Clinical Supervision of Medical Students:
Promoting Patient and Student Safety

Faculty Guidelines

Boston University School of Medicine

This document and additional faculty resources can be found on our website at:
http://www.bumc.bu.edu/busm/education/medical-education/faculty-resources/
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSM Medical Education Program Objectives</td>
<td>4</td>
</tr>
<tr>
<td>BUSM Clerkship Learning Objectives</td>
<td>6</td>
</tr>
<tr>
<td>Neurology Clerkship Learning Objectives</td>
<td>6</td>
</tr>
<tr>
<td>Contact Information</td>
<td>7</td>
</tr>
<tr>
<td><strong>Clerkship Specific Information</strong></td>
<td>8</td>
</tr>
<tr>
<td><strong>Clerkship Description</strong></td>
<td>8</td>
</tr>
<tr>
<td><strong>Site Information</strong></td>
<td>9</td>
</tr>
<tr>
<td><strong>Clerkship Schedules</strong></td>
<td>11</td>
</tr>
<tr>
<td>Block Schedule</td>
<td>11</td>
</tr>
<tr>
<td>Didactic Schedule</td>
<td>11</td>
</tr>
<tr>
<td>Weekend Schedule</td>
<td>12</td>
</tr>
<tr>
<td>Holidays</td>
<td>12</td>
</tr>
<tr>
<td>Third Year Student</td>
<td>12</td>
</tr>
<tr>
<td>Assignments</td>
<td>13</td>
</tr>
<tr>
<td><strong>Evaluation and Grading</strong></td>
<td>15</td>
</tr>
<tr>
<td>Clerkship Grading Policy</td>
<td>15</td>
</tr>
<tr>
<td><strong>General Responsibilities of the Clinical Faculty</strong></td>
<td>18</td>
</tr>
<tr>
<td>GOALS OF THE CLINICAL CLERKSHIP</td>
<td>18</td>
</tr>
<tr>
<td>CLERKSHIP STRUCTURE</td>
<td>18</td>
</tr>
<tr>
<td><strong>OVERALL RESPONSIBILITIES</strong></td>
<td>18</td>
</tr>
<tr>
<td>Clerkship Director/Assistant Clerkship Director</td>
<td>18</td>
</tr>
<tr>
<td>Clerkship Coordinator</td>
<td>19</td>
</tr>
<tr>
<td>Clerkship Site Director</td>
<td>19</td>
</tr>
<tr>
<td>Primary Clinical Faculty/Residents</td>
<td>19</td>
</tr>
<tr>
<td>ORIENTATION OF THE STUDENT TO THE CLINICAL SETTING</td>
<td>20</td>
</tr>
<tr>
<td>SETTING EXPECTATIONS FOR THE STUDENT</td>
<td>20</td>
</tr>
<tr>
<td>SUPERVISING THE STUDENT</td>
<td>20</td>
</tr>
<tr>
<td>SUPERVISION AND DELEGATING INCREASING LEVELS OF RESPONSIBILITY</td>
<td>21</td>
</tr>
<tr>
<td>STUDENT ASSESSMENT</td>
<td>21</td>
</tr>
<tr>
<td>FEEDBACK</td>
<td>22</td>
</tr>
<tr>
<td>EARLY RECOGNITION OF LEARNING PROBLEMS</td>
<td>22</td>
</tr>
<tr>
<td>MID ROTATION MEETING</td>
<td>23</td>
</tr>
</tbody>
</table>

Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD
Updated 4/2018, 5/2019 Medical Education Office
<table>
<thead>
<tr>
<th>INSTITUTIONAL LEARNING OBJECTIVE</th>
<th>MEDICAL EDUCATION PROGRAM OBJECTIVE</th>
</tr>
</thead>
</table>
| B - Behaves in a caring, compassionate and sensitive manner toward patients and colleagues of all cultures and backgrounds. (Interpersonal and Professionalism) | B.1 - Apply principles of social-behavioral sciences to provision of patient care; including assessment of the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care. (2.5)  
B.2 - Demonstrate insight and understanding about emotions that allow one to develop and manage interpersonal interactions. (4.7)  
B.3 - Demonstrate compassion, integrity, and respect for others. (5.1)  
B.4 - 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. (5.5) |
| U - Uses the science of normal and abnormal states of health to prevent disease, to recognize and diagnose illness and to provide and appropriate level of care. (Medical Knowledge and Patient Care) | U.1 - Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (1.1)  
U.2 - Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging and other tests. (1.2p)  
U.3 - Interpret laboratory data, imaging studies, and other tests required for the area of practice. (1.4)  
U.4 - Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgement. (1.5)  
U.5 - Develop and carry out patient management plans. (1.6)  
U.6 - Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health. (1.9)  
U.7 - Demonstrate an investigatory and analytic approach to clinical situations. (2.1)  
U.8 - Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations. (2.2)  
U.9 - Apply established and emerging principles of clinical sciences to health care for patients and populations. (2.3)  
U.10 Recognizes that ambiguity is a part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty. (8.8) |
| C - Communicates with colleagues and patients to ensure effective interdisciplinary medical care (Interpersonal and Communication Skills; Patient Care) | C.1 - Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging and other tests. (1.2h)  
C.2 - Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making. (1.7)  
C.3 - Participate in the education of patients, families, students, trainees, peers and other health professionals. (3.8)  
C.4 - Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds. (4.1)  
C.5 - Communicate effectively with colleagues within one’s profession or specialty, other health professionals, and health related agencies (4.2, see also 7.3)  
C.6 - Maintain comprehensive, timely, and legible medical records. (4.5)  
C.7 - Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics. (4.6)  
C.8 - Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations. (7.3) |
<table>
<thead>
<tr>
<th>INSTITUTIONAL LEARNING OBJECTIVE</th>
<th>MEDICAL EDUCATION PROGRAM OBJECTIVE</th>
</tr>
</thead>
</table>
| **A - Acts in accordance with highest ethical standards of medical practice (Professionalism)** | A.1 - Demonstrate responsiveness to patient needs that supersedes self-interest. (5.2)  
A.2 - Demonstrate respect for patient privacy and autonomy. (5.3)  
A.3 - Demonstrate accountability to patients, society, and the profession. (5.4)  
A.4 - 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. (5.6)  
A.5 - Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust. (7.1)  
A.6 - Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients. (8.5) |
| **R - Reviews and critically appraises biomedical literature and evidence for the purpose of ongoing improvement of the practice of medicine. (Practice-Based Learning and Improvement and Medical Knowledge)** | R.1 - 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. (2.4)  
R.2 - Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems. (3.6)  
R.3 - Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes. (3.10) |
| **E - Exhibits commitment and aptitude for life-long learning and continuing improvement (Practice-based Learning)** | E.1 - Identify strengths, deficiencies, and limits in one's knowledge and expertise. (3.1)  
E.2 - Set learning and improvement goals. (3.2)  
E.3 - Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes. (3.3)  
E.4 - Incorporate feedback into daily practice. (3.5)  
E.5 - Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care. (3.9)  
E.6 - Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors. (8.1)  
E.7 - Manage conflict between personal and professional responsibilities. (8.3) |
| **S - Supports optimal patient care through identifying and using resources of the health care system. (Systems-Based Practice and Patient Care)** | S.1 - Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes. (1.8)  
S.2 - Systematically analyze practice using quality-improvement methods and implement changes with the goal of practice improvement. (3.4)  
S.3 - Use information technology to optimize learning. (3.7)  
S.4 - Work effectively with others as a member or leader of a health care team or other professional group. (4.3, see also 7.4)  
S.5 - Work effectively in various health care delivery settings and systems relevant to one's clinical specialty. (6.1)  
S.6 - Coordinate patient care within the health care system relevant to one's clinical specialty. (6.2)  
S.7 - Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care. (6.3)  
S.8 - Advocate for quality patient care and optimal patient care systems. (6.4)  
S.9 - Use the knowledge of one’s own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served. (7.2)  
S.10 - Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable. (7.4) |

Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD  
Updated 4/2018, 5/2019 Medical Education Office
**BUSM Clerkship Learning Objectives**

During the third-year clerkships, students will

- Demonstrate use of patient-centered interviewing and communication techniques (U.2)
- Take a clinical history that demonstrates both organization and clinical reasoning (U.7)
- Perform accurate and relevant physical exam techniques (U.2)
- Demonstrate an ability to synthesize clinical information and generate a differential diagnosis, assessment and plan (U.3, R2, U.5)
- Demonstrate a compassionate and patient-sensitive approach to history taking and physical examinations (B.3)
- Communicate well organized, accurate and synthesized oral presentations (C.1)
- Counsel and educate patients and families (C.3)
- Demonstrate timely, comprehensive and organized documentation (C.6)
- Demonstrate a fund of knowledge in the clinical discipline and apply this to patient care (U.4)
- Show respect and empathy for others (B.3)
- Demonstrate accountability to the responsibilities of the student’s role and expectations of a clinical clerk (S.4)
- Communicate effectively with the interprofessional team (S.9)

**Neurology Clerkship Learning Objectives**  
*(Linked to Medical Education Program Objectives in parentheses)*

By the end of the Clerkship the student will be able to:

a. Demonstrate competency in performing and interpreting the neurological history and examination, i.e. the ability to recognize abnormal findings on the examination and put these together with the history to localize the lesion in the nervous system. (*B.3, U.2, U.3, U.4, U.7, C.1, C.4*)


c. Localize a lesion in the nervous system based on history and examination. (*U.2, U.3, U.7*)

d. Recognize the indications and the information obtained from routine neurological tests such as lumbar puncture, electroencephalography, electromyography, computerized tomography and magnetic resonance imaging. Also, to become familiar with the possible complications of these tests. (*U.1, U.3, U.4, R.2, S.3, S.7*)

e. Describe routine treatments for neurological diseases and the risks of these treatments. (*U.4, U.5, R.1, R.3*)

f. Describe how end of life, cultural competency, and domestic violence issues are addressed in neurologic patients. (*B.1, B.3, U.4, C.2, C.7, A.4*)

g. Discuss how health care disparities can affect underserved populations and impact medical care. (*B.4, S.8, C.4*)

h. Demonstrate competency in performing LP Simulation (*B.1*)

i. Consistently demonstrate professional behavior consistent with the values of the medical profession (*A.1, A.2, A.3, A.4, A.5, A.6, E.7*).
Contact Information

Clerkship Director
Okeanis Vaou, MD
Movement Disorders and Sleep Specialist, Neurology
Telephone: (617) 638-9023
Email: okvaou@bu.edu
Pager: 0055
Office: Collamore D313

Assistant Clerkship Director
Shuhan Zhu, MD
Telephone: (617) 638-5380
Email: Shuhan.Zhu@bmc.org
Pager: 5309
Office: Collamore – D408

Clerkship Coordinator
Joseph Russo
Telephone: (617) 638-5348
Email: jnrusso@bu.edu
Office: Collamore C301I
Office Hours: By Email
Clerkship Description

Focus of clerkship
This is Neurology for the General Practitioner. Patients with neurological disease are seen in all primary care and specialty offices. All physicians should know the basics of taking a neurological history and performing an examination with the goal of localizing the lesion in the nervous system.

Students in the Clerkship are expected to have passed the first year Neurosciences Course and the Neurology section of Disease and Therapeutics in the Second year.

Students in the 4-week Neurology Clerkship are placed on in-patient and outpatient services at Boston Medical Center, Mount Auburn, West Roxbury & Jamaica Plain VA, Braintree Rehabilitation Center, Manchester VA, Kaiser Permanente, California and St. Elisabeth’s Hospital. Ambulatory experiences at all of these locations are obtained in either general and/or specialty clinics.

Any questions or problems during the rotation should be brought to the attention of the Site Coordinator as early as possible.

Pre-requisite knowledge and skills
Students must have completed their second year curriculum, attended the 3rd year orientation, and have taken the Step-I exam prior to taking this clerkship.

Carry dried fruit, granola bars, or some sort of snack in your white coat. Oftentimes you will not have time to get meals on the wards/clinic and it is important to keep your energy up during these longer days.

Be pro-active about seeing patients! Follow-up these patient visits on your own time by reading and doing questions about the medical problems you see. This will help you retain and integrate everything you learn.

Review your neuro-anatomy and radiology! Memorize the circle of Willis.

Practice your neurological exam whenever possible. It is important that you become comfortable with all the sections of the exam as this will be key for recognizing pathology.
Site Information

Site-Specific Overview

Students will be assigned to East Newton (ENC), Menino Pavilion (MP), the Veteran’s Hospital (VA), Mount Auburn (MA), Braintree Rehabilitation Hospital, St. Elizabeth’s Hospital (SE) or Kaiser Permanente in California.

- **BMC Outpatient Clinic:** BMC Neurosurgery, BMC General Consult Service, BMC Stroke Service, BMC Pediatric Neurology, BMC Neuro ICU, BMC Call Day
- **West Roxbury and Jamaica Plain VA**
- **Mount Auburn**
- **Braintree Rehabilitation Hospital**
- **Kaiser Permanente**
- **St. Elizabeth’s Hospital**
- **Manchester VA**

**West Roxbury & Jamaica Plain VA**
Site Director: Dr. Manisha Thakore, Manisha.Thakore-James@va.gov
Site Administrator: Nancy Caruso, (857) 364-6184, Nancy.Caruso2@va.gov

Students will spend two weeks on the combined ward/consult service at the West Roxbury VA, (WR) and two weeks in the outpatient clinics at the Jamaica Plain VA, (JP). *Students return to BUMC for Tuesday didactic sessions.*

**Orientation:** In the afternoon after orientation at BMC, the students assigned to the VAMC will go to the JPVA, 6D, and meet with Dr. Thakore. She will orient you to the schedule at the VA and you will go through a check in process and obtain computer access. Any questions regarding the VA may be brought to the site coordinator, Angelena Kyles (angelena.kyles@va.gov).

**Weekend Day Shift:** Students at the VA are expected to take one weekend day call per rotation from 7:30am-9pm. Call schedules will be given during orientation

**Parking:** Free parking is available at both the JP and WR sites. Shuttle buses run between BUMC and JPVA and WRVA. The ride is 10-15 minutes (depending on the traffic).

**Mount Auburn**
Site Director: Dr. Priya Shastri, Priya.Shastri@mah.org
Site Administrator: Mary V. Hewitt, mhewitt@mah.harvard.edu

Students will participate in outpatient patient interactions with a focus on general neurology and multiple sclerosis. Students will also have the opportunity to participate in the inpatient neurology consult service. *Students are expected to return to BUMC for Tuesday didactic sessions.*

---

*Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD*

*Updated 4/2018, 5/2019 Medical Education Office*
Weekend Day Shift: Mount Auburn students will take call at BMC: one weekend day call per rotation from 7:30am-9pm. Call schedules will be given during orientation

Parking: Please check in with the Mouth Auburn coordinator, for more details.

**Braintree Rehab**
Site Director: Dr. Brigid Dwyer, Brigid.Dwyer@bmc.org
Site Administrator: Linda Savage, Linda.Savage@healthsouth.com

Students will participate in a predominantly inpatient service with a focus on traumatic brain injury, stroke, and movement disorder inpatient rehabilitation. Students may also be exposed to the outpatient clinics if possible. Students are expected to return to BUMC for Tuesday didactic sessions.

Weekend Day Shift: Braintree students will take call at BMC: one weekend day call per rotation from 7:30am-9pm. Call schedules will be given during orientation

Parking: A car is needed but free parking is available at the hospital.

**Kaiser Permanente**
Site Director: Dr. Ted Tasch, Ted.S.Tasch@kp.org
Site Administrator: Sandeep Tumber, Sandeep.X.Tumber@kp.org

Students will participate in a mix of outpatient and inpatient Neurology patient interactions. Students have the option of Pediatric Neurology or other Neurology electives like MS, epilepsy, or neurosurgery at Kaiser Santa Clara or Redwood City. Please send Dr. Tasch your choice a few weeks in advance. As students will not be able to return to BMC for Tuesday didactics, that day will be dedicated to independent reading and didactic lectures recordings located on the Blackboard Learn site as well as logging into live broadcasts.

Weekend Call Shift: Takes place as organized by Dr. Tasch, 1 weekday day per rotation.

Parking: Please discuss the parking situation once on site in CA.

**Manchester VA**
Site Director: Dr. Selbst, Richard.Selbst@va.gov
Site Administrator: Sherri Henry, Sherri.Henry2@va.gov

Manchester VA Medical Center is an all outpatient facility where 3 clinically trained neurologists see a variety of neurological diseases on a daily basis. The student will report to the second floor Specially Clinics, starting at 8–8:30 AM. We plan to have the medical student shadow at least 1 neurologist for much of the first week to learn the culture of patient management here. Following that, we expect the student to take probably 3 patients a day to evaluate on their own, performing complete history taking and neurological examination, formulating a differential diagnosis and plan of treatment. This will then be presented to the neurologist for that day, so that this information can be reviewed together and then the patient seen together. A note will be entered by both student and physician for each patient seen. There should be adequate time at least 1 day prior to clinic, where
the student can review the patient’s record he'll see, so that some individual study will be helpful. In times when there may be a lighter patient load (rarely), students will have time to practice the normal neurological examination, spend time with Neuroradiology, Physiatry/Spinal Cord, the Botox Clinic and Sleep Medicine.

**ST. Elizabeth's Medical Center (SEMC)**

Site Director: Dr. Anna Hohler, Anna.Hohler@steward.org  
Site Administrator: Maureen Walsh, Maureen.Walsh@steward.org

Students will participate in a mix of one week of outpatient followed by three weeks of inpatient training. Six neurologists will assist in the training and supervision of the student. The student will have the opportunity to work in the movement disorders and general neurology clinics. Additional participation in the epilepsy, stroke, and neuromuscular clinics may also be coordinated. On the inpatient service, the student will have the opportunity to evaluate patients in the ED, on the ward, and in the ICU. The student will see a wide range of patient types including stroke, epilepsy, neuroinfectious, neurotrauma, neurooncology, and patients with neurological issues related to systemic diseases to name a few. Students will work with residents and will participate in robust educational programming. Students interested in research will have an opportunity to participate in projects.

**Weekend Day Shift:** Takes place at BMC one weekend day of the rotation.

**Parking:** Students can park the first day in Lot B and then will receive information on parking during orientation

**Clerkship Schedules**

**Block Schedule**
Block schedule dates for all clerkships can be located on the Medical Education website:

**Didactic Schedule**
Didactics happen every Tuesday. Didactics for the 2019-2020 academic year are in L210. A didactic schedule will be sent out in the beginning of the block, posted on Blackboard and sent out the Thursday before and the night before.

- Neurosurgery
- Pain: From Injection to Anatomy
- Cases 1-5
- Cases 6-10
- Presentations Part 1
- Presentations Part 2
- Stroke Fellow
- Neurology Clerkship Bootcamp
- Neurology Jeopardy
- Pediatric Neurology
- Epilepsy Lecture

Adapted from the Family Medicine's Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD  
Updated 4/2018, 5/2019 Medical Education Office
• Sleep Intro
• Mini-Mental Status
• Neuro ICU
• Neuro Rehab
• LP SIM
• Neurological Exam Workshops/Bedside Skills
• Neuromuscular
• Case Discussion
• Movement Disorders
• MS/Neuro Opth
• Bedside Skills Teaching
• Neuro Oncology

**Weekend Schedule**
Students sign up for their weekend date at orientation. All students are required to complete one weekend call day from 7:30am-9pm.

Students placed at BMC, Manchester VA, Saint Elizabeth’s, Mount Auburn and Braintree Rehab complete their weekend shift at BMC. Boston VA students do their weekend day shift at the Boston VA.

Students rotating with Neurosurgery at BMC will take their weekend shift with that group instead. No overnight weekend shift is expected.

**Expectations**
- Take a thorough history (including relevant past medical history and medications) and perform a comprehensive neurologic exam for a consult in the emergency room. Present to a resident, fellow, or attending, include a prioritized differential, and plan.
- Sometimes you may able to witness procedures, such as lumbar punctures. Try to participate in such procedures, or assist your resident/attending, as needed.
- Research your patients or other interesting patients on the team if the service is slow, volunteer to take on more patients, teach on topics, or study. If there is work to do, you should be volunteering to help.

**Holidays**
Thanksgiving: Wed, Nov 27, 2019 at 12PM – Sun, Dec 1, 2019
Intercession: Fri, Dec 20, 2019 – Wed, Jan 1, 2020

Other holidays that occur during specific blocks will be communicated by the clerkship director.

Holidays by Clerkship can be viewed on the Medical Education website at:
http://www.bumc.bu.edu/bum/education/medical-education/academic-calendars/#clerkhols

**Third Year Student**
To successfully complete the clerkship, the students is required to do the following:
Remain professional at all times
- Participate fully in ALL didactics, inpatient and outpatient setting
- Present a 10 min PowerPoint presentation during Tuesday didactics
- Topics for presentations will be selected during orientation
- Complete an observed history and physical by an attending
- Complete an observed neurologic exam
- Complete a Neurology clerkship specific QI
- Complete an on-line stroke module
- Complete a Mid-clerkship evaluation
- Complete a patient encounter and procedure log in eValue, hand it in to the clerkship director during the mid-clerkship evaluation and to clerkship coordinator at the beginning of the shelf
- Take a weekend day call, site specific
- Complete FOCUS forms, 2 by mid-clerkship and the final 2 should be done by the shelf
- Complete all FOCuS forms and upload them to eValue
- Complete the LP Simulation
- Complete all required Patient Encounters

Assignments

**Case Presentations**
Each student will provide a 10-minute talk on a pre-approved topic of their choosing during one of the didactic days. You will choose your topic and receive your assigned time slot during the first week.

- The informational portion of the talk should be no more than 8 minutes (8-10 slides) long.
- Two minutes are allotted for the question & answer portion of the talk
  - You will present 3 USMLE style questions based on your topic.
  - The questions should be original and in a USMLE multiple-choice format.
- Please practice so that you are not rushed. It is better to present less info effectively than to try to cover everything at lightning-speed.
- Dr. Vaou will evaluate your presentation on content, presentation skills, ability to answer audience questions, USMLE type question preparation, AND ADHERENCE TO THE 10 MIN TIME LIMIT.
- On the same day as the presentation, make sure to post your slides on Blackboard for the entire class.
- When evaluating the literature for your oral presentation focus on evidence based medicine (EBM).
  - There is an excellent breakdown of levels of evidence for each article in our journal *Neurology*.
  - Remember that in general, the highest quality information comes from double-blinded placebo controlled trials.

**Bedside Skills Session (BS)**
This is the direct one to one observation of students on history and neuro examination.

Attendings/Residents/Fellows are expected to observe the student perform a history and physical examination for half hour at a time.

They should then complete the FOCuS forms on evaluating the interview and physical examination.

*Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD*
*Updated 4/2018, 5/2019 Medical Education Office*
The preceptors will meet the students at L210. Each preceptor will be assigned to one patient in the Menino or ENC. Each preceptor will observe each student for half hour. The preceptor will not be overseeing more than 2 students/session. The patients will have consented to participate in this session.

The goal of BS is to teach students how to obtain an effective interview and perform an accurate, focused and skillful Neurological examination in a timely fashion. The diagnosis and clinical reasoning will not be tested for this exercise.

Required Patient Encounters

Required Diagnoses

Only the patients who the student saw independently and wrote a note on or seen on rounds and discussed in detail and the student has a very strong understanding of should be included

- Weakness (focal/global)
- Headaches
- Dizziness/Lightheadedness
- Altered Mental status
- Loss of consciousness
- Memory Difficulties
- Seizures
- Gait/Movement abnormalities- abnormal gait
- Gait/ Movement abnormalities- tremor
- Numbness and Tingling
- Neck/Back pain

Required procedures

- Lumbar puncture simulation: will be done during didactics.
- EMG/EEG: discussion on rounds or in clinic with some understanding of subject matter would be sufficient

If the student fails to see a patient with a required diagnosis or procedure, preparing a small presentation to your resident/attending pertaining to the diagnosis and/or procedure would be sufficient

Alternative Patient Encounters

If a student has not been able to experience all patient encounters required for the clerkship, students must address any gaps in their patient encounters through an alternative experience. In this clerkship, the alternative experiences are case studies and simulation.

Patient Encounter Log

Students are expected to log their patient encounters in eValue (www.e-value.net). Patient logs help the clerkship ensure that each student is seeing a diagnostically diverse patient population, an adequate number of patients, and performing a sufficient number of required procedures and diagnoses. The directions on how to log patient encounters can be found on the E value help page http://www.bumc.bu.edu/evalue/students/.
Students must bring a printed copy of their patient encounter and procedure log to their mid rotation feedback meeting.

The neurology clerkship has gone through some amazing changes in the last couple of years which has resulted in a more comprehensive and a rewarding learning experience for the students.

1. Site expansion:
   - We have added St. Elizabeth’s Hospital for the new academic year 2018-2019
   - We have added the Kaiser permanente site in San Jose, CA and expanded it to Santa Clara, CA in the academic year 2017-2018
   - We have added a Manchester VA site in the academic year 2017-2018
   - The Mount Auburn site expanded to 2 students per block with a new improved curriculum under the leadership of their chair Dr. Hrieb
   - The Braintree site has welcomed Dr. Bridgid Dwyer has already improved the student experience by creating a more streamlined introduction/orientation for the students and added to their education experience

2. Curriculum changes:
   - Added lectures to the student didactics to enhance the learning experience for the students
   - The residents and faculty will participate in Bedside Skills teaching, a direct one to one observation on history and neuro examination.
   - Revised Neurology Handbook
   - QI project
   - Stroke on line module
   - Added Bedside Skills Exercise to facilitate students obtain a focused interview and help optimize Neuro exam techniques
   - Added Neuro Oncology lecture

3. Grading changes:
   - New CSEF form which will allow for more fair grading for the students to assess their clinical performance on the wards and in clinic
   - New requirements on the CSEF and the shelf in order to achieve an Honors/High Pass/Pass/Fail (please refer to specifics in the syllabus)
   - Professionalism policy updated

Evaluation and Grading

Clerkship Grading Policy

<table>
<thead>
<tr>
<th>HOW MUCH EACH PART OF YOUR GRADE IS WORTH:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Grade Percentage</td>
<td>50%</td>
</tr>
<tr>
<td>Shelf/Exam Percentage</td>
<td>30%</td>
</tr>
</tbody>
</table>

Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD
Updated 4/2018, 5/2019 Medical Education Office
HOW YOUR FINAL WORD GRADE IS CALCULATED:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td>89.5%-100%</td>
</tr>
<tr>
<td>High Pass</td>
<td>79.6-88.4%</td>
</tr>
<tr>
<td>Pass</td>
<td>69.6-79.5</td>
</tr>
<tr>
<td>Fail</td>
<td>&lt;69.6% OR &lt;5% on the shelf OR &lt;2 on Professionalism</td>
</tr>
</tbody>
</table>

SHELF/EXAM GRADING

Exam minimum passing (percentile/2 digit score) 63

What is “Other” and what percentage is it worth?

<table>
<thead>
<tr>
<th>Component Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student presentation</td>
<td>15%</td>
</tr>
<tr>
<td>FOCuS form, mid-clerkship form completion, passport, and professionalism</td>
<td>5%</td>
</tr>
</tbody>
</table>

Other components that need to be completed in order to pass the clerkship

- Patient log
- FOCuS Forms
- Duty Hour logs

Standard Clerkship Clinical Grade Procedures/Policies

- Preceptors will provide clinical evaluations that contain the “raw data” on the student’s clinical performance. Preceptors DO NOT determine the final “word” grade. You are encouraged to regularly ask for specific behaviorally-based feedback on your clinical skills from your preceptors. However, do not ask them what word grade you will get, as that is a multifactorial process of which the clinical evaluation is one component.

- The CSEF form will be used to numerically calculate your clinical grade: 1 to 4 points (depending on which box is checked) for each of the 13 items for a total of 52 possible points. Each CSEF will be weighted based on how long the student worked with each evaluator.

- Primary preceptors at sites with multiple preceptors will collect evaluation data from the other clinicians with whom the student works. The primary preceptor will collate this data, and submit the final clinical evaluation.

Clerkship Specific Clinical Grade Procedures/Policies

Guiding Principles – We strive to provide a grading system that is:

- Fairly applied – a system that we follow for all students.
- Transparent – students can clearly see the process by which the grade is derived.
- Recognition of success – the HONORS grade represents a performance of true distinction.
- Based on your absolute performance. There is no ‘curve’ or fixed percentage about who can/cannot get HONORS.
- Performance – based – what the student does and is reported- not based on potential.

The CSEF score (a total of 52 points) will be converted to a score out of 100 to generate the clinical grade. (Example CSEF score of 42 out of a total of 52 points correlates to 80.7 points out of 100, which would count towards 50% of the final grade).

The CSEF grade is complemented by narrative description on the EValue form and by other observations conveyed by instructors.

The Formal Evaluation of the Oral Patient Presentation is graded using standardized grading rubric.
If the student scores > 5th percentile nationally on the initial attempt at the **NBME Shelf Exam**, he/she is assigned points for the NBME Shelf Exam component of the final grade in proportion to the 2-digit score.

### ***Integrating the Clinical Performance Score into the Final Grade***

The student will request evaluations from residents and faculty with whom they had a meaningful encounter. A meaningful encounter would be at least a half day on the inpatient wards or in clinic. **The evaluations will be weighed** depending on the number of sessions a student spends with a preceptor/resident.

To achieve a final grade of **HONORS**, the student must achieve >89.5 Total Points, an average CSEF score of > 2.5 in “Management Planning Skills” and > 3 in each other CSEF category. In addition, the student must achieve a score on the shelf exam of 70 or above.

To achieve a final grade of **HIGH PASS**, the student must achieve 79.6 to < 88.4 Total Points, a CSEF score of > 2 in “Management Planning Skills” and > 3 in each other CSEF category. The student must pass the shelf exam.

To achieve a final grade of **PASS**, the student must achieve 69.6 to < 79.5 Total Points, and an average CSEF score of > 2 in each CSEF category, except for “Management Planning Skills”. The student must pass the shelf exam.

#### Deriving the Final Composite Grade from the input. An example:

- 50% ---Clinical evaluation---CSEF score 42 out of 52 is converted to score of 80.7 out of 100. The student received a CSEF score of > 2 in “Management Planning Skills” and > 3 in each other CSEF category.
- 30% ---NBME shelf exam--- 84 points x .30
- 15% ---Averaged score of the oral presentation, 100 x 0.15
- 5% - completion of passport: 100 x 0.5

\[(80.7) \times 0.50 + (84) \times 0.30 + (100) \times 0.15 + 100 \times 0.5 = 85.5\]

This student’s final (composite) grade for the clerkship is **HIGH PASS**.

### Professionalism

Evaluation of a medical student’s performance while on a clinical clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student's professional conduct, ethical behavior, academic integrity, and interpersonal relationships with medical colleagues, department administrators, patients, and patients' families. Any lapses in professionalism may result in a loss of up to 3% of the total possible clerkship points regardless of performance in other areas of the clerkship. Any professionalism lapses resulting in a loss of clerkship points will require narrative comments by the clerkship director in the professionalism comment section of the final evaluation.

### Clerkship-Specific Failure and Remediation Policies/Procedures

If a student scores <36.4/52 on the CSEF or if a student receives a score of 1-1.9 (averaged score across evaluators) in any CSEF domain (except for “Management Planning Skills”), this may result in a failure.

**Fail Clinical** – If the student Fails the clinical portion of the clerkship, or does not meet the standards for professionalism, the student must retake the clerkship in its entirety.

**Fail Shelf only** – For students who meet expectations for all grading elements except that they score < 5th percentile on the subject exam, they may retake the subject exam one time. If the student fails to meet > 5th percentile on the retake shelf exam, the student must retake the entire clerkship, including the shelf exam.

### BUSM Grade Review Policy
BUSM’s Grade Reconsideration Policy is located in section 2.2 of the Policies and Procedures for Evaluation, Grading and Promotion of Boston University School of Medicine MD Students: http://www.bumc.bu.edu/busm/faculty/evaluation-grading-and-promotion-of-students/

General Responsibilities of the Clinical Faculty

GOALS OF THE CLINICAL CLERKSHIP
During the clinical clerkships at BUSM we aim to create a learning climate where students have the opportunity to learn high quality clinical skills by:

- Creating a culture that challenges and supports the students
- Providing opportunities for meaningful involvement in patient care with appropriate supervision
- Role modeling by exemplary physicians
- Coaching students by setting clear expectations, providing frequent observations of core clinical skills, asking questions to assess knowledge and reasoning, explicitly modeling and providing timely, specific feedback

CLERKSHIP STRUCTURE
Each clerkship is run by a clerkship director. Each clerkship clinical site is run by a clerkship site director who ensures that students are appropriately supervised. In addition, clerkships usually have multiple clinical faculty that have varying degrees of exposure to the student.

OVERALL RESPONSIBILITIES

Clerkship Director/Assistant Clerkship Director
1. Oversee the design, implementation, and administration of the curriculum for the clerkship
2. Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
3. Ensure student and faculty access to appropriate resources for medical student education
4. Orient students to the clerkship, including defining the levels of student responsibility necessary for required diagnoses and procedures
5. Oversee teaching methods (e.g. lectures, small groups, workshops, clinical skills sessions, and distance learning)
6. Develop faculty involved in the clerkship
7. Evaluate and grade students
   a. Develop and monitor assessment materials
   b. Use required methods for evaluation and grading
   c. Assure mid-clerkship meetings and discussion with students
   d. Ensure students are provided with feedback on their performance
   e. Submit final evaluations for students via E*Value
8. Evaluate faculty and programs via peer review and reports from the Office of Medical Education and national reports
9. Support each student’s academic success and professional growth and development, including working with students experiencing difficulties
10. Participate in the BUSM clerkship EQI and peer review processes

Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD
Updated 4/2018, 5/2019 Medical Education Office
11. Ensure LCME accreditation preparation and adherence
12. Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Clerkship Coordinator
1. Support the clerkship director in the responsibilities provided above
2. Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
3. Maintain student rosters and clinical schedules
4. Coordinate orientations and didactic sessions
5. Liaise with site directors and administrators to coordinate student experiences across all sites
6. Verify completion of clerkship midpoint and final evaluations for each student
7. Monitor students’ reported work hours and report any work hours violations to the clerkship director
8. Coordinate and proctor clerkship exams

Clerkship Site Director
1. Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
2. Orient students to the clinical site
3. Sets student expectations for clinical encounters and discusses student role and responsibilities
4. Supervises students by observing history taking, physical exam skills and clerkship specific required observations.
5. Ensures formative feedback in an appropriate and timely fashion
6. Delegates increasing levels of responsibility
7. Meets with the student for the Mid-clerkship review
8. Meets with the student for the final exit meeting
9. Recognize students who have academic or professional difficulties and communicate this to clerkship leadership
10. Collects feedback and evaluation data from all physicians who work with the student
11. Evaluates students fairly, objectively and consistently following medical school and department rubrics and guidelines
12. Ensure student and faculty access to appropriate resources for medical student education
13. Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Primary Clinical Faculty/Residents
1. Set and clearly communicate expectations to students
2. Supervise students by observing history taking and physical exam skills, and document it on the FOCuS (Feedback based on Observation of Clinical Student) Form
3. Delegate increasing levels of responsibility to the student within clerkship expectations
4. Maintain appropriate levels of supervision for students at site.
5. Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
6. Recognize student learning or professional difficulties and communicate to clerkship director directly in real time in person or via email or phone

Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD
Updated 4/2018, 5/2019 Medical Education Office
7. Give students appropriate and timely formative feedback
8. Assess students objectively using the CSEF form
9. Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

**ORIENTATION OF THE STUDENT TO THE CLINICAL SETTING**
This sets the tone for the rest of the experience and has a direct effect on the success of the rotation for both student and preceptor. It can also reduce student anxiety. You should:

- Orient the student to the clinical setting, the staff, and team at your site
- Review workflow
- Discuss student’s learning experiences to date
- Discuss student’s learning goals

**SETTING EXPECTATIONS FOR THE STUDENT**
It is important to be clear regarding your expectations for the student. On the first day, describe the expectations around their role, presentations, documentation, and participation. Consider reviewing the assessment form and the specific expectations described. A tool to help set expectations with the student is the *One Minute Learner*, which can be found at: [http://www.stfm.org/NewsJournals/EducationColumns/Mar2013](http://www.stfm.org/NewsJournals/EducationColumns/Mar2013)

**SUPERVISING THE STUDENT**
Initially, the primary clinical faculty members should designate time to observe the student performing: *history taking, focused physical exam, clinical problem-solving and interaction with patients and patient education*. Once the supervisor establishes the student’s level of confidence and competency, the student should be delegated increasing levels of responsibility in patient care, as appropriate. Although students may initiate a particular patient encounter on their own and without direct supervision, the faculty must at some point review the encounter with the student and inform the patient in-person that the student’s assessment and management plan has been reviewed and approved by the faculty. The faculty is ultimately responsible for the evaluation, treatment, management, and documentation of patient care.

**Under no circumstances should the following occur:**

- Patient leaves the office/hospital with never having had a direct face-to-face encounter with clinical faculty.
- Primary faculty gives “prior approval” for student to perform intervention (order labs, prescribe meds) without satisfactory review.
- Patient leaves office/hospital without being informed that assessment/management plan has been directly reviewed and approved by the faculty.

*Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD*

*Updated 4/2018, 5/2019 Medical Education Office*
● Learning in which a student is expected to perform an intervention or encounter without the prerequisite training and/or adequate supervision.

● Student note provides the only record of the visit. Although all faculty see all patients, faculty must document that they were actually the person responsible for seeing and examining the patient.

**Federal Guidelines for documentation**

**CMS Guidelines from February 2, 2018, state:**

● “The Centers for Medicare & Medicaid Services (CMS) is revising the Medicare Claims Processing Manual, Chapter 12, Section 100.1.1, to update policy on Evaluation and Management (E/M) documentation to allow the teaching physician to verify in the medical record any student documentation of components of E/M services, rather than re-documenting the work. Students may document services in the medical record. However, the teaching physician must verify in the medical record all student documentation or findings, including history, physical exam and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision making activities of the E/M service being billed, but may verify any student documentation of them in the medical record, rather than re-documenting this work.”

**EMR Documentation**

● Students are allowed and encouraged to write complete notes in patient electronic charts as designated by the site and the site’s documentation policy.

**SUPERVISION AND DELEGATING INCREASING LEVELS OF RESPONSIBILITY**

It is expected that the level of student responsibility and supervision will be commensurate with student’s competency and level of confidence. When the student arrives in your practice, you may wish to have them observe you or the resident for the first session. Thereafter, they should begin to see patients on their own. In the outpatient setting, the student should initially perform 4-5 focused visits per day in the first week, increasing to 6-12 thereafter. In the inpatient setting, the student should initially follow 1-2 patients and increased to 3-4 thereafter. When a student feels that he or she is being asked to perform beyond his or her level of confidence or competency, it is the responsibility of the student to promptly inform the preceptor. It is then the preceptor’s responsibility to constructively address the student’s concerns and appropriately restructure the teaching encounter to address the student’s learning needs.

**STUDENT ASSESSMENT**

**BUSM CLINICAL STUDENT EVALUATION FORM (CSEF):** BUSM utilizes the same clinical evaluation form for all clinical rotations. It is a behaviorally based evaluation tool. This means that you
will grade your clerk based on his or her knowledge/skills/attitudes, rather than how he or she compares to other students.

For example, under “Differential Diagnosis Skills”:
There is a target behavior listed. Following that are the four behavioral anchors. The highest level is the box to the far right, and the lowest to the far left. Your job is to check the box with the behaviors that the student is consistently performing.

For more detail, please refer to CSEF form.

FEEDBACK
Feedback is vital for student learning and growth and should be given regularly. Feedback during a clerkship should be given multiple times which include: real-time feedback during patient care, recap feedback at the end of the session/day and summative feedback at the mid and end of the rotation. The FOCuS (Feedback based on Observation of Clinical Student) forms required for each clerkship provide formative assessment through direct observation of CSEF behaviors. FOCuS forms required for that clerkship must be completed for each student by the end of the rotation (See Appendix A for an example). The BUSM Formative Assessment and Feedback Policy can be found here: http://www.bumc.bu.edu/busm/education/medical-education/policies/formative-assessment-and-feedback/

Best practices regarding feedback include:

- Start with getting the student’s perspective on how they performed or are performing.
- Feedback should be specific and actionable. What could the student do differently next time?
- Feedback should be based on direct observation. i.e. what you have seen.
- Feedback should be timely (in close proximity to when you observed a behavior).
- Feedback should be respectful and encourage future growth.

EARLY RECOGNITION OF LEARNING PROBLEMS
The clerkship director and the medical school are committed to providing additional educational support as required for the student’s successful completion of the program. The clerkship director should be notified as soon as possible if the preceptor and/or student identify significant deficiencies. This will allow for supportive interventions to be implemented prior to the end of the clerkship.

If a primary faculty is concerned that the student may be at risk of receiving an unsatisfactory rating in ANY category, this information should be shared with the student face-to-face as soon as possible, and certainly during the mid-clerkship evaluation. Once informed, the student may wish to obtain additional academic assistance from the clerkship director and support personnel. Identifying potential problems early on allows the student the opportunity to enhance performance prior to the end of the clerkship. Faculty should also feel

Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD
Updated 4/2018, 5/2019 Medical Education Office
free to contact the clerkship director if learning difficulties or related problems are identified at any time. However, in fairness to the student, the primary faculty should also inform the student of the problem at that time.

**MID ROTATION MEETING**

The clinical faculty/site director should sit privately with the student at the mid-point in the rotation to give feedback. It is highly recommended that the faculty working directly with the student complete a copy of the Clinical Student Evaluation Form (CSEF) before the meeting, and then directly address each item on the CSEF with the student to provide more detailed feedback about how they are performing. Feedback for the student, including strengths and areas that need improvement should be reviewed (See Appendix B).

The site director/clerkship director and the student are required to complete the **BUSM Mid-clerkship Evaluation form** for the mid rotation meeting. Learning goals for the latter half of the clerkship should be discussed. The student’s patient log should be reviewed and a plan should be made for remediation of any deficiencies (e.g. strategizing how the student could see a patient with that clinical condition, discussing opportunities to complete the requirement with an alternative experience, etc) The student should update and review the summary statistics of their duty hour log and patient log before their meeting with you. FOCuS forms should also be reviewed (Appendix A).

**FINAL GRADE AND NARRATIVE COMMENTS**

On the last day at the site, the site director and student are to meet for 15-30 minutes to review the final Clinical Student Evaluation Form. This session should allow for an important educational interchange between the clinical site director/faculty and the student. We strongly suggest that evaluations from other faculty and residents with whom the student has worked be collected, and that the evaluation form be completed by the site director **PRIOR TO** the meeting with the student if at all possible. This information is very important to students and is best reviewed with them directly. If you are unable to complete the evaluation form before the final interview, please submit it no later than one week after the end of the clerkship block. It should reflect as closely as possible the substance of your discussion with the student. The narrative portion of the form is especially important.

The comments sections of the CSEF are very important. The more specific you are, including examples, the more helpful the evaluation is to the student and the medical school. The **summative** comments get put in the students’ Dean’s letters that go out to residency programs- so having accurate, detailed information is very helpful. This box is where you should put what you observe about the student, trying to highlight their strengths and specifics of their performance. The second box is for **areas for improvement**. These are comments that are not included in the Dean’s letter. These are the constructive comments for the student-
areas to work on, ways they can grow. We encourage every preceptor to provide information to the student in this section so that the student can have direction in what they need to work on in the future.

*Example Narrative Comments:*
This is an example of the type of summative comments that the medical school is looking for from one of our sites: (the student’s name has been replaced to maintain their anonymity)

“Rocco did an excellent job during his Family Medicine Clerkship. He is able to develop rapport with patients very quickly and meaningfully. He avoids medical jargon when speaking to patients. He is able to identify the patient’s major problems and reason through the most likely diagnosis. His physical exams skills are accurate. He should continue to think about his differential when completing his exam. He generates well thought out differential diagnoses and is able to routinely provide a rationale for his most likely diagnosis. By the end of the rotation, Rocco was able to discuss parts of the plan with the patient and do some brief patient education on nutrition and exercise. His progress notes were always appropriate, well organized, timely, and complete. His case presentations were organized, focused and complete. Rocco demonstrated a solid fund of knowledge right from the beginning and was able to answer questions. He should continue to explore the use of point of care resources in the clinical setting. He exhibited a very calm and professional manner when working with patients, putting them at ease and allowing for more effective and empathetic communication. He was active in the learning process. He routinely identified what he wanted to learn from the rotation and continued to work on those items up to the very last minute of the rotation. He exhibited a professional attitude towards the clinic staff and patients.”

**IMPORTANT CLERKSHIP POLICIES**

**Attendance Policies**
On-site hours must be limited to 80 hours per week, averaged over a two-week period. Violations should be reported directly to the clerkship director or to an Associate Dean (Medical Education or Student Affairs). Time off requests must comply with the Attendance & Time Off Policy.

- **Work Hours:** [http://www.bumc.bu.edu/busm/education/medical-education/policies/work-hours/](http://www.bumc.bu.edu/busm/education/medical-education/policies/work-hours/)

Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD
Updated 4/2018, 5/2019 Medical Education Office
Appropriate Treatment in Medicine
Boston University School of Medicine (BUSM) is committed to providing a work and educational environment that is conducive to teaching and learning, research, the practice of medicine and patient care. This includes a shared commitment among all members of the BUSM community to respect each person’s worth and dignity, and to contribute to a positive learning environment where medical students are enabled and encouraged to excel.

BUSM has a ZERO tolerance policy for medical student mistreatment. Students who have experienced or witnessed mistreatment are encouraged to report it using one of the following methods:

- Contact the chair of the Appropriate Treatment in Medicine Committee (ATM), Dr. Robert Vinci, MD, directly by email (bob.vinci@bmc.org)
- Submit an online Incident Report Form through the online reporting system https://www.bumc.bu.edu/bmus/student-affairs/atm/report-an-incident-to-atm/

These reports are sent to the ATM chair directly. Complaints will be kept confidential and addressed quickly.

Appropriate Treatment in Medicine website: http://www.bumc.bu.edu/bmus/student-affairs/atm/

Boston University Sexual Misconduct/Title IX Policy

Needle Sticks and Exposure Procedure
http://www.bumc.bu.edu/bmus/student-affairs/additional-student-resources/needle-stick-exposure
(See Appendix C)
FOCUS: Feedback and Observation of Clinical (UME) Students

INTERVIEW AND DATA GATHERING

Please observe the student performing a patient history and provide them with feedback based on the behaviors listed below.

- Prior to observation:
  - Ask student about specific areas they want to work on or areas you should focus your feedback on
- After you observe:
  - Encourage student assessment
  - Describe specific behaviors - use CSEF language below as prompts

<table>
<thead>
<tr>
<th>Target Behaviors</th>
<th>Check if observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Introduces self to patient</td>
<td></td>
</tr>
<tr>
<td>2) Uses mix of open and close ended questions</td>
<td></td>
</tr>
<tr>
<td>3) Follows organized interview framework</td>
<td></td>
</tr>
<tr>
<td>4) Summarizes history back to patient or other check for accuracy</td>
<td></td>
</tr>
<tr>
<td>5) Actively listens and uses nonverbal techniques (e.g. eye contact)</td>
<td></td>
</tr>
<tr>
<td>6) Avoids medical jargon</td>
<td></td>
</tr>
<tr>
<td>7) Identifies and prioritizes patients’ major problems and concerns</td>
<td></td>
</tr>
<tr>
<td>8) Characterizes patient problems and concerns accurately and thoroughly through the history</td>
<td></td>
</tr>
<tr>
<td>9) Clarifies non-specific concerns (e.g. dizzy, numb, weak)</td>
<td></td>
</tr>
<tr>
<td>10) Develops rapport with patient</td>
<td></td>
</tr>
<tr>
<td>11) Completes within appropriate time frame</td>
<td></td>
</tr>
</tbody>
</table>

Reach behaviors

1) Elicits and responds empathically to patients concerns
2) Demonstrates patient-centered interview skills (e.g. attends to patients’ verbal/nonverbal cues, culture, social determinants, need for interpretive/adaptive services etc.)
3) Uses differential to drive data gathering
4) Probes for relevant, subtle details
5) Integrates information from the patient and from other relevant resources (e.g. EMR, caregiver, witness, outside records)

☐ I directly observed this student
☐ I provided verbal feedback to the student

Student Reflection - What would you change or do differently?

Next steps for student growth developed in collaboration with student (please use above behaviors as guide)
1. 
2. 
3. 

Supervisor Signature ______________________________
FOCUS: Feedback and Observation of Clinical (UME) Students

DOCUMENTATION

Please review student’s documentation and provide them with feedback based on the behaviors listed below:

- Ask student about specific areas they want to work on or areas you should focus your review/feedback
- Encourage student assessment
- Describe specific behaviors- use CSEF language below as prompts

<table>
<thead>
<tr>
<th>Target Behaviors</th>
<th>Check if observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Documents history and physical exam in a complete, accurate and organized fashion</td>
<td></td>
</tr>
<tr>
<td>2) Independently (not cut and pasted) completes note in a timely fashion</td>
<td></td>
</tr>
<tr>
<td>3) Write-up is focused around the primary problem</td>
<td></td>
</tr>
<tr>
<td>4) Problem list is appropriately documented and prioritized</td>
<td></td>
</tr>
<tr>
<td>5) Documents a well-developed synthesis statement (that includes a commitment to a leading diagnosis and/or a do not miss diagnosis)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reach Behaviors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6) Displays diagnostic reasoning using pertinent positives and negatives and key findings that imply the differential in the history, physical and assessment</td>
<td></td>
</tr>
<tr>
<td>7) Clinical reasoning is clear, logical and convincing</td>
<td></td>
</tr>
<tr>
<td>8) The note concisely emphasizes relevant data; integrates data from all relevant sources (EMR, other facilities, caregiver)</td>
<td></td>
</tr>
<tr>
<td>9) The note incorporates evidence-based data</td>
<td></td>
</tr>
</tbody>
</table>

☐ I directly observed this student
☐ I provided verbal feedback to the student

**Student Reflection**—What would you change or do differently?
Next steps for student growth developed in collaboration with student (please use above behaviors as guide)

1. 
2. 
3.

Supervisor Signature ______________________________

---

*Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD*
*Updated 4/2018, 5/2019 Medical Education Office*
FOCUS: Feedback and Observation of Clinical (UME) Students

PHYSICAL EXAM

Please observe the student performing a physical exam on a patient they are caring for and provide them with feedback based on the behaviors listed below:

- Prior to observation:
  - Ask student about specific areas they want to work on or areas you should focus your feedback on
- After you observe:
  - Encourage student assessment
  - Describe specific behaviors - use CSEF language below as prompts

<table>
<thead>
<tr>
<th>Target Behaviors</th>
<th>Check if observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Uses correct exam techniques</td>
<td></td>
</tr>
<tr>
<td>2) Identifies and interprets findings accurately</td>
<td></td>
</tr>
<tr>
<td>3) Performs all relevant exam techniques in an appropriate amount of time</td>
<td></td>
</tr>
<tr>
<td>4) Performs exam in a patient-sensitive manner</td>
<td></td>
</tr>
<tr>
<td><strong>Reach behaviors</strong></td>
<td></td>
</tr>
<tr>
<td>5) Demonstrates focused, efficient and systematic exam on all relevant systems</td>
<td></td>
</tr>
<tr>
<td>6) Exam is driven by differential diagnosis</td>
<td></td>
</tr>
<tr>
<td>7) May identify and interpret even subtle findings accurately</td>
<td></td>
</tr>
</tbody>
</table>

☐ I directly observed this student
☐ I provided verbal feedback to the student

Student Reflection - What would you change or do differently?

Next steps for student growth developed in collaboration with student (please use above behaviors as guide)
1.
2.
3.

Supervisor Signature ______________________________

Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD
Updated 4/2018, 5/2019 Medical Education Office
FOCUS: Feedback and Observation of Clinical (UME) Students

ORAL PRESENTATIONS

Please observe the student performing an oral presentation and provide them with feedback based on the behaviors listed below:

- Prior to observation:
  - Ask student about specific areas they want to work on or areas you should focus your feedback on
- After you observe:
  - Encourage student assessment
  - Describe specific behaviors- use CSEF language below as prompts

<table>
<thead>
<tr>
<th>Target Behaviors</th>
<th>Check if observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Delivers well-organized presentation for this patient encounters</td>
<td></td>
</tr>
<tr>
<td>2) Accurately reports patient data (history, exams, tests)</td>
<td></td>
</tr>
<tr>
<td>3) Delivers presentation that is focused, concise and flows well</td>
<td></td>
</tr>
<tr>
<td>4) Oral presentation demonstrates appropriate level of confidence</td>
<td></td>
</tr>
<tr>
<td>Reach behaviors</td>
<td></td>
</tr>
<tr>
<td>5) Organization of the history and physical demonstrates a differential diagnosis-driven presentation</td>
<td></td>
</tr>
<tr>
<td>6) Presentation is customized to the listener(s), working environment and time available</td>
<td></td>
</tr>
<tr>
<td>7) Presentation is clear, logical and convincing</td>
<td></td>
</tr>
</tbody>
</table>

☐ I directly observed this student
☐ I provided verbal feedback to the student

Student Reflection- What would you change or do differently?

Next steps for student growth developed in collaboration with student (please use above behaviors as guide)

1. 
2. 
3. 

Supervisor Signature _____________________________

Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD
Updated 4/2018, 5/2019 Medical Education Office
Appendix B: Mid-Clerkship Evaluation Form

MID-CLERKSHIP EVALUATION FORM

Student Name: ___________________________  Faculty Reviewer: ___________________________

Students and faculty should meet mid-clerkship to complete, discuss, and sign the mid-clerkship review form (this paper). Mid-clerkship meetings should be done by week 2 on a 4 week clerkship, week 3 on a 6 week clerkship and week 4 on an 8 week clerkship.

**Step 1:** STUDENT: PRIOR to your feedback meeting, please complete these initial questions.

Have you (Student) received feedback in this rotation prior to this meeting?

What was the feedback you received?

List SPECIFIC strengths (behaviors, skills) where you have improved:

List SPECIFIC items to work on during the second half of the clerkship or throughout the 3rd year

**Step 2:**

STUDENT: PRIOR to feedback meeting, please enter/update number of patient encounters, FOCUS forms and duty hours completed both below and in E*Value.

FACULTY: At feedback meeting, please review student’s required patient encounter log, their FOCUS forms, and duty hour log and discuss plan for completing missing requirements.

**PATIENT ENCOUNTER LOG**  
Faculty review complete: Yes ☐  No ☐

Required patient encounters remaining:

Plan and timeline for completion or alternative experiences:

**FOCUS FORMS**  
Faculty review complete: Yes ☐  No ☐

*(please complete half of the required forms by mid-clerkship)*

Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD

Updated 4/2018, 5/2019 Medical Education Office
FOCUS forms remaining:

Plan and timeline for completion:

**DUTY HOUR LOG**

Faculty review complete: Yes [ ] No [ ]

**Step 3: FACULTY:** Written feedback with CSEF/FOCUS form review. Discuss and document learning goals AND action plan with student.

Please complete a Mid-Clerkship CSEF (attached to this form), review each domain with the student and provide feedback and/or review completed CSEF’s or FOCUS Forms with the student. Special attention should be placed on incorporating narrative comments into the student’s performance across the 13 CSEF domains. Students should be reminded that this is intended not to indicate their current grade, but to provide feedback about their performance behaviors and to establish a performance improvement plan.

**Please review 3 SPECIFIC strengths of student:** (List specific behaviors, skills, etc.)

**Please review 3 SPECIFIC items to work on during the second half of the clerkship or throughout the 3rd year (discuss and document learning goals AND action plan):**

**Please provide feedback on professionalism:**

Student signature _________________________________ Date ______________________

Faculty/CD signature ________________________________
Appendix C: BUSM Needle Sticks and Exposure Procedure

Boston University School of Medicine Needle Sticks and Exposure Procedure

**Purpose:** To outline appropriate preventative measures and what to do in case of unprotected exposure to body fluids.

**Covered Parties:** Medical students.

**Procedure:**

To prevent exposure to potentially infectious materials, students must use standard precautions with all patients and when performing any task or procedure that could result in the contamination of skin or clothing with blood, body fluids, secretions, excretions (except sweat), or other potentially infectious material, regardless of whether the those fluids contain visible blood.

Standard precautions are to be observed to prevent contact with blood or other potentially infectious materials. ALL body fluids are considered potentially infectious materials. All students are responsible for their personal safety and the safety of their teammates. Students should follow safe practices when handling sharps. Students must use appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices.

Standard Precautions include:
- Hand hygiene
- Eye and face protection
- Use of gowns and gloves
- Sharps management

Additional “Transmission Based Precautions” must be used in addition to standard precautions for patients with known or suspected infection or colonization with highly transmissible or epidemiologically important pathogens.

In the event of a needle stick or any unprotected exposure to blood, bloody body fluids, or other potentially infectious material, either in a lab or a clinical setting you should:

- Wash the exposed area and perform basic first aid
- Notify your supervisor – resident or faculty – of the occurrence and that you are leaving to seek care immediately.
- Get evaluated immediately; it is extremely important to receive counseling regarding the risk of acquiring a communicable disease. If indicated, prophylaxis should be started right away, usually within one hour.

**If you are at Boston Medical Center**
BMC’s Occupational Health clinic during working hours or the BMC Emergency Department after hours and on weekends

**Location**
The Working Well Occupational Health Clinic is located:
Doctor's Office Building (DOB 7) - Suite 703
720 Harrison Ave, Boston MA 02118

**Telephone:** 617-638-8400  
**Pager:** 3580  
**Fax:** 617-638-8406  
**E-mail:** workingwellclinic@bmc.org  
**Hours:** Monday-Friday, 7:30a.m. - 4:00p.m.

- Tell the receptionist you have had an unprotected exposure (needle stick), and you will be fast-tracked into the clinic.
- A counselor will discuss post-exposure prophylaxis with you
- **DO NOT DELAY!**

BMC’s Occupational Health will notify the Office of Student Affairs of exposures occurring at BMC within 48 hours. These situations can be very stressful and we are here to help. To speak to a dean immediately about the incident, please page the dean on duty by calling (617) 638-5795 and sending a page to #4196 or sending a text page to pager #4196 through the pager directory.

**If you are at a non-Boston Medical Center site**
Immediately check with your supervising physician about the site-specific needle-stick protocol

- If the site has its own emergency room or occupational health you will be directed to go there
- If the site does not have its own emergency room or occupational health, you will go to the nearest emergency room
- **DO NOT DELAY!**

Coverage for provided services is included in the Aetna student health insurance plan offered by the University. In the event that you do not have Boston University School of Medicine health insurance (Aetna), you must contact your carrier and determine the level of services covered. Submit any billing received to your insurance company. The OSA will provide reimbursement for out-of-pocket co-pays. We strongly encourage you to keep your health insurance card in your wallet at all times.

For questions regarding this policy please contact Dr. John Polk, the assistant dean in charge of post-exposure management, or Dr. Angela Jackson, Associate Dean of Student Affairs. Drs. Jackson and Polk can be reached in the Office of Student Affairs (617-358-7466).

Revised Jan 2018

---

*Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD*  
*Updated 4/2018, 5/2019 Medical Education Office*