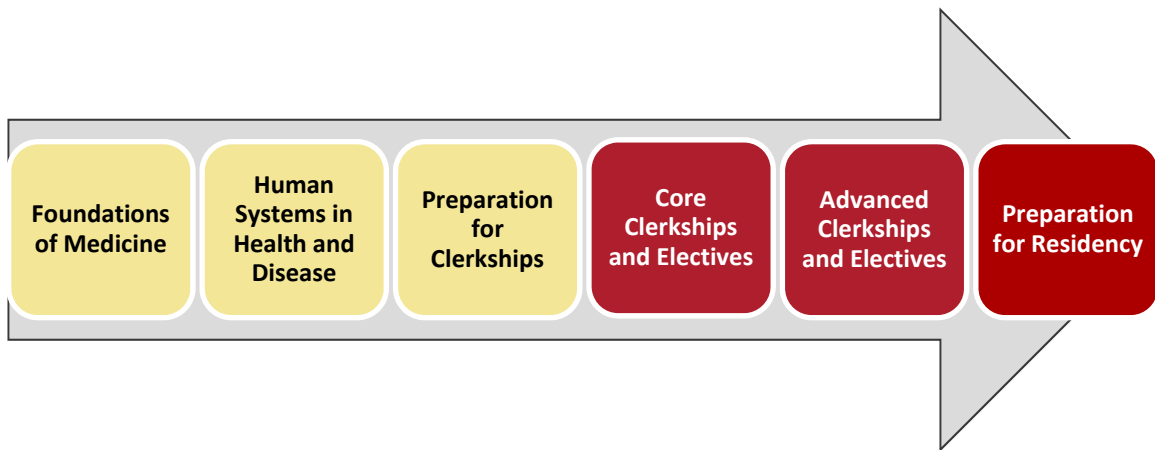


# MEDICINE



## Summer Clinical Practicum BMS 6940



Florida State University  
College of Medicine

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# Course Administration

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## **Course Administrator**

**Andrea La Douceur**

Daytona Beach Regional Campus Administrator

Email: [andrea.ladouceur@med.fsu.edu](mailto:andrea.ladouceur@med.fsu.edu)

## **Course Director**

**Luckey Dunn, MD**

Regional Campus Dean, Daytona Beach

Email: [luckey.dunn@med.fsu.edu](mailto:luckey.dunn@med.fsu.edu)

## **Course Dates**

- Session 1: May 4 through May 22, 2020
- Session 2: May 26 through June 12, 2020

# Overview

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## **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. 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 to assure quality care and patient safety

## Course Objectives

By the end of this experience a 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, 4.3, 5.1, 5.3, 5.5	Observation by Preceptor
2	Administer screening instruments appropriate to the primary care setting (e.g., tobacco, alcohol, depression)	1.2, 2.4, 2.5	Observation by Preceptor
3	Document subjective and objective information in a SOAP format	4.5	SOAP note assignment
4	Use reflection to enhance experiential learning	3.1, 3.2, 3.5, 8.1	Reflections, Team performance questionnaire
5	Demonstrate the ability to identify personal, social and spiritual factors important to an individual patient's health care	1.7, 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	1.2, 2.5, 4.1, 4.7, 5.2, 9.1	Narrative Medicine reflection
7	Demonstrate knowledge of health care team roles and interprofessional collaborative skills that contribute to patient safety and quality care	7.1, 7.2, 7.3, 7.4	Interprofessional Collaborative Skills assignments
8	Demonstrate Professional attitudes and behaviors in all activities	5.1, 5.3, 5.4, 5.5, 5.6	Observation by Preceptor, staff, patients

# FSU COM Education Program Objectives

<b>1</b>	<b>PATIENT CARE: Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health</b>
1.1	Perform medical, diagnostic, and surgical procedures considered important for the area of practice
1.2	Gather essential and accurate information about patients and their condition through history-taking, physical examination, and the use of laboratory data, imaging and other tests
1.3	Organize and prioritize responsibilities to provide care that is safe, effective, and efficient
1.4	Interpret laboratory data, imaging studies, and other tests required for the area of practice
1.5	Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
1.6	Develop and implement patient management plans
1.7	Counsel and educate patients and their families to empower them to participate in their care, showing consideration for their perspective throughout treatment
1.8	Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes
1.9	Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health
1.10	Provide appropriate role modeling
1.11	Perform supervisory responsibilities commensurate with one's roles, abilities, and qualifications
<b>2</b>	<b>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</b>
2.1	Demonstrate an investigatory and analytic approach to clinical situations
2.2	Apply established and emerging bio-physical 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	Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices
<b>3</b>	<b>PRACTICE-BASED LEARNING AND IMPROVEMENT: Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning</b>
3.1	Identify strengths, deficiencies, and limits in one's knowledge and expertise
3.2	Set learning and improvement goals
3.3	Identify and perform learning activities that address one's gaps in knowledge, skills or attitudes
3.4	Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
3.5	Incorporate feedback into daily practice
3.6	Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems
3.7	Use information technology to optimize learning
3.8	Participate in the education of patients, families, students, trainees, peers and other health professionals
3.9	Use information technology to obtain and utilize information about individual patients, populations of patients being served or communities from which patients are drawn to improve care
3.10	Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes
<b>4</b>	<b>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</b>
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 within one's profession or specialty, other health professionals, and health related agencies
4.3	Work effectively with others as a member or leader of a health care team or other professional group
4.4	Act in a consultative role to other health professionals
4.5	Maintain comprehensive, timely, and legible medical records
4.6	Demonstrate sensitivity, honesty, and compassion in difficult conversations about issues such as death, end-of-life issues, adverse events, bad news, disclosure of errors, and other sensitive topics
4.7	Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions
<b>5</b>	<b>PROFESSIONALISM: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles</b>
5.1	Demonstrate compassion, integrity, and respect for others
5.2	Demonstrate responsiveness to patient needs that supersedes self-interest
5.3	Demonstrate respect for patient privacy and autonomy
5.4	Demonstrate accountability to patients, society and the profession
5.5	Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
5.6	Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations
<b>6</b>	<b>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</b>
6.1	Work effectively in various health care delivery settings and systems relevant to their clinical specialty
6.2	Coordinate patient care within the health care system relevant to their clinical specialty
6.3	Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care
6.4	Advocate for quality patient care and optimal patient care systems
6.5	Participate in identifying system errors and implementing potential systems solutions
6.6	Work in interprofessional teams to enhance patient safety and improve patient care quality
<b>7</b>	<b>INTERPROFESSIONAL COLLABORATION: Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care</b>
7.1	Work in cooperation with other professionals to establish and maintain a climate of respect, dignity, diversity, ethical integrity, and trust in order to enhance team functioning and serve the needs of patients, families, and populations
7.2	Utilize and enhance one's own expertise by understanding and engaging the unique and diverse knowledge, skills, and abilities of other professionals to enhance team performance and maximize the quality of patient care
7.3	Exchange relevant information effectively with patients, families, communities, and other health professionals in a respectful, responsive, and responsible manner, considering varied perspectives and ensuring common understanding of, agreement with, and adherence to care decisions for optimal outcomes
7.4	Participate in and engage other members of interprofessional patient care teams in the establishment, development, leadership, and continuous enhancement of the team in order to provide care that is safe, timely, efficient, effective, and equitable
<b>8</b>	<b>PERSONAL AND PROFESSIONAL DEVELOPMENT: Demonstrate the qualities required to sustain lifelong personal and professional growth</b>
8.1	Develop the ability to use self-awareness of knowledge, skills and emotional limitations to engage in appropriate help-seeking behaviors
8.2	Demonstrate healthy coping mechanisms to respond to stress
8.3	Manage conflict between personal and professional responsibilities
8.4	Practice flexibility and maturity in adjusting to change with the capacity to alter behavior
8.5	Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients
8.6	Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system
8.7	Demonstrate self-confidence that puts patients, families, and members of the health care team at ease
8.8	Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty

<b>9</b>	<b>FSU COM MISSION: Demonstrate responsiveness to community needs – especially elder, rural, minority and underserved populations</b>
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 and address social determinants of health.
9.3	Discuss the process and components of community health assessment.
9.4	Illustrate how community health assessment is used to identify the health needs and issues of a given population and inform decision making to improve population health status.

## Grading System

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### **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.

#### **Assignments:**

##### **Personal goals**

Define some achievable, personal objectives for the course. Discuss these with your Preceptor at both the beginning and end of your SCP session.

##### **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 Canvas in the *Interviewing and Patient Encounters* module and *SOAP Note Assignment and at the end of this document*)

- a. This assignment should be submitted through Canvas as a Word document **NO LATER THAN 5 PM EST on Sunday** of the second week of the course. For Session 1, that will be **10 May 2020**. For Session 2, that will be **31 May 2020**.
- b. All aspects of the SOAP-Subjective/Objective/Assessment/Plan should be addressed in the SOAP note.
- c. While the Assessment and Plan portion of the SOAP note are areas that might not have been covered 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 module**

**All materials and assignment submissions are through the Class of 2023 Interprofessional Collaborative Skills (IPCS) Canvas site.**

The IPCS module consists of 2 assignments.

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:**

1. Compare and contrast the roles and responsibilities of members of 2 different health care teams.
  2. Recognize potential obstacles to good communication and patient care.
- 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 EST Friday May 8, 2020** and for Session 2 **11:59 PM EST Friday May 29, 2020**.

- b. **By the end of Week 3**, complete the **Teamwork Perceptions Questionnaire**. **Due date** for Session 1 will be **11:59 PM EST Thursday May 21, 2020** and for Session 2 **11:59 PM EST Thursday June 11, 2020**
- c. Submit a brief reflection in which you 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, successes the Team uses to deal with obstacles to good care. **Due: no later than 11:59 PM EST on Friday of the second week of your SCP session**. For Session 1 that will be **May 15, 2020** and for Session 2 **June 5, 2020**.

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

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

- a. Complete and submit the **Communication and collaboration patient safety template** (Due no later than **11:59 PM EST Friday of the last week of your SCP Session: 1 May 22, 2020 and Session 2 June 12, 2020**)
- b. Submit a brief reflection based on the following Learning Objectives: **Due no later than 11:59 PM EST Sunday following your last week of SCP: Session 1: May 24, 2020 and Session 2 June 14, 2020**.  
**Learning objectives:**
  1. Hypothesize specific communication errors among the care Team that could compromise quality of care and/or patient safety
  2. Identify specific activities that the care team can implement to reduce the possibility of such errors or address them if they occur.

### **Narrative Competency module**

#### **Prior to arrival at your SCP:**

- a. Watch an 18 minute TED talk "[Honoring the Stories of Illness](#)" by Rita Charon (embedded on Canvas in the *Narrative Competency* module and *Narrative Competency Assignment*; (or available directly at either of the following links)  
<http://tedxatlanta.com/videos/09132011-balance/rita-charon/>  
<http://www.youtube.com/watch?v=24kHX2HtU3o>
- b. Read the story **Chocolate Cake** – a good example the importance of narrative competency in a patient interview (available on Canvas in the *Narrative Competency* module and *Narrative Competency Assignment*).

#### **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 meant to be open to the patient's interpretation.
- 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. You may consider differences in the kind of information offered by patients in this interview compared to their answers to questions in the medical interview. 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 **NOT LATER THAN 5 PM EST on Sunday** of the last week of the course. For Session 1, that will be **17 May 2020**. For Session 2, that will be **7 June 2020**.

### **Grading**

FSU COM has adopted a pass/fail grading system which is used in the curriculum for the first and second years (See page 31 of [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 51 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	Total possible
<b>Non-Assignment categories</b>					
Satisfactory evaluation from Clinical Preceptor		10 points	10	10	10
Professionalism	General professionalism (includes, tardiness, initiative, failure to request excused absence in advance)	-1 point/event	9	10	20
Documentation of ≥ 10 patient encounters in ETS	Timely documentation	1 point	2	11	31
	Minimum number (= 10)	1 point			
	Moderate number (11-30)	5 points			
	>30	10 points			
Referrals to Tobacco Free Florida*	0 - 4	0 points	0*	2	33
	5	1 point			
	> 5	2 points			
<b>Assignments</b>					
Personal goals	Discussion with Preceptor, Week 1	1 point	2	2	35
	Discussion with Preceptor, Week 3	1 point			
HIPAA compliant SOAP note	On-time submission of assignment due	1 point	3	4	39
	HIPAA compliance	1 point			
	Satisfactory completion of assignment	1 point			
	Professional behavior (includes timely response and required revisions)	1 point			
Team roles and responsibilities template	On-time submission of assignment	1 point	2	3	42
	Satisfactory completion of assignment	1 point			
	Professional behavior (includes timely response and required revisions)	1 point			
Team performance questionnaire	On-time submission	1 point	1	2	44
	Professional behavior (includes timely response and follow through for required revisions)	1 point			
Team structure reflection	On-time submission	1 point	2	3	47
	Evidence of effort	1 point			
	Professional behavior (includes timely response and required revisions)	1 point			
Narrative Medicine reflection	On-time submission	1 point	2	3	50
	Evidence of adequate effort, includes narrative interview	1 point			
	Professional behavior (includes timely response and required revisions)	1 point			
Communication and collaboration patient safety template	On-time submission	1 point	2	3	53
	Evidence of adequate effort, includes narrative interview	1 point			
	Professional behavior (includes timely response and required revisions)	1 point			
Patient Safety reflection	On-time submission	1 point	2	3	56
	Evidence of adequate effort, includes narrative interview	1 point			
	Professional behavior (includes timely response and required revisions)	1 point			

Notes:

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

1. Receive a satisfactory evaluation from the Clinical Faculty Preceptor.
2. Define personal objectives for the course and discuss with Clinical Faculty at 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
6. Complete the Narrative Competency module
7. Demonstrate Professional attitudes and behaviors in all aspects of the course.

## Suggested Reading Materials

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- 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

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## ***Americans with Disabilities Act***

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 Student Disability Resource Center to determine whether they might be eligible to receive accommodations needed in order to train and function effectively as a physician. The Florida State University College of Medicine is committed to enabling its students by any reasonable means or accommodations to complete the course of study leading to the medical degree.

### [The Office of Student Counseling Services](#)

Medical Science Research Building, G146

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

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:

### [Student Disability Resource Center](#)

874 Traditions Way  
108 Student Services Building  
Florida State University  
Tallahassee, FL 32306-4167  
Voice: (850) 644-9566  
TDD: (850) 644-8504  
[sdrc@admin.fsu.edu](mailto:sdrc@admin.fsu.edu)

## ***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.**

# Summer Clinical Practicum BMS 6940 -- SOAP NOTE RUBRIC

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

SOAP NOTE COMPONENTS	YES	NO
<i>Mark NA for components that may not be applicable for the session.</i>		
<b>S=Subjective (What the patient/family tells you and/or information received from other professionals.)</b>		
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 <b>in quotation marks</b> 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"> <li>• ideas/ hypotheses about causation</li> <li>• worries/fears about symptoms or condition</li> <li>• impact on relationships/ self-concept</li> </ul>		
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.		
<b>O=Objective (What you observed and the findings of the physical exam maneuvers you performed.)</b>		
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"> <li>• Category 1: age comparison, apparent gender, body habitus, consciousness level</li> </ul>		
<ul style="list-style-type: none"> <li>• Category 2: demeanor, eye contact, health status, mannerisms, notable characteristics</li> </ul>		
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"> <li>• Reference to degree of discomfort, if applicable (e.g. comment re: absence or presence of tenderness or discomfort during physical exam maneuvers).</li> </ul>		

**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.