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/
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### BUSM Medical Education Program Objectives

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| **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) |
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| **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) |
**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)
- 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)

**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. Understand the indications and contraindications for performing LPs and know the general approach for performing LPs *(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
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Associate Director
Sarah O’Shea, MD
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Clerkship Coordinator
Joseph Russo
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Email: jnrusso@bu.edu
Office: Collamore C30
Clerkship Specific Information

Clerkship Description

Focus of clerkship
The purpose of the third year clerkship in Neurology is to provide the basics of neurological disease seen in inpatient and outpatient neurology settings. This Clerkship focuses in immersing the student to Neurology and prepare him/her for any encounter of Neurological disease in the student’s future career in any chosen specialty. The clerkship will teach the basics of taking a neurological history and performing an examination with the goal of localizing the lesion in the nervous system. It will also teach how to synthesize information from history and physical in order to produce a differential diagnosis and treatment plan. You will be exposed to the outpatient clinic where you will encounter chronic disorders and to the inpatient where you will be involved in treatment of acute neurological disorders. Students will also learn the indications and contraindications for performing LPs and know the general approach for performing LPs. In addition, the clerkship offers support to those considering Neurology as a future career.

Neurology is an expanding field with increasing treatment modalities and breakthrough in therapeutics including multiple sclerosis medications, deep brain stimulation in movement disorders or anti-sense-oligonucleotides for genetic diseases such as Spinal Muscular Atrophy to name a few.

What to Expect During the Neurology Clerkship

You will work in high volume ambulatory and inpatient practices of Neurologists and residency programs. In the course of the clerkship, you will:
- Learn how to complete a neurological examination in a timely manner, interpret the findings of the neurological examination and localize the lesion.
- Learn how to work in a large team and focus on patient care.
- You will be taking care of patients, working with your team, preparing for rounds, and keeping-up with reading assignments.
- You will understand the concepts of evidence based medicine
- You will get exposure to lumbar puncture

How to Succeed

To successfully complete the clerkship, the student is required to do the following:
- Remain professional at all times
- Participate fully in ALL didactics, inpatient and outpatient setting
- Treat Neurophobia
- Be pro-active about seeing patients, Follow-up 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.
- 5 minute topic presentations on the floors
- Review your neuro-anatomy and radiology
- Practice your neurological exam whenever possible.
- Show interest and motivation.
- For the differential mention the most common, the most treatable, most dangerous and a couple of zebras
- Carry snacks in your white coat.
• Ask questions
• Read about the diagnoses your patients have IN REAL TIME (use the syllabus’ references and eCurriculum guides)
• Do practice questions throughout the clerkship

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.

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.

Site Information
Site maps indicating the availability of student resources at our affiliate hospitals can be found under the Clinical Sites section of the Medical Education Office’s Student Resources page at http://www.bumc.bu.edu/busm/education/medical-education/student-resources/#siteinfo.

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
• St. Elizabeth’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.

Boston Medical Center
72 East Concord, Boston MA, 02118
Site Director: Shuhan Zhu, MD, (617) 638-5380, shuhan@bu.edu
Site Administrator: Joseph Russo, (617) 638-5348, jnrusso@bu.edu

Outpatient Clinic at Boston Medical Center
All BMC students are required to complete 1-2 weeks in the outpatient neurology clinic.

This will be a mix of televisits and inperson sessions. If you are assigned to televisits, please email the attending 1-2 days before to coordinate, when emailing include the following:
• Your cell phone number
• Ask for the attending’s cell phone number
• Their televisit Zoom code (if they have one for seeing patients on Zoom)
• Ask to be assigned to call 1 patient/halfday from their schedule to call ahead of time

Work flow for televisit:
Please make sure you can see the schedule for the attending that you are working with. You would call the patient ahead of time before their scheduled visit to get history, you can ask the patient if they are able to use Zoom (if so give them the attendings code if you have it). At the time of their visit you would call the attending to discuss the patient by phone and then you can help call the patient and merge the call together or all get on Zoom together.

Write a note for televisit patients that you obtained history on

Work flow for inperson visits:
Please make sure you can see the schedule for the attending that you are working with.

Show up to your outpatient clinic at the Shapiro Building on the 7th floor, Suite 7B at 8:00 AM. You will report to the conference room in the clinic, as for where the attending you are assigned to may be working today (medical assistants can help). Introduce yourself to the attending

Expectations for outpatient:

- Be well prepared to present your patient with a thorough history, relevant past medical history, ROS, medications, prioritized differential, and plan.
- If clinic is slow, research your patient(s) and their disorders, volunteer to take on more patients, or study independently.

*Note: For those students whose outpatient week is the first week of the rotation, you will not have clinic on that Monday (orientation day), or that Tuesday (didactic day). Your first day of clinic will be that Wednesday.

General Neurology Service at Boston Medical Center

Some students will spend a portion of their neurology rotation on the general neurology service. You will receive an assignment at the work room in Menino. The service pager is 6381. Please be on campus by 7:30 am to log on to Zoom for Morning Report which goes from 7:30-8am: [https://bu-hipaa.zoom.us/j/93698237455913038](https://bu-hipaa.zoom.us/j/93698237455913038), password 913038.

After Morning Report, please call the general/stroke work room at 617-414-4221 and ask for the senior resident on general neurology to be assigned a patient to pre-round on and to coordinate on when rounds may be; sit down rounds will typically occur via Zoom for students to reduce crowding. Please ask for the senior residents’ cellphone number and text them with your number

Pre-rounding includes: checking with your resident regarding any overnight issues, seeing your patient with a focused history and exam, checking Epic for new labs or imaging, reviewing vital signs and notes from consults, seeing if there are any overnight event notes or consult recommendations in the chart, and checking telemetry at the nursing station, if applicable.

After pre-rounding, you will report back to the workroom for rounds, where you will present the patient that you have pre-rounded on. The time that rounds begin depends on the attending for that day. Pre-rounding runs from 8-9. In the afternoons if you are not in the process of seeing a patient, please go to Shapiro clinic areas/conference room or medical school to work on notes and reduce physical crowding, you may also use the small work room on 7E if it is free (note, this is a shared space so may not be free as assignments change through the year).
You will mainly keep in touch with the team through a group text, please make sure you are included or added to the group text or you can help start the group text by collecting cellphone numbers.

Throughout the course of the day, the neurology team will be paged about patients presenting with neurologic complaints in the emergency room. You may be asked to independently evaluate a patient in the ER. Neurology is consulted for a wide variety of reasons, but some of the most common include possible seizure, altered mental status, headache, dizziness, or focal weakness.

Expectations

- Pick-up at least one patient (approved by a resident) to present at rounds.
- Pre-round on your patient(s). Specific responsibilities are listed above. In general, be aware of the results in Epic for all vitals, labs, imaging, tests, notes left by consulted teams, overnight events, etc. for your patient.
- Be well-prepared to present your patient(s) succinctly during sit down rounds, with a prioritized differential, plan, and any updates.
- 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, and include a prioritized differential, and plan.
- Complete at least one H&P or progress note daily, and ask your resident or attending to evaluate and review it with you.
- Sometimes you may able to witness procedures being done, 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.
- **Weekends**: students will be scheduled for no more than 1 weekend of the clerkship if their scheduled days fall on a weekend.

**Stroke Service at Boston Medical Center**

Some students will spend a portion of their neurology rotation on the stroke service, ranging from 1-2 weeks. The service pager is 3278.

Please be on campus by 7:30am to log on to Zoom for Morning Report which goes from 7:30-8am: [https://bu-hipaa.zoom.us/j/93698237455913038](https://bu-hipaa.zoom.us/j/93698237455913038), password 913038.

After Morning Report, please call the stroke/general work room at 617-414-4221 and ask for the senior resident on general neurology to be assigned a patient to pre-round on and to coordinate on when rounds may be; sit down rounds will typically occur via Zoom for students to reduce crowding. Please ask for the senior residents’ **cellphone number and text them with your number**.

See **General Neurology Service Expectations above for more information on pre-rounding**.

Rounds begin 9AM. On the stroke service, there will be a different attending every week. In the afternoons if you are not in the process of seeing a patient, please go to Shapiro clinic areas/conference room or medical school to work on notes and reduce physical crowding, you may also use the small work room on 7E if it is free (note, this is a shared space so may not be free as assignments change through the year).
You will mainly keep in touch with the team through a group text, please make sure you are included or added to the group text or you can help start the group text by collecting cellphone numbers.

During the course of the day, the stroke team may be paged about patients presenting with a possible stroke in the emergency room or in the trauma bay. Stroke is consulted for a wide variety of reasons, but some of the most common include focal weakness or numbness, dysarthria, aphasia, changes in vision, or altered mental status. You will either see these acute patients independently or with a resident.

**Expectations**

- Pick-up at least one patient (approved by your resident) in the morning to present at rounds.
- Pre-round on your patient(s). Specific responsibilities are listed above. In general, be aware of the results in Epic for all vitals, labs, imaging, tests, notes left by consulted teams, overnight events, etc. for your patient.
- Be well-prepared to present your patient(s) succinctly during rounds, with a prioritized differential, plan, and any updates.
- Take a thorough history (including relevant past medical history and medications) and perform a comprehensive neurologic exam for a stroke consult in the emergency room. Present to a resident, fellow, or attending, and include a prioritized differential and plan.
- Participate in chief rounds by having a patient to present to Dr. Greer, the chief of the neurology department. Chief rounds are usually on Monday afternoons in the heart center, but refer to the emails sent by the department for the most up-to-date information. Usually only one student needs to pick a patient for that day. Dr. Greer will want to discuss the history, exam findings, and imaging for that patient, and may do some bedside teaching as well.
- Attend a stroke conference that may be held once a week. Ask your resident for instructions on location, time, and whether you should go.
- Complete at least one H&P or progress note daily, and ask your resident or attending to evaluate and review it with you.
- 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.
- **Weekends**: students will be scheduled for no more than 1 weekend of the clerkship if their scheduled days fall on a weekend.

**Neurology ICU at Boston Medical Center**

Some students will spend a portion of their neurology rotation in the neurology intensive care unit for 1 week. The ICU service tends to be the busiest service and covers very complex patients. The service pager is 8000.

Report to the NeuroICU work room at 6:30am for signout and then pre-round in the ICU on your patient(s). Please Zoom into Morning Report from 7:30-8am.

Rounds are at 8am or 8:30am depending on the attending for the week. **See General Neurology Service Expectations above for more information on pre-rounding.**

Rounds typically start after sign out and morning report, where you will present the patient you have pre-rounded on. This is the service where you will learn the most about medical management of your patients. The days tend to be long (7 am to 5 PM). In addition, you are expected to research management and treatment options for your patient. You serve as a liaison for your patient to other services and with the family. You may
or may not write notes on your patient’s every day. In addition, you should be prepared to present short (2-10 min) presentations on topics related to your patients. These may be presented during rounds, after rounds, or during downtime.

Expectations:
- Pre-round on your patients and be prepared for rounds with ALL information from tests, images, consults, vitals, vent settings, ins and outs, and any other ICP or line information that is available.
- Know the pulmonary, cardiac, GI, GU, hepatic, and renal function of each patient assigned to you. On this service you will be managing not only the neurological aspects of your patients but ALL systems.
- Learn how to do coma and brain death examinations. Many of the patients will be intubated so you may have a chance to learn these.
- 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.
- **Weekends**: students will be scheduled for no more than 1 weekend of the clerkship if their scheduled days fall on a weekend
- **Neurosurgery at Boston Medical Center**

Some students will elect or be assigned to spend a portion of their neurology rotation on the neurosurgery service. Depending on scheduling, you may spend one day to one week on this service.

**One-Week Inpatient Rotation**

Clinical Expectations
1) Round daily (7th Floor Shapiro Building) with the neurosurgery house staff team in the AM
2) Attend at least 2 outpatient clinic sessions (9 AM- 5 PM)
3) Observe or participate in operating room activities at least 1 day
4) Take 1- night call with the house staff or round with the house staff on a Saturday or Sunday
5) Demonstrate at least one (1) neurological History and Physical and at least 1 neurological Exam to an attending neurosurgeon.

**One-Day Clinic Rotation**

Students are to report to the neurosurgery clinic (7th Floor Shapiro Building) at 9 AM on Thursday and will see patients with Dr. Holsapple. Students are expected to review patient records, interview new and follow-up patients, present patient information to the attending, construct and review a neurological differential diagnosis for each patient seen, demonstrate history and physical exam skills, review radiographs, and demonstrate at least one full neurological exam to the attending.

**Pediatric Neurology at Boston Medical Center**

Some students will elect or be assigned to spend a portion of their neurology rotation on the pediatric neurology service. These students will receive an email from Lan Ruan, the pediatric neurology coordinator, with specific instructions and a schedule.

If your first day on the pediatric neurology week is a Monday, you will begin on that Monday in the pediatric neurology clinic on the 8th floor of the Shapiro building, Suite 8C. Introduce yourself to the attending in clinic that you will be working with (listed on your schedule). Patients report to pedi neurology clinic for a variety of conditions and disorders, including, but not limited to: seizure management, migraine management, concussions, cerebral palsy, or autism. These patients may present for an initial work-up or evaluation, treatment, or for follow-up.
Please introduce yourself to the chief resident on Wednesday morning in the resident workroom at 7:30 a.m. before clinic starts. If this is not possible, then introduce yourself on Wednesday afternoon after clinic is over.

The chief resident will orient to the current in-patients. The chief resident will also assign you a presentation topic for Thursday or Friday. This can be a 10-15 minute brief talk.

The time for attending rounds will be decided at the start of each day. During the course of the day, the pediatric neurology team may be paged about patients presenting with neurologic issues in the emergency room. After rounds, you will see these consults with your resident. Work after rounds will include reviewing these patients’ records in Epic, speaking with patients and families about updates, and communicating the issues to the team. You may be expected to go and evaluate a patient in the emergency room alone. Pedi neurology is consulted for a wide variety of reasons, but some of the most common include for possible seizure, altered mental status, or headache.

Expect to attend neuroradiology rounds on Friday afternoons, and EEG rounds, pediatric neurology grand rounds, and other educational lectures as scheduled throughout the week. The times will be listed on your schedule.

The attending on the service will be the point person and responsible for your evaluation. You can find the attending’s last name on your schedule (emailed to you by Lan Ruan) below the listed date.

Expectations

- Prepare a 10-15 minute presentation on both a topic and date approved by your chief resident.
- Prepare for outpatient clinic days by reading up on scheduled patients in Epic. The patients will be scheduled under the attending’s name.
- Take a thorough history (including relevant past medical history and medications) and perform a comprehensive neurologic exam, if asked to see a patient in the clinic or emergency room. Present to the attending, fellow, or resident, and include a prioritized differential and plan.
- Complete at least one H&P or progress note, and ask your resident or attending to evaluate and review it with you.
- Attend all scheduled teaching conferences including Grand Rounds, EEG rounds, and neuroradiology rounds on Thursdays and Fridays.
- Sometimes you may be able to witness procedures being done, 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, or study. If there is work to do, you should be volunteering to help.

Boston VA: West Roxbury & Jamaica Plain

**Jamaica Plain**: 150 S Huntington Ave, Boston, MA 02130
**West Roxbury**: 1400 VFW Parkway, West Roxbury, MA 02132
Site Director: Dr. Manisha Thakore, Manisha.Thakore-James@va.gov
Site Administrator: Nancy Caruso, (857) 364-6184, Nancy.Caruso2@va.gov
Site Coordinator: Jessica Kamholtz, jessica.kamholtz@va.gov
Credentialing: Laura Zubris, laura.zubris@va.gov (857)-364-4750
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.

**Weekends:** students will be scheduled for no more than 1 weekend of the clerkship if their scheduled days fall on a weekend

**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**
330 Mt Auburn St, Cambridge, MA 02138
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.*

**Weekends:** in place of a weekend shift students will take a “latestay” to perform new consults that may be called in

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

**Braintree Rehab Facility (HealthSouth)**
250 Pond Street, Braintree, MA 02184
Site Director: Dr. Brigid Dwyer, Brigid.Dwyer@bmc.org
Site Administrator:

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.*

**Weekends:** there is no weekend coverage expectations, to maximize clinical exposure students will take 1 late stay shift at Braintree where they will stay late and evaluate new admission patients up until 10:30pm

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

**St. Elizabeth’s Medical Center**
736 Cambridge St, Boston, MA 02135
Site Director: Dr. Margot Ebril-Lel, margarita.ebril-lel@steward.org
Site Administrator: Rachel Wiegand, Rachel.wiegand@steward.org 617-789-2375

*Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD
Updated 9/2020, Medical Education Office*
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.

**Weekends:** students will be scheduled for no more than 1 weekend of the clerkship if their scheduled days fall on a weekend

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

**Manchester VA**

718 Smyth Rd. Manchester, NH 03104

Site Director: Dr. Jim Whitlock (director) – [james.whitlock@va.gov](mailto:james.whitlock@va.gov), 603-475-4978; cell

Site Administrator: Sherri Henry, [Sherri.Henry2@va.gov](mailto:Sherri.Henry2@va.gov) (603)-624-4366 x6663, 603-557-3386 (cell)

Sherry Thrasher, [sherry.thrasher@va.gov](mailto:sherry.thrasher@va.gov), Cell 603-289-1800

Manchester VA Medical Center is an all outpatient facility where 3 clinically trained neurologists see a variety of neurological diseases on a daily basis.

Students will spend week #1 at BMC to obtain inpatient training and spending weeks 2-4 at Manchester VA for remainder of rotation which is outpatient.

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.

**Kaiser Permanente Regional Campus, Silicon Valley (Santa Clara and San Jose)**

**Santa Clara:** 700 Lawrence Expy, Santa Clara, CA 95051

**San Jose:** 250 Hospital Pkwy, San Jose, CA 95119

Site Director: Dr. Ted Tasch, [Ted.S.Tasch@kp.org](mailto:Ted.S.Tasch@kp.org) (408)-829-6350

Site Administrator: Sandeep Tumber, [Sandeep.X.Tumber@kp.org](mailto:Sandeep.X.Tumber@kp.org) (408)-972-3807
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.

**Weekends:** depending on the schedule students will be scheduled for an afterhours experience which may consist of a late stay or weekend shift, students will be scheduled for no more than 1 weekend of the clerkship if they are scheduled for a weekend

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

**Clerkship Schedules**

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

**Didactic Schedule**
Didactics happen every Tuesday. Didactics 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 Jeopardy
- Pediatric Neurology
- Epilepsy Lecture
- Sleep IntroMini-Mental Status
- Neuro ICU
- Neuro Rehab
- LP SIM
- Neurological Exam Workshops/Bedside Skills
- Neuromuscular
- Case Discussion
- Movement Disorders
- MS/Neuro Opth
- Bedside Skills Teaching

**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.
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 eValue
8. Evaluate faculty and programs via peer review and reports from the Medical Education Office 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
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. Orients 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
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

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.
• 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.

Intimate Exam Policy
Students participating in an intimate exam with a patient (which includes, pelvic, genitourinary and rectal exam) must have a chaperone with them, irrespective of the gender of the patient or the student.
Permission to participate in an intimate exam must be obtained by the supervisor in advance of the examination itself. The patient has the right to decline student attendance at any examination. If a student is unable to perform any intimate exam due to patient preference, the student’s evaluation will not be impacted and if necessary the clerkship director will provide an alternative experience.

Physical Exam Demonstrations
The demonstration of the physical examination on students should not be done by any supervisor of students including residents and attending faculty. Practicing the physical examination on students places them in a position where they may feel pressure to consent to something they may not feel comfortable with.

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 “Data Synthesis Skills”:

A 3rd year student who is competent in this domain:

- Identifies and attempts to prioritize patients' major problems and concerns while considering the impact of psychosocial factors
- Prioritizes differential diagnosis accurately for common clinical presentations specific to the patient including “can’t miss” diagnoses
- Justifies differential diagnosis logically for common clinical presentations by using disease prevalence, pathophysiology, and pertinent positive and negative clinical findings
- Develops an appropriate synthesis statement in their assessment (that includes a commitment to a leading diagnosis and/or a “can’t miss” diagnoses)

☐ Not observed or not enough information to make a judgment
☐ Needs intensive remediation in this domain
☐ Needs directed coaching in this domain
☐ Approaching competency in this domain
☐ Competent in this domain
☐ Achieving behaviors beyond the 3rd year competency criteria

Use the target behaviors described above to provide a narrative of the student’s data synthesis skills

There is a description of the behaviors for students who are competent in each domain. Following that are the six choices.

- Not observed or not enough information to make a judgment: If you feel you have not observed a student enough to make a judgment in a certain domain, you should check off this category. That said, if you are able to make a judgment please do so – your feedback is vitally important to the student and their learning.
- Needs intensive remediation in this domain: These are students who despite coaching are unable to succeed in this domain. This category is consistent with a student who would fail in this domain.
- Needs directed coaching in this domain: These are students for whom faculty/residents need to spend significant time coaching in order to perform in this domain.
- Approaching competency in this domain: These are students who are meeting some but not all of the competency behaviors listed for the domain.
- Competent in this domain: These are students who are displaying the behaviors described for the domain.
• Achieving behaviors beyond the 3rd year competency criteria: These are students who are exceeding the behaviors described. The reach behaviors can be found at [http://www.bumc.bu.edu/bstm/files/2020/08/Third-Year-Reach-Behaviors.pdf](http://www.bumc.bu.edu/bstm/files/2020/08/Third-Year-Reach-Behaviors.pdf).

For each category, you should describe the student’s skills you have observed. This section is required when a student is performing in any of the domains except “Competent in this Domain”

*For more detail, please refer to CSEF form at [http://www.bumc.bu.edu/bstm/files/2019/05/CSEF.pdf](http://www.bumc.bu.edu/bstm/files/2019/05/CSEF.pdf).*

**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). Each clerkship will require one interviewing technique and one physical exam FOCuS form to be completed. The BUSM Formative Assessment and Feedback Policy can be found here: [http://www.bumc.bu.edu/bstm/education/medical-education/policies/formative-assessment-and-feedback/](http://www.bumc.bu.edu/bstm/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 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 **BUSB 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.”

HOME VISIT
Certain clerkships have home visits. Primary faculty need to provide complete instructions regarding the home visit and expectations for the student.

Home visit safety
Student and patient safety is a priority for home visits. Students are required to go to their home visit with another student or clinician (MD, NP, RN, Resident, etc.). At no time should a student participate in an experience where they are in danger or feel uncomfortable. Please assist the student in finding an appropriate patient for their home visit with respect to educational, patient care, logistical, and safety goals. Students are encouraged to talk with their preceptor or the clerkship director if they have questions or concerns at any point. The student should notify the primary preceptor or a designated staff member of the date and location of their home visit before they go to the patient’s home.

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/bumc/education/medical-education/policies/work-hours/
- **Core Clerkship Personal Days Policy**: [http://www.bumc.bu.edu/busm/education/medical-education/policies/personal-days-policy/](http://www.bumc.bu.edu/busm/education/medical-education/policies/personal-days-policy/)

**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**

**Needle Sticks and Exposure Procedure**
(See Appendix C)
FOCUS: Feedback and Observation of Clinical (UME) Students

INTERVIEWING TECHNIQUE

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
  - Give positive and constructive feedback: at least 2 positives and 2 areas for improvement and develop an action plan

Interviewing Technique

A 3rd year student who is competent in this domain:
1. Introduces self to patient and attempts to develop rapport
2. Takes a chronologic history of present illness without interruption
3. Attempts to use the differential diagnosis to gather data
4. Follows an organized interview framework
5. Uses summarization of history back to patient or checks for accuracy
6. Actively listens using verbal and non-verbal techniques (reflective statements, summary statements, open body language, nodding, eye contact, etc.)
7. Completes within appropriate time frame

A 3rd year student who is achieving behavior beyond the 3rd year competency criteria:
1. Demonstrates patient-centered interview skills (e.g. attends to patients' verbal/nonverbal cues, culture, social determinants, need for interpretive/adaptive services etc.)
2. Probes for relevant, subtle details
3. Integrates information from the patient and from other relevant resources (e.g. EMR, caregiver, witness, outside records)

Comments - specific examples of behaviors observed or missing from above:
(Note: It is okay to give your feedback verbally and have the student scribe- the important part is giving specific, timely, behaviorally based feedback)

Student Reflection - What would you change or do differently?

Next steps for student growth:
These should be developed based on feedback from the observation and the above behaviors- student should develop these with faculty and write them here:

1.
2.
3.

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

Supervisor Signature ______________________________
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
  - Give positive and constructive feedback: at least 2 positives and 2 areas for improvement and develop an action plan

### Physical Exam

**A 3rd year student who is competent in this domain:**
- Attempts to use correct technique in an organized fashion
- Attempts to use the differential diagnosis to guide exam
- Performs examination in a patient-sensitive manner
- Identifies and interprets key pertinent findings

**A 3rd year student who is achieving behavior beyond the 3rd year competency criteria:**
- Demonstrates focused, efficient and systematic exam on all relevant systems
- May identify and interpret even subtle findings accurately
- Uses the exam to explore and prioritize the working differential diagnosis
- Recognizes when to use and performs specific exam techniques when indicated to narrow the differential diagnosis.

### Comments - specific examples of behaviors observed or missing from above:

(Note: It is okay to give your feedback verbally and have the student scribe - the important part is giving specific, timely, behaviorally based feedback)

### Student Reflection - What would you change or do differently?

### Next steps for student growth:

These should be developed based on feedback from the observation and the above behaviors - student should develop these with faculty and write them here:

1. 
2. 
3. 

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

Supervisor Signature ______________________________
MID-CLERKSHIP EVALUATION FORM

Student Name: ________________________________
Faculty Reviewer: ________________________________

During the Mid-Clerkship Meeting, faculty and student should meet, complete, discuss, and sign the Mid-Clerkship Review form (this paper) 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:** Faculty please complete a Mid-Clerkship CSEF, review each domain with the student and provide feedback and/or review completed FOCuS Forms with the student.

**Step 2:** Please review student’s required patient encounter log, duty hour log and their FOCuS forms

**PATIENT LOG (REQUIRED DIAGNOSES and PROCEDURES)**
Required patient encounters remaining:
Plan and timeline for completion or alternative experiences:

**FOCuS FORMS** Review complete: Yes ☐ No ☐
Direct Observation and Feedback Forms Remaining:
Plan and timeline for completion:

**DUTY HOUR LOG** Review complete: Yes ☐ No ☐

**Step 3:** Written feedback

List AT LEAST 2 SPECIFIC student strengths and comments on their performance (List behaviors, skills, etc.)

List AT LEAST 2 SPECIFIC items to work on during the second half of the clerkship (discuss action plan with student):

Please provide feedback on professionalism:
Step 4: Action Plan

Students: Write 3 learning goals for the rest of the rotation based on the feedback you received and discuss them with your faculty reviewer

1.

2.

3.

Student signature ____________________________________

Faculty signature ____________________________________

Clerkship director signature__________________________
(if not the same as above)
Appendix C

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

Adapted from the Family Medicine’s Preceptor Manual, written by Miriam Hoffman, MD and Molly Osher-Cohen, MD
Updated 9/2020, Medical Education Office
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. Angela Jackson, Associate Dean of Student Affairs. Dr. Jackson can be reached in the Office of Student Affairs (617-358-7466).

Revised Jan 2018