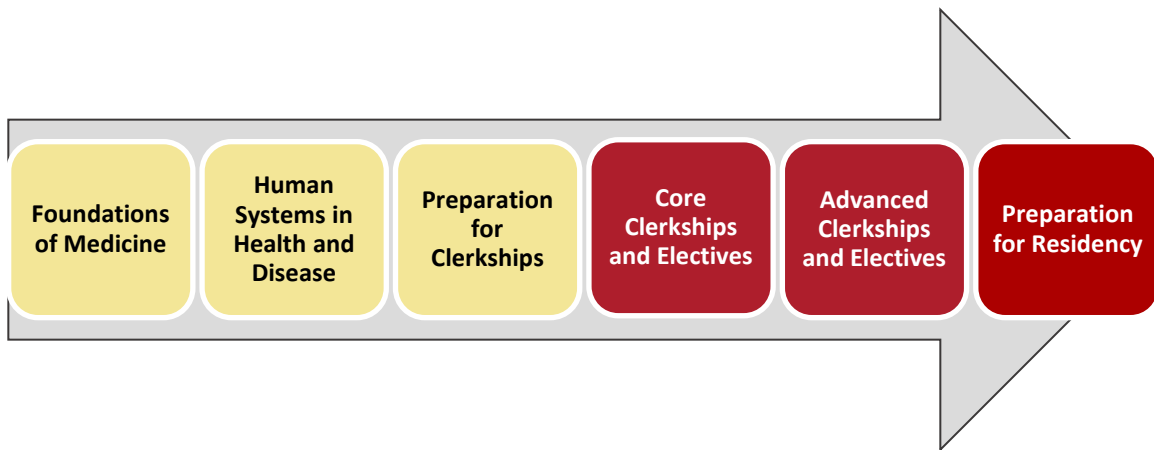


MEDICINE



Summer Clinical Practicum BMS 6940



Florida State University
College of Medicine

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Course Administration

Course Administrator

Andrea La Douceur

Daytona Beach Regional Campus Administrator

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Course Director

George Bernardo, MD

Regional Campus Dean, Daytona Beach

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Course Dates

- Session 1: May 6 through May 24, 2024
- Session 2: May 28 through June 14, 2024

Overview

Course Overview

The Summer Clinical Practicum [BMS 6940] is an immersive, experiential learning activity providing opportunities for students to practice and improve basic clinical skills and acquire experience working in interprofessional health care teams. Students are assigned to a primary care physician to participate in patient care activities under the direct supervision of the primary care physician. This course also provides students opportunities to participate in patient care activities at locations throughout the state of Florida and into southern Georgia.

Course Goals

- Provide clinical learning experience
- Increase awareness of the impact of wellness and illness on the patient.
- Increase awareness of the impact a physician may have in the lives of his/her patients.
- Increase awareness of the responsibilities of a physician in a community
- Increase awareness of the prevalence of tobacco use in a medical practice
- Increase awareness of methods to assist patients in tobacco cessation
- Utilize Motivational Interview techniques in assisting patients in tobacco cessation
- Develop life-long learning skills of reflection and self-evaluation
- Increase awareness of interprofessional collaboration skills to assure quality care and patient safety

Course Objectives

By the end of this experience the student will:

- Demonstrate the ability to obtain a focused history and perform a physical exam appropriate to the patient history.
- Recognize tobacco cessation as a modifiable risk factor for morbidity and mortality and take opportunities to implement the U.S. Preventive Services Task Force (USPSTF) recommendation regarding tobacco cessation treatment, an 'A' rated preventive service; apply guidelines and evidence based clinical interventions to motivate patients to make quit attempts and improve cessation outcomes, and utilize motivational interviewing skills to facilitate referrals to Tobacco Free Florida (free counseling and medications).
- Document subjective and objective information in a SOAP format.
- Use reflection to enhance experiential learning.
- Demonstrate the ability to identify personal, social and spiritual factors important to an individual patient's health care.
- Apply the principles of narrative medicine in a patient interview, and reflect on ways the unique information it elicits is relevant to patient centered care.
- Identify the roles and responsibilities of members of the health care team, evaluate Teamwork using a framework of collaborative skills, and identify potential communication errors that could compromise quality of care and/or patient safety and activities to reduce the possibility of such errors
- Demonstrate Professional attitudes and behaviors in all activities and with all individuals.

Course Objectives mapped to Education Program Objectives (EPO)

	Course Objectives	EPOs	Means of Assessment
1	Demonstrate the ability to obtain a focused history and perform a physical exam appropriate to the patient history	1.2, 2.1, 4.1, 5.1, 5.4	ETS patient log; Observation by Preceptor
2	Administer screening instruments appropriate to the primary care setting (e.g., tobacco, alcohol, depression)	1.2, 2.4, 2.5	ETS log
3	Document subjective and objective information in a SOAP format	1.2	SOAP note assignment
4	Use reflection to enhance experiential learning	3.1, 7.1	Personal goals meetings with Preceptor; Reflections, Team performance questionnaire
5	Demonstrate the ability to identify personal, social and spiritual factors important to an individual patient's health care	1.5, 2.5, 9.1	Narrative Medicine reflection; observation by Preceptor
6	Apply the principles of narrative medicine in a patient interview, and reflect on ways the unique information it elicits is relevant to patient centered care	2.5, 4.1, 9.6	Narrative Medicine reflection
7	Demonstrate knowledge of health care team roles and interprofessional collaborative skills that contribute to patient safety and quality care	7.2	Interprofessional Collaborative Skills assignments
8	Demonstrate Professional attitudes and behaviors in all activities	5.1, 5.3, 5.4	Evaluation by Preceptor and staff

Grading System

Assignments and Grading

The basic responsibility for achieving course objectives rests with the student. The Clinical Faculty role is to act as a resource and provide feedback and appropriate patient care experience within the clinical faculty's practice. The student is responsible for accomplishing the objectives and completing the assignments. To assist you in planning your work, the table below gives the due dates of all written assignment submissions. Details of all assignments are below.

Week	Sunday	M	T	W	Thursday	Friday
1	Preview the ICS and Narrative Medicine materials Personal Goals due					Office Team template due 11:59 PM EDT
2	SOAP note due 5 PM EDT					
3	Narrative Medicine reflection due 5 PM EDT					Team Perceptions Questionnaire due 11:59 PM EDT
	Team structure and patient safety reflection due 11:59 PM EDT					

Assignments:

Personal goals

Define several achievable, personal objectives for the course. Discuss these with your Preceptor at both the beginning and end of your SCP session. Upload a copy to Canvas for later reflection no later than 11:59 PM ET Monday, **May 6, 2024** (Session 1) and Tuesday **May 28, 2024** (Session 2).

SOAP note

Submit a de-identified and HIPAA-compliant progress note on one patient encounter using the appropriate SOAP format. ([SOAP template and rubric](#) are available on the SCP Canvas site in the *Interviewing and Patient Encounters* module and *SOAP Note Assignment*, and at the end of this document.)

- This assignment should be submitted on Canvas as a Word document **NO LATER THAN 5 PM EDT on Sunday** of the second week of the course. For Session 1, that will be **May 12, 2024**. For Session 2, that will be **June 2, 2024**.
- All aspects of the SOAP-Subjective/Objective/Assessment/Plan should be addressed in the SOAP note.
- While the Assessment and Plan portions of the SOAP note are areas that might not have been covered extensively in the curriculum prior to this course, students need to get into the habit of thinking about an assessment and plan for every patient they see.

Interprofessional Collaborative Skills (ICS) module

All ICS materials and assignment submissions are through the Class of 2027 Interprofessional Collaborative Skills (ICS) Canvas site.

The ICS module consists of 2 assignment groups.

Prior to arriving at your SCP office site, **review**

- the [Mutual Support](#) video from TeamSTEPPS® (4 min)
- the PPT *Obstacles to effective care* (2 slides)
- the AHRQ infographic poster [Patient Safety in Primary Care](#)

Assignment #1: Office Team roles and responsibilities

Learning objectives:

- Compare and contrast the roles and responsibilities of members of the health care team.

2. Recognize potential obstacles to good communication and patient care in the SCP setting.
- a. **By the end of Week 1**, complete and submit the Primary Care Office-based Team template. **Due date** for Session 1 will be **11:59 PM EDT Friday, May 10, 2024** and for Session 2 **11:59 PM EDT Friday, May 31, 2024**.
- b. **By the end of Week 3**, complete the **Teamwork Perceptions Questionnaire**. **Due date** for Session 1 will be **11:59 PM EDT Friday, May 24, 2024** and for Session 2 **11:59 PM EDT Friday, June 14, 2024**.

Assignment #2: Collaborative skills and Patient Safety: The patient as Team member

Using the [Mutual Support](#) video, the Obstacles PPT and the [Patient Safety infographic](#) poster as reference (you may get some additional ideas from the AHRQ [Medical Office Patient Safety Survey](#)):

Submit a brief reflection based on the following Learning Objectives: **Due no later than 11:59 PM EDT Sunday following your last week of SCP: Session 1: May 26, 2024 and Session 2 June 16, 2024.**

Learning objectives:

1. **Compare and contrast the team structure** in your SCP setting with the one from your M1 Spring Preceptor experience, including your perception of any strengths or challenges, and/or successes either Team uses to deal with obstacles to good care.
2. Hypothesize specific communication errors among the care Team that could compromise quality of care and/or patient safety
3. Identify specific activities that a care teams implemented to reduce the possibility of such errors or address them if they occur.

Narrative Competency module

Prior to arrival at your SCP: Click on the Narrative Competency module in Canvas.

- a. Watch an 18 minute TED talk "[Honoring the Stories of Illness](#)" by Rita Charon (embedded on Canvas; also available directly <http://www.youtube.com/watch?v=24kHX2HtU3o>)
- b. Read the short essays **Chocolate Cake** (From Pulse: Voices from the Heart of Medicine, 2017) and **We Grieve Too** (JAMA, 2023). These are good examples of narrative skills in "hearing" a patient and "reflecting" on the experiences of being a physician.

During your SCP

- c. Complete a "no-agenda" interview of one patient or patient family dealing with a chronic health issue. **IMPORTANT:** After introducing yourself and asking for permission to talk with the patient, **begin the interview with the exact phrase: "Please tell me what you think I should know about your situation." Do not add words about specific health problems or diseases.** "Situation" is deliberately ambiguous and intended to be open to the patient's interpretation. Avoid the temptation to lead the patient with additional questions. Use your SOFTEN active listening skills.
- d. Write a reflection (no more than 1 page) on this experience, focusing on differences you perceive between this patient encounter and others you had in the summer and how narrative competence supports patient centered care. (Note: the "no-agenda" interview is not intended as a substitute for the medical interview. It is a different tool.) A few **examples** along with the feedback they received are available on Canvas in the *Narrative Competency* module and *Narrative Competency Assignment*.
- e. Submit your reflection as a Word document to the Narrative Competency assignment on Canvas **NO LATER THAN 5 PM EDT on Sunday** of the last week of the course. For Session 1, that will be **May 19, 2024**. For Session 2, that will be **June 9, 2024**.

Grading

FSU COM has adopted a pass/fail grading system which is used in the curriculum for the first and second years (See [Student Handbook](#)). To achieve a grade of Pass in the Summer Clinical Practicum [BMS 6490] a student must meet all of the following requirements and accumulate a **minimum of 47 points** as described in the table below with a **minimum of 21 points from the non-assignment categories**:

Category	Criteria for points	Points	MINIMUM REQUIRED	MAXIMUM POSSIBLE
Non-Assignment categories (Minimum points required: 21)				
Satisfactory evaluation from the Clinical Preceptor		10 points	10	10
Professional Identity <i>Includes but not limited to:</i>	General professionalism (includes: being on time, showing initiative, advance request for excused absence, if needed)	-1 point/event	9	10
Documentation of ≥ 10 patient encounters in ETS	Timely documentation	1 point	2	11
	Minimum number (= 10)	1 point		
	Moderate number (11-30)	5 points		
	>30	10 points		
Referrals to Tobacco Free Florida (* may be waived in Pediatrics practice)	0 - 4	0 points	0*	2
	5	1 point		
	> 5	2 points		
TOTAL NON-ASSIGNMENT			21	33
Assignments (Minimum points required: 26)				
Personal goals	Submission, and discussion with Preceptor, Week 1	1 point	1	1
	Discussion with Preceptor, Week 3	1 point	1	1
	SMART goals	RUBRIC	4	8
HIPAA compliant SOAP note	On-time submission of assignment due	1 point	3	4
	HIPAA compliance	1 point		
	Satisfactory completion of assignment	1 point		
	Professional behavior (includes timely response and required revisions)	1 point		
Team roles and responsibilities (Class of 2027 ICS Canvas site)	On-time submission of assignment	1 point	3	5
	Evidence of effort; resubmission if requested	RUBRIC	2	4
Teamwork perceptions questionnaire (Class of 2027 ICS Canvas site)	On-time submission	1 point	2	2
	Professional behavior (includes timely response and follow through for required revisions)	1 point		
Narrative Medicine reflection	On-time submission	1 point	1	1
	Evidence of adequate effort, includes narrative interview	RUBRIC	4	8
Team structure and patient safety reflection (Class of 2027 ICS Canvas site)	On-time submission	1 point	1	1
	Evidence of effort; resubmission if requested	RUBRIC	4	6
TOTAL ASSIGNMENT			26	41
TOTAL			47	74

Notes:

* Students working in a Pediatrics office may be exempted from the tobacco referral requirement. **Check**

with Dr. Bernardo during week 1.

1. Receive a satisfactory evaluation from the Clinical Faculty Preceptor.
2. Define personal objectives for the course and discuss with Clinical Faculty at BOTH the beginning and at the conclusion of the clinical experience.
3. Submit a de-identified and HIPAA-compliant progress note on one patient encounter using the appropriate SOAP format.
4. Record in a minimum of 10 **total** patient encounters in the encounter tracking system for the three weeks of the course during which they perform either a history and/or a physical exam. While most students will record many more encounters for the three weeks of this course, 10 is the MINIMUM a student must record for the three weeks of the course and would reflect minimal effort on the part of the student. Students are encouraged to record a minimum of 5 referrals to Tobacco Florida, if possible.
5. Complete the Interprofessional Collaborative Skills module (**Class of 2027 ICS Canvas site**)
6. Complete the Narrative Competency module
7. Demonstrate Professional attitudes and behaviors in all aspects of the course.

Suggested Reading Materials

- Seidel HM, Ball JW, Dains JE, Benedict GW. Mosby's Guide to Physical Examination. (7th Ed). St. Louis: Mosby, 2010.
- Seidel HM, Ball JW, Dains JE, Benedict GW. Mosby's Physical Examination Handbook. (7th Ed). St. Louis: Mosby, 2010.
- Lo Bernard. Resolving Ethical Dilemmas A Guide for Clinicians. Philadelphia: Lippincott Williams & Wilkins, 2009 (also available on Reserve in COM Library)
- Dutton G, Gabriel J, eds. Basic Interviewing Skills Booklet (on Blackboard under Tool Belt)
- Fitzgerald, FT "The Emperor's New Clothes", *Ann Intern Med.* 6 March 2012; 156(5): 396-397
- Facioli AM, Amorim FF, Almelda JQ A Model for Humanization in Critical Care, 2012; *Permanente Journal* 16: 75-77

Policies

Americans with Disabilities Act

Florida State University (FSU) values diversity and inclusion; we are committed to a climate of mutual respect and full participation. Our goal is to create learning environments that are usable, equitable, inclusive, and welcoming. FSU is committed to providing reasonable accommodations for all persons with disabilities in a manner that is consistent with academic standards of the course while empowering the student to meet integral requirements of the course. Candidates for the M.D. degree must be able to fully and promptly perform the essential functions in each of the following categories: Observation, Communication, Motor, Intellectual, and Behavioral/Social. However, it is recognized that degrees of ability vary widely between individuals. Individuals are encouraged to discuss their disabilities with the College of Medicine's [Director of Student Counseling Services](#) and the FSU Office of Accessibility Services to determine whether they might be eligible to receive accommodations needed in order to train and function effectively as a physician.

[The Office of Student Counseling Services](#)

Medical Science Research Building, 2301

Phone: (850) 645-8256 Fax: (850) 645-9452

To receive academic accommodations, a student:

- 1) must register with and provide documentation to the Office of Accessibility Services (OAS);
- 2) must provide a letter from OAS to the instructor indicating the need for accommodation and what type; and
- 3) should communicate with the instructor, as needed, to discuss recommended accommodations. A request for a meeting may be initiated by the student or the instructor.

Please note that instructors are not allowed to provide classroom accommodations to a student until appropriate verification from the Office of Accessibility Services has been provided.

This syllabus and other class materials are available in alternative format upon request. For more information about services available to FSU students with disabilities, contact the:

[Office of Accessibility Services](#)

874 Traditions Way

108 Student Services Building

Florida State University

Tallahassee, FL 32306-4167

Voice: (850) 644-9566 TDD: (850) 644-8504

oas@fsu.edu

<https://dsst.fsu.edu/oas>

Academic Honor Code

The Florida State University Academic Honor Policy outlines the University's expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. Students are responsible for reading the Academic Honor Policy and for living up to their pledge to "...be honest and truthful and...[to] strive for personal and institutional integrity at Florida State University." (Florida State University Academic Honor Policy, found at <http://fda.fsu.edu/Academics/Academic-Honor-Policy>)

Attendance Policy

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See pages 28-29 of [FSUCOM Student Handbook](#) for details of attendance policy, notice of absences and remediation.

Students are expected to be present with their Preceptor whenever the Clinical Faculty is seeing patients.

Course Evaluation

Students are required to complete and submit the post-course evaluation.

- Survey responses are both anonymous and confidential. Comments and ratings are shared in aggregate with course directors and the curriculum committee on a need to know basis. No responses are associated with student identity.
- Failure to complete the survey will be considered Unsatisfactory Professionalism and will result in a grade of IR or Fail.

FSU COM Education Program Objectives

1	PATIENT CARE: Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
1.1	Perform the medical, diagnostic, and surgical procedures considered essential for the entering resident
1.2	Gather, document, and effectively present essential and accurate information about patients and their condition through history-taking, physical examination, and the effective use of the electronic medical record for laboratory data, imaging and other tests
1.3	Organize and prioritize tasks and responsibilities to provide care that is safe, effective, and efficient
1.4	Interpret and effectively apply the results of basic diagnostic studies and tests, and understand the implications and urgency of results.
1.5	Make informed decisions about diagnostic and therapeutic interventions based on up-to-date scientific evidence and clinical judgment, using shared decision making to incorporate patient information and preferences.
1.6	Develop and carry out patient management plans while working effectively as part of an interprofessional team.
2	KNOWLEDGE FOR PRACTICE: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care
2.1	Demonstrate an investigatory and analytic approach to clinical situations.
2.2	Apply established and emerging biomedical scientific principles fundamental to health care for patients and populations
2.3	Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving, and other aspects of evidence-based health care
2.4	Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations
2.5	Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial-cultural influences on health, disease, care-seeking, care-compliance, barriers to and attitudes toward care
2.6	Locate, appraise, and assimilate up-to date evidence to guide clinical decisions and inform clinical judgment
3	PRACTICE-BASED LEARNING AND IMPROVEMENT: Demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning
3.1	Continuously self-reflect, seek feedback, and identify strengths, deficiencies, and personal biases in one's knowledge and expertise to further improve performance
3.2	Set and pursue personal improvement goals by engaging in learning activities that address one's gaps and limits in knowledge, skills, and attitudes-
3.3	Systematically incorporate feedback and implement changes in order to improve performance and patient care
4	INTERPERSONAL AND COMMUNICATION SKILLS: Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals
4.1	Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
4.2	Communicate effectively with colleagues, other health professionals, and health related agencies
4.3	Participate in the education of patients, families, students, trainees, peers, and other health professionals
4.4	Demonstrate sensitivity, honesty, and compassion in interpersonal interactions and in difficult conversations, such as those about death, end-of-life, adverse events, bad news, and disclosure of errors
4.5	Maintain comprehensive, timely, and legible medical records
5	PROFESSIONALISM: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles and respect for codes of conduct
5.1	Demonstrate compassion, integrity, and respect for a diverse patient population and for all people, including but not limited to diversity in sex, gender identity, age, culture, race, religion, disabilities, and sexual orientation
5.2	Demonstrate respect for patient privacy and autonomy, placing patient needs above self-interest
5.3	Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and professional boundaries, including compliance with relevant laws, policies, and regulations
5.4	Demonstrate professional accountability
6	SYSTEMS-BASED PRACTICE: Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to

	provide optimal health care
6.1	Work effectively in and across various health care delivery settings and systems to coordinate patient care
6.2	Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care
6.3	Participate in advocacy for high quality, optimal and safe patient care systems
6.4	Participate in identifying system errors and potential systems solutions
7	INTERPROFESSIONAL COLLABORATION: Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care
7.1	Communicate and collaborate with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust
7.2	Use one's own role and the roles of other health professionals in interprofessional teams in order to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable
8	PERSONAL AND PROFESSIONAL DEVELOPMENT: Demonstrate the qualities required to sustain lifelong personal and professional growth
8.1	Demonstrate a commitment to one's own physical and emotional health, recognizing its impact on professional conduct, patience, empathy, and quality of patient care.
8.2	Manage balance between personal and professional responsibilities, seeking support when necessary
8.3	Demonstrate comfort with ambiguity as part of clinical health care and respond by utilizing appropriate resources to deal with uncertainty
9	FSU COM MISSION: Demonstrate knowledge of the structural, systems, and personal contributors to the social determinants of health and health equity, especially in elder, rural, minority and underserved populations
9.1	Describe the social determinants of health, and identify how they create opportunities for and barriers to wellness for underserved populations.
9.2	Identify community resources and the ways physicians can partner with them to improve individual and population health
9.3	Discuss the process and components of community health assessment, and illustrate how it is used to identify health needs of a population and improve population health status
9.4	Describe the key geriatric principles of care, and discuss the impact of health care systems, community agencies, and social supports on the health and well-being of older adult populations
9.5	Describe the social, cultural, and systems factors that are associated with the health status of rural populations.
9.6	Identify and evaluate factors contributing to racial and social justice in medicine, including systems of power, privilege, and oppression, and their impacts on health outcomes. Demonstrate knowledge of the ways intersectionality, implicit and explicit bias relate to clinical decisions and delivery of high quality care.

Summer Clinical Practicum BMS 6940 -- SOAP NOTE RUBRIC

Student Name: _____

Date: _____

SOAP NOTE COMPONENTS	YES	NO
Mark NA for components that may not be applicable for the session.		
S=Subjective (What the patient/family tells you and/or information received from other professionals.)		
1. Note includes only elements of the history (subjective elements); does not include elements of the physical exam.		
2. Note contains chief concern in patient's own words in quotation marks and includes all agenda items.		
3. Note includes at least 5 elements of the history of present illness (" <i>sacred seven</i> ": <i>location, quality, quantity, timing, context, modifying factors, and associated symptoms</i>).		
4. Note includes impact on daily functioning (e.g. BADLs, IADLs, and/or AADLs) and at least (1) other indicator of "patient-centeredness," e.g. comment re: <ul style="list-style-type: none"> • ideas/ hypotheses about causation • worries/fears about symptoms or condition • impact on relationships/ self-concept 		
5. Note includes at least (4) indicators of an expanded history with <u>pertinent</u> review of systems, and relevant components of past medical history, social history, and family history.		
O=Objective (What you observed and the findings of the physical exam maneuvers you performed.)		
1. Note includes only elements that are truly from the physical exam (objective elements); does not include elements of the history.		
2. Note includes ALL vital signs (<i>P/BP/RR/Temp/Ht/Wt/BMI</i>) with correct units of measurement and other relevant descriptors (e.g. B.P. = 120/70mmHg in the left arm while sitting).		
3. Note includes a general assessment of the patient with at least (2) items from each category listed below: <ul style="list-style-type: none"> • Category 1: age comparison, apparent gender, body habitus, consciousness level • Category 2: demeanor, eye contact, health status, mannerisms, notable characteristics 		
4. Note includes observation of the affected area and, when appropriate, comparison made upon inspection and examination of the corresponding area on the opposite side.		
5. Note describes an examination of the affected area and an adjacent area (i.e. adjacent organ system or joint).		
6. Note includes at least (4) pertinent (<i>positive and negative</i>) findings including: <ul style="list-style-type: none"> • Reference to degree of discomfort, if applicable (e.g. comment re: absence or presence of tenderness or discomfort during physical exam maneuvers). 		

Comments (e.g. organization of note, demonstration of clinical reasoning, etc.):

Assessment: How the student/author interprets the information obtained in the history and exam, includes all diagnoses/conditions that impact the treatment decision.

Plan: Actions to be taken based on the assessment including:

- Tests ordered
- Medications/prescriptions given
- Patient instructions
- Follow-up instructions

Student signature including title

NOTE: Make sure the date of visit is included in the note, preferably at the beginning of the note.