KEY

- 3 = well done!
- 2 = slight improvement needed
- 1 = significant improvement needed
- 0 = unsatisfactory
- ★ = over the top good / excellent
- NA = not applicable

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.	
o 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.	
o New problems are added to the MPL as soon as they are recognized.	
o Problems are combined or redefined when an explanation becomes apparent.	
o 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) <u>**MOST LIKELY**</u> in **THIS** case is/are explained *(based on signalment, history, Dx test results, etc.)*	
☐ **DFDX LIST:** For **EACH** significant and/or high yield problem, <u>**SPECIFIC**</u> DfDx's or "Rule-Outs" are listed.	
☐ **CLINICAL REASONING:** The DfDx's are assessed as to what is **most likely** in <u>**THIS**</u> animal (or herd) and <mark>**WHY**</mark> (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: = possible plan to address each problem

☐ **DX PLAN:** Any additional <u>diagnostic tests</u> or <u>procedures</u> being considered to further define the problem are listed.	
☐ **RX PLAN:** For DC's and 4th year: Possible <u>treatment plans</u> related to the problem are listed.	
☐ **CLIENT COMMUNICATION PLAN:** Plans for <u>client communication</u> are listed (prognosis, treatment options, recommendations, instructions, etc.).	
☐ The **RATIONALE** for each proposed action (diagnostics, treatments, and client communication) is briefly explained, and clear. o 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 <u>THE CASE</u>. 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 <u>specific</u> (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)