Clinical Supervision of Medical Students:
Promoting Patient and Student Safety

Faculty Guidelines

Boston University School of Medicine

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

BUSH Medical Education Program Objectives ........................................................................ 4
BUSH Clerkship Learning Objectives .................................................................................. 6
Emergency Medicine Clerkship Learning Objectives .......................................................... 6
Contact Information ............................................................................................................ 8
Clerkship Description .......................................................................................................... 9
General Responsibilities of the Clinical Faculty .................................................................... 10

GOALS OF THE CLINICAL CLERKSHIP ......................................................................... 10
CLERKSHIP STRUCTURE .................................................................................................. 10

OVERALL RESPONSIBILITIES ............................................................................................ 10
  Clerkship Director/Assistant Clerkship Director .............................................................. 10
  Clerkship Coordinator ..................................................................................................... 11
  Clerkship Site Director .................................................................................................... 11
  Primary Clinical Faculty/Residents ................................................................................. 11

ORIENTATION OF THE STUDENT TO THE CLINICAL SETTING ..................................... 12

SETTING EXPECTATIONS FOR THE STUDENT ................................................................ 12

SUPERVISING THE STUDENT ............................................................................................ 12
  Intimate Exam Policy ...................................................................................................... 13
  Physical Exam Demonstrations ....................................................................................... 13
  Federal Guidelines for documentation ........................................................................... 13
  EMR Documentation ....................................................................................................... 13

SUPERVISION AND DELEGATING INCREASING LEVELS OF RESPONSIBILITY .............. 13

STUDENT ASSESSMENT .................................................................................................... 14

FEEDBACK .......................................................................................................................... 15

EARLY RECOGNITION OF LEARNING PROBLEMS ........................................................ 15

MID ROTATION MEETING ................................................................................................ 16

FINAL GRADE AND NARRATIVE COMMENTS .................................................................. 16

IMPORTANT CLERKSHIP POLICIES ............................................................................... 17
  Attendance Policies .......................................................................................................... 17
  Appropriate Treatment in Medicine ................................................................................. 18
  Boston University Sexual Misconduct/Title IX Policy ..................................................... 18
  Needle Sticks and Exposure Procedure ........................................................................... 18

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

<table>
<thead>
<tr>
<th>INSTITUTIONAL LEARNING OBJECTIVE</th>
<th>MEDICAL EDUCATION PROGRAM OBJECTIVE</th>
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<tbody>
<tr>
<td><strong>B</strong> - Behaves in a caring, compassionate and sensitive manner toward patients and colleagues of all cultures and backgrounds. (Interpersonal and Professionalism)</td>
<td>B.1 - Apply principles of social-behavioral sciences to provision of patient care; including assessment of the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care. (2.5)</td>
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<tr>
<td><strong>B</strong>.2 - Demonstrate insight and understanding about emotions that allow one to develop and manage interpersonal interactions. (4.7)</td>
<td>B.3 - Demonstrate compassion, integrity, and respect for others. (5.1)</td>
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<td><strong>B</strong>.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</strong> - Uses the science of normal and abnormal states of health to prevent disease, to recognize and diagnosis illness and to provide and appropriate level of care. (Medical Knowledge and Patient Care)</td>
<td>U.1 - Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (1.1)</td>
</tr>
<tr>
<td><strong>U</strong>.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>
<td>U.3 - Interpret laboratory data, imaging studies, and other tests required for the area of practice. (1.4)</td>
</tr>
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<td><strong>U</strong>.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>
<td>U.5 - Develop and carry out patient management plans. (1.6)</td>
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<td><strong>U</strong>.6 - Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health. (1.9)</td>
<td>U.7 - Demonstrate an investigatory and analytic approach to clinical situations. (2.1)</td>
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<tr>
<td><strong>U</strong>.8 - Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations. (2.2)</td>
<td>U.9 - Apply established and emerging principles of clinical sciences to health care for patients and populations. (2.3)</td>
</tr>
<tr>
<td><strong>U</strong>.10 Recognizes that ambiguity is a part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty. (8.8)</td>
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<tr>
<td><strong>C</strong> - Communicates with colleagues and patients to ensure effective interdisciplinary medical care (Interpersonal and Communication Skills; Patient Care)</td>
<td><strong>C</strong>.1 - Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging and other tests. (1.2h)</td>
</tr>
<tr>
<td><strong>C</strong>.2 - Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making. (1.7)</td>
<td><strong>C</strong>.3 - Participate in the education of patients, families, students, trainees, peers and other health professionals. (3.8)</td>
</tr>
<tr>
<td><strong>C</strong>.4 - Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds. (4.1)</td>
<td><strong>C</strong>.5 - Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies (4.2, see also 7.3)</td>
</tr>
<tr>
<td><strong>C</strong>.6 - Maintain comprehensive, timely, and legible medical records. (4.5)</td>
<td><strong>C</strong>.7 - Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics. (4.6)</td>
</tr>
<tr>
<td><strong>C</strong>.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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| **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) |
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)

Emergency Medicine Clerkship Learning Objectives

(Linked to Medical Education Program Objectives in parentheses)

By the end of this selective, the BUSM student will be able to:

1. Demonstrate skill in completing a history and physical exam in the emergency department.
   a. Determine which elements of the history and physical exam are most relevant in the emergency department (U)
   b. Perform the history and physical exam in a manner that is caring, compassionate and sensitive toward patients of all cultures and backgrounds (B, C, A)
   c. Recognize the impact of social determinants of health on emergency department care (B, U, C, A, S)

2. Construct a differential diagnosis for the most common emergency department complaints (chest pain, shortness of breath, abdominal pain, trauma, back pain, weakness, and altered mental status) and formulate an evidence-based evaluation and treatment plan for patients with these complaints (U)
   a. Prioritize the differential diagnosis appropriately for the “undifferentiated emergency department patient:” 1) consider immediate threats to life and limb before common but less dangerous disease processes and 2) incorporate the setting (emergency department) into the estimation of pretest probability, especially for the most dangerous potential diagnoses (U)
b. Critique the evaluation and treatment plan of each patient (based on ultimate diagnosis and/or disposition) to formulate an approach to improving the evaluation and treatment of subsequent patients (U).

c. Discriminate which patients likely suffer from a life- or limb-threatening disease process and which patients likely do not [Note that is is an incredibly difficult skill to master. The third year student is expected to merely start to judge illness severity—for example, to correctly identify the “sickest of the sick.”] (U)

3. Employ point-of-care ultrasound to evaluate emergency department patients (U).

4. Describe the role of prehospital care in the evaluation and treatment of emergency department patients (S).

5. Practice interdisciplinary collaboration: work with case managers, social workers, and violence and substance abuse counselors to 1) improve the health literacy of emergency department patients, 2) address social determinants of health, and 3) provide continuity of care (B, C, A, S).

6. Demonstrate the ability to resolve interpersonal conflict in the emergency department setting.
   a. Employ essential communication techniques (e.g., active listening, summary statements) to resolve interpersonal conflict in the emergency department (B, C, A).
   b. Analyze emotionally- and morally-charged clinical situations (e.g., uncertainty or disagreement about goals of care and life-sustaining treatment) and formulate approaches to facilitating conversation and reaching consensus (B, C, A, E, S).
Contact Information

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Clerkship Description

Focus of clerkship

The purpose of the Emergency Medicine Selective is to provide the learner the experience of efficient emergency department (ED) care—timely evaluation, management, and disposition of undifferentiated ED patients and its effect on patient safety and subsequent inpatient and ambulatory care.

Students spend four weeks working in the emergency department of Boston Medical Center, the busiest Level 1 trauma center in New England. Working alongside our senior residents, faculty, and nursing staff, students take an active role in the initial evaluation and treatment of patients and gain exposure to a wide variety of illnesses, diagnostic approaches, treatments, and procedures.

For many patients, the emergency department is their first entry into the medical system. Students have the opportunity to follow patients from their initial presentation, through their workup, and on to their diagnosis and treatment.

Students will learn to evaluate undifferentiated patients and manage medical emergencies. These are essential skills for all physicians, and there’s no better place to develop them than in the emergency department. Students will also develop an appreciation for how efficient emergency department (ED) care—timely evaluation, management, and disposition of ED patients—affects patient safety and subsequent inpatient and ambulatory care. Nearly all physician either refer to, accept patients from, or consult in the emergency department. All need to understand the role of the emergency department in the hospital and health care system.

Approximately twelve 8-hour shifts in the emergency department. This includes ten “regular shifts,” where the aim is to work on developing basic ED-based assessments and plans and two “procedure/resuscitation’ shifts, where the aim is to focus on caring for the sickest patients and developing hands-on (procedural) skills.

- Ten “regular shifts”
  - Students independently evaluate patients in the emergency department (complete the history and physical examination).
  - Students then present to faculty and residents, receive structured feedback on their assessment and plan, and implement an agreed-upon plan (including entering orders and communicating with patients and nurses).
  - Students coordinate the care of their patients, alerting faculty and residents to additional data (ex. lab and radiology results) and changes in patients’ clinical condition and adjusting the plan accordingly.
  - 3rd year students cannot document in EPIC (our electronic medical records) at this time

- Two “procedure shifts”
  - Students work with the “procedure resident.” They assist with/perform procedures at the discretion of the procedure residents and/or attending.
    - Common procedures that students will perform include IV placement, laceration repair, and abscess drainage.
Additional procedures that students will either observe, assist with, or perform (at the discretion of the procedure resident/attending) include CPR, ultrasound IV placement, IO placement, central line placement, paracentesis, thoracentesis, arthrocentesis, and lumbar puncture.

**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
   - Develop and monitor assessment materials
   - Use required methods for evaluation and grading
   - Assure mid-clerkship meetings and discussion with students
   - Ensure students are provided with feedback on their performance
   - 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
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: [https://www.stfm.org/publicationsresearch/publications/educationcolumns/2013/march/](https://www.stfm.org/publicationsresearch/publications/educationcolumns/2013/march/)

**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 they are being asked to perform beyond their 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 their knowledge/skills/attitudes, rather than how they compare 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/bumc/files/2020/08/Third-Year-Reach-Behaviors.pdf](http://www.bumc.bu.edu/bumc/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”. Educator development videos with additional guidance are available on our website: [http://www.bumc.bu.edu/bumc/education/medical-education/faculty-resources/educator-development-videos/](http://www.bumc.bu.edu/bumc/education/medical-education/faculty-resources/educator-development-videos/)

*For more detail, please refer to CSEF form at [http://www.bumc.bu.edu/bumc/files/2019/05/CSEF.pdf](http://www.bumc.bu.edu/bumc/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 BUSM Formative Assessment and Feedback Policy can be found here: [http://www.bumc.bu.edu/bumc/education/medical-education/policies/formative-assessment-and-feedback/](http://www.bumc.bu.edu/bumc/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 A).

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

**FINAL GRADE AND NARRATIVE COMMENTS**

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

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

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

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

**IMPORTANT CLERKSHIP POLICIES**

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

- **Work Hours**: [http://www.bumc.bu.edu/bumc/education/medical-education/policies/work-hours/](http://www.bumc.bu.edu/bumc/education/medical-education/policies/work-hours/)
- **Religious Observance**: [https://www.bu.edu/chapel/religion/religuoslifepolicies/](https://www.bu.edu/chapel/religion/religuoslifepolicies/)
Core Clerkship 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/

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

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

Boston University Sexual Misconduct/Title IX Policy

Needle Sticks and Exposure Procedure
http://www.bumc.bu.edu/busm/student-affairs/additional-student-resources/needle-stickexposure
(See Appendix B)
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)
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

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

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