY (as well as what is less likely and why).

Assessment continued - qualitative

☐ The analysis is clear, concise, and well-reasoned. It gets to the heart of the problem.

☐ The student looks critically and globally at the “entire case” – effectively bringing problems and key observations together and “connecting” potentially related problems on the MPL.

☐ The data is critically analyzed, the possibilities are explored and summarized.

☐ The SOAP does not read like it was just copied and pasted from a text book.

☐ As the case progresses and new information is revealed, changes in the student’s thinking are clearly explained. 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)

- “Low yield” problems which do not require detailed analysis are appropriately identified & set aside.

- Lengthy repetition is avoided by telling the reader to refer to specific information already written elsewhere in the record (e.g. “See Problem #7, page 3”).

- Overall: SOAP’s are not inappropriately long or highly repetitive.

### PLAN:
- **Dx PLAN:** Any additional diagnostic tests or procedures being considered to further define the problem are listed.

- **Rx PLAN:** For DC’s and 4th year: Possible treatment plans related to the problem are listed.

- **CLIENT COMMUNICATION PLAN:** Plans for client communication are listed (prognosis, treatment options, recommendations, instructions, etc.).

- The **RATIONALE** for each proposed action (diagnostics, treatments, and client communication) is briefly explained, and clear.
  - Detail is sufficient for effective communication with the medical team AND for legal purposes.

### SUMMARY SOAP:  For DC exercises and 4th year rotations.

- **AT THE END OF EACH DAY’S SOAP, THERE IS A SUMMARY SOAP FOR THE CASE. THIS SOAP BRINGS THE CASE AND INDIVIDUAL PROBLEMS TOGETHER IN A RELATIVELY SUCCINCT AND ORGANIZED FASHION. IT ALLOWS THE FACILITATOR TO EFFICIENTLY ASSESS THE CLINIC’S KNOWLEDGE AND CLINICAL REASONING SKILLS.** (Summary SOAP should NOT exceed ½ to 1 page)

### MASTER PLAN:
- At the bottom of each day’s POMR entries, there is a separate **MASTER PLAN** section in which each proposed action is itemized.

- Each item has a box to check off as the action is completed (e.g. □ CBC).

- The master treatment plan is **specific** (drug name, dose, route, etc. – as appropriate for a student at this stage of training). **Not applicable to online cases.**

- Each day’s SOAP is signed by whoever wrote it – as expected of a legal record.

### OVERALL COMMENTS:  (also see notes on submitted document)