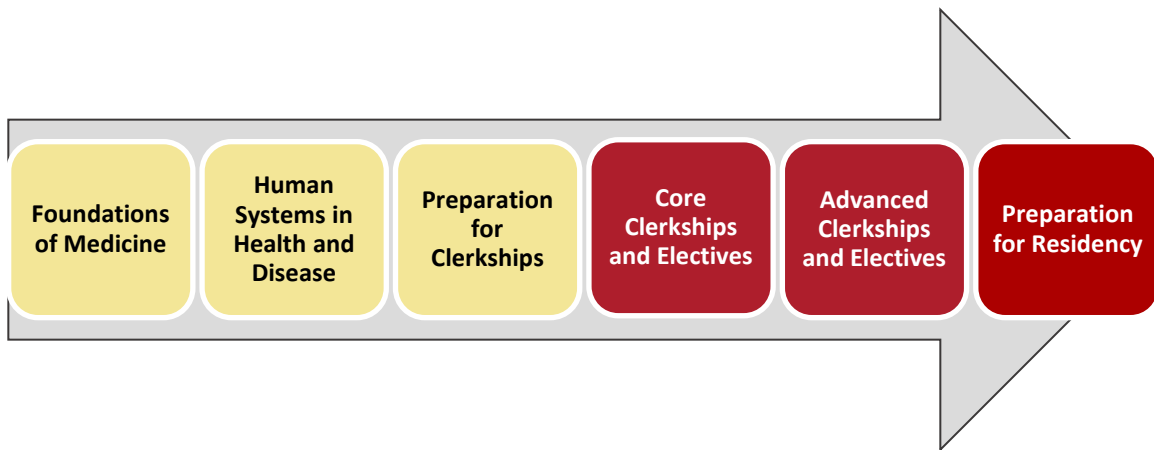


MEDICINE



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

Luckey Dunn, MD

Regional Campus Dean, Daytona Beach

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Course Dates

- Session 1: May 3 through May 21, 2021
- Session 2: May 24 through June 11, 2021

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. 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

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					Office Team template due 11:59 PM EST
2	SOAP note due 5 PM EST					Office Team reflection due 11:59 PM EST
3	Narrative Medicine reflection due 5 PM EST				Team Perceptions Questionnaire due 11:59 PM EST	Communication/Collaboration Safety template due 11:59 PM EST
	Patient safety reflection due 11:59 PM EST					

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 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 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 **May 9, 2021**. For Session 2, that will be **May 30, 2021**.
- All aspects of the SOAP-Subjective/Objective/Assessment/Plan should be addressed in the SOAP note.
- 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 ICS materials and assignment submissions are through the Class of 2024 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 2 different health care teams.
- 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 7, 2021** and for Session 2 **11:59 PM EST Friday, May 28, 2021**.
- b. **At the end of Week 2**, 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, and/or successes the Team uses to deal with obstacles to good care. **Due: no later than 11:59 PM EST on Friday, May 14, 2021** for Session 1 and **Friday, June 4, 2021** for Session 2.
- c. **By the end of Week 3**, complete the **Teamwork Perceptions Questionnaire**. **Due date** for Session 1 will be **11:59 PM EST Thursday, May 20, 2021** and for Session 2 **11:59 PM EST Thursday, June 10, 2021**.

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](#)):

- 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 21, 2021** and Session 2 **June 11, 2021**)
- 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 23, 2021 and Session 2 June 13, 2021.**

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 traditional 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 **NO LATER THAN 5 PM EST on Sunday** of the last week of the course. For Session 1, that will be **May 16, 2021**. For Session 2, that will be **June 6, 2021**.

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 37 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 Clinical Preceptor		10 points	10	10
Professionalism	General professionalism (includes, tardiness, initiative, failure to request excused absence in advance)	-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*	0 - 4	0 points	0*	2
	5	1 point		
	> 5	2 points		
TOTAL NON-ASSIGNMENT			21	33
Assignments (Minimum points required: 51)				
Personal goals	Discussion with Preceptor, Week 1	1 point	2	2
	Discussion with Preceptor, Week 3	1 point		
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 template	On-time submission of assignment	1 point	2	3
	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
	Professional behavior (includes timely response and follow through for required revisions)	1 point		
Team structure reflection	On-time submission	1 point	2	3
	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
	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
	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
	Evidence of adequate effort, includes narrative interview	1 point		
	Professional behavior (includes timely response and required revisions)	1 point		
TOTAL ASSIGNMENT			16	23
TOTAL			37	56

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

- 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

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, 2301

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:

[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

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.

COVID-19-related Behavioral Expectations

It is essential that every faculty, staff and student at the FSU College of Medicine practice certain behaviors in order to minimize the risk of spreading the coronavirus through our school and our community. These guidelines are available at the websites <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and <https://floridahealthcovid19.gov/>. These behaviors will take a shared commitment to maintaining a safer environment. Just as in the hospital or outpatient setting, we **teach and maintain a healthcare team safety culture**. This means that we look out for each other and communicate with each other. If someone is breaking protocol (see below), we point it out and ask them to get it right, for their own protection and for the protection of others. (If someone is wearing a mask that slipped below their nose, gently remind them to adjust it. If someone steps close to speak with you, then step back to maintain 6ft of separation with a gentle reminder.) This applies regardless of roles, titles, or personalities. We need to know that we're all following universal precautions, all the time, and that if any of us sees something, we say something. FSUCOM leadership will back you up. We can get through this safely together, but only if **we all together practice safety**.

COMMON SYMPTOMS OF COVID-19

Fever ($\geq 100.4^{\circ}\text{F}$ or 38°C) – Chills – Cough – Shortness of breath or difficulty breathing – Fatigue – Muscle or body aches – Headache – New loss of taste or smell – Sore throat – Congestion or runny nose – Nausea or vomiting – Diarrhea

1. **Follow universal precautions - assume that anyone you meet, touch, or spend time with might have COVID, and any surface you touch might have been touched recently by someone with COVID.** That means:
 - a. Wear a mask at all times, and wear it properly. Masks are required throughout the entire FSU campus. If you are alone in an office, they may be removed, but should be worn in hallways and throughout the entire building. You do not know when you will turn a corner and encounter another person.
 - b. Maintain social/physical distancing. Stay six feet away from other people, and don't be in rooms filled beyond 25% capacity. Don't be part of any large-group indoor gatherings
 - c. Wash your hands frequently. Soap and water every hour for >20seconds is best. Hand sanitizer is 2nd best. In-between handwashing, use hand sanitizer before and after every contact with another person or any physical surface touched by others.
 - d. Use germicidal wipes on shared surfaces. Before using a shared computer keyboard, touchscreen, microphone, etc. wipe it down. Germicidal wipes will be made available.
 - e. Monitor your health and symptoms. If you are sick (see COVID symptoms above), do not come to school or work. Stay home. If others in your household are sick, do not come to school or work. Stay home. An app is under development by main campus FSU IT that can be used to check symptoms from home and advise you to stay home as needed.
2. **If you must make physical contact or enter another person's six-foot bubble (such as during CLC, anatomy lab, or other clinical activities), use health care worker safety protocols, procedures, and protective equipment appropriate to the level of contact.**
 - a. Relevant training, equipment, and supplies will be provided to each student (and faculty or staff) in any FSUCOM educational activity, when required.
3. **AVOID the three "C"s at ALL times, including evenings, weekends, time away from the COM.**
 - a. Avoid CROWDED SPACES
 - b. Avoid CLOSE CONTACT SETTINGS like close conversations – do not sit across a table while eating a meal (likely you are only 3 feet apart AND you have your mask off)
 - c. Avoid CLOSED SPACES with poor ventilation.

Whether you're at FSUCOM or out in the community, do all these things all the time. Protect EVERYONE.

For persons needing to isolate or quarantine because of COVID:

- If you test positive for COVID, or have symptoms of COVID, **isolate for at least 10 days** from the date of your test or the start of your symptoms, and at least 24 hours after fever has resolved without antipyretics, and symptoms have improved. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html>
- If you have been a close contact of someone testing positive for COVID, **quarantine for 14 days** from the date of the last close contact. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>
- If you had COVID and were sick enough to be hospitalized and/or if you are immunocompromised, you may need to isolate for 20 days – talk to your physician.

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 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
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 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
3	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
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
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 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
5	PROFESSIONALISM: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles
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
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 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
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	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
8	PERSONAL AND PROFESSIONAL DEVELOPMENT: Demonstrate the qualities required to sustain lifelong personal and professional growth
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
9	FSU COM MISSION: Demonstrate responsiveness to community needs – especially 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 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.

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.