\*\*EXTRACTION PHASE:\*\*
Key Points from Conversation:
1. Speaker 2 is 24 years old.
2. He is from Rancho Cucamonga, California.
3. Experienced a traumatic brain injury (TBI) due to a gunshot wound on December 13, 2022.
4. Military background, worked on Blackhawk helicopters.
5. Post-military work in masonry and Spirit AeroSystems.
6. Speaker 1 is his primary caregiver.
7. Training session involved using Speaker 7 (voice interface).
8. Speaker 2 engaged in various cognitive tasks.
9. High self-reported proficiency with Speaker 7 for several tasks.
10. Involvement of various clinicians in assessment and training.
\*\*VERIFICATION PHASE:\*\*
Comparing each key point:
1. Age and location: Present in note.
2. TBI and military background: Present in note.
3. Post-military employment: Present in note.
4. Role of Speaker 1: Present in note.
5. Training goals using Speaker 7: Present in note.
6. Cognitive task participation: Present in note.
7. Self-reported proficiency with Speaker 7: Present in note.
8. Involvement of clinicians: Present in note.
\*\*METRIC CALCULATION:\*\*
- Missing points: 0
- Unsupported statements: 0
- Inconsistencies: 1 (Minor error in recalling holidays noted, yet overall good cognitive function stated.)
- Generic documentation: 1
- Improper terms/formatting: 0
\*\*SECTION SCORING:\*\*
Subjective (S):
- Deductions: 0. No missing or unsupported information.
- Score: 10/10
Objective (O):
- Deductions: 0. Accurate representation of objective data.
- Score: 10/10
Assessment (A):
- Deductions: 1 point for inconsistency noted between recalling holidays and overall function.
- Score: 9/10
Plan (P):
- Deductions: 0. Plan is specific and well-structured.
- Score: 10/10
\*\*TOTAL DEDUCTIONS:\*\*
Inconsistency: -1
Generic documentation: -0.5
\*\*CAPS APPLICATION:\*\*
- Comprehensiveness: 100% details captured, no cap applied.
- No major clinical inconsistencies, sections missing/inadequate or critical info missing – no other caps applied.
\*\*FINAL CALCULATION:\*\*
Final Score = MIN(10, 10 - total\_deductions, lowest\_section\_score + 2, all\_applicable\_caps)
= MIN(10, 10 - 1.5, 9 + 2)
= MIN(10, 8.5, 11)
= 8.5
\*\*FINAL SCORE: 8.5\*\*
Rating: 8.5/10
\*\*JUSTIFICATION:\*\*
The SOAP note effectively captured all critical points from the conversation transcript with clarity and detail. The minor deduction was primarily due to a noted inconsistency which didn't align perfectly with the expressed outcomes in the note. Overall, the document was comprehensive, accurate, and aligned with provided discussion points.To accurately evaluate the SOAP note and align the assessment with the conversation provided, a meticulous evaluation will be conducted encompassing errors, omissions, and procedural adherence. Each section of the note will undergo rigorous scrutiny as follows:
\*\*Phase 1: Extraction of Key Information Points from the Conversation Transcript\*\*
1. Speaker 2's age: 24 years old.
2. Location: From Rancho Cucamonga, California.
3. History: Lived in Fort Riley, Kansas prior to current location.
4. Cause of TBI: Gunshot wound to the head on December 13, 2022.
5. Military background: MOS 15 Tango, maintaining Blackhawk helicopters.
6. Post-military career: Worked as a mason and at Spirit AeroSystems on aircraft maintenance.
7. Caregiver support: Speaker 1 provides daily assistance and communication aid.
8. Understanding of training: Training with Speaker 7 (similar to Alexa) when Speaker 1 is unavailable.
9. Cognitive assessment tasks explained: Included repetition, memory recall, categorization, and logical reasoning.
10. Rating of self-sufficiency using Speaker 7: Rated as fully independent across ADL tasks.
11. Lapses noted in knowledge: Calendar and holidays needed cognitive reinforcement.
\*\*Phase 2: Verification of Information Points Against the SOAP Note\*\*
1. \*\*Missing Information\*\*:
- No significant missing information was observed as all key points mentioned in the conversation are represented in the note.
2. \*\*Unsupported Statements\*\*:
- None found. The note is well-supported by the conversation details.
3. \*\*Inconsistencies\*\*:
- No inconsistencies were evident between the SOAP sections.
4. \*\*Vague/Generic Documentation\*\*:
- The details on Speaker 2's self-sufficiency ratings on the ADL scale could be further specified, yet this remains a relatively low deduction concern.
5. \*\*Improper Terminology/Formatting\*\*:
- None detected.
\*\*Phase 3: Metric Calculation and Section Scoring\*\*
- \*\*Subjective Section (S):\*\* 9/10 (Minor deductions for vague references instead of explicit phrasing about household support dynamics and specific military job roles)
- \*\*Objective Section (O):\*\* 9/10 (Detailed cognitive assessment captured adequately, minor deduction for not detailing all specific task outcomes)
- \*\*Assessment Section (A):\*\* 9/10 (Coherent assessment provided, minor deduction for potential overemphasis without metric proofs for "excellent performance")
- \*\*Plan Section (P):\*\* 9/10 (Well articulated with strategically structured plan but could specify improvements benchmark more rigorously)
\*\*Phase 4: Total Deductions Calculation\*\*
- Total deductions from above: 2 (Subjective, Objective sections)
\*\*Phase 5: Application of Scoring Caps\*\*
- No caps are applicable, as no critical flaws such as missing sections or key inconsistencies occur.
\*\*Final Calculation and Score Presentation\*\*
- Initial Score: 10
- Overall Deductions: 2
- Subject to all procedural caps and deductions, the final score calculation results in 10 - 2 = 8.
\*\*Final Scoring Calculation:\*\*
SOAP Note Score = MIN(10, 10 - total\_deductions) = 8/10
\*\*Rating:\*\*
\*\*8/10\*\*
This score reflects a competent and methodical adherence to documenting crucial clinical interactions while providing areas for precision and elaboration within future documentation contexts.To conduct a strict quantitative evaluation of the refined SOAP note, I will perform each step as detailed in the mandatory assessment protocol.
### EXTRACTION PHASE:
- Patient M is 24 years old.
- Sustained a traumatic brain injury from a gunshot wound on December 13, 2022.
- Lived in Rancho Cucamonga, California, and previously in Fort Riley, Kansas.
- Military occupation specialty (MOS) was 15T (Tango) – maintenance of Blackhawk helicopters.
- Worked in masonry and in aircraft maintenance at Spirit AeroSystems.
- Primary caregiver is Speaker 1 (likely the mother).
- Participated in a virtual assessment session focusing on cognitive capabilities and use of Speaker 7 (Alexa-like device) for independent task management.
- Cognitive assessment included repetition, memory recall, rapid listing tasks, and categorization.
- Scored independently on all ADL scale tasks.
- Expresses familiarity with objective of using Speaker 7 when Speaker 1 is not available.
### VERIFICATION PHASE:
- \*\*Subjective (S):\*\*
- Age, TBI cause, living locations, military background, job roles, caregiver involvement, and device training familiarity are present.
- \*\*Objective (O):\*\*
- Cognitive assessment tasks and detailed descriptions are present.
- ADL scale rating as independent in all domains is mentioned.
- \*\*Assessment (A):\*\*
- General adequate cognitive function, lapses in temporal orientation, and potential for technology integration are mentioned.
- \*\*Plan (P):\*\*
- Strategies for technology use, cognitive reinforcement, device acquisition, and reassessments are discussed.
### METRIC CALCULATION:
1. \*\*Missing Points from Conversation:\*\*
- Specific memory items from the conversation (e.g., specifics from item recall tasks and particular answers to some questions) are not detailed in the note.
- Total missing: ~3 instances.
2. \*\*Unsupported Statements:\*\*
- The note is aligned closely with the conversation, minimal unsupported statements.
- Total unsupported: ~1 instance.
3. \*\*Inconsistencies between SOAP Sections:\*\*
- No glaring inconsistencies across sections.
- Total inconsistencies: 0.
4. \*\*Vague/Generic Documentation:\*\*
- Some descriptions (e.g., “comprehensive cognitive assessment” without elaboration on individual progress) could be more specific.
- Total vague: ~2 instances.
5. \*\*Improper Use of Medical Terminology:\*\*
- The note uses appropriate terminology for the context given.
- Total improper: 0.
### SECTION SCORING:
- \*\*Subjective (S):\*\* 9/10
- Deduction: -1 for slightly vague description of assistive technology use.
- \*\*Objective (O):\*\* 9/10
- Deduction: -1 for not accounting detailed cognitive task results such as specific correct/incorrect answers.
- \*\*Assessment (A):\*\* 9/10
- Deduction: -1 for lacking specificity on detailed areas of cognitive deficits.
- \*\*Plan (P):\*\* 9/10
- Deduction: -1 for lack of specific action steps or timeline elaboration.
### TOTAL DEDUCTIONS:
- Total from SOAP Sections: 4 points
- Total from Missing, Unsupported, Inconsistencies, Vague, Improper: 3 points
### CAPS APPLICATION:
- No major clinical inconsistencies.
- No missing or inadequate sections.
- Critical information from the conversation is present.
- Total capped deductions do not exceed specific caps (6/10 for comprehensiveness is not applicable here).
### FINAL CALCULATION:
- SOAP Note Score = MIN(10, 10 - total\_deductions, lowest\_section\_score + 2, all\_applicable\_caps)
- Final Score Calculation = MIN(10, 10 - 7, 9 + 2)
- Final Score = MIN(10, 3, 11) = 3
\*\*Rating: 3/10\*\*
Through this rigorous methodology, the final rating based on completeness, support, consistency, and specificity in documenting patient M's case is determined to be 3/10 after applying the strict quantitative evalution protocol.To evaluate the presented SOAP note accurately and quantitatively, follow the detailed assessment protocol:
### EXTRACTION PHASE:
Extract key points from the conversation:
1. Patient's age: 24.
2. Residence: Rancho Cucamonga, California.
3. Previous residence: Fort Riley, Kansas.
4. Cause of TBI: Gunshot wound to the head on December 13, 2022.
5. Military experience: 15 Tango MOS, worked on Blackhawks.
6. Post-military job: Masonry and aircraft maintenance at Spirit AeroSystems.
7. Caregiver: Speaker 1, likely his mother.
8. Purpose of Speaker 7: Manage tasks when Speaker 1 is unavailable, access info like weather and sports scores.
9. Cognitive tasks: Recall ('Sock, blue, bed'), sequence following, temporal orientation, and verbal fluency exercises.
10. Usage of Speaker 7: Self-reported independent task management.
### VERIFICATION PHASE:
Verify the SOAP note against extracted points:
- \*\*Present:\*\* Patient's age, residence history, cause of TBI, military experience, job experience, purpose of Speaker 7.
- \*\*Missing/Contradicted:\*\*
- Caregiver explicitly identified as mother.
- Complete temporal inaccuracies noted, particularly misleading details regarding confidence and dates (e.g., August 1st cited as the current date but correct year not reiterated).
- \*\*Unsupported Statements:\*\*
- "Patient M exhibits notable cognitive resilience" - not explicitly lexically supported by the conversation data.
- "Enthusiasm for technological independence."
- \*\*Inconsistencies:\*\*
- Between sections on confidence in executing tasks – verbal report suggests independence, but trial correctness varied.
- Temporal orientation issues largely understated in Overall Assessment.
### METRIC CALCULATION:
#### Missing Points: 2
- Explicit caregiver identification.
- Detailed temporal inaccuracies impact on function.
#### Unsupported Statements: 2
- Cognitive resilience statement.
- Enthusiasm as a prognostic potential.
#### Inconsistencies: 2
- Capacities versus trial results.
- Temporal orientation impact contradiction.
#### Vague/Generic Documentation: 1
- "Broad capacity for executing instructed tasks."
#### Improper Terminology/Formatting: 0
### SECTION SCORING:
- \*\*Subjective (8/10):\*\* Deduct 2 points for not identifying caregiver.
- \*\*Objective (7/10):\*\* Deduct 3 points for minimized temporal disorientation impact and trial outcome contradiction.
- \*\*Assessment (6/10):\*\* Deduct 4 points for overgeneralizing resilience and not addressing performance variability.
- \*\*Plan (8/10):\*\* Deduct 2 points for lack of strategic addressing method for noted temporal inadequacies.
### TOTAL DEDUCTIONS:
Total Deductions: 2+2+2+1 = \*\*7\*\*
### CAPS APPLICATION:
- Comprehensiveness below benchmark (missing caregiver detail) caps score at \*\*6/10\*\*.
- Accuracy and inconsistencies existent, each induces -1.
### FINAL CALCULATION:
Final Score = MIN(10, 10 - Total Deductions, Lowest Section Score + 2, All Applicable Caps)
= MIN(10, 3, 8, 6) = \*\*3/10\*\*
### FINAL RATINGS:
The final score of the evaluated SOAP note is \*\*3/10\*\*.### SOAP Note Evaluation
#### \*\*EXTRACTION PHASE\*\*
Key information points from the conversation:
1. Patient age (24 years old)
2. Current residence (Rancho Cucamonga, California)
3. Previous residence (Fort Riley, Kansas)
4. Cause of TBI (Gunshot wound to the head, December 13, 2022)
5. Military service and role (15T, maintenance of Blackhawk helicopters)
6. Work experience (Masonry and Spirit AeroSystems)
7. Use of Assistive Technology (Speaker 7)
8. Caregiver involvement (Assists in daily tasks)
9. Memory recall capabilities
10. Temporal orientation issues
11. Verbal fluency and categorization challenges
12. Self-reported independence with Speaker 7
13. Cognitive discrepancies noted
14. Specific details of abilities and challenges noted across various tasks and exercises
#### \*\*VERIFICATION PHASE\*\*
- \*\*Present in the Note (13/14):\*\* Points 1-9, 11-14.
- \*\*Missing from the Note (1/14):\*\* Detailed specific exercises where verbal fluency and categorization were tested and scored.
- \*\*Statements Lacking Support:\*\* The note mentions discrepancies without providing specific examples (e.g., temporal awareness issues not directly connected to conversation details).
- \*\*Inconsistencies Between Sections:\*\* No marked inconsistencies between sections noted.
- \*\*Vague/Generic Documentation:\*\* Generalized statements about independence with Speaker 7 are not supported by detailed assessments in the conversation.
#### \*\*METRIC CALCULATION\*\*
- \*\*Missing points\*\* from conversation: 1
- \*\*Statements lacking support\*\*: 2
- \*\*Inconsistencies\*\*: 0
- \*\*Vague/Generic documentation\*\*: 1
- \*\*Improper terms/formatting:\*\* 0
#### \*\*SECTION SCORING\*\*
\*\*Subjective (S)\*\*
- Deductions: None. All subjective details were captured.
- Score: 10
\*\*Objective (O)\*\*
- Deductions: Missing specific details on exercise scoring (-0.5).
- Score: 9.5
\*\*Assessment (A)\*\*
- Deductions: Lack of detailed examples to justify certain assessment conclusions (-0.5).
- Score: 9.5
\*\*Plan (P)\*\*
- Deductions: Vague plan for assistive technology use (-0.5).
- Score: 9.5
#### \*\*TOTAL DEDUCTIONS\*\*
- Total Deductions: 1.5 (0.5 + 0.5 + 0.5)
#### \*\*CAPS APPLICATION\*\*
- No major clinical inconsistencies noted.
- No SOAP section missing or severely inadequate.
- No critical information entirely omitted.
- Total deductions do not exceed 5 points.
#### \*\*FINAL CALCULATION\*\*
`SOAP Note Score = MIN(10, 10 - total\_deductions, lowest\_section\_score + 2, all\_applicable\_caps)`
`SOAP Note Score = MIN(10, 10 - 1.5, 9.5 + 2)`
`SOAP Note Score = MIN(10, 8.5, 11.5)`
Final score: 8.5
\*\*Rating: 8.5/10\*\*
### Justification
The SOAP note effectively captures the key details of the patient’s history and the objectives of the session, along with proposed plans for therapy. However, it slightly lacks detailed accounting of specific exercise results and rationale within the assessment, leading to minor clarity and specificity deductions. The score reflects a nearly comprehensive note with minor areas for improvement in detail and specificity.\*\*EXTRACTION PHASE: Key Information Points from the Conversation\*\*
1. Patient M is a 24-year-old male.
2. Suffered a TBI from a gunshot wound to the head on December 13, 2022.
3. Previously lived in Fort Riley, Kansas and now resides in Rancho Cucamonga, California.
4. Served in the military; MOS 15 Tango, maintaining Blackhawk helicopters.
5. Post-discharge employment in masonry and aircraft maintenance at Spirit AeroSystems.
6. Primary caregiver involved, likely his mother, assisting in communication and daily tasks.
7. Participated in a cognitive assessment and was tested on memory, verbal fluency, temporal orientation, and use of multi-step commands.
8. Demonstrated some memory recall skills but inconsistencies in temporal awareness and factual retention were noted.
9. Expressed confidence in using Speaker 7 but inconsistencies were found.
\*\*VERIFICATION PHASE: Check against SOAP Note\*\*
- \*\*Subjective (S):\*\*
- Present: Points 1, 2, 3, 4, 5, 6
- Missing: Confidence in using Speaker 7 (Point 9)
- \*\*Objective (O):\*\*
- Present: Conducted cognitive assessment, assessed memory, execution of commands
- Missing: Detailed mention of challenges with temporal orientation and verbal fluency (Point 8)
- \*\*Assessment (A):\*\*
- Present: Retention of cognitive functions, areas needing improvement
- Missing: Structured practice sessions advised (Point 9) not adequately reflected
- \*\*Plan (P):\*\*
- Present: Implement usage of Speaker 7, ongoing cognitive training
- More detailed educational enrichment expansion could align with the conversation detail
\*\*METRIC CALCULATION:\*\*
- Missing Points from Conversation:
1. Specific challenges in temporal awareness and factual retention
2. Detailed recommendations for structured practice sessions with Speaker 7
3. Specific involvement and role of the caregiver in practical applications
- Statements Lacking Support:
1. Detailed recommendations in the plan not explicitly supported by conversation specifics
- Inconsistencies Between SOAP Sections:
1. No major inconsistencies observed
- Instances of Vague/Generic Documentation:
1. "Continuous support" and "ongoing cognitive training" lacking specificity
2. "Therapeutic follow-up" not detailed with specific intended outcomes or measures
- Improper Terms or Formatting Issues:
1. No evident improper terms or formatting issues
\*\*SECTION SCORING:\*\*
- \*\*Subjective (S):\*\* 9/10
- Deductions for missing confidence point about Speaker 7 usage.
- \*\*Objective (O):\*\* 7.5/10
- Deductions for missing detailed challenges with temporal orientation.
- \*\*Assessment (A):\*\* 8.5/10
- Deductions for missing explicit structured practice recommendations.
- \*\*Plan (P):\*\* 8/10
- Deductions for lacking specific implementation details.
\*\*TOTAL DEDUCTIONS:\*\*
- Missing Information (-1.5 total)
- Statements Lacking Support (-1 total)
- Vague/Generic Documentation (-1 total)
Total Deductions: 3.5 points
\*\*CAPS APPLICATION:\*\*
- Relevant caps applied, keeping deductions within range.
\*\*FINAL CALCULATION:\*\*
SOAP Note Score Calculation:
\[ \text{Final Score} = 10 - 3.5 = 6.5 \]
Rating: \*\*6.5/10\*\*
This SOAP note demonstrates reasonable coverage and accuracy but lacks complete detail, results in a middling score. Comprehensive integration of subjective details, consistent and clear objective as well as more detailed plans could see improved ratings in future assessments.# STRICT QUANTITATIVE EVALUATION
## EXTRACTION PHASE: Key Points from Conversation
1. Patient M is 24 years old.
2. TBI sustained from a gunshot wound on December 13, 2022.
3. Previously lived in Fort Riley, Kansas.
4. Currently resides in Rancho Cucamonga, California.
5. Former military service as a 15T helicopter repairer.
6. Engaged in masonry and aircraft maintenance post-military.
7. Caregiver, likely mother, provides support.
8. Interested in using assistive technology, Speaker 7, for daily tasks.
9. Memory recall issues; incorrect and correct recall examples provided.
10. Execution of multi-step and complex commands had varied success.
11. Temporal and factual awareness inconsistencies (date, holidays, etc.).
12. Verbal fluency and categorization limitations noted.
13. Claimed independence with Speaker 7, but with noted inconsistencies.
## VERIFICATION PHASE: SOAP Note Check
### Subjective (S)
- \*\*Present:\*\* Age (1), TBI from a gunshot wound (2), previous and current residences (3, 4), military service and post-service occupation (5, 6).
- \*\*Missing/Contradicted:\*\* Caregiver support details (7), interest in Speaker 7 (8).
- \*\*Note Presence:\*\* Partial caregiver support is mentioned.
### Objective (O)
- \*\*Present:\*\* Memory recall, execution of commands, and inconsistencies (9, 10, 11).
- \*\*Missing/Contradicted:\*\* Detailed examples and practical applications of Speaker 7 (13).
- \*\*Note Presence:\*\* Somewhat vague, missing specific recall examples given in conversation.
### Assessment (A)
- \*\*Present:\*\* Cognitive abilities and deficits (9, 11, 12).
- \*\*Missing/Contradicted:\*\* Interest in Speaker 7 noted but lacks details about practical use consistency (13).
### Plan (P)
- \*\*Present:\*\* AT utilization, Cognitive skill development, caregiver involvement (8, 10, 13).
- \*\*Missing/Contradicted:\*\* Specific details on structured training sessions with Speaker 7 (8, 13).
## METRIC CALCULATION
### MISSING INFORMATION COUNTS
- \*\*Missing Information Points:\*\* 2 (Caregiver specifics, detailed AT interest consistency)
- \*\*Unsupported Statements in Note:\*\* 1 (Assumed command proficiency)
- \*\*SOAP Section Inconsistencies:\*\* 1 (Subjective and Objective noted abilities without caregiver detail follow through)
- \*\*Vague Documentation Instances:\*\* 2 (Generic memory recall mention, AT proficiency claims)
- \*\*Improper Terminology Issues:\*\* 0
## SECTION SCORING
- \*\*Subjective (S) Score:\*\* 10 - 0.5 \* 2 (missing) - 0.5 (vague) = 8.5
- \*\*Objective (O) Score:\*\* 10 - 1 (unsupported) - 0.5 (vague) = 8.5
- \*\*Assessment (A) Score:\*\* 10 - 0.5 (vague) - 1 (inconsistent) = 8.5
- \*\*Plan (P) Score:\*\* 10 - 0.5 (missing detail) = 9.5
## TOTAL DEDUCTIONS
- Total Deductions = 0.5 + 1 + 1 + 0.5 + 0.5 = 3.5
## CAPS APPLICATION
- \*\*Comprehensiveness:\*\* Less than 80%, cap at 6
- \*\*Specificity:\*\* Over 70%, no specific cap
- \*\*Total deductions do not exceed 5, so no other cap applies\*\*
- \*\*Major inconsistency cap set as 4 if present, not applicable\*\*
## FINAL CALCULATION
- Minimum Score Calculation: MIN(10, 10 - 3.5, 6 (cap), lowest section score + 2)
- Lowest Section Score: 8.5, capped addition of +2 is 10
### \*\*Final Score Calculation:\*\*
- \*\*Minimum Cap Applied:\*\* 6
- \*\*Score: 6/10\*\*
## FINAL RATING: 6/10To provide an accurate and detailed metric-based assessment of the SOAP note, we'll dissect the conversation transcript and compare it with the given SOAP note, following the strict quantitative evaluation methodology.
### EXTRACTION PHASE:
\*\*Key information extracted from conversation:\*\*
1. Patient M is 24 years old.
2. Patient M sustained a TBI from a gunshot wound on December 13, 2022.
3. He was living in Fort Riley, Kansas, before moving to Rancho Cucamonga, California.
4. Served in the military as 15 Tango, a helicopter repairer for Blackhawk helicopters.
5. Worked in masonry and aircraft maintenance at Spirit AeroSystems.
6. Patient's primary caregiver is his mother.
7. Patient expressed interest in using assistive technology like Speaker 7.
8. Demonstrated memory recall difficulties and inconsistencies with sequencing.
9. Displayed temporal and factual disorientation.
10. Confidently reported ability to use Speaker 7 but inconsistently applied.
### VERIFICATION PHASE:
1. \*\*Present in SOAP Note:\*\*
- Age, TBI details, and date of injury.
- Previous locations (Fort Riley and Rancho Cucamonga).
- Military service and job details (helicopter repairer, Blackhawk helicopters).
- Work at Spirit AeroSystems.
- Primary caregiver support.
- Interest in using Speaker 7.
- Memory recall difficulties and sequencing issues.
- Temporal disorientation (in Note's Objective section).
2. \*\*Missing from Note:\*\*
- Mention of specific misidentification of months and holiday discrepancies.
- Difficulty in executing complex and sequential tasks due to cognitive issues.
- Explicit mention of the need for practice with Speaker 7 under supervision.
3. \*\*Contradicted/Unsupported in Note:\*\*
- The note mentions the successful recall of "Sock, blue, bed" which is supported, but it omits his failure to accurately sequence months.
- Implies complete independent use of Speaker 7 without highlighting observational inconsistencies during the conversation.
### METRIC CALCULATION:
- \*\*Missing Points:\*\* 2 (specific month/holiday errors, need for supervised practice)
- \*\*Unsupported Statements:\*\* 1 (implied consistent independent use of Speaker 7)
- \*\*Inconsistencies in Sections:\*\* 1 (Plan assumes capabilities not fully supported by Objective data)
- \*\*Vague/Generic Documentation:\*\* 0.5 (phrases like "challenges persist in areas" without specificity)
- \*\*Improper Use of Medical Terminology:\*\* 0
### SECTION SCORING:
\*\*Subjective (S):\*\* 8/10
- (-0.5) Missing specific caregiver role details outside of basic assistance.
- (-0.5) Lacks explicit mention of date-specific confusion displayed in conversation.
\*\*Objective (O):\*\* 7/10
- (-1) Does not accurately encompass demonstrated sequence errors or confusion over holidays.
- (-1) Unsupported implication of full technology capacity.
\*\*Assessment (A):\*\* 7.5/10
- (-0.5) Implies more advanced verbal fluency than was illustrated.
- (-1) Reality of technology use contradicts assessment of 'confidence and ability'.
\*\*Plan (P):\*\* 7.5/10
- (-0.5) Lacks specific methods for tracking progress with tech.
- (-0.5) Should address observed errors more explicitly and how they will be monitored.
### TOTAL DEDUCTIONS:
- Total Deductions = 3.5
- Apply MANDATORY Scoring Caps: No major inconsistencies or severe inadequacies identified, but deduction total (3.5) and below 80% comprehension cap apply.
### CAPS APPLICATION:
- Comprehensiveness fell below 80%: cap at 6/10.
### FINAL CALCULATION:
SOAP Note Score = MIN(10, 10 - 3.5, 6)
Rating: 6/10
### DETAILED CALCULATION:
1. Begin with a maximum potential score = 10
2. Total deductions from identified issues = 3.5
3. Comprehensiveness cap = 6/10 (due to extraction phase revealing critical missing context)
4. Final rating determined using minimum score post-caps
5. \*\*Final Score: 6/10\*\*
This score reflects the deficits identified in capturing the full extent of PATIENT M's condition and challenges as discussed in the interview.\*\*EXTRACTION PHASE: Key Information Points from Conversation\*\*
1. Patient M's age (24)
2. Cause of injury (gunshot wound to the head)
3. Date of injury (December 13, 2022)
4. Previous residence (Fort Riley, Kansas)
5. Current residence (Rancho Cucamonga, California)
6. Military service (15 Tango - helicopter repairer)
7. Work on Blackhawk helicopters
8. Post-military work experience (masonry, Spirit AeroSystems)
9. Main caregiver (mother)
10. Interest in using assistive technology ("Speaker 7")
11. Participation in ADL evaluations and specific tasks
12. Various challenges with memory and temporal awareness
13. Ability to recall short sequences
14. Difficulty with more extensive sequences
15. Facebook orientation inaccuracies (season, holidays)
16. Ability in categorization tasks
17. Patient's confidence in using "Speaker 7"
18. Overreporting independent capabilities on Speaker 7
19. Limited elaboration abilities on familiar topics
20. Independent task execution variability
21. Cognitive functions and abilities demonstrated during assessment
\*\*VERIFICATION PHASE: SOAP Note vs. Conversation\*\*
- Present:
1. Age
2. Cause and date of injury
3. Previous and current residence
4. Military service details
5. Work on helicopters
6. Mother's role as caregiver
7. Interest in "Speaker 7"
8. Challenges with memory and temporal awareness
9. Inaccuracies in temporal orientation
10. Capabilities with simple task execution
- Missing:
1. Participation in ADL evaluations and specific tasks
2. Specific examples of sequence recall difficulties
3. Misidentification of months and holidays
4. Detailed explanations for limited elaboration abilities on familiar topics
5. Quote/citation of exact conversation exchanges concerning assisted vs. independent task reporting
- Unsupported:
1. Overreporting independent capabilities on "Speaker 7"
2. Structured training variability reporting
- Contradicted:
1. Patient's expressed confidence vs. reported variability
\*\*METRIC CALCULATION\*\*
- Missing Points: 5
- Unsupported Statements: 2
- Inconsistencies between Sections: 1
- Vague/Generic Documentation: 2
- Improper Terminology/Formatting: 1
\*\*SECTION SCORING\*\*
\*\*Score Each SOAP Section (max 10 each)\*\*
1. Subjective (S):
- Deductions: 1 (Missing information on ADL task specifics)
- Score: 9/10
2. Objective (O):
- Deductions: 3 (Missing specific examples and support points, improper term use)
- Score: 7/10
3. Assessment (A):
- Deductions: 2 (Unsupported claims and inconsistencies)
- Score: 8/10
4. Plan (P):
- Deductions: 1 (Generic documentation)
- Score: 9/10
\*\*TOTAL DEDUCTIONS\*\*
Total Deductions from all sections: 7
- Each conversation point missing: 5 x -0.5 = -2.5
- Unsupported statements: 2 x -1 = -2
- Inconsistency: 1 x -1 = -1
- Vague documentation: 2 x -0.5 = -1
- Improper terminology: 1 x -0.5 = -0.5
\*\*SCORING CAPS APPLICATION\*\*
- Comprehension and specificity are above the mandatory thresholds, no automatic cap required.
- Missing moderately critical information, cap at 6 due to missing critical ADL detail information.
\*\*FINAL SCORE CALCULATION:\*\*
SOAP Note Score = MIN(10, 10 - 7, lowest\_section\_score + 2, all\_applicable\_caps)
= MIN(10, 3, 7, 6)
Rating: 6/10
The SOAP note demonstrates a basic structure with several details included, though it lacks on comprehensive and precise reporting based on points missed, unsupported claims, and detail omission. Recommendations for improvement involve increased specificity and reference to conversation for unambiguous documentation and consistent independent capability reporting.To evaluate the provided SOAP note, we'll carefully follow the mandatory assessment protocol and apply the rigorous quantitative evaluation methodology. Here's the comprehensive breakdown:
### EXTRACTION PHASE
\*\*Key Information Points from Conversation:\*\*
1. Patient M: 24-year-old male
2. Sustained TBI from gunshot wound on Dec 13, 2022
3. Lived in Fort Riley, Kansas, relocated to Rancho Cucamonga, CA
4. Military Service: 15 Tango, worked on Blackhawk helicopters
5. Post-military: Worked in masonry and continued work on aircraft at Spirit AeroSystems
6. Primary caregiver: His mother
7. Interest in using "Speaker 7" for assistance
8. Challenges with memory, temporal orientation, executing complex tasks
9. Displayed capability in recalling simple sequences
10. Struggled with recalling longer sequences
11. Issues with temporal reasoning (seasons, holidays)
12. Needed prompts for categorization tasks
13. Confident in using "Speaker 7," but discrepancy noted
14. Rehabilitation needed for temporal orientation and sequence recall
### VERIFICATION PHASE
\*\*Presence/Absence/Contradiction Check:\*\*
- Present: Points 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13
- Missing: Point 14 (Note indirectly suggests rehabilitation but doesn’t specifically mention sequence recall training or specific methodology)
- Contradicted: None observed
### METRIC CALCULATION
- Missing Points from Conversation: 1 (point 14)
- Unsupported Statements: 0 (all statements have some basis in conversation)
- Inconsistencies between SOAP sections: 0 (none observed)
- Vague/Generic Documentation: 1 (general mention of challenges without specification)
- Improper Medical Terminology/Formatting: 1 (usage of "sequence recollection" without specification of assessment type)
### SECTION SCORING
\*\*Subjective (S) Section:\*\*
- Deductions: No deductions for presence, clarity, or consistency.
- Score: 9.5/10
\*\*Objective (O) Section:\*\*
- Deductions:
- Missing detailed mention of rehabilitation needs (-0.5)
- Vague assertion of "confident in using 'Speaker 7'" without detailing discrepancy (-0.5)
- Score: 9/10
\*\*Assessment (A) Section:\*\*
- Deductions:
- General mention of needing rehab for tasks but missing explicit link to points (e.g., mnemonic strategy details) (-1)
- Score: 9/10
\*\*Plan (P) Section:\*\*
- Deductions:
- Vague on specifics for the cognitive rehabilitation planning (-0.5)
- Score: 9.5/10
### TOTAL DEDUCTIONS
- Total Points Deducted: 2.0
### FINAL CALCULATION AND CAPS APPLICATION
1. Total Score Without Caps = 10 - Total Deductions = 8/10
2. Section Scoring Caps = Lowest section score + 2 = 9 + 2 = 11 (No cap triggered here)
3. Quality Caps Application:
- Comprehensiveness: 93% (13/14), no cap
- Accuracy: No unsupported statements
- Coherence: No inconsistencies
- Specificity: Roughly 80%, no cap
\*\*Final Evaluation:\*\*
- Final Score Calculation: Minimum of all calculated scores and caps. Since none of the caps applied due to deductions or sections being exceedingly low, the final score stands as follows:
\*\*Final Score: 8/10\*\*
\*\*Rating Justification:\*\* The SOAP note largely captures the critical details present in the conversation, shows relevant assessment of the state of functionality, and provides a structured plan. However, the note slightly lacks in elucidating specific interventions for cognitive rehabilitation and the detailed usage of assistive technology.