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## Medical Education Program Objectives

<table>
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<th>INSTITUTIONAL LEARNING OBJECTIVE</th>
<th>MEDICAL EDUCATION PROGRAM OBJECTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>B - Behaves in a caring, compassionate and sensitive manner toward patients and colleagues of all cultures and backgrounds. (Interpersonal and Professionalism)</td>
<td>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)</td>
</tr>
<tr>
<td></td>
<td>B.2 - Demonstrate insight and understanding about emotions that allow one to develop and manage interpersonal interactions. (4.7)</td>
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<td>B.3 - Demonstrate compassion, integrity, and respect for others. (5.1)</td>
</tr>
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<td></td>
<td>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)</td>
</tr>
<tr>
<td>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)</td>
<td>U.1 - Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (1.1)</td>
</tr>
<tr>
<td></td>
<td>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)</td>
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<tr>
<td></td>
<td>U.3 - Interpret laboratory data, imaging studies, and other tests required for the area of practice. (1.4)</td>
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<td></td>
<td>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)</td>
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<td>U.5 - Develop and carry out patient management plans. (1.6)</td>
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<td></td>
<td>U.6 - Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health. (1.9)</td>
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<td>U.7 - Demonstrate an investigatory and analytic approach to clinical situations. (2.1)</td>
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<td></td>
<td>U.8 - Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations. (2.2)</td>
</tr>
<tr>
<td></td>
<td>U.9 - Apply established and emerging principles of clinical sciences to health care for patients and populations. (2.3)</td>
</tr>
<tr>
<td></td>
<td>U.10 Recognizes that ambiguity is a part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty. (8.8)</td>
</tr>
<tr>
<td>C - Communicates with colleagues and patients to ensure effective interdisciplinary medical care (Interpersonal and Communication Skills; Patient Care)</td>
<td>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)</td>
</tr>
<tr>
<td></td>
<td>C.2 - Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making. (1.7)</td>
</tr>
<tr>
<td></td>
<td>C.3 - Participate in the education of patients, families, students, trainees, peers and other health professionals. (3.8)</td>
</tr>
<tr>
<td></td>
<td>C.4 - Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds. (4.1)</td>
</tr>
<tr>
<td></td>
<td>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)</td>
</tr>
<tr>
<td></td>
<td>C.6 - Maintain comprehensive, timely, and legible medical records. (4.5)</td>
</tr>
<tr>
<td></td>
<td>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)</td>
</tr>
<tr>
<td></td>
<td>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)</td>
</tr>
<tr>
<td>INSTITUTIONAL LEARNING OBJECTIVE</td>
<td>MEDICAL EDUCATION PROGRAM OBJECTIVE</td>
</tr>
<tr>
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</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)  |
**Third Year 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)
- Demonstrate an awareness of one’s own learning needs and work to address these gaps (E.1, E.3)
- 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)

**Family Medicine Clerkship Learning Objectives**

*(Linked to Medical Education Program Objectives in parentheses)*

At the end of the family medicine clerkship, each student should be able to:

- Discuss the principles of family medicine care including comprehensive and contextual care, continuity of care, coordination/complexity of care, and the biopsychosocial approach to care (B.1, B.2, B.3, B.4, U.6, S.1, S.5, S.6, S.7, S.8, S.9)
- Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations in family medicine (U.2, U.3, U.4, U.5, U.6, C.1)
- Manage follow-up visits with patients having one or more common chronic diseases (U.2, U.3, U.4, U.5)
- Develop evidence-based health promotion/disease prevention plans for patients of any age or gender (B.4, U.6)
- Discuss the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care (B.1, B.2, B.3, B.4)
- Utilize advanced, patient-centered communication techniques to discuss unanticipated or “bad” news, assist patients in making health behavior changes, provide patient-centered education and counseling, and to effectively use a medical interpreter (C.2, C.3, C.4, C.7)
- Discuss the critical role of family physicians within any health care system (S.1, S.5, S.6, S.7, S.8, S.9)
- Discuss the concepts of Information Mastery and utilize point-of-care resources to find and integrate the best available evidence into clinical decision making (R.1, R.2, R.3, E.2, E.3, S.3)
- 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).
- Display skills of lifelong learning including generating clinical questions or identifying one’s own learning needs, using appropriate resources to answer questions or close learning gaps, engaging in self-assessment and goal setting and demonstrating growth in response to feedback (E.1, E.2, E.3, E.4, E.6)
Contact Information

Clerkship Director

Leda Wlasiuk, MD, MPH
Clerkship Director
Telephone: (617) 414-6208
Email: Lidya.Wlasiuk@bmc.org
Office: Dowling 5 South – Room 5502
Please email for an appointment

Associate Clerkship Director

Sarah Phillips, MD
Associate Clerkship Director
Telephone: (617) 414-6243
Email: Sarah.Phillips@bmc.org
Pager: 4632
Office: Dowling 5 South – Room 5511
Please email for an appointment

Assistant Clerkship Director

Julie Bartolomeo, MD
Assistant Clerkship Director
Telephone: (617) 414-6243
Email: Julia.Bartolomeo@bmc.org
Pager: 0333
Office: Dowling 5 South – Room 5511
Please email for an appointment

Clerkship Coordinator

Florence Laforest, MEd
Family Medicine Clerkship Coordinator and Director of Medical Student Relations
Telephone: 617) 414-6237
Fax: (617) 414-3345
Email: flafores@bu.edu
Office: Dowling 5 South – Room 5414

Faculty

Your faculty in the core curriculum and all sessions at BUSM are faculty in the Department of Family Medicine at BUSM. Generally, you can reach them via email at firstname.lastname@bmc.org or through the BMC paging system at 617-638-8000. Please contact the clerkship coordinator if you are having difficulty reaching a specific faculty member.
Virtual Clerkship Curriculum Description
We have transitioned two weeks of the clerkship content to an online curriculum in order to allow students to continue their learning while maintaining social distancing. All students will complete the clinical portion of the clerkship later in the year.

This Virtual Curriculum Manual serves as an overview of the two-week virtual portion of the curriculum. Students will be provided with a clinical syllabus prior to the start of their clinical clerkship rotations.

The goal of the Family Medicine Virtual Clerkship is to provide instruction in the knowledge, attitudes and skills of Family Medicine. The Virtual Clerkship will provide a foundation in the basic tenets of Family Medicine, preparing the student for entry into the clinical Family Medicine clerkship. During the next two weeks, students will have opportunities for engaged learning through small group, case-based discussions. There will also be opportunities for self-directed and independent learning.

Curriculum Overview

Block Schedule
Block schedule dates for all clerkships can be located on the Medical Education website: 
http://www.bumc.bu.edu/bstm/education/medical-education/academic-calendars/

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

Learning Schedule
The Family Medicine Virtual Clerkship will be held Monday, June 15th to Friday, June 26th, 2020. The Virtual Clerkship will not meet on weekends and there will not be required assignments on weekends. This is a sample schedule. Each learning community will have a unique schedule.

Week 1

<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AM</strong></td>
<td>10-11am Orientation</td>
<td>Self study Aquifer cases</td>
<td>Small Group #1</td>
<td>Self study Aquifer cases</td>
<td>Self study Aquifer cases</td>
</tr>
<tr>
<td><strong>PM</strong></td>
<td>1:30-2:50pm Information Mastery</td>
<td>AME Small Group</td>
<td>1-2pm Health Maintenance Jeopardy Aquifer cases</td>
<td>1-2pm Family Medicine Overview 2-4pm Small Group #2</td>
<td>12:30-2 Acute Respiratory Infection Workshop 2-4pm Small Group #3</td>
</tr>
</tbody>
</table>
Virtual Clinical Experiences
Each day of the virtual clerkship will have a theme. Small group sessions, assigned Aquifer cases, and didactics will be centered on this theme.

Small Group Sessions
The family medicine clerkship core curriculum is centered on two standardized families – the Riveras and the McQs. These families will be represented by cases that contain patient records, with history and physical exam data, lab results etc. (on blackboard) Cases focus on the common, core topics encountered in Family Medicine. Using a modified problem-based learning format, students will address the needs of the various family members.

AQUIFER CLIPP Cases
Students will be assigned AQUIFER Family Medicine cases to supplement the small group and didactic sessions in the Virtual Clerkship. It is estimated that each AQUIFER Case takes approximately 30-45 minutes to complete. We will be monitoring AQUIFER case completion, as all cases must be completed by 5:00pm on Friday, June 26th. If we note that students are taking insufficient time to complete cases, we will ask for cases to be re-done.

Didactic Sessions
We will deliver a variety of didactic lectures to supplement the small group sessions and demonstrate the breadth and depth of the field of Family Medicine. Attendance is required at all didactic sessions.

Learning Communities
You will be assigned a learning community for the entirety of the virtual clerkship. This is the group you will be meeting with regularly to do group learning, discuss things that you have learned, and support each other. You should create a communication contact who will start/run Zoom sessions for your group.

Please communicate to the clerkship coordinator which student will be running your Zoom session and what your Zoom ID is by 5pm on the first day of the virtual clerkship. This student may be given editing permission on BB/google calendar to enter LC meeting times and ZOOM ids.
As a group your learning community should:

- Start brainstorming about how you want your group to work and which of the assigned work you want to do as a group, and which will be done individually. We ask you to submit your group plans for the course by **Wednesday, June 17th at 5:00pm**. This plan should be submitted to Florence Laforest via email.

- Anticipate 3-4 meetings per week (subject to review).

- Create ground rules for communication and learning in your learning community.

- Make a plan for your learning community. Plans for the learning communities may include:
  - Review the group plan for the day/week
  - Do cases on Aquifer (aquifer.org) or other self-study modules together
  - Discuss the online content you are completing—what you learned, questions it raised, etc.
  - Discuss any of the live work you are doing—what you learned, questions it raised, next steps for your learning
  - Support each other in prep for/stress of step 1 and be a community for each other in this isolated time.

These activities are in addition to your Zoom classroom work. We will be assigning a faculty member for each clerkship who will plan to join your group check-in’s a few times over the two-week clerkship.

### Assessment and Grading

**Clerkship Grading Policy**

An overview of the grading policy for the full clerkship is listed below. Please note that the clinical components will take place after all virtual clerkships. Students will take the shelf exam at the end of their clinical clerkship experience.

#### Virtual Clerkship Grading

<table>
<thead>
<tr>
<th>Clerkship Virtual Grading Procedures/Policies</th>
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</thead>
<tbody>
<tr>
<td>- The virtual clerkship is a pass/fail portion of the clerkship. In order to pass the virtual clerkship, students must:</td>
</tr>
<tr>
<td>- Attend all live virtual zoom sessions (unless excused by the clerkship)</td>
</tr>
<tr>
<td>- Attend all learning community group sessions (unless excused by the clerkship)</td>
</tr>
<tr>
<td>- Complete all self-study content</td>
</tr>
<tr>
<td>- Complete all assignments</td>
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<tr>
<td>- Meet the professionalism requirements</td>
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</tbody>
</table>

<table>
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<tr>
<th>Clerkship Specific Virtual Grade Procedures/Policies</th>
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<table>
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<tr>
<th>Professionalism on the Virtual Clerkship</th>
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<tbody>
<tr>
<td>Evaluation of a medical student’s performance while on a clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student’s professional conduct, ethical behavior, academic integrity, and</td>
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</tbody>
</table>
interpersonal relationships with medical colleagues, department administrators, patients, and patients’ families. Any professionalism lapses resulting in a failure to meet the virtual clerkship professionalism requirements may result in a failure of the virtual portion of the clerkship and will require narrative comments by the clerkship director in the summative comment section of the final evaluation.

### Virtual Clerkship Failure and Remediation Policies/Procedures

If a student fails the virtual portion of the clerkship, they will still be allowed to take the clinical portion of the clerkship during the scheduled time.

If a student receives a grade of fail in a clerkship, based on failure of the virtual clerkship, the student will have the opportunity to remediate the failing grade though two additional clinical weeks on that clerkship. Upon earning a passing grade for those clinical weeks, the final grade will be recalculated as specified in the course syllabus and will appear on the transcript as a Fail/(Remediated Grade). A transcript note will be made to designate that the remediation was completed by an additional clinical experience.

**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/](http://www.bumc.bu.edu/busm/faculty/evaluation-grading-and-promotion-of-students/)

### Entire Clerkship Grading

<table>
<thead>
<tr>
<th>HOW MUCH EACH PART OF YOUR GRADE IS WORTH FOR THE ENTIRE CLERKSHIP:</th>
<th></th>
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<tbody>
<tr>
<td>Virtual Clerkship</td>
<td>P/F</td>
</tr>
<tr>
<td>Clinical Grade Percentage</td>
<td>TBD</td>
</tr>
<tr>
<td>Shelf/Exam Percentage</td>
<td>30%</td>
</tr>
<tr>
<td>“Other” Components Percentage</td>
<td>TBD</td>
</tr>
</tbody>
</table>

**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/](http://www.bumc.bu.edu/busm/faculty/evaluation-grading-and-promotion-of-students/)

### Roles and Responsibilities

**Clerkship Director**

- Oversee the design, implementation, and administration of the curriculum for the virtual clerkship curriculum
- Orient students to the virtual clerkship curriculum
- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Ensure student and faculty access to appropriate resources for medical student education. Evaluate and grade students
- Ensure LCME accreditation preparation and adherence
- Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations
Clerkship Coordinator
- Support the clerkship director in the responsibilities provided above
- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Maintain student rosters
- Coordinate orientations and didactic sessions
- Verify completion of virtual clerkship curriculum for each student

Third Year Student
- Attend all of the live virtual sessions
- Attend all learning community sessions
- Complete all self-study work
- Communicate in a timely fashion with clerkship directors and coordinator regarding any anticipated or unanticipated absences

Professional Comportment
Students are expected to adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations, located on the Policies page, under “Academic Policies and Information” (http://www.bumc.bu.edu/busm/files/2015/05/AAMC-Teacher-Learner-Expectations.pdf)

Students are expected to be aware of and follow the site expectations on professional comportment, including, but not limited to, dress code and the use of phones, pagers, and laptops. Students must arrive on time at their site and for any scheduled sessions. Any missed sessions and absences must adhere to the Attendance & Time Off Policy.

Further, below are expectations for student professionalism in the virtual curriculum. These include, but are not limited to:
- Treating the clerkship team in a professional and respectful manner
- Engaging in the virtual curriculum and participating respectfully at all times
- Arriving at scheduled sessions (e.g. Zoom meetings) on time
- Handing in all assignments on time
- Informing clerkship leadership of absences
- Responding to emails in a timely fashion (within 48 hours)

Student Evaluation of the Clerkship
Student feedback is a highly valued, critical resource for helping us continually improve our curriculum. Evaluation of learning experiences is a requirement of the Liaison Committee on Medical Education. To ensure that we have a representative amount of data on our courses and clerkships, all students are expected to complete an evaluation via eValue (www.e-value.net) for each of the courses/modules and their instructors. All evaluations are anonymous and aggregate data is only released to clerkship directors after grades have been submitted for the blocks. Please comment freely and honestly about your experience.
Assignments
AQUIFER Case completion
There are no other required assignments for this Virtual Clerkship.

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/

Collaborative Student Assessment System

Student Disciplinary Code of Academic and Professional Conduct
http://www.bumc.bu.edu/busm/faculty/medical-student-disciplinary-code/

Attendance & Time Off Policy

- 3rd Year Excused Absence Form: https://wwwapp.bumc.bu.edu/MedPersonalDays/home/Index

Personal Day Policies
The personal day policy applies only to the clinical portion of the clerkships.
http://www.bumc.bu.edu/busm/education/medical-education/policies/personal-days-policy/

BUSM Policies
In addition to the expectations listed above, all students are expected to adhere to BUSM and Boston University policies.
http://www.bumc.bu.edu/busm/education/medical-education/policies/

BU Policies and Student Support Services

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/busm/student-affairs/atm/report-an-incident-to-atm/](https://www.bumc.bu.edu/busm/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.


Boston University Sexual Misconduct/Title IX Policy

Boston University Social Media Guidelines

Learning Strategies and Tools

Recommended Texts
- The American Academy of Family Physicians (AAFP) review articles – available online

eValue Student Resources
[http://www.bumc.bu.edu/evalue/students/](http://www.bumc.bu.edu/evalue/students/)

Echo360/Technology
Echo360 may only be used for streaming captured lecture videos; the videos may not be downloaded. Taking smartphone or digital pictures or videos of any part of the lecture in class, or at home, is similar to downloading and is not allowed. There are a number of reasons for this, including that students and/or the University may be liable for violations of federal copyright and privacy laws as a result of the use of copied material.

If you experience any technical problems, please report the issue in one of the following ways to generate an IT ticket:

- **Echo360 Related Issues**: Create a ticket on the Ed Media site ([http://www.bumc.bu.edu/bumc-emc/instructional-services/echo360/](http://www.bumc.bu.edu/bumc-emc/instructional-services/echo360/)): sign in and provide pertinent information that will enable an effective response. Have a link to the problematic video ready to copy/paste into this form.
- **Educational Technology Related Issues:** For assistance with technology supported by BUMC's Educational Media (e.g. ExamSoft), tickets can be created via their website at: [http://www.bumc.bu.edu/bumc-emc/instructional-services/report-an-educational-technology-issue/](http://www.bumc.bu.edu/bumc-emc/instructional-services/report-an-educational-technology-issue/)

- **Other Technology Related Issues:** For assistance with BU-wide technology, such as Blackboard, email an example (e.g. picture or very brief phone video) to ithelp@bu.edu with a descriptive subject line and give as many details as possible on the what, where, how you are using the service and what type of computer, browser, etc. along with type of student (i.e. BUSM III). Always include link(s) to or screen shots of where the issue is occurring.


**Tutoring**

**Office of Disability Services**
Boston University is committed to providing equal and integrated access for individuals with disabilities. The Office of Disability Services provides services and support to ensure that students are able to access and participate in the opportunities available at Boston University. [http://www.bu.edu/disability/policies-procedures/academic-accommodations/](http://www.bu.edu/disability/policies-procedures/academic-accommodations/)

**Session Learning Objectives and Notes**
Using a modified problem-based learning format, students will address the needs of two standardized family members. In the clinical family medicine clerkship, students will work on advanced communication skills through standardize patient encounters. Below are the members of the two families with the suggested readings and learning objectives linked to each visit that will be encountered during the virtual clerkship.
MARY MCQ  
55 year old female

Readings:
1. Chapter 7 – Overview of prevention and screening  
2. Chapter 15 – Women’s health  
3. Understanding and Communicating Risk; Measures of outcome and the magnitude of benefits and harms [http://www.cfp.ca/content/cfp/64/3/181.full.pdf](http://www.cfp.ca/content/cfp/64/3/181.full.pdf)

Learning objectives:
By the end of the clerkship, the student will be able to:

Visit 1:
1. Identify and describe the appropriate screening tests and preventative interventions for adult women  
2. Discuss cardiovascular risk stratification  
3. Discuss common menopause symptoms and evidence-based treatments for these symptoms  
4. Summarize the issues involved in work clearance

MIKE MCQ  
55 year old male

Readings:
2. Chapter 7 – Overview of prevention and screening  
3. Chapter 12 – Approach to Common Chronic Problems – Hypertension  
5. Chapter 23 – Substance Use Disorder  
7. Chapter 18 – Sexuality and Relationship Issues

Learning objectives:
By the end of the clerkship, the student will be able to:

Visit 1:
1. Identify the current recommendations for routine screening in an adult male  
2. Diagnose hypertension using criteria established by the eighth report of the Joint National Committee on detection, evaluation and treatment of high blood pressure  
3. Describe lifestyle/environmental/nutritional factors involved in the non-pharmacologic treatment of hypertension  
4. Differentiate the major classes of anti-hypertensive drugs and their appropriate use in the ambulatory management of hypertension  
5. Recommend the initial work-up of the patient with the new diagnosis of hypertension, including the rationale behind any recommended testing
6. Describe and apply the ACC/AHA cardiovascular risk screening and cholesterol treatment guidelines

Visit 2:
1. Describe an approach to sexual dysfunction in a male patient
2. Generate a differential diagnosis for erectile dysfunction
3. Discuss a work-up and treatment approach for erectile dysfunction
4. Describe smoking cessation management options

MARTA RIVERA
17 year old female

Readings:
1. Chapter 8 Prenatal Care
2. Chapter 14 Contraception
3. Adolescent Health Screening and Counseling Am Fam Physician 2012
   https://www.aafp.org/afp/2012/1215/p1109.html
   https://www.aafp.org/afp/2018/0915/p368.html

Learning Objectives:
By the end of the clerkship, the student will be able to:

Visit 1:
1. Deliver the diagnosis of pregnancy and practice patient-centered options counseling
2. Describe the principles of diagnosis and management of a urinary tract infection

Visit 2:
1. List the components and rationale of the history, physical exam, testing and patient education done in the first prenatal visit
2. Discuss psychosocial screening as it relates to the care of pregnant patients (for example, housing, violence, etc.).

Visit 3:
1. Discuss the components of the postpartum visit and identify the medical issues commonly encountered in the post-partum
2. Describe options for contraception, and identify resources to assist with choosing the safest contraceptive options for specific patient populations (e.g. post-partum, breast feeding, etc)
3. Describe the benefits of breastfeeding for both the mother and child
4. Assess the adequacy of breastfeeding, identify a proper latch, and identify resources for breastfeeding support
TERESA RIVERA
45 year old female

Readings:
1. Chapter 12 Approach to Common Chronic Problems
2. Chapter 15 Weight Management and Nutrition
3. "Lending a Hand" to Patients with Type 2 Diabetes: A Simple Way to Communicate Treatment Goals
   [http://care.diabetesjournals.org/content/38/Supplement_1/S41.full.pdf+html](http://care.diabetesjournals.org/content/38/Supplement_1/S41.full.pdf+html)
5. Chapter 21 – Family Violence
6. Chapter 22 – Common Psychosocial Problems
7. Diabetes Self-Management: Facilitating Lifestyle Change

Learning objectives
By the end of the clerkship, the student will be able to:

Visit 1:
1. Identify the diabetes screening guidelines and diagnostic criteria
2. Discuss the work-up and initial treatment options for a patient newly diagnosed with diabetes
3. Identify the surveillance and treatment recommendations for the prevention of both co-morbidities and mortality for patients with type 2 DM
4. Describe how to counsel a patient about lifestyle modifications including nutrition and exercise counseling

Visit 2:
1. Discuss indications for starting insulin and how to discuss this with a patient
2. Identify and describe the challenges associated with caring for patients with chronic diseases
3. Discuss the role of mental health in the care of those with chronic disease
ROBERTO RIVERA
2 ½ year old male

Readings:
4. Chapter 9 The Pediatric Well Child Check

Learning objectives:
By the end of the clerkship, the student will be able to:

Visit 1:
1. Identify and discuss differential diagnosis, classification, and diagnosis of wheezing and cough in a child
2. Discuss and outline the diagnosis and management of asthma in children, including medication, monitoring, and prevention
3. Assess growth in young children
4. Identify and discuss disparities in asthma care and outcomes.

Visit 2:
1. Identify and describe the components of a well-child check
2. Discuss the utility of screening tools for developmental delay and autism spectrum disorders and appropriate follow up if the screen is positive
3. Discuss the importance of anticipatory guidance and tools to use to help facilitate this conversation
4. Identify and describe the appropriate screening tests and preventative interventions for a 30 month old child
CASIMIRA RIVERA
65 year old female

Readings:
1. Chapter 10 – Care for the Aging Patient
   http://www.aafp.org/afp/2013/0915/p388.html

Learning objectives:
By the end of the clerkship, the student will be able to:

Visit 1:
1. Discuss the utility, benefits, and challenges of geriatric assessment in the home and office settings
2. Create and discuss the differential diagnosis of functional decline in the geriatric patient
3. Discuss the effects of medical illness on function in the elderly patient
4. Discuss use of herbal supplements and identify evidence-based resources to evaluate safety, efficacy
   and interactions
5. Discuss approaches to and strategies for the encounter with patients with multiple medical issues,
   including prioritization and patient education
6. Discuss the experience of completing an advanced directive

Clerkship Didactic Sessions/Workshops

Overview of Family Medicine

Learning objectives:
By the end of the clerkship, the student will be able to:

1. Describe the key characteristics of Family Medicine and the key attributes of a Family Physician
2. Describe the state of US healthcare in terms of overall quality, cost and health outcomes, and how the
   US compares to other industrialized nations.
3. Discuss the importance of primary care to the healthcare system in terms of improving health
   outcomes, lowering cost, and improving equity in health
4. Describe where most medical care is taking place in the US and which specialties are providing primary
   care
5. Discuss the current training model and fellowship opportunities for Family Medicine
6. Discuss the typical practice settings and roles for Family Doctors nationally and in the Boston University
   Department of Family Medicine
7. Discuss the characteristics of the new model of Family Medicine and the future of Family Medicine
Advanced Information Mastery Workshop

Readings:
1. Chapter 3 – Information Mastery

Learning objectives:
By the end of the clerkship, the student will be able to:
1. Name 5 different EBM resources and identify when each is most useful
2. Perform a quick and effective search to answer clinical foreground questions using point-of-care resources
3. Categorize quality of an answer using the Usefulness Equation

Acute Respiratory Infections Workshop

Learning objectives:
By the end of the clerkship, the student will be able to:
1. Identify the signs and symptoms typically present in strep pharyngitis, mononucleosis, upper respiratory tract infections, acute bronchitis, community acquired pneumonia, influenza, acute otitis media, and sinusitis.
2. Discuss diagnosis and work up for strep pharyngitis, mononucleosis, upper respiratory tract infections, acute bronchitis, community acquired pneumonia, influenza, acute otitis media, and sinusitis.
3. Identify evidence-based treatments (pharmacologic, CAM, and other) using point-of-care resources for strep pharyngitis, mononucleosis, upper respiratory tract infections, acute bronchitis, community acquired pneumonia, influenza, acute otitis media, and sinusitis.

Musculoskeletal Workshops

Learning objectives:
By the end of the clerkship, the student will be able to demonstrate the ability to:
1. Examine the shoulder appropriately including inspection, palpation, and range of motion, strength, and special testing.
2. Conduct an appropriate knee examination including inspection, palpation, and range of motion, strength, and special testing.
3. Perform an appropriate back examination including inspection, palpation, and range of motion, strength, and special testing.

Physician Wellness

Learning objectives:
By the end of the clerkship, the student will be able to:
1. Identify the role of personal values in life choices.
2. Describe the prevalence and risks of burnout and mental health disorders in physicians and medical trainees.