



DIAGNOSTIC CHALLENGE

WASHINGTON STATE UNIVERSITY

2025 DC2 – November 17-21

This is an opportunity to take a break from the typical lecture structure., giving you the chance to apply your knowledge and problem-solving skills. During the DCs you will not have any other classes. The Diagnostic challenge is about the process, instead of a final diagnosis. The process is about challenging you to work through a case and interact with a client/patient as a veterinarian.

The DC's are about the PROCESS

PRIMARY GOALS

We expect that you will have to think, read the literature, and make the kind of decisions that veterinarians face every day. It will definitely be a more active method of learning than sitting in a lecture.

We hope to create a taste of what it feels like to work up a challenging case in private practice. So remember, this is what you wanted to do when you applied to veterinary school! **Have some fun and be creative.** With a consistent effort and a positive attitude, we are confident that you will find this a rewarding activity. Many alumni have commented that this experience has influenced their veterinary career. We also recognize that there are some very artificial aspects of this exercise (notably 5 “veterinarians” working on the same case and in the same room with a client). Learning to work as a team and communicate effectively are skills that we hope you will continue to develop throughout this process..

The DC program is only possible with the help of 20-35 volunteers donating their time. The reason our volunteers value this program is they recognize the DCs as a very unique case-based learning opportunity that has impacted their careers.

- **APPLY** what you've been learning – in both the basic and clinical sciences
- **INTEGRATE** the different courses this year and last.
- **IDENTIFY GAPS** in your existing knowledge and begin to fill them.
- **DISCOVERY-BASED LEARNING:** Learn brand new things in a way you're more likely to remember them. History tells us that you are likely to remember your DC case a long time.



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Prepare to **learn and apply** basic principles of pathology, clinical pathology, infectious disease, immunology, and public health as you work through the case.

DC Website



<https://hub.wsu.edu/dc-student/>

SECONDARY GOALS



- **POMR:** Gain some practice writing and specific feedback regarding Problem Oriented Medical Record. This takes practice and there is NO one right way!
- **VTH forms:** An initial introduction to the forms you'll be using in 4th year. The ONLY good way to learn these is to use them.
- **Teamwork:** Explore the dynamics and challenges of working on a team – including providing and receiving feedback. Almost all of you are going to be a member of a clinical team someday soon; you need to think about your skills in this arena and how to develop them.
- **Client Communications:** Our clients provide a wonderful context for their DC case and make for a more realistic situation. This is an opportunity to test the communication skills within a safe learning environment. However, this is just an introduction to communication skills next semester.
- **Teaching:** Veterinarians are also teachers. We hope your DC Grand Rounds presentation and handout will provide another relevant experience in organizing and presenting what you've learned. The best way to learn is to teach!

THE PROCESS

Bringing your DC case to a complete resolution is not critical. Collaborating with your facilitator to understand how to work through a clinical case in a logical sequence. We do expect that utilizing evidence-based veterinary medicine you will arrive at a diagnosis that will allow you to give your client an accurate prognosis and possible treatment/management plan.

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EXPECTATIONS

Most members of your class will ultimately end up working in some sort of group practice. There, your interactions with colleagues, staff, and clients will help determine both your professional satisfaction and your success. The ability to work effectively in this kind of collaborative setting is every bit as important as your clinical ability. We hope that the DC will, in some small way, help you to consider and develop these very important interpersonal skills.

Each team member in the DC:

- Is prepared and contributes to the work load in an equitable manner.
- Participates in the group discussion and contributes valuable information or ideas.
- Listens to and encourages the input of others.
- Provides feedback in a constructive and positive manner.
- Accepts feedback or debate and is open to discussion of his or her ideas.
- Create a positive and educational learning environment through supportive teamwork.
- Takes leadership opportunities during week.

Using a logical, systematic approach to arrive at a diagnosis and (most importantly) to LEARN along the way

	Monday	Tuesday	Wednesday	Thursday	Friday	
8:00 AM		DC2	DC2	DC2		
9:00 AM	Pre-DC2					
10:00 AM						
11:00 AM	Lunch				Grand Rounds	
12:00 PM						Ice Cream Social
1:00 PM	Pre-DC2					
2:00 PM					Debriefing	
3:00 PM						
4:00 PM	Open					
5:00 PM						

SCHEDULE ([LINK TO ONLINE VERSION](#))

The cooperation and goodwill of instructors who teach in the fall semester are vital to the success of the DC's. Our CVM colleagues have helped us clear up time during the week in order to help free up time for the DC.

- It's up to you to make sure that your clinic schedules appropriate amount of time to meet.
- In general, it's usually best to make **appointments** to meet with your **client** (30 minutes) as well as with your **DC Case Facilitator**.
- You are expected to **meet with your facilitator** for at least 20-30 minutes each day and/or prior to each submission.
 - During this time, you should plan to verbally explain your current thinking and plan (case presentation), and be prepared to answer questions from your facilitator.
- You should plan on being involved with your DC case until the end of the day each day. Please schedule any other responsibilities accordingly, especially if you have a part time job.
- In addition, expect to be reading and thinking about your case in the evenings – and writing SOAPs. It's a busy week!

Use this handy [checklist](#) to keep track of your schedule and deadlines

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*You should expect to be busy every day of DC week from 8am to approximately 5pm. Please plan other activities that you might be involved in (club activities, jobs, etc.) accordingly. **You are expected to be present and attentive during all DC activities.***

Pre-DC2 Activities

8:00 AM	Logan—Tours for Logan Students (See Logan tour paperwork or Robin Berrett for details)
9:00 AM	Pre-DC2 Program <ul style="list-style-type: none">• Group A – CUE 518 – Clinic # 1,3,5,7,9,11,13,15,17,19, 21, 23, 25, 27• Group B – Bustad 145 – Clinic # 2,4,6,8,10,12,14,16,18,20, 22, 24, 26, 28
11:00AM	Lunch Break
1:00 PM	Pre-DC2 Program <ul style="list-style-type: none">• Group A – Bustad 145 – Clinic # 1,3,5,7,9,11,13,15,17,19, 21, 23, 25, 27• Group B – CUE 518 – Clinic # 2,4,6,8,10,12,14,16,18,20, 22, 24, 26, 28

Prepare for DC



TUESDAY

****NOTE:** Depending on case & Facilitator, this schedule may be different

8:00 AM	<p>DC 1 begins. Use the time before your meeting with your client/patient to make plans regarding that first appointment (delegated duties for physical exam, history, etc.)</p> <p><i>First appointment with clients typically range from 8:10 to 10:30 AM — Your scheduled time will be sent out on email Monday.</i></p> <p>Go to the designated room at the scheduled time. Your DC facilitator will take a few minutes to provide an introduction and instructions for the week. The client will be waiting in the “exam” room for you to begin the appointment, including introductions, history, and physical exam. The facilitator will help you gather physical exam data.</p>
1: 00 PM	<p>Deadline: Turn in your first round of laboratory requests electronic submission via Microsoft TEAMS.</p> <p>In your Microsoft TEAMS clinic folder, there is a “Submission & Uploads” folder— this is where you can submit lab requests, maintain your medical record, and your facilitator can upload material for your case. Consult with your facilitator regarding how results will be returned.</p>
2:00 PM	<p>Results from first laboratory submission should be returned by this time. Results may be returned earlier depending on the requests.</p> <p>Your clinic should meet to evaluate the results and discuss your approach to the case.</p>
2:00– 5 PM	<p>Client available – Touch base with your client if needed or make appointments with client and facilitator. Update your Medical Record.</p> <p>If you want to initiate any immediate therapy, you need to get owner permission and write out detailed instructions (Procedures—write out a detailed plan on exactly what you would like done and provide this to your facilitator. Describe in enough detail to show you understand the procedure and specifically indicate why you are performing the procedure).</p> <p>Example: <input type="checkbox"/> start IV LRS – maintenance rate <input type="checkbox"/> NPO for 24 hours <input type="checkbox"/> Update T,P,R @ ____</p> <p><input type="checkbox"/> Ampicillin 250 mg tabs PO at 6 PM, 12 AM, 6 AM (<i>always provide specific drug name, route and dose</i>)</p>
5:00 PM	<p>Before you leave at the end of the day, touch base with your facilitator to discuss your thought process. Ask if they have any specific instructions regarding your SOAPS (i.e. High/Low-Yield Problems).</p> <p>You will need to make appointments with your client and facilitator for the next morning. Your facilitator or client will update you on your case the following morning.</p>

Go home and read! **Your completed SOAPS for Day 1 are due tomorrow.**

POMR Includes:

1. **Updated Master Problem List** - Update your MPL after each submission and it is always kept at the front of the record.
2. **Data Base** (e.g. lab results, history, physical exam findings, signalment, etc.)
3. **SOAPs** (including Assessment, Differential Diagnoses, Plan, and summary SOAP)

Obtaining a final diagnosis is only one goal and it may not be the primary goal. Continually redefining these goals within the context of a changing scenario may help decrease the anxiety associated with only focusing on one goal, such as obtaining a diagnosis or response to treatment.

Most importantly, we want you to learn and apply basic principles of pathophysiology, infectious disease, laboratory diagnosis, and public health as you work through your DC cases.

As you work, you should identify the "**LEARNING ISSUES**" that are a part of each case. Learning issues will also emerge from interactions with your client and colleagues. Your success in meeting these expectations will be evaluated at the end of the exercise.

The Diagnostic Challenge is NOT a competition or race!

SOAPS ([LINK](#))

Your clinic's SOAPS should be placed in TEAMS for feedback from your facilitator. SOAPS for all the active problems should be pasted into a single document (collated) and the pages numbered. This is your official medical record and it is your responsibility to bring it together as a cohesive document. It should NOT just be a collection of separate SOAPS written by separate individuals who have not attempted to bring the problems together. For any 'shared' problem that multiple group members may have SOAP'ed, pick one good example and paste it into the record.

Each SOAP should be signed. An up-to-date Master Problem List, should always be at the front of your medical record. Make sure your record also captures all relevant client communications. At the end of your collated SOAPS, write a short summary, which brings together your clinic's thinking at this point in time.

Summary SOAP (VERY important)

- Is a SOAP of the case that in less than $\frac{3}{4}$ of a page captures and explains your current thinking
- = an integration of your individual SOAPS
- Brings together your thoughts on the problems and DfDx's
- Should include an OVERALL DfDx list
- Master plan
- Starting point for your next Case Presentation



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WEDNESDAY

8:00 AM	Meet with your clinic colleagues to discuss and integrate your problems, DfDx's, and individual plans. Good preparation for your 4th year! This is your time to bring together your thoughts, hypotheses, and proposed plans. You should have some sense of agreement on what are the high yield problems, the best DfDx's, and the next course of action. Arrange to meet with your facilitator if necessary.
9:00 AM	<p>Deadline: Make sure your Day 1 SOAPs & POMR is electronic submission via Microsoft TEAMS.</p> <p>Before you talk with your client again, touch base with your facilitator to discuss your thinking on the case.</p>
10 AM–12 PM	Client available for meetings
11:00 AM	<p>Deadline: Turn in your second round of laboratory requests electronic submission via Microsoft TEAMS.</p> <p>Which should include:</p> <ul style="list-style-type: none"> • 2nd Lab Submission • Up-to-Date Master Problem List • Clear & Specific Master Plan • Progress Sheet - very briefly summarizes your current plan so that your facilitator knows exactly what you are doing and why • Provide at least a 1-page instruction sheet as described for the end of the day on Tuesday. <p><i>Note: Complete SOAPs are not needed at this time.</i></p> <p>Be sure you remain in close contact and are talking with your facilitator regularly. Ask for help if needed!</p>
12:00 PM	Results from 2nd submission in designated returned. Results MAY be returned earlier depending on when the request was submitted and the nature of the request. Meet with your colleagues and make arrangements to update the client.
2–5 PM	Client available for meetings—Obtain client permission for any additional diagnostics.
4:30 PM	Deadline: Turn in your third round of laboratory requests electronic submission via Microsoft TEAMS.
5:30 PM	Results from 3rd submission in designated returned

Do not leave for the day without talking with your facilitator. Make sure your facilitator has very a very explicit understanding of what you think is happening next and overnight. Make a plan for your SOAPs.

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THURSDAY

8:00 AM	Meet with your clinic colleagues to discuss and integrate your problems, DfDx's and individual plans. This is your time to bring together your thoughts, hypotheses, and proposed plans. You should have some sense of agreement on high yield problems, the best DfDx's, and the next course of action. Arrange to meet with your facilitator if necessary.
9:30AM	Deadline: Make sure your Day 2 SOAPs & POMR is electronic submission via Microsoft TEAMS.
9:30–11:30 AM	The complete Medical Record includes your collated SOAPs for all active problems. SOAPs should always include a reassessment of previous problems, unless inactivated or resolved. Records should explain reasoning If problems have been inactivated, resolved or upgraded.
10:30 AM	Client available for meetings
10 –1 PM	Results from pending requests returned. Results may also be returned earlier – depending on the case, the facilitator, and the nature of the test.
1 –4 PM	Deadline: Turn in your additional laboratory requests electronic submission via Microsoft TEAMS.
5:00 PM	Begin to finalize your SOAPS and work on your handout and DC Grand Rounds presentation.
1–4 PM	Debriefing Sessions (LINK): This meeting will often be the time when you bring your case to closure. It may also be very helpful in planning your GR presentation and handout. Be sure to confirm with your facilitator where you will meet to submit your final medical record tomorrow morning.
5:00 PM	Go home and prepare for tomorrow's presentation – Refer to website for details concerning Grand Rounds

FRIDAY

Final Medical Record due to your facilitator via TEAMS.

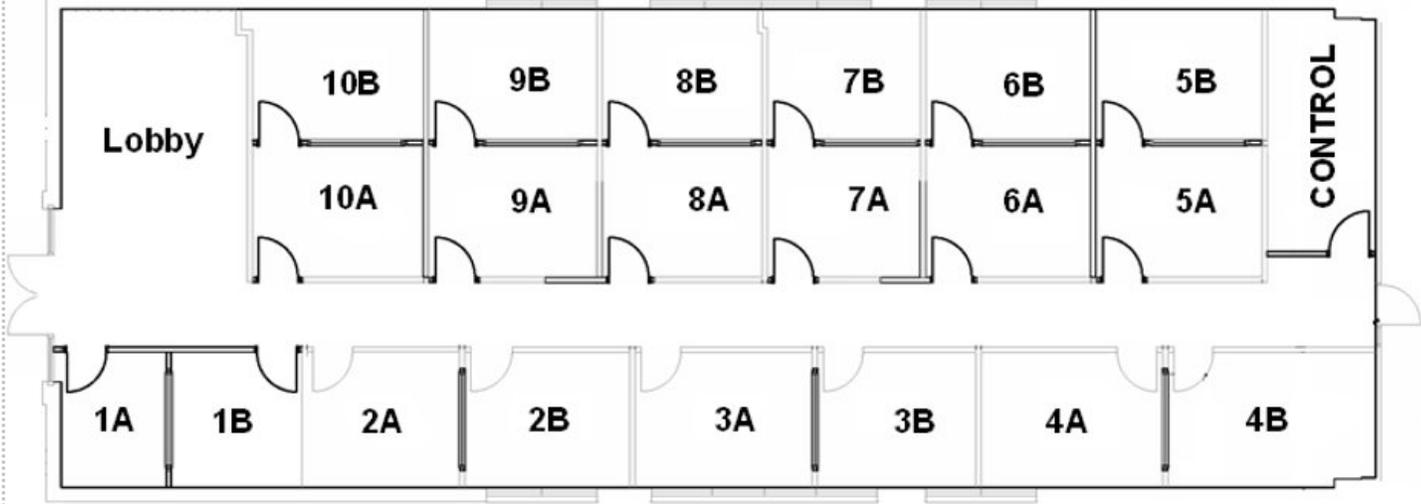
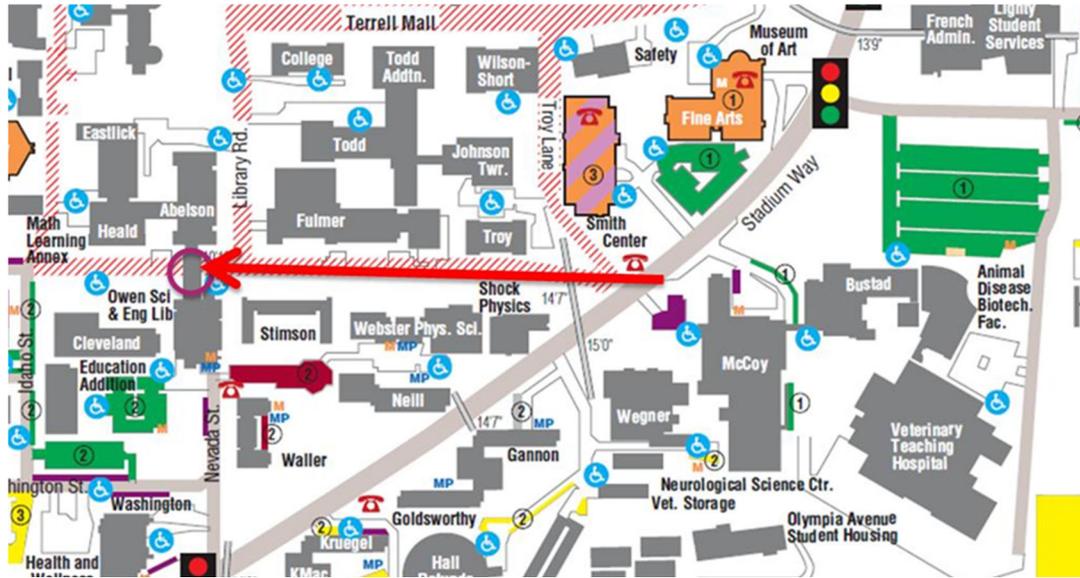
Additional to the POMR, the complete medical record should include:

- Final Bill
- Copy of **Grand Rounds Handout** – including at least 2 references
- Resolved **Master Problem List**
- Finalized **SOAPs with summary SOAP**
- **Final Discharge Instructions**, including specific instructions for follow-up.

The final record should capture your work and reasoning on the case. Someone who is not familiar with the case should be able to read through the record and easily follow what was done and WHY. The case should be resolved up to what happened in your debriefing session and should include Client Communications throughout the case should be documented in your SOAPs and/or using the VTH Client Communications form.

9 AM–12:30 PM	DC Grand Rounds (student presentations) Schedule (place and time) will be emailed to you earlier this week
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