

R156. Commerce, Occupational and Professional Licensing.

R156-28. Veterinary Practice Act Rule.

R156-28-101. Title.

This rule is known as the "Veterinary Practice Act Rule".

R156-28-102. Definitions.

In addition to the definitions in Title 58, Chapters 1 and 28, as used in Title 58, Chapters 1 and 28 or this rule:

(1) "In association with licensed veterinarians", as used in Subsection 58-28-307(6), means the out of state licensed veterinarian is performing veterinarian services in this state as the result of a request for assistance or consultation initiated by a Utah licensed veterinarian regarding a specific client or patient and the services provided by the out of state licensed veterinarian are limited to that specific request.

(2) "NBEC" means the National Board Examination Committee of the American Veterinary Medical Association.

(3) "Patient" means any animal receiving veterinarian services.

(4) "Practice of veterinary medicine, surgery, and dentistry" as defined in Subsection 58-28-102(11) does not include the implantation of any electronic device for the purpose of establishing or maintaining positive identification of animals.

(11) "Unprofessional conduct" as defined in Title 58, Chapters 1 and 28, is further defined in accordance with Subsection 58-1-203(1)(e) in Section R156-28-502.

R156-28-103. Authority - Purpose.

This rule is adopted by the division under the authority of Subsection 58-1-106(1)(a) to enable the division to administer Title 58, Chapter 28.

R156-28-104. Organization - Relationship to Rule R156-1.

The organization of this rule and its relationship to Rule R156-1 is as described in Section R156-1-107.

R156-28-302a. Qualifications for Licensure - Education Requirements.

In accordance with Subsections 58-1-203(1) and 58-1-301(3), the education requirements for licensure in Subsection 58-28-302 are defined, clarified, or established as follows.

(1) Each applicant for licensure as a veterinarian shall comply with one of the following:

(a) an official transcript demonstrating that the applicant has graduated from a veterinary college which held current accreditation by the Council on Education of the American Veterinary Medical Association (AVMA) at the time of the applicant's graduation; or

(b) if the applicant received a veterinary degree in a foreign country, demonstrate that the applicant's foreign education is equivalent to the requirements of Subsection R156-28-302a(1)(a) by submitting a Certificate of Competence issued by the AVMA Educational Commission for Foreign Veterinary Graduates (ECFVG) or the American Association of Veterinary State Boards (AAVSB) Program for Assessment of Veterinary Education Equivalence (PAVE).

(2) Each applicant for licensure as a veterinarian intern shall demonstrate that the applicant has met the education provided in Subsection R156-28-302a(1); however, if the applicant has graduated, but the educational institution has not yet posted the degree on the official transcript, the applicant may submit the official transcript together with a notarized letter from the dean or registrar of the educational institution, which certifies that the applicant has obtained the degree but it is not yet posted to the official transcript.

R156-28-302b. Qualifications for Licensure - Experience Requirements.

In accordance with Subsections 58-1-203(1) and 58-1-301(3), the experience requirements for licensure in Subsection 58-28-302 are defined, clarified, or established as follows.

(1) Each applicant for licensure as a veterinarian shall:

(a) complete 1000 hours of experience while licensed as a veterinarian intern under the supervision of a licensed veterinarian in accordance with the following.

(i) Experience shall be earned in not less than six months and completed within two years of the date of the application.

(ii) Experience in the following settings is not acceptable to fulfill this experience requirement:

(A) temporary employment experiences of less than eight weeks in duration; or

(B) part time experience of less than 20 hours per week.

(iii) Experience completed while employed as unlicensed assistive personnel is not acceptable to fulfill this experience requirement.

(iv) If the experience is completed in a jurisdiction outside of Utah which does not issue licensure as a veterinarian or as a veterinarian intern or comparable licenses or was completed in a setting which does not require licensure, the applicant shall demonstrate that the experience was:

- (A) lawfully obtained;
- (B) obtained after the applicant met the education requirement specified in Section R156-28-302a;
- (C) supervised by a competent supervisor who was licensed as a veterinarian or exempted from licensure, except if the supervisor was exempted from licensure, the applicant must demonstrate the qualifications and competence of the supervisor; and
- (D) comparable to experience that would be obtained in a standard veterinarian practice setting in Utah.
- (v) Supervision of the intern by the licensed veterinarian may be obtained by "indirect supervision" as defined in Section 58-28-102 provided that the supervisor supplements the indirect supervision with routine face to face contact as the licensed veterinarian deems appropriate using professional judgment.
- (vi) Each applicant shall demonstrate completion of the experience required by submitting a verification of experience signed by the applicant and the applicant's supervising veterinarian on forms approved by the Division.
- (vii) In the event the supervisor is unavailable or refuses to provide a certification of qualifying experience, the applicant shall submit a complete explanation of why the supervisor is unavailable and submit verification of the experience by alternative means acceptable to the board, which shall demonstrate that the work was profession-related work, competently performed, and sufficient accumulated experience for the applicant to be granted a license without jeopardy to the public health, safety or welfare.
- (b) In accordance with Subsections 58-37-6(1)(a), 58-37-6(5)(b)(i) and R156-37-305(1), a veterinary intern is not eligible to obtain a controlled substance license during the internship.

R156-28-302c. Qualifications for Licensure - Examination Requirements.

In accordance with Subsections 58-1-203(1) and 58-1-301(3), the examination requirements for licensure in Subsection 58-28-302(1)(b) are defined, clarified, or established as follows:

- (1) Applicants who passed the examinations listed in this subsection prior to May 1, 2000 shall submit documentation showing they passed:
 - (a) the National Board Examination (NBE) of the National Board Examination Committee (NBEC) of the American Veterinary Medical Association (AVMA) with a minimum passing score as determined by the NBEC; and
 - (b) the Clinical Competency Test (CCT) of the NBEC with a minimum passing score as determined by the NBEC.
- (2) Applicants who did not pass the examinations listed in Subsection (1) prior to May 1, 2000 shall submit documentation showing they passed the North American Veterinarian Licensing Examination (NAVLE) with a score as determined by the NBEC.
- (3) To be eligible to sit for the NAVLE examination, an applicant shall submit the following:
 - (a) an application for approval to sit for the NAVLE examination;
 - (b) the application fee; and
 - (c) documentation showing the applicant has met the education requirement specified in Section R156-28-302a or will complete the education requirement at the end of the semester or quarter in which the applicant is currently enrolled. If the applicant is enrolled in the final semester or quarter before obtaining the degree, documentation of the applicant's student status shall be provided by a letter from the dean or registrar of the educational institution confirming the applicant is a student in good standing and will graduate with the next graduating class.

R156-28-303. Renewal Cycle - Procedures.

- (1) In accordance with Subsection 58-1-308(1), the renewal date for the two-year renewal cycle applicable to licensees under Title 58, Chapter 28 is established by rule in Section R156-1-308a(1).
- (2) Renewal procedures shall be in accordance with Section R156-1-308c.
- (3) Applicants for renewal shall meet the continuing education requirements specified in Section R156-28-304.

R156-28-304. Continuing Professional Education.

In accordance with Section 58-28-306, there is created a continuing professional education requirement as a condition for renewal or reinstatement of licenses issued under Title 58, Chapter 28. The continuing professional education requirement shall comply with the following criteria.

- (1) During each two year period commencing on September 30 of each even numbered year, a licensee shall be required to complete not less than 24 hours of qualified continuing professional education directly related to the licensee's professional practice.
- (2) The required number of hours of continuing professional education for an individual who first becomes licensed during the two year period shall be decreased by a pro-rata amount equal to the part of that two year period preceding the date on which that individual first became licensed.
- (3) Qualified continuing professional education under this section shall:
 - (a) have an identifiable clear statement of purpose and defined objective for the educational program directly related to the practice of a veterinarian;
 - (b) be relevant to the licensee's professional practice;

(c) be presented in a competent, well organized, and sequential manner consistent with the stated purpose and objective of the program;

(d) be prepared and presented by individuals who are qualified by education, training, and experience; and

(e) have associated with it a competent method of registration of individuals who actually completed the professional education program and records of that registration and completion are available for review.

(4) Credit for continuing professional education shall be recognized in accordance with the following:

(a) Unlimited hours shall be recognized for continuing professional education as a student or presenter, completed in blocks of time of not less than one hour in formally established classroom courses, seminars, lectures, wet labs, or specific veterinary conferences approved or sponsored by one or more of the following:

(i) the American Veterinary Medical Association;

(ii) the Utah Veterinary Medical Association;

(iii) the American Animal Hospital Association;

(iv) the American Association of Equine Practitioners;

(v) the American Association of Bovine Practitioners;

(vi) certifying boards recognized by the AVMA;

(vii) other state veterinary medical associations or state licensing boards; or

(viii) the Registry of Continuing Education (RACE) of the AASVB.

(b) No more than five continuing professional education hours may be counted for being the primary author of an article published in a peer reviewed scientific journal, and no more than two continuing professional education hours may be counted for being a secondary author.

(c) No more than six continuing professional education hours may be in practice management courses.

(d) Any continuing professional education where there is no instructor or where the instructor is not physically present, shall assure the licensee's participation and acquisition of the knowledge and skills intended by means of an examination. These types of continuing professional education courses include internet, audio/visual recordings, broadcast seminars, mail and other correspondence courses.

(5) A licensee shall be responsible for maintaining competent records of completed qualified continuing professional education for a period of four years after close of the two year period to which the records pertain. It is the responsibility of the licensee to maintain such information with respect to qualified continuing professional education to demonstrate it meets the requirements under this section.

(6) A licensee who is unable to complete the continuing professional education requirement for reasons such as a medical or related condition, humanitarian or ecclesiastical services, or extended presence in a geographical area where continuing education is not available, may be excused from the requirement for a period of up to three years as provided in Section R156-1-308d.

R156-28-502. Unprofessional Conduct.

Unprofessional conduct includes:

(1) deviating from the minimum standards of veterinary practice set forth in Section R156-28-503;

(2) permitting unlicensed assistive personnel to perform duties that the individual is not competent by education, training or experience to perform; and

(3) failing to conform to the generally accepted and recognized standards and ethics of the profession including those established in the Principles of Veterinary Medical Ethics of the American Veterinarian Medical Association (AVMA), as approved by the AVMA Executive Board, July 1999, revised November 2003, which are hereby incorporated by reference, except that if a licensee fails to establish the veterinarian-client-patient relationship as required in Section III A. of those principles, such failure does not excuse the veterinarian from complying with all other duties that would be a part of the duties that would be imposed on a veterinarian if the veterinarian had properly established the veterinarian-client-patient relationship.

R156-28-503. Minimum Standards of Practice.

In accordance with Subsection 58-28-102(14) and Section 58-28-603, a veterinarian shall comply with the following minimum standards of practice in addition to the generally recognized standards and ethics of the profession:

(1) A veterinarian shall compile and maintain records on each patient to minimally include:

(a) client's name, address and phone number, if telephone is available;

(b) patient's identification, such as name, number, tag, species, age and gender, except for herds, flocks or other large groups of animals which may be more generally defined;

(c) veterinarian's diagnosis or evaluation of the patient;

(d) treatments rendered including drugs used and dosages; and

(e) date of service.

(2) A veterinarian shall:

(a) maintain veterinary medical records under Subsection (1) above so that any veterinarian coming into a veterinary practice may, by reading the veterinary medical record of a particular animal, be able to proceed with the proper care and treatment of the animal; and

(b) maintain veterinary medical records under Subsection (1) above for a minimum of five years from the date that the animal was last treated by the veterinarian.

(3) A veterinarian shall maintain a sanitary environment to avoid sources and transmission of infection to include the proper routine disposal of waste materials and proper sterilization or sanitation of all equipment used in diagnosis and treatment.

KEY: veterinary medicine, licensing, veterinarian

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VETERINARY PRACTICE ACT RULE

R156-28 Utah Administrative Code Issued May 27, 2015

Disclaimer: The statute/rule above is an unofficial version provided for convenience only and may not be identical to the official versions on the Utah State Legislature (www.le.utah.gov) and the Utah Division of Administrative Rules (www.rules.utah.gov) websites.

Chapter 28 Veterinary Practice Act

Part 1 General Provisions

58-28-101 Short title.

This chapter is known as the "Veterinary Practice Act."

Renumbered and Amended by Chapter 109, 2006 General Session

58-28-102 Definitions.

In addition to the definitions in Section 58-1-102, as used in this chapter:

- (1) "Abandonment" means to forsake entirely or to refuse to provide care and support for an animal placed in the custody of a licensed veterinarian.
- (2) "Administer" means:
 - (a) the direct application by a person of a prescription drug or device by injection, inhalation, ingestion, or by any other means, to the body of an animal that is a patient or is a research subject; or
 - (b) a veterinarian providing to the owner or caretaker of an animal a prescription drug for application by injection, inhalation, ingestion, or any other means to the body of the animal by the owner or caretaker in accordance with the veterinarian's written directions.
- (3) "Animal" means any animal other than a human.
- (4) "AVMA" means American Veterinary Medical Association.
- (5) "Board" means the Veterinary Board established in Section 58-28-201.
- (6) "Client" means the patient's owner, the owner's agent, or other person responsible for the patient.
- (7) "Direct supervision" means a veterinarian licensed under this chapter is present and available for face-to-face contact with the patient and person being supervised, at the time the patient is receiving veterinary care.
- (8) "Extra-label use" means actual use or intended use of a drug in an animal in a manner that is not in accordance with approved labeling.
- (9) "Immediate supervision" means the veterinarian licensed under this chapter is present with the individual being supervised, while the individual is performing the delegated tasks.
- (10) "Indirect supervision" means a veterinarian licensed under this chapter:
 - (a) has given either written or verbal instructions for veterinary care of a patient to the person being supervised; and
 - (b) is available to the person being supervised by telephone or other electronic means of communication during the period of time in which the veterinary care is given to the patient.
- (11) "Practice of veterinary medicine, surgery, and dentistry" means to:
 - (a) diagnose, prognose, or treat any disease, defect, deformity, wound, injury, or physical condition of any animal;
 - (b) administer, prescribe or dispense any drug, medicine, treatment, method, or practice, perform any operation or manipulation, apply any apparatus or appliance for the cure, relief, or correction of any animal disease, deformity, defect, wound, or injury, or otherwise practice any veterinary medicine, dentistry, or surgery on any animal;

- (c) represent by verbal or written claim, sign, word, title, letterhead, card, or any other manner that one is a licensed veterinarian or qualified to practice veterinary medicine, surgery, or dentistry;
 - (d) hold oneself out as able to practice veterinary medicine, surgery, or dentistry;
 - (e) solicit, sell, or furnish any parenterally administered animal disease cures, preventions, or treatments, with or without the necessary instruments for the administration of them, or any and all worm and other internal parasitic remedies, upon any agreement, express or implied, to administer these cures, preventions, treatments, or remedies; or
 - (f) assume or use the title or designation, "veterinary," "veterinarian," "animal doctor," "animal surgeon," or any other title, designation, words, letters, abbreviations, sign, card, or device tending to indicate that such person is qualified to practice veterinary medicine, surgery, or dentistry.
- (12) "Unlawful conduct" is defined in Sections 58-1-501 and 58-28-501.
- (13) "Unlicensed assistive personnel":
- (a) means any unlicensed person, regardless of title, to whom tasks are delegated by a veterinarian licensed under this chapter as permitted by administrative rule and in accordance with the standards of the profession; and
 - (b) includes:
 - (i) a veterinary assistant, if working under immediate supervision;
 - (ii) a veterinary technician who:
 - (A) has graduated from a program of veterinary technology accredited by the AVMA that is at least a two-year program; and
 - (B) who is working under direct supervision; and
 - (iii) a veterinary technologist who:
 - (A) has graduated from a four-year program of veterinary technology accredited by the AVMA; and
 - (B) is working under indirect supervision.
- (14) "Unprofessional conduct" is as defined in Sections 58-1-501 and 58-28-502 and may be further defined by rule.
- (15) "Veterinarian-client-patient relationship" means:
- (a) a veterinarian licensed under this chapter has assumed responsibility for making clinical judgements regarding the health of an animal and the need for medical treatment of an animal, and the client has agreed to follow the veterinarian's instructions;
 - (b) the veterinarian has sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of the medical condition of the animal, including knowledge of the keeping and care of the animal as a result of recent personal examination of the animal or by medically appropriate visits to the premises where the animal is housed; and
 - (c) the veterinarian has arranged for emergency coverage for follow-up evaluation in the event of adverse reaction or the failure of the treatment regimen.

Amended by Chapter 189, 2010 General Session

**Part 2
Board**

58-28-201 Veterinary Board created -- Duties.

- (1) There is created a Veterinary Board consisting of four veterinarians who have practiced in the state for not less than five years and one member of the general public.
- (2) The board shall be appointed and serve in accordance with the provisions of Section 58-1-201.
- (3) The duties and responsibilities of the board shall be in accordance with Sections 58-1-202 and 58-1-203.
- (4)
 - (a) The board shall designate one of its members to assist and advise the division with reviewing complaints concerning unlawful or unprofessional conduct under this chapter.
 - (b) A board member shall be recused from any adjudicative proceeding held by the board concerning a complaint for which the board member advised the division under Subsection (4)(a).

Renumbered and Amended by Chapter 109, 2006 General Session

Part 3 Licensing

58-28-301 Licensure required.

- (1)
 - (a) A license is required to engage in the practice of veterinary medicine, except as specifically provided in Sections 58-1-307 and 58-28-307.
 - (b) Notwithstanding the provisions of Subsection 58-1-307(1)(c) an individual shall be licensed under this chapter as a veterinary intern in order to engage in a program of indirectly supervised clinical training with a veterinarian licensed under this chapter, and as necessary to meet licensing requirements under Subsection 58-28-302(1)(d).
- (2) The division shall issue to a person who qualifies under this chapter a license in the classification of:
 - (a) veterinarian; or
 - (b) veterinarian intern.

Enacted by Chapter 109, 2006 General Session

58-28-302 License qualifications.

- (1) Every applicant for a license to practice veterinary medicine, surgery, and dentistry shall:
 - (a) be of good moral character as it relates to the functions and duties of a licensed veterinarian;
 - (b) pass an examination approved by the board on the theory and practice of the science of veterinary medicine, surgery, dentistry, and other subjects determined by the board, knowledge of which is generally required of veterinarians;
 - (c)
 - (i) graduate from a veterinary college accredited by the AVMA; or
 - (ii) obtain a certificate issued by the Educational Commission for Foreign Veterinary Graduates issued by the AVMA;
 - (d)
 - (i) have practiced under the supervision of a veterinarian licensed to practice in this state for a period of at least six months;

- (ii) have participated in veterinary investigational, educational, or sanitary control work of a nature and duration as to be the equivalent of the experience of Subsection (1)(d)(i);
 - (iii) have practiced as a licensed veterinarian outside Utah for a period of at least six months; or
 - (iv) have practiced as a veterinarian while employed by the United States government, its agencies, or the state or its political subdivisions for a period of at least six months; and
 - (e) pay a fee to the Department of Commerce determined by it pursuant to Section 63J-1-504 for the examination, for an initial license, and for a renewal license.
- (2)
- (a) An applicant for licensure as a veterinary intern shall comply with the provisions of Subsections (1)(a) and (c).
 - (b) An applicant's license as a veterinary intern is limited to the period of time necessary to complete clinical training as described in Subsection (1)(d) and extends not more than one year from the date the minimum requirement for training is completed, unless the individual presents satisfactory evidence to the division and the board that the individual is making reasonable progress toward passing the qualifying examination or is otherwise on a course reasonably expected to lead to licensure as a veterinarian, but the period of time under this Subsection (2)(b) may not exceed two years past the date the minimum supervised clinical training has been completed.

Amended by Chapter 183, 2009 General Session

58-28-303 License -- Display -- Revocation for nondisplay or nonrenewal.

A licensed veterinarian shall display the veterinarian's license in a conspicuous place in the veterinarian's principal place of business. The division may revoke any license which is not displayed in accordance with this section.

Renumbered and Amended by Chapter 109, 2006 General Session

58-28-304 Temporary license -- License reciprocity.

- (1) The division may issue a temporary license to practice veterinary medicine, surgery, and dentistry to any person not qualified for licensure under Subsection (4) who meets all requirements of Section 58-28-302 with the exception of Subsections 58-28-302(1)(b) and (d), except that the temporary license shall by its terms expire at the date examination results are available for the examination next following the date of the issuance of the temporary license.
- (2) The temporary license shall permit the holder to practice under the indirect supervision of a veterinarian licensed to practice in this state.
- (3) The division may extend the expiration date of the temporary license until the following examination date if:
 - (a) the applicant shows to the board good cause for failing to take or pass the examination; and
 - (b) the majority of the board members recommend the extension.
- (4) Upon the recommendation of the board, the division may issue a license without examination to a person who:
 - (a) has been licensed or registered to practice veterinary medicine, surgery, and dentistry in any state, district, or territory of the United States or in any foreign country, whose educational, examination, and experience requirements are or were at the time the license was issued equal to those of this state;
 - (b) has engaged in the practice of veterinary medicine, dentistry, and surgery while licensed by another jurisdiction for at least two years;

- (b) procuring any fee or recompense on the assurance that a manifestly incurable diseased condition of the body of an animal can be permanently cured;
 - (c) selling any biologics containing living or dead organisms or products or such organisms, except in a manner which will prevent indiscriminate use of such biologics;
 - (d) swearing falsely in any testimony or affidavit, relating to, or in the course of, the practice of veterinary medicine, surgery, or dentistry;
 - (e) willful failure to report any dangerous, infectious, or contagious disease, as required by law;
 - (f) willful failure to report the results of any medical tests, as required by law, or rule adopted pursuant to law;
 - (g) violating Chapter 37, Utah Controlled Substances Act;
 - (h) delegating tasks to unlicensed assistive personnel in violation of standards of the profession and in violation of Subsection (2); and
 - (i) making any unsubstantiated claim of superiority in training or skill as a veterinarian in the performance of professional services.
- (2)
- (a) "Unprofessional conduct" does not include the following:
 - (i) delegating to a veterinary technologist, while under the indirect supervision of a veterinarian licensed under this chapter, patient care and treatment that requires a technical understanding of veterinary medicine if written or oral instructions are provided to the technologist by the veterinarian;
 - (ii) delegating to a veterinary technician, while under the direct supervision of a veterinarian licensed under this chapter, patient care and treatment that requires a technical understanding of veterinary medicine if written or oral instructions are provided to the technician by the veterinarian; and
 - (iii) delegating to a veterinary assistant, under the immediate supervision of a licensed veterinarian, tasks that are consistent with the standards and ethics of the profession.
 - (b) The delegation of tasks permitted under Subsection (2)(a) does not include:
 - (i) diagnosing;
 - (ii) prognosing;
 - (iii) surgery; or
 - (iv) prescribing drugs, medicines, or appliances.

Amended by Chapter 61, 2015 General Session

58-28-503 Penalty for unlawful or unprofessional conduct.

- (1) Any person who violates the unlawful conduct provisions of Section 58-28-501 is guilty of a third degree felony.
- (2) After proceeding pursuant to Title 63G, Chapter 4, Administrative Procedures Act, and Chapter 1, Division of Occupational and Professional Licensing Act, the division may impose administrative penalties of up to \$10,000 for acts of unprofessional conduct or unlawful conduct under this chapter.
- (3) Assessment of a penalty under this section does not affect any other action the division is authorized to take regarding a license issued under this chapter.

Amended by Chapter 382, 2008 General Session

Part 6
Standards of Practice

58-28-601 Animal abandonment.

- (1) Any animal which suffers abandonment for a period of five days may be sold or placed in the custody of the nearest humane society or county dog pound if the animal is not picked up within seven days after mailing a notification, by certified mail, to the last known address of the person placing the animal in the veterinarian's custody. If no humane society or dog pound is located in the county, the animal may be disposed of in a humane manner.
- (2) A veterinarian who complies with this section is relieved from liability for the disposal or sale of abandoned animals.

Renumbered and Amended by Chapter 109, 2006 General Session

58-28-602 Cruelty to animals -- Immunity for reporting.

A licensed veterinarian who in good faith and in the normal course of business, reports a suspected case of animal cruelty to law enforcement or the proper authorities is immune from liability in any civil or criminal action brought against the veterinarian for reporting the suspected cruelty.

Enacted by Chapter 109, 2006 General Session

58-28-603 Medical records.

Medical records maintained by a person licensed under this chapter:

- (1) shall meet the standards and ethics of the profession;
- (2) shall be maintained in accordance with administrative rules adopted by the division in consultation with the board; and
- (3) may be maintained in electronic format.

Enacted by Chapter 109, 2006 General Session

58-28-604 Veterinarian-client-patient relationship.

- (1) A licensee under this chapter may only practice under a veterinarian-client-patient relationship as defined in Section 58-28-102.
- (2) A veterinarian-client-patient relationship may not be established solely by telephone or other electronic means.

Enacted by Chapter 109, 2006 General Session

58-28-605 Veterinarian-client-patient confidentiality.

- (1) A licensee under this chapter may not disclose information about the licensee's care of an animal to anyone other than the client, as defined in Section 58-28-102, unless:
 - (a) the client consents to the disclosure in writing;
 - (b) disclosure to public health officials, animal health or welfare officials, agricultural authorities, or federal, state, or local officials is required, or necessary to protect the animal or to protect public health;
 - (c) disclosure is required by court order or subpoena; or

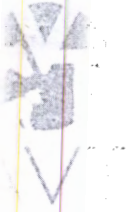
- (d) the client has placed the veterinarian's care or treatment of the animal or the nature or extent of injuries to the animal at issue in a civil or criminal proceeding.
- (2) A licensee who releases medical records under the provisions of this section is not liable to the client or any other person for the release of the records.

Enacted by Chapter 109, 2006 General Session

**58-28-606 Veterinary corporations, partnerships, and limited liability companies --
Unlicensed individuals -- Ownership of capital stock -- Service as officer or director.**

- (1) As used in this section:
 - (a) "Veterinary corporation" means a professional corporation organized to render veterinary services under Title 16, Chapter 11, Professional Corporation Act.
 - (b) "Veterinary limited liability company" means a limited liability company organized to render veterinary services under Title 48, Chapter 2c, Utah Revised Limited Liability Company Act.
 - (c) "Veterinary partnership" means a partnership or limited liability partnership organized to render veterinary services under Title 48, Chapter 1, General and Limited Liability Partnerships.
- (2) A veterinary corporation may issue or transfer shares of the veterinary corporation's capital stock to a person that is not licensed to practice veterinary medicine, surgery, and dentistry under this chapter.
- (3) An individual who is not licensed to practice veterinary medicine, surgery, and dentistry under this chapter:
 - (a) may not serve as an officer or director of a veterinary corporation; and
 - (b) may serve as secretary or treasurer of a veterinary corporation.
- (4) A veterinary limited liability company or a veterinary partnership may include an individual who is not licensed to practice veterinary medicine, surgery, and dentistry under this chapter.

Enacted by Chapter 61, 2015 General Session



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NAVTA Moves Forward with Veterinary Nurse Credential Change *Veterinary Nurse Initiative Coalition will now pursue legislative amendments in 50 states*

MAY 15, 2017 – Albert Lea, Minnesota – The National Association of Veterinary Technicians in America (NAVTA) Board of Directors announced the formation of the Veterinary Nurse Initiative Coalition to pursue legislative amendments in the 50 states to establish the credential of Registered Veterinary Nurse (RVN), and to substitute the title of Registered Veterinary Technician (RVT), Licensed Veterinary Technician (LVT), Certified Veterinary Technician (CVT) or Licensed Veterinary Medical Technician (LVMT). NAVTA's board approved the action to unite the profession under a single title, credentialing requirements and scope of practice. The Coalition is currently defining the legislative strategy and is targeting 2018 for the initial legislation reform efforts to begin.

“Through the standardization and public awareness of the Registered Veterinary Nurse credential, the entire profession will make significant strides towards better recognition, mobility and elevated practice standards,” said Kara M. Burns, MS, MEd, LVT, VTS (Nutrition) and President-Elect of NAVTA. “All of this will lead to better patient care and consumer protection.”

Veterinary technicians have seen the profession go through many changes over 50 years. Veterinary technicians throughout the United States have varying credentialing requirements, titles and scope of practice which can be confusing in the eyes of pet owners. A single title and credential throughout the nation is the next step to improve the level of patient care, align public perceptions of the veterinary nurse and bring clarity to the field of veterinary medicine.

The Veterinary Nurse Initiative Coalition will work with the American Veterinary Medical Association, American Association of Veterinary State Boards, industry and professional veterinary organizations and legislators to create common terminology, policies and procedures to ease the burden on individual states and associations in governing credentials. The Initiative will start with a handful of states in 2018 and then work with any state interested in these reforms.

According to Heather Prendergast, BS, RVT, CVPM, SPHR and coalition member, “Our goal is to reduce and remove the confusion associated with the designations for a veterinary technician. Licensed Veterinary Technician (LVT), Certified Veterinary Technician (CVT), Registered Veterinary Technician (RVT) and Licensed Veterinary Medical Technician (LVMT) describe credentials held by veterinary technicians throughout the nation. Once a single designation is established, each state will be able to align with a standardized credential for the profession.”

Coalition member Kenichiro Yagi, MS, RVT, VTS (ECC, SAIM) went on to say the process to evolve the name of a veterinary technician to a veterinary nurse began last year with extensive research on the legality of the name change and the level of industry support, as well as a review of the current credentialing. Yagi also noted, the process could take several years because of the need to ensure alignment and support at the national and local level from a legislative, industry and individual perspective.

To learn more about the Veterinary Nurse Initiative, email vetnurse@navta.net.

###

Effective 5/9/2017

Utah Code
Title 26, Utah Health Code
Chapter 60, Telehealth Act

26-60-101 Title.

This chapter is known as the "Telehealth Act."

Enacted by Chapter 241, 2017 General Session

26-60-102 Definitions.

As used in this chapter:

- (1) "Asynchronous store and forward transfer" means the transmission of a patient's health care information from an originating site to a provider at a distant site.
- (2) "Distant site" means the physical location of a provider delivering telemedicine services.
- (3) "Originating site" means the physical location of a patient receiving telemedicine services.
- (4) "Patient" means an individual seeking telemedicine services.
- (5) "Provider" means an individual who is:
 - (a) licensed under Title 26, Chapter 21, Health Care Facility Licensing and Inspection Act;
 - (b) licensed under Title 58, Occupations and Professions, to provide health care; or
 - (c) licensed under Title 62A, Chapter 2, Licensure of Programs and Facilities.
- (6) "Synchronous interaction" means real-time communication through interactive technology that enables a provider at a distant site and a patient at an originating site to interact simultaneously through two-way audio and video transmission.
- (7) "Telehealth services" means the transmission of health-related services or information through the use of electronic communication or information technology.
- (8) "Telemedicine services" means telehealth services:
 - (a) including:
 - (i) clinical care;
 - (ii) health education;
 - (iii) health administration;
 - (iv) home health; or
 - (v) facilitation of self-managed care and caregiver support; and
 - (b) provided by a provider to a patient through a method of communication that:
 - (i)
 - (A) uses asynchronous store and forward transfer; or
 - (B) uses synchronous interaction; and
 - (ii) meets industry security and privacy standards, including compliance with:
 - (A) the federal Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110 Stat. 1936, as amended; and
 - (B) the federal Health Information Technology for Economic and Clinical Health Act, Pub. L. No. 111-5, 123 Stat. 226, 467, as amended.

Enacted by Chapter 241, 2017 General Session

26-60-103 Scope of telehealth practice.

- (1) A provider offering telehealth services shall:
- (a) at all times:
 - (i) act within the scope of the provider's license under Title 58, Occupations and Professions, in accordance with the provisions of this chapter and all other applicable laws and rules; and
 - (ii) be held to the same standards of practice as those applicable in traditional health care settings;
 - (b) in accordance with Title 58, Chapter 82, Electronic Prescribing Act, before providing treatment or prescribing a prescription drug, establish a diagnosis and identify underlying conditions and contraindications to a recommended treatment after:
 - (i) obtaining from the patient or another provider the patient's relevant clinical history; and
 - (ii) documenting the patient's relevant clinical history and current symptoms;
 - (c) be available to a patient who receives telehealth services from the provider for subsequent care related to the initial telemedicine services, in accordance with community standards of practice;
 - (d) be familiar with available medical resources, including emergency resources near the originating site, in order to make appropriate patient referrals when medically indicated; and
 - (e) in accordance with any applicable state and federal laws, rules, and regulations, generate, maintain, and make available to each patient receiving telehealth services the patient's medical records.
- (2) A provider may not offer telehealth services if:
- (a) the provider is not in compliance with applicable laws, rules, and regulations regarding the provider's licensed practice; or
 - (b) the provider's license under Title 58, Occupations and Professions, is not active and in good standing.

Enacted by Chapter 241, 2017 General Session

26-60-104 Enforcement.

- (1) The Division of Occupational and Professional Licensing created in Section 58-1-103 is authorized to enforce the provisions of Section 26-60-103 as it relates to providers licensed under Title 58, Occupations and Professions.
- (2) The department is authorized to enforce the provisions of Section 26-60-103 as it relates to providers licensed under this title.
- (3) The Department of Human Services created in Section 62A-1-102 is authorized to enforce the provisions of Section 26-60-103 as it relates to providers licensed under Title 62A, Chapter 2, Licensure of Programs and Facilities.

Enacted by Chapter 241, 2017 General Session

26-60-105 Study by Public Utilities, Energy, and Technology Interim Committee and Health Reform Task Force.

The Legislature's Public Utilities, Energy, and Technology Interim Committee and

Health Reform Task Force shall receive the reports required in Sections 26-18-13.5 and 49-20-414 and study:

- (1) the result of the reimbursement requirement described in Sections 26-18-13.5 and 49-20-414;
- (2) practices and efforts of private health care facilities, health care providers, self-funded employers, third-party payors, and health maintenance organizations to reimburse for telehealth services;
- (3) existing and potential uses of telehealth and telemedicine services;
- (4) issues of reimbursement to a provider offering telehealth and telemedicine services; and
- (5) potential rules or legislation related to:
 - (a) providers offering and insurers reimbursing for telehealth and telemedicine services; and
 - (b) increasing access to health care, increasing the efficiency of health care, and decreasing the costs of health care.

Enacted by Chapter 241, 2017 General Session

*****DRAFT OF PROPOSED RULE *****
CURRENTLY UNDER DOPL REVIEW, FOR AN OCTOBER FILING WITH THE
DIVISION OF ADMINISTRATIVE RULES -- IT WILL THEN BE PUBLISHED IN
THE UTAH STATE BULLETIN & OPEN FOR PUBLIC COMMENT

R156-1-601. Practice of Telehealth.

In accordance with Section 26-60-103 and Subsection 26-60-104(1):

(1) Definitions.

In addition to the definitions in Title 58 and Title R156, as used
in this Section:

(a) "Asynchronous store and forward transfer" means the same as
defined in Subsection 26-60-102(1).

(b) "Distant site" means the same as defined in Subsection 26-60-
102(2).

(c) "Originating site" means the same as defined in Subsection
26-60-102(3).

(d) "Patient" means the same as defined in Subsection 26-60-
102(4).

(e) "Provider" means the same as defined in Subsection 26-60-
102(5) (b) (an individual licensed under Title 58 to provide health
care), and shall include an individual who:

(i) is required to be licensed under Title 58, or if located
outside of Utah, would be required to be licensed under Title 58
if located in Utah; or

(ii) is exempt from licensure pursuant to Title 58.

(f) "Provider-patient relationship" means a relationship in which
a provider:

(i) provides a professionally appropriate evaluation and
diagnosis of the patient consistent with the provider's applicable
standard of care;

(ii) informs the patient that the patient's condition would
benefit from treatment through telehealth services, and provides
the patient an explanation and comparison of any professionally
advisable alternatives to telehealth services;

(iii) acquires written informed consent from the patient as
required by applicable laws, rules, regulations, and standards of
care; and

(iv) has an ongoing legal obligation to provide continuing
care for the patient as it relates to the condition for which
telehealth services were provided, that includes being available
and having a facility or alternative means convenient and
accessible to the patient for appropriate follow-up care as
needed.

(g) "Synchronous interaction" means the same as defined in
Section 26-60-102(6).

(h) "Telehealth services" means the same as defined in Section
26-60-102(7).

(i) "Telemedicine services" means the same as defined in Section 26-60-102(8).

(2) Scope of Practice.

(a) In accordance with Subsections 26-60-103(1)(a) and (2), and Subsection R156-1-601(1)(e), an unlicensed provider may offer telehealth services only when:

(i) acting within the scope of the provider's profession under Title 58, including the stated circumstances and limitations of Section 58-1-307; and

(ii) in compliance with all other applicable laws, rules, and regulations regarding the practice of their Title 58 profession.

(b) In accordance with Subsection 26-60-103(1)(a)(ii), the same standards of practice as those applicable in traditional health settings shall include the following:

(i) If a provider offering telehealth services does not have an established provider-patient relationship with the patient, the provider shall establish a provider-patient relationship by synchronous interaction in accordance with the applicable standard of care.

(ii) Nothing in this section shall prohibit electronic communications:

(A) between a provider and a patient with a preexisting provider-patient relationship;

(B) between a provider and another provider concerning a patient with whom the other provider has a provider-patient relationship;

(C) between a provider and a patient where the provider is taking a call on behalf of another provider in the same community who has a provider-patient relationship with the patient; or

(D) in an emergency, which as used in this section, means a situation in which there is an occurrence that poses an imminent threat of a life-threatening condition or severe bodily harm.

(3) Informed Consent.

(a) A patient's signed informed consent for the use of telehealth services shall be obtained as required by any applicable law, and is an element of the provider-patient relationship.

(b) The signed informed consent shall include the following:

(i) identification of the patient and provider;

(ii) identification of the provider's credentials;

(iii) a description of the types of transmission (electronic communication or information technology) permitted using telehealth technologies;

(iv) a statement that the provider has determined the use of telehealth is appropriate to diagnose and treat the patient;

(v) information and details of security measures taken with respect to the use of telehealth technologies, as well as potential risks to privacy notwithstanding the security measures;

(vi) a hold harmless clause for information lost due to technical failures; and

(vii) a reference to or inclusion of a patient consent form governing release of patient-identifiable information to a third party.

(4) Evaluation and Treatment.

In accordance with Subsection 26-60-103(1) (b), treatment based solely on an online questionnaire does not constitute an acceptable standard of care.

(5) Prescriptions.

A provider shall issue prescription drug orders for a telehealth patient:

(a) in compliance with Title 58, Chapter 82, the Electronic Prescribing Act; and

(b) only after establishing a provider-patient relationship with the patient.

(6) Medical Records.

In accordance with Section 26-60-103(1) (e):

(a) A provider offering telehealth services shall generate and maintain medical records for each telehealth patient in compliance with applicable state and federal laws, rules, and regulations, including:

(i) the Health Insurance Portability And Accountability Act (HIPAA), P.L. 104-191 (1996); and

(ii) the Health Information Technology For Economic And Clinical Health Act (HITECH), P.L. 111-115 (2009).

(b) Medical records shall be accessible to other providers and to the patient in accordance with applicable laws, rules, and regulations.

- (15) an individual providing appropriate training for animals; however, this exception does not include diagnosing any medical condition, or prescribing or dispensing any prescription drugs or therapeutics.

Amended by Chapter 191, 2014 General Session

58-28-303 Provisions for current practitioners.

An individual who, as of August 1, 2006, is practicing as a veterinarian intern under supervision of a veterinarian licensed under this chapter shall receive a temporary license to practice in the state as a veterinary intern:

- (1) if, prior to August 1, 2006, the individual submits an application and any required fees to the division to obtain licensure under this chapter as a veterinary intern; and
- (2) while the application for licensure is pending with the division.

Enacted by Chapter 109, 2006 General Session

**Part 4
Licensing Denial and Discipline**

58-28-401 Grounds for denial of license -- Disciplinary proceedings.

Grounds for refusal to issue a license to an applicant, for refusal to renew the license of a licensee, to revoke, suspend, restrict, or place on probation the license of a licensee, to issue a public or private reprimand to a licensee, and to issue cease and desist orders shall be in accordance with Section 58-1-401.

Renumbered and Amended by Chapter 109, 2006 General Session

**Part 5
Unlawful and Unprofessional Conduct - Penalties**

58-28-501 Unlawful conduct.

Unlawful conduct includes, in addition to the definitions in Section 58-1-501:

- (1) fraudulently issuing or using any health certificate, inspection certificate, vaccination certificate, test chart, or any other certificate relating to the existence of animal diseases or the sale of animal products for human consumption;
- (2) willfully misrepresenting any findings in the inspection of foodstuffs of animal origin; and
- (3) fraudulently misapplying or reporting any intradermal, cutaneous, subcutaneous, serological, or chemical test.

Enacted by Chapter 109, 2006 General Session

58-28-502 Unprofessional conduct.

(1) "Unprofessional conduct" includes, in addition to the definitions in Section 58-1-501:

- (a) applying unsanitary methods or procedures in the treatment of any animal, contrary to rules adopted by the board and approved by the division;

- (c) obtained the license in another jurisdiction after passing an examination component acceptable to the division and the board;
- (d) produces satisfactory evidence of having practiced veterinary medicine competently and in accordance with the standards and ethics of the profession while practicing in another jurisdiction; and
- (e) produces satisfactory evidence of identity and good moral character as it relates to the applicant's functions and practice as a licensed veterinarian.

Renumbered and Amended by Chapter 109, 2006 General Session

58-28-305 Term of license -- Expiration -- Renewal.

- (1) A license as a veterinarian issued under this chapter shall be issued in accordance with a two-year renewal cycle established by rule. A renewal period may be extended or shortened by as much as one year to maintain established renewal cycles or to change an established renewal cycle.
- (2) A license as a veterinarian intern issued under this chapter shall be issued for a term established by the division by rule and consistent with the requirements of Subsection 58-28-302(2)(b).
- (3) Each license under this chapter automatically expires on the expiration date shown on the license unless renewed by the licensee in accordance with Section 58-1-308.

Renumbered and Amended by Chapter 109, 2006 General Session

58-28-306 Continuing education.

The division may, by rule, in accordance with Section 58-1-203, establish a continuing education requirement as a condition to renewal of a license under this chapter.

Enacted by Chapter 109, 2006 General Session

58-28-307 Exemptions from chapter.

In addition to the exemptions from licensure in Section 58-1-307 this chapter does not apply to:

- (1) any person who practices veterinary medicine, surgery, or dentistry upon any animal owned by him, and the employee of that person when the practice is upon an animal owned by his employer, and incidental to his employment, except:
 - (a) this exemption does not apply to any person, or his employee, when the ownership of an animal was acquired for the purpose of circumventing this chapter; and
 - (b) this exemption does not apply to the administration, dispensing, or prescribing of a prescription drug, or nonprescription drug intended for off label use, unless the administration, dispensing, or prescribing of the drug is obtained through an existing veterinarian-patient relationship;
- (2) any person who as a student at a veterinary college approved by the board engages in the practice of veterinary medicine, surgery, and dentistry as part of his academic training and under the direct supervision and control of a licensed veterinarian, if that practice is during the last two years of the college course of instruction and does not exceed an 18-month duration;
- (3) a veterinarian who is an officer or employee of the government of the United States, or the state, or its political subdivisions, and technicians under his supervision, while engaged in the practice of veterinary medicine, surgery, or dentistry for that government;

- (4) any person while engaged in the vaccination of poultry, pullorum testing, typhoid testing of poultry, and related poultry disease control activity;
- (5) any person who is engaged in bona fide and legitimate medical, dental, pharmaceutical, or other scientific research, if that practice of veterinary medicine, surgery, or dentistry is directly related to, and a necessary part of, that research;
- (6) veterinarians licensed under the laws of another state rendering professional services in association with licensed veterinarians of this state for a period not to exceed 90 days;
- (7) registered pharmacists of this state engaged in the sale of veterinary supplies, instruments, and medicines, if the sale is at his regular place of business;
- (8) any person in this state engaged in the sale of veterinary supplies, instruments, and medicines, except prescription drugs which must be sold in compliance with state and federal regulations, if the supplies, instruments, and medicines are sold in original packages bearing adequate identification and directions for application and administration and the sale is made in the regular course of, and at the regular place of business;
- (9) any person rendering emergency first aid to animals in those areas where a licensed veterinarian is not available, and if suspicious reportable diseases are reported immediately to the state veterinarian;
- (10) any person performing or teaching nonsurgical bovine artificial insemination;
- (11) any person affiliated with an institution of higher education who teaches nonsurgical bovine embryo transfer or any technician trained by or approved by an institution of higher education who performs nonsurgical bovine embryo transfer, but only if any prescription drug used in the procedure is prescribed and administered under the direction of a veterinarian licensed to practice in Utah;
- (12)
 - (a) upon written referral by a licensed veterinarian, the practice of animal chiropractic by a chiropractic physician licensed under Chapter 73, Chiropractic Physician Practice Act, who has completed an animal chiropractic course approved by the American Veterinary Chiropractic Association or the division;
 - (b) upon written referral by a licensed veterinarian, the practice of animal physical therapy by a physical therapist licensed under Chapter 24b, Physical Therapy Practice Act, who has completed at least 100 hours of animal physical therapy training, including quadruped anatomy and hands-on training, approved by the division;
 - (c) upon written referral by a licensed veterinarian, the practice of animal massage therapy by a massage therapist licensed under Chapter 47b, Massage Therapy Practice Act, who has completed at least 60 hours of animal massage therapy training, including quadruped anatomy and hands-on training, approved by the division; and
 - (d) upon written referral by a licensed veterinarian, the practice of acupuncture by an acupuncturist licensed under Chapter 72, Acupuncture Licensing Act, who has completed a course of study on animal acupuncture approved by the division;
- (13) unlicensed assistive personnel performing duties appropriately delegated to the unlicensed assistive personnel in accordance with Section 58-28-502;
- (14) an animal shelter employee who is:
 - (a)
 - (i) acting under the indirect supervision of a licensed veterinarian; and
 - (ii) performing animal euthanasia in the course and scope of employment; and
 - (b) acting under the indirect supervision of a veterinarian who is under contract with the animal shelter, administering a rabies vaccine to a shelter animal in accordance with the Compendium of Animal Rabies Prevention and Control; and



Jana Johansen <janajohansen@utah.gov>

Re: Joe Roundy

1 message

Kevin MCDONOUGH [redacted]
To: [redacted]

Thu, Mar 30, 2017 at 12:31 PM

Hi Jana.

I just left you a voice message regarding this matter. Your recollection is correct; however, there is an additional piece to the puzzle. Roundy called me and indicated that he had been reading articles he found on record keeping, and asked me if that would be sufficient. I advised him that it would be up to the Board and/or you, and that he could send me the articles, and I would in turn send them to you. Please see my email to you dated March 6, 2017.

Thanks,

Kevin

On Thu, Mar 30, 2017 at 10:43 AM, [redacted] <[redacted]> wrote:

Good morning Kevin,

I sent a letter to Dr. Roundy inviting him to meet with the Board to discuss his record keeping course. He called back after receiving the letter and spoke with Lisa (I was at a conference). He said that he did not need to meet with the Board as "he had been working with the AG's office and they had it handled for him" I am going to call him, but wanted to clarify with you that I have my information straight....

I found the online course, which you told him about. He was not happy with the fee required for the online course and we spoke about him finding his own course and having it approved by the Board. Which you relayed to him. As far as I can recall that is where it ended. Do you recall it differently? I just want to make sure I get it right when I call him back. Thanks Kevin, sorry about all the trouble this case has caused you!

Jana Johansen

Bureau Manager
State of Utah Department of Commerce
Division of Occupational and Professional Licensing

[redacted]
[redacted]

The information contained in this electronic mail message is confidential information intended only for the use of the individual or entity named above and may be privileged. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone(801) 530-6628 or by replying to this message. Also, please delete the original message. Thank you.

--
Kevin M. McDonough
Assistant Attorney General

[redacted]
[redacted]
[redacted]
[redacted]
[redacted]

MAR 6 2017

~~Joe Rounly DVM~~

I have read the enclosed articles on record keeping and a few more similar ones. I am willing to buy and study the workbook on record keeping from Rockett House Publishing. I will wait for your response.

Regarding case # DOP 2016-776

Kevin McDonough :

Feb. 28, 2017

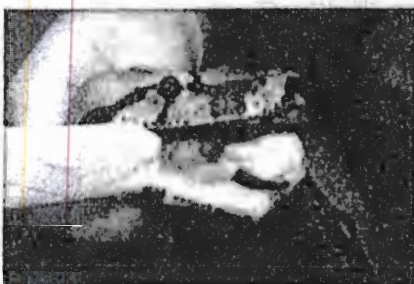
Tooele Veterinary Clinic
1122 North 80 East
Provo, Utah 84601
(801) 890-1051

Joe H. Rounly, D.V.M.





Rockett House Publishing

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About the Workbook



ISBN-10: 0615774350

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Soft cover, 140 pages

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Pricing

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- Instructor's CD/Key: US

\$20.00 (Free with purchase of
25 texts)

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The Veterinary Technicians Guide to Writing SOAPS

Table of Contents

Chapter One: Introduction to Documentation and the Veterinary Technician Practice Model

Chapter Two: SOAPs

Chapter Three: Technician Assessments

Chapter Four: Sample SOAPs

Chapter Five: SOAP Assignments

Chapter Six: Writing SOAPs

Content Description

The Veterinary Technician's Guide to writing SOAPS is a workbook designed to guide the reader through the process of SOAP writing. Chapter one introduces the reader to the veterinary technician practice model and provides rules regarding the medical record in entirety.

Chapter two continues with a question and answer format, providing the reader all the information necessary to understand SOAP construction. Use of a question and answer format allows the authors to present material in a manner which appeals to

students, while minimizing the time required to complete reading assignments. The authors took care to include questions asked by their own students during the past several years; thus, we are confident the workbook provides a complete picture and answers all students' questions.

Chapter three focuses specifically on technician assessment. Consisting of 44 recognized assessments, this chapter details the definition, priority level, characteristics and suggested interventions for every technician assessment.

Chapter four uses case scenarios to illustrate concepts identified in previous chapters. This chapter really puts into play the important elements of SOAP construction and shows the reader how to put theoretical information into clinical context.

Students gain confidence and ability as they work their way through the step-by-step exercises in chapter five. Consisting of thirty assignments, this chapter ensures that students have grasped basic concepts, such as use of abbreviations, data classification, and prioritizing assessments. The exercises ensure that students are fundamentally sound prior to moving onto more complex material found in chapter six.

The workbook concludes with chapter six, which puts the students' comprehensive SOAP writing skills into action. Comprised of ten case studies, chapter six asks students to construct SOAPs for a variety of clinical cases.

Notice to Instructors

In addition to exercise answer keys the **Instructor's CD** contains the following materials:

- A complete Power point lecture series covering:
 - Veterinary Technician Practice Model
 - Components of a SOAP
 - Technician Assessments
 - Constructing a SOAP
- Step by step instructions and teaching suggestions on "How to incorporate SOAPs into your curriculum"

Tips for SOAP Writing

The VMTH physical exam sheet uses a check list system, but in practice, you will want to develop a systematic written format to make sure that you describe all relevant exam findings, even when they are normal.

During your 4th year, in order to develop your ability to generate differential lists, you should initially list out all problems and your top 3 rule-outs for each problem. As you gain experience with cases and SOAP writing, you will be able to group certain problems together for one list of differentials, but to start, list them out with their differentials. Then you can determine whether one differential could explain all of the important problems.

SOAP format:

S: subjective findings – how does your patient generally look today (bright, alert, responsive, dull, depressed, etc., compared with yesterday if applicable)

O: all objective findings. Findings are simply reported here with no assessment. Every clinician has a slightly different take, but here is a general example:

1st line – T, P, R, BCS, body weight, mucous membranes, CRT, hydration status

EENT – (eyes, ears, nose, throat)

PLNS – (peripheral lymph nodes)

H/L – (heart, lungs)

ABD – (abdomen, rectal exam findings)

UG – (urogenital, rectal exam – prostate or urethral palpation per rectum)

MS– (musculoskeletal)

Integ - integument

N – (basic neurologic exam – not a full exam, but general assessment of mentation, gait, cranial nerves)

Some parts of the SOAP are more thorough depending on the presenting complaint:

1) NEURO – (full neurologic exam – mentation, gait, cranial nerves, reflexes, etc.)

2) ORTHO – (this is not a separate section, it falls under the MSI section, but may be much more thorough with a complaint of lameness)

Example of a objective section from a normal physical exam:

T 100.1 , P 80 , R pant; BW – 24.5 kg, BCS 5/9; m.m. pink, moist, CRT < 2sec, hydrated

EENT – no evidence of dental calculus, no nasal discharge, no other significant findings

PLNS – peripheral LNs are normal in size, and no firm or painful LNs were identified

H/L – normal sinus rhythm, no murmurs ausculted, pulses strong and synchronous; no evidence of increased respiratory rate or effort, bronchovesicular sounds are normal

ABD – soft, non-painful, no palpable organomegaly, masses, or other abnormalities; normal rectal exam with no palpable masses, and normal brown stool on exam glove

UG – moderate sized bladder; prostate is normal size, symmetric, and non-painful

MSI – no evidence of lameness, ideal BCS; nice hair coat, no abnormal findings

NEURO – normal gait and mentation, CNs normal; full neurologic exam not performed

Treatment:

NPO – to rest the GI tract and decrease vomiting

Dolasetron – to treat vomiting

IV fluids – for rehydration

When you are writing the plan for hospitalized patients, include details! For instance, if you want to give fluids, you should write what type, what rate, and how you decided on that rate (calculate dehydration + maintenance + losses). If you plan to give a drug, say what it is, the dose and route and frequency, and why. Remember that the SOAP is dynamic for inpatients and that with each day: your S is compared to the last S, your O should focus on the changes in findings, the A should change as diagnoses are made, things resolve or new problems arise, and the P should change as the needs for the patient change. Do not write a SOAP that says, “no changes from yesterday, continue with plan from yesterday.” SOAPing inpatients is an exercise in developing your critical thinking about cases, and you’ll get out of it what you put into it. You will understand your case that much better if you put the time into your assessment each day.

INITIAL ASSESSMENT:

Day time appointments have a SOAP written on the physical exam sheet in the record, and in the discharge, but when patients enter the wards or CCU, they also need an initial assessment. This is really just a summary of the signalment, chief complaint, and history of the patient, followed by the initial SOAP. After this initial assessment, your daily record should include a SOAP only, no need to repeat this section.

EX:

SIGNALMENT AND CHIEF COMPLAINT:

Sam is a 4 year old neutered pug who was presented today for respiratory distress.

HISTORY:

Relevant history up to the presentation, and past medical history (summarized usually in a sentence or two, possibly more if the dog has several past problems) including drug history, travel history, or other facts relevant to the case.

PHYSICAL EXAM:

This is where your SOAP goes.

The beauty of the initial assessment is that you can type it up on a computer and print it up for the in-hospital record, but you can also copy it and paste it into your discharge report for the referral report. We are here to help you develop your SOAP writing, and you should expect us to evaluate your SOAPS. We will discuss the SOAPS with each appointment, but you should expect to receive comments from us on inpatient SOAPS as well. If you are not getting feedback, please let the clinicians know, sometimes we are forgetful, but you are putting the work in and deserve the feedback from us!

If a patient is hospitalized, the OBJECTIVE section is also where you put any lab results, imaging results, or other diagnostic testing results after the exam findings.

EX:

CBC – Low PCV 20% (37-55), High MCV 82 fl (60-78), Low MCHC 30 g/dL (32-36), Low TP 5 g/dL (6-7.9), normal platelets 392,000, normal leukogram (WBC 12,000).

*Note, that not every value is written down, but all abnormal, and any relevant normals are written (it is nice to know that when you think an animal may have blood loss, that the platelets are normal, details make it easier to form a helpful differential list that way).

A: assessment of your subjective and objective findings. Again, each clinician has a different take on the format of this, but when you are starting, the easiest thing is to list each problem (A1, A2, A3, etc.), and a list of rule-outs for each problem.

Ex: Ginger is a 4 y o S golden retriever who was presented today for a 3 day history of vomiting and diarrhea. Problems include:

A1 – acute vomiting – R/O primary GI (foreign body, dietary indiscretion/gastroenteritis, parasites, GI lymphoma, other) vs. secondary metabolic (pancreatitis, Addison's disease, acute renal failure, hepatitis, other)

A2 – small bowel diarrhea (large vs. small depends on your history taking and exam findings) – list of rule-outs

Your problem list is generated from historical findings (history of vomiting and small bowel diarrhea in above example even if you don't witness it), physical exam, and labwork, and yes, you should write out differentials for individual lab abnormalities (hypercalcemia, elevated ALT, low cholesterol, each individually at least initially).

P: plan! Now you take your problem list and you can do one of two things. You can address each problem with a corresponding plan (P1 for A1 and so on), but this leads to repeated writing of tests if they address two problems (i.e. a chemistry panel may be part of your plan vomiting and diarrhea, why write it twice?). A simpler way to do it is to write what you want to do and why. This section includes diagnostic and treatment plan.

EX:

Diagnostics:

Complete blood count - to assess for neutrophilia, bands toxic change suggestive of inflammation or infection

Chemistry profile – screen for metabolic causes of V/D and changes in proteins and electrolytes

Urinalysis – to assess renal tubular function

Fecal exam – to rule out parasites

Abdominal radiographs – to look for obstruction, abdominal masses, foreign objects

The Problem Oriented Medical Record and the “Academic” SOAP

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

The POMR is an instructional tool 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.

Additional goals of the “Academic” POMR: (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 this 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 = Subjective, Objective, Assessment/Analysis, Plan

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 ACADEMIC 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 rationale for each of your plans should be clear to anyone reviewing your record.

Important Points to Clarify:

- Because the goals are different, 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).



~~Jana Johansen <jana.johansen@utah.gov>~~

Fwd: Re: DOPL Board Questions

1 message

Tue, Sep 26, 2017 at 11:49 AM

~~jpozzoli <jpozzoli@yahoo.com>~~
 To: ~~Jana Johansen <jana.johansen@utah.gov>~~

Jana,
 Dr. Rood sent me the email below. Do we want to discuss this at the meeting?

Sent via the Samsung Galaxy S8 active, an AT&T 4G LTE smartphone

----- Original message -----

From: ~~Kerry Rood <kerry.rood@asu.edu>~~

Date: 9/25/17 9:48 AM (GMT-07:00)

To: ~~Jason Pozzoli <jpozzoli@yahoo.com>~~

Subject: Re: DOPL Board Questions

Jason, reading the response was as tough as reading some scripture (mostly statute).

Can you ask them to respond to this scenario in layman's terms?

Utah has a major earthquake and the Governor declares a state of emergency. Emergency ops requests outside veterinary help in dealing with some animal aspect of the emergency. 50 veterinarians respond (or pick any number really).

- What is their (DOPL and Veterinarian) responsibility for temporary licensing?
- Would the temporary license be waived in this case (see 58-1-307 (4)(a))? At what emergency level is the temporary licensing requirements waived? Should they be waived?
- What if DOPL is knocked out of service or gets backlogged?
- Would DOPL still require proof that the veterinarian is licensed in another state before practicing in Utah temporarily?
- Keeping in mind that other professions might be in a similar position, is DOPL (and the veterinary board) comfortable with what is written, the procedures, and their (DOPL's) preparedness?

It is good to see that DOPL has rules in place already to have flexibility in the response. But, it is unclear what the procedure is for responding to the rules. The UVMA would like reassurance from the veterinary licensing board that DOPL is prepared to respond in a way that does not further compromise our profession and public-animal health but makes sense given the need to respond quickly.

Would you please make this an agenda item of your next board meeting - DOPL's response to a declared state emergency in terms of licensure - and make sure that the veterinary board is comfortable with all aspects (think size of emergency and when/if DOPL temporarily waives temporary licensure requirements carte blanche - see 58-1-307 (4)(a)) of DOPL's response plan?

Thanks for taking this up. I think understanding DOPL's procedures and SOPs in responding to an emergency and following veterinary licensure code and rule would be worthwhile.

kerry...

On Sep 25, 2017, at 8:20 AM, ~~jpozzoli <jpozzoli@yahoo.com>~~ wrote.

Kerry,

Good morning. I apologize for my delay, I have been very busy. This is what Jana was able to dig up.

Sent via the Samsung Galaxy S8 active, an AT&T 4G LTE smartphone

----- Original message -----

From: [redacted]
 Date: 9/18/17 10:45 AM (GMT-07:00)
 To:
 Subject: Re: DOPL Board Questions

Jason,

Let me answer the continuing education first so it does not get lost in the emergency licensure information. With college courses, historically DOPL has accepted 1 hour of course time for 1 hour of CE credit. It is not specifically called out but could be added to the veterinary rule if you feel like it needs to be, at the 1 to 1 ratio or a different ratio if that was decided. I will continue to accept the 1 to 1 ratio until I am told otherwise.

As for the Emergency Licensure, please see the Statute and Rule references below. Since emergency's could span many professions most of the information is found in the "umbrella" statute and rule that covers all professions.

Public Safety Code - Emergency Management Act
 53-2a-1203. Business and employee status during disaster period.

(1) Notwithstanding any other provision, an out-of-state business that conducts operations within the state for purposes of performing work or services related to a declared state disaster or emergency during the disaster period:

(a) is not considered to have established a level of presence that would require that business to be subject to any state licensing or registration requirements, provided that the out-of-state business is in substantial compliance with all applicable regulatory and licensing requirements in its state of domicile, including:

- (i) unemployment insurance;
- (ii) state or local occupational licensing fees;
- (iii) public service commission regulation; or
- (iv) state or local licensing or regulatory requirements; and

(b) is exempt from the registration requirements under Title 16, Corporations, Title 42, Names, and Title 48, Partnership; and

(c) shall, within a reasonable time after entry, upon the request of the Labor Commission or the Department of Insurance, confirm that it is in compliance with Subsections 34A-2-406(1)(a), (1)(b), and (2).

(2) Notwithstanding any other provision, an out-of-state employee who performs disaster- or emergency-related work specific to a declared state disaster or emergency during the disaster period is not subject to any state licensing or registration requirements provided that the out-of-state employee is in substantial compliance with all applicable regulatory and licensing requirements in the employee's state of residence or state of employment.

(3) (a) Income taxation related to an out-of-state employee or an out-of-state business is as provided in:

- (i) Title 59, Chapter 7, Corporate Franchise and Income Taxes; and
- (ii) Title 59, Chapter 10, Individual Income Tax Act.

(b) Sales and use taxation during a disaster period is as provided in Title 59, Chapter 12, Sales and Use Tax Act.

(c) Any property brought into the state temporarily during the disaster period is not subject to any state or local ad valorem taxes under Title 59, Chapter 2, Property Tax Act.

General Rule of the Division of Occupational and Professional Licensing (Umbrella)
R156-1-303. Temporary Licenses in Declared Disaster or Emergency.

(1) In accordance with Section 53-2a-1203, persons who provide services under this exemption from licensure, shall within 30 days file a notice with the Division as provided under Subsection 53-2a-1205(1) using forms posted on the Division internet site.

(2) In accordance with Section 53-2a-1205 and Subsection 58-1-303(1), a person who provides services under the exemption from licensure as provided in Section 53-2a-1203 for a declared disaster or emergency shall, after the disaster period ends and before continuing to provide services, meet all the normal requirements for occupational or professional licensure under this title, unless:

(a) prior to practicing after the declared disaster the person is issued a temporary license under the provisions of Subsection 58-1-303(1)(c); or

(b) the person qualifies under another exemption from licensure.

DOPL Licensing Act (Umbrella)

58-1-303 Temporary license.

(1) (c) The division may issue a temporary license to a person licensed in another state who met the requirements for licensure in that state, which were equal to or greater than the requirements for licensure of this state at the time the license was obtained in the other state, upon a finding by the division, in collaboration with the appropriate board, that the issuance of a temporary license is necessary to or justified by:

(i) a local or national emergency or any governmental action causing an unusual circumstance that might be reasonably considered to materially jeopardize the public health, safety, or welfare if a temporary license is not issued;

(ii) a lack of necessary available services in any community or area of the state from an occupation or profession licensed under this title, if the lack of services might be reasonably considered to materially jeopardize the public health, safety, or welfare if a temporary license is not issued; or

(iii) a need to first observe an applicant for licensure in this state in a monitored or supervised practice of the applicant's occupation or profession before a decision is made by the division either to grant or deny the applicant a regular license.

DOPL Licensing Act (Umbrella)

58-1-307 Exemptions from licensure.

(4) Upon the declaration of a national, state, or local emergency, a public health emergency as defined in Section 26-23b-102, or a declaration by the president of the United States or other federal official

requesting public health-related activities, the division in collaboration with the board may:

(a) suspend the requirements for permanent or temporary licensure of individuals who are licensed in another state for the duration of the emergency while engaged in the scope of practice for which they are licensed in the other state;

Again, there is nothing specific to emergency in the veterinary specific acts, but if the general guide (umbrella acts) that all professions would follow needs to be modified to fit veterinary more specifically, that is something the Board can do in their specific Rule.

Please let me know if you need further information.

Kind Regards,

Jana Johansen

Bureau Manager
State of Utah Department of Commerce
Division of Occupational and Professional Licensing

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On Fri, Sep 15, 2017 at 11:46 AM,

Jana,

Good morning. I received the following email from Dr. Good. Can you look into this.

Thank you

Jason

Sent via the Samsung Galaxy S8 active, an AT&T 4G LTE smartphone

----- Original message -----

From:

Date: 9/12/17 4:39 PM (GMT-07:00)

To:

Subject: DOPL Board Questions

Jason,

I hope this email find you well.

The UVMA would like to ask DOPL two questions.

1. In lieu of the recent natural disasters and their need for temporary veterinary care, it has caused some state licensing boards to adopt a temporary, truncated, expedited licensure process to accommodate the influx of professional licensing requests. The profession wants to make sure that DOPL has an approved SOP in place before a natural event occurs.
 - a. Does Utah DOPL have an adopted process, SOP, or established procedure that allows for a rapid response should Utah experience a disaster requiring a large influx of professional veterinary license requests? If yes, is it available to the public. If no, the UVMA encourages DOPL and the veterinary board to look into a way to accommodate requests in an emergency while still protecting the public and our profession.
2. We would like clarification on continuing professional education. According to R156-28-304, 4) (a) practicing veterinarians enrolled in graduate program courses (e.g., MPH) are allowed to count that as CE. We are unclear on the ratio of course time to CE hours.
 - a. How many CE credits would a practicing veterinarian earn while enrolled in a 3 credit Masters of Public Health graduate course? Remember that a 3 credit courses typically meets for about 3 hours per week for 16 weeks, for a total of approximately 48 hours. Would the veterinarian earn 48 hours of CE for completion of that course?

Kerry

Extension Veterinarian and Associate Department Head

ADVS Department, Utah State University