The Problem Oriented Medical Record and the "Academic" SOAP

The goals of the Problem Oriented Medical Record (POMR):

The POMR is <u>an instructional tool</u> for teaching both medicine and clinical problem solving skills. It is also a useful template for writing medical records for any case that has more than one major problem. You will use the POMR *in some form* if you practice veterinary medicine.

- Using a written medical record, you can approach each of the problems identified in a patient or herd and work through the case in a logical manner.
- Your medical record should stand on its own, providing a comprehensive review of the case.
- Your thought processes at each step should be evident to anyone reviewing the record.
- Use of the POMR enhances communication between members of a medical team, optimizing the quality of care and minimizing the potential for redundancy and mistakes.
- It serves as a legal record of diagnoses considered, treatment given, communications with clients, and your reasoning for any action (or lack of action) - so always sign your entries.
- Finally, during the clinical phase of your training, your POMR is an important tool by which clinicians review your performance, including your knowledge base and critical thinking skills. Make sure your entries reflect what you know and how you think.

<u>Additional goals of the "Academic" POMR</u>: (for students and faculty)
- ✓ To learn and/or review the pathophysiology of each problem.
- ✓ To research/review Differential Diagnoses (DfDx / "Rule-Outs") for each problem.
- ✓ To integrate data (e.g. the most likely DfDx's should appear under multiple problems; this will help you determine what is most likely in <u>this</u> case, and why).
- ✓ To demonstrate and record your thought processes for those who must assess your clinical skills.

Progress notes in a POMR are written in the form of SOAPs:

SOAP = **S**ubjective, **O**bjective, **A**ssessment/Analysis, **P**lan

In many private practices staffed by experienced veterinarians, it is common place to SOAP *the case*. During your training you will more commonly be expected to SOAP *each problem* separately.

In the WSU VTH, your first entry in a Medical Record for a new case or a case you have just taken over (e.g. in a new rotation) is a **Case Summary** section that effectively summarizes the signalment, physical exam, and previous clinical history (i.e. the current status of the case). Then…

Subjective: This section should capture your subjective evaluation of the animal, herd, or problem, (e.g. BAR – bright, alert, responsive; depressed; improving; getting worse, no change, etc.) This section is often easier to understand when considering the entire animal or herd; it can be a bit harder to know what to write when considering an individual problem.*

Objective: This section is compiled from the physical exam and diagnostic test/procedures; it typically summarizes *measurable* data* (e.g. rectal temperature, blood glucose, echocardiography, etc.)

> *** The line between the subjective and objective data can often be indistinct, so it is common to combine the entries for these two sections under the heading "S/O".**

Assessment: This section is an analysis of the subjective and objective data. In an <u>ACADEMIC</u> SOAP, it explains the problem both in *general pathophysiological terms* and in terms of what mechanism is most likely occurring *in this specific patient* (or herd). During your training you are expected to learn and/or review the potential mechanisms, to clearly demonstrate some of that knowledge and to specifically apply what you have learned (or know) to the case in question. Specific Differential Diagnoses for each problem are listed, and the data in the case (including other problems) is assessed as to whether it supports or refutes each DfDx listed for the problem. Your thinking can change or be refined over time as the case progresses, but your thought processes should be clear, concise, and explained rationally in terms of the data you have at the time. This takes practice! Don't expect it to come easily, especially when you are still building your knowledge and experience base. In the teaching hospital, your written "A" and "P" (see next) are an important way your knowledge and your critical thinking skills will be assessed. Remember, part of your job as a veterinary student is to demonstrate to your instructors what you know, how you think, and the processes by which you arrived at a conclusion or diagnosis.

Plan: This section is based on the subjective and objective data, and your assessment. It addresses {a} any additional diagnostic plans needed to further define the problem, {b} treatment plans to address the problem, and {c} plans for client communication including treatment options, prognosis, etc. At the bottom of each day's SOAP's, write a **MASTER PLAN** section with check-off boxes to record and keep track of what needs to be done (e.g. ☐ CBC, ☐ Amoxicillin 250 mg PO). The <u>rationale</u> for each of your plans should be clear to anyone reviewing your record.

Important Points to Clarify:

➢ <u>Because the goals are different</u>, the "academic" SOAPs you are asked to write during your training are different from what you will later write day to day in private practice. In most situations in private practice, you may SOAP an entire case as a single problem, and it will be a means to an end, a method of organizing the data and your thoughts to come up with a diagnosis and a treatment plan. At this stage in your education, however, each problem is SOAPed individually, as part of the educational process. This approach helps ensure that pathophysiology is learned/understood and that each possible "Rule-Out" (DfDx) is explored and thoughtfully considered. Even outside the hallowed halls of academia, however, especially when confronted with a challenging case, you will find it useful to more carefully SOAP each problem, as you did in veterinary school; so it's helpful to learn the skills now.

➢ Be forewarned: different clinical services in the teaching hospital, and individual clinicians, have different expectations for how a SOAP should be written. You might as well accept this now and be prepared! **There is NO "one right way" to write a SOAP.** This has been a source of frustration in the past for many students, but is unlikely to change – especially since different services have different goals. Learn what you can from each, and use the varied styles and techniques you experience in veterinary school to develop your own style. In the Systemic Pathology course and the Diagnostic Challenges exercises, our expectations are designed to match those of the SA Referral Medicine Service of the WSU VTH, as they have rigorous standards which foster learning. If you can write high quality SOAPs for SA Referral, you can easily adapt to other services in the VTH.

➢ While designed with the individual patient in mind, the SOAP format adapts easily to population medicine. Simply treat the herd like a single animal and SOAP the problems that occur *in the herd*, noting the number affected by that particular problem (e.g. watery diarrhea 8/20).

Master Problem List: **Evaluation Rubric**   **DIAGNOSTIC CHALLENGE**

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

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

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

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

5. **Comments:**

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

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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).
    ✓ 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:
    ✓ 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. ("*the Academic SOAP = for teaching, learning and assessment purposes*")	
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.) "*Academic SOAP*"	
"Low yield" problems which do not require detailed analysis are appropriately identified & set aside. ✓ 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 <u>most likely</u> 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.
    ✓   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*").	

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

The student looks critically and globally at the "entire case" – effectively bringing observations together and "connecting" potentially related problems on the MPL.	
Comments: (Assessment)	

PLAN

Any additional diagnostic tests or procedures being considered to further define the problem are listed.	
Possible treatment plans related to the problem are listed.	
Plans for client communication are listed (prognosis, treatment options, recommendations/instructions, etc.).	
Detail is sufficient for effective communication with the medical team AND for legal purposes. ✓ Each day's SOAP is signed.	
The **rationale** for each proposed action (diagnostics, treatments, and client communication) is clear.	

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).	

Comments: (Plan)	

Additional Comments: