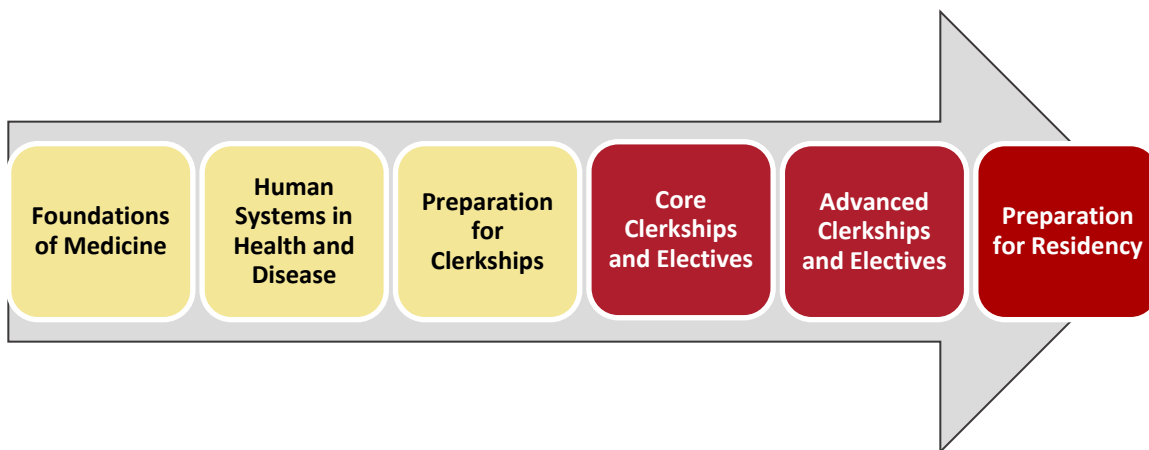


# MEDICINE



## Summer Clinical Practicum BMS 6940



*Except for changes that substantially affect implementation of the evaluation (grading) system, this syllabus is a guide for the course and is subject to change with advance notice*

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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**

**George Bernardo, MD**

Regional Campus Dean, Daytona Beach

Email: [george.bernardo@med.fsu.edu](mailto:george.bernardo@med.fsu.edu)

## **Course Dates**

- Session 1: May 4 through May 22, 2026
- Session 2: May 26 through June 12, 2026

# 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 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 collaborative 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, including on the nature of interprofessional collaboration in the health care team.
- 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.
- 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	ETS patient log; Observation by Preceptor
2	Administer screening instruments appropriate to the primary care setting (e.g., tobacco, alcohol, depression)	1	ETS log
3	Document subjective and objective information in a SOAP format	1	SOAP note assignment
4	Use reflection to enhance experiential learning	3	Personal goals; Reflections
5	Demonstrate the ability to identify personal, social and spiritual factors important to an individual patient's health care	4	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	4	Narrative Medicine reflection
7	Evaluate interprofessional collaborative skills that contribute to patient safety and quality care	6	SCP reflection
8	Demonstrate Professional attitudes and behaviors in all activities	5	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	Monday	T	W	T	F
1	Preview the ICS and Narrative Medicine materials	Personal Goals for SCP due 11:59 PM EDT				
2	SOAP note due 11:59 PM EDT					
3	Narrative Medicine reflection due 11:59 PM EDT					
	SCP reflection due 11:59 PM EDT					

### Assignments:

#### Personal goals

Define several achievable, personal objectives for the course. Use the assignment rubric to clarify expectations. (**For further guidance on creating your goals and the Goals rubric, see below.**) Note: To **meet expectations** students are expected to earn between 4 and 8 points. Discuss your goals 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 4, 2026** (Session 1) and Tuesday **May 26, 2026** (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 11:59 PM EDT on Sunday** of the **second week of the course**. For Session 1, that will be **May 10, 2026**. For Session 2, that will be **May 31, 2026**.
- 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.

#### Narrative Competency module

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

- Watch an 18 minute TED talk "[Honoring the Stories of Illness](http://www.youtube.com/watch?v=24kHX2HtU3o)" by Rita Charon (embedded on Canvas; also available directly <http://www.youtube.com/watch?v=24kHX2HtU3o>)
- 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

- 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. It's very likely that

your patient will be surprised and/or confused by the question. **Avoid the temptation to lead the patient with additional questions.** Use your SOFTEN active listening skills to reassure them.

- b. Write a reflection (no more than 1 page) on this experience (use the assignment rubric to clarify expectations; students are expected to earn between 4 and 8 points). Focus on how narrative competence supports patient centered care and your professional development. (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*.
- c. Submit your reflection as a Word document to the Narrative Competency assignment on The SCP Canvas site **NO LATER THAN 11:59 PM EDT on Sunday** of the last week of the course. For Session 1, that will be **May 17, 2026**. For Session 2, that will be **June 7, 2026**.

### ***Interprofessional Collaborative Skills (ICS) module***

For many of you, this 3 week immersion in the SCP will be the first real opportunity you have to be an active member of a health care Team – not merely an observer – for more than a couple of hours. One of the goals of the course is to learn through experience what it means to be part of a health care Team and to recognize and practice the skills of interprofessional collaboration.

#### **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](#)

### ***Reflection on the SCP experience***

#### **After your SCP session**

Submit a brief reflection on your learning experiences during the SCP, including what you learned about Interprofessional Collaborative Skills, achievement of your personal goals, and formation of your Professional Identity.

**Due no later than 11:59 PM EDT Sunday following your last week of SCP: Session 1: May 24, 2026 and Session 2 June 14, 2026.**

### ***Guidance: Personal goals and the grading rubric***

Prior to the Summer Clinical Practicum you will be asked to submit some Personal Goals. These will be assessed according to a rubric – the purpose of which is to help you develop the skill of setting SMART goals (specific, measurable, attainable, relevant, and time bound) – a skill you will need throughout the curriculum. Why?

The purpose of setting personal goals -- i.e., beyond simply completing the course requirements -- is to tailor the learning experience to your specific needs and career aspirations. Identifying personal goals is a way to take ownership of your learning. This should be familiar to you now as part of Self-directed Learning. (You are encouraged to add these Goals to your FSU Career Portfolio artifacts.) Setting personal goals provides motivation and focuses how you seek, identify, and engage with opportunities during your SCP (specific, achievable). Importantly, by identifying the “evidence” (measurable) you will use to assess whether/how much progress you’re making toward your summer goal(s) you will document your personal and professional development (relevant).

**EXAMPLE** as originally developed by student:

Goals:

1. Becoming comfortable with talking to people
2. Being more confident in myself and the knowledge that I have acquired.
3. Instilling in myself that it is ok to be wrong sometimes, and that it is a way to learn.

These are all admirable and appropriate, but “vague.” They can be adjusted to meet the SMART goal criteria and create a “blueprint” for the student’s learning experience over the summer.

### 1. Become comfortable with talking to people

- **Specific:** Practice initiating and engaging in conversations with patients, staff, and peers during SCP.
- **Measurable:** Initiate at least three meaningful conversations with patients or staff each day. Keep a journal record of those experiences and reflect on my level of confidence and comfort with new patient encounters.
- **Achievable:** During 3 weeks I can improve, but not perfect, my comfort level. I can build comfort gradually by starting with introductions and small talk with staff, then progressing to more in-depth discussions. By taking advantage of as many patient interactions as I can, I can build my comfort with “first” encounters.
- **Relevant:** Communication is a key skill for putting patients at ease and working effectively with healthcare teams. In CLC our first encounters have been with SPs only. In SCP I will have opportunity to develop comfort interacting with a variety of health care team members.

### 2. Being more confident in myself and the knowledge that I have acquired

- **Specific:** Actively participate in clinical discussions before and after each patient encounter. Present at least one case or observation each day to my Preceptor.
- **Measurable:** Keep a journal in which I reflect daily on three situations where I successfully applied my knowledge and identify areas for improvement.
- **Achievable:** SCP patient encounters will allow me to assess my existing knowledge base. I will use “downtime” and evenings to review topics relevant to patients we see. I will ask my Preceptor for feedback on knowledge gaps and recommendations for study.
- **Relevant:** Confidence in knowledge is essential for decision-making and professional growth in clinical practice. Recognizing and addressing knowledge gaps is a habit of life-long learning that I will need throughout my career.

### 3. Instilling in myself that it is ok to be wrong sometimes, and that it is a way to learn

- **Specific:** I will actively seek and embrace feedback by asking for constructive input from my Preceptor and health care staff after performing clinical tasks and after presenting patients.
- **Measurable:** Each week I will identify and document at least two learning points that came from feedback or from mistakes I made and at least 2 instances in which I asked for help when I needed it. In my learning Journal I will reflect on my emotional response to “being wrong” and my comfort in asking for help.
- **Achievable:** The SCP is the ideal setting in which I can practice “reframing” knowledge gaps, mistakes, or lack of confidence as opportunities for growth and can actively seek guidance.
- **Relevant:** Learning from mistakes is a core component of developing clinical competence and resilience.

**Hint** – if after you’ve identified your goals, you’re not sure how to make them fit the SMART paradigm, you can ask ChatGPT, Gemini, CoPilot or some other AI platform for help. This is fine – provided YOU set the initial goals and use the AI recommendations as suggestions and feedback. And be sure to acknowledge your use of AI. The example above was created with assistance from GPT4.

### 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 38 points** as described in the table below with a **minimum of 22\* points from the non-assignment categories**:

Category	Criteria for points	Points	MINIMUM REQUIRED	MAXIMUM POSSIBLE
Non-Assignment categories (Minimum points required: 22)				
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	6
	Minimum number (= 10)	1 point		
	Moderate number (11-30)	3 points		
	>30	5 points		
Referrals to Tobacco Free Florida (* <i>waived in Pediatrics practice – consult Dr. Bernardo</i> )	0 - 4	0 points	1*	2
	5	1 point		
	> 5	2 points		
<b>TOTAL NON-ASSIGNMENT</b>			<b>22</b>	<b>28</b>
Assignments (Minimum points required:17)				
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 and completion of required revisions	1 point	2	2
	HIPAA compliance	1 point		
Narrative Medicine reflection	On-time submission	1 point	1	1
	Meets all or most criteria, includes performing narrative interview	RUBRIC	3	6
SCP experience reflection	On-time submission	1 point	1	1
	Meets all or most criteria; resubmission <u>if requested</u>	RUBRIC	3	6
<b>TOTAL ASSIGNMENT</b>			<b>16</b>	<b>26</b>
<b>TOTAL</b>			<b>38</b>	<b>54</b>

Notes:

\* Students working in a Pediatrics office may be exempted from the tobacco referral requirement. **Confirm 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 (ETS) 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 is considered to 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 Narrative Competency module
6. Complete the SCP experience reflection.
7. Demonstrate Professional attitudes and behaviors in all aspects of the course.
8. Complete the post-course evaluation on Qualtrics.

### **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.

## **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***

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

Students with disabilities needing academic accommodation should:

1. register with and provide documentation to the Office of Accessibility Services (OAS);
2. request a letter from Office of Accessibility Services to be sent to the instructor indicating the need for accommodation and what type; and
3. meet (in person, via phone, email, skype, zoom, etc.) with each instructor to whom a letter of accommodation was sent to review approved accommodations.

**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](mailto: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***

### **University Attendance Policy:**

Excused absences include documented illness, deaths in the family and other documented crises, call to active military duty or jury duty, religious holy days, and official University activities. These absences will be accommodated in a way that does not arbitrarily penalize students who have a valid excuse. Consideration will also be given to students whose dependent children experience serious illness.

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See [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.**

## **Academic Success**

Your academic success is a top priority for Florida State University. University resources to help you succeed include tutoring centers, computer labs, counseling and health services, and services for designated groups, such as veterans and students with disabilities. The following information is not exhaustive, so please check with your advisor or the Department of Student Support and Transitions to learn more.

### **Confidential campus resources:**

Various centers and programs are available to assist students with navigating stressors that might impact academic success. These include the following:

#### **Victim Advocate Program**

University Center A, Rm. 4100  
(850) 644-7161  
Available 24/7/365|Office Hours: M-F 8-5  
<https://dsst.fsu.edu/vap>

#### **Counseling and Psychological Services (CAPS)**

Florida State University's Counseling and Psychological Services (CAPS) primary mission is to address psychological needs and personal concerns, which may interfere with students' academic progress, social development, and emotional well-being. The following in-person and virtual (tele-mental health) services are available to all enrolled students residing in the state of Florida:

1. Individual therapy
2. Group therapy
3. Crisis Intervention
4. Psychoeducational and outreach programming
5. After hours crisis-hotline
6. Access to community providers for specialized treatment

Call 850-644-TALK (8255) for more information on how to initiate services.

Counseling and Psychological Services  
250 Askew Student Life Center  
942 Learning Way  
(850) 644-TALK (8255)  
Walk-in and Appointment Hours: M-F 8 am – 4 pm  
<https://counseling.fsu.edu/>

#### **University Health Services**

Services at UHS) are available to all enrolled students residing in Florida:

The mission of University Health Services (UHS) is to promote and improve the overall health and well-being of FSU students. UHS provides a coordinated continuum of care through prevention, intervention, and treatment. Services include general medical care, priority care, gynecological services, physicals, allergy injection clinic, immunizations, diagnostic imaging, physical therapy, and a medical response unit. The Center for Health Advocacy and Wellness (CHAW) assists students in their academic success through individual, group, and population-based health and wellness initiatives. Topics include wellness, alcohol and other drugs, hazing prevention, nutrition and body image, sexual health, and power based personal violence prevention. For more information, go to [uhs.fsu.edu](https://uhs.fsu.edu).

University Health Services  
Health and Wellness Center  
960 Learning Way  
Tallahassee, FL 32306  
Hours: M-F, 8 am – 4 pm  
(850) 644-6230  
<https://uhs.fsu.edu/>

## FSU COM Education Program Objectives

<b>EPO 1</b>	<p><b>PATIENT CARE: Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health</b></p> <p><i>Performs history and physical, demonstrates clinical reasoning and judgment, and incorporates guidance for health promotion and wellness.</i></p>
<b>EPO 2</b>	<p><b>KNOWLEDGE FOR PRACTICE: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences and the application of this knowledge to patient care</b></p> <p><i>Applies scientific and clinical knowledge to explain the normal and abnormal function of organ systems across the lifespan, mechanisms of disease, and the mechanisms and rationale of clinical diagnostic tests and therapeutic interventions. Applies knowledge of biostatistics and epidemiology to identify health problems and risk factors for patients and populations.</i></p>
<b>EPO 3</b>	<p><b>PRACTICE-BASED LEARNING AND IMPROVEMENT: Demonstrate reflective practice for life-long learning and improvement of patient care through continuous self-evaluation, evaluation of one's care of patients, and appraisal and assimilation scientific evidence</b></p> <p><i>Demonstrates reflective practice and commitment to personal growth and improvement. Utilizes information resources to locate and appraise evidence to guide clinical decisions.</i></p>
<b>EPO 4</b>	<p><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 other health professionals</b></p> <p><i>Communicates effectively with patients, families, health professionals, health agencies, and the public across a wide range of socioeconomic and cultural backgrounds. Manages patient and family values, goals, and preferences. Demonstrates sensitivity, honesty, and compassion in interpersonal interactions, including in difficult situations. Delivers organized and accurate presentations.</i></p>
<b>EPO 5</b>	<p><b>PROFESSIONAL IDENTITY FORMATION: Demonstrate a commitment to personal and professional growth, and to carrying out professional responsibilities, adherence to ethical principles, and respect for codes of conduct</b></p> <p><i>Demonstrates professional behavior and respect for all. Acknowledges differences in values and beliefs, and demonstrates willingness to critically analyze one's own personal views. Demonstrates honesty and integrity in all activities. Performs tasks and responsibilities in a timely manner. Takes responsibility for lapses in professionalism. Participates in developmental coaching to develop values, mission, goals, and career exploration.</i></p>
<b>EPO 6</b>	<p><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></p> <p><i>Participates in identifying system errors and potential systems solutions. Incorporates considerations of cost awareness and risk-benefit analysis in patient and/or population care. Demonstrates skill in team building and leadership. Identifies key elements for safe and effective transitions of care. Describes how components of a complex health care system are interrelated and how they impact patient care.</i></p>
<b>EPO 7</b>	<p><b>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</b></p> <p><i>Identifies social determinants of health and how they create opportunities for and barriers to wellness for underserved populations. Identifies opportunities for physicians to partner with community resources to improve individual and population health. Explains the process of community health assessment to improve population health status. Applies the geriatric principles of care, and identifies the systems and social contributors to the well-being of older adult populations. Identifies the social, cultural, and systems factors associated with the health status of rural populations. Identifies factors contributing to racial and social justice in medicine. Demonstrates knowledge of the ways intersectionality, implicit and explicit bias relate to clinical decisions and quality care.</i></p>

# Summer Clinical Practicum BMS 6940 -- SOAP NOTE RUBRIC

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

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

SOAP NOTE COMPONENTS		YES	NO
<b>Mark NA for components that may not be applicable for the session.</b>			
<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 in quotation marks and includes all agenda items.			
3. Note includes at least 5 elements of the history of present illness ("sacred seven": location, quality, quantity, timing, context, modifying factors, and associated symptoms).			
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 pertinent 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 (P/BP/RR/Temp/Ht/Wt/BMI) 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 (positive and negative) 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.