Clinical Supervision of Medical Students:
Promoting Patient and Student Safety

Faculty Guidelines
AY 2020-2021

Boston University School of Medicine

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

**BUSM Medical Education Program Objectives** ................................................................. 4  
**Contact Information** ........................................................................................................ 8  
Clerkship Specific Information ......................................................................................... 9  
  - Pediatric Clerkship Didactic Topics (covered in Virtual Clerkship June 29, 2020 – July 10, 2020) .................................................. 9  
Clerkship Schedules ........................................................................................................... 9  
  - Block Schedule ............................................................................................................. 9  
  - Didactic Schedule ........................................................................................................ 9  
  - Daily Schedule .......................................................................................................... 9  
  - Call Schedule ........................................................................................................... 10  
Holidays .............................................................................................................................. 10  
Formative Assessments ..................................................................................................... 10  
Blackboard ......................................................................................................................... 10  
Assignments ....................................................................................................................... 11  
Patient Encounters/Case Logs .......................................................................................... 11  
General Responsibilities of the Clinical Faculty .............................................................. 14  
  - GOALS OF THE CLINICAL CLERKSHIP ................................................................. 14  
  - CLERKSHIP STRUCTURE .......................................................................................... 14  
  - OVERALL RESPONSIBILITIES ................................................................................. 14  
    - Clerkship Director/Assistant Clerkship Director ...................................................... 14  
    - Clerkship Coordinator ............................................................................................ 14  
    - Clerkship Site Director ............................................................................................ 15  
    - Primary Clinical Faculty/Residents ......................................................................... 15  
**SETTING OF THE CLINICAL CLERKSHIP** .................................................................. 15  
**SUPERVISING THE STUDENT** .................................................................................... 16  
  - Intimate Exam Policy ................................................................................................ 16  
  - Physical Exam Demonstrations .................................................................................. 17  
  - Federal Guidelines for documentation ....................................................................... 17  
  - EMR Documentation .................................................................................................. 17  
**SUPERVISION AND DELEGATING INCREASING LEVELS OF RESPONSIBILITY** .... 17  
**STUDENT ASSESSMENT** ............................................................................................... 17  
**FEEDBACK** .................................................................................................................... 18  
**EARLY RECOGNITION OF LEARNING PROBLEMS** ..................................................... 19  
**MID ROTATION MEETING** ............................................................................................ 19  
**FINAL GRADE AND NARRATIVE COMMENTS** ............................................................. 20
<table>
<thead>
<tr>
<th>INSTITUTIONAL LEARNING OBJECTIVE</th>
<th>MEDICAL EDUCATION PROGRAM OBJECTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B - Behaves in a caring, compassionate and sensitive manner toward patients and colleagues of all cultures and backgrounds. (Interpersonal and Professionalism)</strong></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>
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<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>
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<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>
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<tr>
<td><strong>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)</strong></td>
<td>U.1 - Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (1.1)</td>
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<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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<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>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>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>U.8 - Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations. (2.2)</td>
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<tr>
<td></td>
<td>U.9 - Apply established and emerging principles of clinical sciences to health care for patients and populations. (2.3)</td>
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<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><strong>C - Communicates with colleagues and patients to ensure effective interdisciplinary medical care (Interpersonal and Communication Skills; Patient Care)</strong></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>
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<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>
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<td></td>
<td>C.3 - Participate in the education of patients, families, students, trainees, peers and other health professionals. (3.8)</td>
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<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>
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<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>
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<td></td>
<td>C.6 - Maintain comprehensive, timely, and legible medical records. (4.5)</td>
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<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>
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<tr>
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<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>
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<thead>
<tr>
<th>INSTITUTIONAL LEARNING OBJECTIVE</th>
<th>MEDICAL EDUCATION PROGRAM OBJECTIVE</th>
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<tbody>
<tr>
<td><strong>A.1 - Demonstrate responsiveness to patient needs that supersedes self-interest. (5.2)</strong></td>
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</table>
**A - Acts in accordance with highest ethical standards of medical practice (Professionalism)**

- 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-centered 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)

**Pediatric Clerkship Learning Objectives (note correlation to Third-Year Learning Objectives and C-SEF)**

- **Communication Skills:**
  - Develop compassionate and respectful communication skills adapted to the clinical setting (e.g. ED, wards, ambulatory, nursery) that facilitate an age-appropriate and culturally sensitive therapeutic alliance with children, adolescents and their families. (B.2, B.3, B.4, U.2, C.4, C.7, A.2, A.3, S.5)
- **History & Interview:**
  - Demonstrate an ability to obtain information in an age-appropriate and sensitive manner from a child and or the accompanying adult in domains uniquely pertinent to pediatric care, including: neonatal/newborn history, immunizations, growth & development, home environment & safety, adolescent health (B.1, B.2, B.3, B.4, U.2, U.6, C.1, C.4, C.7)
  - Understand basic developmental screening of children, gain comfort in interacting with children and the families of children with intellectual and/or developmental disabilities, and begin to recognize signs for referral for developmental consultation and intervention. (B.1, B.4, C.4, C.7, S.1)
- **Physical Exam**
  - Demonstrate competency in the physical examination of infants, children & adolescents and understand the diagnostic correlation of physical exam findings (U.1, U.2, C.1)
- **Data Synthesis**
  - Show improving clinical problem-solving and critical thinking skills through development of a reasonable differential diagnosis, appropriate assessment, interpretation of results (labs & imaging) and logical plan of care using evidence (U.4, U.7, R.1, R.2)
- **Oral Presentations**
  - Perform effective oral presentations that communicate key clinical to other health care providers and reflect an accurate history and physical exam of a pediatric patient. (U.7, C.5, C.8)
- **Patient Education**
  - Discuss strategies for health promotion as well as disease and injury prevention (e.g. screening tests, assessing and counseling on immunization status during a health care visit, inquiring about and counseling adolescents on topics of sex/sexuality, drug use, depression; and providing anticipatory guidance for parents about nutrition, development and safety from birth through adolescence) (B.1, B.4, C.2, C.3, C.4, R.1)
- **Written Documentation**
- Demonstrate skills of **written** documentation that communicate key clinical to other healthcare providers and reflect an accurate history and physical exam of a pediatric patient. (C.5, C.6, C.8)

- **Medical Knowledge**
  - Acquire the knowledge for the diagnosis and initial management of common pediatric acute and chronic illness from newborns through adolescence including respiratory illness, asthma, abdominal pain/vomiting and/or diarrhea, febrile children, feeding concerns, jaundice, hypoglycemia (U.3, U.4, U.7)
  - Apply basic knowledge of growth and development (physical, physiologic and psychosocial) to the care of patients from birth through adolescence (including attention to the pediatric developmental milestones and impact of illness and psycho-social factors on growth and development) (U.4, U.8, U.9)

- **Self-Directed Learning**
  - Exhibit the attitudes and professional behaviors appropriate for clinical practice including maturity in soliciting, accepting and modifying practice in response to feedback. (B.2, A.5, A.6, E.3, E.4, E.6)

- **Professional Responsibility**
  - Exhibit the attitudes and professional behaviors appropriate for clinical practice including showing a positive attitude and regard for education, universal attendance, punctuality, intellectual curiosity, honesty, responsibility. (B.3, C.8, A.1, A.3, A.4, A.6, E.6, S.4)

- **Teamwork**
  - Develop an understanding of and then practice the collaborative approach of pediatricians to the health care of children and adolescents in the outpatient, inpatient and emergency department settings (B.3, C.3, C.8, A.5, S.4, S.5, S.6, S.9, S.10)
Contact Information

**Clerkship Director**
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Director of Pediatric Clerkship  
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**Associate Clerkship Director**
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Associate Director of Medical Student Education in Pediatrics  
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Pager: 617-638-5795 Beeper #2845  
Office: Medical Education Office, A Building, 3rd Floor  
Office Hours: Please email Dr. Yellen to set up meetings

**Clerkship Coordinator**
Thérèse D’Agostino  
Clerkship Coordinator  
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Email: tad3@bu.edu  
Office: Dowling 3 South, Room 3417  
Office Hours: 8:00am-4:00pm
Pediatric Clerkship Didactic Topics (covered in Virtual Clerkship June 29, 2020 – July 10, 2020)

**General Pediatrics:**
- Adolescent Medicine
- Asthma
- Caring for LGBTQ Youth
- Child Abuse
- Developmental & Behavioral Pediatrics
- Failure to Thrive
- Fever in the pediatric patient
- Neonatology
- Pediatric Neurology
- Pediatric Cardiology
- Pediatric Fluid, Electrolytes, and Nutrition
- Pediatric Shock

**Additional Educational Experiences:**
- Operation House Call – workshop on caring for families and children with intellectual/developmental disabilities run by the ARC of MA

**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/](http://www.bumc.bu.edu/busm/education/medical-education/academic-calendars/)

**Didactic Schedule**
Didactic sessions from the Virtual Pediatrics Curriculum 2020 are posted to Blackboard and available for review at any time. Students are strongly encouraged to virtually attend Case of the Week and Grand Rounds at BMC. Typically Grand Rounds is given 8am-9am on Thursday morning but is not given for several weeks in the Summer. Case of the Week is an interactive resident led Department wide session typically given on Fridays from 8am-9am except in the summer when it moves to Thursday 8am-9am. Students at BMC are required to attend these sessions. Students at other sites are encouraged but not required to attend. Specific of each session will be sent to students by the Clerkship Coordinator.

Student may be required to attend additional site specific didactic sessions or have other didactic opportunities made available to them at their site. Details on site specific didactic sessions will be discussed with students during site specific orientation.

**Daily Schedule**
Each pediatric clerkship site maintains their own individual schedules. Students will be provided with their specific schedules by their site directors at the start of the pediatrics clerkship and at their site-specific
orientation. Please see the attendance and personal day policies for information for BUSM-wide information about allowed/permitted requests for schedule changes as defined by the school policy.

Irrespective of site, students should not work more than 80 hours per week when averaged over a two-week period. Please keep careful record of your work hours and notify the clerkship team if you are approaching/at risk of exceeding duty hour restrictions.

**Call Schedule**

Students do not have call (in hospital shifts >24 hr) during the Pediatric Clerkship.

**Holidays**


Intercession: Thu, Dec 24, 2020 – Sun, Jan 3, 2021

Spring Break: Sat, Mar 6, 2021 – Sun, Mar 14, 2021

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

Holidays by Clerkship can be viewed on the Medical Education website at:

[http://www.bumc.bu.edu/busm/education/medical-education/academic-calendars/#clerkhols](http://www.bumc.bu.edu/busm/education/medical-education/academic-calendars/#clerkhols)

**Formative Assessments**

The purpose of formative assessment is to improve student learning by providing feedback on how well they are learning skills and content during the clerkship. Formative assessments are not included in the calculations of students’ final grades. Each clerkship has required **FOCuS (Feedback based on Observation of Clinical UME Student)** forms which must be completed by the mid/end of the clerkship. These forms will provide formative assessment through direct observation of CSEF behaviors. Each student is required to complete one interviewing technique and one physical exam FOCuS form on each clerkship.

Pediatric Specific FOCuS assignments and other required observations are listed below. Both FOCuS forms and other forms are available on Blackboard for download or printing.

1. Interview and Data Gathering (FOCuS)
2. Physical Exam (FOCuS)
3. Newborn Exam
4. HEENT exam

**Blackboard**

Students will have access to a Blackboard site for the clerkship. The site is listed under “My Courses” as Pediatric Clerkship on the Blackboard landing page.

Students who have questions about the Blackboard site or find that they do not have access to the site should contact the Clerkship Coordinator for assistance.

Blackboard Learn: [https://learn.bu.edu/](https://learn.bu.edu/)
Assignments
Timely completion of all assignments is required to pass the course. Failure to return the required assignments will result in a grade of incomplete for the clerkship and be considered a lapse in professionalism.

1. **Newborn Competency examination**: Student must perform a supervised newborn exam while on the Inpatient Service, in the Ambulatory (Primary Care, specialty, ED or urgent care) area, or in the Nursery/Birthplace. It is the students’ responsibility to request this experience from a faculty person, to review the physical exam with them and request feedback. If the student does not meet minimal competency on the first attempt at the exam, it maybe repeated until all competencies are met. The student must return all copies of the newborn exam competency card (passes and incompletes) to the clerkship coordinator. Additional copies can be downloaded from Blackboard. Ideally, the physician observer is attending level; however, residents or NPs in the nursery are acceptable alternatives. The observer will be responsible for grading and signing off on the Newborn Exam Competency Card

   Prior to completing this competency, students must:
   
   
   b. View the newborn examination video from MedEd portal, located on the Blackboard site passport section (in the folder on newborn competency)

2. **HEENT Exam** – Student must complete modules for each section of the exam online, and then complete an observed HEENT exam and have the competency signed off.

3. **FOCuS forms: (1) History and data gathering and (2) Physical** Student must perform at least one history and one physical exam observed by an attending physician. The Oral Presentation and Patient Education FOCuS forms may be completed by an attending or resident. FOCuS forms for each of these observed encounters is in your passport to guide your attending in their observations and feedback. Students may have the history and physical observed on different patients if that is easier. Students should plan to take NO MORE THAN 15 MINUTES for your history & PE as this is the time they will be allotted on the end of third year assessment (EOTYA) in April.

4. **Aquifer CASES**: Students must complete at least 9 Aquifer cases. Full credit is given for 6 cases completed by the end of the second week and 9 cases completed by the Wednesday of the 4th week. Students should complete the cases in alignment with their clinical setting if they are rotating between multiple clinical environments.

5. **Required Patient Encounters**: There are thirteen required clinical experiences in pediatrics. Please see the “Required Patient Encounters” section of the syllabus and in your passport/Blackboard passport

Late assignments and make-ups
All assignments are due the last day of the rotation. Any student who is missing assignments on the last day will receive an INCOMPLETE grade until all assignments have been completed.

Patient Encounters/Case Logs
Across the third year students are responsible for electronically recording when they have cared for a patient meeting one of the required patient encounters and procedures. To log the patient encounter, students must have participated in the history, physical exam, assessment and plan development of the patient. That a student has come close to meeting these patient requirements should be reviewed at mid-rotation.
**Required Patient Encounters**

http://www.bumc.bu.edu/busm/education/medical-education/faculty-resources/

In the Pediatrics clerkship students are required to see log the following clinical conditions: Jaundice in a newborn, fever in an infant, fever in an older child or adolescent, well child visit, weight changes in a pediatric patient, upper respiratory illness, eye pain or redness, shortness of breath, vomiting, constipation, diarrhea, extremity pain, patient with developmental delay or disability. The level of student responsibility required to document the clinical encounter in the case log in eValue is listed in the table below.
<table>
<thead>
<tr>
<th>Patient Type</th>
<th>Clinical Condition</th>
<th>Procedures/Skills</th>
<th>Clinical Setting</th>
<th>Level of Student Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn (&lt;1mo)</td>
<td>Jaundice</td>
<td>Patient evaluation</td>
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<tr>
<td>Infant (0-6mo)</td>
<td>Fever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child/Agevent</td>
<td>Fever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td>Well child visit</td>
<td>Patient evaluation with developmental assessment, anticipatory guidance</td>
<td>Any clerkship setting: ED, Ambulatory, inpatient, nursery</td>
<td>ALL facets of patient evaluation: Take a history, conduct a PE, provide an assessment &amp; treatment plan inclusive of anticipatory guidance and counseling where appropriate.</td>
</tr>
<tr>
<td>infant/child/adolescent</td>
<td>Weight changes in a pediatric patient (including Failure to Thrive)</td>
<td>Patient evaluation</td>
<td>Any clerkship setting or operation house call</td>
<td>Alternative Experience: Participate in a clerkship approved case-based session or online module.</td>
</tr>
<tr>
<td>infant/child/adolescent</td>
<td>Upper respiratory illness</td>
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<tr>
<td>infant/child/adolescent</td>
<td>Eye pain/redness</td>
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<tr>
<td>infant/child/adolescent</td>
<td>Shortness of breath</td>
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<tr>
<td>infant/child/adolescent</td>
<td>Vomiting</td>
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<tr>
<td>infant/child/adolescent</td>
<td>Constipation</td>
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<tr>
<td>infant/child/adolescent</td>
<td>Diarrhea</td>
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<tr>
<td>infant/child/adolescent</td>
<td>Extremity pain (e.g. sprains, fracture, abuse, infectious)</td>
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<td></td>
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</tr>
<tr>
<td>infant/child/adolescent</td>
<td>Patient with developmental delay and/or disability</td>
<td>Patient evaluation and/or observation (e.g. operation house call)</td>
<td>Any clerkship setting or operation house call</td>
<td>OP, written documentation or OHC blog post.</td>
</tr>
</tbody>
</table>

**Alternative Patient Encounters**

If a student has not been able to experience all patient encounters required for the clerkship, students must address any gaps in their patient encounters through an alternative experience. In this clerkship, the alternative experiences provided virtual patient encounters using online CLIPP cases ([http://www.med-u.org/clipp](http://www.med-u.org/clipp)) and learning modules for the required encounters for assessment of red eye and constipation. Please see Blackboard section on “Required Patient Encounters” for details on CLIPP case and other required encounter alternative experiences.

**Patient Encounter Log**

Students are expected to log their patient encounters in eValue ([www.e-value.net](http://www.e-value.net)). Patient logs help the clerkship ensure that each student is seeing a diagnostically diverse patient population, an adequate number of patients, and performing a sufficient number of required procedures and diagnoses. The directions on how to log patient encounters can be found on the E value help page ([http://www.bumc.bu.edu/evale/students/](http://www.bumc.bu.edu/evale/students/)). Students must bring a printed copy of their patient encounter and procedure log to their mid rotation feedback meeting.
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. Orient students to the clinical site
3. Sets student expectations for clinical encounters and discusses student role and responsibilities
4. Supervises students by observing history taking, physical exam skills and clerkship specific required observations.
5. Ensures formative feedback in an appropriate and timely fashion
6. Delegates increasing levels of responsibility
7. Meets with the student for the Mid-clerkship review
8. Meets with the student for the final exit meeting
9. Recognize students who have academic or professional difficulties and communicate this to clerkship leadership
10. Collects feedback and evaluation data from all physicians who work with the student
11. Evaluates students fairly, objectively and consistently following medical school and department rubrics and guidelines
12. Ensure student and faculty access to appropriate resources for medical student education
13. Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

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

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/busm/files/2020/08/Third-Year-Reach-Behaviors.pdf](http://www.bumc.bu.edu/busm/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/busm/files/2019/05/CSEF.pdf](http://www.bumc.bu.edu/busm/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/busm/education/medical-education/policies/formative-assessment-and-feedback/

Best practices regarding feedback include:

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

**EARLY RECOGNITION OF LEARNING PROBLEMS**

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

If a primary faculty is concerned that the student may be at risk of receiving an unsatisfactory rating in ANY category, this information should be shared with the student face-to-face as soon as possible, and certainly during the mid-clerkship evaluation. Once informed, the student may wish to obtain additional academic assistance from the clerkship director and support personnel. Identifying potential problems early on allows the student the opportunity to enhance performance prior to the end of the clerkship. Faculty should also feel 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 a faculty member working directly with the student complete a copy of the Clinical Student Evaluation Form (CSEF) (which is part of the mid-rotation form) before the meeting. This provides the student with detailed feedback about how they are performing which can then be reviewed by the site director at the mid-rotation meeting. 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 remaining portions of the BUSM Mid-clerkship Evaluation form for the mid rotation meeting. Learning goals for the latter half of the clerkship should be discussed and recorded by the student. A review of the student’s ongoing assignments should then be done to make sure the student is on target to complete everything by the close of the clerkship. This includes:
- The student’s patient log of required clinical encounters, 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.)
- Review duty hour log and patient log to ensure < 80 hours/week
- FOCuS forms should be completed & uploaded to eValue. The content of these forms should be reviewed (Appendix A).
- Students should have completed at least 3 CLIPP cases per week (week 2 of the clerkship, ~6 cases completed)
- Completion of the newborn exam
- Completion of portions of the HEENT exam

**FINAL GRADE AND NARRATIVE COMMENTS**

The site director is encouraged to meet with student at the end of the block to discuss the clerkship. Students often have valuable feedback on experiences they had, or concerns that should be discussed. We strongly suggest using this as an opportunity to find out which preceptors the student feels most strongly about receiving final feedback from for the final evaluation. If there are any concerns about evaluations that have been completed, this is an ideal time to address them.

**Summative Comments**

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 as written in your final narrative- 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. You can and should include direct quotes from faculty if you have them as supportive detail. The typical format roughly follows the **PTRIME** mnemonic – with comments covering **P**rofessionalism, **T**eamwork, their level of achievement in clinical skills: **R**eporter vs. **I**nterpreter vs. **M**anager of patient data/care. And whether they have taken on opportunities to be an **E**ducator of the team and their patients. All of these narratives are reviewed and edited for consistency by the clerkship director at BUSM.

**Formative Comments**

The second box (formative) 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. A way to approach this is to use the C-SEF as a model, i.e. if a student got a score of 3 what are the skills/domains that they would need to reach for in order to move up to the next level. How close are they?

**Professionalism Comments**

New in 2019-2020 – these comments do not directly go into the Dean’s letter, but rather are formative comments that will be tracked during the academic year. If a student has repeated concerns mentioned in the professionalism box across clerkship, the Student Affairs and Medical Education office deans will integrate this information from formative into summative comments for the dean’s letter.
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 and seek opportunities to use his new knowledge to education patients and his team. 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.
Students are responsible for communicating with all the clerkship leadership (e.g. Drs. Yellen & Thompson and Ms. D’Agostino) – in advance of or at the time of – any absences/sick days, time off during the work day or times when they anticipate being late to a scheduled activity. Students should also reach out to their site director and team with this information at the same time.
  o Time Off Request Form: http://www.bumc.bu.edu/busm/files/2017/06/Time-off-Request-Form.doc
• Work Hours: http://www.bumc.bu.edu/busm/education/medical-education/policies/work-hours/
• Jury Service: http://www.bu.edu/dos/policies/lifebook/jury-service/

Personal Day Policies
Students may request up to two “personal” days during the academic year. These are excused absences that must be requested at least 48 hours in advance of the planned day off, but ideally several weeks in advance when knowledge of the event is known. All students must submit the request for a personal day online so that they are centrally tracked. Student requests must be in alignment with the blackout days noted below.

http://www.bumc.bu.edu/busm/education/medical-education/policies/personal-days-policy/

NOTE: personal days + other absences must comply with the school policy around maximum days off in a clerkship. Notably: “Total absences of more than 3 days in a 4 week third-year clerkship, 4 days in a 6 week third-year clerkship, or 5 days in an 8 week third-year clerkship will require notification to the Assistant Dean of Medical Education for Curriculum & Assessment, who in collaboration with the clerkship director and the Associate Dean of Medical Education determines if the clerkship needs to be repeated or if the missed time can be remediated. If there are concerns with multiple absences, the clerkship director will notify the Associate Dean of Student Affairs and Medical Education.”

Clerkship Specific Blackout Dates
The pediatrics clerkship is happy to offer students the opportunity to take personal days during the clerkship. However, the nature of the pediatric clerkship – organized at many sites as a series of small rotations ranging from a few days to a few weeks in length – means that there are specific guidelines and blackout dates for taking personal days. Without these guidelines the educational experience and assessment is compromised.

Specific Blackout dates include:
• Clerkship/site orientations (day 1 of the clerkship and typically day 2 if you are at a non-BMC hospital)
• NBME SHELF exam
• The nursery week at South Shore Hospital, Boston Medical Center, or other nursery.
• The week of inpatient pediatrics for students assigned to MACONY
• BMC Ambulatory continuity clinic sessions. We do not have flexibility in rescheduling these clinics.
• Taking a personal day in the last week of the clerkship is discouraged given this is typically a short week with only 3 clinical days. If it is necessary to take a personal day in that week, students are encouraged to discuss this need early (ie. Well before the start of the rotation) so that adjustments can be made to the schedule as needed. As above, students may not take a personal day in the last week if it is their nursery week.

Given these limitations – we strongly encourage students to reach out as far in advance as possible so that we can facilitate a personal day. If a student requests the personal day before schedules are released, we have
much more flexibility in maximizing your schedule around the needed day off – in other words, asking as early as possible early is a much better way to get a desired day off! We can, for example, more easily rearrange ambulatory continuity clinics, but lose that flexibility once the clerkship has begun.

**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 to the Appropriate Treatment in Medicine Committee (ATM), Dr. Robert Vinci at Bob.vinci@bmc.org


**Boston University Sexual Misconduct/Title IX Policy**


**Needle Sticks and Exposure Procedure**

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

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

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

### 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: ________________________  FacultyReviewer: ________________________

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

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

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

What was the feedback you received?

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

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

Step 2:

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

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

1. PATIENT ENCOUNTER LOG

   Faculty review complete: Yes ☐  No ☐

   Required patient encounters remaining:
   Plan and timeline for completion or alternative experiences:

<table>
<thead>
<tr>
<th>Required Patient Encounters</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever in a pediatric patient</td>
<td>☐</td>
</tr>
<tr>
<td>Weight changes in a pediatric patient</td>
<td>☐</td>
</tr>
<tr>
<td>Upper Respiratory Symptoms</td>
<td>☐</td>
</tr>
<tr>
<td>Eye Pain/Red Eye</td>
<td>☐</td>
</tr>
<tr>
<td>Shortness of Breath (Peds).</td>
<td>☐</td>
</tr>
<tr>
<td>Vomiting (Peds)</td>
<td>☐</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>☐</td>
</tr>
<tr>
<td>Constipation</td>
<td>☐</td>
</tr>
<tr>
<td>Jaundice</td>
<td>☐</td>
</tr>
<tr>
<td>Extremity Pain/Swelling</td>
<td>☐</td>
</tr>
</tbody>
</table>
2. **FOCUS FORMS**  (upload to E*Value). Faculty review complete: Yes ☐ No ☐
(please complete one of the required forms by mid-clerkship)

☐ Interview Technique  ☐ Physical Exam

Plan and timeline for completion:

3. **DUTY HOUR LOG**  (<80h/week)

Faculty review complete: Yes ☐ No ☐

4. **REQUIRED PE COMPETENCIES**

Faculty review complete: Yes ☐ No ☐

☐ Newborn Exam Form + module  ☐ HEENT Exam observation form + modules

5. **AQUIFER SIMULATED PATIENT CASES:**
Number Completed at Mid-rotation (minimum 6) ___________
Plan and timeline for completion:

---

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

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

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

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

Student signature __________________________  Date__________

Faculty/CD signature ________________________
Appendix C

Boston University School of Medicine Needle Sticks and Exposure Procedure

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

Covered Parties: Medical students.

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

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

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

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

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

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

If you are at Boston Medical Center

BMC’s Occupational Health clinic during working hours or the BMC Emergency Department after hours and on weekends

Location
The Working Well Occupational Health Clinic is located:
Doctor’s Office Building (DOB 7) - Suite 703
720 Harrison Ave, Boston MA 02118
Telephone: 617-638-8400
Pager: 3580
Fax: 617-638-8406
E-mail: workingwellclinic@bmc.org
Hours: Monday-Friday, 7:30a.m. - 4:00p.m.

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

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

If you are at a non-Boston Medical Center site

Immediately check with your supervising physician about the site-specific needle-stick protocol

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

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

For questions regarding this policy please contact Dr. Angela Jackson, Associate Dean of Student Affairs. Dr. Jackson can be reached in the Office of Student Affairs (617-358-7466).

Revised Jan 2018